Center for School Mental Health

University of Maryland, Baltimore
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PROMOTING WELLNESS IN AMERICAN INDIAN YOUTH

The Role of School Mental Health

American Indian Youth and School Mental Health

American Indians are a diverse population from many different cultures and with many different ways of life. Yet, all American Indians have ancestors who experienced oppression and cultural annihilation that resulted in immense barriers to wellbeing for the current generation (Deschenie, 2006; LaFramboise, 1998). In the face of this legacy, modern American Indians demonstrate remarkable resilience (Goodluck, 2002). To further increase resilience and promote wellness for current and future generations, many communities are undertaking efforts to preserve and revitalize traditional culture and spiritual practices (Braveheart, 2003; Gone, 2007, Gone & Alcantara, 2005, Mills, 2004). Youth are an important part of this effort, in part because they are such a large proportion of the American Indian community.

One third of the approximately 3,200,000 individuals in the U.S. who identify solely as American Indian are under 18 years old (Ogunwole, 2006). In comparison, one fourth of the general U.S. population is under 18 years old. In addition, American Indian youth are a rapidly growing sector of the U.S. population. While American Indians are still less than 2% of the total U.S. population, between 1990 and 2000 the number of youth identifying as American Indian increased by 21 percent and the number youth identifying as American Indian and another race increased by 99 percent (Snipp, 2002).

The values and skills of school mental health clinicians predispose them to being a tremendous ally in promoting resilience and wellness for American Indian youth and communities. As a field, school mental health is committed to establishing partnerships between professionals and community members, including families, in order to support positive outcomes for all youth (Weist et al., 2005). This perspective fits nicely with current thinking in many American Indian communities regarding the appropriate role of outside professionals as partners rather than experts (Besaw et al., 2004; Aponte & Bracco, 2000, Gone, 2007).

This issue brief is intended for school mental health stakeholders interested in helping to increase wellness in American Indian youth and communities. The brief is written from the perspective that a collaborative partnership approach to wellness promotion is the most appropriate and effective way for outside professionals to work with American Indian communities. The brief begins with background information regarding common American Indian beliefs about wellness, then presents risk and protective factors and common outcomes for American Indian youth, continues by describing potential resilience-building roles and activities for school mental health clinicians, and ends with recommendations and resources.

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This is a working document, if you would like to provide any feedback or additional information please contact Jennifer Gibson (jgibson@psych.umaryland.edu) at the University of Maryland Center for School Mental Health (410-706-0980).

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A Note About Terminology

There has been much controversy around the use of the terms **American Indian** and **Native American**. Currently, the U.S. government uses the term "**American Indian or Alaskan Natives**" to describe "people having origins in any of the original peoples of North and South America (including Central America) who maintain tribal affiliation or community attachment" (Ogunwole, 2006). While some individuals prefer the term American Indian, others prefer Native American, and still other prefer that they be known by their **tribal affiliation** rather than more general terminology. In Canada, the aboriginal people are often referred to as **First Nations**.

Culture & Identity

American Indian people are a extremely diverse group. There are 564 federally recognized tribes in the United Stated, and many more than are recognized by states or seeking recognition. Each tribe is a culture group, with values, beliefs and ways of life that are specific to that tribe. It is also important to recognize that individuals may or may not have ties to their tribe or tribes of origin. American Indians also vary in their exposure to and valuing of traditional beliefs and practices. For several decades, American Indians have been relocating from rural communities and reservations to metropolitan centers, both by choice and by force (Urban Indian Health Institute, 2009). Currently, only one third of American Indians live on reservation and tribal lands (Ogunwole, 2006). Thus, there is no generic "Indian identity" (Leftler, 2005, Gone, 2006). Clinicians should always ask the youth and families with whom they work about their personal beliefs and practices.

Concepts of Wellness

To help promote wellness for American Indian youth, school mental health clinicians need to be aware that some American Indians view health and wellness differently than most people in the U.S. Because American Indian people vary inter-and intra- tribally with respect to their values, beliefs, and experiences, they have many different concepts of wellness and approaches to health care (Leftler, 2005). However, one common belief among American Indians is in the interconnectedness of all aspects of life and of everything in the world.

People who ascribe to this belief are likely to take a holistic view of health and wellness, in which the four aspects of life—mind, body, soul, and spirit—are inextricably intertwined (Nebelkopf, & Phillips, 2004). Wellness is conceptualized as a state in which there is balance between the four aspects of life and each is maximizing their potential (Leftler, 2005; Gould, 2006). Since there is no dualism between mind and body, physical or mental symptoms are unlikely to be treated in isolation (Gould, 2006).

In addition, rather than emphasizing deficits and disease, a holistic view of health focuses on strengths and wellness. This is a significant departure from the medical model that currently dominates health care systems. For some American Indians, the goal of wellness practices is not to be rid of a disease, but to promote a virtue or strength (Gould, 2006; Leftler, 2005, Mills, 2004). Thus, the very concepts of mental illness may not be relevant because of its narrow and negative focus.

"Rather than emphasizing deficits and disease, a holistic view of health focuses on strengths and wellness"

Furthermore, health is not conceptualized at the individual level; whole families and communities are thought to be influenced by the health and wellness of one another. Each individual is both accountable for the collective wellbeing and also reaps the benefits of group wellness (Gould, 2006). Wellness practices, whether traditional or mainstream, are important not only for the health of the individual, but for their community (Deschenie, 2007). Holistic health may even include past and future generations. Individuals with a "seven generations" perspective may consider how the choices and experiences of today effect future generations (Deschinie, 2006; Kawamoto & Cheshire, 2004).

Protective Factors

Protective factors are characteristics or conditions that increase resiliency and the likelihood of positive outcomes. For American Indian youth, Goodluck (2002) identified the following eight strengths as most frequently found in research: extended family, spirituality, social connections, cultural identity, childcare customs, traditions, stories, and kinship and mutual assistance.

By far, the most commonly cited strength for American Indian youth is the centrality of family and community in their daily lives (Goodluck, 2002). American Indian youth who live with or near extended family are likely to have contact with many family members throughout the day. Parenting responsibilities may be diffused across multiple individuals, which increases supervision, the number of adult models, opportunities for adult driven learning experiences, and the number of possible attachment relationships (Ryan, 1980; Burgess, 1980). Together, the nuclear family, extended family, and clan can represent a powerful support system that can help mitigate the effect of multiple risk factors (Burgess, 1980; Kawamoto, 2001; Garcia, Coll, Myers & Brillon, 1995;).

There is also robust evidence that having connections to culture and spirituality is a protective factor for American Indian youth. Enculturation, or identification with traditional culture, was found to be protective against depression and substance use in American Indian adults, and against suicide ideation in children and adolescents (Whitbeck, McMorris, Hoty, Stubben, & LaFromboise, 2002; Whitbeck, Chen, Hoyt, & Adams, 2004, Yoder, Whitbeck, Hoyt, & LaFromboise, 2006).

Risk Factors

Risk factors are characteristics or conditions that increase the likelihood of negative outcomes.

Social Inequities

American Indian youth face many hardships related to current disparities in health and social wellbeing (Spicer & Sarche, 2006). They are more likely than the average child or adolescent to live in a single mother or single father household, to be born to a teenaged mother, and to have a parent who is unemployed (Freeman & Fox, 1995; Ogunwole, 2006). American Indian youth are also more than twice as likely as their peers to be poor and Indian Reservations were the absolute poorest communities documented by the 2000 US Census (Besaw et al, 2004; Ogunwole, 2006). Educational attainment is another area in which American Indian youth are at a disadvantage compared to the general population (Ogunwole, 2006). These social conditions can serve as tremendous barriers to wellness.

Percent of Population	U.S.	American Indians
Under 18	26%	33%
Below poverty line	12%	26%
Over 25 w/HS education	80%	71%
Over 25 w/BA or higher	24%	11%

(Ogunwole, 2006)

Historical Trauma

Many American Indians view their current struggles in the context of their history (Leftler, 2005). Since the start of European colonialism, American Indians have suffered a multitude of losses, including family, culture, language, and rights (Brave Heart, 2003). According to American Indian theorists, these losses can result in "historical trauma" which is a traumatic grief response that causes deep emotional and psychological wounding with symptoms similar to PTSD (Braveheart, 2003; Deschenie, 2006). When these losses are not properly mourned, the grief is not resolved and can be passed on to future generations (Brave Heart, 2003). For families today, generations of parental loss due to children being forced into boarding school and disproportionately high rates of foster care placement can lead to difficulties establishing a secure parent-child attachment relationship (Christensen & Manson, 2001). The historical trauma response can be further complicated by feelings of shame, self-devaluation, and self-hatred

caused by the internalization of modern day prejudice, discrimination, and oppression (Witko, 2006). Substance use and suicide may be attempts to numb the pain of historical trauma and self-hatred (Witko, 2006). To promote wellness, American Indians must be supported in engaging in traditional and/or mainstream methods of mourning their losses. In addition, they may gain empowerment through revitalizing traditional American Indian values, spiritual practices, and ways of life (Braveheart, 2003; Gone, 2007; Witko, 2006).

Mental Health and Educational Outcomes

Although not always relevant to their conceptualization of wellness, many American Indian youth are diagnosed with mental health disorders. In a study of American Indian youth ages 10-12, Whitbeck and colleagues (2006) found that 23% met the criteria for at least one mental disorder. Statistics indicate that American Indian youth suffer from disproportionately high rates of substance use and depression, and suicide rates more than double those of the general population (Anderson & Smith, 2003; Freeman & Fox, 2005; Gone, 2004, Spicer & Sarche, 2006).

From the first day of school, American Indian students are at a disadvantage to their Caucasian and Asian peers. They generally have lower levels of school readiness including less general knowledge, lower oral language abilities, and lower pre-reading and pre-math skills (Farkas, 2003). As they progress through school, American Indian students continue to struggle in comparison to other racial groups. They have lower average reading and math scale scores on the National Assessment of Educational Progress than White and Asian students, but higher scores than Black students. They are also less likely than White or Asian students to complete advanced courses in science, math, or foreign language and as group fall below the national average on the SATs by 25 to 30 points. Perhaps most alarming, American Indian children have the highest rate of special education classifications (Freeman & Fox, 2005).

Academics are not the only area where American Indian youth fall behind their peers in school. They also have the highest rate of absenteeism and second highest rate of suspensions of all racial groups poor school outcomes and dropping out (Freeman & Fox, 2005, Wehlage et al. 1989). Unfortunately, individuals who do not finish high school are more likely to be unemployed and earn less when they are employed than those who complete high school (U.S. Department of Education 1999, 2001). School climate, safety, and access to resources are also significant concerns for American Indian youth. Many do not have access educational resources at home or parents how are involved in their education (Freeman & Fox, 2005). American Indian youth are more likely than other racial groups to be made fun of by their peers for trying to do well at school, and twice as likely as the general population to be in a physical fight at school (Farkas, Lleras, & Maczuga 2002, Freeman & Fox, 2005).

Potential Roles for the School Mental Health Clinician

Given the mental health and educational outcomes of American Indian youth today, school mental health clinicians near American Indian communities will likely have the opportunity to work with American Indian youth and their families. This section will argue for a community partnership approach and describe what that entails.

Many American Indian communities are no longer interested in services and programs conceptualized and developed outside of their communities. Historically, programs to "better the Indian" have been developed with very limited input from American Indians and have been forced upon their communities. This has led to decreased self-determination and feelings of powerlessness (Warrior, 1965). Further, lack of fit with the community has led these programs to be unaccepted, ineffective, and unsustainable (Besaw et al., 2004).

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Increasingly, American Indian communities are striving for self-determination when it comes to health and mental health care. They believe that they should be the ones to make decisions about what is best for their communities. Besaw and colleagues (2004) poignantly state,

"The days in which outsiders, however well meaning, delivered the services they thought Native children and families needed or tried to teach the technical capacity for Native administration of programs that outsiders thought would work are in the past. Such approaches have been most remarkable in their widespread failure and their lingering legacies of poverty and social ill-being. Progress now rides on support and respect for homegrown, indigenous institutions, policies, and programs" (p.2).

Under this model the roles for outside clinicians and programs are of partner, technical assistant, trainer, and funder, but not expert (Besaw et al., 2004; Dombrowski, 2008; Littlefield, 2008).

Communities may make their decisions about health care based on the idea that wellness will result from a return to traditional culture and spiritual practices. Thus cultural revitalization is not only a form of treatment, but the treatment of choice (Gone, 2007, Mills, 2004). Psychotherapy may be deemed an inappropriate form of treatment because it does not fit with the American Indian values or views of holistic health, and may even be viewed as a tool of assimilation (Gone, 2004).

Outside providers working with American Indian communities can help them to construct new, culturally appropriate and relevant therapeutic practices to replace culturally insensitive and irrelevant counseling services previously offered (Gone, 2004; Gone, 2007; Jumper-Thurman, et al. 2004; Nebelkopf & Phillips, 2004). In doing so, clinicians are encouraged to take a truly collaborative, empowering, non-deficit focused, and asset-building approach (Aponte & Bracco, 2000, Gone, 2007). Consultation with community members and local healers should inform all facets of clinical activity (Gone, 2007). This is especially important for school-based clinicians because between 1880 and 1960 boarding schools were used as institutional mechanisms for cultural eradication and forced assimilation of American Indian children (Littlefield, 2008). Schools can be seen as threatening, and school-based professionals may need to make an even greater effort than other professionals to build trust.

As a field, school mental health is poised to offer the supportive partnership that many American Indian communities are seeking. School mental health is inherently collaborative and at its best includes multiple professionals and community members partnering together towards a common goal of wellness for all children and adolescents (Weist, 1997). School mental health is also consistent with a holistic view of health because it employs a public health approach in which there are multiple tiers of services, including promotion and prevention services that build assets (Weist, 2005). In addition, empowerment, through the engagement of community members in the development, delivery over-sight, evaluation, and continuous improvement of services, is one of the Best Practice Principles of school mental health (Weist et al., 2005). Finally, school mental health clinicians tend to be skills working in diverse ways, with youth who have diverse needs, to flexibly meet the needs of the community, school, family, and youth.

"As a field, school mental health is poised to offer the supportive partnership that many American Indian communities are seeking."

Increased support for school mental health programs was among the recommendations for enhancing wellness for American Indian youth, families, and communities in a recent report by the Project TRUST partnership in New Mexico (Project TRUST Partnership, 2008). Recommendations of the report include increasing funding, training, and time allocated to school mental health providers; offering more school wellness promotion activities that increase youths' connection to and support from adults; and

enhancing access to mental health treatment services for youth in a non-stigmatizing school-based setting (Project TRUST Partnership, 2008). These recommendations are highly encouraging of community collaborations between American Indian communities and school mental health clinicians.

Is there a place for evidence-based programs?

School mental health has not been immune to the national push for evidence-based practices and programs (Weist et al., 2005). While this has led to improved services for many students, many American Indian community members would argue that most evidence-based programs are not the most appropriate services for their communities because they were not developed for or evaluated in their communities (Gone & Alcantara, 2005; Project TRUST Partnership, 2008). Gone and Alcantara (2005) warn that even when adapted, evidence-based programs may not be effective because American Indian cultures often vary so much from the cultures in which the evidence-based programs were developed and tested. Cruz and Spence (2005) suggest that in selecting a program for American Indian youth clinicians should consider "best practices" to include both programs that have been rigorously tested and meet scientific criteria for empirical validation, and also programs that have been developed "the Indian way" to meet the needs of American Indian communities.

Model Programs

SAMHSA's National Registry of Effective Practices and Programs lists three programs with at least one study where 50% or more of the participants were American Indian. Unlike many evidence-based programs, these were either developed specifically for or thoroughly tested with American Indian youth.

American Indian/Zuni Life Skills Development http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=81

American Indian/Zuni Life Skills Development is a school-based suicide prevention curriculum designed to reduce suicide risk and improving protective factors among 14 to 19 year old American Indians. The curriculum includes lessons that are interactive and designed to be relevant to American Indian adolescent life. Topics include: Building self-esteem, identifying emotions and stress, increasing communication and problem-solving skills, recognizing and eliminating self-destructive behavior, learning about suicide prevention, and setting personal and community goals.

Family and Schools Together (FAST) http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=30

Families and Schools Together (FAST) is a multifamily, school-based, group intervention. It is designed to enhance family functioning, prevent school failure, prevent substance abuse, and reduce family stress. The program builds relationships between families, schools, and communities though outreach to parents, eight weekly multifamily group sessions, and ongoing monthly group reunions. The focus of the eight weekly group sessions is on increasing the skills and resources families need in order to reduce children's anxiety and aggression and increasing their social skills and attention spans.

Project Venture http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=102

Project Venture is a youth development program for 5th- to 8th-grade American Indian youth. Through outdoor activities the program builds social and emotional competence in order to increase resistance to alcohol, tobacco, and other drug. The program is based on traditional American Indian values. Participants engage in a minimum of 20 classroom-based activities, weekly outdoor experiential activities, and a three to ten day summer adventure camp over the course of the school year. Lessons are strengths-based, focusing on skills such as problem solving and leadership.

Recommendations for Working in Partnership with American Indian Youth and Communities

For some clinicians embracing the partnership role desired by American Indian communities entails stepping beyond the bounds of their previous experiences and reconceptualizing their professional relationship with those they serve. The following are general recommendations for clinicians interested in partnership with American Indian youth, families, and communities.

- Know yourself, your values, and how they may differ from others in order to reduce biases and prejudices (Stubben, 2001; Matheson, 1996; Garrett, 1999).
- Remember that American Indians are a diverse group with more than 700 different tribes. Do not over-generalize, but instead commit to learning more about the culture of the people with whom you work (Gilbert & Sims, 2006).
- Cross-cultural work is often uncomfortable and fraught with misunderstandings. Be prepared to sit with the discomfort and learn from it. Also be prepared to be challenged. Try to maintain a flexible mindset and be willing to examine your assumptions regarding the right or best way to do things (Mitchell, 2010).
- Consultation with community members, and particularly traditional healers, is essential. To offer culturally appropriate services you must learn from the community and then partner with them in advancing services that they see as relevant (Aponte & Bracco, 2000).
- Consider the possibility that hiring and providing training and technical assistance to American Indian clinicians and service providers can be a powerful way of supporting communities (Besaw, et al., 2005; Project TRUST, 2008)
- Take an ecological view of healing, look not only at how to help the individual child, but how to help the family and community, they are all intertwined (Besaw, et al., 2004).
- Strengthening family and community social support can be a way to build assets and empowerment in those not interested in more mainstream interventions such as psychotherapy. Implicit in this recommendation is the assumption that they have the strength to increase wellness themselves, but that your support may be the necessary catalyst (Aponte & Bracco, 2000; Besaw et al., 2004).
- Have a sense of humor. Many American Indian cultures value humor because it relaxes tense situations, improves climate, creates connectedness, displays humility, and decreases stress (Garrett & Garrett, 1998).

Counseling Youth

For youth and communities who are interested in counseling services, here are a few recommendations that may be helpful, additional information on this topic can be found in the resources references here.

- Consider including others, such as family and community members in interventions (Gilbert & Sims, 2006).
- Consider incorporating traditional cultural healing practices or collaborating with a traditional healer if the client values these (Gilbert & Sims, 2006).
- Assess for the role of historical trauma in current functioning, and if present, look to established historical trauma treatments (Brave Heart, 2003).
- Recognize that soft speech, slow response, lack of eye contact, moderate guardedness, and avoidance of conflict may be the client's way of showing respect (Garrett & Garrett, 1998; Miller, 2008; Stubben, 2001)
- Recognize that questions may be seen as intrusive, whereas reflective listening, self-disclosure, and negotiation of the counseling process may be valued (Garrett & Garrrett, 1998).

Resources

Centers for American Indian and Alaskan Native Health http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/Pages/default.aspx
These Centers at the University of Colorado Denver engage in research, training, and technical assistance to help promote health and wellbeing in American Indian communities. Also available through the website is American Indian and Alaskan Native Mental Health: The Journal of the National Center, which contains many relevant articles available for free download.

Center for Rural and Community Behavioral Health Native American Programs http://hsc.unm.edu/som/psychiatry/crcbh/Native%20American%20Programs.htm
This Center of the University of New Mexico School of Medicine is involved in many wellness promotion programs and research projects that focus on wellness for American Indian youth and communities. More information about each of their projects is available at the website.

Chickaloon Ya Ne Dah Ah School http://www.chickaloon.org
Also described in detail in: http://hpaied.org/images/resources/publibrary/aecf_family_strenth.pdf
The Ya Ne Dah Ah School in Chickaloon Village, Alaska is an excellent example of an entire school structured around the idea of cultural revitalization and community engagement. The school has achieved some very compelling educational outcomes including excellent scores on national standardized tests and a significantly lower dropout rate than other schools.

Historical Trauma Website http://www.historicaltrauma.com/
This website, operated by the woman who developed the theory of historical trauma, includes a description of historical trauma and how it affects American Indians today. There is an extensive reference list of additional readings on the topic.

Indian Health Services Department of Behavioral Health http://www.ihs.gov/MedicalPrograms/Behavioral/
This division of Indian Health Services aims to promote health, resilience, and strength for American Indian communities through behavioral health services. The website features a Behavioral Health newsletter , as well as a link to the American Indian and Alaskan Native Suicide Prevention Website, which provides information regarding youth suicide prevention efforts tailored to American Indian communities.

Native PRIDE (Prevention, Research, Intervention, Development, Education) http://www.nativeprideus.org/
This American Indian non-profit offers prevention, wellness, and leadership development programs, including Native HOPE, a teen prevention program. Programs are strengths based and culturally rooted.

New Mexico Alliance for School Based Health Care 4 YOUTH Program: Empowering Native American Youth Through School-Based Health Care http://www.nmasbhc.org/pages/nasbhc.html.
The New Mexico Association of School Based Health Centers established 4 YOUTH to empower youth leaders as health care advocates. Community Organizers work with Youth Advisory Groups to advocate for policy that increases access for American Indian youth to culturally responsive health care and eliminate youth health disparities. The focus of this project is on listening to what the youth and their communities want and helping them make it happen. The website describes the project and includes links to additional resources.

One Sky Center
http://www.oneskycenter.org/index.cfm
One Sky Center is a National Resource Center for American Indian and Alaska Native Health, Education and Research. The section of their website on mental health and addiction provides links to their reports including several documents that discuss providing best practice service for American Indians and Alaskan Native youth.

Project TRUST Report and Recommendations for Enhancing the Wellbeing of Native American Youth, Families, and Communities
http://hsc.unm.edu/som/prc/_pdfs/TRUST_Report_May08.pdf
This report examines behavioral health care practices that promote mental health and wellbeing for American Indian adolescents. Based on a review of programs and the input of American Indian community members, the authors of the report provide recommendations for developing policy, practice, and research that focuses on using traditional cultural practices.

The Context and Meaning of Family Strengthening in Indian America
http://hpaied.org/images/resources/publibrary/aecf_family_strenth.pdf
This report to the Annie E. Casey Foundation by The Harvard Project on American Indian Economic Development presents research and case studies on the best way to strengthen American Indian families in order to promote child and family wellbeing. The report concludes that native driven efforts are superior to non-Native driven efforts and suggests potential roles for Non-natives interested in supporting American Indian family strengthening.

U.S. Department of Education Office of Indian Education
http://www2.ed.gov/about/offices/list/oese/oie/index.html
Offers links to a wealth of information regarding American Indian education, including reports cited in this article that provide information regarding current educational outcomes for American Indian youth as well as information regarding available grants.

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This is a working document, if you would like to provide any feedback or additional information please contact Jennifer Gibson (jgibson@psych.umaryland.edu) at the University of Maryland Center for School Mental Health (410-706-0980).