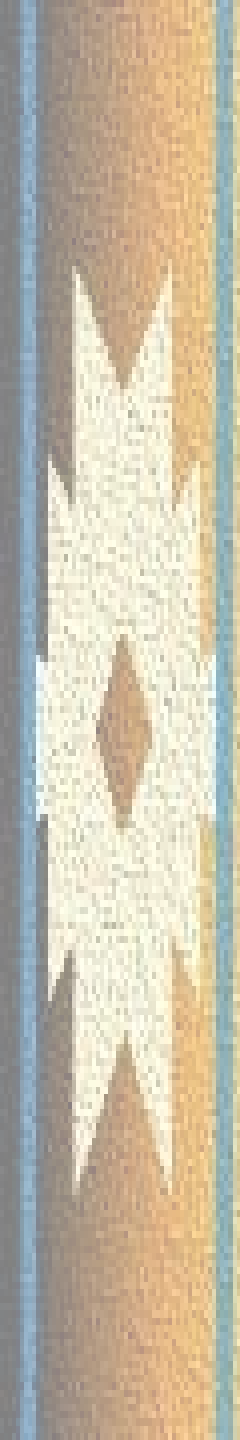


A photograph of two young Native American girls in traditional attire. The girl on the left wears a white headdress with a circular emblem and the word 'Kumeyaay' written in a script. The girl on the right has her hair in a braid and wears a green top. The background is a colorful, patterned fabric.

**The Challenges To Mental Health
Services in Native American/Alaskan
Native populations in San Diego County**

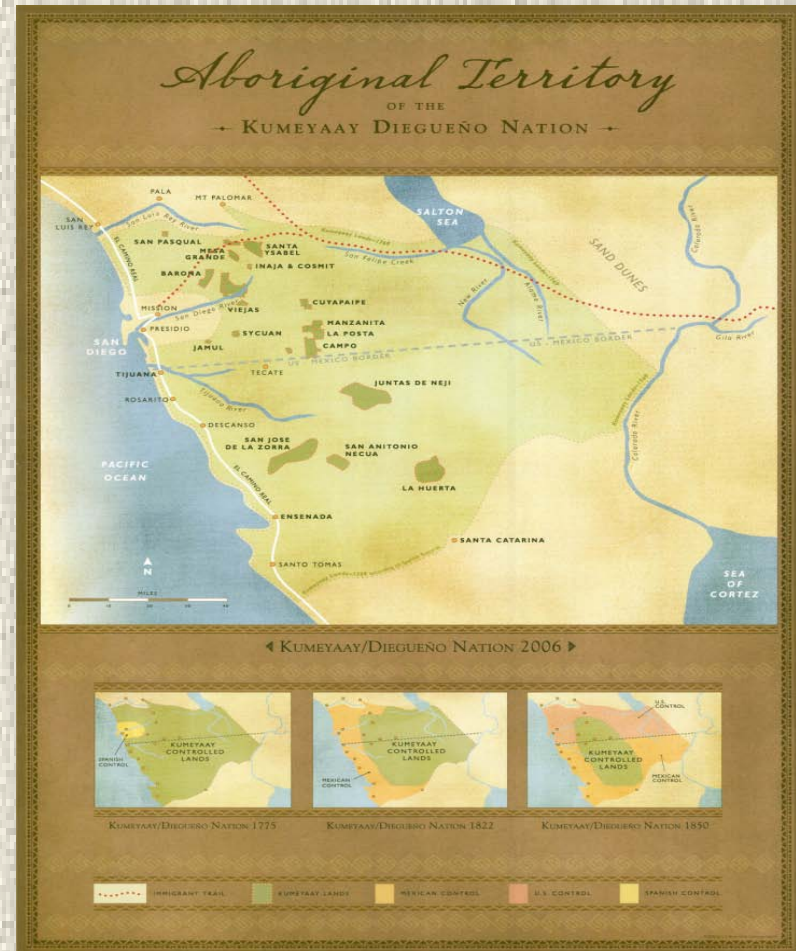


*“If you come to me and say you
are going to help me, then go
away. If you come to me and
say you want to work with
me, then let us begin.”*

Tribal Elder,
Sycuan Band of the Kumeyaay Nation

Largest Tribal Nations In California is in San Diego County

- Barona
- Campo
- Manzanita
- La Posta
- Jamul
- Viejas
- Sycuan
- Santa Ysabel
- Mesa Grande
- San Pasqual
- Rincon
- Pauma
- Pala
- La Jolla
- Los Coyotes
- Ewiiaypaayp*
- Inaja-Cosmit*
- Capitan Grande*



Urban Native Americans/Alaskan Natives in San Diego County

- Approximately over 53,000 people have indentified themselves as being Native American or Alaskan Native;
- This number includes persons who may have Native American ancestry,
- People who do not have enrollment numbers, and;
- Native Americans who are not federally recognized.



The Effects of Historical Trauma on the Health and Wellbeing of Native Americans & Alaskan Natives

- Conflict and violence
- Lack of recognition of human status
- Loss of land
- Loss of hunting grounds
- Social fragmentation
- Disease and loss of good health
- Loss of language
- Forced relocations onto missions and reservations
- Loss of freedom
- Loss of culture and traditions
- Denial of citizenship until the early 1900's
- Changed roles for men and women
- Loss of control over one's own life; their families and environment
- Forced removal of children (Indian schools and government agencies)

The Effects of Historical Trauma on the Health and Wellbeing of Native Americans & Alaskan Natives

- Native Americans/Alaskan Natives are the least healthy of all Americans.
- High rates of suicide*, self-harm, substance misuse, diabetes and other illness, sudden infant deaths and early death from physical and mental illnesses.
- Much lower levels of access to appropriate health and mental health care than non-natives.



The diagram above shows how all parts of life are connected. When in balance all is well. When the balance is upset, mental health and wellbeing problems can arise.

Suicide rate in Indian Country is three times higher than the national rate.



The Effects of Historical Trauma on the Health and Wellbeing of Americans & Alaskan Natives

Loss, grief, and trauma are commonplace in NA/AN communities

- High rates of death due to physical illness; loss of family or community member by mental health related and substance use problems
- Social problems included identity, acceptance, parenting and transgenerational trauma
- Unresolved grief surrounding forced removal of Native Americans/Alaskan Natives from their aboriginal territory
- Unfinished Business includes issues around: Control of resources, sovereignty, compensation, self-determination, protection of cultural heritage, cultural repatriation, and indigenous rights



Community Strengths

Despite all past and continuing inequities, injustices and unfinished business, we are a people of extreme resilience and strength.

Such strengths include:

- Endurance, creativity, humor, adaptability, tolerance, self-reliance, compassion, dignity, respect, and cultural integrity
- A strong spirituality and a deep understanding of human beings and their environment.
- Traditional knowledge of ancestry and tribal affiliation
- Knowledge of traditional methods such as story telling and traditional healing
- Knowledge of traditional law and ceremony
- Knowledge of traditional roles of Healers, Elders and community care-givers



Addressing Barriers to Mental Health Services for NA/AN populations

- Mental illness, social and emotional wellbeing issues are of great concern for Native American/Alaskan Native communities.
- These concerns prompted Breaking Down Barriers community forum in March 2009.
- Participants included tribal service providers, SCTCA Tribal TANF, tribal leaders and members, tribal clinicians and educators



Addressing Barriers to Mental Health Services for NA/AN populations

- Lack of services and Consistency of Care
- Culturally Competent Services
- Mistrust of County and Government Services
- The STIGMA effect on Mental Health in the Native American/Alaskan Native Communities

Addressing Barriers to Mental Health Services for NA/AN populations

- *Lack of Services and Consistency of Care*
 - Inability to retain experienced MH professionals in the community
 - Shortage of therapists and service providers
 - Not enough MH services to support high demand
 - Lack of network of care to address multiple traumas such as Domestic Violence, Depression, Substance and Alcohol Use Abuse and Historical Trauma

Addressing Barriers to Mental Health Services for NA/AN populations

- *Culturally Competent Services*
 - MH providers lack of understanding of community's history
 - Lack of understanding of family structures & traditional living arrangements
 - Service providers must have basic cultural understanding of specific Tribal nations and urban NA/AN communities



Addressing Barriers to Mental Health Services for NA/AN populations

- *Mistrust of County and Government Services*
 - The fear of personal information being shared and how it may be used negatively against the individual and/or Tribal community
 - Broken trust is a REAL historic multi-generational issue amongst all Tribal Nations and individuals



Addressing Barriers to Mental Health Services for NA/AN populations

- *The Stigma effect on Mental Health in NA/AN Communities*
 - Individuals with mental health issues are looked upon as “trouble makers”
 - Individuals are sometimes banished from their own tribal nation, community or livelihood revoked
 - Individuals feel socially isolated from their own community - leading to depression and other self-harming methods

Collaborations since 2009

- Collaboration of tribal organizations and service providers including:
 - SCTCA's Tribal TANF Program
 - Indian Health Council, Inc. (Rincon Reservation)
 - Southern Indian Health Council, Inc. (Ewiiaypaayp Reservation)
 - Sycuan Health Center (Sycuan Reservation)
 - San Diego American Indian Health Center (Downtown San Diego)
 - Indian Human Resource Center, Inc
 - Sycuan Intertribal Vocational Rehabilitation (Sycuan Reservation)
 - American Indian Recruitment Program
 - Tribal Star

Improvements since 2009

- Provided increased culturally competent specific services for urban and rural populations
- Ongoing culturally competency classes for non-native county staff and service providers to understand the uniqueness of each tribal community
- Providing educational workshops and training on mental health for tribal community members and service provider staff
- Working with County of San Diego and Alliance University to develop a program to provide mental health course studies to Native American individuals.
- Collaboration of various organizations (tribal and non-tribal) to provide resources, information and training to Native communities to break down the stigma of mental illness
- More programs are being provided to families, youth and elders within service areas

Challenges

- SD County Law Enforcement PERT Team (San Diego Sheriffs Department)
- School Districts – bridging the gap of communication, basic knowledge of tribes in surrounding areas and being more culturally sensitive to the needs of Native American children.
- Funding - County ,State and private grants should *only* provide funding to established Native American organizations that already service Native American/Alaskan Native populations.

Steps in working with NA/AN communities

- Identify programs in place and what they provide in services, network and collaborate
- Work with community stakeholders in identifying mental issues that plague Native American communities.
- Advocate for funding to provide programs through Indian Health Services and other funding agencies
- Provide awareness on Mental Health through outreach and trainings to identify mental health illnesses
- Collaborate with Indian Health Clinics, NA/AN Non-Profit Organizations, Universities or Community Colleges, and Tribal governments.
- Create and identify programs, trainings and educational development through course certifications to assist non-Native and NA/AN individuals and professionals in the mental health field where outcomes will provide a more positive impact in service to tribal communities.



*“Overcoming the
past injustices
has made strong
spirits rise and
stand tall.*

*Like tree trunks
bold and solid...*

*And we stand
strong.”*

Resources

- Dr. Shirley Murphy, Ph.D., Lakota Sioux
- H. Paul Cuero, Tribal Council Member, Campo Kumeyaay Nation
- Dr. Paula Maneses Ph.D., and Dr. Joyce Fike Ph.D.,
- Indian Health Council, Southern Indian Health Council, Sycuan Medical Department and San Diego American Indian Health Clinic
- Southern California Tribal Chairmen's Association (SCTCA)
- Tribal TANF – Perse Hooper
- Wendy Schlater and Renee White Eyes
- Mental Health America Native American Communities Barriers Report 2009
- 2000/2010 U.S. Census
- Kumeyaay Aboriginal Map, Sycuan Kumeyaay Nation
- California Indian Library Collections
- Gomez-Zamora Family

Q & A

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