

Prevention & Early Intervention (PEI) Webcast

Underserved Cultural Populations: *Native Americans*

Presenter: Janet King
Monday April 28, 2008
9:00 am – 12:00 pm

Family and Child Guidance Clinic
Native American Health Center
Oakland CA

Strategies and Programs...

There are many effective PEI strategies among Native Americans:

- Some are formalized into curriculums and manuals (PIP, GONA, POWER)
- Some don't have planning kits but have been practiced for a long time and are co-produced by the collective energy of community members and agency staff (Powwows, Big Time and other events)
- Some are cultural practices converted into modern day forums such as hand game competitions that are gateways to other healthy behaviors and protective factors
- Some are models practiced by different agencies (Holistic System of Care for Native Americans in an Urban Environment by Native American Health Center in Oakland and San Francisco or Traditional Path to Wellness by Indian Health Center of Santa Clara County)

Powwows: Best Practice for Community Outreach

- Community event produced several times during the year by different host agencies, associations and community members
- Predictable-held at the same time each year; many times at the same location
- Anticipated by the community-everyone looks forward to them and plans for them
- Brings everyone in the community/county together to one gathering place

2

Powwows: Best Practice for Community Outreach

Continued...

- Culture is practiced: food, music, dance, give-aways, coming out ceremonies
- All ages are honored and have a role in complementing the powwow
- Counseling of various kinds takes place i.e. peer counseling, intergenerational counseling, natural helpers and behavior health care staff from agencies
- Information/outreach booths line the perimeter of the powwow arena representing different agencies and service sectors

3

Behavioral Health Value of Powwows

- A place to belong and celebrate cultural identity (protective factor)
- Purposeful role in planning or participating in the event (protective factor)
- Person/family needing help is able to choose formal or informal help
- Person/family needing help is able to choose short duration or intensive services
- Person/family needing help is able to get early intervention to prevent severity

4

Behavioral Health Value of Powwows Continued...

- Person/family needing help is able to initiate services without the stigma of an office visit or need for health insurance
- Mental Health Service in non-mental health setting
- Interactive cultural competence opportunity to non-Native agency staff attending
- A place to build relationships with community members or agency staff (network)
- The theme of the powwow can be dedicated to integrating mental health to overall wellness (reinforced by the MC, marketing and activities at the powwow)

5

Community Responses to the Value of Powwows

Community Feedback to Questions:

What does going to a powwow mean to you?

How are they Helpful to you?

Responses:

- “A place to see friends” (protective factor reduction of isolation, known risk factor)
- “Connection with community, keeps culture alive” (protective factor)
- “A place for youth to have healthy fun and peer interaction”
- “Takes away my stress and troubles”

6

Community Responses to the Value of Powwows Continued...

- “Therapy, I feel at peace, it helps when everyone prays”
- “Spiritual and social-wisdom from elders and youth exchanged”
- “Enjoy watching the dancers, like hearing the drums”
- “Like becoming aware of services; easy to make appointments”
- “Everyone is in one place so many needs can be taken care of at the same time”
- “Other cultures included, i.e. Azteca Dancers”
- “Can participate regardless of religion”

7

Community Responses to the Value of Powwows Continued...

- “Clean and sober event - the whole family has fun”
- “Native unity practiced-funds given to needy families”
- “A place to connect with your tribal background and to meet fellow tribal members”
- “Being with other Natives who understand the struggles of “Urban Life”
- “A place to feel safe, happy where you can be yourself and not be criticized or judged because you are a Native American”
- “An Environment where I can hold my head up high and be proud to be Native American”

8

Conclusion:

- Responses address protective and risk factors
- Being the only Native American in a classroom, school or job is a stressor endured by Native Americans that others are not aware of. Native Community gatherings are one of the few places to get relief from that stressor
- Native culture can outwardly be practiced-a chance to recover from when Native culture was outlawed

9

Gathering of Native Americans (GONA)

- 4 Day Curriculum
- Focus can be whole community, age or gender groups
- Founded in 1992 by Center for Substance Abuse Prevention and a team of Native Americans across the Nation (16 years of effective practice)
- Central Theme: Community healing from historical and cultural trauma
- Addresses self, family and community
- Addresses risk factors leading to substance abuse and destructive behaviors
- Uses Native American culture as a resource to reclaim healthy behaviors
- Download the curriculum from Center for Substance Abuse Prevention Training Library

10

Positive Indian Parenting (PIP) Honoring our Children by Honoring our Traditions

- Produced by the National Indian Child Welfare Association in Portland, Oregon
- 8 Lesson Indian Parent Training Manual produced in 1986 (20 years of effective practice)
- Teaches Child Development through culture
- Revitalizes Native American child rearing practices known to foster self-esteem, self worth, sense of purpose, reciprocity, community wellness and other protective factors
- Skills learned become a lifetime resource for the child and community
- The curriculum has worked well with other ethnic groups

11

For more information on PIP contact:

**The National Indian Child Welfare Association
5100 SW Macadam, Suite 300
Portland OR 97201
(503) 222-4044**

**Email: info@nicwa.org
Website: www.nicwa.org**

**Manuals can be purchased
Training for Trainers can be arranged**

12

Peers Offering Wisdom, Education & Respect (POWER)

- Founded by United Indian Health Service (UIHS), 1600 Weeot Way, Arcata CA
- Culturally appropriate interventions by counselors familiar with local Native Community
- Leadership and history of Native American communities taught by building Communication, Decision-making, and Life coping skills
- Ceremonial Bonding is infused throughout the program
- For information contact UIHS (707) 825-5000

13

American Indian Life Skills Development Curriculum

- Founder: Teresa La Fromboise PhD at Stanford University: lafrom@stanford.edu
- A Community Based Intervention for Youth Suicide Prevention
- 37 lesson plans
- See cimh.org website for keynote address by Dr. La Fromboise at the Cultural Competence/Mental Health Summit XV to get more information of the curriculum

14

Other Effective Practices

- Many Native American communities have developed their own effective practices
- Become aware of the effective practices used by the Native Community in your area
- Be aware that these strategies are in various forums
- Some are written and some are the result of event planning
- Being written or not written does not negate its effectiveness
- What's important is having models and practices that are adaptable for each community

15

Holistic System of Care for Native Americans in an Urban Environment

- Developed by the Native Community in San Francisco Bay Area
- Incorporates years of needs assessments with the community
- Reflects Native concepts of wellness and Native value of community
- Community is addressed as needing intervention and not just an individual or family (reduces stigma)
- Symptoms of imbalance used to reflect Native experiences
- Environmental stressors and past history of oppression taken into consideration
- More information: Chapter 5 in *Healing and Mental Health for Native Americans; Speaking in Red*; Altamira Press 2004 edited by E. Nebelkopf & M. Phillips

16

Planning Considerations

- Beware of dangerous stereotypes that preclude services to Native Americans
- Stereotype 1: Native Americans have casinos and therefore don't need public funds
- Fact: less than 5% of Native Americans in CA receive per capita payments equal to or more than the federal poverty guideline.
- Casinos are more likely to fund non-Native businesses near the casinos than Native American organizations serving Native Americans elsewhere in CA

See article from San Francisco Chronicle 4/20/08
<http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/04/20/MNP0VO5TH.DTL&hw=native>

17

Stereotypes Continued...

Stereotype 2:

“Native Americans live on reservations and have their mental health needs taken care of by Indian Health Service.”

- Fact: 68% of Native Americans in CA are urban (2/3)
- 32% of Native Americans are Rancheria/Reservation based (1/3)
- Less than 2% of Indian Health Service money in CA go to Urban Indian Health Programs

18

Stereotypes Continued...

Stereotype 3:

“There are so few Native Americans - funds should go to larger populations.”

- Fact: There has always been a census undercount of Native Americans for various reasons. Even if the count was correct mental health needs are still serious and unmet.
- Native Americans have the highest suicide rate of all ethnic groups.
- The small population percentage is a direct result of the legal extermination campaign in early CA history resulting in historical trauma for the survivors, another prevalent mental health condition among Native Americans.

19

Planning Considerations

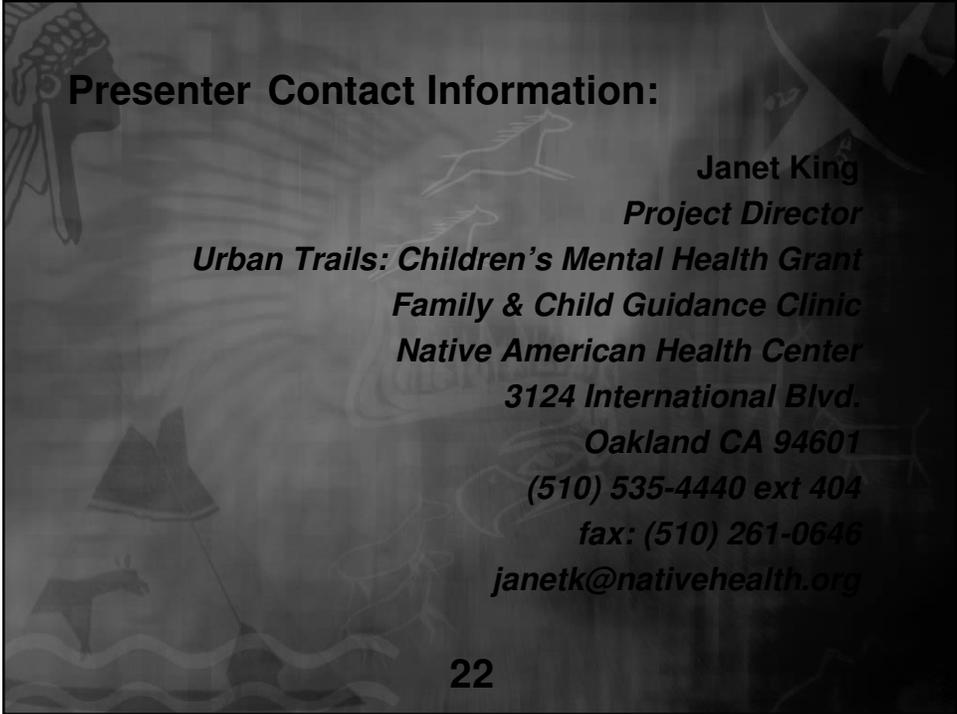
- Use reliable data sources that show need in Native Communities
Example: Annual reports of agencies that serve Native Americans
- Some websites of Native agencies give service statistics
Example: California Area Indian Health Service
(Click on health programs for listing of 41 Native Health Centers)

20

Planning Considerations

- Get to know the Native American leadership in your county. Ask someone in another county to help with this if you don't know where to start.
- Nurture relationships with Native Community by attending Native Community events and having information tables there.
- Make sure communication about county forums to participate in MHSA planning are amenable for participation (reduce mental health jargon, reduce transportation barriers, take in consideration family needs to increase participation)
- Be aware that some Native communities may not use mainstream mental health or MHSA language to describe their community or talk about mental health needs
- The word mental health may be used in reference to community mental health and not in reference to diagnosis in the DSM

21



Presenter Contact Information:

Janet King

Project Director

Urban Trails: Children's Mental Health Grant

Family & Child Guidance Clinic

Native American Health Center

3124 International Blvd.

Oakland CA 94601

(510) 535-4440 ext 404

fax: (510) 261-0646

janetk@nativehealth.org