

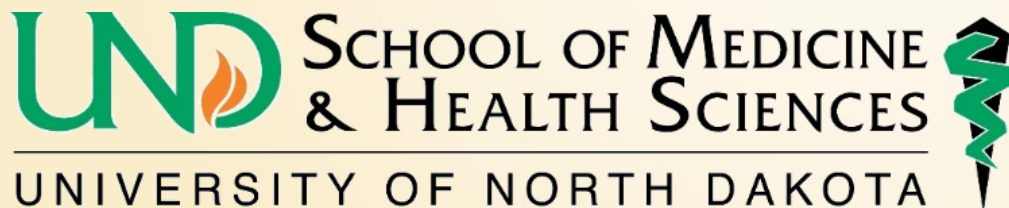


ECHO: Indigenous Pediatric Mental Health and Cultural Considerations

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Julie Smith – Yliniemi, PhD

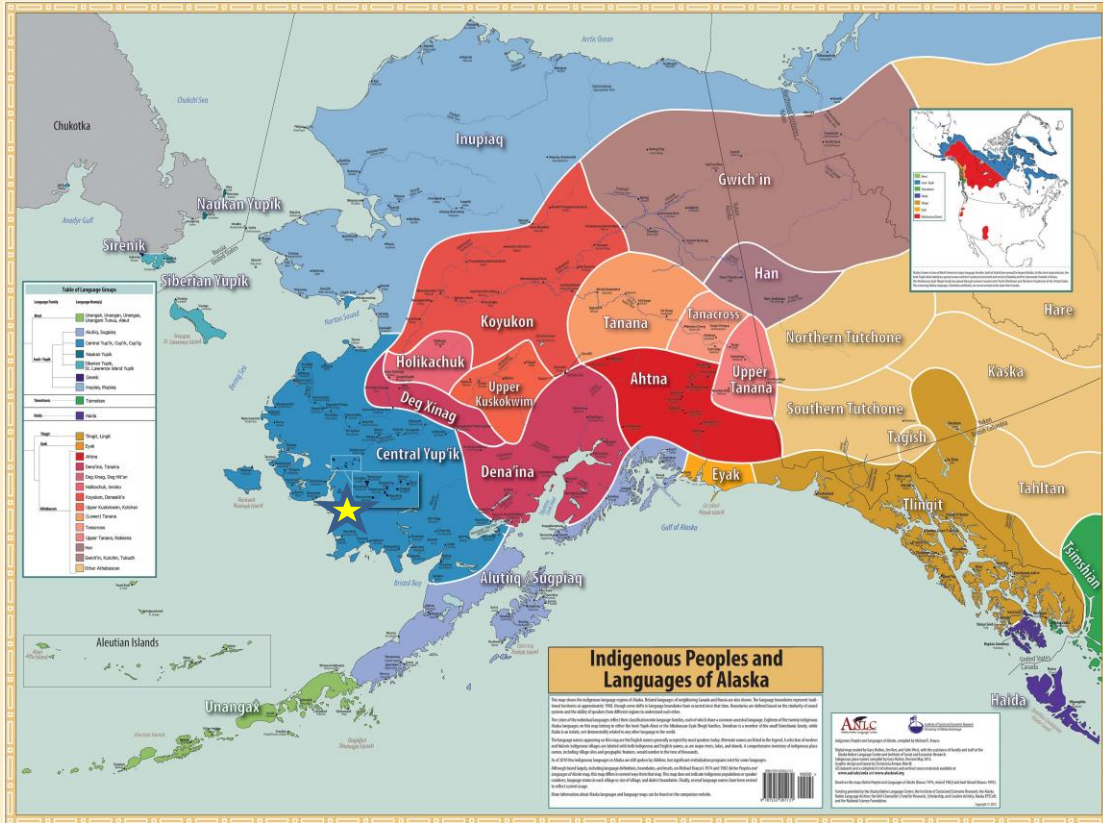
May 18, 2022



Thank you!

- Dr. Allison Kelliher
 - Practice-Based Research Network
 - <https://med.und.edu/daccota/aicorn/index.html>
- Dr. Julie Smith – Yliniemi, PhD
 - Director of Community Engagement
 - <http://blogs.und.edu/for-your-health/2022/05/05/dr-julie-smith-yliniemi/>





Original Questions:



- **How can we improve compliance w/ treatment plan?**
 - Perhaps the customer's priority is NOT your plan
 - There may be other things going on... behind the scenes... lens
 - Address the needs of your patient within the context of their family and culture/relevant way
 - Consider coming to agreement including the family
- Use empathy and honest inquiry: What is it that concerns you?



Case



- 14 yo female, complex history with complex childhood trauma. Including foster care. Experiences stressors:
- PMH: Major Depressive DO
 - Rx: Trauma Focused CBT, Cognitive Behavioral Intervention for Trauma in Schools
- SH: Mom and Dad estranged. Mom recently incarcerated. Differences in Support and Beliefs in 2 homes. Father AI Culture, Mom was against Traditional AI things, preferred Christianity.
- Stressor: Mom was going to be released during this busy time of change. Started attending Traditional Ceremony, received Traditional name.
- Decompensated: When Mom was released
 - admitted to Psychiatric inpatient, panic attack
- Comprehensive plan inclusive of:
- Tribal/Cultural: What was she safe to do, kept a cedar box in part of house
- Medications commitment to 6 week trial, commitment by father and family
- Close f/u and keeping word. Mom was re-incarcerated 6 mo later, more stable with father.
- To blame her for “not adhering to the plan” is lack of empathy*



Mental Health Service Utilization



- Rates for AI/ANs are low, likely due to a combination of factors, including:
- **stigmatization of mental health**
- **lack of culturally trained provider**
- **lack of available services**
 - American Psychiatric Association

Indigenous Americans



- **American Indian & Alaska Native AI/AN:** racial designation on census
- Federally recognized Tribe is political designation
 - 574 federally recognized tribes
- **Native American:** a member of any of the Indigenous peoples of North, Central, and South America, especially those indigenous to what is now the continental US (Oxford Dictionary)
 - Nat'l Congress of American Indians (NCAI) 2019
 - Tribal Nations and the United States report
 - All Native people of the United States and its trust territories
 - i.e., American Indians, Alaska Natives, Native Hawaiians, Chamorros, and American Samoans, as well as persons from Canadian First Nations and Indigenous communities in Mexico and Central and South America who are U.S. residents.
- **Indigenous:** They descend from those who are the **original inhabitants** of a country or a geographical region.
- https://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf

Further Considerations



- **Self Identification as Indigenous is important**
- Spectrum of knowledges and belonging and community involvement
- Some of us are closer to Tribal history and customs
- All histories unique and valid-

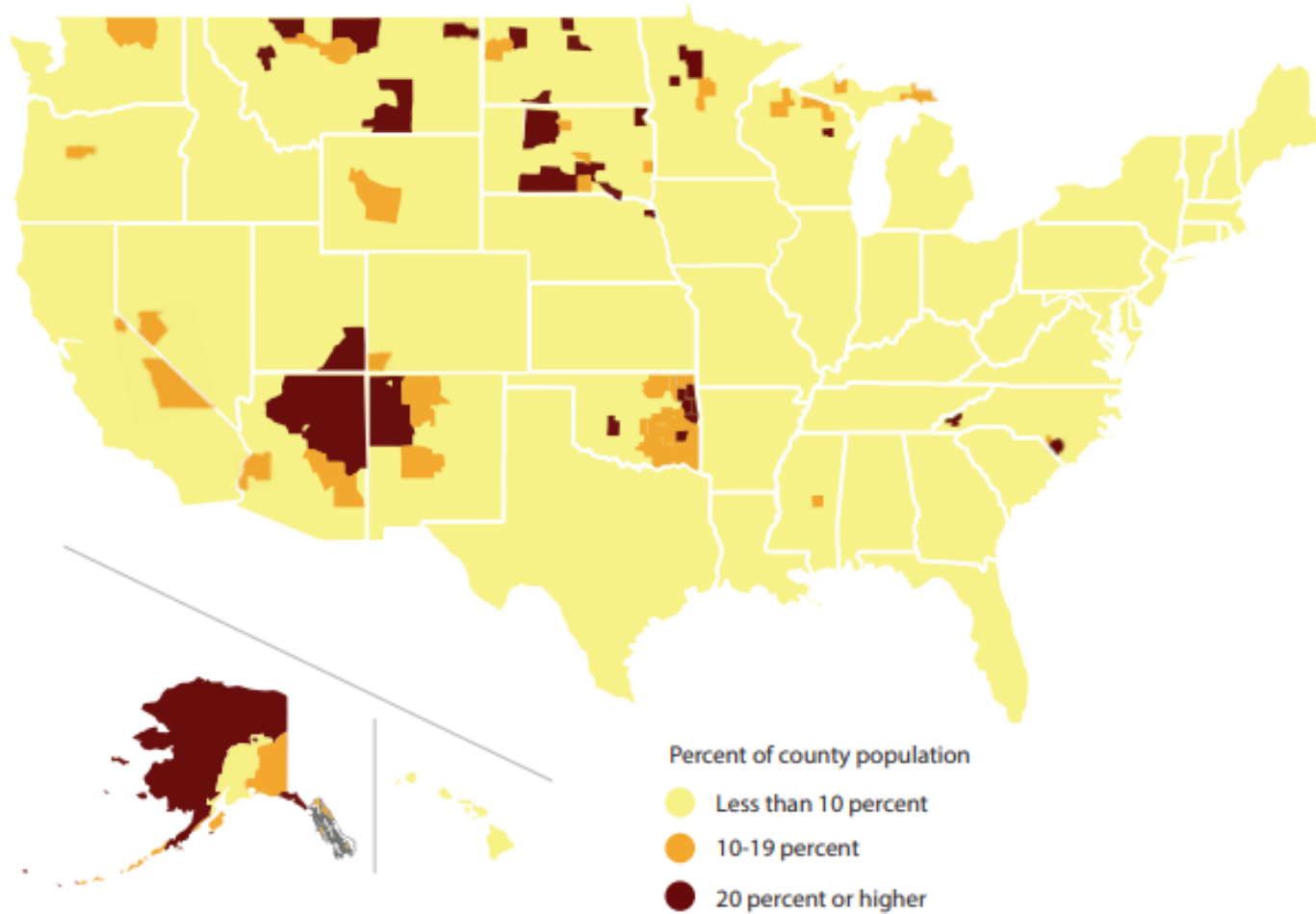


AI/AN Fact sheet



- **2%** of the U.S. population – 6.6 million Americans – self identify as having American Indian/Alaska Native (AI/AN) heritage.
- **2/3 urban**, suburban, or rural non-reservation areas
- 1/3 live on reservations
- **Culturally diverse** and **speak more than 200 languages**
- **Life expectancy** that is 4.4 years less than the rest of the nation— 73.7 years compared with 78.1 years, respectively)
- AI/ANs have the **highest poverty** rate of any race/ethnic group, with 26.6 % living in poverty (The national poverty rate is 14.7%)
- Approximately **21% of single-race AI/ANs lack health insurance** coverage in 2015 as compared with 9.4% of the general US population who lacked health insurance coverage.

Population Distribution of American Indians/Alaska Natives in the U.S.



Federal Oversight



- Federal statutes dealing with Indian rights and governance
- Indian Reorganization Act, and the Indian Civil Rights Act (aka Indian Bill of Rights). 28 U.S.C. § 1360
- Treaty right to healthcare, highest law of the land.
- “Prepaid” monies for healthcare- ie. Indian Health Service, and “638” sites (Tribally Run)
- Tribal governments services
 - health care, social services, housing, utilities, educational assistance, employment, environmental safeguards, and judicial services.
 - These services may be delivered directly through the tribal government or through non-profit Native owned and operated organizations.



Individual Self Sufficiency



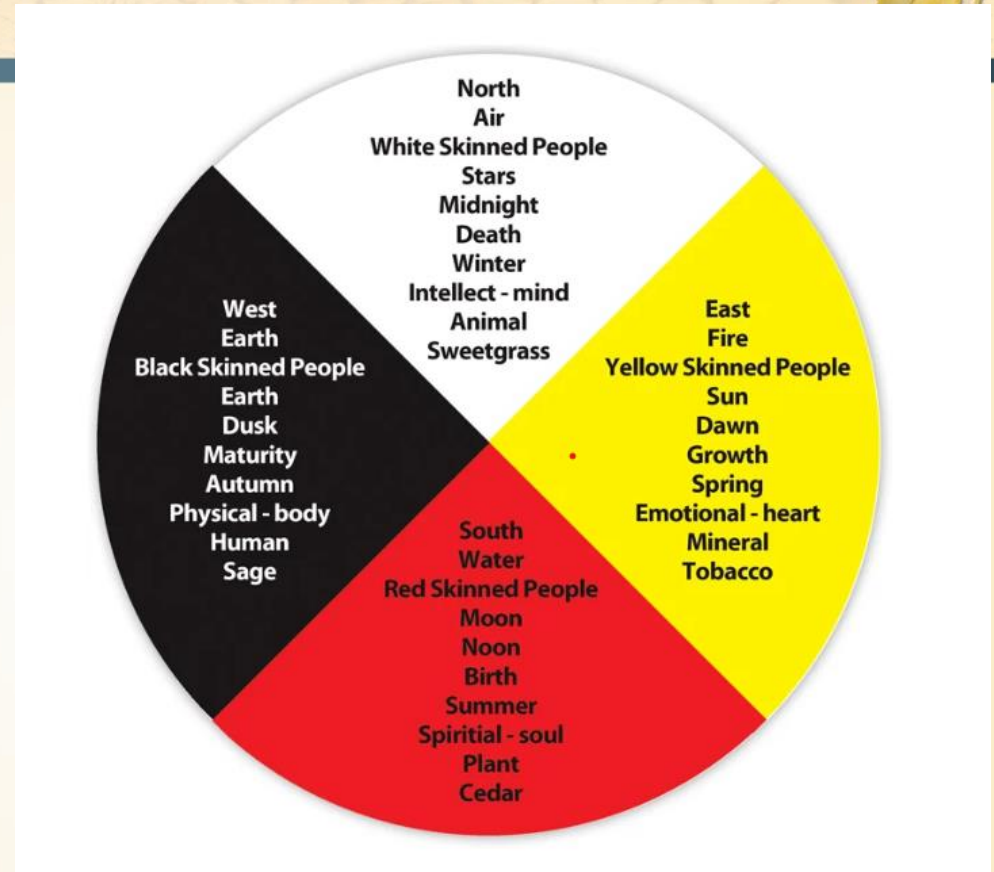
- Sovereignty- Sovereignty is the power, authority, and right of a people to govern themselves.
- Tribes and Tribal members are autonomous – they have the capacity to act independently on their own behalf.
- Tribes know best what works and does not work for their communities, Tribal members also have the ability to make individual decisions.
- At the individual level, self-sufficiency encompasses the full development of individuals – spiritually, mentally, physically, educationally, and economically among other ways – in a manner that contributes to their success in life.
- The intent is for one to have the capacity and initiative to take care of self and ultimately contribute to the well-being of their families and communities.
- P 46 of <https://store.samhsa.gov/product/The-National-Tribal-Behavioral-Health-Agenda/PEP16-NTBH-AGENDA>

Mental Health



- **Mental health is the foundation for the well-being and effective functioning** of individuals.
- More than the absence of a mental disorder; it is the **ability to think, learn, and understand one's emotions and the reactions of others.**
- State of balance, both within and with the environment.
- Physical, psychological, social, cultural, spiritual and other interrelated factors participate in producing this balance.
- There are inseparable links between mental and physical health.
- WHO

Medicine-Wheel Framework



- Paradigm for wellness and balance
- <https://www.nlm.nih.gov/nativevoices/exhibition/healing-ways/medicine-ways/medicine-wheel/images/ob1406.html>

TRADITIONAL INDIGENOUS KNOWLEDGE



- **Network of knowledges, beliefs, and traditions intended to preserve, communicate, and contextualize Indigenous relationships with culture and landscape over time.**
- Traditional Knowledge is distinct from western knowledge
 - Niece Kyra, Medicine plants Sage/Artemesia
- Western Knowledge
 - proof quantified, requires rigid planning structure and \$
- Traditional knowledge is trans-generational, can be inherited, and has value akin to wealth
 - Guarded and protected, shared when appropriate and when the time is right
 - Passed down from elders, or through observation, direct experience, dreaming, vision quests*, stories, deep connection and relationship
 - Listening and learning non-verbally
- Healing knowledge is highly valued as if our life could depend upon it
- Won through hard work and deep conversation and silent listening to culture bearers
- Krohn, Elise. Wild Rose and Western Red Cedar, The Gifts of the Northwest Plants. The Northwest Indian College, 2007. P2



Strengths Based



- **Protective Factors:** Key concepts for “cultural context, identity, adaptability, and perseverance” of AI/ANs.
 - holistic approaches to life
 - desire to promote the well-being of the group
 - enduring spirit
 - respect for **all ways of healing**



Strengths and Protective Factors



- A strong identification with culture
- Family
- Enduring spirit
 - stubborn, hard to accept change
- Connection with the past
- Traditional health practices
 - ceremonies
- Adaptability
- Wisdom of elders
- *Upstream (rather than ill to pill downstream)



Great Resource



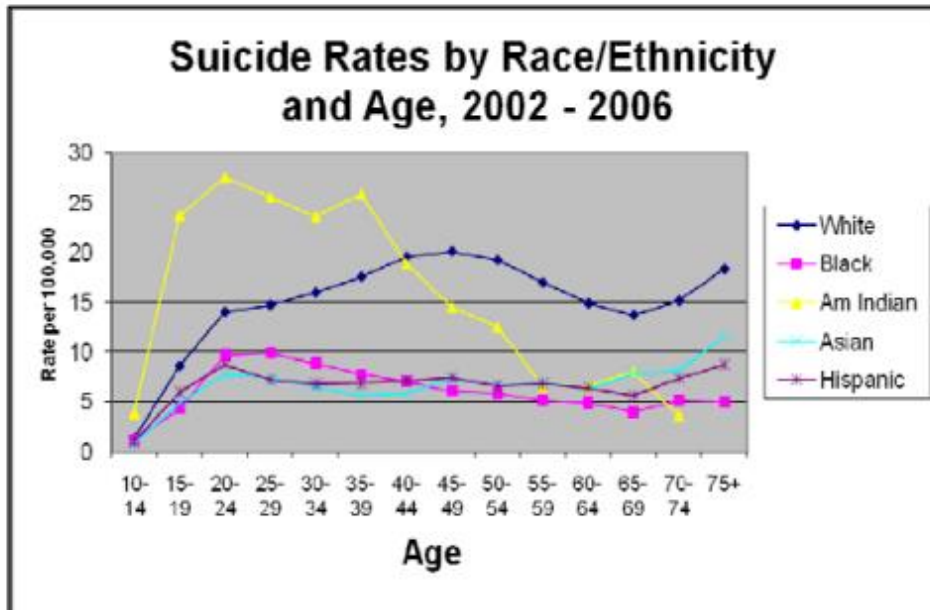
American Psychiatric Association:

- <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf>

True or False?



- American Indians and Alaska Natives have consistently experienced disparities in access to healthcare services, funding, and resources; quality and quantity of services; treatment outcomes; and health education and prevention services.
- https://store.samhsa.gov/sites/default/files/d7/priv/tip_61_aian_full_document_020419_0.pdf



Source: CDC, WISQARS, 2009

Mental health and AI/ANs:

- AI/ANs experience serious psychological distress 1.5 times more than the general population. (10)
- The most significant mental health concerns today are the high prevalence of depression, substance use disorders, suicide, and anxiety (including PTSD). (11)
- AI/ANs experience PTSD more than twice as often as the general population. (12) Although overall suicide rates among AI/ANs are similar to whites, there are significant differences among certain age groups. Suicide is the second leading cause of death among 10-34 year olds. In contrast, the suicide rate among AI/ANs more than 75 years old is only one-third of the general population.(13)

- https://www.thenationalcouncil.org/wp-content/uploads/2021/04/mental_health_disparities_american_indian_and_alaskan_natives.pdf?daf=375ateTbd56

The Data: Substance Abuse



Substance Abuse—American Indians and Alaska Natives				
National Survey on Drug Use and Health 2013	age	AI-AN	Nat'l	Comparison
Alcohol				
alcohol use (current)	12+	37.3	52.2	↓
binge alcohol use	12+	23.5	22.9	↑
heavy alcohol use	12+	5.8	6.3	↓
Tobacco				
tobacco use (current)	12+	40.1	25.5	↑
cigarette use (current)	12+	36.5	21.3	↑
cigar use (current)	12+	6.1	4.7	↑
smokeless tobacco (current)	12+	5.3	3.4	↑
Illicits/Substance Abuse/SUD				
illicit drug use (current)	12+	12.3	9.4	↑
substance abuse or dependence	12+	14.9	6.6	↑
Non-medical Use of Rx Pain Relievers				
past year	12+	9.9	5.8	↑

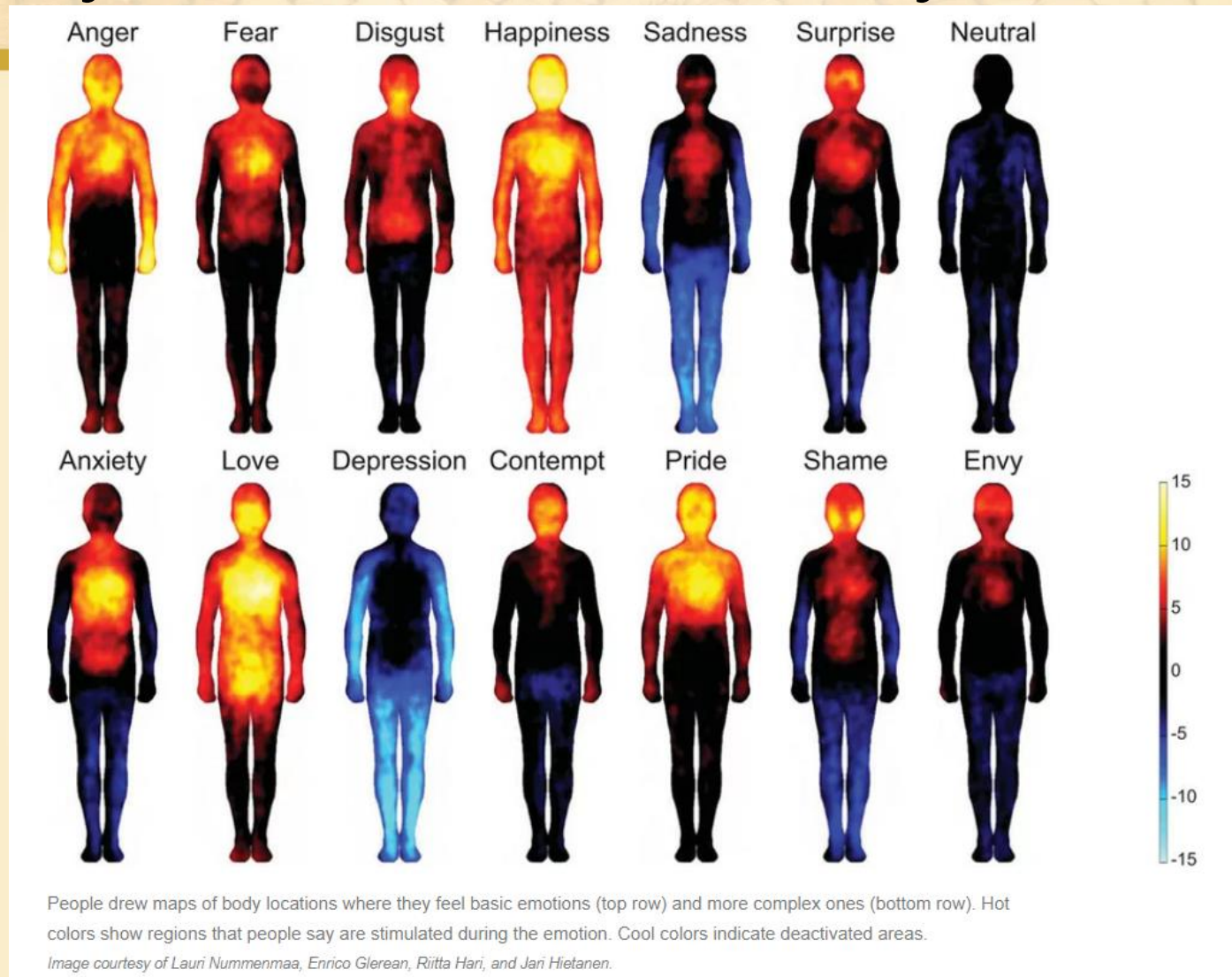
Protective Factors Against Suicide



- Protection against Suicide in AI/AN youth:
 - **Discussion of problems with family or friends**
 - ?could we identify those in need
 - **Connectedness to family**
 - ?opportunity to know higher risk
 - **Emotional health**



Body “Scan” to know how you feel



• <https://www.npr.org/sections/health-shots/2013/12/30/258313116/mapping-emotions-on-the-body-love-makes-us-warm-all-over>

Barriers to Accessing Mental Health Services and Treatment



- **Economic barriers** (cost, lack of insurance)
- **Lack of awareness** about mental health and available services
- **Stigma** associated with mental illness
- **Lack of culturally sensitive mental health services**
- **Mistrust of health care providers**
 - **Why is this?**
- **Lack of appropriate intervention strategies** (including integration of mental health and primary health care services)
- How do we address these? Time, work, healthy relationship- higher ACE Scores, higher suicidality



INDIAN HEALTH SERVICE

WAITING ROOM



<https://www.martytwobullsjr.com/pagecv>

Traditional Healing



- Cultural Health Practices of AI/AN Traditional healing systems **are important in treatment**
- Systems focus on balancing mind, body, and spirit via a connection with **place and land**.
- **Some** believe that traditional-based healing practices have potential to help address mental health care needs within their communities.
- Research shows that Indigenous men and women who meet criteria for **depression/anxiety or substance use disorder** are significantly more likely to seek help from traditional/spiritual healers than from other sources.



WHO



- Defines Traditional Medicine
 - **Sum total knowledge, skills, and practices**
 - **Based on the theories, beliefs, and experiences indigenous to cultures**
 - **Explicable or not**
 - **Used for health maintenance, prevention, diagnosis, improvement or treatment of physical and mental illness.**
- Considers TM to be an asset to world health systems esp rural settings
- 2008 Beijing Declaration adopted
 - **Promotes safe/effective use of traditional medicine**
 - Calls upon WHO Member States and other stakeholders to take steps to **integrate** traditional medicine / complementary and alternative medicine into national health systems.
 - Integrative Medicine

Substance Abuse and Mental Health Services Administration



- Recognizes Tribal communities face behavioral health challenges and disparities. **Multiple factors influence health outcomes, including historical trauma and a range of social, policy, and economic conditions** such as poverty, under-employment, lack of access to health care, lower educational attainment, housing problems, and violence.
- Have partnership with NIHB and have created these Tribal BH Agenda
- **Disparities have consequences:**
 - Suicide is the second leading cause of death among American Indian and Alaska Native youth ages 8 to 24.
 - Higher rates of alcohol and substance use, the scope of these behavioral health problems is not fully understood.
 - Persistent service delivery issues that are complicated by personnel shortages, limited health care resources, and distances to obtain services.
 - Inhibited access to appropriate behavioral health services such as referrals from school, detention, court, housing, primary care, child welfare, and other systems.

Techniques SAMHSA



- SNAP-
 - strengths
 - needs
 - abilities
 - preferences
- Try to avoid shame and guilt
- Clinicians 2-5 x for 20-45 minutes
- Explore their expectations
 - “where to get food”



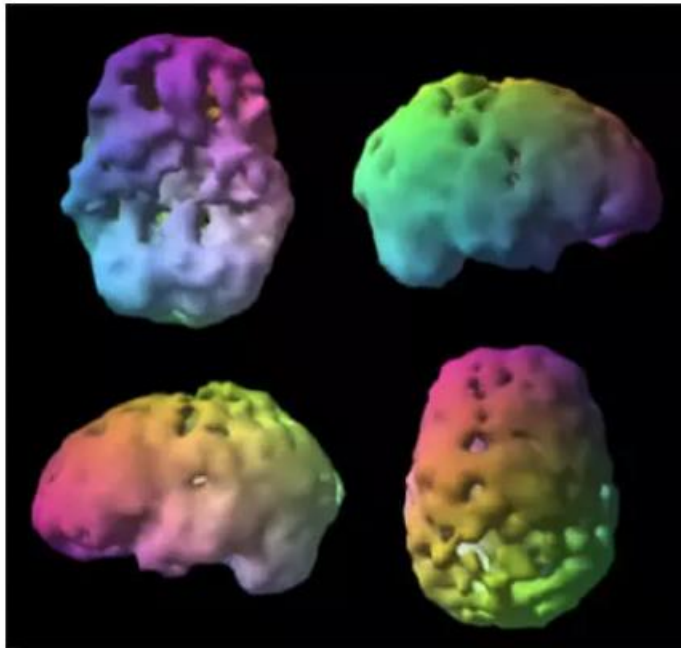
Some Other thoughts



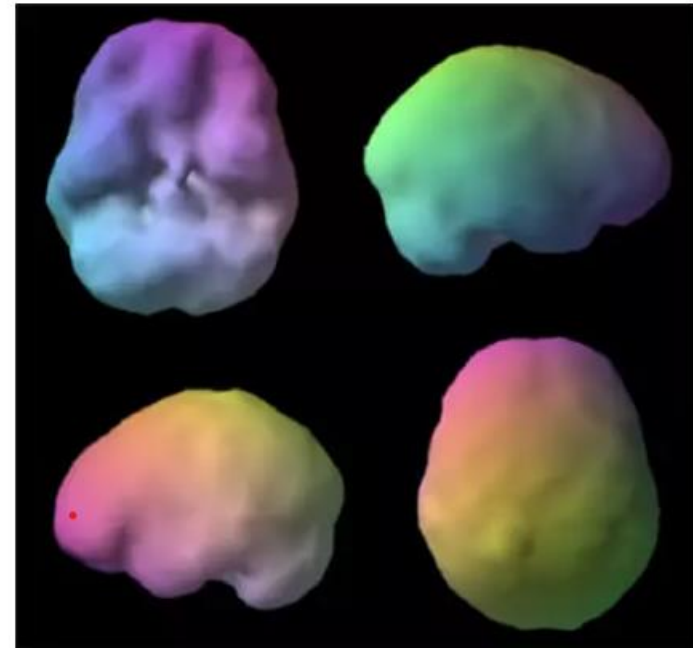
- Unfamiliar diagnosis, different/ new language
- Unclear examples and models of illness
- Not wanting to take a medication, “overmedicated”
- Confidentiality
- Find the strengths
 - Sports, culture, earth based, placed based
 - Address isolation thru connection, safe places

- https://www.medpagetoday.com/psychiatry/depression/98628?xid=nl_covidupdate_2022-05-11&eun=g2030895d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=DailyUpdate_051122&utm_term=NL_Gen_Int_Daily_News_Update_active

Physical examples of MH



Unhealthy SPECT Brain Scan



Healthy SPECT Brain Scan

- <https://www.amenclinics.com/services/brain-spect/>
- <https://neurosciencenews.com/spect-depression-8673/#:~:text=New%20research%20from%20the%20Amen,depression%20and%20who%20is%20not>

Other Key Points



- Humility
- Respect
- Can't solve all problems in 20 minutes
- Address **belonging and safety**
- Build trust through relationship
- Longer period of time
- Tribal behavioral health agenda
- <https://www.samhsa.gov/tribal-affairs>



Considerations for Consultation



- Counseling- working on trust- time and effort
- ASD
- FASD
- Mood- Neuropsychological testing
- Parenting
- Speech/occupational
- Behavioral analysts (work w/ youth for appropriate and acceptable behavior)
- Pediatric Psychiatrist
 - Integrated care with PCP and BH provider
- ANPs
- Traditional Healers
- Consider consultation if working with antipsychotics



FASD

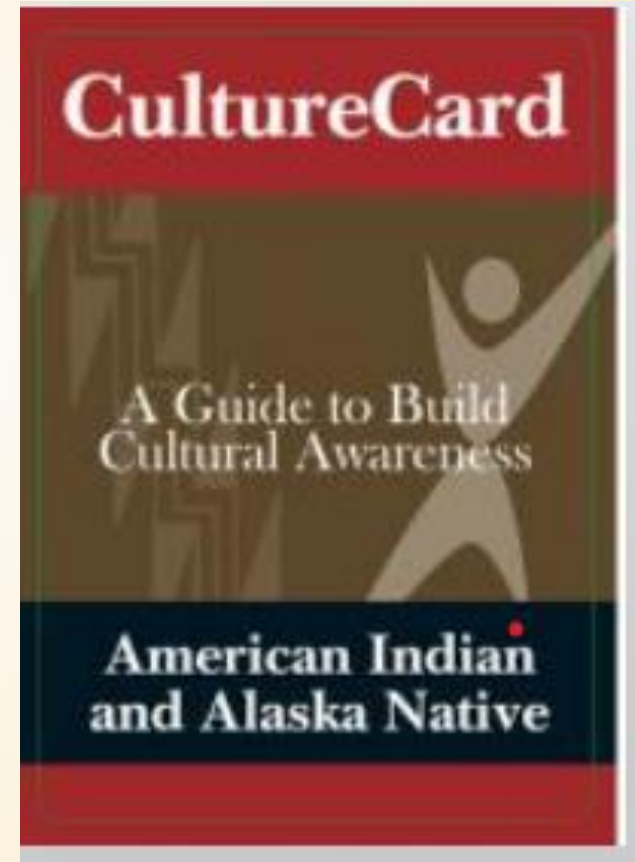
- Learn about resources
- Unique neurological factors
- **Good days and not so good days**
- Local, school, mental/behavioral health
- A developing child who has been exposed to alcohol during pregnancy may experience neurological disorders including cognitive deficiencies such as problems with memory, learning, attention, and social communication. FASD is in general not visible
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6405818/>
 - Toolkit:
 - <https://www.cdc.gov/publichealthgateway/funding/categories/AAP-2.html>



Culture Card



- <https://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/sma08-4354>





- survival skills and resiliency in the face of multiple challenges;
- retention and reclamation of traditional language and cultural practices;
- ability to “walk in two worlds” (mainstream culture and the AI/AN cultures); and
- community pride.

Health disparities exist with limited access to culturally appropriate health care in most AI/AN communities.

Only 55 percent of AI/AN people rely on the Federally funded IHS or Tribally operated clinics/hospitals for care.

The Messages



- Traumatic events have long-term impacts
 - *Need to heal from historical, intergenerational, and other traumas*
- Solutions must match the problem
 - *Use a socioecological approach*
- Prevention is the Priority
 - *Elevate prevention and support recovery*
- Infrastructure and delivery systems
 - *Systems and services must be fixed*
- Lack of information and stigma are in the way
 - *Raise awareness and educate tribal communities and partners*

Take Homes



- Become aware of AI/AN histories
- These relate to access to health care and health disparities
- Time and systems need to accommodate and incorporate Indigenous people and lifeways



Thank You!



For additional information, please contact:

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Allison Kelliher, MD

Julie Smith

Prevention and Recovery Support



- Focus

Support priorities and strategies to address early intervention to sustain positive emotional health

- Priorities

- Develop programming that meets community needs
- Mobilize and engage communities

Behavioral Health Services/Systems



- Focus: support priorities and strategies to improve coordination, linkages, and access to behavioral health and related services
 - Target workforce development, recruitment, retention
 - Support flexible and more realistic funding
 - Support tribally directed programs
 - Support youth-based programming
 - Expand scope of current programming
 - Coordinate with law enforcement programs

National Awareness and Visibility



- Focus

Support priorities and strategies to improve understanding of AI/AN behavioral health disparities and their consequent impacts on physical health and well-being

- Priorities

- Build tribal capacity
- Build tribal partner capacity
- Support tribally directed communication and programming strategies

To Live to See the Great Day that Dawns



43

To Live To See the Great Day That Dawns:

Preventing Suicide by American Indian and
Alaska Native Youth and Young Adults



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-6727)

SAMHSA Store

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Promotion and Prevention in Mental Health:
Strengthening Parenting and Enhancing Child Resilience

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Substance Abuse and Mental Health Services Administration
 Center for Mental Health Services
www.samhsa.gov

A TREATMENT IMPROVEMENT PROTOCOL

Trauma-Informed Care in Behavioral Health Services

TIP 57



Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A GUIDE FOR PARENTS, CAREGIVERS, AND TEACHERS

Adult support and reassurance is the key to helping children through a traumatic time.

Children and youth can face emotional strains after a traumatic event such as a car crash or violence.¹ Disasters also may leave them with long-lasting harmful effects.² When children experience a trauma, watch it on TV, or overhear others discussing it, they can feel scared, confused, or anxious. Young people react to trauma differently than adults. Some may react right away; others may show signs that they are having a difficult time much later. As such, adults do not always know when a child needs help coping. This tip sheet will help parents, caregivers, and teachers learn some common reactions, respond in a helpful way, and know when to seek support.

PRESCHOOL CHILDREN, 0-5 YEARS OLD

Very young children may go back to thumb sucking or wetting the bed at night after a trauma. They may fear strangers, darkness, or monsters. It is fairly common for preschool children to become clingy with a parent, caregiver, or teacher or to want to stay in a place where they feel safe. They may express the trauma repeatedly in their play or tell exaggerated stories about what happened. Some children's eating and sleeping habits may change. They also may have aches and pains that cannot be explained. Other symptoms to watch for are aggressive or withdrawn behavior, hyperactivity, speech difficulties, and disobedience.

Possible Reactions to a Disaster or Traumatic Event

Many of the reactions noted below are normal when children and youth are handling the stress right after an event. If any of these behaviors lasts for more than 2 to 4 weeks, or if they suddenly appear later on, these children may need more help coping. Information about where to find help is in the **Helpful Resources** section of this tip sheet.

- **Infants and Toddlers, 0-2 years old,** cannot understand that a trauma is happening, but they know when their caregiver is upset. They may start to show the same emotions as their caregivers, or they may act differently, like crying for no reason, withdrawing from people, and not playing with their toys.
- **Children, 3-5 years old,** can understand the effects of trauma. They may have trouble adjusting to change and loss. They may depend on the adults around them to help them feel better.

To Live to See the Great Day That Dawns:



- Focus efforts on points of intervention—or the opportunities to return individuals to normal pathways
- Can involve the **reduction of risk factors, the improvement of protective factors, or both.**
- Increasing the number of protective factors has proved more effective in reducing suicide attempts than reducing the quantity of risk factors.

Protective Role of Language



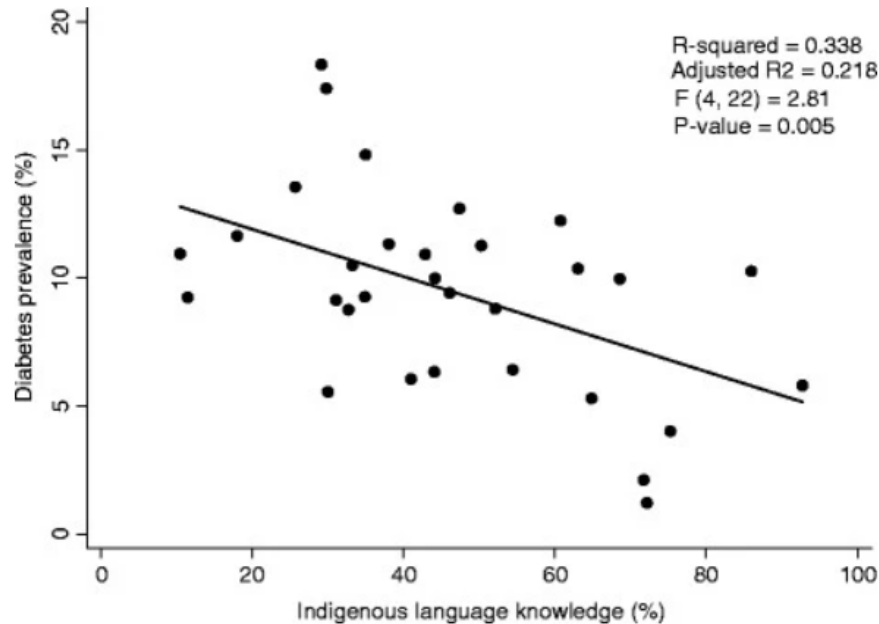
- Cultural continuity, or "**being who we are**", is **foundational to health in** successful First Nations.
- Self-determination, or "being a self-sufficient Nation", stems from cultural continuity and is seriously compromised in today's Alberta Cree and Blackfoot Nations.
 - First Nations are in a continuous struggle with government policy.
- Intergenerational effects of colonization continue to impact the culture, which undermines the sense of self-determination, and contributes to diabetes and ill health.
- Crude diabetes prevalence varied dramatically among First Nations with values as low as 1.2% and as high as 18.3%.
- **Those First Nations that appeared to have more cultural continuity (measured by traditional Indigenous language knowledge) had significantly lower diabetes prevalence after adjustment for socio-economic factors ($p = 0.007$).**



Language Study



Figure 2



Crude diabetes prevalence by Aboriginal language knowledge for the year 2005. P-value reflects multiple linear regression test result (adjusted for socio-economic factors).

- Oster, Richard T., Angela Grier, Rick Lightning, Maria J. Mayan, and Ellen L. Toth. "Cultural Continuity, Traditional Indigenous Language, and Diabetes in Alberta First Nations: A Mixed Methods Study." *International Journal for Equity in Health* 13, no. 1 (October 19, 2014): 92. <https://doi.org/10.1186/s12939-014-0092-4>.

Value of Culture



- The importance of traditional culture, or "being who we are", was widespread and recurring and the most relevant to health and diabetes.
- The need for a strong attachment to and respect for culture was emphasized as the basis of any thriving and healthy First Nation "All things flow from our culture."
- Descriptors of Culture:
 - "sacred", "essence", "well-being", "livelihood", "balance", "respect", "way of life" and "everything"
- Culture contains all of the teachings and direction on "how to walk in this world"
- Includes, but is not limited to,
 - traditions, values, knowledge, hunting and trapping, living off the land, traditional food, medicines, games, sweats, spirituality, ceremonies, celebrations, praying, and language.
- Culture permeates all aspects of life as "an Indigenous way to live" and "a harmonious way to live".



Further



- **These same factors had a protective effect against suicide for Indigenous people in Canada, who experience rates 2–5 times the national average.**
- This example demonstrates how **disease is a complex manifestation of social and biological influences on groups of individuals** that results in a common expression
- First Nations tribes that maintained their cultural continuity, specifically through language **had lower rates of diabetes.** Speaking their own language protected them from diabetes
- Social structures of domination produce trauma and inflammation for all of us

Objectives SAMHSA



- Addiction and mental health professionals will improve their understanding of:
- AI/AN demographics, history, and behavioral health.
- The importance of cultural awareness, cultural identity, and culture-specific knowledge when working with clients from diverse American Indian and Alaska Native communities.
- The role of native culture in health beliefs, help-seeking behavior, and **healing practices**. (has deeper dive into Traditional Healing)
- Prevention and treatment interventions based on culturally adapted, evidence-based best practices.
- Methods for achieving program-level cultural responsiveness, such as incorporating American Indian and Alaska Native beliefs and heritage in program design, environment, and staff development.
- https://store.samhsa.gov/sites/default/files/d7/priv/tip_61_ain_full_document_020419_0.pdf



Resources



- <https://www.psychiatry.org/psychiatrists/cultural-competency>



- **3 learning objectives:**

- Explain how behavioral Health contributes to health
- Compare and contrast upstream vs downstream treatments for behavioral health.
- Demonstrate the ability to access resources to better understand American Indian and Alaska Native behavioral health.

- **3 pretest and posttest questions and answers:**

-
- Can traumatic events influence mental health? T/F
- Lack of Information and stigma contribute to poorer mental and behavioral health outcomes? T/F
- Understanding the cultural context and experiences of your patients can improve their health outcomes? T/F

Share Story



- Relationship based care
 - Safe, seen, heard, important
 - Be responsive to what is shared
- Integrative Medicine
- Psychology
- Mindfulness

Overview Traditional Med



- Long History of connection, place based knowledge
- Historically not written down
- History of untrustworthy studies, unethical interactions w/ medicine
- Protection is important
- Sacred nature of knowledge
- Sovereignty



History and Connectedness



- Learning about our histories
- Our cultures have histories
 - remembering
- Important
- Limited Access

