



**BUILDING PARTNERSHIPS:**  
CONVERSATIONS WITH NATIVE  
AMERICANS ABOUT MENTAL HEALTH  
NEEDS AND COMMUNITY STRENGTHS

UC DAVIS  
CENTER FOR REDUCING HEALTH DISPARITIES

**UC DAVIS**  
HEALTH SYSTEM



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## SPECIAL ACKNOWLEDGMENT

to the UC Davis Clinical and Translational Science Center for their support and collaboration.

## ACKNOWLEDGMENTS

This project conducted by the UC Davis Center for Reducing Health Disparities (CRHD) in collaboration with the California Department of Mental Health represents an effort to reach out, to engage, and collect community voices that have previously not been heard. Through this project, CRHD developed relationships with historically unserved and underserved communities, community-based agencies, and a group of dedicated and passionate community advocates who are serving and understand the needs of these communities. The willingness of these participants to share their perspective was based on the trust that was established and the belief that their message would be presented to mental health decision-makers. We are appreciative and grateful to the individuals and communities for sharing their time and wisdom and hope that they find their voices well represented in this report.

June 2009

This publication was made possible by Grant Number UL1 RR024146 from the National Center for Research Resources (NCRR), a component of the National Institutes of Health (NIH), and NIH Roadmap for Medical Research. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of NCRR or NIH. Information on NCRR is available at <http://www.ncrr.nih.gov/>. Information on Re-engineering the Clinical Research Enterprise can be obtained from <http://nihroadmap.nih.gov/clinicalresearch/overview-translational.asp>.

### Suggested citation:

Giordano, C., Elliott, K., Sribney, W. M., Deeb-Sossa, N., Sala, M., and Aguilar-Gaxiola, S. (2009). Building partnerships: Conversations with Native Americans about mental health needs and community strengths. UC Davis Center for Reducing Health Disparities. Sacramento, CA: UC Davis.

## COMMUNITY ENGAGEMENT WITH NATIVE AMERICANS

The UC Davis Center for Reducing Health Disparities (CRHD) works on building relationships with communities, conducting research, and working with policy makers to improve the health of underserved groups in California. In 2006, the CRHD launched a project to reach out to communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial community engagement meetings with Native Americans in California. Their voices provide first-hand descriptions of the needs of this community and their struggles and accomplishments as members of a community excluded from full participation in society. Their experiences and insight provide invaluable guidance for developing Prevention and Early Intervention (PEI) programs and improving mental health services for this community.

## THE MENTAL HEALTH SERVICES ACT

In November 2004, California voters passed Proposition 63, which on January 1, 2005 became state law entitled the Mental Health Services Act (MHSA). The purpose of the MHSA is to provide increased funding to support mental health programs for children, youth, adults, older adults, and families, especially for persons from communities who were not served or not effectively served in the past.

The ultimate goal of the MHSA is to create in California a culturally competent mental health care system that addresses prevention of mental illness, provides early intervention services for those in need, uses state-of-the-art treatment to promote recovery and wellness for persons with mental illness, and eliminates disparities in mental health care across socioeconomic and racial/ethnic groups.

## THE MHSA AND COMMUNITIES

The MHSA has created the expectation of a comprehensive planning process within the public mental health system that includes California's most vulnerable populations: the ethnically diverse; the Lesbian, Gay, Bisexual, Transgendered, and Questioning community; the poor; the uninsured; and the geographically isolated. Ethnic and minority communities, clients, family members, community-based agencies, providers, and other stakeholders in the mental health system are encouraged to become key partners in the decision-making process so that the mental health system is successfully transformed to better serve all persons and all communities in the state.

To build a foundation for ongoing outreach and engagement with historically underserved communities, we reached out to develop relationships with Native American youths and adults, community leaders, and community-based organizations. The findings in this report are a summary of information obtained through focus groups held with Native American youths, young adults, and adults, as well as interviews with advocates and professionals serving this community.



## WHAT ARE THE NATIVE AMERICAN COMMUNITY'S GREATEST CONCERNS ABOUT MENTAL HEALTH?

The participants in our focus groups and interviews shared their concerns about loss of cultural roots, violence, drug and alcohol abuse, depression, and suicide. For many participants, the disconnection with cultural values and tradition was seen as a key factor contributing to the fragmentation of their communities. They suggested that the disconnection with their culture and heritage contributes to the high rates of drug and alcohol use, family violence, and school dropout seen in their communities. Many felt that the lack of a sense of community built on traditions, values, and cultural pride was at the root of the mental health difficulties experienced by both youth and adults.

Concerns about school and neighborhood violence were common, particularly for youth who talked about feeling unsafe while walking in their neighborhoods and parks and while using public transportation. Participants also expressed concerns about family violence, which often goes unreported and untreated.

For many participants, drug and alcohol use was a major problem in their communities. Not only does drug and alcohol use affect the mental health of individuals, but the presence of drugs was seen as contributing to the violence in communities.

Violence and drug use seen by participants in their communities was directly related to the disconnection that individuals feel with their community and the sense of isolation and depression. Group members discussed their concerns with the high rates of depression and suicide.



I have looked over my life and seeing the times that I spent in tribal, community-type events, there was a time when the older folks told us younger folks how to do this and a lot of that really carried me through my adult life and I think that our young people miss that if we don't have that kind of activities.

Native American Community Leader

The violence now is my main concern ... I am 37. I have been almost killed two or three times myself. But the thing that bothers me is everybody got guns.

Native American Adult

I am worried about a crack-head trying to kill me .... Like we have all these like grown men, like pimps and stuff in our community, and a lot of them. I have had trouble walking down the street having someone yell at me, and try to talk to me, like try to get me to do that type of work.

Native American Youth

The drugs are just so bad, they are everywhere. There is no safe place—I don't care about what anybody says. The drugs and alcohol are just taking over and it is sad.

Native American Adult

I think adolescent depression, to use your term, and suicide, are a major problem for us.

Native American Community Leader

Native American per capita has the highest amount of youth suicide of any ethnic group in the United States. ... It is an epidemic. ... In both urban Indian communities and reservations. We are losing a totally unacceptable number.

Native American Community Leader




This is my concern, that mental health ... is bad, you have horrible statistics but no information about why it is so horrible. So, if you treat the symptom of alcoholism and not have it in the context of historical trauma, you are to miss what really the whole family is suffering from. What the whole generation is suffering from. So, this is my big concern that historical trauma doesn't really get assessed as a diagnosis, it doesn't get treated.

Native American Community Leader

My grandparents' generation is what was called the boarding school era. ... The government came and took my grandma and her six brothers and seven sisters and ... sent them to different boarding schools across the United States. And they purposely did that to sever their contact. And sent them to schools where they were not allowed to speak our language .... She was severely treated, abused, harsh punishment, really brainwashed into thinking that Indians are bad, that white people were good, there only has to be one way.

Native American Community Leader



I am dealing with people who have been disenfranchised and their mental illness originates in the system around them, the environment, the surrounding historical trauma. They are not crazy, they are people responding to trauma in their life.

Native American Community Leader

6 But then how they do the evaluation is they take you first and they handcuff you to a bed. They are making you worse. They do stuff to make you do even more crazy.

Native American Adult

The real reason that there are no services is because of racism and discrimination. The State has money but it never has given any of that money to people who need service. ... They don't care to serve people that need services. There are no underserved or unserved populations here, [just] populations that are discriminated against.

Native American Provider

## WHAT CONDITIONS AFFECT MENTAL HEALTH IN THE COMMUNITY?

Forms of racism and discrimination were experienced in mental health services and were an area of significant concern to Native American communities.

Stigma and lack of awareness of what is culturally appropriate mental health care by mental health providers creates barriers to treatment seeking and using services by Native American individuals with mental illness. For many Native Americans, the problem lies in the absence of real listening or understanding on the part of the dominant society. Some suggested that anti-stigma education is key to protect the community from discrimination, and that Native Americans should be proactive in educating non-Indian people about the needs of their community.

For many participants, the impact of historical trauma on their communities was deeply felt. Historical trauma is the term used to express the legacy of social and cultural suffering related to harmful policies imposed on Native American communities by the US government. One such policy—the forced removal of Native American children from their homes and placement in boarding schools—was mentioned by many participants as a policy that has had a lasting impact on the mental health of Native American communities. The suffering that was caused by this policy has been transmitted through generations.



## WHAT ARE THE CHALLENGES FOR THE COMMUNITY IN RECEIVING SERVICES?

Many Native American participants described being misdiagnosed and given labels such as bipolar and PTSD (post-traumatic stress disorder). The label ADHD (attention-deficit hyperactivity disorder) is frequently given to their children and youth in mental health care. Such labels deeply affect people's self-esteem and create a greater disconnection between native people and their cultural identity. Participants felt that government agencies do not show enough interest in understanding how Native Americans experience and face situations of distress and suffering. Participants have talked about how understanding the community's historical and intergenerational trauma is critical background information for understanding mental illness in their communities.

For many participants, lack of appropriate mental health care was a prominent issue. They talked about the lack of available mental health services, the lack of adequate funding to continue to support existing services, and the absence of Native American providers who can adequately address the cultural aspects of mental health issues within the community. Western mental health focuses on the individual as the locus of illness, while for Native Americans an individual's mental illness is just a symptom of a whole community that is suffering from its own history of oppression and violence. What is needed is a holistic approach which includes the healing of the community as a whole.



In mental health services they focus on the individual. For native people the individual is just the symptom, but there is a whole community that is suffering from this history.

Native American Community Leader

We need to redefine mental health for us as tragedy because historically when our people were sick, there wasn't a stigma attached to it. .... If we can promote the cultural perspective of how we care for our people, no matter what happens to them, then that is a different approach in terms of prevention and intervention.

Native American Provider

By the time she was old enough, the whole program was abolished and then you go to another program and then you say, okay, one more year to join the girls' group and then that goes away. The funding was taken away from our center.

Native American Adult

Because of the funding screen, I think that some clinicians ... are kind of forced to put a diagnosis that is billable for them. And so that is what the patient comes to be as. And that is what they identify themselves as and that is what they are receiving medication for, which is very counter-productive to feeling a wellness.

Native American Provider

White people that they have here, I don't think most of them really understand Native Americans, what they are feeling, what they are thinking. It is really hard, ... it is hard to open up to a stranger like that.

Native American Adult

A lot of times the only place you can go to is the county. And ... something that was taught to me from my parents, my family, was that if you were accessing something at the county level, they were going to come and take your kids the next day. So, we have a huge lack of trust on institutional settings.

Native American Community Leader





Belonging to a community is so important to native people, and so someone coming from an individual culture that is based on individualism might miss that whole thing.

Native American Community Leader

At the health center we organize once a year a pow-wow and combine it with a health fair. They come for dancing and the food, and the health educators and providers are there.

Native American Community Leader

[We have a program so youth] won't forget where they came from ... and what their culture is. I am constantly talking to my grandsons and I am telling them, this is who you are, don't forget it. So, one of my grandsons ... he decided to go to the dance class. His mom worked on his regalia, the teacher over there, they teach you how to dance.

Native American Adult

We value our youth more so I think than probably most communities. We are taught from the time that we were little that kids are sacred, that kids are just something to be really honored and revered and treasured.

Native American Community Leader

## WHAT ARE THE COMMUNITY'S STRENGTHS AND ASSETS?

When asked about strengths and assets within the Native American community, many group members talked about their cultural heritage and traditions. For Native Americans, the sense of belonging to the community is particularly rooted in their culture. Many participants described the Native American community as a family that is suffering. The role of culture is very instrumental in healing and maintaining the well-being of individuals and the community as a whole.

Participants thought it very important to teach Native American children native languages, the meaning of traditional ceremonies, healing techniques, and traditional arts and crafts. The elderly are crucial in imparting knowledge to the younger generations. One of the Native American community's strengths is the awareness that children need to receive enough attention to grow up with self-esteem and positive identification with the Native American community. The welfare of children, as they said, cannot be left to chance.

Members of the communities talked about existing afterschool programs where children receive support in doing homework and are taught Native American arts and crafts. Other programs for the youth, such as the Medicine Warriors Dance Troupe in Oakland, provide opportunities to learn traditional dancing and ceremonies. Communities have also organized parenting classes for adults to learn parenting styles embedded in the Native American cultures.

In addition to these programs, participants identified community-based organizations as assets in their communities. The Sacramento Native American Health Center is an example of a community-based clinic that provides culturally and linguistically competent services delivered by Native American providers and teachers trained in traditional healing techniques and holistic approaches to mental health.



## WAYS TO PREVENT MENTAL ILLNESS

Prevention must be holistic and delivered to the community as a whole, not only to individuals. It should address families, extended families, spiritual leaders, ceremony participants, and people involved in the support system on which the youth rely. In particular, prevention and treatment must include Native American healing practices. In addition, culturally and linguistically competent care should include Native Americans as clinicians.

Health services providers need to learn the meaning of ceremonies from Native American cultures which already have techniques of prevention embedded into their system. As one Community Leader explained, “Native culture is a system of care even though it is not classified as such.” Native American grass-roots organizations should take more of a lead in pilot projects on mental health prevention and intervention.

Strengthening the cultural identity of the Native American communities plays a key role in prevention. In order to do so, it is necessary to provide the youth with healthy role models and a community lifestyle. Organizing cultural events and activities specifically for Native American communities is one way to strengthen cultural identity. Participants suggested promoting classes where children and youth can learn to perform and participate in Native American ceremonies, engage in arts and crafts activities related to ceremonies, and to become proud of their cultural backgrounds.

Education is key in preventing suffering and marginalization among Native people. Participants talked about the lack of attention paid to Native children in schools and recommended an increased number of counseling programs available for children in elementary schools. Also, participants recommended that issues of drug and alcohol abuse, family violence, sexual abuse, and neighborhood violence be addressed in schools. Children need to be exposed to healthy messages and positive alternative family models early on in their lives. Participants recommended that Native American history be taught in the schools, with particular attention to the history of oppression and of harmful US policies towards Native tribes.

For children who have been in foster care, it was deemed important to provide ways in which they can reconnect to their communities through classes on native arts and crafts, traditional songs and healing practices, and native languages. For the youth, programs that help them get ahead, such as professional skills training and employment assistance, were seen as critical in preventing violence and drug and alcohol abuse. To facilitate the success of these programs and to better coordinate the efforts, it was suggested that services be developed in collaboration between the community and drug and alcohol programs, prevention programs, and the Department of Corrections and Rehabilitation.

Suicide prevention is another great concern of the Native American communities. Education about suicide must be holistic and therefore address families and the community as a whole. Strengthening the family bond and the cultural identity of the youth is a fundamental strategy to apply in efforts to prevent suicide in the Native American community.

Participants suggested that for Native Americans living in rural settings, needs may differ from those detailed in this report. They recommended that specific efforts be made to identify and address the needs of rural Native Americans.

Growing up ... I always just thought that white people were healthy and Indian people were drunk and violent. We need to showcase positive, healthy behaviors by Native Americans.

Native American Community Leader

We need to talk to other Native Americans who know the history and culture. There is a lot lost in translation when speaking to a non-Native.

Native American Community Leader

There are many, many Native professional people and they really don't get the recognition that they deserve. And I go to a lot of different trainings and things like this. They are very seldom offered by a Native professional person.

Native American Provider

They are traditional healers in the sense of medicine people recognized in the community .... And those take different forms of healing. It could be singing, it could be prayer, it could be spiritual counseling, it could be a number of things that are really important from a cultural perspective to our people that haven't been recognized a lot.

Native American Provider

I think also there needs to be a focus on those children who have been pulled from their families and put into foster care that they need traditional kind of services for them because they got they've experienced a trauma.

Native American Provider

State agencies are known to do pilot projects and I would certainly encourage the State of California to consider Native American communities organizations within California to select a handful of them to be pilot projects to establish their own ways of evaluating a program.

Native American Provider

What we need the most is for people like you to come in and speak to us and ask from our perspective, because really, the ones who see the most violence and the most stuff going on in the streets is us. ... So that our voices can get heard and that we can have some stuff really going on.

Native American Youth



## BUILDING PARTNERSHIPS: NEXT STEPS

The UC Davis CRHD embarked on the Building Partnerships project to provide a way for the voices of our communities to be heard by policymakers. It was our intent to gather these voices in a way that honors the stories of suffering and pain and the cultural values, beliefs, and practices that form the rich fabric of our many diverse communities.

We hope that the stories shared by community members will have a lasting impact on mental health care in California. In this project, we have:

- Worked with policy makers at state and county levels, informing them of the results of our project and advocating for changes in policy that address the needs of underserved communities.
- Worked with many of the communities who participated in this project to facilitate their involvement in county and state level decision-making processes.
- Collaborated with communities to identify opportunities to build, develop, and obtain funding for programs that stem directly from needs identified in our project.
- Developed a guide to the community engagement process that can be used by county mental health agencies, with this project as an example to be followed.

Moving forward, the CRHD plans to continue this work, connecting communities with county and state mental health policy processes to increase their voice and presence in decision making, policy development, and implementation.

We welcome greater involvement of the Native American community in our work, and encourage you to contact us with your feedback and ideas, and to let us tell you about additional steps that can be taken to increase your community's role in the future development of California's mental health care systems.



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The UC Davis Center for Reducing Health Disparities takes a multidisciplinary, collaborative approach to address inequities in health access and quality of care. We focus particularly on reaching out to unserved and underserved populations in California and beyond. Medical researchers, clinicians, social scientists, community providers, community-based organizations, and community members work together to design and implement our community engaged research and community outreach and engagement activities.

In 2006, the CRHD launched a project to reach out to historically unserved or underserved communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial conversations with the Native American community in California.

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