



# Mental Health Essentials in Native Communities: A Guide for Grantees

## What is mental health?

Mental health is more than the absence of mental disorders. It is an integral part of health—there is no health without mental health. Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to contribute to his or her community.<sup>1</sup>

A range of socioeconomic, biological, and environmental factors may affect mental health; however, mental illnesses affect persons of all ethnicities and socioeconomic statuses. It is important to understand the American Indian and Alaska Native (AI/AN) cultural approach to mental health and wellness. Many of these communities view overall health holistically, often focusing on the restoration of balance during illnesses or life challenges.

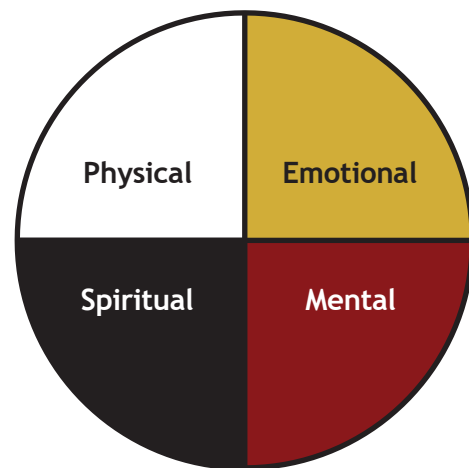
## A History of Trauma

There are 573 federally recognized tribes and 65 state-recognized tribes in the United States. After over 500 years of contact with non-Native cultures, the indigenous population in North America has survived many traumas, including disease, war, removal from their native lands, forced boarding school attendance, and relocation. In the early 20th century, the AI/AN population was 5 percent of the original population estimated at first European contact.<sup>2</sup>

Despite this historical trauma, many AI/AN communities have found resiliency by maintaining their traditions, culture, language, and sovereign rights as tribal nations well into the 21st century.

However, this resilience has come at a cost. Native Americans suffer from disparities in almost every social indicator that measures individual and community well-being, including mental health and wellness. As shown in Table 1 on the next page, the 2013 National Survey on Drug Use and Health found higher incidence of mental health-related illness for AI/AN populations when compared to the non-Native population.

Figure 1. Holistic view of a person's overall well-being



## Mental Health in Indian Country

For many tribes, wellness is perceived as a whole-self model that includes mental, emotional, physical, and spiritual aspects. For a society grounded in family and community, nurturing relationships is very important.

Many practices in AI/AN identity and culture are considered integral to mental health in Native communities. These practices include respecting and honoring community elders and tribal leaders, as well as varied subsistence activities which promote interdependency with nature. It is important to note, while regional practices and language dialects might be similar, each tribe is unique and caution should be used to avoid generalizations.

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## Mental Health Myths and Facts

This section reviews the facts behind two myths about mental health.

**Myth:** Children do not experience mental health problems.

**Fact:** Half of people who experience mental health disorders show signs before age 14. Even young children may begin to show warning signs of mental health concerns. Early mental health support can help a child before problems interfere with other developmental needs.<sup>4</sup>

**Myth:** Personality weakness or character flaws cause mental health problems. People with mental health problems can snap out of it if they try hard enough.

**Fact:** Circumstances are different for everyone, and many people need help to get better. People with mental health problems can get better, and many recover completely.<sup>5</sup>

## Overcoming Negative Perceptions

In some AI/AN communities, adverse views of mental health do exist. This may correlate with the level of the individual or involved family members' deculturation from traditional belief systems. However, the degree of negative perception varies from tribe to tribe and even within tribes, depending on their own beliefs about mental and physical health.<sup>6</sup>

As tribal communities return to using traditional healers, ceremony, and ritual, some AI/AN individuals who experience mental health issues are more willing to seek traditional strategies to help with depression, anxiety, and substance use disorders than other types of treatment. As shown in Table 2, the Native worldview of health and wellness varies in many ways from that of the majority culture in the United States.

Table 1. 2013 mental health - AI/AN and the general U.S. populations<sup>3</sup>

Mental Health Category	Age	AI/AN	U.S.
Any mental health illness (AMI) (past year)	18+	26.0	18.5
Serious mental health illness (SMI) (past year)	18+	5.8	4.2
Major depressive episode (past year)	18+	8.9	6.7
Mental health service utilization (past year)	18+	15.7	14.6
Suicidal thoughts	18+	4.8	3.9
Co-occurring AMI-substance use disorder	18+	7.4	3.2
Co-occurring SMI-substance use disorder	18+	1.1	1.0

Table 2. Worldview differences that impact mental health care<sup>7</sup>

AI/AN	Majority Culture
Relational/circular	Linear, point A to point B
Mind, body, spirit/one	Psyche is the focus
Mystical/acceptance	Scientific/verification
Ceremonials/rituals	Psychotherapy
Tribal connectedness	Individualism
Spirituality and balance	Organized religions
Cooperation/sharing	Competition/winning
Patience/respectful	Assertive/forceful
Present-oriented	Future-oriented
Herbs, plants, nature	Psychopharmacology

## About the Tribal TTA Center

The Tribal Training and Technical Assistance (TTA) Center is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Tribal TTA Center uses a culturally relevant, holistic approach to deliver TTA on mental and substance use disorders, suicide prevention, and mental health promotion. TTA is offered to a broad audience of all tribal communities, a focused audience of SAMHSA tribal grantees, and an intensive audience of selected AI/AN tribes per year.

To receive more information about the Tribal TTA Center or to submit a TA request, call (800) 953-1379 or visit <http://www.samhsa.gov/tribal-ttac>.

<sup>1</sup> World Health Organization. (2016). *Mental health: Strengthening Our Response*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs220/en/>

<sup>2</sup> Office of the Surgeon General, Center for Mental Health Services, National Institute of Mental Health. (2001). Chapter 4 mental health care for American Indians and Alaska Natives. *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK44242/>

<sup>3</sup> SAMHSA. (2014). *National Survey on Drug Use and Health 2013*. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>

<sup>4</sup> MentalHealth.gov. (2017). *Mental Health Myths and Facts*. Retrieved from <https://www.mentalhealth.gov/basics/mental-health-myths-facts>

<sup>5</sup> See footnote 4

<sup>6</sup> Taylor & Francis. (2005). Stigma of mental illness among American Indian and Alaska Native Nations: Historical and contemporary perspectives. *Issues in Mental Health Nursing*, 26, 1,001-1,024 doi:10.1080/01612840500280661

<sup>7</sup> See footnote 6

\* This publication lists non-federal resources to provide additional information to consumers. The views and content in those resources have not been formally approved by HHS. Listing of the resources is not an endorsement by HHS or its components.