## PROJECT TRUST

REPORT AND RECOMMENDATIONS FOR ENHANCING THE WELL-BEING OF NATIVE AMERICAN YOUTH, FAMILIES, AND COMMUNITIES

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### **EXECUTIVE SUMMARY**



ISSUED BY THE

#### PROJECT TRUST PARTNERSHIP

WITH SUPPORT FROM THE

#### NEW MEXICO DEPT OF HEALTH OFFICE OF SCHOOL & ADOLESCENT HEALTH

#### **PROJECT TRUST PARTNERS**

NEW MEXICO DEPARTMENT OF HEALTH, OFFICE OF SCHOOL AND ADOLESCENT HEALTH NEW MEXICO DEPARTMENT OF HEALTH, PUBLIC HEALTH REGIONS 1/3 NEW MEXICO ALLIANCE FOR SCHOOL-BASED HEALTH CARE NORTHWEST NEW MEXICO SCHOOL-BASED HEALTH CARE CHAMPIONS UNIVERSITY OF NEW MEXICO CENTER FOR HEALTH PROMOTION AND DISEASE PREVENTION UNIVERSITY OF NEW MEXICO CENTER FOR RURAL & COMMUNITY BEHAVIORAL HEALTH NEW MEXICO ALLIANCE FOR SCHOOL-BASED HEALTH CARE'S "4-YOUTH" PROJECT, A KELLOGG FUNDED SCHOOL-BASED HEALTH CARE POLICY PROGRAM FOR NATIVE AMERICAN YOUTH VALUE OPTIONS NM, SERVICE SYSTEMS RELATIONS NAVAJO NATION DIVISION OF HEALTH, DEPARTMENT OF BEHAVIORAL HEALTH SERVICES GALLUP INDIAN MEDICAL CENTER, BEHAVIORAL HEALTH SERVICES GALLUP-MCKINLEY COUNTY SCHOOLS COUNSELING UNM-ACL TEEN CENTERS NORTHERN NAVAJO TEEN LIFE CENTER CROWNPOINT & THOREAU SCHOOL-BASED HEALTH CENTERS MCKINLEY COALITION FOR HEALTHY & RESILIENT YOUTH

# NATIVE AMERICAN YOUTH REPRESENT THE RESILIENCY AND CONTINUED SURVIVAL OF MANY NATIONS AND TRIBES. They symbolize

the hope, dreams, and cultural continuity for future generations to come. It is with this understanding that Project TRUST members embarked on an effort to

examine those things that have influenced both positive and negative challenges to providing behavioral health care for Native American adolescents. A key concept in facilitating this examination was approaching the "experts"—our community—and asking them why they thought the aftermath of colonialism, including historical trauma and current institutional inequalities, has resulted in numerous health disparities for Native American youth. For instance, Native American youth have the highest rate of suicide among 15–24 year olds in the United States (34 per 100,000 compared to 11 per

100,000 for overall U.S. population). It was important to work with the community and seek their guidance to help us address this and other glaring health disparities rooted in both current and past oppression by the federal policies of the U.S. government experienced by Native American individuals, families, communities and nations for the past 500 years, rather than impose on them yet another theory for "fixing" their problems.

Efforts to understand and redress these disparities face a FUNDAMENTAL CHALLENGE -THE DIVERGENCE OF WESTERN AND TRADITIONAL NATIVE AMERICAN APPROACHES TO MENTAL HEALTH CARE AND HEALING, and the primacy given to western practices in service provision, policy and funding. Native American traditional practices and ceremonies have been effective since time immemorial, but federal policies at different times have prohibited them, disregarded them, perpetuated questions about their credibility and validity, and resulted in their loss across generations in some communities. The result is a "replacement" system of care that is not actually meeting the mental health needs of Native American youth and may in fact be harmful. Eliminating the behavioral health disparities experienced by Native American youth requires recognition of the past. It also requires recognition of the effectiveness of traditional practices and an integration of Native American cultural (including spiritual) perspectives on mental health and well-being. An understanding of western influence on Native American individuals, families, communities and nations is also essential, as well as a willingness to transform on multiple levels, including the individual, family, community, tribe, systems of care, and larger social structures. As a Native American Project TRUST member explains:

But mainly, the one thing that always kept coming up when the suicide and mental health started coming into the conversation, we said, 'Well, what do we do? When we send kids to get treatment or get some kind of help, what are we doing? Are we re-traumatizing our youth without the historical understanding of where a lot of these issues are coming out in the community?' And we realized we don't want to re-traumatize our youth when we keep sending them for different help and they're saying that there's a lot of trust issues and they don't want to go in for treatment... The kids don't trust, I think, and this is my thought, they don't trust, because they can't tell you the whole story. They're not quite sure how to start the whole story, the history of what happened to them and their families, and their relatives from generations back—grandmas and grandpas.

In order for beneficial "treatment" to occur, WE HAVE TO RECOGNIZE THE POWER OF THE CULTURAL PRACTICES AND BELIEFS WITHIN NATIVE FAMILIES AND COMMUNITIES that have contributed to their survival, recovery and resiliency over thousands of years. A cultural awareness and understanding must be cultivated among behavioral health providers and Native American communities, which can only be accomplished if certain complexities are recognized, addressed and thoughtfully understood.

First, it is imperative to recognize that all tribes have traditional cultural healing practices and teachings, but because of federal policies that contributed to historical trauma, not all community members have access to them. Another complexity and responsibility is the EMOTIONAL AND SPIRITUAL CONSEQUENCES OF RAISING THE ISSUE OF HISTORICAL TRAUMA and how to ensure that Native American youth and their families are supported and taken care of in this process.

THIS REPORT REPRESENTS OUR EFFORTS TO PROMOTE THE MENTAL HEALTH AND WELL-BEING OF NATIVE AMERICAN YOUTH, their families, and their communities through development of policy, practice and research recommendations that emphasize the

importance of traditional cultural teachings and healing practices. We are a partnership of service providers, community members, community organizers, youth, university faculty and staff, and organizations who formed Project TRUST because we feel that existing behavioral health services are not meeting the needs of Native American youth, their families, and communities. We are frustrated because we recognize that the dedication and commitment that we and many other well-intentioned service providers have is not translating into improved behavioral health for many of our Native youth.

WE HAVE IDENTIFIED SEVERAL KEY ISSUES including: lack of awareness of the impact of historical trauma and institutional racism on the mental health of Native youth, and lack of integration of this understanding into behavioral health services; evidencebased practices being imposed on Native youth that are not developed with and for Native communities; absence of traditional healing practices and cultural teachings in many behavioral health services; exclusion of youth and their families from behavioral health service planning and policy development; a behavioral health system that is under-funded and ineffective; and social structures that continue to re-distribute resources to a tiny segment of the population. As a result of these factors, many Native youth have a deep mistrust of western behavioral health services and providers.

WE NAMED OUR PARTNERSHIP PROJECT TRUST BECAUSE WE BELIEVE THAT THIS LACK OF TRUST IS THE UNDERLYING ISSUE. We expanded this supposition by identifying the related key issues that need to be addressed to promote healing and create trust:

**TRUTHS** about historical trauma and current inequities that impact the mental health and well-being of Native youth and their families

RESPONSIVENESS to issues and needs identified by Native youth and their families from their perspective

UNDERSTANDING of the effectiveness of traditional indigenous healing practices and cultural teachings

**SELF-DETERMINATION** of youth and families to guide their behavioral health services

**TRANSFORMATION** of individuals, families, communities, systems of care, and social structures

We realized that we needed more information about these issues from traditional practitioners, existing behavioral health research and literature, and Native youth and their families and communities. After completing a COMPREHENSIVE LITERATURE REVIEW on mental health of Native youth, strengths and resiliency, historical trauma, evidence-based/promising practices, and culturally competent processes for working with Native American youth, we conducted COMMUNITY ADVISORY MEETINGS

with 71 Native American youth, parents, and elders, and surveys of 25 service providers. Next, we consulted with several traditional practitioners to get their guidance on developing policy and practice recommendations to promote the mental health of Native American youth, and their feedback on our preliminary report. Based on what we learned, we developed recommendations for providers, policy makers, and researchers.

Our report summarizes the literature we have reviewed, the experiences of Native youth, adults, and providers who participated in our advisory meetings and surveys, guidance from traditional practitioners and experts, and the real-world input of Project TRUST partners. THIS REPORT CULMINATES IN 32 POLICY, PROVIDER, AND RESEARCH RECOMMENDATIONS, which focus on recognizing and addressing historical trauma; making behavioral health services more responsive to issues and needs identified by Native youth and their families; incorporating traditional healing practices, cultural teachings, and spirituality into services; shifting focus from evidence-based practices to practice-based evidence; connecting prevention and treatment efforts; recognizing inherent sovereignty and self-determination at multiple levels; and fostering transformation of individuals, families, communities, systems of care, and social structures. It is our hope that this report will encourage our numerous partners and others to advocate for and implement these changes because, as a Native American Project TRUST member explains:

Doing this together is the only way it's gonna get done. You know, we can't do this individually. It's not gonna happen through individual treatment and care because you have to send them back to a sick community. And so, how do they function in that barely functional system? Because what I want are beautiful, healthy Native communities that thrive and are successful, and are not only resilient, but are really, really strong and powerful. And that fits in line with the way our culture is, the way we were taught and the way we're taught everyday, how we're supposed to represent ourselves.

#### **POLICY RECOMMENDATIONS**

- Apology from U.S. Government
- 2 Reparations from U.S. Government to fulfill treaty obligations to restore trust
- 3 Expand mechanisms for reimbursement for traditional healers
- 4. Create and fund infrastructure to connect behavioral health and primary care health services
- 5 Shift emphasis from evidence-based practices to practice-based evidence
- 6 Acknowledge spirituality in healing processes
- **7** Ensure genuine sovereignty through government to government relations with tribes
- Support youth involvement in policy-making

- Require behavioral health systems (and larger social structures) to take into account historical trauma and the current realities of Native youth
- 10 Create a "trauma-informed" system of care
- 11 Improve access to behavioral health care
- 12 Build alliances to work toward system transformation
- 13 Recognize healing as a process not an outcome
- Provide additional funding to support teen centers, school behavioral health providers and school-based health centers
- 15 Provide funding for programs that connect prevention and treatment
- 16 Create alternative licensing and credentialing for Native service providers

#### **PROVIDER RECOMMENDATIONS**

- 1 Modify cultural competency training to address historical trauma and institutional racism
- Modify cultural competency training to include healing for providers
- Improve coordination across agencies and programs
- Develop services in collaboration with community members
- Develop creative opportunities to build on current workforce development
- **6** Emphasize community engagement and consumer driven care

- 7 Raise personal consciousness/awareness regarding Native peoples
- Increase the knowledge and capacity of providers to work effectively with youth
- 9 Be aware of both traditional and western approaches and how they can support and inform each other
- 10 Reconnect families to traditional parenting practices and values
- 11 Train providers in motivational interviewing (individual self-determination)
- 12 Align behavioral health approaches to include youth, parents, extended families, and communities

#### RESEARCH RECOMMENDATIONS

- 1 Advocate for research to be based on an indigenous research agenda
- Develop innovative research methods and methodologies
- Insist on appropriate academic and training programs
- 4 Create a research clearinghouse or related mechanism to promote access to research on Native American behavioral health for those outside of academic environments