

Mental Health Services for Native Children

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Introduction



Native American LifeLines, Inc. is a Title V Indian Health Services contracted Urban Indian Health Program, founded in the year 2000 as Lifelines Foundation, Inc., in Baltimore, Maryland. Native American LifeLines expanded services to Boston, Massachusetts, in 2011, and currently serves Urban American Indians and Alaska Natives in both the Mid-Atlantic and Northeast regions. Our behavioral health program is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Native American LifeLines

Our Mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska natives to the highest level

Our Vision: Healthy communities and quality health care systems through strong partnerships and culturally responsive practices



Who We Serve

- Diverse in terms of tribes and region
- Non-central population
 - Includes state and federal tribal groups
 - DC, VA, MD, DE, MA

- Citizens of federally recognized tribes
- Enrolled members of state recognized tribes
- Descendants of either above group



Program Details

Case Management

- Focuses on integrated care and appropriate referrals
- Purchase of Care

Behavioral Health

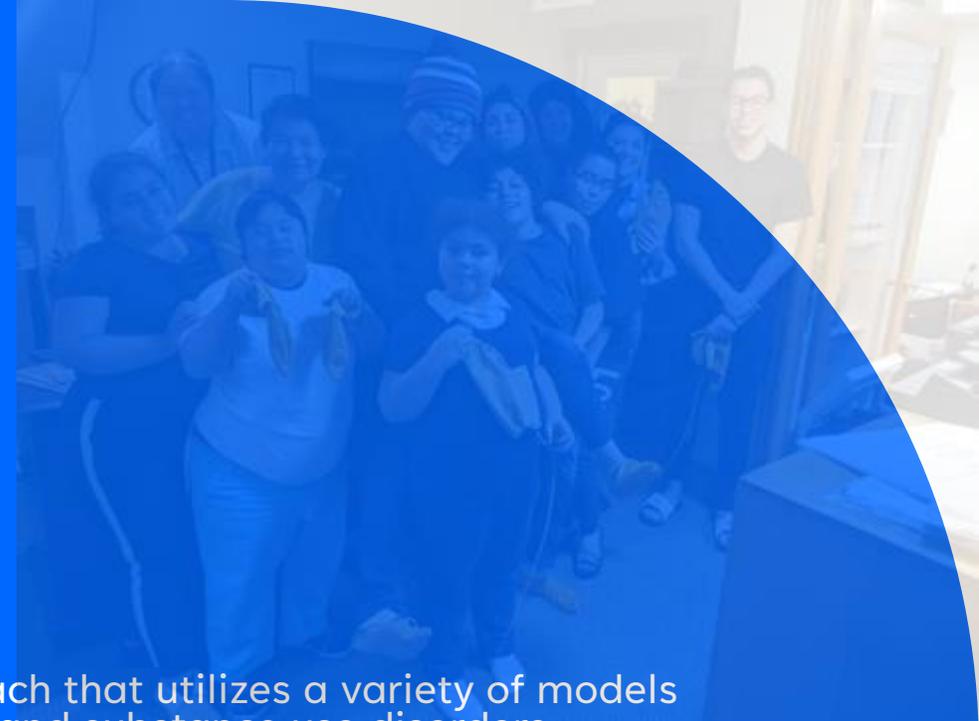
Focuses on an integrated dual disorders and treatment approach that utilizes a variety of models coupled with cultural competency to treatment mental health and substance use disorders

- In-person counseling
- Groups
- Telehealth

Dental

- In-person dental Baltimore and referred out in Boston

Health Promotion / Disease Prevention



Numbers



Maryland

Native American/Alaskan Native	31,845
NA/AN and White	48,367
NA/AN and Black	15, 875

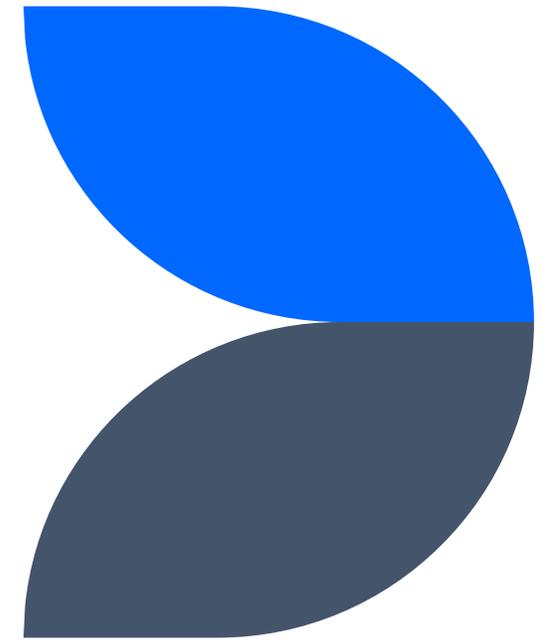
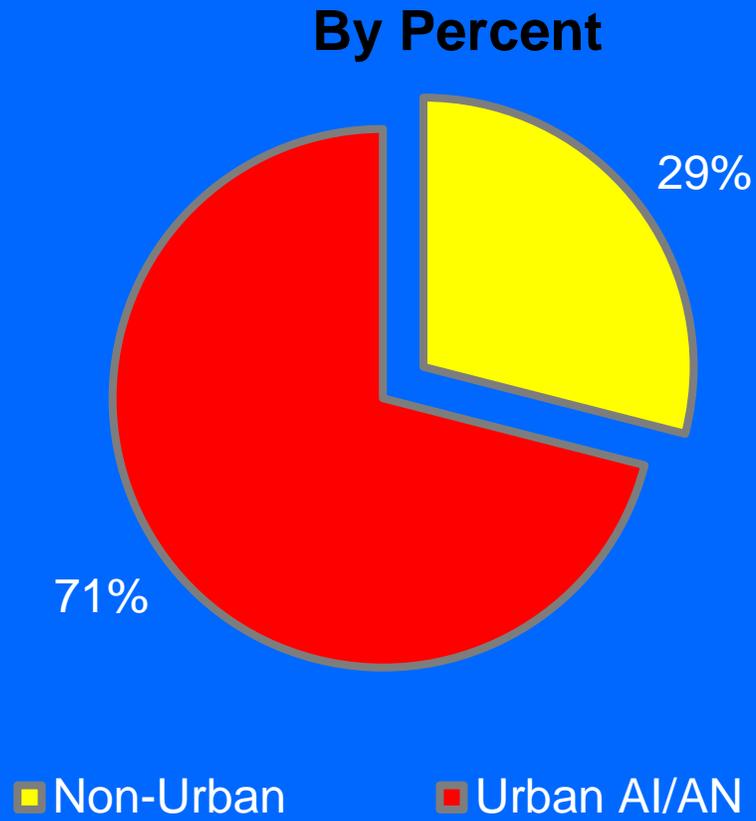
Massachusetts

Native American/Alaskan Native	24,018
NA/AN and White	41,151
NA/AN and Black	6,372

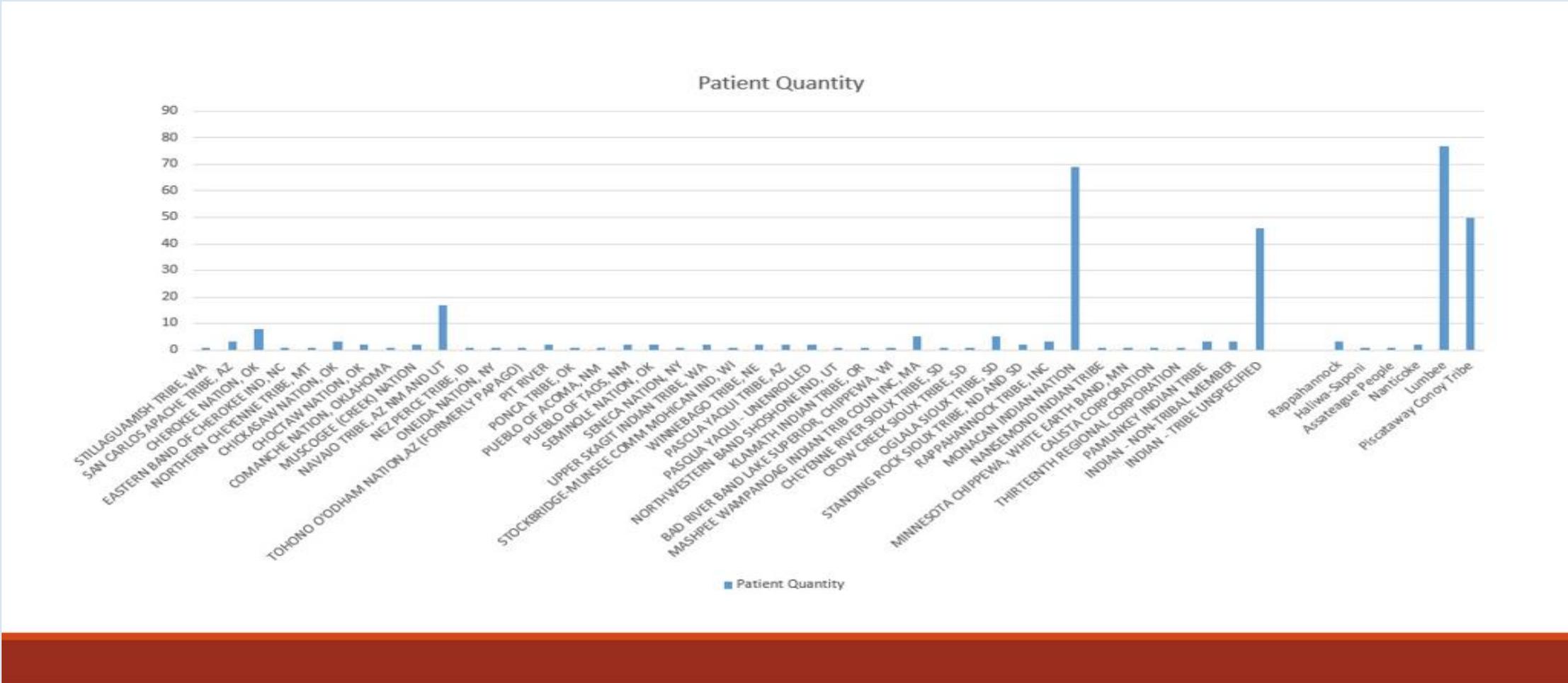
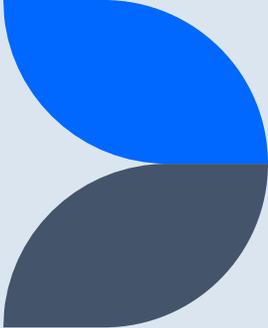
Culturally-Grounded Interventions:

Disseminate	Accurate Health Promotion/Disease Prevention information
Connect	Community to trusted resources
Support	Native identity
Promote	Community & cultural cohesion
Increase	Resiliency

Location of Residence (U.S. Census Bureau, 2010)



Who We Serve



Success

- Small but mighty attitude
 - Already had a telehealth program in place prior to Covid
 - Increase engagement in mental health services in the past year
 - Overall programming served the community.
 - Roughly 750 individuals
- Currently over 1,000 clients in our supplemental EHR
- Developed and creating programs and outreach that meet the needs of our communities in Boston and Baltimore.
- Increased in developing community resources to help support Boston and Baltimore communities.



Mental Health Programs

- Grief Group
- Youth Advisory Council
- Trauma Groups
- Lekhikàn Maehëlan (Book Gathering)
- Wellbriety
- LGBTQ2S Information Session
- Coming soon
 - Therapeutic Arts Program
 - Art Journaling
 - Women's Reproductive Health
 - Young Adults Advisory Council

Jasmine Anderson Azie Dungey Joyce

Available on Zoom and FB Live

Monday 20th

Kimberly Knight Mwalim Peters Dr. C

Available on Zoom and FB Live

ANTI-BLACKNESS PANEL

NATIONAL NATIVE HIV/AIDS AWARENESS ROUND DANCE

NATIONAL DAY OF AWARENESS FOR MISSING & MURDERED RELATIVES MAY 5, 2023

YOUTH COPING SKILLS WORKSHOP SATURDAY, JUNE 10TH 11AM-3:30PM NATIONAL BALTIMORE

JOIN US AT THE BALTIMORE PRIDE PARADE JUNE 24, 1:00-3:00 PM | CHARLES ST | EXACT LOCATION TO COME

Wellbriety Support Group

Every Monday at 6:00 pm (unless otherwise reported here)

Wellbriety is translated from an Indigenous word meaning "Balanced Being."

Road to Wellbriety draws on the philosophy and practices of AA and NA.

Take the 12 steps in a circle then they come into alignment with the circle teachings that from our traditional ways. We incorporate traditional values, teachings and stories to journey of hope and healing for Native Americans and Non-Natives who are seeking a different path of recovery from addictions.

Class of 2023!

NATIVE AMERICAN LIFELINES AND THE BALTIMORE AMERICAN INDIAN CENTER ARE PARTNERING TO CELEBRATE ALL OUR NATIVE GRADUATES!

Baltimore Center Stage 700 N. Calvert Street Baltimore, MD 21202 May 6th, 2023 12-3pm

You MUST RSVP by April 28th to be recognized in the graduation ceremony. Please complete the online form linked in the post.

Come and join our June Session...

LEKHIKAN MAEHELAN (LAY K HE KUN MYHAYLUN)

BOOK GATHERING

June 13th at 7pm via Zoom

Meet ups monthly

Discover New books by Native and Indigenous Writers



Adult Mental Health First Aid Virtual Training

Learn how to identify, understand and respond to signs of mental health and substance use challenges.

June 15, 2023 8:30am-3:30pm EST

Participants complete 2-hours of self-paced online prework before an instructor-led session held via Zoom on June 15, 2023.

@nativeamericanlifelines

Native American Lifelines Urban Indian Health

CRUSHING COLONIALISM

BALTIMORE PRIDE

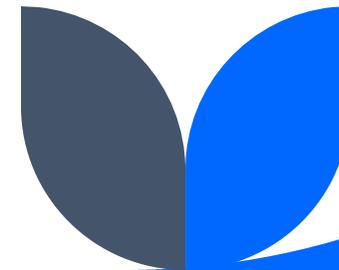
Mindful Eating Panel

GUT HEALTH: DIGESTION, MEDICAL INTERVENTION

Hosted by CENTER STAGE

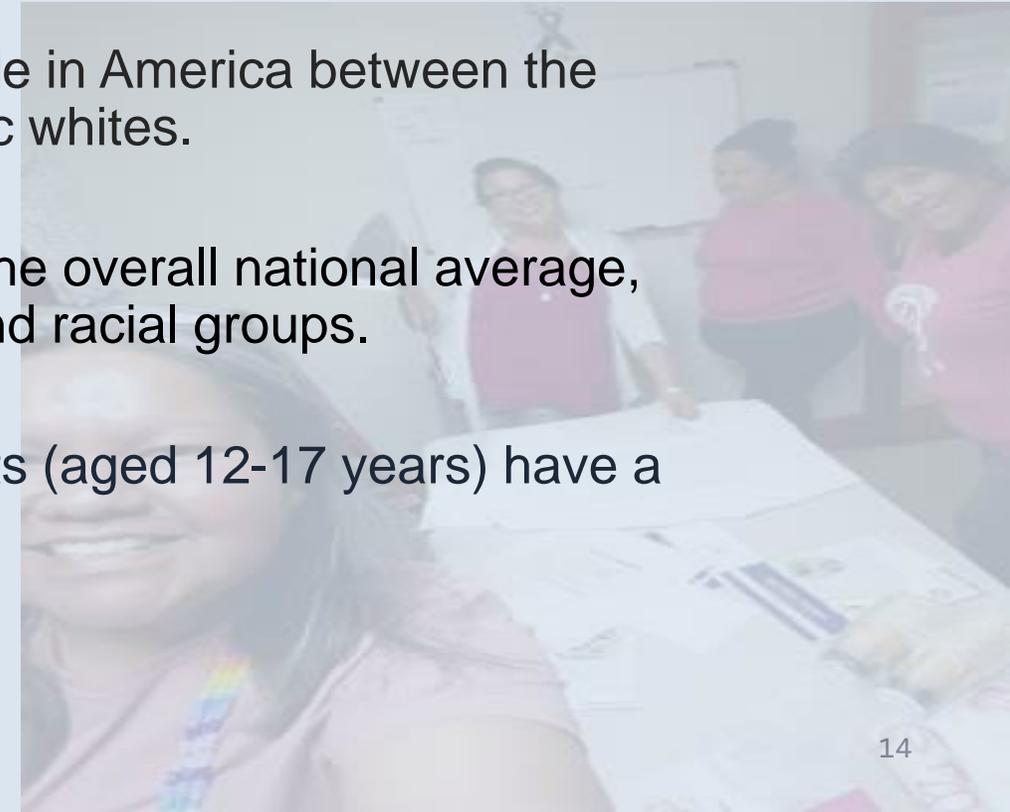
Collaborations

- University Maryland, Baltimore
- Massachusetts Department of Public Health
- Local Mental Health Private Practices:
 - Rejuvenated Therapeutic Services
 - Reclaim and Rise Services
 - Grounded Hearts
- Maryland Department of Health
- National Council of Urban Indian Health
- Johns Hopkins Center for American Indian Health
- CVS
- Commission on Accreditation of Rehabilitation Facilities
- National Council for Urban Indian Health
- Tribal Tech
- Urban Indian Health Institute
- Baltimore American Indian Center
- North American Indian Center of Boston
- Tribal Groups
 - Mashpee, Piscataway, Monacan, Commissions on Indian Affairs, etc.
- Chase Brexton, Boston Medical Center, Maryland Suicide Prevention Initiative

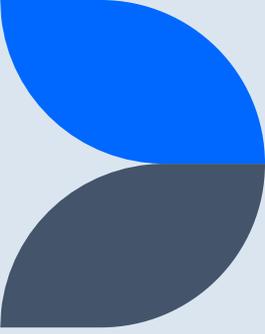


Disparities

- Native American communities experience highest rate of suicide, when compared to other racial and ethnic groups in the U.S.
- Native youth ages 10 to 24, suicide is the second leading cause of death.
- The suicide death rate for Native/Indigenous people in America between the ages of 15-19 is more than double of Non-Hispanic whites.
- Native youth suicide rate is 2.5 times higher than the overall national average, making these rates the highest across all ethnic and racial groups.
- Approximately 4 in 10 Native American adolescents (aged 12-17 years) have a lifetime prevalence of illicit drug use.



National Challenges



- Native Americans and Alaska Natives typically have poor access to mental health services, and epidemiological data on serious mental illness are very incomplete for these groups.
- Due to high levels of poverty, many Native Americans face economic barriers that prevent them from receiving treatment.
- U.S. Census Bureau statistics reveal that 27% of American Indian and Alaska Native families with children live in poverty.
- Lack of awareness about mental health issues and services often prevent Native Americans from receiving treatment.
- Native communities have cultural differences in understanding mental illness and mental health promotion, which contribute to differences in patterns of suicide.
- At least 3 to 4 million other American Indians and Alaska Natives living in urban areas are not covered by the IHS, though they might be covered by Medicare or Medicaid.
- All these factors point to the need for tailored strategies of mental health among Native Americans
- Lateral violence from other minority groups
- One size fits all in treatment for minorities.

Local Challenges

- Native American LifeLines is 2 of the 3 UIO's in the Nashville Region
- Maryland does not always include Native American in the statistics: Other
- Many of our community members feel a disconnection to culture.
 - Native Culture vs Community Environment
 - Tools to strengthen resilience vs Community Survival
- Due to high levels of poverty, many of our relatives face economic barriers that prevent them from receiving effective mental health treatment.
- Lack of cultural connectedness within the community and not be recognized by others as Native outside the community.
- Lack of providers and services prevent Native Americans from receiving culturally grounded/practice based treatment.
- Lack of Native American providers to provide services to the Baltimore and Boston communities.
- Federally Recognized Tribes have access to resources which leave many community members feeling less indigenous from State Recognized Tribes
- Other programs dismissing the importance and impact of UIO's have on not just local tribal members but in the serving of their own Tribal members when they cannot return to their tribes local Health Programs.
- All these factors point to the need for tailored strategies of mental health among our community members that are a mix of federally recognized and state recognized tribes.
- Referral time between agencies can slow down the process for receiving mental health treatment

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"The Lumbee aren't [federally] recognized. They [*some members from federally recognized tribes*] try to act like we ain't Indian. They say we're Black. They put us down and it makes you feel real bad." .

Amos (Lumbee Tribe of NC)

”

“I think if I’d had stronger culture, we would’ve lived differently.”

“We would be better if we had those values. We would be stronger as a community.”

Lumbee Teen

Am I a real native, I mean I
don't look like one. I have curly
hair, its not long and flowing. I
want to look like a real one
(native)

Piscataway 13 Year Old Youth

When I was little, I thought it was normal. My mom woke up with a beer. And I thought that's what you did. I didn't know. So maybe we need to show kids that they don't need to do that."

Baltimore Relative

Providers-Non Native

- Without their own cultural awareness, Non-Native MH providers may offer counseling that ignores or does not address issues that relate specifically to race, ethnic heritage, and culture.
- This lack of cultural awareness can also lead to discounting the importance of how their own cultural backgrounds—including beliefs, values, and attitudes—influence their initial and diagnostic impressions of clients.
- MH Providers may unconsciously use their own cultural familiarities as a template to prejudge and assess clients' experiences and clinical presentations.
- Some mental health providers understanding the internal, lived experiences of those affected by suicidality can inform the innovation of culturally appropriate health services and promote meaningful social change
- Culturally appropriate, (practice based) evidence-based interventions (lets talk about this more) are needed to promote AN/AI resilience , and creating generational healing on the individual level.
- Mental health interventions need to be directed at all levels of the individual experiences, respect autonomy (but don't enforce it), while also honoring community and family.
- Requiring that mental health interventions be tailored to or developed from within local NA/AI cultures and patterns of being, communication, and relationships
- Focusing on resiliency may very well encourage the client and their family to join the dialogue around trauma and healing.

Recommendations

- Training more American Indians and Alaskan Natives in mental health and human services fields
- Develop and utilize consistent Native consultation on mental health and suicide prevention related topics.
- Funding to providing more in office services at UIO's.
- Engagement in local colleges and universities to support local Native American and Alaskan Native Youth
- Broader trainings for Non-Natives in the best practices in their work with Native Americans.
- Increase sustainable funding focusing on small, under resourced Native communities.
- Increase formative research to address needs of the AI/AN population in mental health treatment and suicide intervention.
- Laws that support Native hair such as the Crown Act that focuses specifically on African American natural hair but not other groups.
- Increase access to IHS resources; as well as various state resources.

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Thank you

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