

Goodkind, J. R., Ross-Toledo, K., John, S., Hall, J. L., Ross, L., Freeland, L., Coletta, E., Becenti-Fundark, T., Poola, C., Begay-Roanhorse, R., & Lee, C., (2010). Promoting healing and restoring trust: Policy recommendations for improving behavioral health care for American Indian/Alaska Native Adolescents. *American Journal of Community Psychology*, 46, 386-394.

This article is a literature review on the mental health of AI/AN youth. The authors identify seven distinct causes of the behavioral health disparities and challenges AI/AN youth currently face, as well as recommend seven policy changes that seek to transform the current systems in order to meet their needs. The disparities and challenges discussed are widely supported, and the solutions proposed are relevant and practical, offering guidance on how professionals can really make a difference for this underserved population. The authors cite a number of Native researchers and providers, including relevant literature and a plethora of Native voices to demonstrate both the needs of AI/AN communities, as well as effective solutions to the ongoing systemic challenges they face. There are several citations that warrant further exploration:

- a. Goodkind, et al., (2008) *Project TRUST: Report and recommendations for enhancing the well-being of Native American youth, families, and communities*. New Mexico: Department of Health, Office of School and Adolescent Health.
- b. White Bison (2001). Developing culturally-based promising practices for Native American communities.
- c. Cruz & Spence (2005). Oregon tribal evidence based and cultural best practices. Oregon Department of Human Services.
- d. Alaska Native Tribal Health Consortium, Behavioral Health Aide Program to train, certify, and supervise local behavioral health workers to address concerns in remote Alaska Native Villages. (Being adapted for New Mexico as well)

The author's main argument is that AI/AN are disproportionately affected by systemic problems within western behavioral health care, such as fragmented, underfunded, and culturally inappropriate services, as well as a lack of access to additional resources necessary for youth, families, and communities to thrive. Due to past and current, structural and political oppression, racism, and discrimination, AI/AN communities face tremendous barriers to practicing or accessing the healing traditions of their ancestors. Rather than integrating Native American cultural teachings and practices into Western behavioral health systems, the current systems must find ways to support Native healing practices and cultural reclamation programs. There is ample evidence, both ancient and modern, that suggests the efficacy of traditional cultural and spiritual healing practices. It is time to allow these practices to be legitimized so that Native American communities across the U.S may benefit from them. For the purposes of this assignment, each of the seven policy changes recommended are clear action steps toward serving this population. Further, these recommendations are based on Native research and voices, meaning that they are not only doable, but meaningful.

Hartmann, W. E., & Gone, J. P., (2012). Incorporating traditional healing into an urban American Indian health organization: A case study of community member perspectives. *Journal of Counseling Psychology*, 59(4), 542-554.

The purpose of this study was to explore community member perspectives regarding the integration of traditional healing practices into current services offered by the Urban Indian Health Organization (UIHO) in their community, particularly because urban communities have distinct needs from reservation communities. The second author facilitated four focus groups, each with 6 – 8 community members: 17 females and 9 males, ranging in age from early 20's to early 60's, and representing many tribes. Open-ended questions focused on participants' familiarity with, experiences with, and attitudes toward traditional healing, as well as the specific healing activities of interest and the conditions under which they are deemed helpful. The author's chose a qualitative approach in order to allow for the accurate representation of participants' knowledge and life experiences, including differences held among them. Conversations were transcribed and subject to multiple layers of analysis and revision, involving several different people and continuous reflection on potential biases, in order to determine the coding and categorization of the information obtained.

Community members indicated four ways they would like to see traditional healing practices integrated into existing services: (1) ceremonies from a variety of tribal backgrounds (2) education on cultural practices and traditions from varying tribal backgrounds, (3) culture keepers who both provide education and practice traditional healing, and (4) community cohesion to ensure effective and safe integration. Their conversations also illuminated four distinct tensions that must be considered before incorporating these components: (1) traditional healing protocols versus realities of impoverished urban living, (2) multiracial representation versus relational consistency with culture keepers, (3) enthusiasm for traditional healing versus uncertainty about who is trustworthy, and (4) the integrity of traditional healing versus the appeal of alternative medicine. The authors suggest that mental health agencies and professionals research nearby cultural resources for their AI clients as a simple and effective solution to help meet this need, as the training and competence required to provide traditional services may be impractical. For those agencies and professionals willing and able to modify their services to better serve urban AI clients, the results indicate the importance of involving community members and becoming familiar with local discourses of identity, culture, tradition, and healing.

**Running Bear, U., Garrouette, E. M., Beals, J., Kaufman, C. E., & Manson, S. M., (2018).
Spirituality and mental health status among Northern Plain tribes. *Mental Health,
Religion, & Culture*, 1-14.**

The purpose of this study was to examine the relationship between American Indians mental health status and two measures of spirituality: one conventional measure developed for use with the general population, and one tribal cultural spirituality measure developed in consultation with AI community members. Previous research has long shown that spirituality is associated with positive mental health outcomes, but most of this research has excluded AIs and does not focus on their unique spiritual values and beliefs. This study hypothesized that the conventional measure would not show a significant association with AI mental health status, whereas the tribal measure would.

Secondary data analysis was performed on data collected from the AI-SUPERPPF, which assessed the prevalence of alcohol, drugs, and mental disorders as well as service utilization in two distinct AI populations located in the Northern Plains and Southwest, and included the two measures of spirituality. Results of this analysis confirmed each of the proposed hypotheses, and suggest the importance of conceptualizing spirituality in a way that is meaningful to AI people when attempting to measure its relationship with mental health status.

Implications for the purposes of this assignment include the emphasis placed on traditional spiritual beliefs and their importance to the mental health and well-being of American Indian individuals and communities. It will be important to consider the wide variation in spiritual beliefs across tribes, and to understand that a measure developed for one community may not be appropriate for another community. This article further stresses the importance of involving AI community members in the development of measures and research practices.

West, A. E., Williams, E., Suzukovich, E., Strangeman, K., Novins, D., (2012). A mental health needs assessment of urban American Indian youth and families. *American Journal of Community Psychology*, 49, 441-453.

The purpose of this study was to examine community mental health needs in an urban population of AI youth and families as part of the planning process for a sustainable system of care. Using relevant literature, the authors demonstrate a need for systems/policy changes to support behavioral health care in AI communities while ensuring that they are consistent with core values and philosophies across all communities.

Using the Community Story Framework (The Four Worlds Centre for Development Learning, 2000) as a tool for participatory analysis in AI communities, researchers conducted 16 focus groups assessing three main domains: (1) the mental health/positive development needs of urban AI youth in Chicago, (2) the available support systems, mental health services, and service utilization, and (3) potential cultural and historical parameters that might drive the development of innovative service approaches to meet community needs. Each group had 6-12 participants, including 107 youth and families organized by age group and mixed genders (66% female), with 41% under the age of 25, 14% under the age of 18, and 18% community elders.

Eight core domains of interest were selected for analysis, including community characteristics, community demographics, indicators of health and mental health, risk and protective factors, definitions of mental illness, service system needs, barriers to accessing services, and acceptability of existing services (see Table 1, pg 445 for themes that emerged). Based on these analyses, the authors discuss four themes relevant to systems change for AI communities, and go on to suggest practical ways of implementing these changes: (1) the need to address the role of historical trauma and internalized oppression in shaping divisions within community and affecting a community's readiness for change, (2) the importance of extensive community mobilization efforts to address community politics, factions of the community, and organizational alliances, (3) the need to honor locally-meaningful conceptualizations of mental health and wellness, and (4) the need for community-based and culturally-relevant clinical services and programs.

Yellow Horse Brave Heart, M., Chase, J., Elkins, J., Martin, J., Nanez, J., & Mootz, J. J., (XXXX). Women finding the way: American Indian women leading intervention research in native communities. *American Indian and Alaska Native Mental Health Research*, 23(3), 24-47.

This article, written by leading American Indian female researchers, addresses the ways in which traditional roles and modern challenges for AI women impact their federally funded and culturally grounded behavioral health intervention research in Native communities. It details the authors' collaborative processes with both the Native communities for whom they are developing the interventions, as well as the often-competing demands of mainstream academic environments. The article discusses the challenges they face in negotiating and implementing culturally grounded research practices, likening it to whitewater rafting. It ends with recommended strategies for successful engagement with AI/AN communities to support and enhance resilience (pg 35).

- E.g. practice cultural humility, recognize and respect traditional knowledge and wisdom, have contingency plans, be prepared to play multiple roles, patience and flexibility, know that ongoing trauma and loss will impact research, and focus on sustainability as much as possible.

Note: pg 34 addresses voices of non-AI/AN women allies who support the research, and stresses the value their perspectives add to both methodological processes and outcomes.