HEALTH

Healing Connection

Tribal programs blend ancestral practices with mental health care



Potawot Health Village

UNITED INDIAN HEALTH SERVICES

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By Matt Alderton

In 2001, grief-stricken members of Arizona's White Mountain Apache Tribe asked tribal leaders for help. Their young people were dying by suicide. Without swift action, they insisted, the disturbing pattern would continue. "Families who lost their loved ones to suicide were brave enough to go before our tribal leaders and demand that something be done," says tribal member Novalene Alsenay Goklish, who was born and raised on the Fort Apache Indian Reservation, some 200 miles northeast of Phoenix. "They didn't want other families to experience what they were experiencing." **CONTINUED** >>

HEALTH



Dr. Novalene Goklish, assistant scientist at Johns Hopkins' Center for Indigenous Health, holds the Excellence in Public Health Practice Award surrounded by colleagues from the Celebrating Life team. CENTER FOR INDIGENOUS HEALTH AT THE JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

Soon after, the tribe passed a law requiring all suicidal incidents on tribal lands — including suicide attempts, binge substance use and non-suicidal self-injury — to be recorded into a suicide surveillance system for follow-up by case managers offering mental health resources. Known as Celebrating Life, the resulting program helped reduce suicide deaths and attempts among tribal members by 38% and 53%, respectively, in its first 12 years, reports the Center for Indigenous Health (CIH) at Johns Hopkins University, which manages Celebrating Life on behalf of White Mountain Apache Tribe.

Often, case managers direct individuals to conventional mental health care such as counseling or substance use treatment. When it's appropriate, however, they also recommend cultural activities.

"There's a lack of resources in our communities, but ... what we do have in our communities is our language, our traditions, our music, our stories, our medicines. We have resiliency," says Goklish, who leads Celebrating Life in her role as assistant scientist for CIH at its site in Whiteriver, Arizona. "When you're doing something like making moccasins or singing songs, it calms you down and gives you hope. It makes you feel grounded."

That grounded feeling is why many tribal communities are following Celebrating Life's example, embracing a holistic approach to mental health care that marries clinical practices with cultural ones.

CONFRONTING GENERATIONAL TRAUMA

The U.S. Centers for Disease Control and Prevention says Native Americans have the highest suicide rate in the United States.

But suicide isn't the only mental health challenge within Indigenous communities. Native Americans also have higher rates of substance use disorder and of mental illness in general. In fact, Native Americans are 11% more likely than U.S. adults overall to report having a mental illness, yet 17% less likely to have received mental health treatment, according to the U.S. Department of Health and Human Services.

Although the reasons for Native Americans' mental health disparities are numerous and complex, one significant factor is generational trauma, suggests Elizabeth Lara-O'Rourke, director of United Indian Health Services (UIHS), which provides health services to Native Americans in California's Humboldt and Del Norte counties. In her own community, she points out, entire villages were once wiped out, children stolen from parents and raised in abusive boarding schools, and Natives sold as slaves to non-Natives.

"People say, 'Well, that happened a long time ago.' But not really. My own uncle was in a boarding school," says Lara-O'Rourke, who is Hupa, Yurok and Chilula. "When they experience that kind of trauma ... there's lots of different, unhealthy ways that people cope."

'THE BEST TOOLS WE HAVE'

Conventional behavioral health services like psychotherapy and medication can help. But so can cultural practices, Lara-O'Rourke says. "Our traditions and our culture are some of the best tools we have to bring back a healthy way of being," she says. "It helps us feel connected. It helps us feel strong. It brings light to our soul."

Alongside conventional mental health care, UIHS provides sweat lodges, language classes, beading and dancing — many of which take place in its Potawot Health Village, which Lara-O'Rourke describes as a "mini traditional village." "It's like walking into a space your ancestors could have been in," she says. "When people go there, it feels like coming home."

Inner-Tribal Treatment — a Native-led substance-use-disorder program in Pauma Valley, California — takes a similar approach.

On Mondays, Wednesdays and Fridays, it offers conventional mental health services such as cognitive behavioral therapy. Tuesdays and Thursdays, however, are for culture, including sweat lodges, beading, pottery, drumming, bird singing and peon, a traditional Native American hand game.

"I know these things work because my ancestors lived a healthy life," says Inner-Tribal Treatment founder and CEO Robert Aguilar, who is from the Pauma Band of Mission Indians through his father and the Rincon Band of Luiseno Indians through his mother. "Before we had addiction, and before we had Western modalities of treatment, the only thing we had was our culture."

Inner-Tribal Treatment Clinical Director Paul Dooley concurs. "In clinical settings, we often talk about things like mindfulness, anxiety reduction and communication practices," he says. "Traditional practices ... are therapeutic for the same reasons. They encourage people to reflect upon themselves, how they're feeling and what they're doing. They bring people together in community to express themselves in positive ways."

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