

# Review of Mental Health Interventions for American Indian Youth

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## Abstract

Indigenous communities worldwide have collectively experienced the destructive force of colonialism. The resulting intergenerational trauma continues to harm as individuals, families and communities struggle with taxing mental health problems (Nelson & Wilson, 2017). Indeed, American Indian and Alaskan Native (AI/AN) youth in the United States suffer from increased incidence of major depressive disorder and self-reported depression in comparison to any other ethnic/racial group (Lopez-Carmen et al., 2019). Suicide is the second leading cause of death in American Indians and Alaska Natives between the ages 15-34 years and 1.8 times the national average (Harlow et al., 2014). Factors such as alcoholism, violence, depression, post-traumatic stress disorder and substance abuse disorder contribute to the rampant rates of mental health concerns in Indigenous youth (de Leeuw et al., 2010; Wexler et al., 2017; Kral, 2016). This review systematically examined eleven interventions for mental health disorders and suicidality among AI/AN youth: “Qungasvik, Healing of the Canoe, Tobacco Cessation, Our life, The Zuni Life Skills Development /American Indian Life Skills Development, New Hope, Cognitive Behavioural Intervention for Trauma in Schools, Living in Harmony, Cherokee Talking Circle, The Seventh Generation, and The Gathering of Native Americans.” Results indicate a range of varying effectiveness of incorporating Indigenous cultural healing practices in mental health interventions. Future studies should require evaluation of the efficacy of interventions with increased sample sizes and replicability.

## Introduction

- Indigenous communities worldwide are known to be particularly vulnerable due to factors pertaining to cultural annihilation, intergenerational trauma, and continued systemic discrimination.
- Historical trauma experienced by the Indigenous population in the United States originated from losing their native lands, being forced to relocate in undesirable dwellings, placed forcibly in boarding schools, prohibited to communicate in their vernacular language and barred from practicing their cultural and spiritual rituals (Evans-Campbell, 2008).
- A majority of mental health concerns in those communities stem from the adverse effects of colonization during which children were forcefully separated from their parents and placed in boarding schools (Tonmyr & Blackstock, 2010).
- The effects of colonization in Indigenous families unfolded generations later resulting in trauma that materializes through two modes of cross-generational transmission: direct and indirect. Direct transmission occurs when traumatic experiences are narrated by parents and grandparents to children resulting in suffering from similar psychological problems. Indirect transmission happens when experiences of traumatic events have adverse effects on parents’ mental health and parenting strategies, elevating the levels of stress in their children. For example when historical trauma triggers lateral violence among family members (Evans-Campbell, 2008).
- Many Indigenous residential school survivors were denied the experience of healthy parenting and child rearing practices that they would have applied to their own parenting (Evans-Campbell, 2008).
- As a result of the loss of their cultural identity, many Indigenous parents are prone to engaging in drugs and are unable to practice positive child rearing practices increasing the likelihood of their children experiencing abuse and neglect (Evans-Campbell, 2008).
- Indigenous youth worldwide are suffering from the long-term mental health effects of all of the above. Youth in Inupiaq Alaska Native (AN), for example, are found to succumb to suicide 17 times more than the national average, AN youth also experience higher rates of interpersonal violence, alcohol and substance abuse (Wexler et al., 2017). Such statistics are sadly typical for most Indigenous communities worldwide.

## Methodology

- Databases used were psycINFO, Scholars Portal Journals and Google Scholar. Peer-review journal articles were included
- Search terms included were “Mental Health”, “American Indian”, “Alaskan Natives”, “Native American”, “Youth”, “Adolescent”, “Teen”, “Intervention”, “mental disorders”, “mental health interventions”
- 369 journal articles were generated, 347 were rejected and 22 were used
- The inclusion criteria were literature review, qualitative study, quantitative study, empirical study, and systematic review, and interventions

## Objective

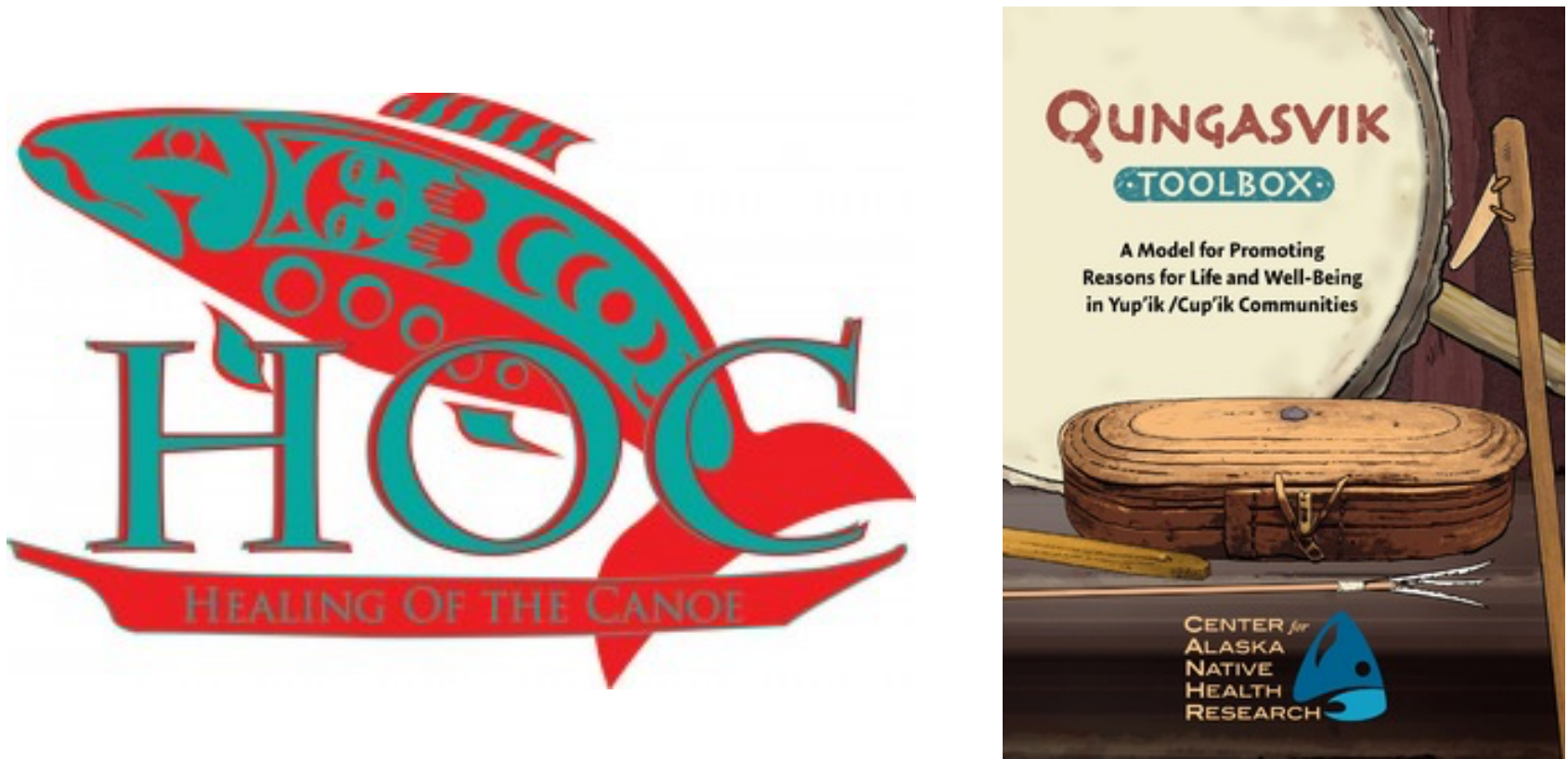
The aim of this review was to systematically examine interventions that address mental health disorders and suicidality among AI/AN youth, and to limit its scope to those interventions that provide culturally appropriate and inclusive mental health services for those youth.

## Results

Interventions	Target	Aim	Evaluation
<b>Qungasvik (A Yup’ik Intervention “Toolbox”)</b>	Youth between the age 12-18	<ul style="list-style-type: none"><li>Suicide</li><li>Alcohol abuse</li></ul>	<ul style="list-style-type: none"><li>Results indicate the intervention protected youth from suicide and not for alcohol abuse.</li><li>Youth gained an increased understanding of the value of life reducing the risk for suicide (Qungasvik Team et al., 2018).</li></ul>
<b>Healing of the Canoe</b>	Youth from grade 9 - 12	<ul style="list-style-type: none"><li>Cultural belongingness</li><li>Substance use</li></ul>	<ul style="list-style-type: none"><li>Significant levels of hope, optimism, self-efficacy were observed throughout the school year and its effects were sustained at 4 months follow up.</li><li>A significant immediate decrease in substance use was also observed but the results were no longer significant at 4 months follow up (Donovan et al., 2015).</li></ul>
<b>Tobacco Cessation Intervention</b>	Youth between the age of 12-17 years	<ul style="list-style-type: none"><li>Tobacco abstinence</li></ul>	<ul style="list-style-type: none"><li>Participants rated the program “somewhat/very helpful” and would recommend it to others. Self-reported results indicated 7-day abstinence in 11% of 9 participants.</li><li>Self-reported results indicated 7-day abstinence was 86% of 7 participants 71% of 7 participants for 30-day abstinence in pilot 2 (Patten et al., 2013).</li></ul>
<b>Our Life Intervention</b>	Youth between the age of 12-17 years	<ul style="list-style-type: none"><li>Positive mental health</li><li>Violence</li><li>Trauma</li><li>Substance abuse</li></ul>	<ul style="list-style-type: none"><li>Significant increase in cultural identification, positive coping strategies, self-esteem, quality of life and social adjustment (Goodkind et al., 2012).</li></ul>
<b>The Zuni Life Skills Development /American Indian Life Skills Development</b>	Youth between the age of 13-17 years	<ul style="list-style-type: none"><li>Depression</li><li>Hopelessness</li><li>Suicide</li></ul>	<ul style="list-style-type: none"><li>Self-report, behavioural observation and peer ratings inferred a decrease in suicidal ideations, behaviours and hopelessness in Zuni youth (LaFromboise &amp; Lewis, 2008).</li><li>AILS intervention resulted in significant improvement in life skills efficacy, managing depression and stress, seeking community support and social resources (LaFromboise &amp; Malik, 2016).</li></ul>
<b>New Hope Intervention</b>	Youth between the age of 10-19 years	<ul style="list-style-type: none"><li>Suicide attempts</li></ul>	<ul style="list-style-type: none"><li>Participants gained increased information on the risk of suicide and positive views on counselling.</li><li>Results found decline in depression symptoms, suicidal ideations and an increase in knowledge to decrease the risk of suicide (Cwik et al., 2016).</li></ul>
<b>Cognitive Behavioural Intervention for Trauma in Schools (CBITS)</b>	Youth between the age of 11-15 years	<ul style="list-style-type: none"><li>Post-traumatic stress disorder</li><li>Depression</li><li>Anxiety</li></ul>	<ul style="list-style-type: none"><li>Significant linear reduction was observed for anxiety, post-traumatic stress disorder and marginal reduction for depression (Goodkind et al., 2010).</li></ul>
<b>Living in Harmony</b>	Youth between the age of 15-19 years	<ul style="list-style-type: none"><li>Postpartum major depressive disorder</li></ul>	<ul style="list-style-type: none"><li>Reduction in depression was observed.</li><li>Results showed enhanced global functioning and no changes were reported in social support domain (Ginsburg et al., 2012).</li></ul>
<b>Cherokee Talking Circle Intervention (CTC)</b>	Youth between the age of 13-18 years	<ul style="list-style-type: none"><li>Prevent substance abuse</li></ul>	<ul style="list-style-type: none"><li>Statistically significant decreases were found in substance abuse immediately post intervention and 90 day post intervention.</li><li>Self-reliance significantly increased immediate post intervention and 90 day post intervention.</li><li>A decrease in stress was observed immediately after intervention.</li><li>At 90 day post-intervention stress level were found to have increased as it was during pre-intervention (Lowe, 2006).</li></ul>
<b>The Seventh Generation</b>	Youth from grade 4 - 7	<ul style="list-style-type: none"><li>Alcohol use</li></ul>	<ul style="list-style-type: none"><li>Significant improvements were noted for social support, depression, alcohol beliefs, and locus of control (Moran &amp; Bussey, 2007).</li></ul>
<b>The Gathering of Native Americans (GONA)</b>	Youth between the age of 13-18 years	<ul style="list-style-type: none"><li>Substance abuse</li><li>Suicide</li><li>Protective Factors</li></ul>	<ul style="list-style-type: none"><li>Increased knowledge about Native American culture, sense of connection, enhanced skills to refuse using drugs and improvement in communication skills were found (Aguilera &amp; Plasencia 2005).</li></ul>

## Conclusion

- A myriad of factors place Indigenous youth at a much higher risk for developing mental health disorders.
- Interventions are limited by lack of cultural sensitivity training and scarcity of primary health care services.
- Therefore, creating culturally appropriate mental health interventions allows for more inclusive and more effective mental health services for Indigenous youth.
- It is crucial to incorporate Indigenous cultural healing practices in mental health interventions, making the latter more accessible and helpful for indigenous communities.



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