

# MENTAL HEALTH STANDARDS OF CARE LITERATURE REVIEW FOR AMERICAN INDIANS

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# **MENTAL HEALTH STANDARDS OF CARE LITERATURE REVIEW FOR AMERICAN INDIANS**

## **I. Introduction and Process of Literature Review**

### **A. Introduction and Relevance**

This review of the literature was undertaken by the Native American Panel on Cultural Competency as one part of the Center for Mental Health Services Managed Care Initiative and Western Interstate Commission for Higher Education (WICHE) Mental Health Program. This review highlights the relevant literature for both historical background and current status of American Indian mental health services.

The importance of mental health services to Native people must be understood in view of historical, geographical, educational, and tribal contexts. Census data report that there are approximately 1.9 million American Indian, Eskimo, and Aleut people in the United States (U.S. Bureau of the Census, 1990). About half live on federal Indian reservations in 33 states, mostly located in the western states. The other half of the population live in urban areas, although some reside in small off-reservation communities. The Native population is young, approximately half are 18 years of age or younger (Nelson, McCoy, Stetter, & Vanderwagen, 1992).

There are over 500 federally-recognized tribes and over 250 distinct languages among these tribes. Modern science has described Indian peoples' as having come to the Americas across the Bering Strait during a recent ice age. However, those notions have been recently disputed (Deloria, 1995; Fell, 1983). There is some evidence to suggest a migration from the east, across the Atlantic ocean for some tribes. Origin stories from tribes such as the Lakota, Delaware, and Chimus speak of a sea arrival from the direction of the rising sun (Gaddis, 1977).

Of great importance is understanding the impact of colonization on Indian people and the corresponding issues of mental health (Duran & Duran, 1995). Although some early contacts between Indians and Europeans were positive, most were not. At contact there were several million Native peoples. It can be rightfully stated that from the point of contact with Europeans, holocaust conditions led to the annihilation of some, and near destruction for other tribes across the Americas. Diseases foreign to Native people wiped out over half of the Indian population. The impact of these diseases is still being felt in Indian country. Disease killed many leaders and elders thus cutting off tribal leadership, as well as the sources for knowledge and tradition. Furthermore, the power of the medicine people was undermined, since there were no cures for disease over which they had knowledge. The memories remain for Indian people about what Whites did through deliberately providing Indians with infected blankets as "gifts" — an early form of germ warfare (Vogel, 1972).

Forced relocation was another factor which caused many deaths as well as numerous other problems--many mental health related. Dealing with the reality of being conquered, the shame, the forced dependency upon the U.S. government, and the stripping of traditional roles for the men, women, and children has impacted tribes for centuries. The pain of the "Trail of Tears" or long walks made by tribes remains in the hearts and minds of Indian people today. Other impacts of forced

relocation include: dealing with broken treaties, restrictions to reservations (historically, an Indian had to have a permit in order to leave the reservation), the poverty conditions, and the consequences of not relocating — oftentimes meant destruction and death (O'Sullivan & Handal, 1988; Vogel, 1972). Alcohol was another devastation (Berkhofer, 1978) and is considered to be the number one problem in Indian country today.

Forced education through boarding schools caused considerable damage to the structure and function of tribal societies as well as to the mental health of Indians. Historically, Indian children were taken from their tribal homes to attend boarding schools sometimes hundreds or thousands of miles away. They were forbidden to speak their tribal language, given new names, usually a uniform, their hair was shorn, and they were taught the ways of White society. The early charters for Indian education were the same: to remove the child from the influence of his or her "savage" parents. Today, approximately 25% of Indian children attend boarding schools. The horrible effects of boarding schools on tribes extend to the undermining of tribal ways of parenting, traditional child-rearing, use of language (many a story about a child finally returning home and being unable to speak to his or her parents any longer), the negative messages about Indians, and the forced assimilation of White ways have had devastating consequences. Today, there are counseling groups specifically designed to address the effects of boarding school education experiences.

In terms of health care, the U.S. government has had the responsibility through the obligations of many treaties. Typically, these obligations were carried out through the Public Health Service via Indian Health Service (IHS) and Bureau of Indian Affairs (BIA). The Public Health Service in 1955 assumed primary responsibility for providing health care to Indians and currently the IHS services approximately 60% of the Indian population (Johnson, 1995). The hope was, that once fully developed and comparable to the nation's health care systems, Congress could then relinquish its responsibilities to Indians. This goal was part of the termination policy formulated by Congress during the Truman administration. Under Nixon's self-determination policy, tribes were encouraged to take over the governing of their health care programs (Flack, 1995).

Presently, there are numerous agencies/departments involved in various degrees in the provision of mental health services to Native people. At the broad systems level, there is a lack of clarity regarding the roles of IHS, the BIA, the state, counties, cities, and tribes in mental health care. There are relatively few working agreements between these service delivery systems (WICHE, 1993).

## **B. Process of Literature Organization and Review**

The literature review was developed as part of the Native Panel for Cultural Competency in Managed Care. Initial steps involved computer searches through PsychLit, MedLine, and CARL networks.

Our findings were that very little research/study has been devoted to understanding the unique mental health issues confronting Native people. Furthermore, there is no literature which takes into account managed care efforts in Indian country. Many of the articles discussed address multiple issues (e.g., systemic problems in Indian mental health, geography, provider competency, etc.) and thus they will be re-cited under the appropriate dimension covered in this review.

## **II. Comments and Recommendations**

### **Literature Relating to Overall Systems Guidelines**

#### **A. Cultural Competence Planning/Implementation**

Very little has been written in Indian country regarding cultural competence planning. The nature of tribes, sovereignty, role of the government in providing care to Indians all influence the lack of coordinated effort at cultural competency planning. The literature offers models for possible implementation as well as guidelines and recommendations. However, there has been little heed to these findings. Clearly, much concerted effort must be made to bring together those who are involved in Indian mental health and establish specific strategies for research, evaluation, and implementation in the area of cultural competency planning.

#### **B. Governance**

The literature demonstrates the difficulty of guidelines for governance in the area of mental health care for American Indians. Tribes have incorporated self-determination processes differently, and historical, economical, and social conditions have variously shaped tribal abilities to govern their mental health systems. Ideally, as Nelson, et al suggest, tribes should rely, develop and incorporate their own internal resources for service provision. However, not all tribes are ready for this for numerous reasons. Governance, therefore must be addressed within the context of each tribal/urban situation.

#### **C. Benefits**

Little to no literature addresses mental health benefits for Native peoples. However, broader reviews on minorities in general outline the effects of poverty on types and functions of benefits for disenfranchised populations. Clearly, much focus and work must take place in the development of benefit programs for Indians.

#### **D. Quality Monitoring and Improvement**

Two of these papers recommend specific strategies for insuring quality mental health care. Information about successful existing programs such as the Swinomish and others should be disseminated throughout Indian country. Furthermore, quality assurance guidelines should be developed more thoroughly and these should have government (Federal and local) support along with tribal support.

## **E. Staff Training and Development**

Very little literature exists on training for competency in working with Native American populations. Nelson, et al note a successful program on the Navajo reservation with long-term results. Dauphanais et al provide a model for networking training programs with on-site experiences. However, there appears not to be concerted efforts at incorporating this information into main-stream or even local training programs.

## **Literature Relating to Clinical Standards**

### **A. Access to Care/Services**

Many factors influence access to care for Indian people. Geographical location, type of service provision, poverty, reservation vs. urban setting, overlay of services between tribal, local, state, and federal providers, cultural sensitivity on the part of providers, and liaisons with traditional healers are all factors that have varying ranges of influence of access. Once again, access must be viewed within the context of the particular tribe or urban situation.

### **B. Triage and Assessment**

The literature suggests how critical the initial assessment/triage is in the outcome of treatment for Indians. Guidelines are presented for awareness, structural and functional processes for entry into the mental health system. However, there is a lack of knowledge about the specific problems that may occur (or have occurred) in Indian country. Furthermore, there are not specific efforts to make this information more available, or mandatory for providers to Indian people.

### **C. Treatment Services/Process**

Very little has been written about specific guidelines for treatment processes and service delivery. Again, the complexity of factors in Indian country hinder the ability to establish standard guidelines, as well as note general or typical problems encountered in treatment and service processes. A gathering of providers, administrators, etc. to address the common and uncommon issues is a necessity, and in need of immediate attention.

### **D. Care Planning/Case Management**

Once again two articles are used as the primary materials for addressing care planning and case management. The nature of these roles/responsibilities differs across tribes and locations and according to worker availability (who does this job?). Both the articles recommend positions and roles for these responsibilities.

**Literature Relating to Provider Competencies**

**A. Knowledge/Understanding/Attitudes/Skills**

No comments

### **III. Literature Relating to Overall Systems Guidelines**

#### **A. Cultural Competence Planning/Implementation**

**Neligh, G. (1990).** "Mental Health Programs for American Indians: Their Logic, Structure and Function," *American Indian and Alaska Native Mental Health Research: The Journal of the National Center Monograph Series, Vol. 3, Monograph 3, Summer.*

This monograph provides a thorough perspective of the various dimensions of mental health for Native peoples. It addresses (a) the mental health problems affecting Indian people, listing the primary disorders; (b) the relative impact of mental health problems in the communities, including what is known epidemiologically, service use, and the economic, political, and social issues involved in these programs; (c) service delivery systems, describing various models for service delivery such as, the JCAH model, private practice model, consultation/liaison model, inpatient model, pyramid model, technology vs. humanistic models, and also describes types and levels of intervention; (d) treatment modalities of psychopharmacology, individual and group therapy; (e) different types of providers, covering the roles/responsibilities of social workers, psychologists, psychiatrists, general medical practitioners, nurses, MH technicians and community health representatives; (f) system management, referring to evaluation and treatment, case management, training, data systems, quality assurance, role definition, and administrative systems; (g) a model Indian Mental Health System.

**Dauphinais, P., & King, J. (1992).** "Tribal Family Mental Health Center: A Model for Mental Health Services in Indian Communities" **Unpublished manuscript.**

This paper summarizes and provides statistics regarding the mental health status for Indians, relating these data to geographical, economic, and sociopolitical concerns. It discusses the difficulties in agency collaboration, bureaucratic/systematic problems, training of mental health providers, and the lack of serious response to the calls for culturally relevant mental health delivery systems. The paper addresses the specific needs tribes have for: coordinated efforts among reservation agencies in prevention activities; addressing the high rates of alcoholism, child abuse, child and elder neglect, family violence, stress within communities, family separation and divorce, delinquency, teen pregnancy, school-related problems such as truancy, drop-out rates, low achievement, physiological concerns such as otitis media and FAS, and the emotional well-being of Native youth. Problems in need of immediate attention include: Personnel shortages; crisis orientation of care; limited prevention; lack of system networking/collaboration; lack of internal resources, thus the necessity of outside referrals; lack of support groups, family therapy intervention, crisis intervention, limited psychiatric and psychological consultation, paraprofessionals, parent aide programs; inadequate alcohol treatment programs; lack of community mental health awareness, family involvement with children's problems; underutilization of mental health services. The paper then outlines a model of Mental Health Service Delivery that addresses these needs, including: Training, information dissemination to agencies/individuals involved in the mental health system, a comprehensive community-based multidisciplinary service delivery model, tribal awareness and involvement, and links between the service delivery system and training.

**Swinomish Tribal Community (1991).** *Tribal Mental Health: A Cultural Perspective.*

This book, developed and published by the Swinomish tribe, provides a local "How-To" manual for developing and maintaining a healthy and culturally relevant mental health system.

**Vega, W. A., & Murphy, J. W. (1990). "Critical Junctures in the Community Health Movement," *Culture and the Restructuring of Community Mental Health*, Chapter 1.**

Highlights the history of public mental health services over the past thirty years, noting the significant trends for minority groups. It notes that the emergence of political conservatism, tensions in the professions, inadequate theories and methods, inappropriate training, and lack of funding have all led to the failure of current systems. The book suggests a new conceptual paradigm which encourages the creation of diagnostic methods, intervention strategies, and training modules that are culturally sensitive.

**McShane, D. (1987). "Mental Health and North American Indian/Native Communities: Cultural Transactions, Education, and Regulation" *American Journal of Community Psychology*, 5(1): 95-116.**

Critical issues in mental health service delivery in Indian country, especially rural areas, are discussed. Review of literature 15 years previous to 1985 is used to delineate nature of mental health problems; Indian belief systems as related to service utilization; community expectations and values contrasted with mainstream service delivery systems that lead to barriers in service use; and describes transactions between consumers and providers that have become typical over time. Key concepts of "community healing resources", "education as transformation", and understanding the relationship between geography and culture are discussed as means to effective service delivery.

**Thompson, J. W., Walker, R. D., & Silk-Walker, P. (199\_). "Psychiatric Care of American Indians and Alaska Natives," *Culture, Ethnicity, and Mental Illness*. Chapter 8.**

Provides a historical overlay of Native peoples including origins, precontact and postcontact periods with Whites, along with indigenous health systems. Provision of health to Indians is described, epidemiologic data, service utilization data and evaluation of these data are used to offer determinations of need, effectiveness of prevention programs, and effects of stigma on Indian communities. Contrast is made between traditional healing and mainstream psychiatric care, as well as concepts of mental health and mental illness. Family support issues are addressed in the context of treatment, and general issues involving treatment are considered: noting the absence of scientifically derived outcome data and positive anecdotal reports of effectiveness of Western treatment with Indians; the complexity of multiple agencies (IHS, tribally-run programs, private and public practices); the impact of lack of available resources; values contrast implications; geography; treatment modalities; non-Indian providers; and use of translators.

**Nelson, S. H., McCoy, G. F., Stetter, M., & Vanderwagen, W. C. (1992). "An Overview of Mental Health Services for American Indians and Alaska Natives in the 1990's." *Hospital and Community Psychiatry*, 43(3): 257-262.**

Notes the impact of legislation on Indian mental health care, especially the Indian Self-Determination and Education Assistance Act (Public Law 93-638), the Indian Health Care Improvement Act (Public Law 94-437), and Public Law 101-630 which authorized comprehensive mental health programs for Native Americans including community mental health planning, training and community education, increased staffing, and research. They note, however that for most of these initiatives funding has not been budgeted. Domains of service delivery systems are discussed including: Ambulatory mental health; Inpatient services; and Native healers. Problems in funding and staffing for mental health services is discussed. Mental health initiatives to improve the quality of mental health services, especially through IHS are listed: the National Plan for Native American Mental Health Services;

Service mechanisms to improve the quality of care-including staff competency and qualifications; Technical assistance and training; and research. The article concludes with legal and jurisdictional issues, especially addressing involuntary hospitalization, and a focus on prevention efforts by Native communities themselves.

## **B. Governance**

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**Western Interstate Commission for Higher Education. (1993). *The Journey of Native People with Serious Mental Illness, First National Conference; Executive Summary.* (Boulder, CO: WICHE).**

This conference produced a set of issues, and recommendations for mental health systems in Indian country. Addressed are five major issues: (1) The need for mental health systems to be more culturally sensitive and responsive to Native Americans, (2) Systemic, structural, and jurisdictional barriers to accessing services must be addressed by all parties involved, (3) Funding and other resources are often inadequate, fragmented, and inequitably distributed, (4) Training and educational opportunities for Native Americans both in career development and community understanding of the area of mental health are needed, and (5) Mechanisms for all parties involved in American Indian mental health should be developed to insure regular and continued discussion of these issues.

### C. Benefits

**Ruiz, P., Venegas-Samuels, K., & Alarcon, R. D. (1995). "The Economics of Pain: Mental Health Care Costs Among Minorities" *Cultural Psychiatry*, 18(3): 659-670.**

This article provides statistics which highlight the specific problems occurring through systemic mechanisms of health insurance coverage, access to services, service utilization, and sociocultural factors. It also offers challenges to the health care industry and to federal and state governments to examine more closely the patterns related to minority health care and work to change the roles of agencies, departments, and providers in order to effectively serve these communities. Solutions are offered for the role of service providers, third-party payors, poverty, and cultural and language barriers.

**Barney, D. D. (19\_\_). "Use of Mental Health Services by American Indian and Alaska Native Elders."**

This review and study suggests that benefits to Indian people (the elderly in this case) do not adequately predict mental health service use and that there were significant differences between reservation and urban Indians in factors which predict service utilization.

### D. Quality Monitoring and Improvement

**Dauphinais, P., & King, J. (1992). "Tribal Family Mental Health Center: A Model for Mental Health Services in Indian Communities." Unpublished manuscript.**

This paper summarizes and provides statistics regarding the mental health status for Indians, relating these data to geographical, economic, and sociopolitical concerns. It discusses the difficulties in agency collaboration, bureaucratic/systematic problems, training of mental health providers, and the lack of serious response to the calls for culturally relevant mental health delivery systems. The paper addresses the specific needs tribes have for: coordinated efforts among reservation agencies in prevention activities; addressing the high rates of alcoholism, child abuse, child and elder neglect, family violence, stress within communities, family separation and divorce, delinquency, teen pregnancy, school-related problems such as truancy, drop-out rates, low achievement, physiological concerns such as otitis media and FAS, and the emotional well-being of Native youth. Problems in need of immediate attention include: Personnel shortages; crisis orientation of care; limited prevention; lack of system networking/collaboration; lack of internal resources, thus the necessity of outside referrals; lack of support groups, family therapy intervention, crisis intervention, limited psychiatric and psychological consultation, paraprofessionals, parent aide programs; inadequate alcohol treatment programs; lack of community mental health awareness, family involvement with children's problems; underutilization of mental health services. The paper then outlines a model of Mental Health Service Delivery that addresses these needs, including: Training, information dissemination to agencies/individuals involved in the mental health system, a comprehensive community-based multidisciplinary service delivery model, tribal awareness and involvement, and links between the service delivery system and training.

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#### **E. Staff Training and Development**

**Myers, H. F., Wohlford, P., Guzman, L. P., & Echemendia, R. J. (1993). "Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations." In *Ethnic Minority Perspectives on Clinical Training and Services in Psychology*. Appendix D., pp. 191-194.**

Guidelines developed by the American Psychological Association's Board of Ethnic Minority Affairs, Task Force on the Delivery of Services to Ethnic Minority Populations. These guidelines focus on all areas of service delivery: consumers, organizations, government, and community agencies. Guidelines for client education; research; role of ethnicity and culture in psychological processes; role of family and community structures and functions; language, values, and beliefs; the impact of social, environmental, and political factors in both assessment and planning; proactive efforts to reduce the biases, prejudices, and discrimination in service delivery; and the documentation of relevant cultural and sociopolitical relevant factors in clinical records.

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#### **IV. Literature Relating to Clinical Standards**

##### **A. Access to Care/Services**

**Kahn, M. W., Lejero, L., Antone, M., Francisco, D., & Manuel, J. (1988). "An Indigenous Community Mental Health Service on the Tohono O'odham (Papago) Indian Reservation: Seventeen Years Later" *American Journal of Community Psychology*, 16(3): 369-379.**

The Tohono O'odham fully indigenous mental health program is reviewed after 17 years of operation. Programmatic effectiveness in terms of utilization rates, systemic networking for the integration of traditional healers, communication strategies, crisis services, and dealing with mental health stigma are discussed. Also, difficulties with off-reservation services are noted: lack of recognition/respect for tribal mental health workers, the culturally-tied expression of symptoms, translation, and service accessibility are addressed.

**McShane, D. (1987). "Mental Health and North American Indian/Native Communities: Cultural Transactions, Education, and Regulation" *American Journal of Community Psychology*, 5(1): 95-116.**

Critical issues in mental health service delivery in Indian country, especially rural areas, are discussed. Review of literature 15 years previous to 1985 is used to delineate nature of mental health problems; Indian belief systems as related to service utilization; community expectations and values contrasted with mainstream service delivery systems that lead to barriers in service use; and describes transactions between consumers and providers that have become typical over time. Key concepts of "community healing resources", "education as transformation", and understanding the relationship between geography and culture are discussed as means to effective service delivery.

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**B. Triage and Assessment**

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This monograph provides a thorough perspective of the various dimensions of mental health for Native peoples. It addresses (a) the mental health problems affecting Indian people, listing the primary disorders; (b) the relative impact of mental health problems in the communities, including what is known epidemiologically, service use, and the economic, political, and social issues involved in these programs; (c) service delivery systems, describing various models for service delivery such as, the JCAH model, private practice model, consultation/liaison model, inpatient model, pyramid model, technology vs. humanistic models, and also describes types and levels of intervention; (d) treatment modalities of psychopharmacology, individual and group therapy; (e) different types of providers, covering the roles/responsibilities of social workers, psychologists, psychiatrists, general medical practitioners, nurses, MH technicians and community health representatives; (f) system management, referring to evaluation and treatment, case management, training, data systems, quality assurance, role definition, and administrative systems; (g) a model Indian Mental Health System.

**Seideman, R. Y., Williams, R., Burns, P., Jacobson, S., Weatherby, F., & Primeaux, M. (1994). "Cultural Sensitivity in Assessing Urban Native American Parenting" *Public Health Nursing*, 11(2): 98-103.**

This article highlights the importance of understanding culture in the evaluation of Indian parenting styles. Misinterpretations occur when mainstream assessments are used without cultural awareness of common family structures and traditional values.

### C. Treatment Services/Process

**Bobo, J. K., Gilchrist, L. D., Cvetkovich, G. T., Trimble, J. E., & Schinke, S. P. (1988). "Cross-cultural Service Delivery to Minority Communities" *Journal of Community Psychology, 16*:263-272.**

Examines prevention efforts with a state-wide Indian drug prevention program. Highlights the importance of collaboration and culturally-tailored service delivery. Describes the procedures used by staff, data regarding process, attendance, client demographics, and consumer satisfaction indices.

**Kahn, M. W., Lejero, L., Antone, M., Francisco, D., & Manuel, J. (1988). "An Indigenous Community Mental Health Service on the Tohono O'odham (Papago) Indian Reservation: Seventeen Years Later" *American Journal of Community Psychology, 16*(3):369-379.**

The Tohono O'odham fully indigenous mental health program is reviewed after 17 years of operation. Programmatic effectiveness in terms of utilization rates, systemic networking for the integration of traditional healers, communication strategies, crisis services, and dealing with mental health stigma are discussed. Also, difficulties with off-reservation services are noted: lack of recognition/respect for tribal mental health workers, the culturally-tied expression of symptoms, translation, and service accessibility are addressed.

**McShane, D. (1987). "Mental Health and North American Indian/Native Communities: Cultural Transactions, Education, and Regulation" *American Journal of Community Psychology, 5*(1): 95-116.**

Critical issues in mental health service delivery in Indian country, especially rural areas, are discussed. Review of literature 15 years previous to 1985 is used to delineate nature of mental health problems; Indian belief systems as related to service utilization; community expectations and values contrasted with mainstream service delivery systems that lead to barriers in service use; and describes transactions between consumers and providers that have become typical over time. Key concepts of "community healing resources", "education as transformation", and understanding the relationship between geography and culture are discussed as means to effective service delivery.

### D. Care Planning/Case Management

**Dauphinais, P., & King, J. (1992). "Tribal Family Mental Health Center: A Model for Mental Health Services in Indian Communities." Unpublished manuscript.**

This paper summarizes and provides statistics regarding the mental health status for Indians, relating these data to geographical, economic, and sociopolitical concerns. It discusses the difficulties in agency collaboration, bureaucratic/systematic problems, training of mental health providers, and the lack of serious response to the calls for culturally relevant mental health delivery systems. The paper addresses the specific needs tribes have for: coordinated efforts among reservation agencies in prevention activities; addressing the high rates of alcoholism, child abuse, child and elder neglect, family violence, stress within communities, family separation and divorce, delinquency, teen pregnancy, school-related problems such as truancy, drop-out rates, low achievement, physiological concerns such as otitis media and FAS, and the emotional well-being of Native youth. Problems in need of immediate attention include: Personnel shortages; crisis orientation of care; limited prevention; lack of system networking/collaboration; lack of internal resources, thus the necessity of outside referrals; lack of

support groups, family therapy intervention, crisis intervention, limited psychiatric and psychological consultation, paraprofessionals, parent aide programs; inadequate alcohol treatment programs; lack of community mental health awareness, family involvement with children's problems; underutilization of mental health services. The paper then outlines a model of Mental Health Service Delivery that addresses these needs, including: Training, information dissemination to agencies/individuals involved in the mental health system, a comprehensive community-based multidisciplinary service delivery model, tribal awareness and involvement, and links between the service delivery system and training.

**Neligh, G. (1990). "Mental Health Programs for American Indians: Their Logic, Structure and Function," *American Indian and Alaska Native Mental Health Research: The Journal of the National Center Monograph Series, Vol. 3, Monograph 3, Summer.***

This monograph provides a thorough perspective of the various dimensions of mental health for Native peoples. It addresses (a) the mental health problems affecting Indian people, listing the primary disorders; (b) the relative impact of mental health problems in the communities, including what is known epidemiologically, service use, and the economic, political, and social issues involved in these programs; (c) service delivery systems, describing various models for service delivery such as, the JCAH model, private practice model, consultation/liaison model, inpatient model, pyramid model, technology vs. humanistic models, and also describes types and levels of intervention; (d) treatment modalities of psychopharmacology, individual and group therapy; (e) different types of providers, covering the roles/responsibilities of social workers, psychologists, psychiatrists, general medical practitioners, nurses, MH technicians and community health representatives; (f) system management, referring to evaluation and treatment, case management, training, data systems, quality assurance, role definition, and administrative systems; (g) a model Indian Mental Health System.

## **V. Provider Competencies**

### **A. Knowledge/Understanding/Attitudes/Skills**

**Canino, I. A., & Spurlock, J. (1994). "Culturally Sensitive Therapeutic Interventions." In *Culturally Diverse Children and Adolescents: Assessment, Diagnosis, and Treatment. Chapter 5, 127-162.***

Variables influencing treatment, service utilization patterns, clinician characteristics, culturally sensitive treatment approaches, indigenous healer-therapist interventions, therapy with families, groups, consultation, and inpatient issues are discussed. Clinical vignettes, issues of pharmacology, substance abuse are also addressed. A model for ethnically-sensitive stress prevention and intervention is presented.

**LaFromboise, T. D., Foster, S. L., & James, A. (1996). "Ethics in Multicultural Counseling." In Pedersen, P. B., Draguns, J. G., Lonner, W. J., & Trimble, J. E. (Eds), *Counseling Across Cultures, Fourth Edition, pp. 47-72.***

This chapter highlights the necessity for ethical considerations in the delivery of mental health services. The authors note a paucity of material on morality within service delivery for minority populations--even within the literature on ethics in counseling. They also note a grave concern for ground lost in cultural competence, the poor quality of training in ethics within psychology, and the dire need to

address uncommon and culturally-specific ethical standards. (Many of these issues are extremely pertinent to the dilemmas found in Indian country).

**Trimble, J. E., Fleming, C. M., Beauvais, F. & Jumper-Thurman, P. (1996). "Essential Cultural and Social Strategies for Counseling Native American Indians." In Pedersen, P. B., Draguns, J. G., Lonner, W. J., & Trimble, J. E. (Eds), *Counseling Across Cultures*, Fourth Edition, pp. 177-209.**

**Sage, G. P. (1991). "Counseling American Indian Adults." In Lee, C. & Richardson, B. (Eds) *Multicultural Issues in Counseling: New Approaches to Diversity*, pp. 23-35.**

**LaFromboise, T. D., Trimble, J. E., & Mohatt, G. V. (1990). "Counseling Intervention and American Indian Tradition: An Integrative Approach" *The Counseling Psychologist*, 18(4): 628-654.**

**Heinrich, R. K., Corbine, J. L., & Thomas, K. R. (1990). "Counseling Native Americans" *Journal of Counseling and Development*, 69, 128-133.**

**Ho, Man Keung. (1992). "American Indian Children and Adolescents." In Minority Children and Adolescents in Therapy. (Newbury Park, CA: Sage).**

All five of these articles describe basic skills in working with Native people. Historical and social information are provided as well as nuances, tribal differences, non-white therapists, and therapist-client variables.

## **References**

**Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. (New York: SUNY).**

**Fell, B. (1983). *Saga America*. (New York: Time Books).**