

IN OUR NATIVE AMERICAN COMMUNITIES · VOL 2 ISSUE 2 FALL 2020

Pandemic Mental Health: What Can We Expect?

DIRECTOR'S CORNER



Welcome to the Fall issue of our newsletter from the National American Indian and Alaska Native Mental Health TTC. It is October, and we have been working from home since March and will continue to do so for the foreseeable future. We continue to be in the middle of a serious COVID-19 pandemic, and many of us feel that the social distancing and isolation are really affecting our emotional health negatively. Our Native family members are suffering disproportionally from this virus, and the mental health consequences are not yet known. Furthermore, we are heading into a holiday season that might be more difficult than any other holiday season in decades, and into the winter months with even greater limitations on our opportunities to socialize.

We hope to strike a balance in our work, both in allowing for honest sharing of how difficult this time is for all of us, and also taking time to share hopeful messages. In recent months, we have spent a great deal of time listening to the concerns and challenges that Native communities are facing in this pandemic, and we have also heard how many have used their strengths and creativity to take care of each other even when there are limited resources. We have heard how some have used boys' and girls' clubs to deliver food to elders, some have made great efforts to limit access to tribal land by reducing tourism, and educators have thought strategically about ways to continue learning and connection for students whether they can meet in person or online.

November is National American Indian Heritage month and we will celebrate the month with several events which will be co-sponsored by the University of Iowa College of Public Health. Our events will include sharing stories of success written by Native American individuals, presentations by Native American historians, and more to be announced. Make sure you are on our email list to receive these announcements. *You can sign up here.*

As we head into the holiday season, we want to recognize that many Native communities may be celebrating in different ways from others in this country. While Thanksgiving is the most celebrated holiday in this country, it is associated with historical and generational traumas for many Native families, and may not be observed; however, a harvest meal may be shared. Christmas may be celebrated through local pow wows and the exchanging of gifts. Additionally, some communities focus their New Year's celebration on recognizing and celebrating accomplishments associated with sobriety. With all of this in mind, let us be careful with our choice of words when we wish others happy holidays!!

On November 11th we will acknowledge Veteran's Day and cherish the contributions that Native veterans have made to our country's safety. We are currently running a bi-weekly session for providers who work with veterans called "Native American Veteran Rezilience: Provider Peer-to-Peer Support." *Click here to register.*

It takes a village to put together a newsletter like this, and I want to thank Ken Winters, Emeritus Professor from the University of Minnesota, and Kate Winters for their contributions to this issue; Megan Dotson, Manager of the National AI & AN MHTTC, for running a listening session since the beginning of this pandemic; and Teresa Brewington, Manager for the MHTTC K–12 Program, for beginning a listening session in August for educators in anticipation of the return to school under quarantine restrictions. Finally, I want to thank Sean A. Bear 1st, for his words of wisdom, which we really need to continue to stay focused; and Kate Thrams for editing and designing this newsletter.

Finally, I want to acknowledge the work that so many of you are doing to support and lift up those around you. Please continue to keep yourself safe, and reach out when you need help.

Anne Helene Skinstad, PsyD, PhD

The Intersection of COVID-19 and Mental Health: Facts, Trends, and Resiliency



Introduction

The COVID-19 pandemic and resulting stay-in-place orders have affected numerous aspects of the lives of Native American and Alaska Native people. It appears that some tribes have the highest infection rate in the US, although more precise details of Native infection rates are unclear because national COVID-19 reports do not identify Native American or Alaska Native people as a distinct demographic group, rather placing them in the "Other" category.¹

One such area of impact on Native people is with respect to mental health. The uniqueness and severity of COVID-19 has mental health implications by contributing to a vast elevation in stress. Accumulating sources of stress include social isolation and lockdowns resulting from efforts to control the spread of the virus, as well as personal distress related to pandemic-triggered job losses, economic hardships, increase in poverty, and concerns about personal or significant others being infected by the virus.² Complicating the COVID-19 pandemic are crises that are piling up - hurricanes have battered the South, and fires have damaged thousands of homes on the West Coast.

While shelter-in-place and quarantine measures are key public health tools in response to this novel virus, they come at high psychological cost. Such measures greatly disrupt daily routines and social encounters, vital for enhancing quality of life and providing emotional support. Sheltering-in-place disrupts personal routines of everyday life that had served as an effective, pre-pandemic source of coping and emotional stability. Restricting direct contact runs counter to the communal nature of Native communities. These restrictions have led to the cancellation of cultural, ceremonial, and social events that provide communal spiritual and social support community members.

Extended isolation contributes to acute adverse psychological effects such as depression, anxiety, and helplessness, as well as intimate partner violence, and may lead to mental disorders that persist for years.³ The elderly, those who are caring for vulnerable individuals, people already living in isolation, and individuals with co-existing medical or mental health conditions can be particularly impacted by the pandemic-related lockdown. Also, essential workers, particularly healthcare workers, are vulnerable to health risks by virtue of ongoing contact with the public.

Photo: Shutterstock 3

Impact on Mental Health

This column addresses several interrelated mental health issues arising from the effects of the shutdown and social isolation that began in March 2020. The importance of virus containment cannot detract from the resulting negative effects on mental health experienced by many at an acutely severe level and for some, long-lasting. We examine the research-based intersection of COVID-19, social isolation, and mental health, with additional attention on steps and strategies to address isolation-driven mental distress and challenges to everyday functioning.

During previous influenza outbreaks, an increase in the rate of some behavioral disorders have been documented.⁴ Thus, it is not surprising that mental health issues, including substance use, will likely increase during the present pandemic.^{5,6}

Published research is limited regarding the mental health correlation to the COVID-19 pandemic. Only a few of the affected countries have reported data, and results may not reflect the experience of persons living in other parts of the world. Yet this small amount of literature is fairly consistent in that several mental health correlates are related to the COVID-19 pandemic. As expected, prevalence rates are increasing among mental health conditions aggravated by stress; these include anxiety disorders, depression, suicidality, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder, and substance use disorders. Also, increased stress contributes to sleep disruption, which can compromise the immune system.

Photo: Shutterstock

General Population

The CDC's ongoing national survey of representative samples of adults 18 years and over is informative.⁹ Overall, 40% of adults reported struggling with mental health or substance use. More specifically, approximately 25% reported symptoms of a trauma and stressor-related disorder related to the pandemic, and approximately 10% reported that they started or increased substance use because of COVID-19.¹⁰

The CDC data allowed a comparison of mental health for the period April–June of 2020 with pre-pandemic periods. Comparing the 2020 data to the same months in 2019 reveals the following: prevalence of symptoms of an anxiety disorder was approximately three times greater (25.5% versus 8.1%, respectively), and of a depressive disorder was approximately four times greater (24.3% versus 6.5%, respectively). Also, among adults reporting serious consideration of suicide in the previous 30 days, the prevalence went from 4.3% in 2018 to 10.7% in 2020.10

Rajkumar's review of the literature located four "original research" studies that directly examined mental health and COVID-19; all were cross-sectional and observational.¹¹ Symptoms of anxiety and depression and self-reported stress (8%) are common psychological reactions to the COVID-19 pandemic, and may be associated with disturbed sleep.

Based on data from an ongoing population-based study, the UK Household Longitudinal Study, the prevalence of clinically significant levels of mental distress experienced during the prior 2 weeks, as measured by a standardized and validated questionnaire of non-specific mental distress, increased by 42% (19% pre-lockdown compared to 27% one month into UK lockdown).¹²



For some essential workers, the persistent COVID-19-related stress may manifest in the form of a COVID Stress Syndrome,² believed to increase a person's vulnerability to stress-related behavioral health problems.¹⁷

Patients with COVID-19

Two published papers were located pertaining to psychiatric symptoms among patients with COVID-19. Bo and colleagues found that among 714 hospitalized and stable COVID-19 patients, 96% reported post-traumatic stress symptoms. ¹³ Zhang and colleagues compared recently recovered COVID-19 patients with those in quarantine. ¹⁴ The former group reported significant elevated rates of depression, although both groups were equivalent on anxiety levels.



The reasons why healthcare workers are at a significant risk of adverse mental health outcomes during the COVID-19 outbreak are not surprising: working long hours, risk of infection, shortages of protective equipment, physical fatigue, and separation from families. Whereas some exceptions exist, several studies have documented that health care workers and administrative staff are reporting increased levels of depression and anxiety and poor sleep quality compared to general population norms. 16

Impact of Social Isolation

Human beings are inherently social and non-solitary in nature. Just as we commonly seek the presence of other people, most of us are distressed when separation from other people is long-lasting. Whereas limited or short-term social distancing is probably not a cause for concern for most individuals, major problems can emerge when meaningful human contact is absent for an extended period of time. The stress of loneliness contributes to poor mental and physical health (e.g., degraded immune fitness) in many ways: less sleep; less exercise; poor access to usual leisure activities; increase in substance use; and poor diet. 19

Addressing the problem of social isolation requires the efforts of us all. Do not let the physical isolation due to the lockdown mean social isolation. Socializing in a safe way can occur by using the telephone with those who are not "tech savvy" or consider use of video-based technologies (e.g., Skype, Zoom) that are available via a computer or smart phone. It is also important to make a concerted effort to connect with acquaintances who are living alone given that such individuals may be very vulnerable to the social isolation of the current times.

Impact of the Lockdown on Marriages and Relationships

The pandemic-related lockdown has produced tensions in the home that are straining marriages and relationships. The presence of external stressors related to the pandemic and the lockdown can create a context in which it is more difficult for partners to be responsive to each other's needs. External stress can steer communication toward arguments, more hostility and blaming of others, and less responsive support.²⁰ The National Domestic Violence Hotline reports that total contacts, which include calls, texts, and online chats, increased 9% in the period from mid-March to mid-May, compared with the same period in 2019.

Marriages and close relationships can survive the COVID-19 pandemic. Although the COVID-19 pandemic situation presents challenges, marriages and close relationships are a vital source of social connectedness, and when a primary source of support for a person, they serve as key ingredients when coping with stress.

Will the current pandemic lead to an increase in the divorce rate? Research of disasters may be informative on this issue. After Hurricane Hugo, both divorce and marriage rates increased in the following year in areas most affected by the hurricane compared to areas that were not affected.21 In contrast, after the 9/11 and the 1995 Oklahoma City bombing terrorist attacks, divorce rates actually declined.^{22,23} Cohan and colleagues speculated that these two types of disasters resulted in different directions of divorce rates due to these contextual differences: terrorist attacks contributed to fears of future attacks and feelings of insecurity, which encourages couples to maintain closeness; yet a natural disaster, such as Hurricane Hugo, typically requires a long time period to rehabilitate communities, a process quite taxing on marriages and families. How the long-term effects of the pandemic will impact marriages seen.

Working from Home

Employees having to abruptly shift to remote work are vulnerable to feelings of uncertainty and being overwhelmed, and can be faced with unique difficulties collaborating effectively with colleagues.²³ Whereas digital-based work from home in moderation is associated with many benefits, detrimental effects may occur when applied exclusively for an extended period of time.

It stands to reason that employers make as many accommodations for workers as is realistic, such as supporting parents who are providing at-home childcare, assisting with in-home schooling, providing training and needed software or hardware to facilitate the use of new digital platforms required to maintain business functions, assistance on setting up a home office, providing confidential employee assistance programs to help with stress reduction, and preventing uncertainty by communicating clear expectations.

Resiliency

Experts agree that it is important for individuals to take a proactive approach in dealing with COVID-19 related stresses and strains. As noted above, keeping close contact with family and friends through electronic and social media provides a means to counter the social isolation created by personal fears of physical contact and community-wide lockdown guidelines. Reaching out to others who are lonely and may need your support was also frequently cited. Provided below are other strategies offered by experts to boost your mental health resilience during these stressful times.

1. Healthy Expression of Emotions 24

A healthy expression of emotions and thoughts, including fear, sadness and anxiety, particularly among your supportive social network, is important. Suppressing such emotions may be counterproductive to one's mental health.

2. Limiting Exposure to Pandemic Related News²⁵

Pandemic-related news can aggravate one's stress. Moreover, early news reports about this novel virus are often too premature to base any definitive conclusions or assumptions about its public health impact.



Photo: Shutterstock

3. In the Face of Unemployment, Focus on Expanding and Improving Skills ²⁴

In the unfortunate circumstance of loss of employment, it is advisable for a person as best as possible to focus on sharpening employment skills to improve one's marketability in the workforce.

4. Stay the Course with Normal Routines of Meals, Sleep, and Recreation ²⁴

Maintaining healthy life-style habits, including adequate sleep, having family meals, and enjoying as best as possible your usual outlets for recreation and leisure are vital for managing one's mental health. On the other hand, limiting use of addictive substances and being smart about internet activities are advisable.

5. Maintain your Spirituality

Whether this means yoga, meditation, attending virtual church, maintaining spiritual practices, or attending virtual talking circles or pow wows, strive to keep spirituality as part of your life.

6. Volunteering 26

It is widely recognized in the mental health field that altruism is a basis for well-being. The pandemic crisis provides an opportunity to initiate unselfish acts to assist others. Examples include: shopping trips for an elder, making or providing masks to others, contributing to food shelves, and participating in virtual community events.

7. Artistry ²⁶

Art is significant in Native American and Alaska Native cultures. As a traditional source of expression and healing, art can take on additional importance during these stressful times as a coping strategy. Art has many forms beyond standard paintings and drawings; it includes historic storytelling, songs, prayers for healing, and performances.

8. Gratitude

Take stock of what you have. It is likely that no matter how your situation looks, there are things to be grateful for.

9. Seek Professional Help When Needed ²⁷

The use of telehealth to deliver mental health services, especially as a way to reduce the risk of cross-contamination caused by close contact, is routinely being used in the behavioral health system in the US.

10. Maintain Good Parenting

If you have children, do not distort the truth, be a good role model regarding how to deal with stress and, within reason, be as positive as possible.



In-home schooling has reached unprecidented levels in the US. During a recent digital listening session hosted by the National AI & AN Mental Health Technology Transfer Center, a tribal member from a local school provided a poignant reminder of problems with virtual schooling. For most students, virtual schooling diminishes the learning experience. But there is another adverse effect. For children victimized by abuse in the home, the absence of the safe haven of school and the support of teachers and school counselors can create greater harm to that child. Also, those "lifeline" school personnel who provide support to victimized students are frustrated given the lack of in-school opportunities to connect

with the student.

Photo: Shutterstock

Summary

Taking "one day at a time" seems appropriate these days. The pandemic and consequential lockdowns have disrupted the daily routines of individuals and communities, sense of security and economic energy. High levels of stress, isolation and financial hardships due to the pandemic can contribute to persistent despair. Dealing with uncertainty about the future and unexpected stressors complicate matters. Limited health services and above-average rates of immune-compromising diseases and ailments elevate the vulnerability of Native American and Alaska Native communities to the outbreak. Also, the pandemic has devastated the tribal gaming and hospitality businesses and thus have created economic hardships for most reservations. Complicating matters were bureaucratic issues at the Treasury Department and the Small Business Administration that delayed full access by tribes to the billions in funds promised to them in the Coronavirus Aid, Relief, and Economic Security Act.

It is likely that mental health implications from the COVID-19 outbreak and the resulting lockdowns will extend beyond the current acute period. ^{28,29} For example, digital interventions, which include virtual meetings with a counselor, use of apps and online programs, telephone calls and messages, chat lines and forums, are likely going to be important for an extended period.

Alas, not everyone has access to reliable internet connections, a significant problem in some tribal lands. Retaining non-digital psychological mental health services that comply with public health guidelines (e.g., physical distancing and use of face masks for in-person counseling) are considerations for many tribal communities.

As our National AI & AN Mental Health Technology Transfer Center has learned through its weekly listening sessions, tribal communities are coming together to address feelings of isolation and to support skills for managing stress and anxiety. Also, many Native communities are providing outreach services facilitated by local mental health leaders.

On an individual level, embracing realistic optimism, employing coping strategies, displaying flexibility when faced with acute challenges, persevering with activities that give you a sense of meaning in life, and developing and maintaining close personal relationships (physical distancing does not mean social isolation) are vital responses and approaches to promote one's health and well-being. Coping with current challenges in an adaptive way will serve to strengthen you, the people you care about, and your community.³⁰

Bi-weekly virtual Talking Circle events are organized by the National AI & AN Addiction Technology Transfer Center. A Native guest facilitates the event, which focuses on concerns about yourself, your family, your work, and/or your tribal community that you may be experiencing during these uncertain times. <u>Click here for more information on upcoming events.</u>

Photo: Shutterstock

REFERENCES

- Doshi S, Jordan A, Kelly K, Solomon D. (June, 2020). The COVID-19 response in Indian Country: A federal failure. Center for American Progress website: https://www.americanprogress.org/ issues/green/reports/2020/06/18/486480/ covid-19-response-indian-country/#fn-486480-1. Accessed October 2020.
- Taylor S, Landry CA, Paluszek MM, Fergus TA, McKay D, Asmundson GJ. (2020). COVID stress syndrome: Concept, structure, and correlates. Depression and Anxiety. 37. 10.1002/da.23071.
- Stefana A, Youngstrom E, Jun C, Hinshaw S, Maxwell V, Michalak E, Vieta E. (2020). The COVID-19 pandemic is a crisis and opportunity for bipolar disorder. Bipolar Disorders. 22. 10.1111/ hdi 12949
- Lancee WJ, Maunder RG, Goldbloom DS. (2008). Prevalence of Psychiatric Disorders Among Toronto Hospital Workers One to Two Years After the SARS Outbreak. Psychiatric services (Washington, D.C.). 59. 91-5. 10.1176/appi. ps.59.1.91.
- United Nations. (May, 2020). Policy brief: COVID-19 and the need for action on mental health. United Nations website: https://unsdg. un.org/resources/policy-brief-covid-19-andneed-action-mental-health. Accessed October 2020
- Van Rheenen TE, Meyer D, Neill E, Phillipou A, Tan EJ, Toh WL, Rossell SL. (2020). Mental health status of individuals with a mood-disorder during the COVID-19 Pandemic in Australia: Initial Results from the COLLATE Project. Journal of Affective Disorders. 275. 10.1016/j. iad.2020.06.037.
- Thakur V, Jain A. (2020). COVID 2019-Suicides: A global psychological pandemic. Brain, Behavior, and Immunity. 88. 10.1016/j.bbi.2020.04.062.
- Zvolensky M, Garey L, Rogers A, Schmidt N, Vujanovic A, Storch E, Buckner J, Paulus D, Alfano C, Smits J, O'Cleirigh C. (2020). Psychological, addictive, and health behavior implications of the COVID-19 pandemic. Behaviour Research and Therapy. 134. 103715. 10.1016/j. brat.2020.103715.
- National Center for Health Statistics. (May, 2020). Early release of selected mental health estimates based on data from the January–June 2019 National Health Interview Survey. Centers for Disease Control and Prevetion website: https:// www.cdc.gov/nchs/data/nhis/earlyrelease/ ERmentalhealth-508.pdf. Accessed October 2020.
- Czeisler M, Lane R, Petrosky E, Wiley J, Christensen A, Njai R, Weaver M, Robbins R, Facer-Childs E, Barger L, Czeisler C, Howard M, Rajaratnam S. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic - United States, June 24-30, 2020. MMWR. Morbidity and mortality weekly report. 69. 1049-1057. 10.15585/mmwr.mm6932a1.

- Rajkumar R. (2020). COVID-19 and mental health: A review of the existing literature. Asian Journal of Psychiatry. 52. 102066. 10.1016/j. ajp.2020.102066.
- Pierce M, Hope H, Ford T, Hatch S, Hotopf M, John A, Kontopantelis E, Webb R, Wessely S, McManus S. (2020). Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. The Lancet Psychiatry. 7. 10.1016/S2215-0366(20)30308-4.
- Bo H, Li W, Yang Y, Wang Y, Qinge Z, Cheung T, Wu X, Xiang Y. (2020). Posttraumatic stress symptoms and attitude toward crisis mental health services among clinically stable patients with COVID-19 in China. Psychological Medicine. 1-7. 10.1017/ S0033291720000999.
- 14. Zhang W, Wang K, Yin L, Zhao W, Xue Q, Peng M, Min B, Tian Q, Leng H, Du J, Chang H, Yang Y, Li W, Shangguan F, Yan T, Dong H, Han Y, Wang Y, Cosci F, Wang H. (2020). Mental Health and Psychosocial Problems of Medical Health Workers during the COVID-19 Epidemic in China. Psychotherapy and psychosomatics. 89. 1-9. 10.1159/000507639.
- 15. Kang L, Ma S, Chen M, Yang J, Wang Y, Li R, Yao L, Bai H, Cai Z, Yang B, Hu S, Zhang K, Wang G, Ma C, Liu Z. (2020). Impact on Mental Health and Perceptions of Psychological Care among Medical and Nursing Staff in Wuhan during the 2019 Novel Coronavirus Disease Outbreak: a Crosssectional Study. Brain, Behavior, and Immunity. 87. 10.1016/j.bbi.2020.03.028.
- Vindegaard N, Benros M. (2020). COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. Brain, Behavior, and Immunity. 10.1016/j. bbi.2020.05.048.
- Mckay D, Asmundson G. (2020). Substance
 Use and Abuse Associated with the Behavioral
 Immune System During COVID-19: The Special
 Case of Healthcare Workers and Essential
 Workers. Addictive Behaviors. 110. 106522.
 10.1016/j.addbeh.2020.106522.
- Smith S, Jackson S, Kobayashi L, Steptoe A. (2017).
 Social Isolation, Health Literacy, and Mortality Risk: Findings From the English Longitudinal Study of Ageing. Health Psychology. 37. 10.1037/ hea0000541.
- Cacioppo J, Cacioppo S. (2014). Social Relationships and Health: The Toxic Effects of Perceived Social Isolation. Social and Personality Psychology Compass. 8. 10.1111/spc3.12087.
- Pietromonaco P, Overall N. (2020). Applying relationship science to evaluate how the COVID-19 pandemic may impact couples' relationships. American Psychologist. 10.1037/ amp0000714.

- 21. Cohan C, Cole S. (2002). Life course transitions and natural disaster: Marriage, birth, and divorce following Hurricane Hugo. Journal of family psychology: JFP: journal of the Division of Family Psychology of the American Psychological Association (Division 43). 16. 14-25. 10.1037//0893-3200.16.1.14.
- Cohan C, Cole S, Schoen R. (2009). Divorce following the September 11 terrorist attacks. Journal of Social and Personal Relationships - J SOC PERSON RELAT. 26. 512-530. 10.1177/0265407509351043.
- Allen T, Golden T, Shockley K. (2015). How Effective Is Telecommuting? Assessing the Status of Our Scientific Findings. Psychological Science in the Public Interest. 16. 40-68. 10.1177/1529100615593273.

Continued on p. 13

So Long Ago

So long ago, when
I spent too much time
in my mind,
I made my days a hell.
In wonder...what if I fell?
Today, it seems a lifetime ago.
As I think back to those days,
While I was adaze...
in my foxhole.

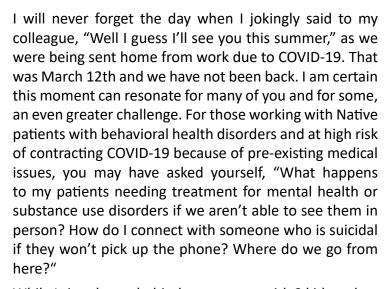
- Sean A. Bear



Strategies of Support for Mental Health Providers -

Empowering One Another During Times of Crisis





While I sit at home behind a computer with 2 kids, a dog, a cat and a construction project in the background, I aim to look at the bigger picture. What are providers faced with during this pandemic and how will they receive support? This in turn is why the creation of Strategies of Support exists. Ironically called SOS, we immediately came up with a plan to help provide support for those front-line workers involved in behavioral health in Native communities.

These virtual "spaces" allowed for an open forum style of communication and support for mental health professionals providing services to tribal and urban Native programs across the country. With this being a brand-new project, we could really make this 60-minute weekly time slot our own, and we based these SOS events around what Native providers shared with us.

During the first SOS events, Native providers felt the need to vent and express their concerns in very personal ways; and based on their input and feedback, we adapted our sessions to include a topic or theme each week based on the needs they had expressed. This evolved into having Native and non-Native presenters from all over the country take part in these forums, providing up-to-date information and in turn, leaving time for participants to discuss strategies, ideas, ask questions and most importantly, receive support. I find the title very fitting.

Some of the topics we have touched on include loneliness, how to re-enter the work force, women's health, harm reduction, historical trauma, integrating treatment for co-occurring disorders, support for older adults, children and teen stability, and crisis response, just to name a few.

We have offered 27 SOS events, and on average, we have had between 100 and 200 participants on these listening sessions. We will continue to hold these sessions every other week on Tuesdays. If you are interested in attending, please visit our website at mhttcnetwork.org/native to see our schedule of events. We have a great following of Native providers, and it is a pleasure to see and listen to Native colleagues even if it is in a little square on a screen.

RECENT ACTIVITIES & UPCOMING EVENTS

Date	Event	Location
11/1-30	Native American Heritage Month - we will be hosting a number of events in celebration of Native American Heritage throughout the month. Make sure you are on our email list to receive announcements!	<u>Join our email list!</u>
Bi-weekly on Tuesdays	Strategies of Support for Mental Health Providers - Empowering one another during times of crisis	<u>Register</u>
Weekly on Thursdays	Special Weekly Series for the Entire School Community: Helping Schools Serving Native American and Alaska Native Students Re-open Amidst COVID-19	<u>Register</u>
11/11	Veteran's Day	
11/11	The Strength of Our People: Native American Resilience Part 2 This will be available for registration shortly. Join our email list to receive our announcements!	<u>Join our email list!</u>

For all of our COVID-19 related programs across Mental Health, Prevention, and Addiction projects, *please visit this page*.

Across the span of time, all throughout Creation, and through the myriad of dreams, there stands the truths of the past, present, and future of mankind, Life, and all that exists.

Throughout this, only truth stands the test of time, as all else fades into the dust, shadows, and layers upon layers of falsehood.

- Sean A. Bear



Special Weekly Series for the Entire School Community:

Helping Schools Serving Native American and Alaska Native Students Re-open Amidst COVID-19





COVID-19 has negatively affected our educational systems nationwide, leading to total closures across the United States at the onset of the pandemic. Currently, months into the new school year, teachers are still struggling to figure out how to provide a quality education using the adopted models of inperson, hybrid, or online education. School administrators are having to consider solutions for physical distancing, wearing face masks, reduced class sizes, standards for hand-washing, temperature checks, contract tracing, and the impacts of transmission. New studies are already being released that suggest the coronavirus will impact many students academically, and may reverse academic gains or progress toward closing the achievement gap.1,2 To make matters worse, only a few schools have made plans to address accommodations for students with special needs, although this is a requirement under the federal mandated Individuals with Disabilities Education Act (IDEA).

Native Americans are at higher risk of COVID-19 in comparison to other groups, so the virus hit like a double whammy for many Native communities. Native Americans are more likely to have underlying medical health problems such as diabetes and heart disease, which means if they contact the virus they are more likely to be hospitalized or have long-term health problems.

Additionally, many Native Americans live in multi-generational homes or are more likely to look after their elders, which means spreading the virus among family members is highly likely. According to the Centers for Disease Control, American Indian and Alaska Native (AI/AN) persons account for 0.7% of the U.S. population, a recent analysis reported that 1.3% of coronavirus disease cases reported to CDC with known race and ethnicity were among AI/AN persons.³

As schools have re-opened, our Native schools are especially struggling with providing a quality education. Some of our communities continue to struggle due to the lack of funds, or the lack of infrastructure for high speed internet, which impedes their ability to offer any form of distance learning.

For teachers, who are held accountable for preparing students for college or a career, the onset of COVID-19 has added to their already jam-packed workload and responsibilities as we look to them to teach online, hybrid, and in-person instruction.

Photo: Shutterstock



Native parents are struggling to manage work and homelife, while supporting their child's online education. For students, the school is their most sought after place to socialize. As students have returned to school, they have been introduced to six-foot social distancing. Understandably, these changes can lead to confusion, anxiety, and other emotional distress. For this reason, the MHTTC K-12 Program has been supporting our Native students, teachers, administrators, and parents since August, 2020. November 5th will mark our 11th session in the series, and to date, we have had over 850 Native people, or those working for Natives, register for these events. *Register at this link to join us!*

REFERENCES

- Hatcher, Sarah M. Center for Disease Control and Prevention. COVID-19
 Among American Indian and Alaska Native Persons 23 States, January 31-July 3, 2020. Weekly / August 28,2020 / 69(34);1166–1169. https://www.cdc.gov/mmwr/volumes/69/wr/mm6934e1.htm
- Rothstein, Richard. Economic Policy Institute: The coronavirus will explode achievement gaps in education. April 14, 2020. https://www.epi.org/blog/ the-coronavirus-will-explode-achievement-gaps-in-education
- Based on 2018 U.S. Census single-race estimates for non-Hispanic AI/
 AN (https://wonder.cdc.gov/Single-Race-v2018.HTML). This represents a
 subset of the AI/AN population. The total AI/AN population (AI/AN alone or
 in combination with other races/ethnicities) constitutes 1.4% of the United
 States population (https://wonder.cdc.gov/Bridged-Race-v2019.HTML).
 Some have estimated the AI/AN population to constitute up to 1.7% of the
 United States population (https://www.census.gov/history/pdf/c2010br-10.
 pdfpdf iconexternal icon)



Photo: Shutterstock

REFERENCES

for The Intersection of COVID-19 and Mental Health: Facts, Trends, and Resiliency, continued

- Bhattacharjee B, Acharya T. (2020). "The COVID-19 Pandemic and its Effect on Mental Health in USA – A Review with Some Coping Strategies". Psychiatric Quarterly. 1-11. 10.1007/s11126-020-09836-0.
- 25. Ornell F, Schuch J, Sordi A, Kessler F. (2020). "Pandemic fear" and COVID-19: mental health burden and strategies. Revista Brasileira de Psiquiatria. 10.1590/1516-4446-2020-0008.
- Cross SL. (March 30, 2020). Point of View: AI/AN Community Resiliency in the Face of COVID-19. Native News Online website: https://nativenewsonline.net/ opinion/point-of-view-ai-an-community-resiliency-in-the-face-of-covid-19. Accessed October 2020.
- Smith A, Thomas E, Snoswell C, Haydon H, Mehrotra A, Clemensen J, Caffery L. (2020). Telehealth for global emergencies: Implications for coronavirus disease 2019 (COVID-19). Journal of Telemedicine and Telecare. 26. 1357633X2091656. 10.1177/1357633X20916567.
- Asmundson G, Taylor S. (2020). Coronaphobia: Fear and the 2019-nCoV outbreak. Journal of anxiety disorders, 70, 102196. https://doi.org/10.1016/j. janxdis.2020.102196
- Moreno C, Galderisi S, Nordentoft M, Crossley N, Jones N, Cannon M, Correll C, Byrne L, Carr S, Chen E, Gorwood P, Johnson S, Kärkkäinen H, Krystal J, Lee J, Lieberman J, Lopez Jaramillo C, Männikkö M, Arango C. (2020). How mental health care should change as a consequence of the COVID-19 pandemic. The Lancet Psychiatry. 7. 10.1016/S2215-0366(20)30307-2.
- Schnell T, Krampe H. (2020). Meaning in Life and Self-Control Buffer Stress in Times of COVID-19: Moderating and Mediating Effects With Regard to Mental Distress. Frontiers in Psychiatry. 10.3389/fpsyt.2020.582352.



Photo: Shutterstock

The Open Waters

As I gaze out upon the open waters, I see the shimmer from the light which reflects upon it.

The water is not all the same, as some of it moves in one way, while other currents move to their own music.

Some waves crash against rocks, while others push against each other in their fight for control.

Still, the currents are not in a rush to move past the beauty that is all around.

There are those who wish to escape and move towards the horizon from which the light shines.

Then there are those, too, who prefer not to choose, but go with the strongest of flow to move them.

There are still others who would rather be in the swirls making a raucous complaint.

As I gaze out upon the open waters, I see a shimmer. Maybe one day we will all move together.

- Sean A. Bear



Newsletter Editorial Board and Contributors

Anne Helene Skinstad, PhD, Managing Editor Kate Feyen Thrams, BA, Editor, Graphic Designer Ken Winters, PhD, Contributing Editor Mary K. Winters, MEd, Contributing Editor Sean A. Bear 1st, BA, Contributor Megan Dotson, BA, Contributing Editor Teresa Brewington, MBA, MEd, Contributor





