



Tribal Mental Health *Needs Assessment Summary*

AUGUST 2020



During January and February 2020, New England MHTTC staff gathered information to determine mental health and other related training needs of New England tribal populations. On March 4, 2020, we concluded this process with an in-person meeting sponsored by the Native American Indian Center of Boston. Due to COVID-19, however, further information gathering was impossible after this time as tribal health authorities and MHTTC program leaders responded to the pandemic.

The intent of the New England MHTTC tribal needs assessment was to gather information broader in scope than current and emerging needs. Staff designed the assessment to support tribal self-determination and to help MHTTC establish long-term collegial relationships with tribal communities. This approach helped ensure that the New England MHTTC is a culturally responsive, supportive partner assisting tribal communities as they address their self-identified mental health needs. New England

MHTTC staff member Holly Echo-Hawk, a former tribal behavioral health director, leads this initiative.

To begin, we developed a needs assessment discussion guide that employed storytelling, the tribal representatives' preferred communication technique. The guide facilitated tribal representatives exchanging their perspectives regarding community strengths and challenges.

The New England MHTTC contacted federally and state-recognized tribes, urban Indian organizations, tribal community service nonprofit organizations, Maine’s tribal health authority, and Wabanaki Public Health.¹ Although COVID-19 restricted our ability to collect information, we were able to conduct sufficient conversations to support the creation of a mental health training plan for New England tribal populations. We gathered information from these sources:

- Needs assessment conducted for the Wabanaki Indigenous Wellness Center, which reflects all federally recognized tribes in Maine²
- Maine Tribal Health Directors
- Native American Indian Center of Boston
- Native American Lifelines (Boston office)
- Harvard University Native American Program faculty leadership
- United South and Eastern Tribes, Inc.

Findings

This section presents a summary of the information gathered for consideration regarding tribal mental health and related training needs. **Sources of pride** included sustaining Native culture, children as future generations, Native language, Native and Tribal identity, and value of elders. **Major challenge areas** contributing to mental and emotional health included drug and substance misuse; alcohol abuse and binge drinking; and physical health conditions such as diabetes, obesity, and cancer. **Mental health-specific concerns** included higher rates of depression, anxiety, suicide ideation, and self-medicating behavior among tribal populations.

Several themes emerged through the needs assessment process:

Diversity of urban Indian populations

- The urban Boston area has individuals from at least 50 different tribes across the country who live away from their Native home of origin. Many of these people feel disconnected from their urban communities.

Creating comfort and building trust

- Tribal people must feel comfortable before they will engage in services; it takes time to build trust and feel assured of confidentiality.
- Community members requested a culturally appropriate environment where they could engage in discussion about mental health needs. Tribes frequently use talking circles for discussion, problem solving, and decision-making.
- Most successful efforts to engage tribal populations initially focus on culture.
- Wabanaki Public Health Authority discussed the need for a tribal treatment or healing center that incorporates Native values. Planning is already underway to develop an Indigenous Healing Center on traditional tribal land in Maine.

Service limitations

- Many tribal services focus on physical health and responding to crises, with little emphasis on preventing mental health issues, providing resources, or educating people.

1 In 2011, the four federally recognized tribes in Maine came together to form the ninth public health district, which is now known as Wabanaki Public Health.

2 Passamaquoddy Nation’s health director recommended that we review the Maine tribes’ existing needs assessments instead of conducting a new needs assessment.



Photo by Jonathan Reed

Staffing challenges and resources

- Many tribal health entities lack Native counselors.
- Current Native staff may lack mental health training, licenses, or certifications, however, they are the frontline workers who must respond to mental health crises and case management needs.
- Maine Tribal Health Directors discussed their concerns about addressing opioid addiction and their challenges hiring and retaining behavioral health staff.

Staff training needs (identified by the Boston Indian Center)

- Recovery topics (such as alternatives to the Red Road to Wellbriety and ways that increase spirituality)
- Harm reduction strategies

- Domestic violence education
- Ways to engage tribal men and solicit their perspectives on healing from mental illness and what are effective recovery approaches for male tribal youth
- While suicide prevention workshops are available on a stand-alone basis, providers should integrate suicide prevention into tribal service pathway of care
- How to create a volunteer “advocate network”

Tribal community training needs

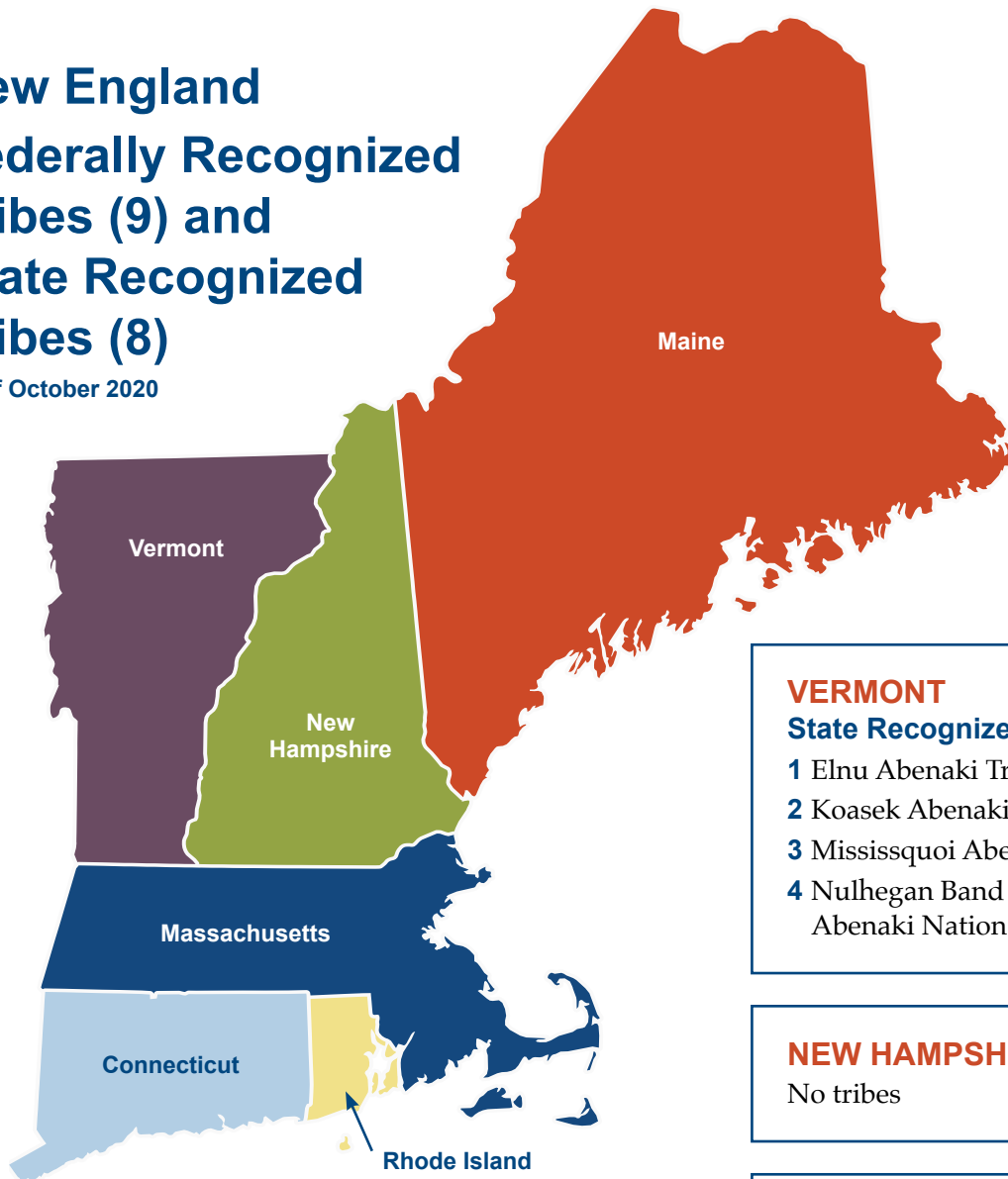
- Orientation to mental health and emotional wellness
- Grandparents raising grandchildren
- Native women and unhealthy relationships
- Mixed races, discrimination, and emotional wellness
- Prevention of homelessness, including financial literacy for Section 8 Housing recipients

Challenges for New England area tribal college students

- Tribal students are far away from their tribal homes and values. Some experience alcohol and addiction challenges as they try to cope with university pressure and unfamiliar environments.
- Many are first-generation university students.
- Family deaths and requisite tribal grieving traditions (required when they return home for funerals) contribute to school absences.
- Need to link tribal service providers with university academic advisors to better support tribal students’ emotional wellness.

New England Federally Recognized Tribes (9) and State Recognized Tribes (8)

as of October 2020



VERMONT

State Recognized Tribes

- 1 Elnu Abenaki Tribe
- 2 Koasek Abenaki Tribe
- 3 Mississquoi Abenaki Tribe
- 4 Nulhegan Band of Coosuk Abenaki Nation

NEW HAMPSHIRE

No tribes

MAINE

Federally Recognized Tribes

- 1 Aroostook Band of Micmac Indians
- 2 Houlton Band of Maliseet Indians
- 3 Passamaquoddy Tribe
- 4 Penobscot Nation

MASSACHUSETTS

Federally Recognized Tribes

- 1 Mashpee Wampanoag
- 2 Wampanoag Tribe of Gay Head

State Recognized Tribes

- 3 Nipmuc Nation

CONNECTICUT

Federally Recognized Tribes

- 1 Mashantucket Pequot Tribe
- 2 Mohegan Tribe of Indians of Connecticut

State Recognized Tribes

- 1 Eastern Pequot Tribal Nation
- 2 The Golden Hill Paugussett
- 3 Schaghticoke Tribal Nation

RHODE ISLAND

Federally Recognized Tribes

- 1 Narragansett Indian Tribe

Current Collaborations

Tribal health entities across New England collaborate with one another, local universities, and state and regional entities in a variety of ways; for example:

- Tufts University and the University of Massachusetts conducted a community evaluation at Native American Lifelines
- The Mashpee Wampanoag Tribe typically invites Boston-area tribal organizations to attend their trainings at no cost
- Lesley University and other universities train non-Native counselors who could be resources for tribal communities
- The Harvard University Native American Program is a resource for tribal mental health resources and supports
- Massachusetts Bureau of Substance Addiction Services offers life skills training
- Massachusetts Department of Public Health is another helpful resource

Next Steps

The collected information from the New England tribal needs assessment will shape our process to create dynamic learning environments that respect the diversity and cultural beliefs of tribal communities. We plan to build the learning activities on tribal strengths, knowledge, and experiences. We also plan to use tribal case examples and short videos of tribal speakers to help build knowledge and skills that resonate with tribal community members. In the coming years, the New England MHTTC will continue to engage tribal communities during the development of a tribal mental health training plan.



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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