Mental Health Barriers and Strategies: Trauma Informed Work

Denise Estey Lindquist

Creating Sister Space: Building an Interconnected Web of Support

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Introduction's...

DENISE ESTEY LINDQUIST

- Enrolled member of the White Earth Nation in Minnesota.
- Woman in long term recovery, since 1978.
- Worked in the counseling/therapy field from 1984. Bachelor degree in Counseling, Masters degree in Counseling. Focus on couples and families. ABD in Education Policy and Administration doctorate.
- Participated in ATOD prevention and intervention as early as 1976/77.
- Raised 3 children that were all teens at the same time.
- My husband has 4 children.
- Together we have 7 children, 24 grandchildren, and 5 great-grandchildren with one on the way.
- I am the oldest of a family, from an alcoholic/addicted family.
- Grief work is what I thought every counselor/therapist was doing. This has been much of my focus throughout my career.
- Retired and working part-time as a consultant.

Introductions continued...

- Because we won't have time for introducing everyone, please raise your hand to introduce yourself in this way when I read the following.
  - If you work at a transitional housing program
  - If you are an advocate for American Indian women and families
  - If you do intakes and assessments
  - If you have training on trauma informed care
  - If you work in the mental health field
  - If you work primarily with women
  - If you work primarily with families and children
What are the mental health barriers...

- Stigma of mental illness
  - PTSD (Post traumatic stress disorder): 1 in 4 men and 1 in 5 women say stigma is the cause for not seeking help.
  - May instead report somatic complaints like dizziness and stomach disturbances because they are more acceptable.
  - Can keep from continuing services, even after starting.
- Suicide (Depression): especially relevant for elderly, adolescents and certain ethnic populations and Native Americans.
  - Families will often conceal suicidal behavior to avoid the shame or embarrassment, or to avoid the societal perception that they are to blame.
  - After suicide, family members suffer grief as well as pain and isolation from the community.

Mental health barriers continued...

- Financial Barriers
  - 60-70% people are concerned about cost of service
  - Lack of insurance
  - Limits on number of visits
- Mental health system barriers
  - Community Support reform movement - Services brought into the communities has not been fully realized
  - Fragmented services; separate funding streams, varying eligibility rules
  - Hardest for people with co-occurring substance abuse and mental health problems. Co-occurring disorders are the rule rather than the exception.
- Self Sufficiency
  - People wanting to do it themselves.
  - Denial that there is a problem that they can’t handle themselves.
  - Self medicate with caffeine, tobacco, alcohol, other drugs

Mental health barriers continued...

- Managed Care
  - Covers large percentage of Americans with health insurance.
  - Goal is cost containment
  - Improve access by lowering cost, standardizing care, emphasizing prevention and primary care, etc..
- Clinician barriers to treatment
  - Primary care: Depression screening
  - People with depression prefer to be treated in primary care... less stigmatizing maybe?
  - Medications less toxic when taken in overdose, thus making medication management less complex for non-specialists.
- Substance Abuse
  - Substance use disorders second to mood disorders as most common risk factor for suicide
  - Detection and treatment of substance abuse and depression is important in suicide prevention.
Mental health barriers continued…

- Under treatment
- No treatment
- Inadequate treatment
- Antidepressants; majority receive inadequate doses or not appropriate for some.
- Lack of awareness about mental health issues and services can prevent Native Americans from receiving treatment.
- Rarely had visits as often as once a week
- Substance abuse under-treated
- Co-occurring disorders are best treated by programs that integrate mental health and substance abuse treatment. There are a lack of such programs.

Mental health barriers continued…

- Medication Adherence
  - Side effects
  - Co-pay
  - IHS – on reservations… very few IHS pharmacies in urban area where many to most Native Americans live now. Over 50% of Native Americans rely on IHS for health care which includes Mental Health care
  - Other mental health barriers...
    - Child care
    - Transportation
    - Others...

Mental Health Strategies

- What may be important mental health strategies for transitional housing advocates
  - Provide advocacy services in an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing.
  - Using a trauma informed approach means that we attend to residents emotional as well as physical safety.
  - Help residents to increase their access to economic resources, physical safety, and legal protections.
  - Assist residents in strengthening their own psychological capacities to deal with the multiple complex issues that they face in accessing safety.

http://www.nationalcenterdytraumamh.org/
Mental Health Strategies continued…

- Offer support from the traumatic effects of violence and other lifetime abuse, and rebuilding lives.
- Support residents to get their feet on the ground.
- Understand they may need a more thorough mental health evaluation than what your agency provides.
- No labeling.
- Help the resident look for balance, the importance of physical, emotional, mental, and spiritual health.
- Do not expect perfect parenting.
- May need more support than your program can provide.

Mental Health Strategies Hands On experiences…

- When there is problems with anxiety it may mean reminding residents to breathe. Share 4X4 breathing.
- Environmental change considerations
  - Native American art
  - No resident chairs with the back to the door
- Rainbows
- Normalizing laughter and tears
- Scheduling time for grieving
- Talking circle
- Encourage attendance at ceremony
- Encourage participation in culture (smudging, using tobacco, etc. with prayer.
- Encourage learning tribal language
- Refer to…
- Other

THE CULTURAL ICEBERG
Mental Health Strategies
Resiliency...

An inside-out process

- Nurturing, honoring, appreciating the sacredness of our 'inner spirit'
- It's our source of strength
- Our ability to stay whole – not wounded
- It builds healthier, stronger, smarter, spiritual peoples

Betty R. Poitra, MS

Trauma Informed Care: One Traditional Cultural Perspective on Collective Trauma and Grief

"It is our way to mourn for one year when one of our relations enters the Spirit World... tradition is not to be happy, not to sing and dance and enjoy life’s beauty during mourning time... to suffer with the remembering of our lost one... And for one hundred years we as a people have mourned our great leader... blackness has been around us for a hundred years. During this time the heartbeat of our people has been weak, and our life style has deteriorated to a devastating degree. Our people now suffer from the highest rates of unemployment, poverty, alcoholism, and suicide in the country." *

*From a booklet for the Sitting Bull and Bigfoot Memorial Ride: Traditional Hunkpapa Lakota Elders Council (Blackcloud, 1990)

www.pha.gov
Maria Yellow Horse Brave Heart
Trauma Informed Care...

- Native Americans experience serious psychological distress 1.5 times more than the general population.
- Native Americans experience PTSD more than twice as often as the general population.
- Suicide is the second leading cause of death among 10-34 year olds; whereas,
- the suicide rate among Native Americans that are more than 75 years old is only one-third of the general population.
- Native Americans use and abuse alcohol and other drugs at younger ages, and at higher rates, than all other ethnic groups.

http://www.mentalhealthamerica.net

Ongoing Cumulative, Multiple Losses and Trauma Exposure...

- Intergenerational parental trauma traced back to legacy of negative boarding school experiences
- Constant trauma exposure related to deaths from alcohol-related incidents, suicides, heart disease, diabetes, cancer, etc.
- Surviving family members include individuals who are descendants of massive tribal trauma (e.g. massacres, abusive and traumatic boarding school placement)
- Cumulative trauma exposure – current and historical trauma superimposed on collective massive trauma
- American Indians have the highest military enlistment rate than any other racial or ethnic group – extends traumatic experience

Trauma Informed Care and the Native American Community

► Indirectly exposed to trauma by hearing the trauma narratives: (boarding school experiences, loss of family members, cultural deprivation & oppression, etc)

REFERRED TO AS:
Compassion fatigue or burnout
Vicarious trauma – taking on the emotions/feeling of others
Trauma Informed Care continued…

Traumas Impact on Tribal Communities:
► Historical trauma impacts…
► daily challenges, family functioning,
► tribal planning and decision-making…
► Unresolved trauma may have negative consequences on individuals, families and on tribal decision making
► Internalized oppression: It is too dangerous to direct aggression at the oppressor so it turns to lateral violence and lateral oppression (People themselves, hurting others and community members)

Intergenerational Trauma

Brave Heart says, the positive outcomes needed to overcome this intergenerational trauma are a -
► reduction in shame, 
► a better feeling of self worth,
► an increase in joy and health,
► a stronger sense of parental competence
► greater use of traditional language,
► an improved relationship with children and the extended family and
► increased communications.

Relationships: We are all related
Things To Keep In Mind

- Your actions may unintentionally worsen a relationship.
- "Sometimes people delude themselves into thinking they are helping."
- Ask yourself if you are truly helping?
- To think: What is my motive is often helpful.

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Things to keep in mind continued...

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Things to keep in mind…

► Understand the importance of grief work for American Indians.
► Understand the importance of learning about historical trauma, discrimination and grief and loss.
► Learn who should be referred for individual counseling, grief group, trauma group, or other specialty referrals.
► Learn the importance of continuing the grieving process in spite of difficult times and feelings you experience.

Things To Keep In Mind

► Everyone can not help others with their grief work, so it is important to know how to refer.
► Know the resources in your community.
► Helping others with their grief work consists of taking the best care of yourself that you can and encouraging them to do the same.
► Learn all you can about discrimination, racism, oppression, and poverty.
► Be the very best role model you can be.
► Understand the limitations of your position.

Reminders

► Historical trauma… remember that we go back to learn from the past not to stay there and blame.
► Do first no harm.
► Healthy happy families is what we all want.
► Grief work is on-going… it’s important to have the rituals and ceremony included in our programs.
► We can do this work and it will make a difference for our future generations.
► We need a bag of tricks… what works for us is not always the answer for everyone. There are many ways to heal.
► Healing is the goal; borrowing old ways, using new ways and cultural ways to deal with grief and loss is our answer.
► The old and the new can work together for the good of all.
► Sometimes they are not meant to work together and that is okay.
Change – we must see something new, say something new (I believe change is possible for me) and do something new (get unstuck, take baby steps, look at what my motive is in what I’m doing)

Recovery is about change – “Let it begin with me” – plan success, eliminate punishment, commit to the plan. Find others who have had similar experiences, focus on the present, judge decisions according to your values and not another’s, do not justify failure.

Detachment – not to suffer because of the actions or reactions of another. Not to allow ourselves to be used or abused in the interest of another’s recovery. Not to be a doormat. Not to let others control or manipulate our lives. Not to do things for others that they should do for themselves. Not to cover up for another’s mistakes or misdeeds. Not to create a crisis. Not to prevent a crisis if it is in the natural course of events. Detachment is neither kind nor unkind. It does not ask us to evaluate the person or situation we are detaching from. It is a means for us to look at their situations realistically and objectively, making intelligent decisions possible.

Self Care for helpers…

What do you do to take care of yourself?
What would you like to do more of?
What do others do that you would like to add to what you do for yourself?
Laughter and Tears

Humor

Anishinabe sea food

MIIGWETCH
THANK YOU