Nevada Native American Mental Health Care Issues

Presentation to the Nevada Mental Health Plan Implementation Commission
(SB 301 [Chapter 445, Statutes of Nevada 2003])

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Striking disparities in access, quality and availability of mental health services exist for racial and ethnic minority Americans, according to the new report of the Surgeon General released today, Mental Health: Culture, Race and Ethnicity.

The report, a supplement to the 1999 first-ever Surgeon General's report on mental health, highlights the role culture and society play in mental health, mental illness, and the types of mental health services people seek. It finds that, although effective, well-documented treatments for mental illnesses are available, racial and ethnic minorities are less likely to receive quality care than the general population. Overall, one in three Americans who need mental health services currently receives care. A critical consequence of this disparity is that racial and ethnic minority communities bear a disproportionately high burden of disability from untreated or inadequately treated mental health problems and mental illnesses.
EXECUTIVE SUMMARY

• The cultures of racial and ethnic minorities influence many aspects of mental illness, including how patients from a given culture communicate and manifest their symptoms, their style of coping, their family and community supports, and their willingness to seek treatment. Likewise, the cultures of the clinician and the service system influence diagnosis, treatment, and service delivery. **Cultural and social influences are not the only determinants of mental illness and patterns of service use, but they do play important roles.**

• **Cultural and social factors contribute to the causation of mental illness**, yet that contribution varies by disorder. **Mental illness is considered the product of a complex interaction among biological, psychological, social, and cultural factors.** The role of any of these major factors can be stronger or weaker depending on the specific disorder.
• Ethnic and racial minorities in the United States face a social and economic environment of inequality that includes greater exposure to racism, discrimination, violence, and poverty. Living in poverty has the most measurable effect on the rates of mental illness. People in the lowest strata of income, education, and occupation (known as socioeconomic status) are about two to three times more likely than those in the highest strata to have a mental disorder.

• Racism and discrimination are stressful events that adversely affect health and mental health. They place minorities at risk for mental disorders such as depression and anxiety. Whether racism and discrimination can by themselves cause these disorders is less clear, yet deserves research attention.

• Mistrust of mental health services is an important reason deterring minorities from seeking treatment. Their concerns are reinforced by evidence, both direct and indirect, of clinician bias and stereotyping.

• The cultures of racial and ethnic minorities alter the types of mental health services they need. Clinical environments that do not respect, or are incompatible with, the cultures of the people they serve may deter minorities from using services and receiving appropriate care.
FACT SHEET

Availability of Mental Health Services
• Approximately 101 AI/AN mental health professionals are available per 100,000 AIANs, compared to 173 per 100,000 for whites.

Access to Mental Health Services
• The Indian Health Service (IHS) is the Federal agency responsible for providing health care to Native populations. However, only 20% of AIs report access to IHS clinics, which are located mainly on reservations.

• Medicaid is the primary insurer for 25% of AI/ANs. Only about 50% of AI/ANs have employer-based insurance coverage, compared to 72% of whites. 24% of AI/ANs do not have health insurance, compared to 16% of the U.S. population.
Use of Mental Health Services

• Representative community studies of AI/ANs have not been published, so little is known about the use of mental health services among those with established need. Smaller studies found that, off AI adults with a mental disorder, 32% received mental health or substance abuse services, about the same as the U.S. population as a whole. Among Cherokee children with a mental disorder, only 1 in 7 received professional mental health treatment, a rate similar to the non-AI sample. Cherokee children were more likely than white children to receive treatment through the juvenile justice system and inpatient facilities. AI/ANs appear to use alternative therapies at rates equal to or greater than whites.

Appropriateness and Outcomes of Mental Health Services

• Few AI/AN have been included in the controlled clinical trials used to develop treatment guidelines for the major mental disorders.
Why Indian Tribes and the Native American Culture and Ethnic Group Are Different From Others

- Native Americans are the only ethnic group that have a unique legal relationship with the Federal Government.

- Indian Tribes are separate governments and are the only ethnic people who have designated land and separate from the State.

- Native Americans are citizens of the State and United States entitled to the same benefits and privileges, but are not normally included when programs, services and resources are being considered to address health care or mental health care issues.
Overview of Nevada Tribes

- Tribes
  - 19 Federally Recognized Tribes
  - 28 bands, colonies, reservations
  - No State Recognized Tribes

- Population
  - 26,420 AI/AN (2000 Census)
  - 8,978 Living on Reservation
  - 17,442 are Urban Residents
  - 15,910 Enrolled Tribal Members

- 1,161,865.92 acres/tribal land

- Location: Statewide

Stone Mother at Pyramid Lake
- Washoe
- Paiute
- Shoshone

Aboriginal Tribal Lands in Nevada

10/28/2003
Tribal Inter-relations

• Tribes are separate and sovereign from each other
• Can work together but not required
• Inter-Tribal Council of Nevada (Consortium of Tribes)

Tribal inter-relations with state, municipalities, local communities/counties

• Historically relations have been limited (separate sovereigns)
• Tribes and Native Americans on reservations at times are not considered in inter-relations with other governments or are categorized within local communities.
Services by the State

RIGHTS OF INDIANS

NRS 233A.110 Indians subject to jurisdiction of state entitled to all services of state. *Indians subject to the jurisdiction of the State of Nevada pursuant to the provisions of NRS 41.430 and 194.040 are entitled to all services of the State of Nevada*, including without limitation, correctional legal aid, public defender, probational and psychiatric services afforded to any other persons who are defendants in criminal actions or parties to civil actions in the courts of this state.

(Added to NRS by 1973, 1052)

NRS 233A.120 Rights of self-government preserved. The provisions of NRS 41.430 and 194.040 do not preclude *Indian tribes who are recognized by the United States as possessing powers of self-government from enacting their own laws, regulations and ordinances, and enforcing them by their own tribal courts in accordance with their rules of procedure, but no person subject to the jurisdiction of such tribal court or governmental organization shall be denied any rights guaranteed by the constitutions of the United States or the State of Nevada*.

(Added to NRS by 1973, 1052)

NRS 233A.130 Jurisdiction of administrative agencies not extended. The provisions of NRS 41.430 and 194.040 do not increase the power of administrative agencies of the State of Nevada to exercise their jurisdiction over persons living and residing upon tribal or Indian country with the consent of the Indian tribe having jurisdiction over that country, but the extent to which such jurisdiction of administrative agencies existed prior to July 1, 1974, shall remain the same and in full force and effect.

(Added to NRS by 1973, 1052)
Services by the Federal Government

Historically the federal government provided all services for Indians on reservations (social services, law enforcement, welfare, education, etc.) because of treaties. Since 1970’s and self-determination, the tribes now contract or compact with federal agencies to operate their own tribal programs.

Federal Agencies:

- DOI - Bureau of Indian Affairs
- Indian Health Services (IHS)
- US Department Housing & Urban Development (HUD)
- Tribes eligible for other federal grants like other entities
- Some special funding set-aside or appropriations designated for tribes (education, health, etc.)
General Health Care Issues of Nevada Tribes

IHS - Western Region

• Nevada
• Utah
• Arizona

Nevada Tribes continually have to compete for funding, programs and services with Arizona Tribes – Nevada Tribes are small, Arizona Tribes are large.

10/28/2003
The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives.

The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes.

This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders.
The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level.

The IHS currently provides health services to approximately 1.5 million American Indians and Alaska Natives who belong to more than 557 federally recognized tribes in 35 states.

In keeping with the concept of tribal sovereignty, the Indian Self-Determination and Education Assistance Act (Public Law 93-638) of 1975, as amended, builds upon IHS policy by giving tribes the option of staffing and managing IHS programs in their communities and provides for funding for improvement of tribal capability to contract under the Act. As a result, increasing numbers of American Indian and Alaska Native governments are exercising operational control of hospitals, outpatient facilities, and other health care programs.
Sample IHS Organization Chart & Nevada Clinics

IHS Central Office
Rockville, Maryland
Michael Trujillo, Director

Phoenix Area Office
(PAO/IHS)

12 Regional Offices

Schurz Service Unit
Schurz, NV

Fallon Tribal Health Clinic
Las Vegas Tribal Clinic
McDermitt Health Clinic
Moapa Tribal Clinic
Reno-Sparks Tribal Clinic

Washoe Tribal Health Clinic
Walker River Tribal Clinic
Yerington Tribal Clinic
Pyramid Lake Health Center

Duck Valley Health Center Hospital
Battle Mountain Health Clinic
Duckwater Health Clinic
Newe Medical Clinic - Ely Tribe

Owyhee Service Unit
Owyhee, NV

Southern Bands Health Center

Elko Service Unit
Elko Band Colony

Battle Mountain Health Clinic
Duckwater Health Clinic

Southern Bands Health Center

Goshute Health Center

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To the extent of the resources available, American Indians and Alaska Natives served by the IHS receive a full range of preventive, primary medical care (hospital and ambulatory care), community health, alcoholism programs, and rehabilitative services. Secondary medical care, highly specialized medical services, and other rehabilitative care is provided either by IHS staff or by non-IHS health providers under contract. In Nevada, there have never been adequate resources or funding for tribal clinics and mental health care.

A system of inpatient and ambulatory care facilities operating on Indian reservations and in Indian and Alaska Native communities includes 41 IHS hospitals ranging in size from 11 to 170 beds per hospital. This includes medical centers in Phoenix, Arizona; Gallup, New Mexico; and Anchorage, Alaska. Nevada has no inpatient facility or hospital and continual has to compete for funding with the larger Arizona tribes.
• In locations where the IHS does not have its own facilities, such as in Nevada, or is not equipped to provide a needed service, the IHS contracts with local hospitals, State and local health agencies, tribal health institutions, and individual health care providers. *This is referred to as Contract Health Service - Nevada is a CHSDA state – if there isn’t enough CHS funding, they don’t get services or services are restricted.*

• The IHS Service Unit clinical staff includes all major health disciplines such as physicians, dentists, nurses, pharmacists, therapists, dietitians, laboratory and radiology technicians, and medical and dental assistants. Community health medics (IHS-trained physician assistants), nurse practitioners, and nurse-midwives complete this clinical health care team. *These staff work along with tribally employed health providers.*
Tribal Health Care Issues

1. Contract Health Service / Funding Shortages by for general health care (including mental health care services)

2. Educate State Officials, Agencies, Legislators and Congressional representatives as to the health care needs and issues facing Native Americans in Nevada to improve on funding allocations and service delivery – particularly for mental health services and resources.

3. Tribal-State Networking - never before done, Tribes have had to work only with IHS and never explored opportunities through state resources to see if there is anything available.
TRIBAL MENTAL HEALTH PROGRAMS – ISSUES/NEEDS

A. Native American / Tribal representation on State Mental Health & Developmental Services Board or Commission
B. Urgent Need for Funding for Tribal Mental Programs – Very little funding provided now by HIS - Local providers are very expensive
C. Child Sexual Abuse Services unavailable to Tribes
A. Children / Family Psychological assessment staff is definitely needed
B. Tribes have very limited access to services of the state – especially for the mentally ill
C. Tribes are unable to get case managers from the state so they need funding and staffing for their own
D. Need access to child psychiatry services
E. State provides little or no services to Indian people needing mental health services who live on reservation and tribes have no facilities or treatment centers to help
F. Number one mental health issue in Nevada Indian Country is depression
G. Need statistical information on poverty, unemployment, suicide, etc. and Native Americans in Nevada
Include tribes in state planning and implementation efforts from start to finish

- Like the Mental Health plan Implementation Commission – a tribal representative would have been good.
#2

Include tribes in statewide health forums, programs, funding resources, etc. on a continued basis just like other agencies at the county, rural and local community level.
Improve Communication With Tribes on Mental Health Implementation

- Division of Mental Health & Developmental Services
  
  - Include tribes in outreach, network and information dissemination, sharing of resources, services and programs available through state/county agencies on a consistent basis

  - Include tribal mental health programs in training opportunities or other mental health discussions and activities available to others

  - Establish a working relationship with tribal mental health and tribal programs (Alcohol & Substance Abuse, Suicide, Domestic Violence, etc.)
– Consider and include tribal needs for mental health services (treatment, counseling, case management/referrals)

– Dispel the myth that the federal government provides all care for Native Americans.

– Remove Barriers: It’s still pretty new to staff on how to work with the tribes and very few understand the complexities of the tribal structure – need to provide education and training for state/county agencies
Document Nevada’s Support for Improving Native American Mental Health Care By ……

- Writing a letter of support to the IHS asking for increased funding, resources and services for tribal mental health programs.

- Let other legislators and congressional representatives know there is a need and encourage their support to help Nevada Tribes
– Include Nevada’s Native American Mental Health care needs in the state’s plan as a tool for tribes to use to justify funding, programs and resources by DHHS, IHS and other resources.

– Include Nevada tribes as partners and stakeholders
That’s it – Thank you