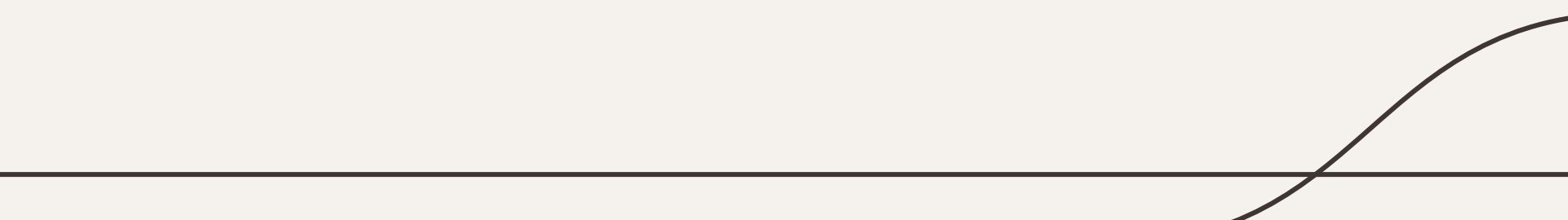




Indigenous Peoples' Mental Health

Ava Jensen and Rebecca Swinney



Summary

Our project aims to focus on spreading awareness about Indigenous mental health and the severe deficit between the support they receive and other races. Through data accessed via the Washington Tracking Network (WTN) we noticed patterns in depression, smoking, and poor mental/physical health. In these categories, we noticed that the Indigenous average was consistently higher than averages statewide, and among individual race groups. As a result, we wanted to bring awareness to the lack of support Indigenous peoples' receive when it comes to mental health and understand what other factors cause these disparities to exist.



Image from Seattle Indian Health Board

Land Acknowledgement

Before you proceed further into our presentation, we would like to take a moment to pause and acknowledge the Indigenous land that Washington is built on. We honor and recognize the 32 (29 federally recognized) tribes that Washington is home to including; Chehalis, Colville, Cowlitz, Hoh, Jamestown S’Klallam, Kalispel, Lower Elwha Klallam, Lummi, Makah, Muckleshoot, Nisqually, Nooksack, Port Gamble S’Klallam, Puyallup, Quileute, Quinault, Samish, Sauk-Suiattle, Shoalwater Bay, Skokomish, Snoqualmie, Spokane, Squaxin Island, Stillaguamish, Suquamish, Swinomish, Tulalip, Upper Skagit, and Yakama. Today we honor the Indigenous people that are the original stewards of this land on which we now live on. This is only one step in acknowledging and honoring Indigenous peoples and the role they have played in the creation of this state and country.



Important Note

While Indigenous people have been referred to using many terms throughout history (ex: Native American, Indian, or American Indian) it is important to acknowledge that no one term is correct and different people may prefer different labels. For clarity, we will be using the term “Indigenous” or “indigenous peoples” during this presentation.

It is also important to understand that despite focusing our research on specifically Indigenous populations, these trends of poor mental health and unhealthy behaviors persist in other minority groups as well.



Overview



Throughout our project we focused on :

- ❖ Patterns in poor mental/physical health, alcoholism, and depression throughout the indigenous community
- ❖ Bringing awareness to Indigenous communities and resources available to them

Meaning of the Word, Indigenous :

Used to describe any group of people native to a specific region

Initiation of Our Project

Problem :

- Lack of awareness surrounding mental health in our Indigenous community
- Lack of support for these issues within the Indigenous community
- Elevation in smoking, depression, and mental/physical health throughout Indigenous communities

Project Scope :

1. Recognise patterns and collect data
2. Present data to the public
3. Utilise presented data to promote equity and change for the Indigenous community

Approaches Taken



Collection

Exploring data from a multitude of sources, on a national, state, and individual level to provide the fullest understanding of issues.



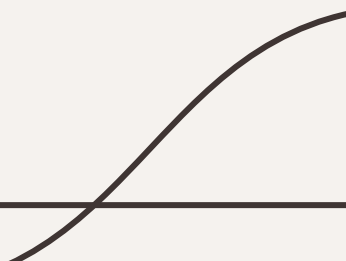
Discussion

After our collection of data and our formation of a thesis, we then discussed our ideas, opinions, and thoughts surrounding Mental Health of people who are Indigenous.



Interpretation

Once we had the data, we spent time looking at it from an objective and subjective standpoint to better understand biases and nuances of it.

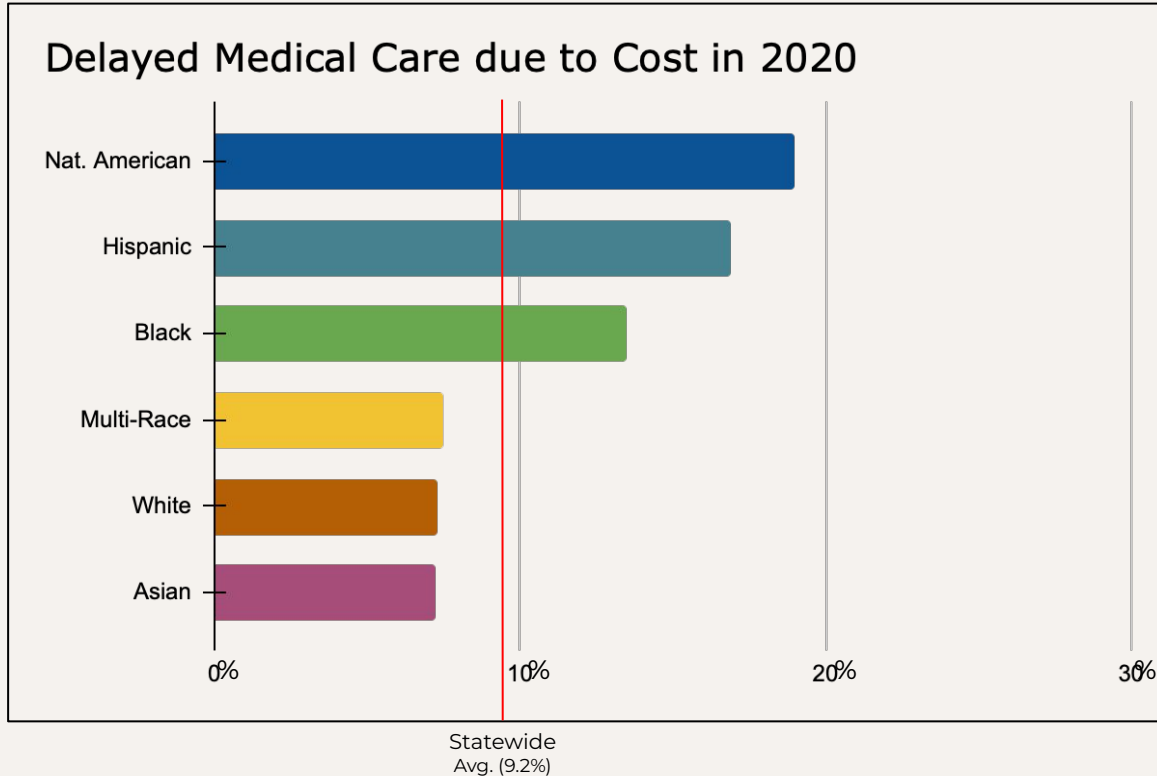




At higher rates, the Indigenous population exceedingly suffers from poor mental health, poor physical health, and smoking in comparison to other races. When looking at statistics you find the pattern that Indigenous people also have less access to affordable health care.

In the following slides are statistics we wanted to highlight that support these claims. These statistics below are not the sole basis for which to form opinions from, but rather show that Indigenous people face more issues when it comes to the medical front and there is very little being done to rectify these disparities. This is something that needs to be looked at, discussed, and addressed as it has been an ongoing issue for decades that have continued to worsen. Furthermore, the Indigenous community has also been affected by the Covid-19 pandemic as access to healthcare has been less and less available, especially to Indigenous peoples'.

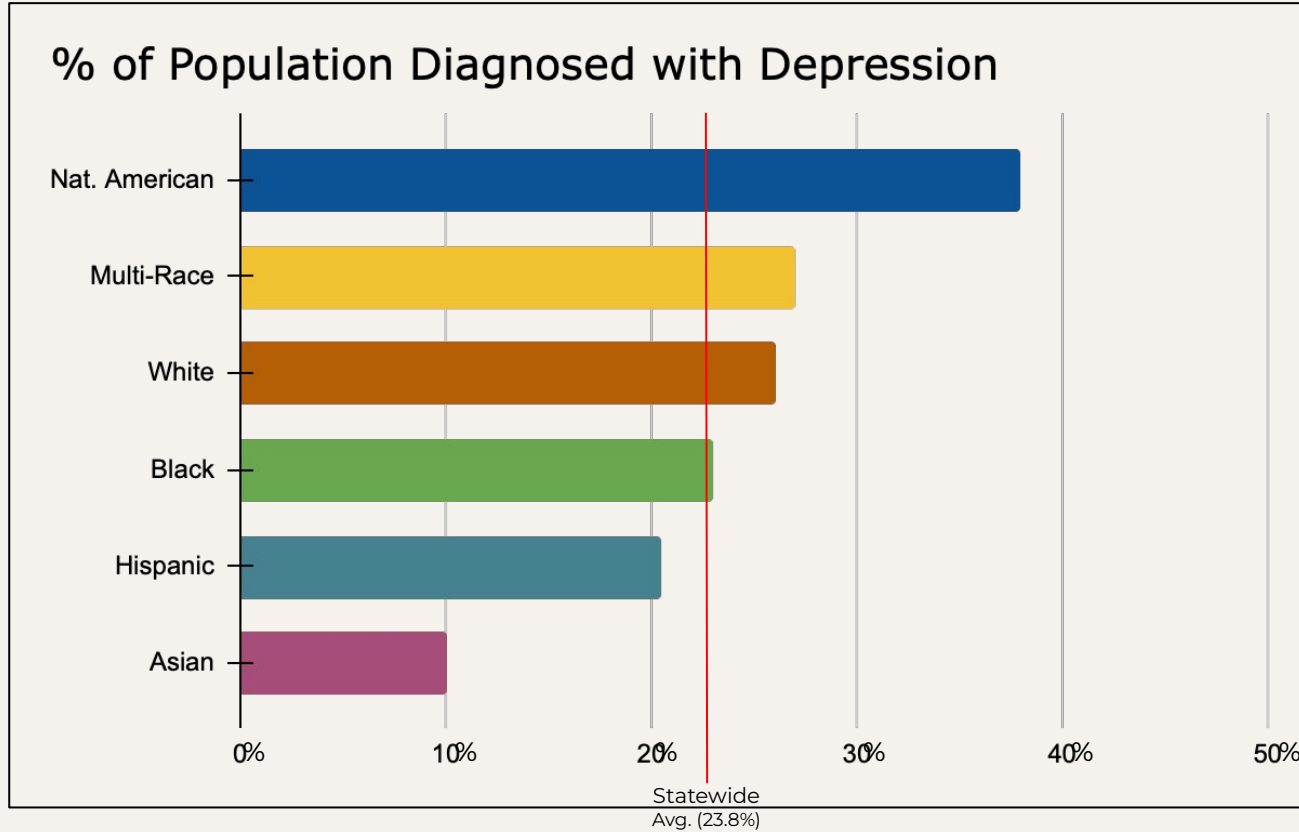
Equity Impact on Indigenous People



The root of the issue, as our research has shown, is a lack of accessibility, understanding, and trust in health care services. This is due in part to a difference in cultural and the ostracisation Indigenous people have felt.

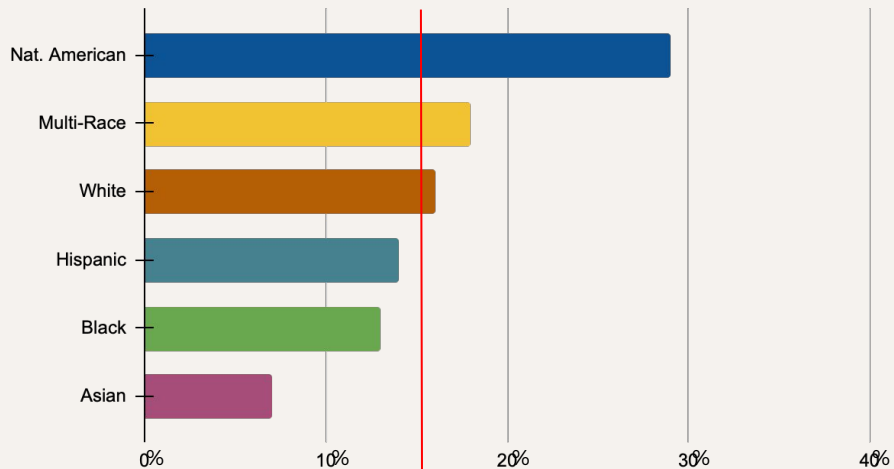
*Data on slides 9-12 come from the WTN Behavioral Risk Factor System which identifies Indigenous peoples' as "native american". A reminder that throughout our presentation, we prefer to use the term Indigenous out of respect for the people.

STATISTICS



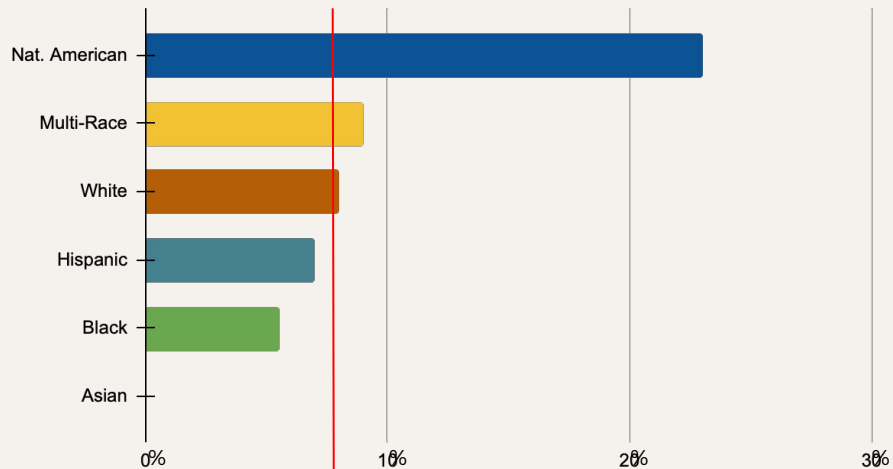
STATISTICS

14+ Days of Poor Mental Health in 2020



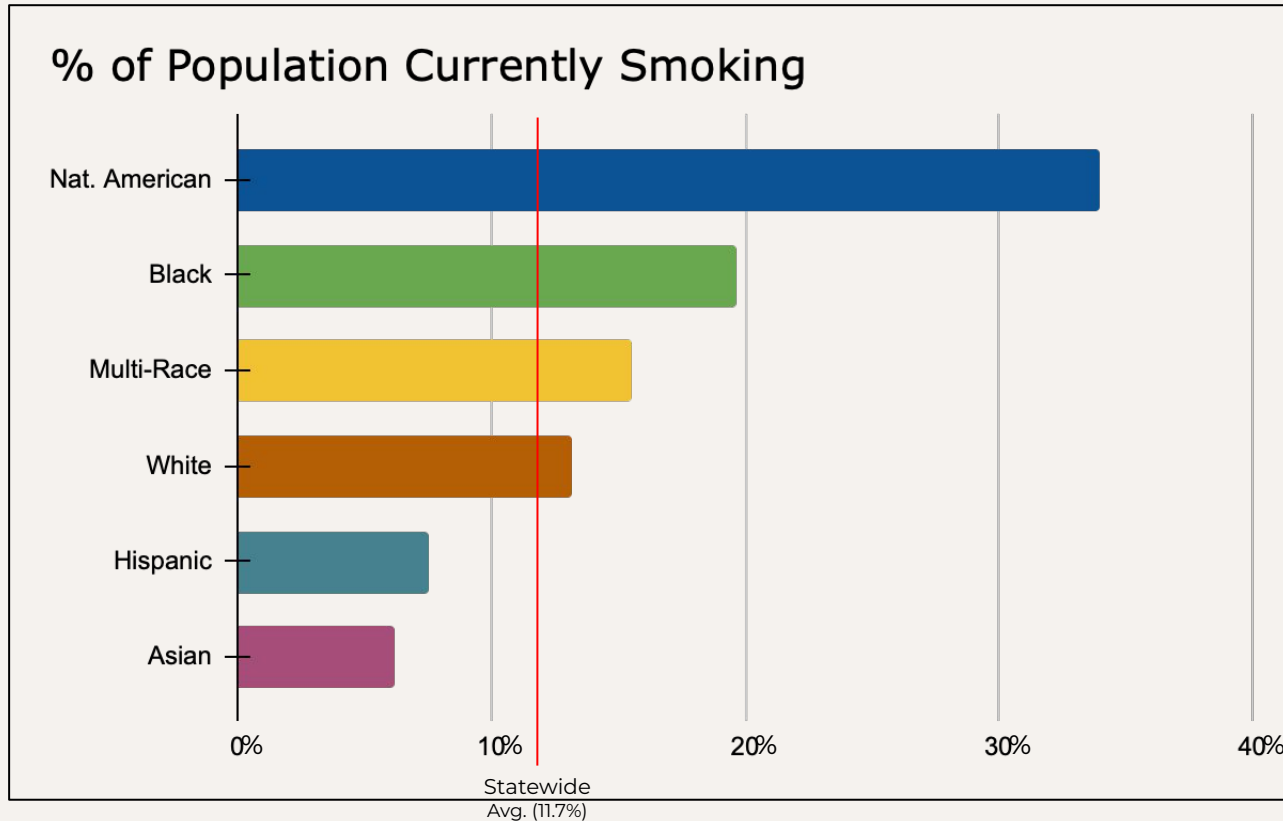
Statewide
Avg. (14.2%)

14+ Days of Poor Physical and Mental Health in 2020



Statewide
Avg. (8.1%)

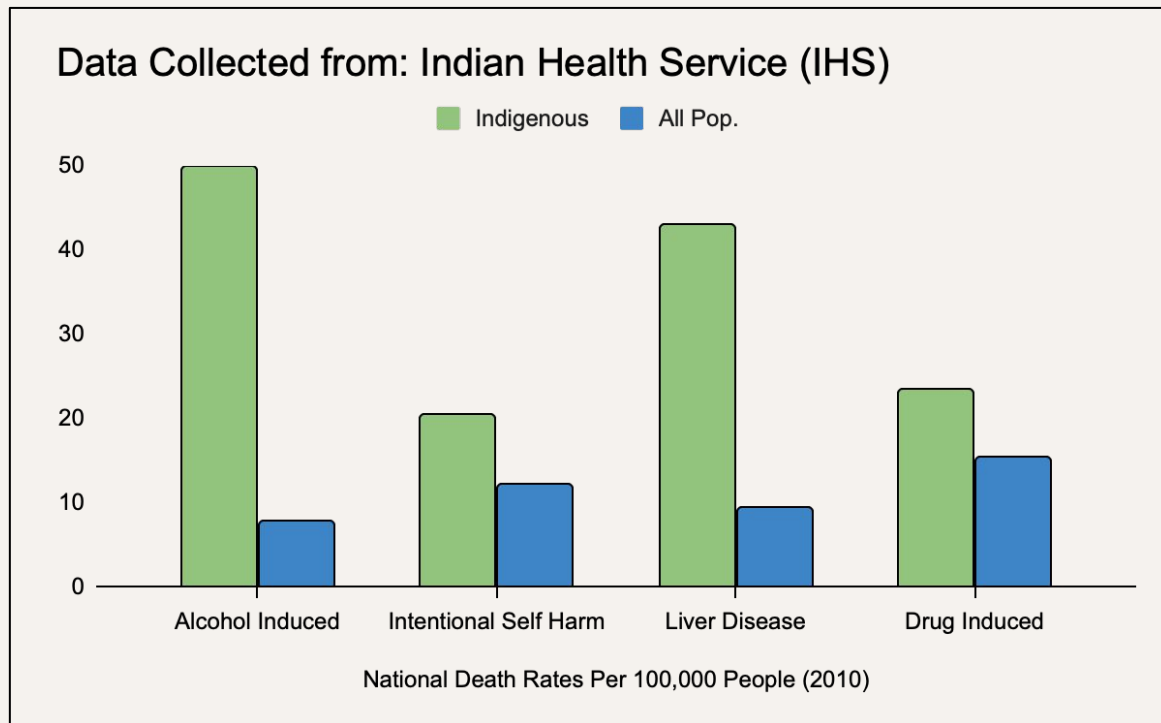
STATISTICS



“Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions.”

- **Indian Health Services**

Outside Research and Data: Nationwide Statistics



Other Statistics:

- Indigenous Peoples' have a life expectancy 5.5 years less than national average (73 to 78.5)
- "American Indians are 50 percent more likely than others to have a substance use disorder, 60 percent more likely to commit suicide, twice as likely to smoke" Andrew Siddons

Individual Voices

“If we don’t get the resources that we need, it’s always going to be a struggle for us to begin to address the underlying health conditions that were built as a result of the colonial oppression and suppression of both our health and our economic prosperity within Indian country. Until we see full funding of the Indian Health Service, we’re always going to be struggling to do more than just provide the immediate needs of our people.”

Abigail Echo-Hawk, Executive Vice President of Seattle Indian Health Board, speaking with CNBC



Individual Voices



“As an American Indian child, I received health care in an Indian Health Service (IHS) facility, and I was aware at an early age that the burden of health problems was significant. Every visit to the clinic meant a 4-hour wait in a crowded waiting room. I heard the complaints of relatives about the poor care they received, and there was always a sense that better care was available in the non-Indian health clinics nearby. I also noticed that I had never seen an American Indian or Alaska Native doctor in the clinic. Perhaps if there were more AI/AN doctors, I thought, health care would be more culturally appropriate and of higher quality.”

Yvette Roubideaux, doctor and health care administrator, member of the Sioux Tribe

Noticings and Trends

For the WTN's data, we noticed there was a relatively large margin of error for the Indigenous population statistics.

We theorise this may be because not as many Indigenous people take the survey. Leading to less sound conclusions when the data is compiled and visualised. While it doesn't affect the overall conclusions of this data, it is important to note and keep in mind.

Due to tribal sovereignty, many tribes have not been able to utilise national funding. This is due to the idea that an Indigenous tribe has the freedom to create and regulate itself as necessary, separate from what the state and national law say.

As a result, many funding programs for Indigenous people have been improperly funded, despite Indigenous peoples' being entitled to the support.

Tribal Sovereignty :
Refers to Indigenous people having the right to govern themselves

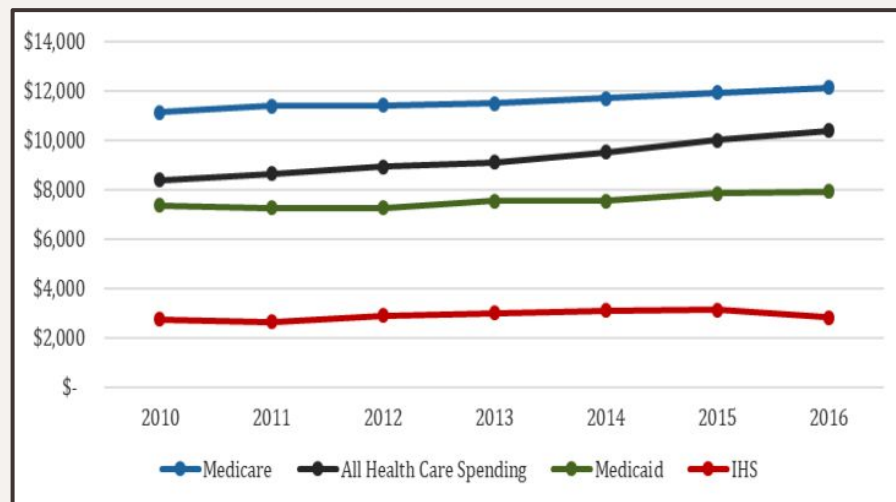
Outside Research and Data

King5 said the following about how national funding is spent in regards to medical programs:

“A 2018 congressional study found per year, Medicare spends \$13,185 per person, the Veterans Health Administration spends \$10,692, Medicaid spends \$8,109, but the Indian Health Service spends just \$4,078 per person.”

This further supports our claim that programs created for Indigenous people are not properly regulated, funded, or allocated, leading to the disparities we have seen above. However it is also important to note that there is overlap between programs and the patients receiving funding.

National Healthcare Spending per Capita (2010 - 2016)



(graph courtesy of Jessie Dean and the Washington Health Committee)

Significance and Equity

The significance of our topic is that Indigenous people are human beings. They deserve the same treatment and access to healthcare that the rest of the states population receives. Especially in Washington state, where our population of Indigenous people is 140,714. Indigenous people have a right to proper healthcare just as much as you and I do.

Not fixing these issues is leading to real disparities that we can see right now, it is affecting Indigenous peoples' life expectancies and there mortality rates in numerous categories. We need to make a change to give Indigenous people equal and affordable access to healthcare now.

We need to start meeting each person where they are at so that their needs are met to their standards. Creating equity is the only way to begin to bridge the gap that has been created due to years of injustice and inaction against Indigenous people.

Conclusions:

- ❖ Indigenous peoples' face a barrage of health concerns and risk factors at disproportionately higher rates than any other races
 - This is due to a number of factors including: lack of access to affordable health care, discrimination in the health industry, and continued mistreatment & lack of recognition from the broader population of people
 - It is important to acknowledge that we cannot fix one part of the problem without addressing all of them. It is not a black and white situation where one solution is THE solution.
 - ❖ To get to the root of the issue, we have to acknowledge and begin to repair the immense harm that has been done to the Indigenous population.
 - ❖ Providing access to affordable healthcare, and more importantly, education about this health care, will be instrumental to rectifying the disparities we have found in this data.
-

Reflection

❖ Choosing Our Topic:

- When we looked at the data the first step we took was just observing and noticing trends. As we began to pick some out, we thought a focus on Indigenous peoples' health would be important as it is an ongoing issue that needs to be recognised and addressed. Additionally, Washington is home to such a large Indigenous population that it made this data even more important to highlight and understand.

❖ Challenges We Faced:

- The main issue we faced with this project was finding outside data to corroborate what the WTN was saying. Particularly it was hard to find primary sources and see what people directly affected by this data were saying. Another challenge that was particular to this project was looking through all the data. It is easy to notice outliers and trends, but much hard to actually bring all of the data together and think, "What does this mean?" Actually analyzing it and thinking about next steps.

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Thank you for reading our presentation!

We hope we were able to incentivize you to take notice of the ongoing injustice against Indigenous people in healthcare.

Click the link below to be redirected to a website that aids you in seven ways to show support and be an ally towards Indigenous people.

<https://planetforward.org/story/seven-ways-to-support-indigenous-peoples/>

