

# Addressing Major Depressive Disorder in Navajo Adolescents

## Adapting the framework of Thrive NYC to improve basic resource access on the Navajo Reservation

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### Abstract

The adolescent indigenous American Indian and Alaskan Native (AI/AN) population accounts for the highest rates of reported depression and suicide compared to any other age or ethnic group in the United States. Disproportionate rates of depression have been attributed to a lack of affordable resources, a loss of shared ethnic identity, and lasting intergenerational trauma. The most effective way to address depression among the adolescent AI/AN population is through a combination of biomedical and traditional treatment practices that aim to strengthen ethnic identity among peers, as well as bring resources and education to adolescents and their families in central and frequented locations. A framework for this treatment approach can be adapted from the educational subdivision of ThriveNYC, which is a New York City-based mental health initiative. ThriveNYC uses neighborhood schools as mental health education and service centers, a concept that can be altered to include culture-specific resources for Navajo adolescents both during and following school hours.

### Background

According to a study conducted by the Division of Diversity and Health Equity, between the years of 2008 and 2012, 19% of individuals who reported suffering from a mental health disorder were White, while 13.4% were Asian, 16.8% were African American and 15.3% were Hispanic. In comparison, Native Americans made up 22.7% of reporters in the national survey. (American Psychiatric Association & Substance Abuse and Mental Health Service Administration, 2012) According to a study conducted by the Center for Disease Control and Prevention, 35.7% of American Indian and Alaskan Native individuals who committed suicide were between the ages of 10 and 24 years old, which is three times higher than the percentage of White adolescents in the same age group. (2014)

### Population-Specific Risk Factors

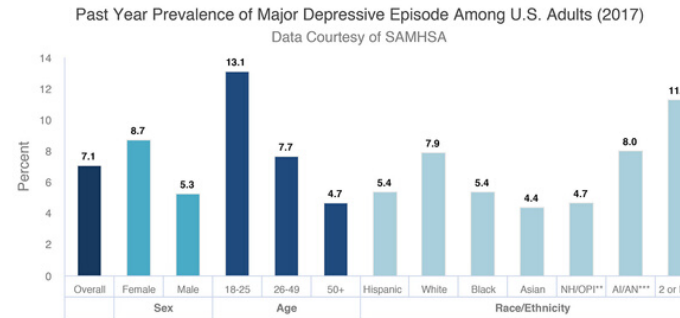
Cultural identity and self perception, chronic stressors and intergenerational trauma are the three primary population-specific risk factors associated with major depressive episodes among Navajo adolescents.

- (1) Cultural Identity and Self Perception- The marginalization and rejection of own culture, loss of cultural values.
- (2) Chronic Stressors- Poverty, family disruption, racism and discrimination.
- (3) Intergenerational Trauma- Systematic loss of land, culture and rights, post-colonial oppression.

### Existing Treatment Options

**Native Healer Treatment-** Religious healing is used as a primary care resource to address problems often conceptualized in Western medical traditions as emotional or psychiatric in nature. Barriers to care include cost and lack of belief in, or knowledge about, traditional medicine.

**Biomedical Treatment-** The Navajo are eligible for free health care services through the Indian Health Service (IHS). Barriers to care include inconsistencies in care depending on the hospital, an intimidating hospital environment, conflicts between healthcare provider recommendations and the misunderstanding of Native American illness perception.



### Cultural Considerations

A prominent area of interest in the treatment of mental health disorders in Navajo adolescents is the development of emotional self-regulation capabilities. According to Depressive Illness and Navajo Healing, a central feature of adolescence is an individual's ability to self-regulate emotions, cognition and behavior. (2000) The ability to cope with stress in a healthy manner affects physical and mental health, as well as social development and the ability to function in both interpersonal and academic settings. (Storck, Csordas, & Strauss, 2000)

However, in order for an initiative to be most effective, the initiative must be shaped to fit Navajo values and cultural expectations. Although Autonomy is considered to be a positive value in Navajo culture, there is great emphasis on the values of Cooperation, Consensus and Acceptance, which tie into the importance of bolstering emotional self-regulation and social development. (Storck, Csordas, & Strauss, 2000) A successful and satisfied life, according to Navajo tradition, is a harmonious life in which an individual values group solidarity and the practice of self control. Stress and other negative emotional and psychological symptoms are considered to be an indication that an individual's life has shifted out of balance with the Navajo way of life. (Storck, Csordas, & Strauss, 2000)



### Thrive NYC

In 2015, the First Lady of New York City, Chirlane McCray, announced a four year, \$850 million investment in the improvement of New York City's mental health services. Labeled ThriveNYC and consisting of fifty four different initiatives, the program strives to

- (1) Change the culture surrounding the discussion of mental health,
- (2) Close the gaps in treatment accessibility and affordability, and
- (3) Implement solutions that address the cultural needs of local communities, among other goals and guiding principles. (The City of New York, 2016)

The education-based initiatives of the ThriveNYC program aim to not only educate students, their families and their teachers on mental health, but to bring resources to the school environment. By bringing services to the physical school building, mental health care becomes more accessible for the adolescent population by providing education, services and opportunities in a location which is already being frequented by the target population every day, and that is easily accessible for the target population and their families.

### Implementation and Adaptation

The selected schools would be located in all states encompassed by the Navajo Nation, and would be schools that serve as community centers, especially in small towns where there is only one high school. In order to meet the demand for services, there are several colleges within and around the Navajo Nation that offer social work degrees with a specialization in Native American adolescents. A work exchange program could be implemented with some of the academic programs, in which students pursuing their degrees (with an emphasis on Masters) could fulfill credit or work requirements from their institution by working as counselors at these local schools.

Programming would consist of weekly in-class group lessons once a week during the academic day, focusing on strengthening ethnic identity and seeking support from the community. Activities such as journaling activities and small group sharing sessions would encourage students to seek support from and relate to peers. Open, drop-in hours with a counselor on site could be provided as weekly check-in opportunities, as well as opportunities for longer sessions through appointments after hours for students, and appointment availability for parents looking to contact social services and other available services. Educational opportunities for parents could be conducted biweekly or monthly, as well as technology walk-throughs with students and parents to expose them to online treatment options and resources. If a partnership with Indian Health Services can be established, the implementation of the proposed initiative would be little-to-no cost, and access to treatment services for the target population would be free.

### Evaluation

**Evaluation Methods:**

- Surveyed responses from students, parents and social workers
- Small focus groups with students and parents
- Collected responses from school social workers regarding student progress, measure attendance, retention rates and referrals.

**Strengths:**

- High student retention
- Cultural education
- Normalization of discussion of mental health

**Limitations:**

- Initial geographic accessibility
- Parent participation