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Maintaining an Indigenous Center/Focus

- Close coordination with tribe who made the call for help, Indigenous camp leaders. Follow the lead of the tribe and designated key Indigenous leaders.
- Identify knowledgeable individuals whose role within camps is to “patrol and monitor” as a cultural guide and foster culturally appropriate protocols/actions. Perhaps they could provide regular talks, trainings, discussions to MH volunteers/personnel upon entrance, throughout stay. Some would be available as cultural mentors and consultants
- Identify a Native provider knowledgeable in cultural protocols who is the consistent lead for the MH team and who keeps in close contact with camp leaders.
- If divisions begin to occur between MH providers that center on relative abilities to maintain an Indigenous center, address immediately before it becomes institutionalized
- Ensure that any MH volunteer goes first to camp-wide orientation which includes a cultural orientation, and then to a specific MH orientation that contains a significant portion regarding maintaining an Indigenous center prior to any assignment of roles or responsibilities
- Require that all MH providers spend a certain period of time every day or week seeking out connections with Native individuals at the camp, such as: bringing food to share and going to sit and listen at one of the Native camps, asking permission and taking time to take part in a traditionally led ceremony or prayer, consulting with a Native elder on traditional approaches to wellness, etc.
- For non-native providers, maintaining a position of followership and openness to learning is key. As I talked to other providers who were trained in MHFA or PFA, and who were considering going to SR, I noticed a fairly sharp division between those who knew there was a lot they did not know and those who did not know there was anything more to know. I was only interested in the former group.
- This part may not fit here, but I was recently struck by two absolutely stellar non Native male allies, who truly exemplified what you’d want in an ideal ally. One was MH related and the other a reporter, but both really blew me away with their commitment and approach. I want to do private interviews with both of them, and Emily and I are working on the questions now. I’m hoping the answers can guide future identification, recruitment and training options to help our allies be their very best (whether MH folks or not)
- For non-Native ally providers/volunteers, provide resources ahead of time on how to be an effective ally, working on behalf of Natives, knowing when to step back, knowing how to own one’s cultural mistakes or deal with feelings of guilt, and cultural humility

Screening/Vetting MH Volunteers

It would be great if there could be a team (or several teams) of volunteers who are already screened and vetted and trained, who know one another. That way deployment could be upon request, and those deployed would already be prepared to collaborate. I think of a kind of certification, with updates. That would involve a curriculum, and I think that there was a good start on this with conference calls for volunteers. Perhaps we could have an emergency response team for all emergency applications

Screening/Vetting for those Entering Camp & Assessment for Removal from Camp

- Set up a process early on to know who is in camp, and whether there are any special health or mental health needs. Connect individuals immediately to medic center.
- Help to create clear criteria on what would constitute a request to leave camp, and what would constitute a need for forced removal. Work with hosting tribe to determine who/which departments/organizations/individuals might support getting people out of the camps, what local resources can be tapped, and how to help people leave who are unable to leave on their own resources. Also, create clear guidelines on MH roles in assessing and determining whether an individual has met the criteria for a request to be removed. Make a clear distinction in that MH does not assist in actual removal as enforcement is not an MH role

Recommended Models of Care (e.g. Mental Health First AID-adapted for Native Americans, Honoring the Circle-Dee BigFoot, PhD)

- Spirituality and prayer at the center
- For me, as a non-native, even though I have experience and was vetted and trained, it was still a steep learning curve. I am not sure you can avoid that altogether because the actual immersion is so much richer than the knowledge--you cannot learn at the spiritual level until you experience it.
- I don't have the adapted model in front of me, but want to make sure it includes something about not necessarily insisting on mentioning the name of the deceased? I can see that being problematic for some from traditional viewpoints where name of deceased is not supposed to be spoken?
- Trauma & Indigenous-informed approaches should be considered in order to address incidences of intimate partner violence and sexual assault within the potential camps. Prevention efforts need to be incorporated during camp orientations (a part of maintaining an Indigenous center/focus).

Considerations for Children

- Children should NOT be an afterthought. Have careful planning about the psychological care and wellbeing of children present. They will be the ones to carry both their own direct experiences and those experiences felt by the adults around them and indirectly expressed through adult behaviors into the future generations.
- Consider the school as a safe haven, and develop it to have greater consistency, reliability and positive relationships. If the location cannot be stable, what about is present within the location that will give it stability even with moving? If volunteers move in and out, how can this be more regulated to create more stability and who will be the consistent faces despite the movement of the volunteers? How can the schedule and structure of the stay remain consistent even while the day-to-day radical changes in events occur?
- Mental health-trained individuals on the ground at the school and available to the youth. Recommend that, at least a couple of individuals are core folks who stay throughout.

Specific Recommendations Needed within each Category or Develop New Categories

- Several components to the school may assist in meeting differing needs. For example, a school for short-term youth (safe space for children who only stay a few days to a few weeks) vs. a school for long-term youth.
- Integration of mental health and wellbeing throughout the instructional day for youth-e.g. Mindfulness, meditation, individualized safety plans, crisis response, trauma-informed education, teaching coping skills...
- Use of the mind/body/emotions/spirit and relationships or other local tribal models of health as basis for mental wellbeing incorporated into the daily educational structure and any mental health-specific services provided to youth. Creates consistency across all areas
- Decolonization trainings for any staff, volunteers, and to support youth in understanding the situation from a stance of being able to influence rather than a sense of helplessness
- A dedicated wellness space for youth within the school setting.
- Mental health-informed individuals also support mental wellbeing of regular teachers/staff and volunteers who come through. Be aware that regular staff may be serving 24/7 to youth and may need informal support, space to step away to regain balance, and attendance to their own mental health in order to better support the youth.
- As always, close collaboration and involvement of local tribal cultural values, knowledge, resources, and individuals.

Collaborating with local Providers

- Of course this is critical. The alternative is--dare I use the word--colonizing. On the other hand, I do think one has to be aware that some local providers who are working in cities and with mainstream clients may have to be thoughtful about their involvement, due to their need to bridge between local authorities and local non-natives on the one hand, and their tribal relatives, on the other.
- A system and agreements need to be coordinated in advance with hospitals, clinics, independent providers, emergency services, both with the tribe and external to it in the event of an emergency where resources may be overtaxed that exist for the tribe. Maps, ways to contact, secure transmissions for communication etc.

Collaborating with Providers across the U.S.

- Again, I think that some sort of preparation/collaboration would be good so that provider across the US could be available to assist locally or electronically. It seems to me a small group should propose a set of guidelines to provide support electronically.
- I expect that this is going to work primarily remotely and it needs to be an organized, clear and responsive remote communication system. Perhaps when camps are established, starting first with cell phone tower going up or satellite phone systems if necessary, something in order to ensure that folks on the ground can reach a reliable person for consultation, support, etc. Also, those providers working remotely being trained up on the technology aspects if they're not familiar with it already, would be helpful.

Developing & Distributing Needed Resources

- Be conscientious in that resources cannot rely on modern technology and may need to be prepared ahead of time
- Identify or create key locations where resources can be regularly distributed. Provide places throughout camps where resources can be posted.
- Consider developing ally contacts and distributing educational and psycho-ed materials targeting different audiences throughout period of efforts that would mitigate misinformation, incendiary interactions, and misplaced stress in regards to actions taken (e.g. law enforcement, the surrounding affected communities, nearby schools, etc.)
- Effectively utilize social media to psychologically prepare protectors before coming, educate support systems in home communities, and assist with re-integration
- Utilize resources that were developed in response to SR (e.g. trainings, handouts, etc.), by SIP members (upon their approval) might be helpful. We may need to adapt these resources to fit the needs of the local community and specific challenges they have endured.
- Having many of the resources on the SIP web site for rapid distribution

Reintegration Planning

- As much as possible, make clear up front that this is a “temporary” endeavor and that there will be an endpoint (if this is the case) and people will be asked to return to their home communities. Try to make clear the specific situations and/or outcomes that would contribute to making the decision that it was time to go back home (e.g. political positioning is more advantageous with different kind of action; threats to safety of folks at camp outweigh advantages gained by staying; resources drained to xx point; xx outcome achieved... etc.).
- Acknowledge that different tribes, allies, and other entities involved in efforts will have different experiences, goals, and perspectives that lead to different views on when is the right time to end the effort and this is a part of the process of closure and reintegration
- Educate communities who are collaborating in efforts and who are sending people about the need to have resources available in home communities to be able to celebrate and honor the return of those who have been involved in efforts, as well as support in re-integration.
- Use and adapt reintegration models used by the military in deployment. These could be adapted to Indigenous models.
- The work we did on reintegration was good and well-received, but in retrospect, I do not think it truly captured the difficulty of entering and leaving the settings where actions are taking place. I think more work should be done on this because it seems critical to making a sustained effort across various settings.
- One thing, it's somewhat common to be working with our relations at camp and them having or being able to get our cell phone number. This happens and then calls come through at different points when providers (we need a different word from provider, but I'm not sure what?) are being contacted even once they've left, for money, help, etc. I believe that providers need clear guidelines to be established about what to ask the person when they get these calls, if their number gets accessed.