Colville Tribal Members' Views of Mental Health and Wellness: A Qualitative Investigation

By

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Introduction

❖ It has been well documented that members of racial/ethnic minority groups including American Indians underutilize and terminate prematurely from available mental health services relative to the majority population (Chapleski, Gelfand, & Pugh, 1997; Choney, Berry-Hill-Paapke, & Robbins, 1995; LaFromboise, Trimble, & Mohatt, 1990; Price & McNeill, 1992; Sue & Sue, 1999).

Possible Explanations

❖ Lack of awareness of availability

❖ Fear and mistrust

❖ Lack of culturally relevant treatment programs

❖ Language differences

❖ Differing worldviews, beliefs, and values

❖ Alternative methods

Addressing Underutilization

❖ Researchers in the multicultural counseling field encourage moving away from conventional counseling doctrines toward incorporation of culturally sensitive mental health approaches (Atkinson, Thompson & Grant, 1993; LaFromboise, Trimble, & Mohatt, 1990).

Purpose and Objectives

❖ Examine in detail Colville tribal members' views of mental health and wellness.

❖ Discover what factors contribute to help-seeking behavior.

❖ Identify sources considered when assistance is needed.

Purpose and Objectives (cont.)

❖ Examine types of community activities that would promote wellness.

❖ Gain insight into the relation between cultural commitment and counseling attitudes among the Colville tribal members.

Operational Definition

❖ *American Indian* – The term American "Indian" means any person who is a member, or a one-fourth degree or more blood quantum descendent of a member of any Indian tribe (Interior of Bureau of Indian Affairs, 1994, #25 CFR, p.51).

Operational Definition

❖ *Colville Tribal Member –* A tribal member is defined as all persons that possess at least one-fourth degree of the blood of the tribes and bands, which constitute the Tribes (Title 8 Enrollment, Referendums And Elections, Chapter 8-1 Membership, 1988).

Methodology

❖ Participants

    ❖ Enrolled Colville tribal members, involved and uninvolved in mental health services, within the community setting.

    ❖ Sample consisted of volunteers (N=20), that included 4 chronological age groups.

Examples of Questions

- ❖ What does it mean to you to be mentally healthy or achieve wellness?

- ❖ What do you consider to be circumstances or situations that can negatively affect a person's mental health or well-being?

- ❖ If you found yourself in this type of a situation and you were looking for help or a way to feel better, what would you do?

Example of Questions (cont.)

❖ How would doing _____ help you to feel better?

❖ As you think about the things that threaten people's well-being, consider also what types of things could actually promote well-being and good mental health. What activities, opportunities, or resources, might serve to promote mental health and well-being for you and people in your community?

Data Analysis

❖ Grounded theory (Strauss & Corbin, 1990) was used and involved:

❖ Open Coding - Microanalysis of verbatim transcription of twenty interviews to identify categories, including properties and dimensions of each category.

❖ Axial Coding – Related categories to their subcategories at the level of properties and dimensions.

❖ Selective Coding – Integrated and refined the theory of mental health and wellness.

Reliability

❖ Independent reviews of the data by 2 trained coders to ensure the reliability of the categories and accurate sorting of the data that resulted in a final categorization of the data into the matrix scheme.

Demographic Characteristics

Characteristics	N	%	Characteristics	N	%
Gender			*Ethnicity*		
Male	3	15	Native Am.	8	40
Female	17	85	Indian	4	20
			Colville	2	10
			Am. Indian	1	5
Employment Status			N. Am. Native	1	5
Full-Time	12	60	Caucasian	1	5
Part-Time	0	0	Bi-racial	3	15
Unemployed	4	20			
Retired	4	20			

Demographic Characteristics

Characteristics	N	%	Characteristics	N	%
Annual Income			*Annual Income*		
0-5 K	1	5	30-35 K	1	5
5-10K	2	10	35-40 K	2	10
10-15 K	5	25	40-45K	2	10
15-20K	3	15	45-50 K	0	0
20-25K	2	10	50+ K	1	5
25-30K	1	5			

Demographic Characteristics

Characteristics	N	%
Highest Education Level Completed		
No GED	0	0
GED	1	5
High School Graduate	2	10
1 Yr. of College	9	45
2 Yrs. of College	5	25
Bachelor Degree	3	15
Master Degree	0	0
Doctorate Degree	0	0

Demographic Characteristics

Characteristics	N	%
Degree of Cultural Commitment		
Strong Anglo and Tribal	7	35
Strong Tribal/Weak Anglo	9	45
Strong Anglo/Weak Tribal	1	5
Weak Anglo and Tribal	3	15

Summary of Results – Question 1

Mental Health is defined by 5 attributions:

1. Mental Self
2. Spiritual Self
3. Emotional Self
4. Sense of Self or Physical Self
5. Environmental Self

Mental Self

Spiritual
Self

Emotional
Self

Internal Self

Power

External Self
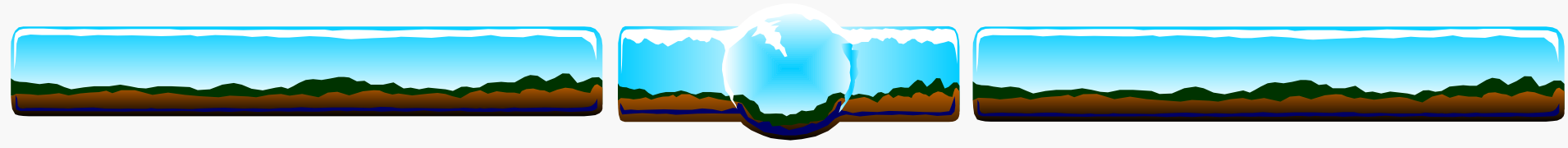
Others

Physical/Sense of Self

Environmental Self
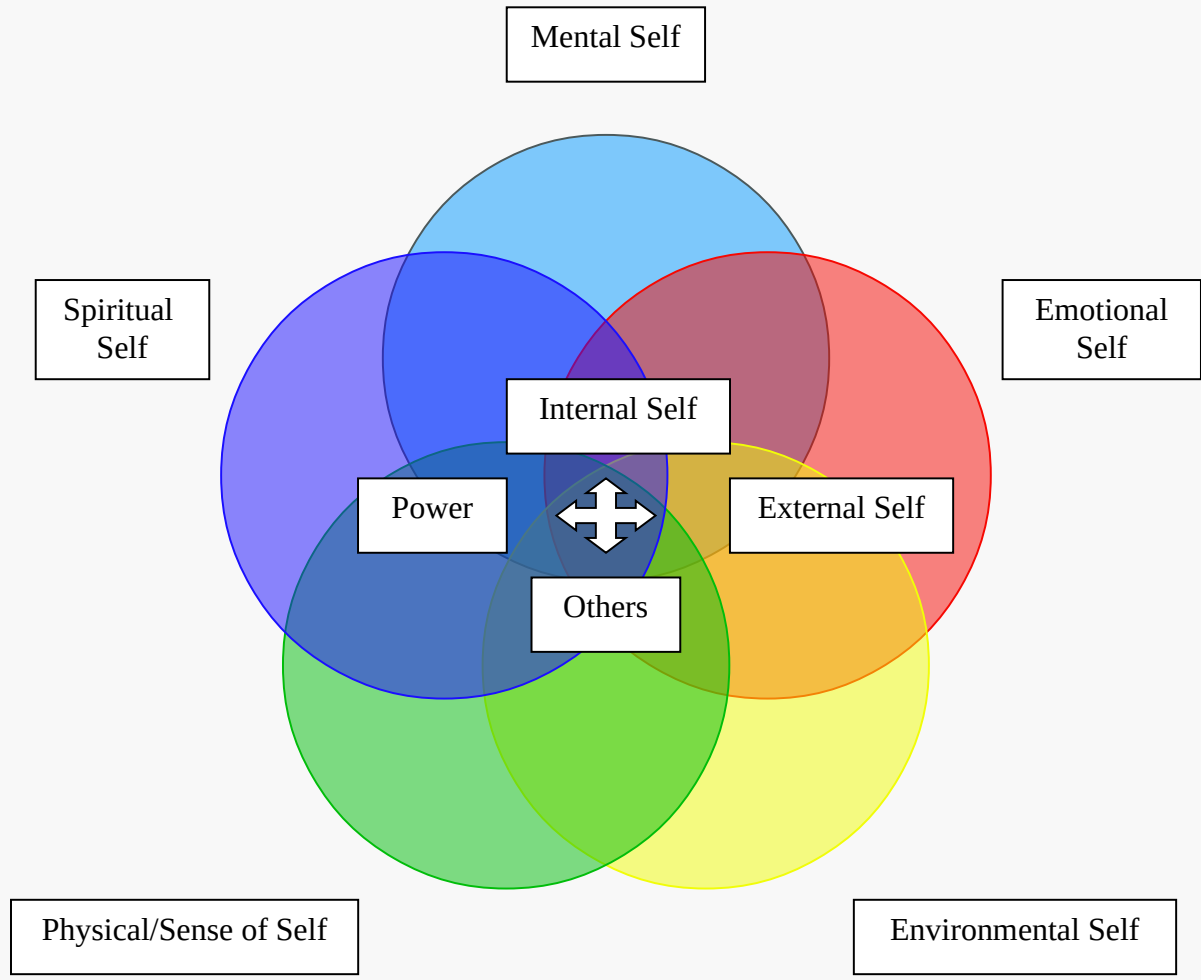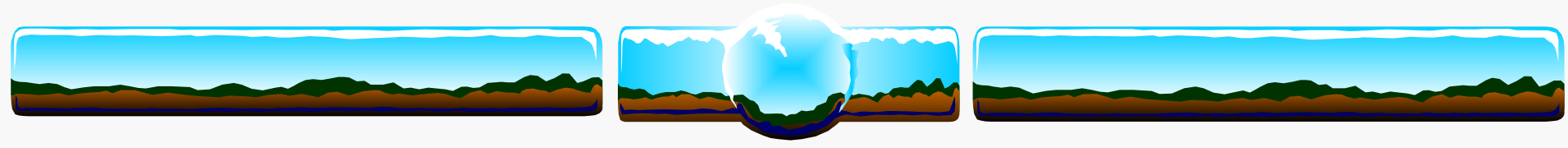
Summary of Results – Question 2
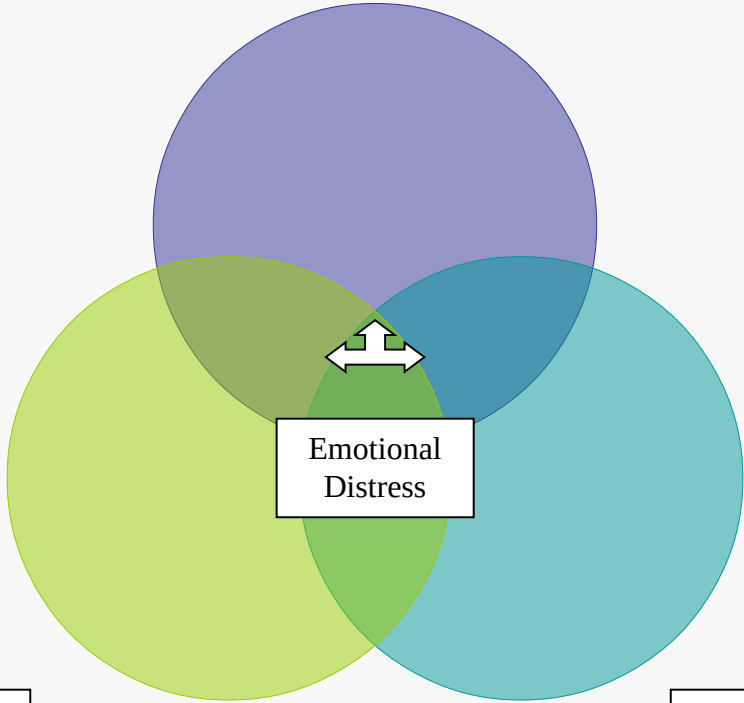
Negative life events impact the following:

1. Mental Self
2. Spiritual Self
3. Emotional Self
4. Sense of Self or Physical Self
5. Stability of one's environment

Emotional distress impacts:

1. Self
2. Others
3. Environment

Self

Others

Environment

Emotional
Distress

Summary of Help-Seeking Behavior

- ❖ Kin/Family – all person s identified as "relatives"
- ❖ Church/Prayer – Cursillo, Long House, prayer, talking with the priest, and the Catholic, Seven Drum, and Shaker religions
- ❖ Friends – close "non-relative"
- ❖ Internalized – self-reflection and process
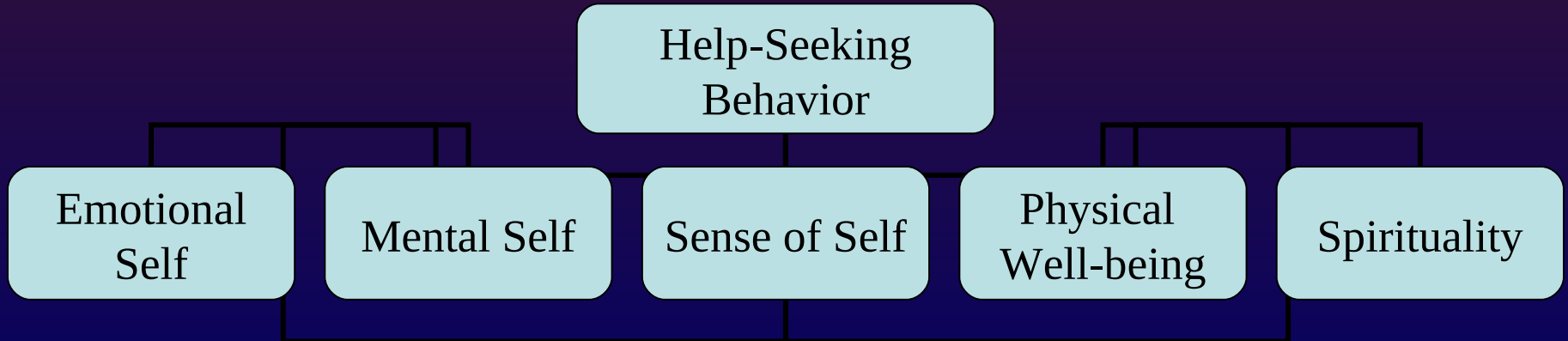- ❖ Counselor – trained professionals

Help-Seeking Behavior (cont.)

❖ Traditional Activities – sweats, meditation, talking circles, and vision quests

❖ Self-Help Methods – bibliotherapy, worksheets or activities for self-exploration

❖ Organizations/Groups – Tribal Police, Tribal Council, Al-Anon, AA meetings, conferences, workshops, and the community

❖ Family Treatment – family therapy

❖ Uninvolved People – no vested interest

Summary of Results – Question 3

Elements of wellness that are impacted by seeking help:

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                        │  Help-Seeking   │
                        │    Behavior     │
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| Emotional Self | Mental Self | Sense of Self | Physical Well-being | Spirituality |

Summary of Results – Question 4

Methods utilized to achieve wellness:

1. Spiritual outlets
2. Self-help exercises
3. Conferences/Workshops
4. Cultural activities
5. Counseling
6. Self-reflection

Summary of Results – Question 5

Activities that enhance wellness:

1. Physical Activities
2. Traditional Activities
3. Family Time
4. Elders
5. Spiritual Activities
6. Conferences and Trainings
7. Counselor and Groups
8. Volunteer Work

Degree of Cultural Commitment and Utilization of Traditional Methods

4 of 9 strongly committed to Tribal culture utilized traditional methods to enhance wellness

2 of 7 strongly committed to both Anglo & Tribal cultures utilized traditional methods

1 of 3 weakly committed to both Anglo & Tribal cultures utilized tribal interventions

Methodological Limitations

- ❖ Sample Size

- ❖ Sample Demographics

- ❖ Format Variables

- ❖ Analysis Limitations

Mental Health & Previous Findings

❖ Incorporates emotional and environmental stability

❖ Wellness incorporates mental, emotional, sense of self/physical self, spiritual, and environmental stability

❖ Development and maintenance of relationships

❖ Notion of self-preservation and self-empowerment

❖ Wellness has fluid, inter-twined boundaries

❖ Impact of acculturation on the counseling process and treatment outcomes

Hypotheses Generated

❖ As the energy of wellness increases, the movement of self-growth increases toward personal satisfaction, while emotional distress increases the focus on self-deprecating behavior.

❖ Movement toward wellness includes adversity as a prerequisite for personal growth, while over indulgence on the self inhibits personal growth.

Hypotheses Generated (cont.)

❖ Quality of relationships, self-awareness of power and adequate coping influence wellness.

❖ Cultural identity is a concurrent development rather than a linear movement and is influenced by the degree of wellness one posses.

❖ Positive correlations would exist between cultural identity and degree of wellness.
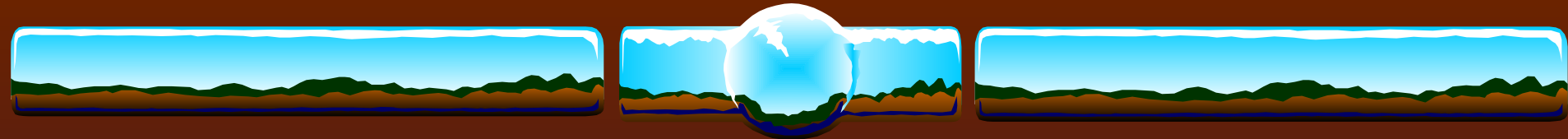
Implications for Counseling Practices

❖ The mind, body, spirit theory of wellness also incorporates the emotional self and environmental stability.

❖ Use of alternative interventions.

❖ Appreciate the personal struggle of obtaining a balance of ones' self and the interest of the community.

Implications for Counseling Practices (cont.)

❖ Exploration of home environment, expectations and realistic treatment goals.

❖ Holistic treatment plan and build a trusting relationship.

Suggestions for Future Research

❖ Address methodological limitations

❖ Expansion of the study to contribute to other fields

❖ Replication in other American Indian communities

❖ Developing and testing new hypotheses

Closing Remarks

❖ Additional information emerged
  ❖ Negative experiences with mental health providers
    ❖ Lack of "Competent care"
    ❖ Trust and comfortable environment
  ❖ Identified resources that could be implemented
    ❖ Development of programs or educational programs
    ❖ Cultural education and traditions
    ❖ Development of facilities
    ❖ Parental involvement
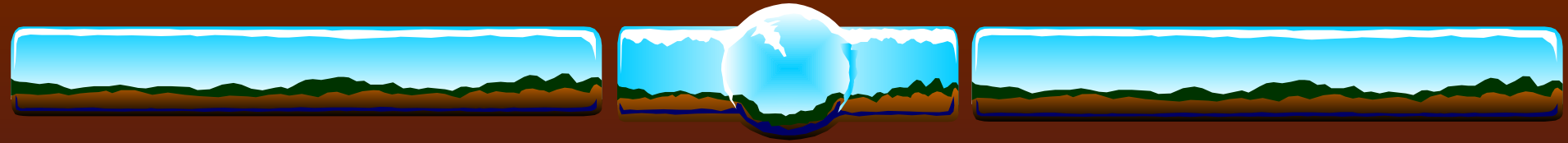
Questions, Answers, and Comments