Tribal Mental Health Issues and Disparities in Resources
Presenter: Hunter Genia

Ahnii, Giwesinini Ndihzinkaaz, Wabezhenshi dodem, Mt. Pleasant, MI ndojibaa. My name is Hunter Genia and I am the administrator for the Saginaw Chippewa Indian Tribe Behavioral Health Services in Mt. Pleasant, MI., approximately one hour north of Lansing, our state capitol. The Saginaw Chippewa Indian Tribe behavioral health services provides mental health services to all eligible Native Americans of any federally recognized tribe residing in a five county district in the central lower peninsula of Michigan. The Saginaw Chippewa Tribe has over 3,400 tribal members with roughly 50% of our population being under the age of eighteen.

I have been the administrator here for 4 years and prior to that, the mental health director of our program for six years. Upon my employment here we were an outpatient mental health, substance abuse, and prevention program providing clinical mental health services to over four hundred fifty open clients, with no residential services. In 2005, we opened up our own residential treatment center, funded solely by the Saginaw Chippewa Indian tribe.

During my tenure as the Administrator and Clinical Director, the Saginaw Chippewa Indian Tribe has carried the burden financially for providing the Behavioral Health care for our tribe. The Saginaw Chippewa Indian Tribe is providing 66% of our operational budget in this current fiscal year which equates to roughly 1.9 million dollars. The Saginaw Chippewa Indian Tribe Behavioral Health Program during the last four years has provided over 8 million dollars to support Behavioral Health Services; this figure does not include any Indian Health Service funding.

During the 2008 and 2009 fiscal years at any given time we had an average number of sixty tribal members waiting to receive services. The average waiting time to receive services once on the waiting list could be up to three months before they could receive any type of counseling services. The Saginaw Chippewa Indian Tribe made a decision to build a residential treatment center here on our reservation. The primary reason for this was so that our tribal community members could access this care without having to travel several hours, or out of state to receive Native American residential services. Distance to residential treatment provided a barrier for a lot of our tribal members to access services when needed. The closest Native American residential program was located over eight hours away, which made it virtually impossible for family members to participate in the treatment process. Since we have opened up our residential services we have provided care to over 250 Saginaw Chippewa Tribal Members. The residential treatment center operational costs are solely funded by the tribe. The majority of Native Americans receiving residential cares with us have had a combination of mental health and substance abuse disorders, known as co-occurring. Many of our tribal members have preferred to remain on our waiting list with our tribal services instead of seeking behavioral health services with other agencies and programs.

During my employment with the Saginaw Chippewa Indian Tribe, barriers to providing appropriate behavioral health care in our tribal community have been; inadequate staffing levels, lack of available psychiatrist for adults and children, adult and child psychologist to see clients in need of specialized treatment and assessments, cultural competency, Native American staff, and funding. Other issues include inadequate prevention, education, and screening for early identification of youth or adults at risk for suicide. In order for these barriers to be addressed effectively adequate funding is needed.

Many of our tribal community children are faced with enormous challenges that can be barriers to success in their lives. Higher prevalence of physical, emotional, sexual abuse and neglect are experienced by children and adolescents in our tribal communities. Our community's children are more likely to experience a higher prevalence of substance abuse, domestic violence, mental illness, neglect and or have witnessed such before they reach the age of eighteen than any other racial ethnic group. Due to these higher rates of behavioral health issues roughly 40% of our clients we see are children and adolescence.

The substance abuse and mental health issues we face and see in our community can be traced back to multigenerational trauma experienced by their parents, elders, and grandparents before them. A lot of the trauma can be traced directly to federal policies and practices like the Indian Boarding Schools. I am not surprised by this comparison which has gone severely unaddressed in tribal communities due to a lack of resources, funding, and staffing. Our tribal community has begun to address the mental health devastation that past federal government practices and policies have contributed to our people. Mental health issues we are addressing such as historical trauma, relocation, grief and loss, foster placement, physical, sexual, emotional, spiritual abuse, reactive attachment disorder, and trauma in tribal communities is enormous. This is what we see everyday coming into our clinic. This also means that specialized treatment and care is called for along with the acknowledgment and respect for cultural, traditional, and spiritual practices that were outlawed thirty years ago prior to 1978's American Indian Freedom of Religion Act. Also prior to this, the 1975 Indian Child Welfare Act was passed which protected our tribal children from being erroneously removed from their homes and community. These acts took special legislation and acts of Congress to protect our tribal community and our most precious resource, our youth.

As an American Indian raised in an large urban American Indian population in Grand Rapids, MI and also on my reservation in Mt. Pleasant, Michigan, I can tell you that in both respects, it comes down to financial and people resources. Unmet needs are still very rampant today for the American Indian population who need access to substance abuse and mental health care that are appropriate for their level of needs. Often times in my experiences, the city, county, and state levels do not want to work cooperatively with the tribal governments and communities to ensure that we are able to access this care equitably.

I thank you for allowing me to be here this morning.