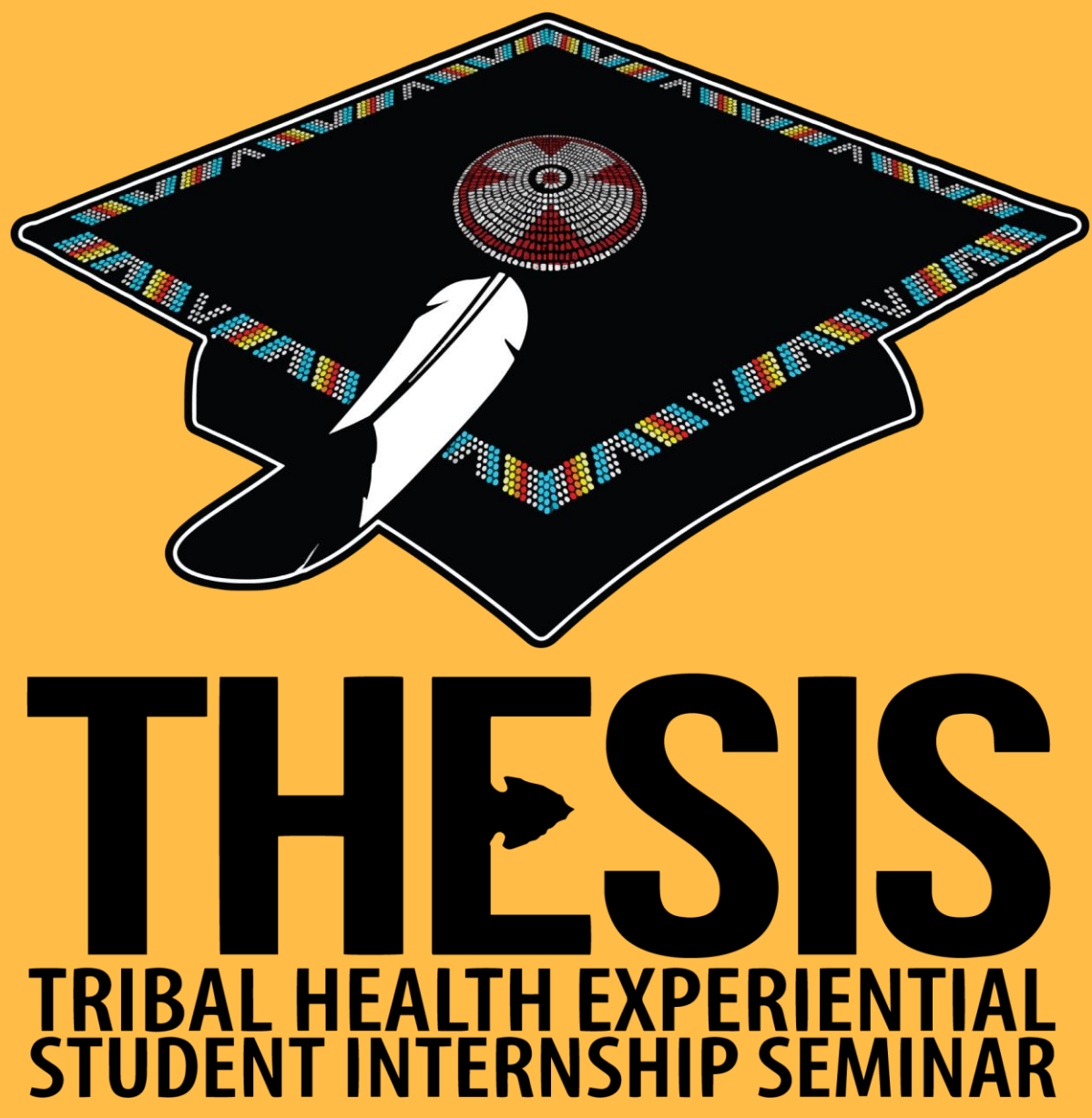




Analyzing Intercultural Competency Disparities in Indigenous Mental Health Services

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Introduction/Background

Intercultural competent disparities in Indigenous mental health services are a critical issue. This is a complex inequity that impacts the individual and the overall state of the community. Seeking mental guidance from health providers that lack cultural competence can lead to poor health outcomes and exacerbate negative ideations. Historical trauma, cultural differences, and inadequate representation must be addressed by mental health providers to advance the accessibility of quality mental health services for Indigenous communities.

Objective

- This study aims to review scholarly literature examining inequities in accessing intercultural competent mental health services for Indigenous populations.
- Identify barriers to improve the overall quality of mental healthcare for Indigenous populations.

Methodology

- Reviewed the literature using PubMed and Google Scholar to access scholarly articles based on cultural dynamics of mental healthcare for Indigenous populations and the disparities within these healthcare systems.
- The research was narrowed by the following key terms: Indigenous, Native American, mental health services, inequity, and disparities.
- Articles were identified and summarized in the study.

Results

Essential Components to Indigenous Mental Health Services

- **Collectivism** refers to mutual collaboration for improved health and wellness outcomes.
- **Spirituality** is crucial to the centering of one's being and connection to the natural world through traditional practices that guides personal identity.
- **Language** aids effective communication and is vital to the expression of emotion. The use of traditional language strengthens cultural esteem.
- **History** has shaped the health inequities of Indigenous people due to marginalization, forced assimilation, and forced relocation.

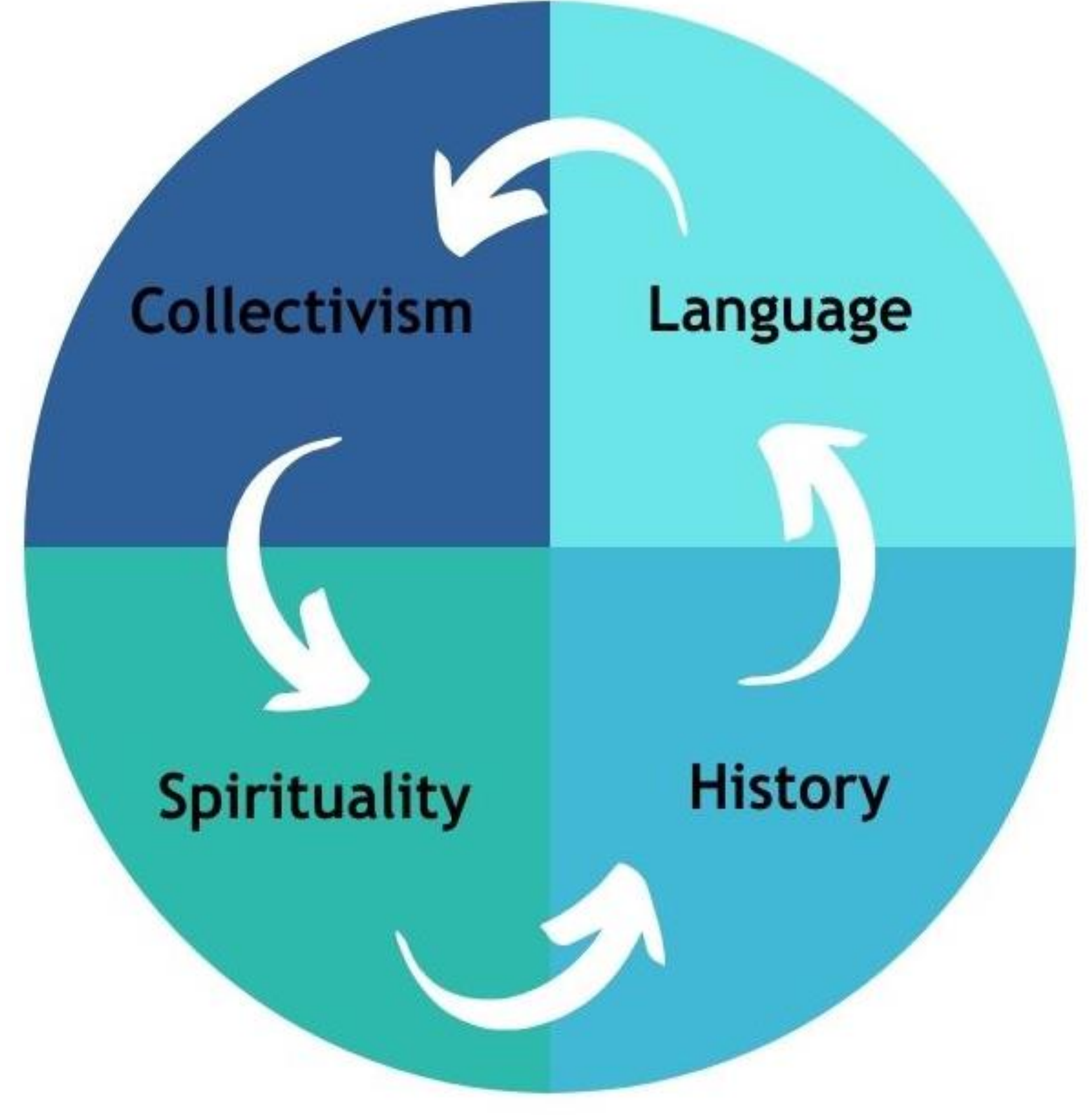
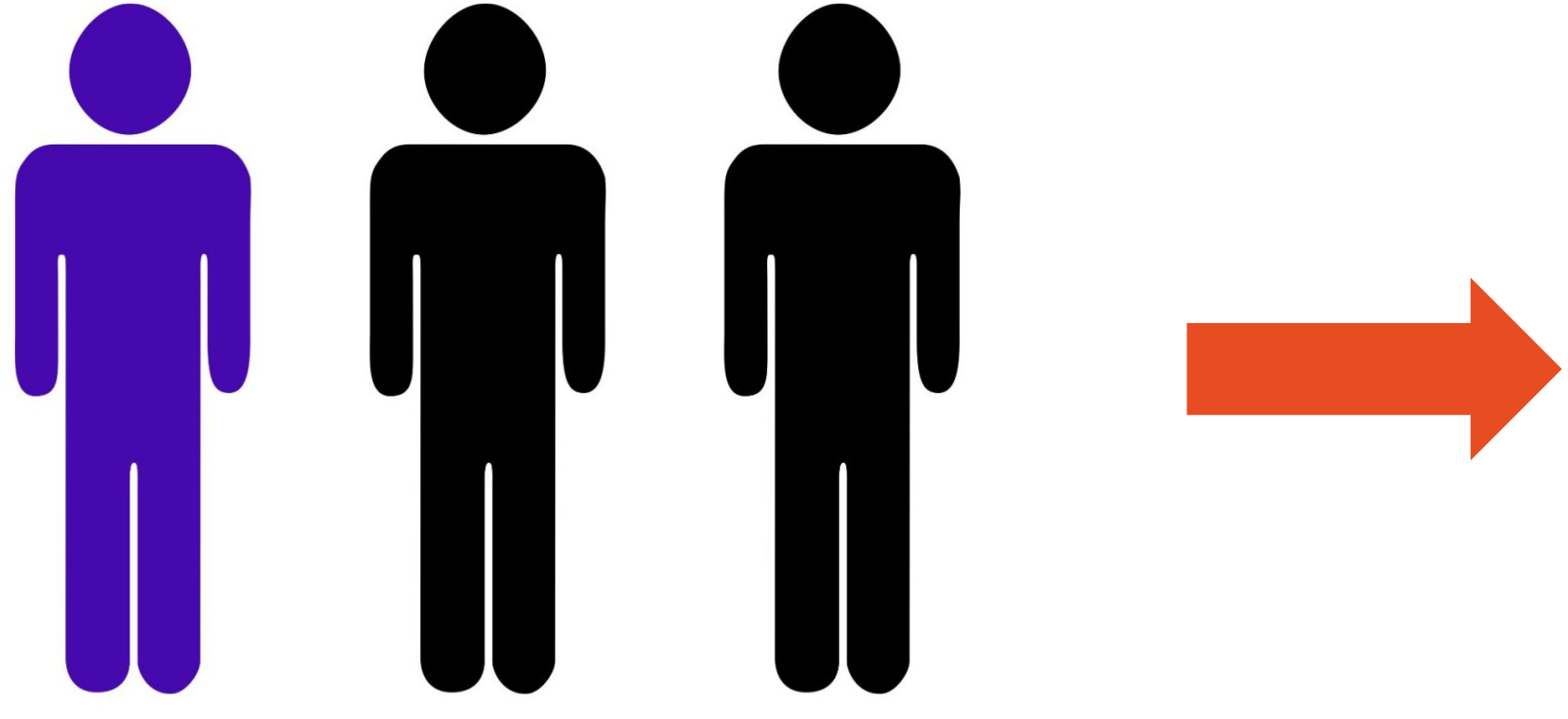


Image 1: Four important components of Indigenous Mental Health.



One-third of the American Indian/Alaska Native population in the United States have been diagnosed with mental illness.

Table 1: Examples of intercultural differences within the use of Language.

Eye Contact	Should not be prolonged
Sickness in Choctaw Sickness in Cherokee	Abeka Uhtsvga
Greeting (Dene Navajo)	Ya'at'eeh: Hello/Everything on the surface of mother earth is good
Silence	Acceptance, peace, harmony, and reflection

- Mental health providers need to be knowledgeable about the cultural aspect of Indigenous mental healthcare as demonstrated in Image 1.
- The lack of quality mental health services for the Indigenous population is paralleled to nearly one-third of the American Indian/Alaska Native being diagnosed with a mental illness.
- Medical mistrust and overall lack of pursuit of mental health services can be impacted by incorporating traditional healing in mental health services.
- The languages of tribes are not universal. This should be understood to demonstrate respect for the practices of each tribe as exemplified in Table 1.

Conclusion

- Holistic approaches need to be incorporated into mental health services.
- Mental health providers should participate in cultural trainings.
- Healthcare providers should be involved in community engagement that incorporate programs focused on Native collective wellness.
- Service outreach programs should be implemented that overcome geographic barriers.
- More funding needs to be allocated for mental health services.

References



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