

EDITORIAL

This issue marks the close of the sixth volume of *American Indian and Alaska Native Mental Health Research*. As the reader will immediately note, with one exception, the articles contained herein emphasize various services offered to American Indians and Alaska Natives covering a wide spectrum of problems. The article by Scurfield is especially appropriate, following on the heels of a recent special issue of this journal dedicated to describing the adjustment of American Indian and Alaska Native combat Vietnam veterans to their return home. His article provides valuable insights into the programmatic structure and therapeutic process that characterize this unique attempt to adapt Veterans Administration inpatient services to the needs of this special patient population.

Another article, authored by Husted, Johnson, and Redwing, provides one of the first detailed accounts of the structure and outcomes of a residential treatment program targeted to Indian youth suffering from a range of alcohol, drug, and mental health problems. Managed and staffed by the Sisseton-Wahpeton Sioux Tribe, this treatment program, originally developed in 1978, combines a variety of traditional as well as western psychotherapeutic procedures to treat a complex array of comorbid conditions that often plague troubled youth. Hopefully this report will encourage closer attention to other adolescent treatment programs, notably the regional treatment centers currently funded through the Indian Health Service. The lessons gleaned promise to inform the efforts of many such programs presently in place across Indian and Native communities.

In this vein, then, and absent data on effectiveness, Burns, in yet another article in this issue, questions the impact of federal funding, as it has flowed through the Indian Health Service, in combating alcohol dependence and related mortality among this population. Widespread, coordinated advocacy among Indian and Native communities has resulted in significant increases of funding for alcohol treatment and prevention. Burns questions the subsequent gains, as reflected in the admittedly sparse data available. The questions that he raises are important and timely, as recent changes in congressional mood strongly underscore. The Indian Health Services' commitment, pursued through the Alcohol and Substance Abuse Program Branch, under the leadership of Johanna Clevenger, M.D., to evaluate such programming has been acknowledged on several public occasions. This effort, once completed, will afford Indian and Native communities information that policy-makers and public representatives now require in order to justify as well as expand human services. Dr. Clevenger's invited comments follow.

Lester, focusing on social correlates of American Indian suicide and homicide, returns to the theme of a recent journal monograph. That monograph, entitled "Calling From the Rim", anticipated renewed concern in regard to this troublesome phenomena. Indeed, the Indian Health Service recently convened an external task force to review circumstances surrounding suicide in this population as well as to recommend a more comprehensive strategy for reducing risk as well as attendant suffering. Lester's article reminds us of the broader social, geographic, and political context in which suicide and homicide occur. Clearly local planning and prevention efforts will benefit from a broader awareness of the circumstances in which their own experiences unfold.

Lastly, a special commentary by Bhatara, Fuller, and Fogas point to the harsh professional demands of service in many rural, remote, and isolated Native communities. Based upon their work in South Dakota, they are able to suggest a number of important interventions that may facilitate the recruitment, retention, and ultimately satisfaction of health professionals working in these areas. The challenges underlined by this article echo those anticipated four years earlier by Scott Nelson, M.D., and his colleagues in the Mental Health and Social Services Program Branch of the Indian Health Service. Dr. Nelson, in responding to the authors' suggestions, reemphasizes this area of need and provides additional recommendations as to new opportunities for meeting these challenges by capitalizing on current opportunities in computer telecommunications, graduate training, and public-academic liaison.

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