

## EDITORIAL

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This Special Issue of *American Indian and Alaska Native Mental Health Research* presents a series of papers which describe the results of mental health needs assessments performed by four urban American Indian organizations. In 1991, the Indian Health Service funded this nationwide initiative with the goal of determining the need for culturally appropriate mental health services among American Indian people residing in urban areas. As the guest editor, I would like to take this opportunity to briefly explore the significance of these papers in the context of program evaluation and planning for alcohol, drug, and mental health (ADM) services for American Indian communities.

Why do evaluation, program, and strategic planning efforts for ADM services so often seem inadequate? Such efforts often involve the complex tasks of collecting information concerning markers, or "indicators," of the "quality of care" that a particular ADM service organization provides. Measures of the quality of care are most often divided into the following three domains (Donabedian, 1988): (a) the "structural" attributes of the organization itself [e.g., training, experience, and cultural competence of the clinical staff]; (b) the quality of the "process" of care provided by the organization [e.g., waiting time, whether the clinician queried and recorded her/his assessment of suicidal intent during the interview of a depressed individual]; and (c) the "outcome" of care of individuals and families who use services provided by the organization [e.g., symptom reduction, improvement in adaptive functioning, participant satisfaction]. Information of this nature is certainly critical for evaluation and program planning, yet we are often unconvinced that these indicators, as a whole, assure us of quality ADM services.

The critical community contexts of ADM services are strikingly missing from such efforts. Consider the following questions. What are the prevalence and patterns of ADM problems among community members? What are the prevailing community *attitudes* towards ADM disorders? Toward ADM services? Are needed services available? Do existing programs work together, particularly for individuals and families with complex needs? What gaps in services do community members identify? How do community members perceive existing ADM services? Are they *accessible* (e.g., convenient location and hours, affordable fees)? Are they *acceptable* (e.g., professional, knowledgeable, culturally competent, and appropriate staff)?

The answers to such inquiries can easily turn a program evaluation on its head. For example, consider an ADM service organization that demonstrates excellent outcomes, but is perceived by a substantial number of community members as difficult to access because of a long waiting list for scheduling initial appointments. Or a service organization that specializes

in short-term, focused services for adjustment disorders in a community with a high prevalence of chronic ADM conditions. Or even a service organization that can document the cultural competence of its staff (a high percentage of American Indian staff), but is perceived by community members as unacceptable because of the culturally inappropriate behavior of one or two key clinicians.

Thus, internally focused ADM program evaluation is evaluation stripped of context, meaning, and value. How refreshing, then, are the 1991 Indian Health Service (IHS)-funded efforts for the mental health needs assessment of American Indians in a number of cities with substantial American Indian populations, four of which are presented in this volume.

The organizations funded by the IHS to perform these assessments faced the unenviable task of completing the work on a short time line with limited funding and lack of a consensus on how to proceed, either for American Indians or for urban populations in general. Indeed, these surveys have a number of significant limitations, including sampling strategies that do not ensure a representative sampling of each city's American Indian population and analytic approaches that are exclusively descriptive. Still, the papers presented here reflect a variety of responses to these challenges, resulting in a volume that gives voice to community members' concerns about the mental health problems that they and their families face, as well as how they feel these problems should be addressed.

First is a strong statement of need. The mental health problems identified include issues such as depression and substance use. However, these mental health needs are matched or even exceeded by needs for more supportive services such as employment and housing as well as strong concerns about maintaining connections with reservation communities and developing a center for American Indian culture within the city.

Second is a clear message around service delivery. Urban mental health providers often address such problems out of their social context. This is not acceptable to the participants in these assessments. Yes, the treatment of depression is important, but so is job counseling. Also, these mental health services should be delivered within a cultural context. The desire for cultural activities, American Indian mental health providers, as well as the need for traditional healers are strongly expressed. What emerges from these surveys is a vision of services which address mental health issues within these social and cultural contexts. The decontextualization of mental health needs is more than unacceptable to many of these respondents; it is frankly incomprehensible. This is most clearly seen in the apparent incompatibility of responses in the survey completed by Chester, Mahalish and Davis for the Native Americans for Community Action, Inc. (Flagstaff). Individuals were asked about the use of traditional healers in two contexts, first in the context of service use (which 1% responded affirmatively), and second in the context of culture (which resulted in an affirmative response of

52%). These differences point out how the Western model of separating mental health needs from spiritual and cultural concerns is inappropriate for many urban American Indians. The need for organizations that serve the full circle of these domains is underscored by these studies.

This finding has major implications for the way the IHS and other providers of mental health services design services for urban American Indians. The IHS urban health projects often focus on increasing access to existing services funded from other sources. These existing services rarely provide programs specifically designed for American Indians, and certainly fail to meet the high standard of comprehensive services as outlined above. New groundbreaking collaborations need to be developed between the urban American Indian community, the IHS, and existing service organizations to ensure the development of such programs.

How exciting, eight years later, to consider these papers in the context of the Circles of Care Initiative. Circles of Care (CoC), sponsored by the Center for Mental Health Services (CMHS), the Indian Health Service, and the Office of Juvenile Justice and Delinquency Prevention, is funding nine American Indian organizations (including three in urban areas) to develop plans for comprehensive ADM services for American Indian children and adolescents with serious emotional disturbances. This strategic planning effort is aimed at preparing grantees to compete successfully for CHMS and other child services grants, which will enable them to make these plans a reality. Thus, CoC includes an extensive evaluation component that embraces a careful description of the existing system of services, assessment of community needs for mental health services, and sensitive explication of community members perspectives concerning ADM problems and services. Indeed, this extends even to developing community-specific definitions of serious emotional disturbance. The lessons of these 1991 papers is already providing critical guidance to the CoC grantees as they progress through their strategic planning efforts.<sup>1</sup>

What emerges from these papers is clear evidence for the need for ADM services and for the development of new comprehensive psycho-socio-cultural centers to meet this need. Also evident is the need to bring more rigorous scientific investigations into the scope, characteristics, developmental trajectory, and optimal treatment approaches of mental health problems among urban American Indians. Thus, this volume clarifies the challenges and tasks for practitioners, community leaders, and scientists.

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## References

Donabedian, A. (1988). *The definition of quality and approaches to its assessment*. Ann Arbor: Health Administration Press.

## Notes

<sup>1</sup>You can learn more about Circles of Care by visiting the world wide web site of the Circles of Care Evaluation Technical Assistance Center (<http://www.uchsc.edu/sm/coc>).