



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT
UNDERSERVED CULTURAL COMMUNITIES (UsCC) UNIT**

**American Indian/Alaska Native UsCC Subcommittee
2021-2022 Community Mental Health Needs Assessment Project**

PROJECT DESCRIPTION

The Community Mental Health Needs Assessment Project was identified by the American Indian/Alaska Native (AI/AN) Underserved Cultural Committee in 2020 and brought to the community by Indigenous Circle of Wellness (ICOW) in 2021-2022. The project was completed in five distinct phases. These phases can generally be summarized as: (1) outreach for participant recruitment and development of focus group facilitation guides, (2) facilitation of five focus groups dedicated to highlighting sub-groups within the AI/AN community, (3) development of outreach materials for an Indigenous Community Mental Health Forum, (4) recruitment and facilitation of the community forum, and (5) the development of this final project summary report. The AI/AN UsCC was provided flyers and updates regarding progress of the project. AI/AN UsCC participants were also encouraged to participate in focus groups and the Indigenous Community Mental Health Forum. Following the completion of the forum, many community members, staff of community-based organizations and participants within the AI/AN UsCC also received digital copies of the event slides that emphasize major findings from this project along with the associated recording of the community forum.

PROJECT RESULTS

In April 2021, the first phase of the project began with planning five focus groups specifically for: (1) Indigenous Youth (2) Two Spirit Community Members (3) Indigenous Elders (4) Parents/Caregivers of Children with Special Needs and (5) All Indigenous Community Members. This project was approached in this way to ensure the voices, needs and experiences of community members that identify with these sub-populations were centered and also represented throughout the focus groups. From there, three graphic designs were created to outreach to specific sub-populations of the AI/AN community. The three designs included consistent descriptions but varying imagery for: (1) the general community, (2) Two Spirit and Indigiqueer community members, and (3) Indigenous youth. The three designs were circulated and resized for email integration, social media posts and social media stories. Due to COVID



restrictions on physical distancing and concern for community safety, we coordinated all focus groups to be held virtually on Zoom each Tuesday in August 2021 from 4:00pm-6:00pm. The three designs are included below for reference:

AMERICAN INDIAN / ALASKA NATIVE COMMUNITY



FOCUS GROUPS
UPLIFTING COMMUNITY WELLBEING

Focus groups will be held from 4:00pm-6:00pm for:
Indigenous Youth on 8/3/2021
Two Spirit Community Members on 8/10/2021
Indigenous Elders on 8/17/2021
Parents/Caregivers of Children with Special Needs on 8/24/2021
All Indigenous Community Members on 8/31/2021

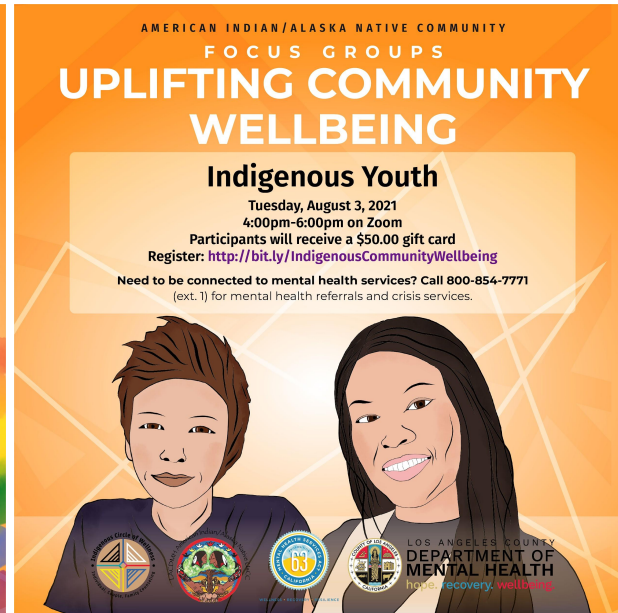
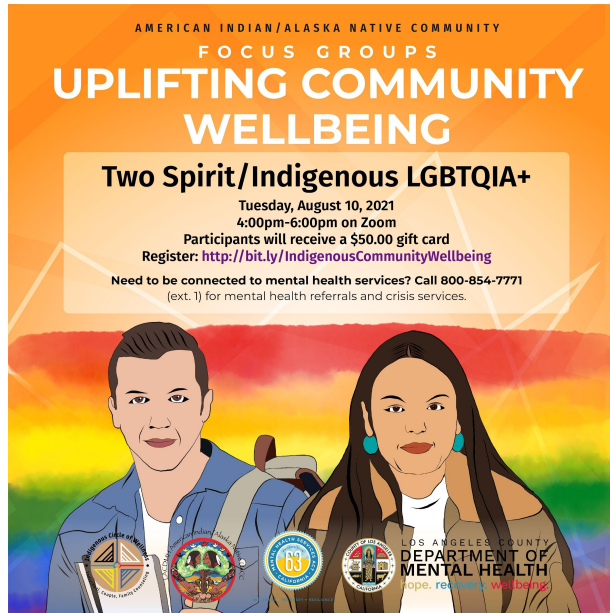
Focus groups will last two hours and will be held on Zoom. Participants will receive a \$50.00 gift card.

Register by Friday, 7/30. Participation confirmation will be sent via email. For any questions please contact **Elena Nourrie** at elena@icowellness.com

Register: <http://bit.ly/IndigenousCommunityWellbeing>

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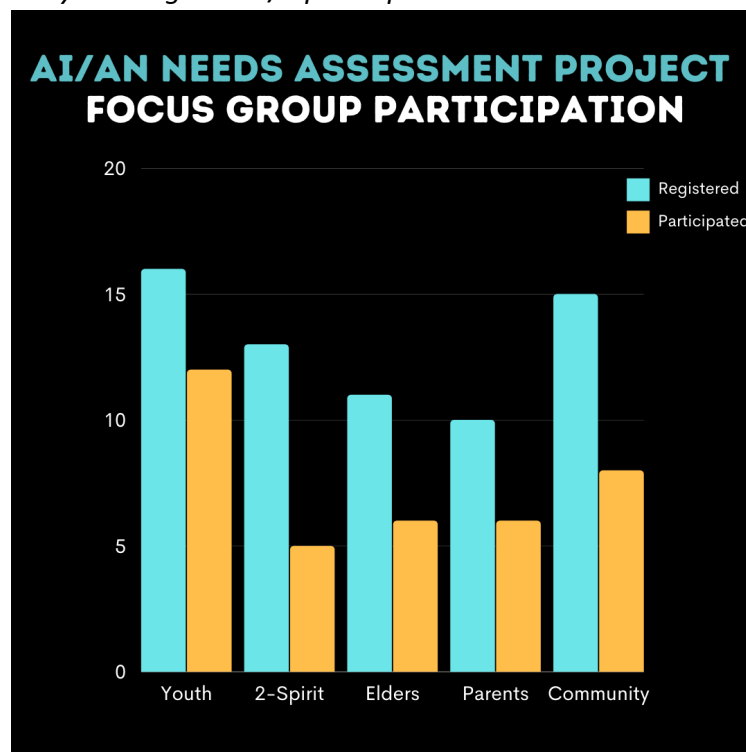


The first phase of the project continued through May 2021 as we developed Focus Group facilitation guides. Each guide was developed with initial instructions around anonymity, confidentiality, recording, duration of time and the voluntary nature of responses. The facilitation guide also included dedicated time to allow participants to learn about the importance and purpose of this project with two primary goals. The first goal was focused on outreach and engaging the AI/AN community in discussions regarding mental health needs to reduce stigma associated with mental health services and increase community member involvement in the LA County Department of Mental Health stakeholder process. The second goal was to increase awareness of the diversity of mental health needs of AI/AN individuals and provide opportunities to address concerns about mental health services. Facilitation guides had ten questions designed to explore: stigma and mental health challenges that impact the community, gaps in mental health services, causes of mental health challenges in the community, ways that local tribes, tribal clinics and community-based organizations help improve mental health, types of services available in the community, outreach and services for specific subgroups, and whether services were appropriate for AI/AN people. The last question focused on identifying what participants would like to see as far as new services or improving current services to support mental wellness needs.

The second phase took place in July and August 2021 with focus on the recruitment of 10-15 participants per group, facilitation of all five focus groups and distribution of incentives following each group. All focus groups were facilitated by ICOW's Director of Education and



Community Engagement who led the Needs Assessment project, an ICOW Wellness Provider (therapist) to support if any traumatic instances arose, and a Project Consultant. Each person contributed in specific ways to lead logistical coordination and fulfill facilitation needs. All Focus Group participants were confirmed based on three criteria: (1) their self-identification as AI/AN, Native American or Indigenous, (2) their location/residency within various parts of the county, and (3) their disclosure of valuable experience with mental health services within the county at the time of Focus Group registration. We had a total of 67 registrants, however, a couple of those were duplicates as community members registered to join more than one Focus Group. We had to revisit registration and coordinate groups to ensure consistent group sizes and confirm participation in just one group per person. In summary, we had 65 unique/individual registrants total and participants joined from all eight service areas of Los Angeles County. We emphasized representation from all service areas to help identify availability of services, needs, and access to resources based on location. Each community member that attended also received one \$50.00 gift card incentive for participating. We had the following registration and participation rates: Indigenous Youth - 16 registered/12 participated, Two Spirit - 13 registered/5 participated, Elders - 11 registered/6 participated, Parents/Caregivers - 10 registered/6 participated, All Community - 15 registered/8 participated. This is also illustrated below.





The third phase of this project took place from September 2021 through February 2022. This phase included logistical planning and outreach development for the virtual Indigenous Community Mental Health Forum held in March 2022. During this period, recordings were transcribed and reviewed in detail by ICOW staff to identify consistent themes and major findings. Results were respectfully condensed and summarized in order to be reported back to community stakeholders during the forum to elevate and respond to needs identified. Through this phase, we also created outreach materials, confirmed speakers and developed a facilitator agenda for the community forum. We selected panelists in response to the needs that participants shared and also intentionally chose to highlight existing resources specifically for subgroups within the community. Panelists included Yuè Begay (Diné) of Indigenous Pride LA and Stephanie Mushrush (Washoe/Filipina) of the Many Winters Gathering of Elders and American Indian Counseling Center. We proactively developed several outreach flyers with speakers in order to help generate interest, support recruitment and increase connection with community leaders that are involved in the work that was expressed as a need by community members. Please see fliers below for reference.



Indigenous Community Mental Health Forum



SAT. MARCH 26, 2022 | 10AM-1PM

This learning collaborative space will center the mental health needs that have been identified by and for Indigenous community members in Los Angeles County. We'll share about mental health services available, gaps in services as well as opportunities to get involved with local community resources.



Yuè Begay (Diné)
Co-Chair of Indigenous Pride LA,
Project Consultant, Graphic Artist,
Advocate, and Educator.

Stephanie Mushrush (Washoe Tribal Member/Filipina)
Provider, Volunteer and Community
Organizer for the Many Winters
Gathering Of Elders.



Register Here bit.ly/ICOWMentalHealthForum

Created by the LACDMH American Indian/Alaska Native UsCC subcommittee and brought to you by Indigenous Circle of Wellness For questions, contact **Elena Nourrie** at elena@icowellness.com or at 626.782.5570 ext. 102



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Stephanie Mushrush
(Washoe Tribal Member/Filipina)
Provider, Volunteer and Community Organizer for the Many Winters Gathering Of Elders.

Register Here bit.ly/ICOWMentalHealthForum

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Yue Begay (Dine)
Co-Chair of Indigenous Pride LA,
Project Consultant, Graphic Artist,
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The fourth phase included recruiting participants and facilitating a virtual three-hour Indigenous Community Mental Health Forum in March 2022. The goal of the forum was to identify the needs of the community and reduce stigma associated with receiving mental health services by sharing about existing mental health services, challenges in accessing services, identifying where the gaps in mental health service delivery exist, and sharing ways to improve mental health service delivery as well as suggestions for reaching specific subgroups within the AI/AN community. We did this through a visual presentation, large group discussions and small group breakout sessions. Participants also learned about how to get involved with the AI/AN UsCC, Indigenous Pride LA and the Many Winters Gathering of Elders. We had a total of 39 registrants and 21 participants attended. Although this was a smaller group than anticipated, community members were consistently engaged through discussion and the chat option.

The final phase entails development of this report in April 2022 with emphasis on outcomes of the full project. This includes sharing the needs and feedback identified by Focus Group participants and Indigenous Community Mental Health Forum participants. This summary also includes priority of mental health needs, gaps in service delivery, stigma and challenges in accessing services for the AI/AN community, ways to improve mental health service delivery and suggestions for how to reach specific subgroups within the community.

OUTCOMES

Community members from each of the five groups brought up the need for more Native/Indigenous mental health providers, more cultural competency training for Native and non-Native providers and increased understanding of historical trauma – including how it manifests in daily lives and relationships. Community members from each group also raised the need for more visibility of community leaders and resources as well as the need for access to culturally inclusive mental health services particularly in areas such as the South Bay, Antelope Valley and eastern areas of the county such as Pomona, CA.

Every single group also mentioned the disparities in services available specifically for community elders and Indigenous Two Spirit and LGBTQIA+ community members as well as the lack of resources, educational materials and inclusive spaces for these populations. For elders, many Focus Group participants brought up the substantial impact of the COVID-19 pandemic on elders' mental health due to the need to physically distance themselves from others as many were considered immunocompromised or at-risk. Many community members also brought up how elders are often unfamiliar with utilizing technological platforms such as Zoom, Google Meet, or other virtual webinar options, and this lack of awareness with online platforms contributed to even more isolation, depression, and sense of hopelessness through this critical time. Participants within the elders group also disclosed that they needed resources to support



their mental wellness in navigating their stage of life, the aging process, and learning how to advocate through medical care spaces. Youth participants also raised the stigma elders have in even discussing mental health and wanting to support elder family members/generations in normalizing conversations about mental wellness. Participants within each Focus Group also brought up the need for more spaces that center elders specifically dedicated to culture, community connection and storytelling.

As mentioned, participants within each of the five groups also brought up the need for inclusive spaces for Indigenous LGBTQIA+ community members. Many raised the issue of feeling confused by acronyms, understanding definitions of pronouns, when to use pronouns, etc. Community members also raised reflections on how to create more community spaces that promote sense of belonging and validation for all. There is a significant need to educate the community on knowledge of cultural contributions and views of Two Spirit identities within our tribal communities. There is also a need for awareness and understanding of gender identities, acronyms and varying experiences particularly as these impact the mental health of LGBTQIA+ individuals and their relationships to others including entire family units. Many community members also raised the need for support in navigating body dysmorphia and medication management. This was brought up as a need at the individual level and from parents invested in learning how to best support their child or relative. Participants also brought up the fact that Red Circle Project led a lot of this work in community but is no longer in existence and this has impacted many community members.

The parents/caregivers focus group also brought up the need for more spaces dedicated to supporting youth ages 0-5 that also center sensory activities. Participants raised that this is a significant developmental phase for children and for new parents. There is also a significant need for parent support groups and more offerings of Positive Indian Parenting classes. Participants also highlighted the need to understand neuro- differences to help support children, educate others and learn to advocate on behalf of children with disabilities in school and in medical situations. Examples that were raised include understanding Autism Spectrum Disorders and sensory sensitivities in children as these social skills impact the whole family and also emphasize the need for academic services. Depression and anxiety disorders were most frequently referenced during the postpartum period as hormones are fluctuating. Participants mentioned there is significant need for traditional medicines and practices, during this time.

This section is also summarized in the table below:



NEEDS MOST CONSISTENTLY IDENTIFIED BY COMMUNITY

Wellness Providers

- We need more Native/Indigenous and POC providers
- More cultural competency training
- Increased understanding of historical trauma
- Visibility and Resources
- Access

Elders

- Connection
- Increase access
- Aging mastery programs
- Understanding financial changes
- Navigating systems such as medical care and hospice
- Meals on wheels
- Book Clubs
- Music Workshops
- Transportation

Indigenous LGBTQIA+ Community Members

- Compassion
- Belonging & Inviting
- Support educating
- Knowledge of cultural contributions
- Navigating body dysmorphia
- Medication management

Parents/Caregivers

- Inclusive spaces
- Genuine relations
- Support groups & Parenting classes
- New mothers
- Development support
- Understanding neuro-differences
- Advocating for children in school
- Training on IEPs
- Sensory activities

Significant quotes and feedback received from community regarding the Focus Groups and Indigenous Community Mental Health Forum included:

- *"I attended the forum this past Saturday and I enjoyed it tremendously. I am impressed by how much you and your colleagues have done to know the needs of the Indigenous community in order to help individuals who have experienced present-day trauma as well as generational trauma to clear both, so the individual can live a better life."*
- *"There are not enough mental health resources [where we have the] freedom of being authentic."*



- *"It isn't appropriate when Indigenous people spend a good amount of time educating therapists about the Indigenous experience."*
- *"[I] feel a sense of urgency to "get myself together to hold my family together."*
- *"I always feel like there is a specific person I put on to go outside."*
- *"I can feel people looking right through me like I'm not even there. [it makes me feel like] I want to be quiet. I want to be unnoticed."*
- *"Many mental health spaces are not geared towards Native communities because they don't have the spiritual, traditional and cultural aspect integrated throughout."*
- *"I know the bible more than I know my traditional teachings. I'm trying to reclaim that knowledge."*
- *"We are constantly living and still feeling the pain of our ancestors. I mean the discoveries of the children found at residential schools impacts us deeply."*
- *"I learned to be a passive woman and have a low self-esteem stemming from my mother. She learned that through her grandmother who was at Tribal school. She suffers from depression. She goes to therapy and is on medication."*

LESSONS LEARNED

We learned that we must plan for significant spacing between virtual and in-person events. As social distancing and mask mandates have lifted there have been more community gatherings taking place including monthly and/or bi-weekly mental health events taking place within the AI/AN community. We understood that outreach and participation might be lower due to the event being hosted within the same time frame that we were also simultaneously leading seven monthly Indigenous Mental Wellness Gatherings. Despite all of the visual and relational outreach efforts that we led, this may have impacted community engagement and turnout during the final community forum.

We have brainstormed ways to consider how we can avoid oversaturating the community with too many similar or overlapping offerings related to mental health. We have also identified ways to partner on events with even more local community organizations to avoid duplicating or creating additional work but instead strengthen community offerings. We are also now more considerate of programming events any time through the winter break especially as many community members have expressed now more than ever the need to focus on relationships and being present after the experience of the pandemic.

Another learning came through the process of social media marketing both for the focus groups and for the community forum. We initially had one design for all five focus groups. After about a week of advertising, we noticed registration was low for both the Indigenous Youth and Two Spirit focus groups. Although our initial design included visuals that represented our intergenerational community we still had gaps in registration. We decided very quickly to create



sub-group specific graphic designs to promote outreach. In the future, we will likely develop additional graphics with varying imagery from the start to help with promoting the project.

During the second phase of project outreach we created a design for the community forum that initially had a spring feel to reflect new beginnings and growth. We soon realized the community may not be making the connection between the focus groups and the forum as it had been several months between those aspects of the project. We updated the graphics to integrate some of the initial design elements of the main focus group flier which helped to increase registration.

RECOMMENDATIONS

We recommend avoiding planning any community mental health events during the same month as other community based organizations. We acknowledge there are many choices in programs, many of which are offered consistently on specific weekends each month. We want to ensure community members can enjoy participating in family-focused events rather than making it difficult for the community to attend or competing for registration. We also recommend maintaining flexibility in scheduling evening and weekend events.

Based on focus group findings we recommend elevating programs that support learning about and understanding the use of traditional medicine to support healing. These programs must be facilitated by trusted community leaders. Many community members brought up the need for plant medicines to be used in treatment and direct services to support mental health. Community members also recommended integrating connections to nature as much as possible such as holding outdoor events or providing direct services at parks or on walks.

We also recommend collaboration across mental health and public health sectors. Many participants raised the need for Indigenous-centered advocacy across these fields. Further, participants discussed the importance of understanding public health disparities, data collection and ongoing assessment in terms of planning programming as well as identifying and meeting the needs of the community. We also recommended integrating a sixth-grade reading and comprehension level for any text printing.

We also recommend integrating the focus group feedback to provide more inclusive spaces for Indigenous elders and Two Spirit community members. Community members brought up the need for leaders within community based organizations and mental health spaces to be educated and aware of basic terminology around varying identities. Storytelling is also recommended in future programming as it can be very helpful in providing space for individual/collective healing and integrating traditional wellness practices.

For additional information or questions about this summary, please contact:

Indigenous Circle of Wellness via email at info@icowellness.com or phone at 626.782.5570