
*Cultural
Competency
Toolkit*

CHAPTER

1



**The Mentor Project:
Fostering Consumer
Advocacy Among
Native Alaskans**

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Executive Summary

The Native population in Alaska experiences high instances of substance abuse and violence and utilizes the state mental health system at a much higher rate than Caucasians. At the same time, there are few Native Alaskan consumers involved in mental health advocacy work. In part, this is due to the remoteness of many Native Alaskan villages, which precludes networking with other consumer groups and consumer leaders. Through the Mentor Project, the Mental Health Association in Alaska (MHAA) proposed to sponsor five Native Alaskans living in remote regions to attend the Bridges 2000 Fly-In. At the Bridges Fly-In, an annual gathering for consumer leaders spearheaded by MHAA, these individuals would have the opportunity to learn about self-advocacy and consumer advocacy skills.

Project Goals

- To involve five Native Alaskans in the Bridges 2000 Fly-In.
- To thereby encourage advocacy among Alaska's native population.

Introduction

There are twelve major native tribes in Alaska, who make up approximately one quarter of the state's population of 600,000 people. Proportionally, the Native Alaskan population utilizes the state mental health system at a much higher rate than Caucasians, with the preponderance of substance abuse, interpersonal violence, sexual abuse and suicide among Native Alaskans having severe, multi-layered social and economic implications for this community.

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Yet the consumer empowerment movement in Alaska sadly lacks Native influence. For example, the Building Bridges Campaign for Mental Health, an initiative aimed at fostering leadership and advocacy skills among Alaskan consumers of mental health services, has involved some 250 consumers and family members since its inception in 1994. Yet of that number, only five Native Alaskans at the time of this proposal had had the opportunity to participate in the program.

Contributing to the lack of involvement by Native Alaskans is the state's expansive, arctic geography and very sparsely developed road system. Many Native Alaskans live in remote areas sometimes accessible only by air.

Program Plan

At the time of this proposal, MHAA had been successfully spearheading the Bridges Fly-In for six years, working with other mental health organizations to organize an annual three-day event providing training in leadership and advocacy skills to mental health consumers, their friends and family members. While MHAA handled primary oversight and coordination for this Fly-In, the Alaska Community Mental Health Services Association provided funding.

Through the Mentor Project, MHAA proposed to sponsor five Native Alaskan consumers to take part in the Bridges Fly-In. These new consumer leaders would be flown to Juneau, would meet and learn the latest methods for impacting public policy, and would be given the opportunity to take part in advocacy activities.

Organizational Overview

At the time of this proposal, MHAA had been an instrumental leader of the mental health movement in the State of Alaska for almost fifty years. To name a few of its activities, MHAA participated in the development of a state psychiatric hospital; of community mental health centers; of women's shelters, crisis centers, support groups and transitional living programs.

As the only broad-based organization in Alaska advocating for people with mental illness and for the prevention of mental and emotional illnesses, MHAA also monitored legislation and its potential for improvement. MHAA worked diligently towards the resolution of the



Native Alaskans flew in from the state's most remote regions to participate in the Fly-In.

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Mental Health Trust Lands issue, pursuing a twelve-year legal struggle culminating in a new law establishing the Alaska Mental Health Board and a Mental Health Lands Trust Authority designed to protect these funds in perpetuity. MHAA was further involved in the process of negotiation with the State of Alaska over the value of the mental health lands.

MHAA was also an advocate for prevention programs and for a stronger focus on Alaskan youth. The organization advocated for expanded services for the mental health consumer in the form of pre and post hospitalization services, supported employment programs, group and individual sheltered housing projects, respite care programs, and efficient statewide crisis intervention services.



Through an active and ongoing public education process, MHAA also attempted to counteract the stigma that often surrounds mental illness, taking part in the national Mental Health Month campaign in May and in Mental Illness Awareness Week activities in October.

Implementation

In order to contact Native Alaskans to take part in this initiative, project director, Jan McGillivary, networked with other Alaskan mental health organizations including National Alliance for the Mentally Ill, the Alaska Mental Health Board, and community mental health services associations. These various groups reached out to the Native Alaskan communities in their areas to find local consumers interested in participating.



Participants at the March, 2001 Bridges Campaign Fly-In.

The Fly-In took place March 20 through March 22 in the state capitol, Juneau, and five Native Alaskans, sponsored by the Mentor Project, participated. The Fly-In's training agenda included special meetings with mentors, a workshop on how to serve on a board of directors, and a detailed overview of the state government offices. In addition, visits to state legislators, a public hearing before the state senate and a meeting with the governor were also scheduled.

Discussion, Conclusion

Although one-quarter of Alaska's population is made up of Native peoples, McGillivary reports that the state's policy makers are still almost entirely Caucasians: "If you go to the state legislature or any urban community where there's policy-making taking place, you will rarely see a native face."

McGillivary describes it as "her personal mission over the past sixteen years" to attempt to rectify this inequity. She readily acknowledges that as a white person, this is not always easy to do. As with any other cultural group, Native Alaskans tend to be more trusting of individuals from their own communities. "Entering that circle (of the Native Alaskan community) is not always a clear-cut path. It's often very oblique and subtle."

While policy-making occurs year-round, the Native Alaskan life-style still centers around seasonal activities such as hunting and fishing.

Besides the communication barriers that can always exist between individuals of different cultures, there are also other obstacles inherent in trying to invite Native Alaskans to participate in predominantly white mental health delivery systems and policy-making

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structures. While policy-making occurs year-round, the Native Alaskan life-style still centers around seasonal activities such as hunting and fishing. During these time periods, fewer Native Alaskans are able to participate in advocacy activities.

Moreover, the pressures imposed by Alaska's harsh climate and sparse population cannot be underestimated. McGillivray describes most villages as "just a pocket full of people," and many village inhabitants may not even have telephones. Local mental health service

organizations will serve perhaps ten or eleven villages spread over a wide area. Travel between villages is typically expensive and sometimes, due to extreme weather conditions, simply impossible.

Nonetheless, McGillivray believes that the Mentor Project and other similar outreach and advocacy training programs are beginning to bear fruit. She

reports that "this year at Bridges there were more native faces than ever before. There was a substantial difference in the flavor of the event."

State mental health providers are also becoming more attuned to the importance of working cooperatively with their Native Alaskan constituency. A recent cooperative initiative is teaming the Native Alaskan Tribal Council with the public mental health system to utilize telecommunications to promote mental health.

And following the Fly-In, one project participant testified before the State Mental Health Commission. His testimony was so moving that he received a standing ovation, and shortly thereafter he was invited to apply to become a mental health commissioner.



Alaska's rural geography, with few roadways, makes it difficult for advocates to gather together.



Additional Resources

Publications

Herring, Roger. *Counseling With Native American Indians and Alaska Natives: Strategies for Helping Professionals*. Thousand Oaks, California: Sage Publications, c1999.

Native Outreach: A Report to American Indian, Alaska Native, and Native Hawaiian Communities. Bethesda, Maryland: National Institutes of Health and National Cancer Institute. 1999.

Trimble, Joseph and Bagwell, Weldon (editors). *North American Indians and Alaska Natives: Abstracts of the Psychological and Behavioral Literature, 1967-1994*. Washington, D.C.: American Psychological Association. 1995.

Organizations

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