Mental Health Among Elderly Native Americans

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Handbook of Multicultural Counseling Competencies Jennifer A. Erickson Cornish 2010-08-13 A THOROUGH AND CONTEMPORARY EXPLORATION OF ISSUES FUNDAMENTAL TO MULTICULTURAL COMPETENCY Handbook of Multicultural Counseling Competencies draws

together an expert group of contributors who provide a wide range of viewpoints and personal experiences to explore the identification and development of specific competencies necessary to work effectively with an increasingly diverse population. Beginning with a Foreword by Derald Wing Sue, this unique handbook offers a broad, comprehensive view of multiculturalism that is inclusive and reflective. The coverage in this important book lies beyond the scope of traditionally defined multiculturalism, with discussion of historically overlooked groups that have experienced prejudice and bias because of their size, social class, age, language, disability, or sexual orientation. This book provides readers with: Practical cases and examples to enhance skill development, promote critical thinking, and increase awareness A cross-section of diversity characteristics and best practice guidelines Examination of detailed, developmentally relevant competency categories Resources and exercises designed for practitioners at various levels of experience and expertise A forum for debate, discussion, and growth Designed to help readers enhance general multicultural competency and their ability to provide services to the populations specifically described, this thought-provoking text will prove useful in facilitating ongoing dialogues about multicultural competence in all its variations.
A Guide to Minority Aging References
Jose B. Cuellar 1983

Changing Numbers, Changing Needs
National Research Council 1996-10-11
The reported population of American
Indians and Alaska Natives has grown
rapidly over the past 20 years. These
changes raise questions for the
Indian Health Service and other
agencies responsible for serving the
American Indian population. How big
is the population? What are its
health care and insurance needs? This
volume presents an up-to-date summary
of what is known about the demography
of American Indian and Alaska Native
populationâ€"their age and geographic
distributions, household structure,
employment, and disability and
disease patterns. This information is
critical for health care planners who
must determine the eligible
population for Indian health services
and the costs of providing them. The
volume will also be of interest to
researchers and policymakers
concerned about the future
characteristics and needs of the
American Indian population.
Health and Health Care Policy Cynthia
Moniz 2003 This text fills a void in
social work literature by offering a
comprehensive, in-depth overview of
health and health policy. Health and
Health Care Policy provides an
overview of the development of health
policy in the United States, with a
particular focus on the failure to
achieve universal coverage. It also
discusses the role of private and
public insurance and examines the
uninsured populations. Finally, the
book examines managed care in health
and mental health and its impact on
social work. Practitioners and policy
advocates in the public health and

health policy arena, social workers and health care providers.

Rural Social Work Practice Nancy Lohmann 2008 Featuring contributions from practitioners, researchers, and academics, this volume synthesizes and analyzes current trends in rural social work practice and considers the most effective ways to serve rural communities. Contributors consider the history and development of rural social work from its beginnings to the present day, addressing the value of the Internet and other new information technologies in helping clients. They also examine the effects of nonprofit organizations and welfare reform on poor rural areas. Coverage of specific client populations and fields of practice includes services for rural mental healthcare; the chronically mentally ill; healthcare for minorities; and the challenges faced by the elderly in rural areas. The contributors also consider issues affecting gays and lesbians living in rural communities and the role of religiosity and social support in the well-being of HIV/AIDS clients. The book concludes with a consideration of the unique issues associated with educating social workers for rural practice.

Current Bibliographies in Medicine 1988

Communities in Action National Academies of Sciences, Engineering, and Medicine 2017-04-27 In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across

segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual's health status depends on his or her behavior and choice; community-wide problems like poverty, unemployment, poor education, inadequate housing, poor public transportation, interpersonal violence, and decaying neighborhoods also contribute to health inequities, as well as the historic and ongoing interplay of structures, policies, and norms that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways. Communities in Action: Pathways to Health Equity seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are part of communities or support them, as well as the root causes and structural barriers that need to be overcome. *Tip 61 - Behavioral Health Services for American Indians and Alaska Natives* U.S. Department of Health and Human Services 2019-03-17 American Indians and Alaska Natives have consistently experienced disparities in access to healthcare services, funding, and resources; quality and quantity of services; treatment outcomes; and health education and prevention services. Availability, accessibility, and acceptability of behavioral health services are major

barriers to recovery for American Indians and Alaska Natives. Common factors that infuence engagement and participation in services include availability of transportation and child care, treatment infrastructure, level of social support, perceived provider effectiveness, cultural responsiveness of services, treatment settings, geographic locations, and tribal affliations.
Mental Health and the Elderly United States. Congress. House. Select Committee on Aging 1988
Minorities, Aging and Health Kyriakos S. Markides 1997-09-22 Ethnic minorities represent a growing percentage of the elderly population in the United States. Yet, the impact of aging on minority groups and subgroups has only been partially studied. Minorities, Aging and Health fills the gap and opens the debate on how to provide for the specific needs of an increasingly elderly population. Specific issues covered in this volume include: mortality and life expectancy; the incidence of chronic disease and disabilities; diet and nutrition; mental health; access to health services and long-term care; and public health-care policy.
Aging and Mental Health Robert N. Butler 1991
Mental Health and the Elderly United States. Congress. House. Select Committee on Aging 1988
Handbook of Race and Development in Mental Health Edward Chang 2014-11-28 This project is unique in the field for a number of reasons, both in structure and in content. Specifically, it will have leading

experts on specific age groups (Childhood to Adolescence, Young Adulthood to Middle Age, and The Elderly) within the cultural groups of interest (European-Americans, African-Americans, Asian-Americans, Hispanic-Americans, and Native Americans) contribute a chapter covering current research on both positive and negative functioning for each population. Each chapter will present basic demographic information, strengths that contribute to resilience, and three significant challenges each group faces to maintaining mental health. Each chapter will then include an integrative section, where ideas are advanced about how the strengths of each group can be harnessed to address the challenges that group faces. To conclude, each chapter will propose future directions for research which addresses integrative approaches to mental health for each group, and the implications that such approaches could have for future treatment. The main points of each section of each chapter will be visually summarized in a concluding table.

Retooling for an Aging America
Institute of Medicine 2008-08-27 As the first of the nation's 78 million baby boomers begin reaching age 65 in 2011, they will face a health care workforce that is too small and woefully unprepared to meet their specific health needs. Retooling for an Aging America calls for bold initiatives starting immediately to train all health care providers in the basics of geriatric care and to prepare family members and other

informal caregivers, who currently receive little or no training in how to tend to their aging loved ones. The book also recommends that Medicare, Medicaid, and other health plans pay higher rates to boost recruitment and retention of geriatric specialists and care aides. Educators and health professional groups can use Retooling for an Aging America to institute or increase formal education and training in geriatrics. Consumer groups can use the book to advocate for improving the care for older adults. Health care professional and occupational groups can use it to improve the quality of health care jobs.

Culture, Ethnicity, and Mental Illness Albert Gaw 1993 In recent years there has been a greater recognition of how cultural concepts, values, and beliefs influence the way mental symptoms are expressed, how individuals and their families respond to mental distresses and to psychiatric diagnosis and treatment, and how mental health care is delivered community-wide. This comprehensive, clinically oriented volume examines the expression and treatment of mental illness in the context of culture. Written by 35 international experts in the field, Culture, Ethnicity, and Mental Illness covers the areas of the clinical encounter in which culture plays a prominent role, including psychiatric epidemiology, psychotherapy, culture-bound syndromes, and psychiatric assessment. Culture, Ethnicity, and Mental Illness provides a cultural framework in the psychiatric care of

a variety of groups in the United States, including African Americans, American Indians, Alaska Natives, Asian Americans, Hispanics, women, elderly people, and gay men and lesbians. There is also a chapter dealing with the impact of AIDS among minorities. Eight glossaries of ethnic terms, including foreign language characters, are included. **Ethnogeriatrics** Lenise Cummings-Vaughn 2016-10-05 This volume is divided into five parts and fifteen chapters that address these topics by examining ethnogeriatric foundations, research issues, clinical care in ethnogeriatrics, education and policy. Expertly written chapters, by practicing geriatricians, gerontologists, clinician researchers and clinician educators, present a systematic approach to recognizing, analyzing and addressing the challenges of meeting the healthcare needs of a diverse population and authors discuss ways in which to engage the community by increasing research participation and by investigating the most prevalent diseases found in ethnic minorities. Ethnogeriatrics discusses issues related to working with culturally diverse elders that tend not to be addressed in typical training curricula and is essential reading for geriatricians, hospitalists, advance practice nurses, social workers and others who are part of a multidisciplinary team that provides high quality care to older patients. *Handbook of Minority Aging* Tamara Baker, PhD 2013-07-28 Print+CourseSmart
Handbook of Social Work in Health and

Aging Barbara Berkman 2006-02-09 The Handbook of Social Work in Health and Aging is the first reference to combine the fields of health care, aging, and social work in a single, authoritative volume. These areas are too often treated as discrete entities, while the reality is that all social workers deal with issues in health and aging on a daily basis, regardless of practice specialization. As the baby boomers age, the impact on practice in health and aging will be dramatic, and social workers need more specialized knowledge about aging, health care, and the resources available to best serve older adults and their families. The volume's 102 original chapters and 13 overviews, written by the most experienced and prominent gerontological health care scholars in the United States and across the world, provide social work practitioners and educators with up-to-date knowledge of evidence-based practice guidelines for effectively assessing and treating older adults and their families; new models for intervention in both community-based practice and institutional care; and knowledge of significant policy and research issues in health and aging. A truly monumental resource, this handbook represents the best research on health and aging available to social workers today.
Handbook of the Sociology of Mental Health Carol S. Aneshensel 2006-11-22 This handbook describes ways in which society shapes the mental health of its members, and shapes the lives of those who have been identified as mentally ill. The text explores the

social conditions that lead to behaviors defined as mental illness, and the ways in which the concept of mental illness is socially constructed around those behaviors. The book also reviews research that examines socially conditioned responses to mental illness on the part of individuals and institutions, and ways in which these responses affect persons with mental illness. It evaluates where the field has been, identifies its current location and plots a course for the future.
Mental Health 2001

Minority Aging 1990 This book is designed to help focus attention on, and development a sensitivity to, the need to include minority aging in the curricula for selected health and allied health professionals. The conference papers covers the topics of aging, culture, ethnicity, and the impact of race and ethnicity on aging.

Mental Health Among Elderly Native Americans (Psychology Revivals) James L. Narduzzi 2015-03-27 In the 1990s providing mental health services to the elderly and particularly to elderly Native Americans had been an issue of some concern for the last several decades. Despite this, many public decisions made at the time were based on inadequate data. Due to this lack of data, there had been little research devoted to determining the factors associated with mental health among elderly Native Americans. Instead, the growing body of mental health research had "been based on limited samples, primarily of middle-majority Anglos." Originally published in

1994, the purpose of this research was to utilize existing data to close the gap in our understanding of mental health among elderly Native Americans.

Cultural Considerations in Asian and Pacific Islander American Mental Health Harvette Grey 2015 In America's increasingly diverse society, it is imperative that mental health providers prioritize the development of their cultural competence to assure that they are equipped to meet the needs of their clients. Cultural Considerations in Asian and Pacific Islander American Mental Health offers a broad array of perspectives from clinicians and researchers actively working with racially/ethnically diverse populations. This book addresses psychosocial cultural issues that impact the mental health of the growing Asian American population. The book opens with the concept of what and who is an Asian American, as well as the myriad distinctions and differences among various Asian groups. Covered chapter topics include a historical overview of the diverse populations among Asian and Pacific Islander Americans; a discussion of the tensions and similarities between empirically supported treatments and cultural competence; Asian and Pacific Islander American elders and depression; and a psychodynamic perspective regarding the treatment of dual diagnosis with an Asian American client. This book is a must-read for mental health clinicians, students, community workers, school counselors, and nurses who work with

diverse populations.

Aging in Asia National Research Council 2012-07-31 The population of Asia is growing both larger and older. Demographically the most important continent on the world, Asia's population, currently estimated to be 4.2 billion, is expected to increase to about 5.9 billion by 2050. Rapid declines in fertility, together with rising life expectancy, are altering the age structure of the population so that in 2050, for the first time in history, there will be roughly as many people in Asia over the age of 65 as under the age of 15. It is against this backdrop that the Division of Behavioral and Social Research at the U.S. National Institute on Aging (NIA) asked the National Research Council (NRC), through the Committee on Population, to undertake a project on advancing behavioral and social research on aging in Asia. Aging in Asia: Findings from New and Emerging Data Initiatives is a peer-reviewed collection of papers from China, India, Indonesia, Japan, and Thailand that were presented at two conferences organized in conjunction with the Chinese Academy of Sciences, Indian National Science Academy, Indonesian Academy of Sciences, and Science Council of Japan; the first conference was hosted by the Chinese Academy of Social Sciences in Beijing, and the second conference was hosted by the Indian National Science Academy in New Delhi. The papers in the volume highlight the contributions from new and emerging data initiatives in the region and

cover subject areas such as economic growth, labor markets, and consumption; family roles and responsibilities; and labor markets and consumption.

Perspectives on Elderly Crime and Victimization Peter C. Kratcoski 2018-03-28 This textbook focuses on the criminality and victimization of the elderly population. It provides a global perspective on the extent of the elderly crime and victimization, with international comparisons for addressing the problem. It explores the extent and types of crimes committed by the elderly, the characteristics of older criminals, and the responses of the criminal justice system (including prisons and institutions) to elderly criminals, including: diversion programs, community-based treatment programs, and special programs including health & mental health care services for older prisoners. The second part of the book covers victimization of the elderly. Research findings show that certain crimes including fraud, theft, and certain types of financial crimes disproportionately affect older people, and these types of crimes are growing in prevalence. This work explores the characteristics of older victims and the types of crimes that affect them. Finally, the book presents comparative international research on approaches to crime prevention, education, and legislation to address the victimization of the elderly. This work will be of interest to students in criminology and criminal justice, as well as related fields such as sociology, and gerontology.

Research Awards Index 1981
American Indian and Alaskan Native Health 1996
The Minority Elderly in America 1980 200 references to papers presented, journal articles, reports, and books. Focus is on unmet needs of the elderly, discussed in chapters dealing with American Indians, blacks, hispanics, Pacific Asians, and cross-cultural and general matters. Each entry gives bibliographical information and annotation. No index.
Critical Perspectives on Racial and Ethnic Differences in Health in Late Life National Research Council 2004-10-16 In their later years, Americans of different racial and ethnic backgrounds are not in equally good-or equally poor-health. There is wide variation, but on average older Whites are healthier than older Blacks and tend to outlive them. But Whites tend to be in poorer health than Hispanics and Asian Americans. This volume documents the differentials and considers possible explanations. Selection processes play a role: selective migration, for instance, or selective survival to advanced ages. Health differentials originate early in life, possibly even before birth, and are affected by events and experiences throughout the life course. Differences in socioeconomic status, risk behavior, social relations, and health care all play a role. Separate chapters consider the contribution of such factors and the biopsychosocial mechanisms that link them to health. This volume provides the empirical evidence for the research agenda

provided in the separate report of the Panel on Race, Ethnicity, and Health in Later Life.
Later Life Victor W. Marshall 1986-03-01 Later Life deals with leading issues in the social psychology of aging. The central aims of the book are: to introduce an interpretive perspective to studies of aging, based on symbolic interactionism and phenomenology; to offer a critique of prevailing theoretical and structural-functional approaches in social gerontology; and to recognize that aging individuals are immersed in social structural contexts that have their own historical and social imperatives and dynamics.
Impact of Child Sexual Abuse National Clearinghouse on Family Violence (Canada) 1989

Ethnic Minority Health Craig Haynes 1997 This guide encompasses in one volume various minority health issues for the four major US ethnic minority groups (Native Americans/Alaska Natives, African Americans, Hispanic Americans, and Asian/Pacific Islander Americans). Features nine quick access sections that are divided first by material format or broad subject area and then by ethnic group. ...provides a valuable service. A bibliography such as this introduces the reader to the literature on a specific topic... -- ANNALS OF INTERNAL MEDICINE
Basic Concepts of Psychiatric-mental Health Nursing Louise Rebraca Shives 2008 This seventh edition includes new chapters and maintains popular features from previous editions such as self awareness prompts while

adding research boxes and student worksheets at the end of each chapter.

Mental Health Among Elderly Native Americans James L. Narduzzi 2016-07-25 In the 1990s providing mental health services to the elderly and particularly to elderly Native Americans had been an issue of some concern for the last several decades. Despite this, many public decisions made at the time were based on inadequate data. Due to this lack of data, there had been little research devoted to determining the factors associated with mental health among elderly Native Americans. Instead, the growing body of mental health research had "been based on limited samples, primarily of middle-majority Anglos." Originally published in 1994, the purpose of this research was to utilize existing data to close the gap in our understanding of mental health among elderly Native Americans.

CBMCS Multicultural Reader Glenn C. Gamst 2008-02-19 Features a wellspring of seminal research studies critical to understanding the complex issues surrounding mental health care and diversity. Providing a wealth of in-depth research into delivering culturally competent care, this rich anthology examines general issues in multicultural counseling competence training; ethnic minority intervention and treatment research; and sociocultural diversities. Key Features and Benefits Features carefully selected research articles that are accessible to and practical for mental health practitioners and students Provides critical background

research that sprang from rigorous research methods and multivariate statistical processes Opens with the key article that details the development of the ground-breaking 21-item California Brief Multicultural Competence Scale **Mental Health Problems and Older Adults** Gregory A. Hinrichsen 1990 **American Indian Culture and Research Journal** 1996 **Mental Health and the Elderly: Issues in service delivery to the American Indian and the Hispanic communities, Denver, CO, May 27, 1988** United States. Congress. House. Select Committee on Aging 1988 **Generation at risk : breaking the cycle of senior suicide : hearing** *Suicide: A Global Perspective* Maurizio Pompili 2012-09-19 In the year 2000, approximately one million

people died from suicide: a "global" mortality rate of 16 per 100,000, or one death every 40 seconds. In the last 45 years suicide rates have increased by 60% worldwide. Suicide is now among the three leading causes of death among those aged 15-44 years (both sexes); these figures do not include suicide attempts up to 20 times more frequent than completed suicide. Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in1998, and 2.4% in countries with market and former socialist economies in 2020. Although traditionally suicide rates have been highest among the male elderly, rates among young people have been increasing to such an extent that they are now the group at highest risk in a third of countries, in both developed and

developing countries. Mental disorders (particularly depression and substance abuse) are associated with more than 90% of all cases of suicide; however, suicide results from many complex sociocultural factors and is more likely to occur particularly during periods of socioeconomic, family and individual crisis situations (e.g., loss of a loved one, employment, honour). The economic costs associated with completed and attempted suicide are estimated to be in the billions of dollars. One million lives lost each year are more than those lost from wars and murder annually in the world. It is three times the catastrophic loss of life in the tsunami disaster in Asia in 2005. Every day of the year, the number of suicides is equivalent to the number of lives lost in the attack on the World Trade Center Twin Towers on 9/11 in 2001. Everyone should be aware of the warning signs for suicide: Someone threatening to hurt or kill him/herself, or taking of wanting to hurt or kill him/herself; someone looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; someone talking or writing about death, dying or suicide, when these actions are out of the ordinary for the person. Also, high risk of suicide is generally associated with hopelessness; rage, uncontrolled anger, seeking revenge; acting reckless or engaging in risky activities, seemingly without thinking; feeling trapped — like there's no way out; increased alcohol or drug use; withdrawing from

friends, family and society, anxiety, agitation, unable to sleep or sleeping all the time; dramatic mood changes; no reason for living; no sense of purpose in life. Table 1: Understanding and helping the suicidal individual should be a task for all. Suicide Myths How to Help the Suicidal Person Warning Sights of Suicide Myth: Suicidal people just want to die. Fact: Most of the time, suicidal people are torn between wanting to die and wanting to live. Most suicidal individuals don't want death; they just want to stoop the great psychological or emotional pain they are experiencing -Listen; -Accept the person's feelings as they are; -Do not be afraid to talk about suicide directly -Ask them if they developed a plan of suicide; -Expressing suicidal feelings or bringing up the topic of suicide; -Giving away prized possessions settling affairs, making out a will; -Signs of depression: loss of pleasure, sad mood, alterations in sleeping/eating patterns, feelings of hopelessness; Myth: People who commit suicide do not warn others. Fact: Eight out of every 10 people who kill themselves give definite clues to their intentions. They leave numerous clues and warnings to others, although clues may be non-verbal of difficult to detect. -Remove lethal means for suicide from person's home -Remind the person that depressed feelings do change with time; -Point out when death is chosen, it is irreversible; -Change of behavior (poor work or school performance) -Risk-taking behaviors -Increased use of alcohol or drugs -Social isolation

-Developing a specific plan for suicide Myth: People who talk about suicide are only trying to get attention. They won't really do it. Fact: Few commit suicide without first letting someone know how they feel. Those who are considering suicide give clues and warnings as a cry for help. Over 70% who do threaten to commit suicide either make an attempt or complete the act. -Express your concern for the person; -Develop a plan for help with the person; -Seek outside emergency intervention at a hospital, mental health clinic or call a suicide prevention center Myth: Don't mention suicide to someone who's showing signs of depression. It will plant the idea in their minds and they will act on it. Fact: Many depressed people have already considered suicide as an option. Discussing it openly helps the suicidal person sort through the problems and generally provides a sense of relief and understanding. Suicide is preventable. Most suicidal individuals desperately want to live; they are just unable to see alternatives to their problems. Most suicidal individuals give definite warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them. Talking about suicide does not cause someone to be suicidal; on the contrary the individual feel relief and has the opportunity to experience an empathic contact. Suicide profoundly affects individuals, families, workplaces, neighbourhoods and societies. The

economic costs associated with suicide and self-inflicted injuries are estimated to be in the billions of dollars. Surviving family members not only suffer the trauma of losing a loved one to suicide, and may themselves be at higher risk for suicide and emotional problems. Mental pain is the basic ingredient of suicide. Edwin Shneidman calls such pain "psychache" [1], meaning an ache in the psyche. Shneidman suggested that the key questions to ask a suicidal person are 'Where do you hurt?' and 'How may I help you?'. If the function of suicide is to put a stop to an unbearable flow of painful consciousness, then it follows that the clinician's main task is to mollify that pain. Shneidman (1) also pointed out that the main sources of psychological pain, such as shame, guilt, rage, loneliness, hopelessness and so forth, stem from frustrated or thwarted psychological needs. These psychological needs include the need for achievement, for affiliation, for autonomy, for counteraction, for exhibition, for nurturance, for order and for understanding. Shneidman [2], who is considered the father of suicidology, has proposed the following definition of suicide: 'Currently in the Western world, suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution'. Shneidman has also suggested that 'that suicide is best understood not so much as a movement toward death as

it is a movement away from something and that something is always the same: intolerable emotion, unendurable pain, or unacceptable anguish. Strategies involving restriction of access to common methods of suicide have proved to be effective in reducing suicide rates; however, there is a need to adopt multi-sectoral approaches involving other levels of intervention and activities, such as crisis centers. There is compelling evidence indicating that adequate prevention and treatment of depression, alcohol and substance abuse can reduce suicide rates. School-based interventions involving crisis management, self-esteem enhancement and the development of coping skills and healthy decision making have been demonstrated to reduce the risk of suicide among the youth. Worldwide, the prevention of suicide has not been adequately addressed due to basically a lack of awareness of suicide as a major problem and the taboo in many societies to discuss openly about it. In fact, only a few countries have included prevention of suicide among their priorities. Reliability of suicide certification and reporting is an issue in great need of improvement. It is clear that suicide prevention requires intervention also from outside the health sector and calls for an innovative, comprehensive multi-sectoral approach, including both health and non-health sectors, e.g., education, labour, police, justice, religion, law, politics, the media.