

United States Senate
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5600 Fishers Lane
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Ruth Ryder
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Elinore McCance-Katz
Assistant Secretary
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Dear Rear Admiral Weahkee, Assistant Secretary Sweeney, Director Dearman, Acting Director Ryder, and Assistant Secretary McCance-Katz,

We write to express our growing concern for the wellbeing of American Indian and Alaska Native (AI/AN) youth during the COVID-19 pandemic. This unprecedented public health and economic crisis has hit many Native communities especially hard and underscored pre-existing disparities faced by AI/AN youth. In particular, the pandemic and disruption of school communities has exacerbated the mental and behavioral health resource gaps for AI/AN students in schools administered by Tribes, the Bureau of Indian Education (BIE), or local education agencies, and made mental health concerns more difficult to address. We ask that you consider these students' pressing need for such care and work to promote interagency coordination on this issue.

Prior to the COVID-19 pandemic, Native youth often confronted a number of factors – like historical trauma, housing insecurity, and poverty – that increased their risk for mental and behavioral health problems.¹ These factors contributed to higher rates of suicide, substance

¹ “Physical and Mental Health,” Youth.gov, NCFY, accessed July 23, 2020, <https://youth.gov/youth-topics/american-indian-alaska-native-youth/physical-mental-health>.

abuse, depression, post-traumatic stress disorder, and other mental health challenges compared to their non-Native peers.² Accordingly, while the need for mental health care was also higher among Native youth,³ they were less likely to use mental health services and culturally-competent care due to limited access.

Research suggests that the COVID-19 pandemic and resulting social isolation and economic downturn may exacerbate mental health challenges for children and adolescents.⁴ Tribal leaders, Native families, and advocates anticipate that many AI/AN students will be disproportionately impacted by these challenges and experience additional trauma related to COVID-19.⁵ Indeed, BIE reports that a number of Native students have died from suicide and overdoses since the start of the pandemic, and that Tribal education officials have requested additional student support resources during recent BIE consultations. And because many AI/AN students who receive mental health care are most likely to do so at school,⁶ the disruption of school communities will undoubtedly lead to even more limited access to mental and behavioral health care for Native youth.

Many states and school systems have worked to continue student mental health services via tele-mental health care,⁷ but the breadth of the digital divide in Indian Country prevents a substantial number of AI/AN students from accessing these alternative student support services deployed in response to the COVID-19 pandemic. Access to internet for AI/AN students is extremely limited; only thirty six percent of BIE students and fifty six percent of AI/AN students in schools administered by local education agencies have access to broadband at home.⁸ As such, federal agencies need to support creative solutions that address disparities in access to care exacerbated by the digital divide.

The federal government must act to provide AI/AN students with the accessible, comprehensive, and culturally competent mental health care and related services that promote their whole

² “SAMHSA American Indian/Alaska Native Data” Substance Abuse and Mental Health Services Administration, Department of Health and Human Services, accessed July 23, 2020

https://www.samhsa.gov/sites/default/files/topics/tribal_affairs/ai-an-data-handout.pdf

³ “Mental Health Disparities: American Indians and Alaska Natives” Division of Diversity and Health Equity, December 19, 2017, <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf>

⁴ Golberstein E, Wen H, Miller BF “Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents” JAMA Pediatr, April 14, 2020, <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2764730>

⁵ Anna Sandolu, “The Effects of COVID-19 on the Mental Health of Indigenous Communities,” Medical News Today MediLexicon International, 2020, <https://www.medicalnewstoday.com/articles/the-effects-of-covid-19-on-the-mental-health-of-indigenous-communities>.

⁶ “2018 NSDUH Detailed Tables: CBHSQ Data,” Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health, August 20, 2020, <https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>.

⁷ Noah Cruz and Tammy Jo Musgraves, “Bridging the Gap to Youth Mental Health During COVID-19,” The NCSL Blog, April 17, 2020, <https://www.ncsl.org/blog/2020/04/17/bridging-the-gap-to-youth-mental-health-during-covid-19.aspx>.

⁸ “NIEA Survey on Impact of COVID-19 in Native Schools,” National Indian Education Association, 2020, <https://static1.squarespace.com/static/5c9fbf319973d7000185377f/t/5ebd5e9ab070e916865a15a2/1589468831789/Survey+Results.pdf>.

health—mind and body. Accordingly, please respond to the following questions regarding AI/AN student mental health by August 12, 2020.

1. Have your agencies conducted any consultations or outreach to Tribal leaders, public health officials, school boards, teachers, families, or students to gather feedback on COVID-19 related mental and behavioral health AI/AN youth needs and best practices?
2. What steps have your agencies taken to address the mental and behavioral health needs of AI/AN students since the beginning of this public health emergency, and how do you plan to address these issues going forward?
3. How are BIE, ED, and IHS coordinating amongst themselves and with other federal agencies (e.g., the Centers for Disease Control and Prevention, Administration for Children and Families, and Substance Abuse and Mental Health Services Administration) to ensure that AI/AN students can and will continue to receive the mental health services they rely on when the school year starts this fall?
4. Do BIE or other agencies need further funding or statutory authority to support school capacity to address the mental health needs of AI/AN students?
5. Given that Native communities prefer to rely on culturally-informed mental health services,⁹ how are your agencies working to increase access to culturally competent mental health care?

We must act quickly to ensure that Tribes, Native communities, and the schools serving Native students – whether at the early childhood, primary, secondary, or post-secondary level – have the resources they need to address the unique mental and behavioral health challenges facing AI/AN youth. Congress and federal agencies need to support creative solutions to address disparities in access to care and ensure the COVID-19 pandemic does not further aggravate these inequities. We appreciate your attention to this matter and look forward to your prompt response.

Sincerely,

/s/ Tina Smith

/s/ Tom Udall

/s/ Elizabeth Warren

/s/ Bernard Sanders

/s/ Jacky Rosen

/s/ Martin Heinrich

/s/ Catherine Cortez Masto

/s/ Ron Wyden

⁹ “Mental Health Disparities: American Indians and Alaska Natives” Division of Diversity and Health Equity, December 19, 2017, <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf>