Crisis and Hope: Lessons from Red Lake

Nearly 10,000 American Indian and Alaska Native children and adolescents attend boarding schools.

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March’s school shootings on the Red Lake Indian Reservation put a spotlight on children and adolescents in crisis, particularly on Native American (NA) families. That day was a hard one for all of us as child and adolescent psychiatrists, and it affected me deeply as Chair of the AACAP’s Native American Child Committee. On March 21, Jeffrey Weise, a junior at Red Lake High School in Red Lake, MN, shot and killed nine people and then killed himself. He first shot his grandfather and his grandfather’s girlfriend in their home, then went to school and shot and killed five students, one teacher, and one security guard.

On the day of the shootings, I was at a Native American boarding school in North Dakota that serves youth from Red Lake. They are among the nearly 10,000 American Indian and Alaska Native children and adolescents who attend boarding schools.

In March, our committee helped lead a joint American Academy of Pediatrics (AAP)-AACAP consultation site visit to the Circle of Nations Indian Boarding School (CNS) in Wahpeton, ND. Our consultation was funded by the U.S. Bureau of Indian Affairs (BIA) to help assess mental health and general pediatric services for CNS students. Our two-day consultation included a review of selected school and health records and meetings with students, school board members, administrators, teachers, family support specialists, mental health providers, and dormitory staff. We were accompanied by the BIA Director of Residential Life, Angelita Felix, Ed.D., who graduated from the school in 1964.

The Circle of Nations School is a century-old, tribally administered therapeutic residential school designed to serve up to 250 Native American children in grades five through eight. More than 20 of the students and many of the staff and teachers grew up on the Red Lake reservation or have family ties with the Red Lake Chippewa Tribe.

The BIA asked us to provide a focused consultation with the school because it was concerned that nearly half of CNS students are being prescribed psychoactive medications. Ninety percent of the students have Individualized Educational Plans. Our team was struck by the number of CNS students whose lives include dimensions of dramatic insecurity and loss similar to the alleged assailant in Red Lake.

On the morning of the shooting, we were welcomed to the school by a continued on page 134

The American Indian and Alaska Native (AI/AN) population has grown tenfold in the last century. The AI/AN community is young and now 60% urban-based. The majority of Native Americans have left their indigenous lands and traditional cultures.

Per capita healthcare spending for Native Americans by the U.S. HHS Indian Health Service is still less than 50% of the per-capita healthcare spending for U.S. citizens as a whole.

Native American children continue to experience heightened rates of problems such as learning disabilities, substance abuse, depression, suicide, fatal accidents, obesity, and Type-2 diabetes.
traditional dance and drumming group led by a husband and wife team from Red Lake. Although the tragedy in the afternoon at Red Lake High School was 200 miles away, it had an immediate impact on the school. A school board member from Red Lake (who had been highly supportive of our visit) departed immediately to offer leadership in a time of deep mourning. At the end of the day, the drumming group performed again in an expression of shared sadness and solidarity.

Many questions have surfaced about the struggles of Red Lake. Answers must be sought about the quality of mental health care that Jeffrey Weise and his family received. Did he have an adequate multi-systemic support system? What do reservation and urban-based Native American health programs offer young people with severe identity challenges and depression?

Despite evidence of the many challenges Native American communities face, our committee has seen positive developments in community-based mental health care for NA youth. The United States Health and Human Services Substance Abuse and Mental Health Services Administration's (U.S. H.H.S. S.A.M.H.S.A.) Community Health Services program, Circles of Care, led by our committee member Doug Novins, M.D., has sponsored over a dozen innovative, community-devised wraparound mental health programs. Another national resource is the National Indian Child Welfare Association which sponsors modern and culturally relevant family and health provider supports and parenting training programs (www.nicwa.org).

Though they face complex barriers to care, many Native American communities, including urban centers, have maintained strong culturally-centered pathways to healing. For example, they have often led the way in integrating spirituality and extended family care elements into medical and psychiatric strategies for effective treatment. Still, their need for support is great because of pervasive transgenerational trauma, isolation, poverty, and ongoing adjustment challenges in Native American communities.

A vibrant place has suffered a great loss. I hope that Red Lake’s tragedy fosters greater drive within our association and Western medicine as a whole to serve every Native American family’s need for high quality, culturally competent mental health care. The Native American Child Committee invites the interest and support of all AACAP members in helping to foster more resilient American Indian and Alaska Native youth, families, and communities. AACAP members who are interested in learning more about the committee should contact me at storck@u.washington.edu. The Indian Health Service website, www.ihs.gov, is also a valuable resource for information on programs serving Native American youth.

Dr. Storck is Chair of AACAP’s Native American Child Committee.

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