

## **Introduction to Navajo Nation – Clean Clothes to Mental Health**

I had traveled on Highway 40 for 9 hours when I turned off onto Route 112 to drive into Navajo Nation for the first time. I was met by a cattle-guard only feet off the freeway and it startled me look up to the pinon trees and majestic red rocks towering above. As my eyes came back to the road I was met face-to-face with a large brown steer. Slamming on my brakes my first thought was, “This is why no one will deliver a washer and dryer here.”

Three days before we were moving to Fort Defiance – a small Navajo community in northeastern Arizona – one of the physicians emailed me informing us about our new housing. The final line read, “also, the house has a washer and dryer hook up if you are bringing them.” I gasped. Being a renter my whole life I did not have a washer and dryer. From living in cities I was used to having this luxury at my fingertips, especially with two toddlers who are incessantly attracted to dirt. I quickly called two department stores in the closest town about 40 minutes away to see if we could have a washer and dryer delivered. One store responded it was closing due to lack of business and the other refused. “Why is this so difficult?” I wondered.

I started in the pediatric clinic at Tsehootsooi Medical Center the following day. My first patient was a sweet 17-year-old girl named Alice\*. While examining her I found fresh horizontal cuts on her wrists that stopped me short. “What happened here?” I asked. Immediately she started crying. I sat down slowly, my hand on her arm. After some gentle encouragement she softly started telling me that her aunt and uncle were murdered by stabbing this summer. She was the first person to find them. We were both silent for a minute. “I have been very depressed about my aunt and uncle,” murmured Alice quietly, “Just thinking how I could have saved them.” We were quiet again.

## **Introduction to Navajo Nation – Clean Clothes to Mental Health**

Then Alice shared that this trauma resurfaced other tragedies in her life: her mother physically abusing her and ultimately passing away from alcoholism and her subsequent poor relationship with her father and brother. I inaudibly sighed; if I had trouble finding words to comfort her before I certainly had none now. Thankfully silence was enough for the moment. After finding out that Alice had a history of suicidal ideations and self-injurious behavior I was able to arrange for immediate intake into our mental health services. They recommended intensive outpatient therapy. Unfortunately, Alice missed her first appointment two days later.

I called her cell phone – it was disconnected. I called her grandmother’s cell phone – it was out of service range. Now I have found that telephones are commonly out of service or shut off without payment on the reservation. At the time I didn’t know to ask for a more reliable number. About a week after calling every day, Alice’s grandmother answered the phone. “I’m so glad to speak to you” I quickly said, unable to hide my relief. “Is Alice ok?” Her grandmother went on to explain that they live about an hour and an half away and it was not feasible for them to make the trip down to Fort Defiance 2-3 times a week. They were trying to get Alice in with a therapist closer to their house but had not set up the appointment due to the therapist only being there part time. Her grandmother reassured me, “I’m keeping an eye on her.”

I was saddened and frustrated to say the least. Not only had I not verified a phone number; I had not asked Alice where she lived. There are no addresses on the reservation – most families have post office boxes in the nearest town that can be up to an hour away, which is very misleading to where they actually live. I was so intent on getting her to the

## **Introduction to Navajo Nation – Clean Clothes to Mental Health**

mental health services I had at my fingertips I did not consider the other obvious factors preventing her from accessing them. It then started to sink in why Navajo teenagers have a 3.5 times higher rate of suicide than other young adults living in the United States ages 15-34.<sup>1</sup> First there are the cold hard facts – only 50% of Navajo teens graduate from high school, there are high rates of physical and sexual abuse and even higher rates of alcohol, drug use and gang activity.<sup>1</sup> There is a 42% unemployment rate on the reservation and 43% of families live below the poverty line.<sup>2</sup> And these inequities are in addition to the other obstacles for mental health services– long and sometimes impassable distances, poor ability to communicate with patients and lack of mobile services.

As I thought about ways to help Alice, I realized I had discovered these same barriers in my frivolous search for a washer and dryer but had not yet made the connection to my patients. While I am able to circumvent these obstacles with money and outside resources, many of my patients cannot. Luckily I was able to speak to the health center near Alice’s home the following day and get her an appointment for that week. And she has been in therapy for 3 weeks now and sounds happier on the phone. This is one of the many reasons I am fortunate to be working here – I have the opportunity to experience a small sliver of my patients’ lives and earnestly try to not only provide medication and counsel but also to help them evade at least some of the steep barriers to achieving good mental and physical health.

Footnotes: \*Name, age and other identifying factors changed to protect the patient  
1. The Public Health Crisis of Native American Youth Suicide. NASN School Nurse. March 2011 26: 110-114.  
2. Facts at a glance. <http://navajobusiness.com/fastFacts/Overview.htm>. Accessed on 9/28/15.