

Research Article

A Rural Native American Community Experiences Related to Emotional and Mental Health Well-Being during the COVID19 Pandemic

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Abstract

Purpose: This qualitative study was conducted as part of a larger nationwide study, the Aegis Project that investigated the impact of the COVID19 pandemic, infection and reinfection, and the potential long-term immunity to SARS-CoV-2 and will be reported in a future paper. The study is a collaborative effort among The University of Texas at Austin School of Nursing, Indiana University at Bloomington School of Public Health, and a rural-based Tribe located in the Midwest. The qualitative component of the study explored the experiences that impacted the emotional and mental health well-being during the COVID19 pandemic.

Methods: Data were collected using open-ended interview questions regarding participants' experiences during the pandemic. Results were analyzed using the Consensual Qualitative Research (CQR) method which includes the process of categorizing data into specific themes by means of the research team's discourse, external auditing, and agreement.

Results: Four themes emerged related to emotional and mental health well-being experiences that include: 1) loss of connectedness, 2) increase in stress, 3) increase in anxiety, and 4) learning to cope.

Conclusions: Understanding the lived experiences of Native Americans during the COVID19 pandemic is needed to help guide the development and testing of culturally based interventions to improve the emotional and mental health well-being of Native American communities during pandemics or other distressful incidences such as natural disasters.

Keywords: Native Americans, COVID19, Emotional and mental health wellbeing

Introduction

Native Americans have been disproportionately impacted by the COVID19 pandemic with 2.5 higher incidence rates and confirmed positive cases and almost four times higher mortality rates than non-Hispanic Whites [1,2]. Vulnerable populations, particularly Native American adults with chronic conditions and pre-existing health conditions such as heart disease, asthma, chronic obstructive pulmonary disease (COPD), cancer, and diabetes are more vulnerable and at increased risk for contracting the COVID19 virus (Haynes, Cooper, & Albert, 2020). Historically, Native American communities that have already suffered from years of historical trauma from previous pandemics are now being re-traumatized by the pandemic [3]. Additionally, racial inequities and historical trauma have contributed to the persistent disparities in health outcomes between Native Americans and white populations that have adversely affected tribal communities during the pandemic [4]. Emotional and mental health issues have negatively impacted the overall health and well-

being of Native Americans during the pandemic [5]. Many health experts and researchers fear that many Native Americans are suffering from increased physiological and psychological distress including drug and alcohol relapse due to the social isolation from ongoing social distancing, lockdowns, and other aspects of the pandemic [6]. The higher COVID19 incidence and mortality rates among the elder Native American population are impacted by the limited access to available resources such as transportation, access to running water and other resources, and the ability to maintain a sense of connectedness [1,7].

This qualitative study was conducted as part of a larger nationwide study, the Aegis Project, investigating the impact of the pandemic, infection and reinfection, and the potential long-term immunity to SARS-CoV-2. The study is a collaborative effort among The University of Texas at Austin School of Nursing, Indiana University at Bloomington School of Public Health, and a rural midwestern Tribe. Due to the sensitive nature of the study, the Tribe requests to remain anonymous. This Tribe was the only Native American tribe

participating in scientific efforts to explore these factors. The purpose of this qualitative study is to highlight the experiences related to the emotional and mental health well-being during the pandemic among the tribal community.

Methods

This study used a qualitative descriptive narrative approach eliciting responses to open-ended interview questions regarding the participant's experiences during the pandemic. Convenience and snowballing sampling were used as the participant recruitment method.

Setting

The setting for the study was located within a rural midwestern Tribe with 16,000 members. The qualitative interviews were conducted in a private room at the tribal health center. Prior to the recruitment process, study approval was obtained by the University of Texas at Austin, Indiana University's Institutional Review Board(s) (IRB) and the Tribe's administrative leaders. After all approvals were received, a flyer explaining the purpose of the study was provided to community members. Signed informed consent, ages 18 years or above, willingness to participate in the study and the ability to read and speak English were required to participate in this study.

Results

All participants are tribal members who live within the participating tribe's community. Table 1 displays the demographic data

of the participants. Data analysis was conducted using the Consensual Qualitative Research (CQR) method which includes the process of categorizing data into specific themes by means of the research team's discourse, external auditing, and agreement [8]. Four themes emerged related to emotional and mental health well-being experiences that include: 1) loss of connectedness, 2) increased stress, 3) increased anxiety, and 4) learning to cope (Figure 1 and Table 1).

Table 1: Demographics.

Participants	N=61
Age	20-85 years Average age=32.5 years
Gender	Male=20 Female=41
Household	Live with family=47 Live with non-family=4 Live alone=10
Annual Income	less than \$10,000=0 \$10,000 to \$24,999=5 \$25,000 to \$49,000=15 \$50,000 to \$74,999=25 \$75,000 to \$99,000=12 \$150,000 to \$199,999=3 over \$200,000=1
Health Status	Fair=6 Good=40 Very Good=12 Excellent=3
Education Level	Some High school=4 High School Graduate=18 Some College/Technical=26 College Graduate=12

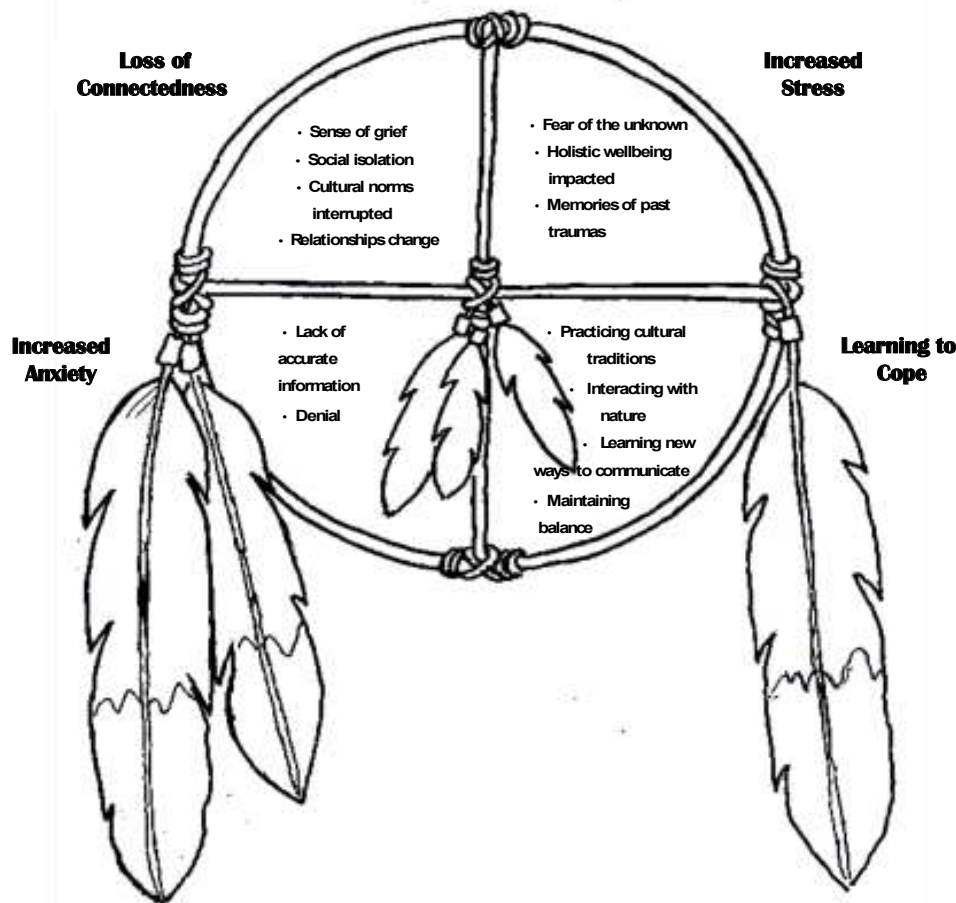


Figure 1: Themes Related to Emotional and Mental Health Well-Being Experiences.

Theme 1: Loss of Connectedness

Several participants described loss of connectedness as a result of experiencing the loss of family and community members due to the pandemic. Participants used phrases such as “You can’t get those back after they are gone” when describing how the pandemic resulted in the loss of many Tribal Elders who are the cultural knowledge keepers. Participants often expressed remarks such as “it has been disheartening to hear of former co-workers, childhood friends, neighbors, and even relatives passing away as a result of COVID19”. Additionally, participants also discussed how the pandemic is “one of the most devastating things to affect our Tribal community”, and “how they never in their lifetime thought they would be living in the middle of a global pandemic... very devastating.” Experiences of being isolated due to quarantines and lockdowns also enhanced the feelings of not being connected. Participants remarked “we really missed not being able to have family or community gatherings ... it was like someone took away our freedom to be together... I really missed being able to do things like eat together, talking, sharing stories, and laughing”.

Theme 2: Increased Stress

Many participants described increased stress during the pandemic with comments such as “it is very real and very scary,” “COVID is very contagious, and it is stressful.” Remarks related to feelings of stress also included “I can’t wait for it to be over, but I think it is going to be here for a while and it is beginning to become wearisome”, and “these are terrifying times”. Several participants discussed how they have personally witnessed the death of several family members in very short periods of time which they described as “this wears you down after so many deaths”. Many of the participants described “being exhausted” and “tired of the disruptions, social distancing and isolation it has caused with not being able to be in contact with family and friends and my grandchildren.” Other remarks included “this reminds of the stories about how our people experienced smallpox back”... “it makes me recall some of the times in boarding schools when a lot of children would get sick at the same time... those were horrible times”.

Theme 3: Increased Anxiety

Many participants described feelings of anxiety during the pandemic with expressions of being worried that a cure will not be discovered soon enough. Participants discussed how the pandemic “has made a lot of people nervous and some deal with it by acting like it’s not real so they don’t do things like wear masks when out in public and in large crowds”. Other expressions included “I get worried that everyone will not do their part which will keep the pandemic from going away”. Several participants described being worried about going out in public because of not knowing if people are being as cautious and careful as they were and used phrases such as

“It doesn’t matter how old or young, healthy or sick you are, it doesn’t discriminate”. Several participants discussed how reliable and accurate information about the pandemic was not available. Many described the lack of appropriate information as disheartening. Several participants shared their desire for better information, particularly regarding the vaccine. Participants expressed “we need more reliable information in order to make an informed decision

about getting the vaccine”. Participants frequently described the pandemic as a “very terrible time... it’s very upsetting how COVID has hurt a lot of families, friends, and acquaintances”, and “I worry that this will become the “new normal”. Also, there were feelings expressed regarding the uncertainty of not knowing how long the pandemic will last, along with the fear that it may stay around for a long time.

Theme 4: Learning to Cope

Several participants described ways they learned to cope. Participants referred to the pandemic’s “silver lining” which allowed them to be at home and take better care of themselves through working in their gardens and going for daily walks. Some participants discussed relying on their traditional cultural spirituality and others referred to growing deeper in their faith-based beliefs and practices. Participants remarked “learning to stay in balance in was key to everything”. A few participants described learning to use technology and social media to stay connected with their family and friends was very helpful in not feeling totally isolated.

Discussion

The purpose of this qualitative study was to highlight a rural-based midwestern tribe’s experiences during the COVID19 pandemic that impacted their emotional and mental health well-being. The pandemic has been characterized as a “double pandemic” for Native Americans due to the actual incidences of COVID19 infections and the impact on their emotional and mental health well-being [9]. As the pandemic ravaged the United States, it began to become evident that the emotional and mental health well-being were being impacted among Native Americans. The findings of this study elucidate how times of crisis can result in experiences that impact the emotional and mental health well-being of one Native American community. These findings are consistent with other studies that report the impact of the pandemic on the emotional and mental health well-being of Native Americans across the country [10,11]. Understanding the lived experiences of Native Americans during the pandemic is important in guiding the development and testing of culturally based interventions to improve the emotional and mental health well-being of Native American communities during crisis incidences. For example, strategies designed to maintain connectedness during crisis situations needs to be developed, implemented, and examined [7]. Native Americans faced the increase of risks for emotional and mental health distress as a result of the pandemic which may have magnified pre-existing emotional and mental health disparities and their effects. Previous traumatic events, such as forced relocation, genocide, or the abduction of youth to more than 350 boarding schools, caused lasting generational impacts on the mental and emotional well-being of Native Americans [12]. The pandemic caused re-traumatization among many Native American people. It is important for health care professionals to develop and tailor response efforts to the emotional and mental health needs that the pandemic has caused to Native Americans. Additionally, increased fear and mistrust of healthcare professionals outside of the tribal community may result because of generational past experiences of various forms of physical, mental, and social abuse along with cultural degradation. Respect for the culture can increase a health provider’s credibility among a Native American

community. Health providers from outside of the tribal community are guests within tribal sovereign nations and should work with a tribal liaison, tribal community health leaders, and tribal spiritual leaders. Efforts should be made to reestablish traditional approaches, cultural practices, and protective factors that were in place prior to the pandemic. It is important to build trusting relationships and recognize the many strengths of the tribal community such as the coping mechanisms noted by the participants. The study was conducted among one rural midwestern Native American tribal community which can be considered a limitation. The study results demonstrate the need for future studies to explore the experiences of various Native American populations who are from various settings and locations during distressful situations such as pandemics and natural disasters.

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