

Testimony of:
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Miss Indian World 2019-2021
United National Indian Tribal Youth, Healing Indigenous Lives Initiative Peer Guide

Cheehentamo, I am Cheyenne Kippenberger and I am from the Seminole Tribe of Florida. I am the current reigning Miss Indian World, and I currently serve as a United National Indian Tribal Youth (UNITY) Peer Guide for the Healing Indigenous Lives Initiative. My efforts as Miss Indian World have been greatly directed towards destigmatizing mental health in our communities and openly talking about my own experience with depression and anxiety. Additionally, as a UNITY Peer Guide, the focus of our initiative is Native youth engagement and juvenile justice and delinquency prevention in Indian Country. The development program is a cooperative agreement between the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and UNITY. I kindly thank you for the opportunity to appear before you to discuss the many challenges that Native youth face in their lives.

According to the U.S. Census, the Native American and Alaska Native population accounts for less than 1% of the U.S. population. Studies show our ethnic group disproportionately suffers from mental health issues. Our community needs for mental health cannot be understood unless the historical context is also understood. Research shows displacement, residential schooling, and even socioeconomic consequences leading to poverty all play a role in the current mental health condition of Native American communities. Unresolved or unnoticed traumas can turn into intergenerational traumas that are passed down for decades from generation to generation within our families. Intergenerational trauma can manifest in many forms other than just psychologically. Mental, spiritual, familial, social and cultural effects have

been seen in Native youth as a result of these unresolved traumas. The common issues present in our Native communities include depression, anxiety, PTSD, alcohol or drug abuse, domestic violence, suicide, incarceration, and educational disparities. All these issues can be linked to intergenerational traumas.

There are 574 federally recognized tribes in the U.S. In addition, there are state recognized tribes around the country. Each tribal group has its unique history, culture and language. Research conducted in the past has either been inaccurate or has failed to include Native American and Alaska Natives entirely. The current research data is not sufficient in that accurate conclusions can be made to decide what is needed for mental health care in Native communities. To have a clear understanding of the needed support to accomplish the necessary healing within Indian Country, we need to understand what is occurring within these communities through statistical research, surveys, and in depth cultural understandings of historical trauma. With Indian Country being extremely diverse in location, financial stability, accessibility, language, and cultural teachings, all factors need to be considered when research conduction does take place.

I myself have experienced the hardship that depression and anxiety can bring. I was not diagnosed with depression until well into my early 20s. Since I can remember I suffered from depressive episodes and high anxiety and was not aware of what these things were. I felt shame, embarrassment and no control over what was happening to me. My mental state soon developed into something less manageable and much more severe as I moved into my high school years. I was destructive, angry, and misunderstood. I was labeled a “trouble maker,” as “lazy” and “a delinquent.” By my junior year of high school, I was rarely in attendance and I was failing most of my classes at my then fourth high school. I was in a state of acceptance that school was not for

me, so with no opportunity to change my mind, I withdrew from school. I became another high school dropout.

It was not until my own mother realized how severe my mental state was that she forced me to seek help. I reached out to the Center for Behavioral Health on my home reservation, a facility providing integrated mental and behavioral health care. I was diagnosed with clinical depression and anxiety and even after receiving a diagnosis and therapy, I ultimately had to be prescribed antidepressants due to the severity of my depression. It was a struggle of good days and bad days, accepting my diagnosis, understanding how this affects my everyday life, and even shedding the burden of shame and embarrassment. Because of the support, resources, and accessibility I had available to me, I was able to heal. My healing led to me receiving my high school diploma and even moving on onto college and graduating with a degree. Although I am proud of my journey, I am also very aware that is not the case for many Native youth. It is a privilege to have a primarily tribal funded Center for Behavioral Health on my own reservation. It is a privilege to have received counseling and be prescribed antidepressants. Mental health treatment should not be a privilege.

Healing can take its course in Indian Country with accessibility, resources, funding, support, and cultural competency. With more accessibility to facilities such as the Center for Behavioral Health with culturally aware mental health professionals, our Native youth can be guided, treated, and healed. Implementation of mental health programs or resources into educational institutions on and off Indian reservations could mean a shift in mental health understanding as well as emotional intelligence and healthy coping mechanisms. Cultural competence in mental health care of Native youth is crucial in the healing process. It is critical for mental health professionals to be aware of cultural differences, historical trauma, and also

treatment approaches. For example, expression of emotional distress exhibited in Native check of American and Alaska Natives contrasts from typical emotional expressions. Healing also cannot be limited to the Westernized ideals of treatment for mental health. Positive changes occur with a positive approach. With our children and young adults being educated on what mental health is, what healing is, and being provided support, resources and accessibility, we are breaking the stigma and shifting the conversation towards healing our intergenerational trauma.

By equipping Native youth with the knowledge of mental wellbeing we are empowering them to break the many cycles of intergenerational trauma in our communities and families. They will be prepared to graduate high school and pursue higher education, they will end the dependency of alcohol and drugs in our communities, suicide will no longer be the final question, and they can be successful, happy, and healthy. Healing takes resources. Funding, support, facilities, educational programs, and mental health professionals can make the difference that our Native youth need. Help to make that difference, to give that support. The future of our Native community is in the hands of our youth and they're lives are in your hands. Shonaabesha, mvto, thank you.