Engaging Indigenous Community Partners in Guam

988 READINESS AND CRISIS SERVICES

Guam Behavioral Health and Wellness Center (GBHW) has decades of effort in designing, developing, and evolving a behavioral health system of care that encompasses early childhood through older adulthood. These efforts wholly embrace the message of “nothing about us without us,” as they have organized and supported family-run, youth-guided groups directed by persons with lived experience. They have expanded their school-based mental health services, corrections-based services, and provided island-wide trainings in Mental Health First Aid to schools, law enforcement, first responders, and other direct service providers. In their latest TTI efforts, they launched a mobile crisis program in partnership with first responders and TOGHE (‘to stand up’ in the Chamorro language), their peer support organization. This underscores the significance of collaboration, empowerment, and inclusion of populations of focus when designing and implementing services. As Guamanian behavioral health agencies continue to collaborate with local Chamorro communities in planning for 9-8-8 rollout and

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implementation, these efforts will ensure that the expertise of Indigenous natural helpers, knowledge, and traditions are infused in the behavioral health approach.

When enhancing behavioral health services for Chamorros, behavioral health teams consult with various communities representing the ethnic, religious, linguistic, and cultural diversity found on the island.

**Behavioral health officials recognize the many facets of the Indigenous Guamanian culture as protective factors for resilience and a pillar of behavioral health wellness.**

From the creation of the I’Famagu’on-ta program in 2003 which has adopted the System of Care philosophy and wraparound approach in its service planning, implementation and service delivery built on the following Core Values and Guiding Principles: child-centered, youth-guided and family-driven, strengths and community based, and culturally competent. Ties to traditional cultural values, community involvement, education, and culturally rooted services and supports are recognized as protective assets in Indigenous-driven services.

When programs and interventions are culturally anchored and developed with local input and partnerships, they can foster supportive communities, strengthen families, and empower individuals with tools and skills to manage their behavioral health needs.² It is crucial to engage natural leaders, community partners, and people with lived experiences (peers) to identify gaps in service provision and gain feedback on how the medicalized Western model of behavioral health may not meet their specific needs.

**UNDERSTANDING INTERGENERATIONAL TRAUMA**

When developing services for the diverse ethnic groups living in Guam, it is paramount to provide services through a lens of trauma-informed care, decolonization, and celebration of the myriad of Indigenous cultural values found in any given region.

² [https://doi.apa.org/manuscript/2018-37731-013.pdf](https://doi.apa.org/manuscript/2018-37731-013.pdf)
It was only in 2000 that the U.S. Census made the Native Hawaiian and Pacific Islander (NHPI) group into a distinct category from Asian Americans,\(^3\) and there is no universal approach or service that will resonate with every individual in Guam, so it is essential to seek feedback from various groups about which mental health services, religious values, and cultural practices will be most powerful when integrated with the behavioral health system. Behavioral health officials must see culture as a cornerstone of resilience and wellbeing and need to be careful not to succumb to the “international bias that neglects the diversity of ethnic population compositions outside of Western sovereign states.”\(^4\)

A decolonizing approach to behavioral health means that colonialism is seen at the center of the historical trauma and pain of the oppressed, and cultural and community strength is at the heart of healing. The history of U.S. colonialism has radically altered the social, economic, ecological, and political living conditions of NHPI populations, not unlike the AI/AN population. Indigenous Chamorro communities had to face profound trauma, uniquely characterized as multi-generational and historical, directly as a result of the legacy of repeated colonization, without the cultural safety nets of traditional healers and community support.\(^5\)

The unique status of Guam as an unincorporated U.S. territory with a complicated history of colonial violence further contributes to the historical trauma of Chamorros, marked by a near-complete genocide of the Indigenous population. Those on the island have faced systematic suppression of surviving Indigenous values, replacement of the Indigenous religions with Christianity, brutal occupation by Imperial Japan during WWII, and exploitation of the people and their land as political pawns since the 1500s. It is understood that facing imperialism, genocide, and repeated colonization lead to compounded grief and systemic inequities for Indigenous communities all over the world. In recent history, Chamorros have faced the often-unwelcomed “coercive colonization”\(^6\) of outside invading forces on

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\(^3\) [https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4959.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4959.pdf)

\(^4\) [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6726839/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6726839/)


\(^6\) [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6726839/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6726839/)

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Guam. Chamorros and other ethnic minorities have often faced natural disasters, poverty, exclusionist integration policies, racism and discrimination, neighborhood isolation, and inconsistent access to services.

Prior to Spanish arrival in 1521, Guamanian culture was said to be collectivistic and matrilineal. As their traditional religions and practices were largely eradicated by colonial rule, Chamorros face systemic hardships and increased risk for damaged mental health with less protection from community resilience and shared cultural identity. Traditional Western behavioral health services are often culturally inappropriate; they may overlook the effects of colonial violence on generational mental health and fail to affirm Indigenous culture and community as resilience factors.

At a healthcare level, Guam behavioral health officials continue to lead efforts to collaborate with communities to create strengths-based culturally-driven services that honor Indigenous values, beliefs, and community support structures while acknowledging the effects of colonialism.

Thus, they will continue to seek feedback, guidance, and collaboration from all facets of their communities: community leaders and Elders, individuals who use mental health services, their family members, and providers, to enhance behavioral health services and programs to reflect the traditions, values, and beliefs of those being served. Before scaling up services available to Indigenous communities, it is essential to verify the effectiveness of interventions and ensure that they are rooted in the strengths, not the deficits, of a community.

The launch of 9-8-8 presents an unprecedented opportunity to build relationships with local Indigenous communities and other populations that have historically been underrepresented in and excluded from the behavioral healthcare system.

Enhanced collaboration and learning with the many diverse cultural groups in developing these services will improve accessibility, comprehensiveness, and cultural appropriateness of resources available to individuals in crisis or seeking behavioral healthcare.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6726839/
Resources

Recommendations for Treatment of Asian-American/Pacific Islander Populations

Asian American, Native Hawaiian, and Pacific Islander Self-Care and Healing

17 Mental Health Resources for Asian Americans and Pacific Islanders

Advancing Best Practices in Behavioral Health Care for Asian American, Native Hawaiian, and Pacific Islander Boys and Men

Pacific Southwest Mental Health Technology Transfer Center (MHTTC)

Transformation Transfer Initiative (TTI) 2022 Resource Guide