



MENTAL HEALTH MATTERS

KEYNOTE PRESENTATIONS

SPEAKER



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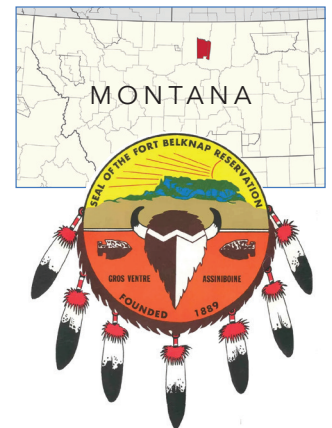


MORNING KEYNOTE

Rethinking American Indian Community Mental Health: Lessons, Challenges, and Opportunities with Dr. Joseph Gone

Since 2022, the Weitzman Institute Symposium has brought together industry leaders, clinicians, academic researchers, community members, and other stakeholders to address the most pressing health care issues of our time. On May 14, 2025, the fourth annual Weitzman Virtual Symposium focused on the theme Mental Health Matters, exploring the role of primary care, patients, and communities in providing equitable care amidst a mental health crisis.

Opening keynote speaker **Dr. Joseph P. Gone**, Harvard professor, clinical-community psychologist, and action researcher, began his keynote by sharing a very important early career lesson. Dr. Gone described returning to Fort Belknap Indian Reservation as a young researcher to attempt to understand mental health disparities among tribal populations and “explore American Indian culture, coloniality, and distress, and the relationships between those phenomena.” He spoke with many community members, including Traveling Thunder, who offered an explanatory model as a way to understand the causes, consequences of, and potential treatments for mental health problems in tribal populations. Traveling Thunder’s model focused on four distinct eras of the American Indian experience, briefly summarized below:



1. **Paradise Era:** During the Paradise Era, in pre-Columbian times, indigenous populations in the Americas were guided by customs and teachings, and major social problems, substance abuse disorders, prisons, and isolation did not exist.
2. **Era of Conquest:** During colonialism, tribal populations endured forced migration, genocide, and loss of culture, identity, and spiritual beliefs. Their economic system collapsed and native children were forced to renounce everything they knew in white-run boarding schools.
3. **Era of Loss:** Post-colonial American Indians had no customs or traditions and no homeland, and despair and substance use disorder became prevalent. Traveling Thunder offered an explanation for these problems, stating, “If you don’t know your own true oral history, your true oral traditions and customs, and where you come from and what’s supposed to be important to you, you’re going to feel empty.”
4. **Revitalization Era:** Starting in the late 1960s, tribal populations began fighting assimilation and acculturation, reclaiming heritage, ceremony, and spiritualism.

Redefining Mental Health Services



As mentioned above, tribal populations experience health disparities, including, as Dr. Gone discussed, a higher prevalence of trauma, substance use disorder, suicide and suicide attempts when compared to non-tribal populations. Policymakers may assume that a simple solution is increasing funding for Indian Health Service-sponsored mental health services. Yet, as Dr. Gone pointed out, existing models of behavioral health care delivery are “culturally incongruent” and tribal populations may find them or unfamiliar. In fact, [research](#) shows that in times of crisis, mental health professionals do not even make the top 10 list of ideal sources of assistance for tribal communities, who prefer informal, traditional practices. So how can tribal populations, who disproportionately need behavioral health services, access care they trust—care that is not considered neocolonial proselytization? This calls for entirely different models of designing and delivering behavioral health interventions, as Dr. Gone explained.

“Usually you can sit down together and work out cultural differences, navigate, negotiate, try to understand each other... but a bigger problem is this longstanding problem of cultural dominance.”

—Dr. Joseph P. Gone

alterNative Psy-ence

Dr. Gone described an indigenous community mental health discourse called **alterNative Psy-ence**. This discourse is an alternative to the dominant paradigm of care and also focused on native and indigenous people, hence “alterNative.” Psy-ence is distinct from but parallel to mainstream psychiatric discourse and has mental health treatment implications across four domains. To explain the first domain, **distress**, Dr. Gone noted that the mainstream model encapsulated in the DSM decontextualizes mental illness. However, alterNative psy-ence recognizes that disorders in Indian Country stem from rage based on generations of historical trauma. Dr. Gone explained that historical trauma differs from post-traumatic stress disorder in that historical trauma is colonial in origin, cumulative, collectively experienced, and cross-generational (i.e., the Four C’s). In relation to **well-being**, the second domain, alterNative psy-ence recognizes a collective selfhood that mainstream medicine does not—including a healing connection with and responsibility to non-humans, including sacred sites. Regarding **intervention**, Dr. Gone explained how many “evidence-based” interventions are not designed by or for native populations, but alterNative psy-ence leverages reclaimed forms of traditional healing including prayer and ceremony. Finally, related to the fourth domain, **evaluation**, psy-ence does not necessarily rely on tracking scientific outcome studies, but instead focuses on indigenous experience and ways of knowing.



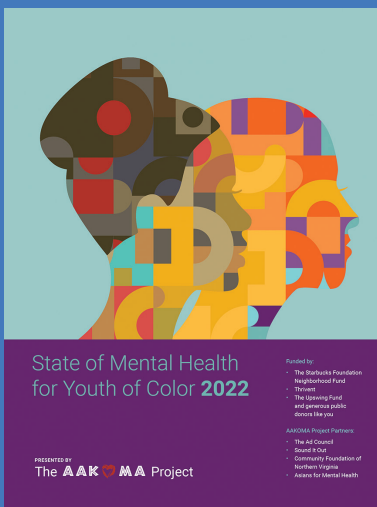
Conclusion

To close his keynote, Dr. Gone reiterated the lessons learned from Traveling Thunder on the ways in which colonial subjugation plays a role in mental health disparities and mental health treatments. Dr. Gone stated that alterNative psy-ence is the way forward for tribal populations to heal from historical trauma. While this is a short summary of Dr. Gone’s presentation, his full body of work and publications are available on his website, <https://gonetowar.com/>.

SPEAKER



Alfiee Breland-Noble
PhD, MHSc
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The AAKOMA Project



AFTERNOON KEYNOTE

Patient- and Community-Responsive Approaches to Normalizing Conversations on Mental Health with Dr. Alfiee Breland-Noble

For the afternoon keynote, the Weitzman Institute welcomed **Dr. Alfiee Breland-Noble**, a pioneering psychologist, scientist, author, mental health correspondent, and founder of innovative nonprofit, **The AAKOMA Project**. Dr. Breland-Noble opened her keynote with the core mission of The AAKOMA Project: “We build the **consciousness** of intersectional Youth and Young Adults of Color and their caregivers on the recognition and importance of mental health, **empower** Youth and Young Adults of Color and their families to seek help and manage mental health, and **influence systems and services** to receive and address the needs of Youth and Young Adults of Color and their families.”

With energy and conviction, Dr. Breland-Noble declared that these three pillars—consciousness, empowerment, and systemic change—guide The AAKOMA Project’s approach to bridging the gap between communities and health care systems.



Addressing the Gaps: Mental Health Disparities

A central focus of Dr. Breland-Noble’s presentation was the urgent need to address mental health disparities among youth. She pointed out how mental health disparities disproportionately impact people of color due to access to services, cultural stigma, poorer quality of care, and under-representation in mental health research. To illustrate this, Dr. Breland-Noble shared findings from the **State of Mental Health for Youth of Color 2022** study, which surveyed nearly 3,000 young people from diverse backgrounds and identities. The results were striking, including over 50% of Youth and Young Adults of Color (YYoC) experiencing moderate to severe depression or anxiety; 30% of YYoC needing mental health treatment not receiving it; and 18% of YYoC frequently experiencing racial trauma. Notably, despite these challenges, 61% of YYoC expressed hope about their future.

This data affirms the importance of moving with urgency in addressing the mental health of youth. Dr. Breland-Noble emphasized that these statistics reflect a systemic failure to center the voices of youth, especially those who face disparities. She calls for us to look into these disparities.

Breland-Noble, A. and The AAKOMA Project. (2023). *State of Mental Health for Youth of Color 2022*. The AAKOMA Project. www.aakomaproject.org/somhyoc-fullreport

Innovative Solutions

To address these gaps, Dr. Breland-Noble shared The AAKOMA Project's innovative research initiatives, grounded in frameworks such as Patient-Centered Outcomes Research (PCOR), Comparative Effectiveness Research (CER), and Community-Based Participatory Research (CBPR). These approaches recognize all youth not as subjects, but as collaborators in improving mental health outcomes, effectiveness, and representation.

The AAKOMA Project has led several groundbreaking initiatives, including:

- **Free Virtual Therapy:** Established in 2020 in the wake of George Floyd's murder and the COVID-19 pandemic, The AAKOMA Project facilitated over 1,000 hours of free mental health therapy for youth who had never been in therapy before. The program connected YYoC with culturally responsive providers and reduced barriers to care.
- **Community Engagement via a Patient-Centered Outcomes Research Institute (PCORI) Engagement Award:** Under the PCORI Award, AAKOMA established a network of 15 African American faith communities and leveraged PCOR, CBPR, and CER models to create a curriculum on engaging with Black youth regarding mental health. The project also consulted over 200 YYoC via surveys and focus groups.
- **Team AAKOMA:** A youth advisory board who serve as YYoC mental health advocates, designing and leading media campaigns to amplify mental health messaging and awareness.



Conclusion

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*“Who are we not hearing from?
Who is not at the table? And what can
we do to broaden the table to ensure
that we have enough representation
that we can make clear and
well-informed assessments?”*

—Dr. Alfiee Breland-Noble

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Dr. Breland-Noble's message was clear. Progress in improving youth mental health requires inclusion and transformation so that all youth feel valued, supported, and seen. She challenged health professionals, educators, policymakers, and families to reflect on whose voices are heard, whose needs are prioritized, and who still lacks a seat at the table.

In doing so, we begin to move beyond surface-level solutions and embrace a deeper understanding of mental health. Dr. Breland-Noble invited us to imagine a future where systems do not shape care, but rather the voices of the communities these systems are meant to serve. Improving the mental health of our most vulnerable youth depends on our willingness to confront the limits of traditional research models and build new ones rooted in cultural awareness and community trust. For more information on Dr. Breland-Noble and The AAKOMA Project, see <https://aakomaproject.org/>.

To view the 2025 Weitzman Symposium recordings and detailed speaker bios, visit <https://www.weitzmaninstitute.org/symposium2025/>.

For More Information

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