This issue of the journal contains three articles. "A Pilot Study of Depression Among American Indian Patients", by Shore, Manson, Bloom, Keepers, and Neligh, reports the results of the first phase of a multi-stage study of depression that employs convergent diagnostic procedures with patient and matched community samples drawn from three distinctly different culture areas: the Plains, Plateau, and Southwest. In the paper at hand, the authors describe and compare symptom patterns generated by the administration of the Schedule for Affective Disorders and Schizophrenia (SADS-L) to index patients (N=86) recruited from local mental health programs. This effort represents the first systematic application of DSM-III diagnostic criteria to this special population. It seems clear that diagnostic tools of this nature can be used in a reliable fashion, but not without close attention to the cultural factors that may affect the patients' interpretation of the questions asked of them. A number of clinically meaningful insights also emerge, particularly in regard to the cross-currents of depression and related disorders among American Indians. Further inquiry along these lines is needed in order to assess the psychometric properties of diagnostic protocols such as the SADS-L, which mark the current state-of-the-art, and to move the field past a historical reliance on non-criteria based measures of psychiatric status.

"Urban Indian Psychiatric Patients in Community Care", by Peters, examines the characteristics, problems, and service utilization patterns of Indian psychiatric patients under care through an extensive community program for the chronically mentally ill in Vancouver, Canada. Drawing upon a recent survey of the primary therapists of all active patients, the author contrasts the resultant sample of Canadian Indian patients (N=25) with a subset of Anglo patients (N=100) who have been matched with the former on the basis of sex, age, educational level, and employment status. His results clearly demonstate that Indian psychiatric patients experience greater socioeconomic deficits, are more prone to suffer from substance abuse, act violently significantly more often, move more frequently, but in tightly circumscribed areas, and present greater difficulties for community placement than their Anglo counterparts. Peters offers several suggestions for adapting community psychiatric programs to the unique characteristics of this patient population. Hopefully, more thought now will be given to these individuals, who are so visible on the streets of our major cities, yet about whom the literature has, until now, remained virtually silent.

The third article, "Cultural Lessons for Clinical Mental Health Practice: The Puyallup Tribal Community", by Guilmet and Whited, represents a departure, in terms of length as well as narrative style, from the pieces which typically appear in this journal. The authors highlight, through examples drawn from the tribe’s
Kwawachee Mental Health Counseling Center (KMHCC), the importance of a cultural perspective on an array of issues that frequently emerges in the context of Indian and Native treatment programs. These issues revolve around such matters as cultural maps, family structure, ritual and ceremonialism, value conflicts, and interactional styles. Guilmet and Whited illustrate, by frequent reference to program experience, how KMHCC staff apply local knowledge in enhancing the acceptability of care offered, in facilitating access to alternative treatment resources in the broader community, in accommodating cultural restrictions on reporting dysfunctional behavior, and in negotiating a fine line, therapeutically, between assistance and interference. Though lacking the empirical weight of quantitative studies, this article nevertheless quickly moves the reader into the emotional and cognitive fabric that characterizes clinical work in these settings.

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Editor-in-Chief
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