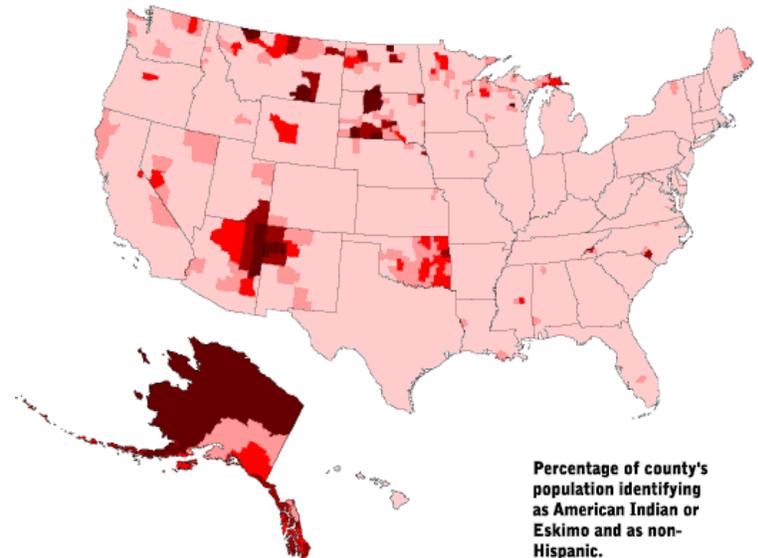


Mental Health Disparities: American Indians and Alaska Natives

Population: American Indians and Alaska Natives (AI/AN)

- Approximately 1.5% of the U.S. population – 4.1 million Americans – identify themselves as having American Indian or Alaska Native (AI/AN) heritage. (1)
- About two-thirds now live in urban, suburban, or rural non-reservation areas; about one-third live on reservations. During the last 30 years, more than 1 million AI/ANs have moved to metropolitan areas. (2)
- There are 564 federally recognized AI/AN tribes (and 100 state-recognized tribes) with a tremendous diversity of cultures and more than 200 languages.



Percentage of county's population identifying as American Indian or Eskimo and as non-Hispanic.

0.00%-3.8%
3.8%-12.6%
12.6%-28.2%
28.2%-55.1%
55.1%-100.0%

Relative to the US as a whole, AI/ANs:

- Are more likely to live in poverty: more than twice as many AI/ANs live in poverty than total US population (26% vs 12%) (3)
- Have a lower life expectancies: life expectancy among AI/ANs is 6 years lower than the U.S. average; infant mortality is higher than the US population (4)
- Have twice the rate of violent victimization twice that of African Americans and more than 2 ½ times that of whites (5)
- Die at significantly higher rates from tuberculosis, diabetes, and unintentional injuries and die from alcohol-related causes 6 times more often than the national average. (6)

Three times as many AI/ANs lack health insurance as whites – 33% compared to 11% of whites.(7) Approximately 57% of AI/ANs rely on the Indian Health Service for care. Data from 2003 show IHS expenditures of approximately \$1,900 per enrollee on health expenditures compared to \$6,000 for Medicaid recipients and \$5,200 for Veterans. (8)

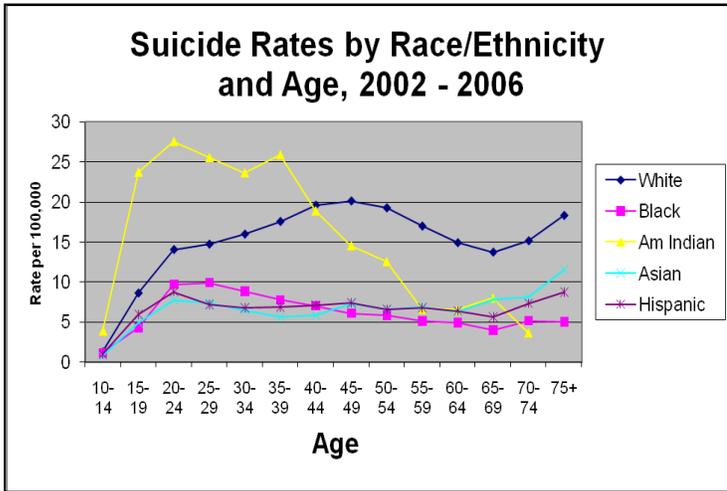
Historical traumas, including forced relocations and cultural assimilation, numerous broken treaties, and other social, economic, and political injustices, continue to affect AI/AN communities in significant ways. AI/AN health disparities are inherently tied to historical and current sociopolitical experiences. (9)

Percent of Population American Indian or Eskimo
Data from 2000 US Census

Mental Health Status, Use of Services and Disparities

Research on mental health among AI/ANs is limited by the small size of this population and by its heterogeneity. Nevertheless, existing research suggests that AI/AN youths and adults suffer a disproportionate burden of mental health problems and disorders.

Among AI/AN people, there is a wide range of beliefs about illness, healing, and health. The concept of mental illness and beliefs about why and how it develops have many different meanings and interpretations among AI/AN people. Often physical complaints and psychological concerns are not distinguished and AI/ANs may express emotional distress in ways that are not consistent with standard diagnostic categories.

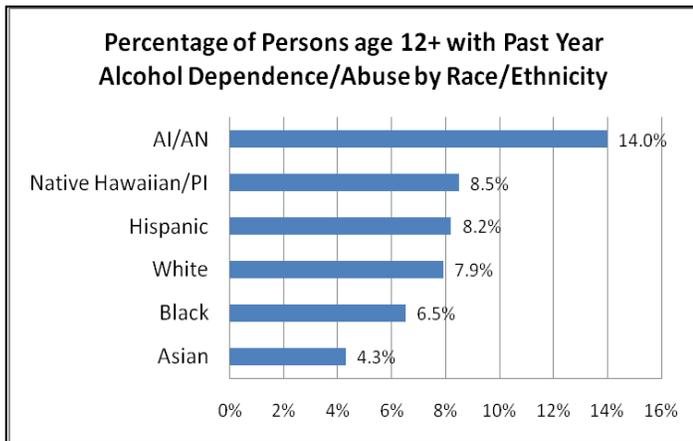


Source: CDC, WISQARS, 2009

Use of alcohol in the past month among persons 12 and older

	Alcohol use	Binge alcohol use	Heavy alcohol use
All populations	52%	23%	7%
AI/AN	43%	24%	6%
White	56%	24%	8%
African American	42%	20%	6%
Hispanic or Latino	43%	25%	6%

Source: NCHS, Health, US, 2010



Source: SAMHSA, HHS. National Survey on Drug Use and Health: 2002-2004

Mental health and AI/ANs:

- AI/ANs experience serious psychological distress 1.5 times more than the general population. (10)
- The most significant mental health concerns today are the high prevalence of depression, substance use disorders, suicide, anxiety, and PTSD. (11)
- AI/ANs experience PTSD more than twice as often as the general population. (12) Although overall suicide rates among AI/ANs are similar to whites, there are significant differences among certain age groups. Suicide is the second leading cause of death among AI/AN 10-34 year olds. In contrast, the suicide rate among AI/ANs more than 75 years old is only one-third of the general population.(13)
- More than one-third of Indian Health Service patient care contacts in 2006 were related to mental health or substance use disorders. (14)
- Native Americans use and abuse alcohol and other drugs at younger ages, and at higher rates, than all other ethnic groups. (15&16)

Prevalence of Drug Use Disorders

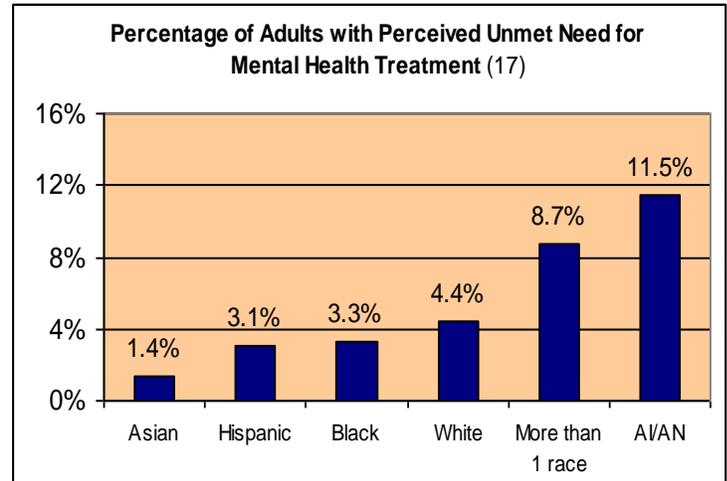
	12-month	Lifetime
Total population	2.0%	10.3%
Native Americans	4.9%	18.4%

Source: Compton, et al., 2007

- Some research has found that a greater percentage Native Americans actively seek services than general U.S. population—especially when traditional healing and 12-step programs were included. One study found that help seeking was common: 13% of the population and 38% of those diagnosed with substance use disorders had sought services for alcohol or drug problems in the preceding 12 months. Slightly more than half sought services from biomedical providers, about 40% sought help from traditional sources and about 40% from 12-step programs.(17)

Traditional Healing

- Traditional AI/AN healing systems “focus on balancing mind, body, and spirit within the community context.” Many American Indian groups have long practiced a holistic approach to healing involving a sense of connectedness with place and land, and contrary to the Western approach, generally don’t try to isolate one part of the person and heal it, but rather look at the whole person. (11)
- Help seeking from traditional healers is common among American Indians. Research has found that American Indian men and women who meet the criteria for depression/anxiety or substance abuse are significantly more likely to seek help from traditional/spiritual healer than from specialty or other medical sources. (18, 19)
- In recent studies of AI/AN, 34 to 49% of those with diagnosed behavioral disorders used traditional healers, and 16% to 32% of AI/AN people using biomedical services for emotional problems had also seen a traditional healer. (9, 11)



Source: SAMHSA, 2004

Protective Factors

Concepts that are key to the “cultural context, identity, adaptability, and perseverance of Native Americans include a holistic approach to life, a desire to promote the well-being of the group, and enduring spirit, and a respect for all ways of healing.” (11) Some strengths and challenges common among AIANs are listed below.

Strengths and protective factors:

- A strong identification with culture
- Family
- Connection with the past
- Traditional health practices (e.g., ceremonies)
- Adaptability
- Wisdom of elders

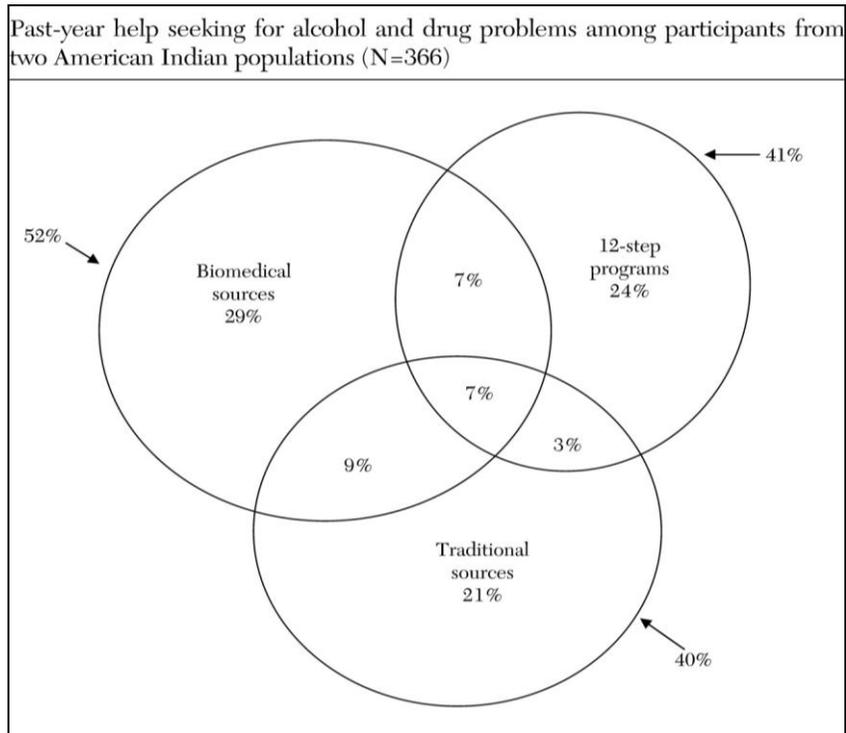
Challenges to health and well-being:

- Alcohol misuse
- Enduring spirit (stubborn, hard to accept change)
- Clashes between Indian and non-Indian views of mental health
- Long memories
- trauma is communal

Some key protective factors against suicide attempts among AIAN youth include (19&20)

- Discussion of problems with family or friends,
- Connectedness to family
- Emotional health
- Spiritual orientation

One study of American Indians living on reservations found that individuals with a strong tribal spiritual orientation were half as likely to report a suicide attempt in their lifetimes. (20)



Source: Beals, J., et al. *Help seeking for substance use problems in two American Indian reservation populations*. *Psychiatric Services*. 2006 Apr;57(4):512-20.

Barriers to Care

Key barriers to mental health treatment for American Indians, as for most people:

- Economic barriers (cost, lack of insurance)
- Lack of awareness about mental health issues and services
- Stigma associated with mental illness

Additional access-to-care issues include:

- Lack of education and pervasive poverty
- Lack of culturally appropriate services
- Mistrust with which many AI/ANs relate to their health care providers
- Continuing lack of accurate data and research on AI/ANs
- Lack of appropriate intervention strategies (including integration of mental health and primary health care services)
- Mental health professional shortages and high turnover

The availability of mental health services is severely limited by the rural, isolated location of many AI/AN communities. In addition, most clinics and hospitals of the Indian Health

Service are located on reservations, yet the majority of American Indians no longer reside on reservations.

Responses and Approaches

- Increase awareness of mental health and chronic disease connection
- Conduct stigma awareness training with gatekeepers
- Educate providers about unique mental health issues
- Increase presence of AI/ANs in research (as subjects and researchers)
- Advocate for policies that promote social justice, equity, and equality
- Comprehensive, (including mental health and substance use disorders), affordable, health coverage for all
- Focus on prevention, early intervention
- Better integration of traditional healing and spiritual practices
- Increase use of technologies (e.g., telepsychiatry) to better serve remote populations
- Person-centered care and respect for role of family

Resources and References

Resources:

National Center for American Indian and Alaska Native Mental Health Research. http://aianp.uchsc.edu/ncaianmhr/ncaianmhr_index.htm

Indian Health Service, HHS. www.ihs.gov

IHS American Indian and Alaska Native Suicide Prevention Website www.ihs.gov/NonMedicalPrograms/nspn (includes information and contacts on numerous local programs)

National Center for American Indian and Alaska Native Health <http://aianp.uchsc.edu/ncaianmhr/>

Association of American Indian Physicians www.aaip.org

National Indian Health Board www.nihb.org

NAMI, American Indian and Alaska native Resource Manual (www.nami.org/Template.cfm?Section=Outreach_Manuals&Template=/ContentManagement/ContentDisplay.cfm&ContentID=20988)

One Sky Center, American Indian/Alaska Native National Resource Center for Substance Abuse and Mental Health Services www.oneskycenter.org "Best Practices in Behavioral Health Services for American Indians and Alaska Natives." 2005. www.oneskycenter.org/documents/BPMonograph3.pdf

National Council on Urban Indian Health www.ncuih.org

SAMHSA (Substance Abuse and Mental Health Services Administration). Culture Card, A Guide to Build Cultural Awareness: American Indian and Alaska Native. http://download.ncadi.samhsa.gov/ken/pdf/SMA08-4354/CultureCard_AI-AN.pdf

SAMHSA, Risk and Protective Factors for Substance use among American Indian or Alaska Native Youth. National Survey on Drug Use and Health, The NSDUH Report, September 24, 2004. www.oas.samhsa.gov

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- (8) U.S. Commission on Civil Rights. (2003) *A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country*. Washington, DC.
- (9) Provider's Guide to Quality and Culture. (Accessed 2009) Joint project of: Management Sciences for Health (MSH); U.S. Department of Health and Human Services; Health Resources and Services Administration; and the Bureau of Primary Health Care <http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English&gggroup=&mgroup=>
- (10) National Center for Health Statistics, DHHS. (2007) Health, United States, 2007, with Chartbook on Trends in the Health of Americans (Table 61). www.cdc.gov/nchs/data/hus/07.pdf
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- (12) Surgeon General, HHS. (2001) *Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: a Report of the Surgeon General*. www.surgeongeneral.gov/library/mentalhealth/crc
- (13) Centers for Disease Control and Prevention, HHS. (Accessed 2009) WISQARS Database. www.cdc.gov/injury/wisqars/index.html
- (14) Urban Indian Health Commission. (2007) *Invisible Tribes: Urban Indians and Their Health in a Changing World*. www.rwjf.org/pr/product.jsp?id=23193
- (15) SAMHSA, HHS. (2007) Results from the 2006 National Survey on Drug Use and Health. www.oas.samhsa.gov/nsduh/2k6nsduh/2k6results.cfm#Ch3
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