



# 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.

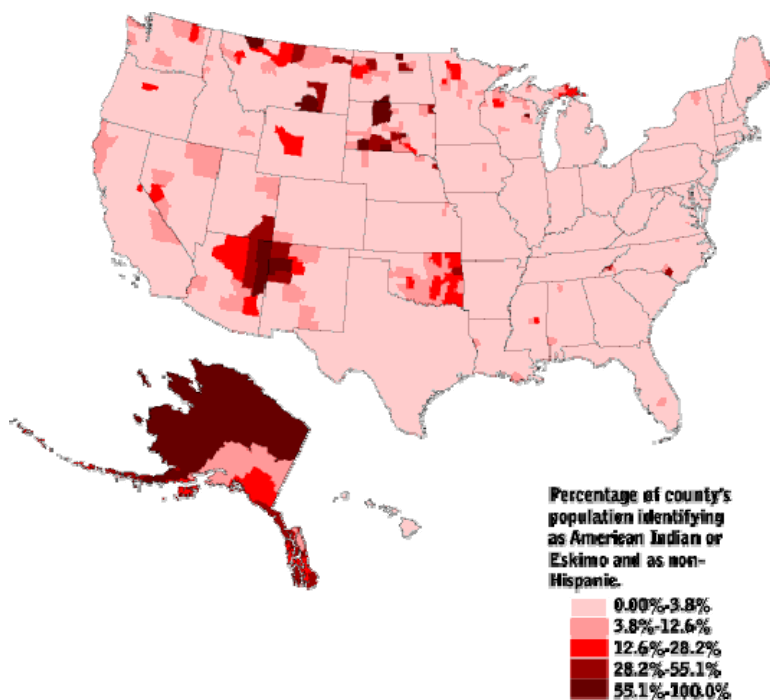
## Relative to the US as a whole, AI/ANs:

- 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 [www.censusscope.org](http://www.censusscope.org) Data from 2000 US Census 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. AIAN health disparities are inherently tied to the historical and current sociopolitical experiences these people. (9)

Percent of Population American Indian or Eskimo

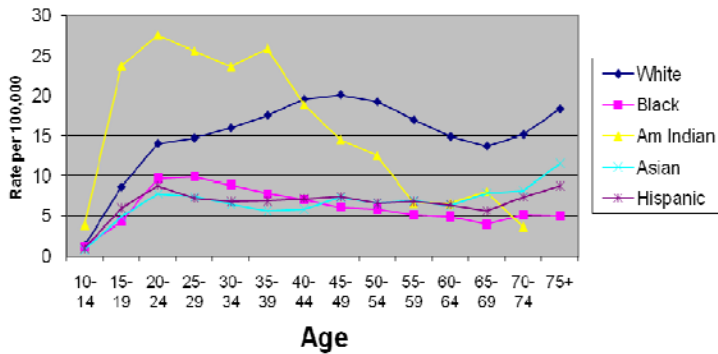


## Mental Health Status, Use of Services and Disparities

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 AIAN 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 AIAN 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.

### Suicide Rates by Race/Ethnicity and Age, 2002 - 2006



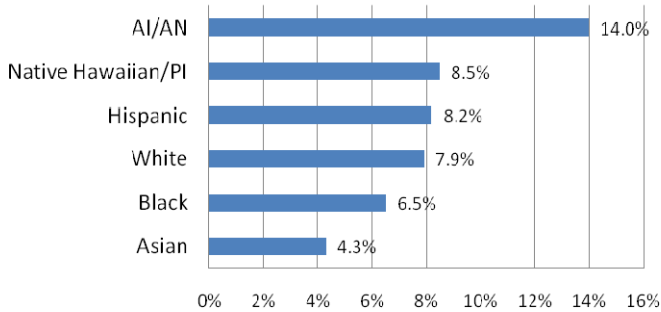
Source: CDC, WISQARS, 2009

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

	Alcohol use	Binge alcohol use	Heavy alcohol use
All populations	59%	23%	7%
<b>AI/AN</b>	<b>42%</b>	<b>33%</b>	<b>12%</b>
White	57%	23%	7%
African American	41%	20%	4%
Hispanic or Latino	43%	24%	6%

Source: NCHS, Health, US, 2007

### Percentage of Persons age 12+ with Past Year Alcohol Dependence/Abuse by Race/Ethnicity



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, and anxiety (including 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 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

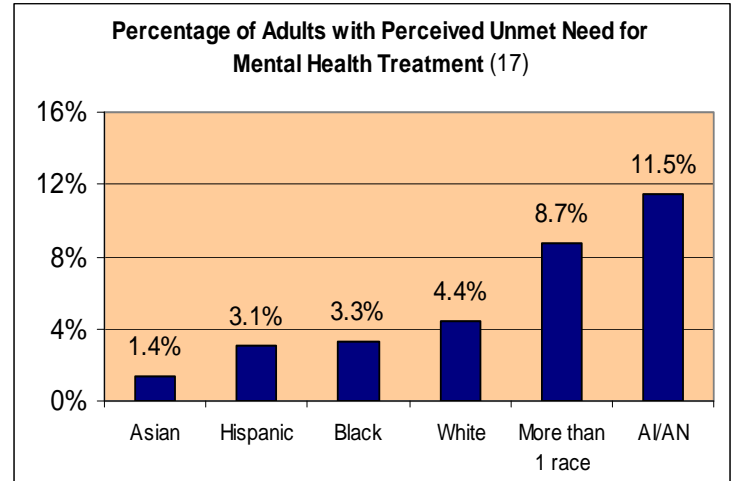
	12-month	Lifetime
Total population	2.0%	10.3%
Native Americans	4.9%	18.4%

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 AIAN 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 healing 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 AIAN, some 34 to 49% of those with diagnosed behavioral disorders used traditional healers and some 16% to 32% of AIAN 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

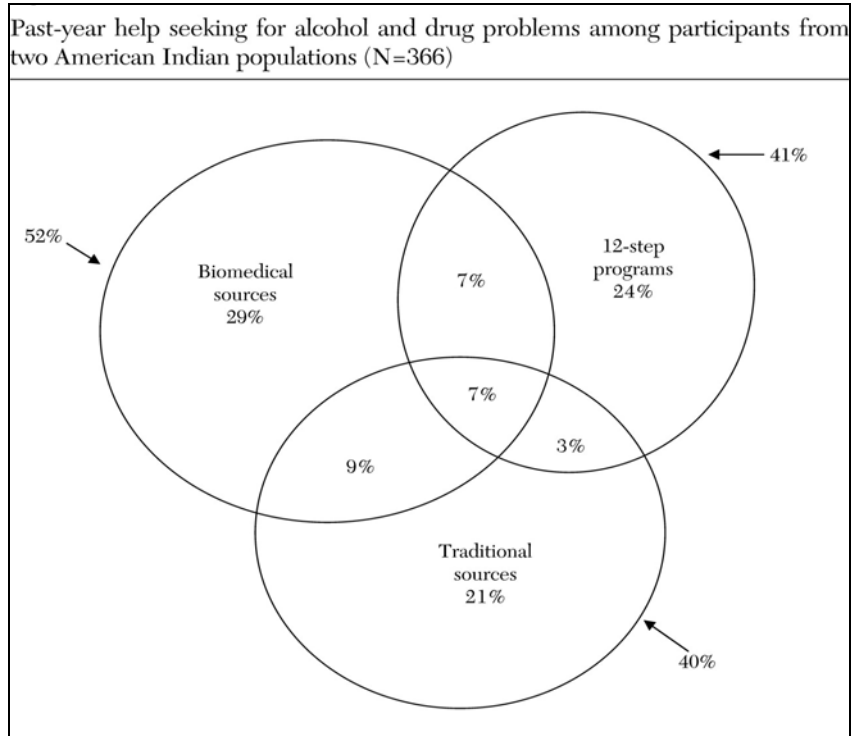
### Challenges to health and well-being:

- 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 Asian Americans, 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
- Increasing 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](http://aianp.uchsc.edu/ncaianmhr/ncaianmhr_index.htm)
- Indian Health Service, HHS. [www.ihs.gov](http://www.ihs.gov)
- IHS American Indian and Alaska Native Suicide Prevention Website [www.ihs.gov/NonMedicalPrograms/nspn](http://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](http://www.aaip.org)
- National Indian Health Board [www.nihb.org](http://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](http://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](http://www.oneskycenter.org) "Best Practices in Behavioral Health Services for American Indians and Alaska Natives." 2005. [www.oneskycenter.org/documents/BPMonograph3.pdf](http://www.oneskycenter.org/documents/BPMonograph3.pdf)
- National Council on Urban Indian Health [www.ncuih.org](http://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](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](http://www.oas.samhsa.gov)

### References:

- (1) US Census. (2006) American Indian, Alaska Native Tables from the Statistical Abstract of the United States: 2004-2005. [www.census.gov/statab/www/sa04aian.pdf](http://www.census.gov/statab/www/sa04aian.pdf)
- (2) Urban Indian Health Commission. (2007) *Invisible Tribes: Urban Indians and Their Health in a Changing World*. ([www.rwjf.org/pr/product.jsp?id=23193](http://www.rwjf.org/pr/product.jsp?id=23193))
- (3) US Census, USDOC. (2005) Statistical Abstracts 2004. [www.census.gov/statab/www/sa04aian.pdf](http://www.census.gov/statab/www/sa04aian.pdf)
- (4) Indian Health Service, HHS. (2004) Trends in Indian Health, 2000-2001.
- (5) Bureau of Justice Statistics, DOJ. Victims Characteristics: Race/Ethnicity. <http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=922>
- (6) Indian Health Service, HHS. (Accessed 2009) *IHS Fact Sheets: Indian Health Disparities*. (<http://info.ihs.gov/Disparities.asp>)
- (7) US Census. (2008). Income, Poverty, and Health Insurance Coverage in the United States: 2007. [www.census.gov/prod/2008pubs/p60-235.pdf](http://www.census.gov/prod/2008pubs/p60-235.pdf)
- (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&ggroup=&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/07.pdf](http://www.cdc.gov/nchs/data/hus/07.pdf)
- (11) Beals J, Manson SM, Whitesell NR, Spicer P, Novins DK, Mitchell CM. (2005) Prevalence of DSM-IV disorders and attendant help-seeking in 2 American Indian reservation populations. *Arch Gen Psychiatry*, 62(1), 99-108.
- (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](http://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](http://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](http://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](http://www.oas.samhsa.gov/nsduh/2k6nsduh/2k6results.cfm#Ch3)
- (16) Buchwald D, Beals J, Manson SM. (2000) Use of traditional health practices among native American in a primary care setting. *Med Care*, 38(12), 1191-99.
- (17) Beals, J., et al. (2006) Help seeking for substance use problems in two American Indian reservation populations. *Psychiatric Services*, 57(4), 512-20.
- (18) Beals, et al. (2005) Prevalence of mental disorders and utilization of mental health services in two American Indian reservation populations: mental health disparities in a national context. *American Journal of Psychiatry*, 162(9), 1723-32.
- (19) Walls, ML, et al. (2006) Mental health and substance abuse services preferences among American Indian people of the northern Midwest. *Community Mental Health Journal*, 42(6), 521-35.
- (20) Borowsky, I.S., et al (1999) Suicide attempts among American Indian and Alaska native youth: Risk and protective factors. *Archives of Pediatrics and Adolescent Medicine*, 153(6), 573-80.

