

Mental Health Disparities: American Indians and Alaska Natives

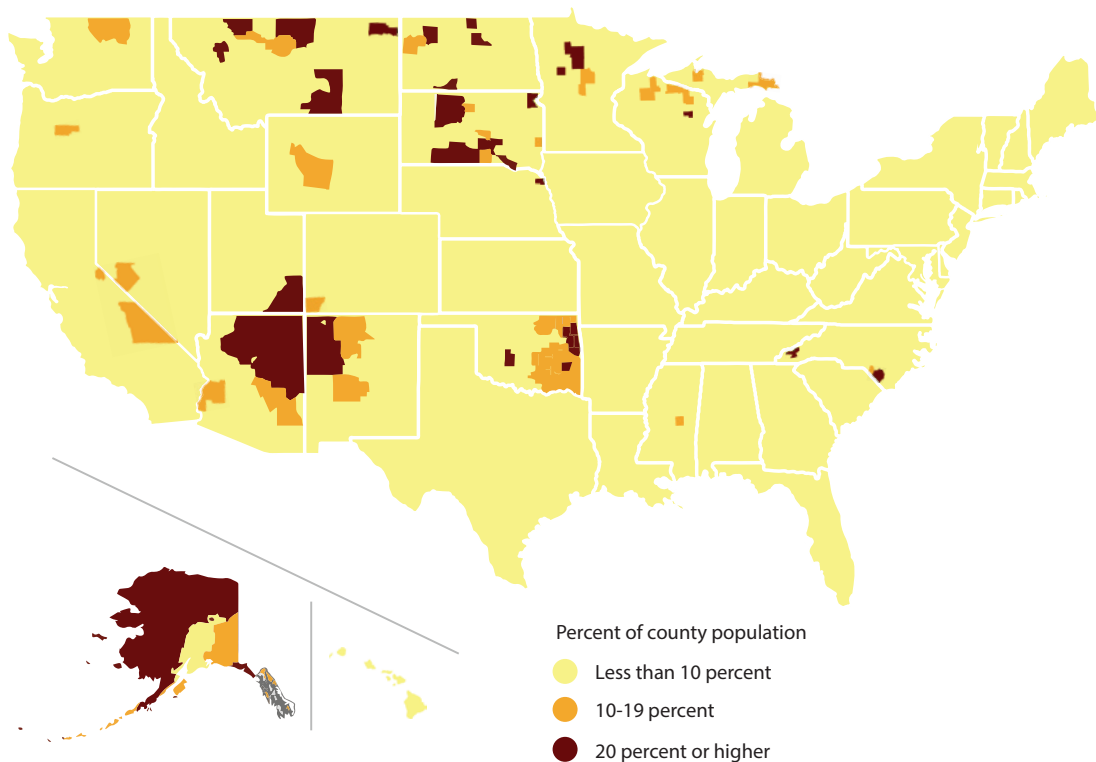
American Indian and Alaska Native Population

- Approximately 2% of the U.S. population – 6.6 million Americans – self identify as having American Indian/Alaska Native (AI/AN) heritage.¹
- About two-thirds live in urban, suburban, or rural non-reservation areas; about one-third live on reservations.¹
- As of 2017, there are currently 567 federally-recognized AI/AN tribes; they are culturally diverse and speak more than 200 languages.¹
- Newly born AI/ANs have a life expectancy that is

4.4 years less than the rest of the nation—73.7 years compared with 78.1 years, respectively).²

- AI/ANs have the highest poverty rate of any race/ethnic group, with 26.6 % living in poverty (The national poverty rate is 14.7%).¹
- Approximately 21% of single-race AI/ANs lack health insurance coverage in 2015 as compared with 9.4% of the general US population who lacked health insurance coverage.¹

Population Distribution of American Indians/Alaska Natives in the U.S.



Mental Health Status and Disparities

Research indicates that AI/AN populations have disproportionately higher rates of mental health problems than the rest of the US population.²
³ High rates of substance use disorders (SUDs), posttraumatic stress disorder (PTSD), suicide, and attachment disorders in many AI/AN communities have been directly linked to the intergenerational historical trauma forced upon them, such as forced removal off their land and government-operated boarding schools which separated AI/AN children from their parents, spiritual practices, and culture.⁴

- In 2014, approximately 21% of AI/ANs ages 18 and up reported past-year mental illness, compared with 17.9% for the general population.⁵
- AI/AN children and adolescents have the highest rates of lifetime major depressive episodes and highest self-reported depression rates than any other ethnic/racial group.
- In 2014, suicide was the second leading cause of death for AI/ANs between the ages 10 and 34. Suicide was the leading cause of death for AI/AN girls between ages of 10 and 14; in AI/AN females from ages 15 to 19, rates of completed suicides were almost 4 times higher than white females counterparts.⁶
- In 2014, approximately 9% of AI/ANs ages 18 and up had co-occurring mental illness and substance use disorder in the past year—almost three times that of the general population.⁵
- The overall rate of alcohol consumption among AI/AN (43.9%) is significantly lower than the national average (55.2%). However, there are differences by age and region and tribe, with some tribes having distinctly higher and lower rates.⁶
- National data shows a higher prevalence and earlier initiation of drug and alcohol use among AI/AN youth ages 17 and younger, compared with all other races/ethnicities.²

Mental Health Service Utilization

Mental health service utilization rates for AI/ANs are low, which is likely due to a combination of factors, including stigmatization of mental health, lack of culturally trained providers, and lack of available services.⁷

Cultural Health Practices of American Indians/Alaska Natives

Traditional healing systems are important in the treatment of AI/AN communities. These systems focus on balancing mind, body, and spirit via a connection with place and land.⁸ Some AI/AN populations believe that traditional-based healing practices have potential to help address mental health care needs within their communities.

Research shows that Indigenous men and women who meet criteria for depression/anxiety or substance use disorder are significantly more likely to seek help from traditional/spiritual healers than from other sources.^{9,10}

Protective Factors are concepts that are key to the “cultural context, identity, adaptability, and perseverance” of AI/ANs. Protective Factors includes holistic approaches to life, a desire to promote the well-being of the group, an enduring spirit, and respect for all ways of healing.^{11,12}

Strengths and protective factors common to AI/ANs include:

- A strong identification with culture
- Family
- Enduring spirit (stubborn, hard to accept change)
- Connection with the past
- Traditional health practices (e.g., ceremonies)
- Adaptability
- Wisdom of elders

Some key protective factors against suicide attempts among AI/AN youth include: ¹³

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

Barriers to Accessing Mental Health Services

Key barriers to accessing mental health treatment for AI/ANs include:

- Economic barriers (cost, lack of insurance)
- Lack of awareness about mental health and available services
- Stigma associated with mental illness
- Lack of culturally sensitive mental health services
- Mistrust of health care providers
- Lack of appropriate intervention strategies (including integration of mental health and primary health care services)

To learn about best practices for treating diverse populations and to get answers to your questions by leading psychiatrists, please visit APA's Cultural Competency webpage at <https://www.psychiatry.org/psychiatrists/cultural-competency>.

Resources

- The National Center for American Indian and Alaska Native Mental Health Research-<http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/NCAIANMHR/Pages/ncaianmhr.aspx>
- Native Voices: Native People's Concepts of Health and Illness- <https://www.nlm.nih.gov/nativevoices/index.html>
- The Office of Minority Health: American Indian/Alaska Native- <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>
- Indian Health Service/Behavioral Health- <https://www.ihs.gov/communityhealth/behavioralhealth/>
- National Indian Health Board- <http://www.nihb.org/>
- Urban Indian Health Institute-<http://www.uihi.org/>
- One Sky Center American Indian/Alaska Native National Resource Center for Substance Abuse and Mental Health Services- <http://www.oneskycenter.org/>
- National Council on Urban Indian Health-<https://www.ncuih.org/index>
- Kaiser Family Foundation – Health and Health Care for American Indians and Alaska Natives
- <http://www.kff.org/infographic/health-and-health-care-for-american-indians-and-alaska-natives-aians/>
- SAMHSA American Indian/Alaska Native Culture Card-<https://store.samhsa.gov/shin/content/SMA08-4354/SMA08-4354.pdf>
- Facts for Features – American Indian and Alaska Native Heritage Month: November- <https://www.census.gov/newsroom/facts-for-features.html>

Footnotes

- ¹ United States Census Bureau. Newsroom: Facts For Features <https://www.census.gov/newsroom/facts-for-features/2016/cb16-ff22.html>: United States Census Bureau; 2016 [cited 2017 July 2].
- ² Heart MY, Chase J, Elkins J, Altschul DB. Historical trauma among Indigenous Peoples of the Americas: concepts, research, and clinical considerations. *J Psychoactive Drugs*. 2011;43(4):282-90. doi: 10.1080/02791072.2011.628913. PubMed PMID: 22400458.
- ³ Census Bureau. "U.S. Census Bureau. 2011-2015 American Community Survey 5-Year Estimates." 2015. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1701&prodType=table
- ⁴ Office of Minority Health. Mental Health and American Indians/Alaska Natives <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=39>: U.S. Department of Health and Human Services Office of Minority Health; 2017 [cited 2017 July 5].
- ⁵ Whitesell NR, Beals J, Crow CB, Mitchell CM, Novins DK. Epidemiology and etiology of substance use among American Indians and Alaska Natives: risk, protection, and implications for prevention. *Am J Drug Alcohol Abuse*. 2012;38(5):376-82. doi: 10.3109/00952990.2012.694527. PubMed PMID: 22931069; PubMed Central PMCID: PMC4436971.
- ⁶ Substance Abuse and Mental Health Services Administration, The TEDS Report: American Indian and Alaska Native Substance Abuse Treatment Admissions Are More Likely Than Other Admissions to Report Alcohol Abuse.. Rockville, MD: 2014.
- ⁷ Substance Abuse and Mental Health Services Administration, Tribal Technical Advisory Committee, Indian Health Services, National Indian Health Board. National Tribal Health Agenda. Rockville, MD: SAMHSA, 2016.
- ⁸ Beals J, Novins DK, Whitesell NR, Spicer P, Mitchell CM, Manson SM. Prevalence of mental disorders and utilization of mental health services in two American Indian reservation populations: mental health disparities in a national context. *Am J Psychiatry*. 2005;162(9):1723-32. doi: 10.1176/appi.ajp.162.9.1723. PubMed PMID: 16135633.
- ⁹ Dickerson DL. CommUNITY Voices: Integrating Traditional Healing Services for Urban American Indians/Alaska Natives in Los Angeles County: Learning Collaborative Summary Report,. Los Angeles, CA: Los Angeles County Department of Mental Health, 2012.
- ¹⁰ Disparities UDCfRH. Conversations with Native Americans About Mental Health Needs and Community Strengths. Davis, CA: UC Davis Center for Reducing Health Disparities, 2009.
- ¹¹ Beals J, Novins DK, Whitesell NR, Spicer P, Mitchell CM, Manson SM. Prevalence of mental disorders and utilization of mental health services in two American Indian reservation populations: mental health disparities in a national context. *Am J Psychiatry*. 2005;162(9):1723-32. doi: 10.1176/appi.ajp.162.9.1723. PubMed PMID: 16135633.
- ¹² Beals J, Novins DK, Spicer P, Whitesell NR, Mitchell CM, Manson SM, et al. Help seeking for substance use problems in two American Indian reservation populations. *Psychiatr Serv*. 2006;57(4):512-20. doi: 10.1176/ps.2006.57.4.512. PubMed PMID: 16603747.
- ¹³ Barker B, Goodman A, DeBeck K. Reclaiming Indigenous identities: Culture as strength against suicide among Indigenous youth in Canada. *Can J Public Health*. 2017;108(2):e208-e10. Epub 2017/06/16. PubMed PMID: 28621659.

This resource was prepared by the Division of Diversity and Health Equity. It was updated by Mira Zein, M.D., M.P.H, and reviewed by Mary Roessel, M.D. and the Council on Minority Mental Health and Health Disparities.