



# NAMI

National Alliance on Mental Illness

## American Indian and Alaska Natives Communities Mental Health Facts

- *Cultural differences exist in seeking mental health services and in reporting distress.*
  - An historical distrust of the outside population exists among many American Indian communities. Individuals tend to have negative opinions of non-Indian health service providers, and traditional healing is used by a majority of Native Americans.<sup>1</sup>
  - Compared to the general population, AI/AN individuals tend to underutilize mental health services, have higher therapy dropout rates, are less likely to respond to treatment.<sup>1</sup>
  - A study of adult American Indians of a Northwest Coast Tribe demonstrated little differentiation between physical and emotional distress.<sup>2</sup>
  - The words “depressed” and “anxious” are absent from some American Indian and Alaska Native languages. Different expression of illness, such as *ghost sickness* and *heartbreak syndrome*, do not correspond to DSM diagnoses.<sup>2</sup>
- *Living in a stressful environment has potentially negative mental health consequences.*
  - Approximately 26% of AI/AN live in poverty, as compared to 13% of the general population and 10% of white Americans.<sup>3</sup>
  - In the Northern Plains study, 61% of the children had experienced a traumatic event.<sup>2</sup>
  - The American Indian and Alaska Native population reports higher rates of frequent distress than the general population.<sup>2</sup>
- *High prevalence of substance abuse and alcohol dependence is tied to a high risk for concurrent mental health problems.*
  - Alcohol abuse is a problem for a substantial portion of the American Indian adult population, but widely varies among different tribes.<sup>2</sup>
  - The Great Smoky Mountain study found that though prevalence of psychotic disorders is similar among American Indian and Caucasian American youth in the same geographic area, there are significantly higher rates of substance abuse in American Indian children.<sup>2</sup>
  - A study of Alaska Natives in a community mental health center found substance abuse was the reason for 85% of men and 65% of women to seek mental health care.<sup>2</sup>
  - In a study of Northern Plains youth, of those diagnosed with any depressive disorder 60% also had substance disorders.<sup>2</sup>

- *The prevalence of suicide is a strong indication of the necessity of mental health services in the AI/AN community.*
  - Alaska Native males have had one of the highest documented suicide rates in the world.
  - Suicide rates are particularly high among Native American males ages 15-24, who account for 64% of all suicides by AI/AN individuals.<sup>2</sup>
  - A study of Eskimo children in Nome, Alaska found previous suicide attempts to be one of the most common problems for those seeking mental health care.<sup>2</sup>
- *Mental health services are available for the AI/AN community, but are in need of improvement.*
  - The Indian Health Service funds 34 urban Indian health organizations, which operate at 41 sites located in cities throughout the United States offering a variety of care including mental health services and alcohol and drug abuse prevention. Approximately 605,000 American Indians and Alaska Natives are eligible to utilize this program.<sup>4</sup> However, only 1 in 5 American Indians reported access to this care in 2000.<sup>2</sup>
  - Because Native tribes are not defined by state boundaries and many Native families have inadequately addressed dual-nationality issues, many tribal and intertribal family-run organizations face difficulty in obtaining critical funds through Federal grants.<sup>5</sup>
  - Grassroots organizations such as InterTribal Voices of Children and Families create a network to connect Native families across tribes to influence the improvement of mental health services.<sup>5</sup>

---

<sup>1</sup>American Indian and Alaska Native Resource Manual. NAMI, 2003.

<sup>2</sup>Mental Health: Culture, Race, Ethnicity Supplement to Mental Health: Report of the Surgeon General. US Department of Health and Human Services, 2001.

<sup>3</sup>Dolores Subia BigFoot, PhD., & Barbara L. Bonner, PhD., Trauma in Native Children. Indian Country Child Trauma Center, Oklahoma City, OK

<sup>4</sup>The Office of Minority Health, US Department of Health and Human Services

<sup>5</sup>Elaine Slaton, Offering Technical Assistance to Native Families: Clues From a Focus Group. Federation of Families for Children's Mental Health, 2000