

Mental Health in American Indians and Alaska Natives

American Indians and Alaska Natives

American Indians and Alaska Natives (Indians, Eskimos, and Aleuts), referred to here as Indians/Natives, are very diverse in culture and language. More than 4 million Americans, approximately 1.5 percent of the U.S. population, identify themselves as having American Indian or Alaska Native heritage.

About two-thirds of Indians/Natives now live in urban, suburban, or rural non-reservation areas; about one-third live on reservations. The status of Indians/Natives as citizens of federally recognized sovereign tribal nations within the United States makes their history and legal status unique among Americans. Today, there are 564 federally recognized Indian/Native tribes and villages in the U.S., and many more unrecognized tribes—each with its own cultural beliefs and practices.

As a group, Indians/Natives face a number of challenges. The rate of poverty of Indians/Natives is more than twice the national average and unemployment among Indians/Natives is 2.5 times higher. Life expectancy is six years lower than the national average and the rate of violent victimization is twice as high. Historical traumas, including forced relocations and cultural assimilation, broken treaties, and other social, economic, and political injustices continue to affect Indian/Native communities.

Mental Health Issues

Indians/Natives experience most mental disorders in rates similar to the overall population. However, recent research suggests that Indians/Natives experience far greater psychological distress than the general population and are at greater risk for some mental disorders.

The most significant mental health concerns among Indians/Natives today are depression, substance abuse, and anxiety, including posttraumatic stress disorder (PTSD). In some Indian groups, but not all, alcoholism and illicit drug use disorder rates are much higher than the U.S. average. Even among groups of Indians/Natives with high rates of alcohol abuse, most Indian people are not alcoholics.

The suicide rate among Indians/Natives is higher than other racial/ethnic groups, particularly among youth and young adults.

Cultural factors can influence how people feel or describe mental illnesses and their acceptance of mental illness and treatment. Among Indians/Native people, the concept of mental illness has different meanings and interpretations. Often physical concerns and psychological concerns are not separated and emotional distress may be expressed in different ways.

Access to Care

Many Indians/Natives have difficulty accessing mental health services because of economic barriers, social and cultural differences, mistrust, and the lack of providers.

Nearly 60 percent of Indians/Natives rely on the Indian Health Service (IHS) for health care. The IHS is the government agency that provides health care for members of federally recognized tribes. However, most IHS centers are located on reservations or in rural or semi-rural communities. For those who live outside a reservation or in a rural Indian community, access to mental health care can be limited.

Indian/Native communities' historic negative experiences have contributed to a sentiment of suspicion towards the federal government and the health care system, effectively further limiting access to mental health care for many Indians/Natives regardless of their geographic location.

Traditional Healing and Western Medicine

Many Indians/Natives use both Western and traditional healing methods to address mental health issues. Traditional healing practices and spirituality are highly regarded by the majority of Indians/Natives. Often the traditional healing complements rather than competes with mainstream mental health care.

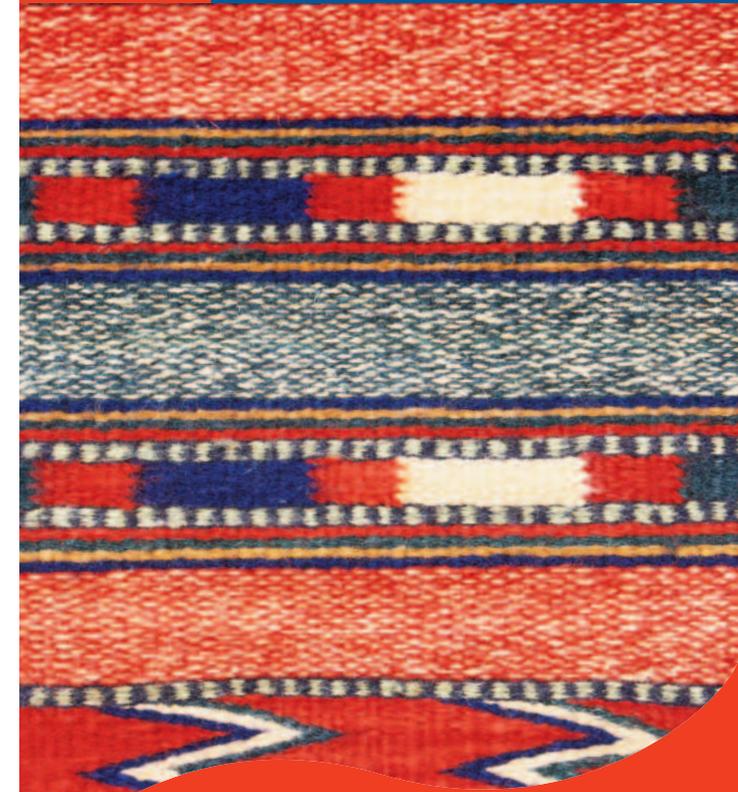
Conclusion

With proper treatment, most symptoms of mental illness can be controlled. If mental illness is a concern for you or someone you care about, mental health services are available.

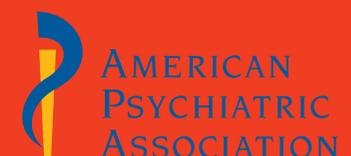
Mental health information can be obtained through the IHS, physicians and other healthcare practitioners, and online. If you are experiencing symptoms of a psychiatric nature, ask your health care provider for a referral to a mental health care professional.

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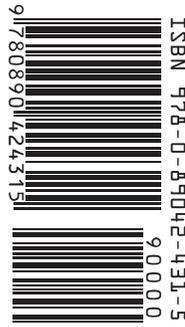
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Resources

For more information, please contact:

American Psychiatric Association (APA)

1000 Wilson Blvd.
Suite 1825
Arlington, VA 22209
703-907-7300
www.healthyminds.org

National Alliance on Mental Illness (NAMI)

Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201
800-950-NAMI (6264)
www.nami.org

Indian Health Service Department of Health and Human Services

801 Thompson Ave, #300
Rockville, MD 20852
301-443-2038
www.ihs.gov

The One Sky Center

3181 SW Sam Jackson Park Road,
GH 151
Portland, Oregon 97239
503-494-3703
www.oneskycenter.org

Mental Health America

2000 N. Beauregard Street
6th Floor
Alexandria, VA 22311
800-969-NMHA (6642)
www.nmha.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

Department of Health and
Human Services
1 Chokey Cherry Road
Rockville, MD 20857
1-877-726-4727
www.samhsa.gov

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One in a series of brochures designed to reduce stigma associated with mental illnesses by promoting informed factual discussion of the disorders and their psychiatric treatments. This brochure was developed for educational purposes and does not necessarily reflect opinion or policy of the American Psychiatric Association. For more information, please visit www.healthyminds.org.

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