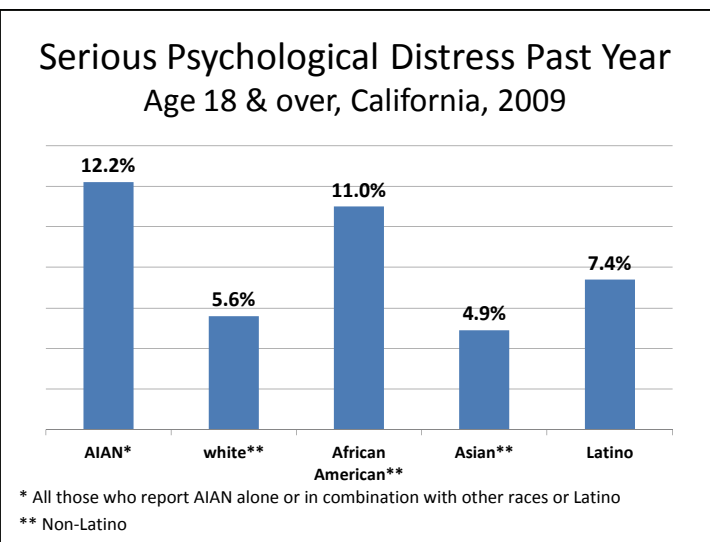


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## American Indians and Behavioral Health Issues in California: Implications for Culturally Appropriate Treatment

### American Indian and Alaska Natives Have High Rates of Psychological Distress

American Indians and Alaska Natives (AIANs) are significantly impacted by mental health and substance abuse. AIAN adults were more likely to have experienced serious psychological distress during both the past year compared to whites (12.2% versus 5.6% using the Kessler-6) as well as during the past month (5.2% versus 2.2%). On the other hand, AIANs were less likely to have taken prescription medicine for emotional/mental health related issues during the past year compared to whites (12.4% versus 13.1).



### AIAN Teens at Risk for Depression

One of the most significant mental health concerns among AIANs is depression. AIAN teens are at a higher risk for depression than white teens (21% versus 18% in 2005 using the CEDS-8). Due to the high rates

of depression, the Indian Health Service now screens every patient for depression.

### Thoughts of Suicide a Serious Problem

Suicide among AIANs is a serious problem and nationally is higher among AIANs than any other racial/ethnic group, particularly among youth and young adults. In California, adult AIAN women are more likely than all women to report having ever seriously thought of committing suicide (14.0% versus 9.9%). The rates are somewhat lower for AIAN adult men, but still above that of all men (11.3% versus 7.5%).

### Physical or Sexual Violence

Physical or sexual violence among AIAN women is a significant problem and is higher than any other racial group. AIAN women (38.9%) and men (15.9%) have experienced physical or sexual violence by an intimate partner since age 18, rates that are higher than white women (23.7%) and men (12.0%). Women were about twice as likely as men to report intimate partner violence in both races.

### Binge Drinking, Alcohol, and Drugs

Almost half (48.9%) of AIAN men ages 18-64 reported binge drinking in the past year, while the rate for AIAN women was considerably less (27.4%). Drinking alcohol starts early for many, with 36.4% of AIANs ages 11-17 years reporting that they ever had an alcoholic drink. Many AIAN teens (23.1%) have also tried



other substances, including marijuana, cocaine, sniffing glue, and other drugs. Past year use of marijuana among teens is twice as high among AIANs as whites (18.0% versus 9.3%).

## Smoking Status

Smoking rates among AIANs are higher than other racial and ethnic groups in the U.S. This is reflected in California where smoking rates are higher among AIAN adults than whites (22.0% versus 16.0%).

Smoking can be associated with both mental health and substance use disorders. A potentially useful preventative approach is teaching and acknowledging the traditional and sacred use of tobacco against its commercial use (cigarettes, chew, etc.).

## Need for Behavioral Treatments

AIANs reported needing help for emotional/mental health problems or use of alcohol/drugs more often than whites (19.4% versus 16.0%). AIAN teens also reported needing help for emotional/mental health problems more often than white teens (16.6% versus 13.3%). Almost half (44%) of AIAN adults who felt they needed help reported that they did not receive treatment.

## Type of Behavioral Health Provider

The type of provider giving care for mental/emotional issues differ between AIANs and others. AIANs report seeing only primary care physicians more often than whites (31.5% versus 23.6%). Among those seeing only a primary care physician, AIAN were less likely than whites to be taking medication for their mental health issues (52.1% versus 69.1%). Primary care physicians should be aware of these patterns and screen AIAN for mental health issues.

## Integrating Culturally Appropriate Treatment

Higher rates of behavioral health problems among AIANs can be explained by the higher rates of stress related to their history of trauma. For example, historically-based traumatic events, including forced relocations from Native lands, cultural assimilation, and a

history of forced placement into boarding schools, have been postulated as having lasting effects on the mental health status of AIANs.

The effects of historical trauma can be decreased by integrating traditional and cultural ceremonies and practices into treatment so that programs can be more engaging, more accepted and more culturally appropriate. Providing adequate and culturally-appropriate mental health and substance abuse services within both the primary care and behavioral health care settings is needed to begin the healing process for AIAN individuals, families, and communities. Only after this occurs are we likely to see a decrease in the high rates of mental health and substance abuse problems among California's AIAN population.

For more information about our American Indian and Alaska Native research, please visit the Center's Health Disparities Program: [www.healthpolicy.ucla.edu](http://www.healthpolicy.ucla.edu).

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**Date source:** The 2009 California Health Interview Survey interviewed 41,614 households by telephone, including 1,369 ages 18 and over who self identified as American Indian or Alaska Native as well as one child and one adolescent when applicable.

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The views expressed in this fact sheet are those of the authors and do not necessarily represent the UCLA Center for Health Policy Research, the Regents of the University of California, the Native American Health Center, United American Indian Involvement, the San Diego Indian Health Center, or the Indian Health Service.