Native American/Alaskan Native Mental Health

Research indicates that Native American/Alaskan Native populations have **disproportionately higher rates of mental health problems than the rest of the US population**. High rates of substance use disorders, PTSD, suicide, and attachment disorders in these communities **have been directly linked to the intergenerational historical trauma** forced upon them, including forced removal from their land and government-operated boarding schools that separated children from their families, practices, and culture.

Quick Stats:

- Native American children and adolescents have the highest rates of lifetime major depressive episodes and the highest selfreported depression rates than any other ethnic/racial group.
- National data shows a higher prevalence and earlier initiation of drug and alcohol use among Native American youth ages 17 and younger, compared with all other races/ethnicities.
- Suicide is the second leading cause of death for Native Americans between the ages of 10 and 34, and the leading cause of death for Native American girls between 10 and 14.

Barriers to Care:

- Economic barriers like cost and 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 integration strategies (including ntegration of mental health and primary health care services).



Mental health service utilization rates for Native American/Alaskan Natives 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.

Data adpated from "Mental Health Disparities: American Indians and Alaskan Natives" published by the American Psychiatric Association.

Learn how you can help at nami.org/minoritymentalhealth



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www.namimd.org

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info@namimd.org 1-877-878-2371 410-884-8691

Native American/Alaskan Native Mental Health Support and Resources

Please note: The resources included here are not endorsed by NAMI, and NAMI is not responsible for the content of or service provided by any of these resources.

Indian Health Service (IHS)

IHS is a federal program for Native Americans and Alaskan Natives. The website includes FAQs for patients and sections on behavioral health services in the Native American/Alaskan Native health care systems. www.ihs.gov | (301) 443-2038

Indian Country Child Trauma Center (ICCTC)

The ICCTC is a SAMHSA-funded program established to develop training, technical assistance, program development, and resources on trauma-informed care to tribal communities.

www.icctc.org | (405) 271-8858

One Sky Center

One Sky Center provides resources and a "Find a Therapist" locator for treating mental health and substance use disorders within Native American communities. **wwww.oneskycenter.org | (503) 970-7895**

National Indian Health Board (NIHB)

The National Indian Health Board (NIHB) represents tribal government - both those that operate ther own health care delivery systems through contracting and compacting, and those receiving healthcare directly from the IHS.

wwww.nihb.org

Urban Indian Health Institute (UIHI)

UIHI conducts research and evaluation, collects and analyzes data, and provides disease surveillance to strengthen the health of American Indian and Alaska Native communities. www.uihi.org | (206) 812-3030

National Council of Urban Indian Health (NCUIH)

NCUIH is a national organization devoted to the support and development of quality, accessible, and culturally-competent health services for American Indians and Alaska Natives living in urban settings.

www.ncuih.org | (202) 544-0344

American Psychiatric Association. "American Indian and Alaskan Native." Mental Health Disparities, 2017. 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.