

MENTAL AND BEHAVIORAL HEALTH IN NEW MEXICO



11/24/2008

Native American Consumer Survey Results

A Report to the New Mexico Indian Affairs Department

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Mental and Behavioral Health in New Mexico

NATIVE AMERICAN CONSUMER SURVEY RESULTS

ACKNOWLEDGEMENTS

In September 2007, the New Mexico Indian Affairs Department (IAD) commissioned the Center for Native American Health (CNAH) at the University of New Mexico to produce a report on the status of behavioral and mental health services for the Native American population of the state.¹ The study was undertaken with guidance from a Project Advisory Committee. Members of this committee included: Teresa Gomez, Deputy Secretary NM IAD; Regis Pecos, Chief of Staff for the Speaker of the House New Mexico Legislature; Ken Lucero, Tribal Administrator Zia Pueblo; Gayle Dine'Chacon, Director, CNAH; and Joyce Naseyowma-Chalan, Associate Director, CNAH. The Principal Investigator and Co-Investigator for CNAH were Tassy Parker, PhD, RN; and Billie Jo Kipp, PhD, respectively. The Center employed the consulting services of Noqsi Native Research, Nina S. Wampler, DSc, MPH, epidemiologist, and Clyde Campbell, governmental affairs analyst.

The Deputy Secretary of Indian Affairs for New Mexico represents Native Americans on the 17-member Behavioral Health Purchasing Collaborative (Collaborative). The Collaborative is the policy-making body empowered by the executive branch of New Mexico state government to make decisions regarding the purchase of behavioral health services on behalf of the state, including on behalf of Native American communities. The Cabinet-level Collaborative is composed of representatives of 15 state agencies: Aging and Long-term Services Department; Administrative Office of the Courts; Children, Youth and Families Department; New Mexico Corrections Department; Department of Finance and Administration; Department of Health; Department of Workforce Solutions; Department of Transportation; Developmental Disabilities Planning Council; Division of Vocational Rehabilitation; Health Policy Commission; Human Services Department; Indian Affairs Department; Mortgage Finance Authority; and Public Education Department; and the Governor's Office: Governor's Commission on Disability and the Governor's Health Policy Advisor. Advising the Collaborative is the Behavioral Health Planning Council, with over 80 members. Geographic regions around NM are represented on the Planning Council as local collaboratives (LC). The two Native American local collaboratives, LC 14 and LC 15 have members appointed by the executive branch of state government.

Collectively, LC 14 and LC 15 have formed an organization known as the Region VI Prevention Native American Local Collaborative, established in 1997 in collaboration with the New Mexico Department of Health. The Planning Council operates through the work of many subcommittees, including the Native American Subcommittee created by legislative statute. The Native American local collaboratives and the Native American Subcommittee represent the Native voice on matters considered by the Planning Council as the council advises the Purchasing Collaborative.

¹ Center for Native American Health, 2007

INTRODUCTION

The New Mexico Indian Affairs Department (IAD) is committed to improving the planning and delivery of mental health services for Native Americans in New Mexico. Toward this end, IAD commissioned the Center for Native American Health (CNAH) to conduct a behavioral health survey for the assessment of mental health needs by consumers of mental health services.

The consumer voice is a central consideration in the developing picture of mental and behavioral health services utilized by Native Americans in New Mexico. Thus, in this report, we examined Native American consumer opinions about various characteristics of services that were deemed to be of special interest.

The survey distribution included members of 7 Native American communities. The overarching goal of the effort was to ensure inclusion of Native American consumer opinion in the developing framework for mental and behavioral health care in New Mexico Native American communities. That goal was met.

The consumer survey results reported here represent analyses of data collected from a convenience sample of 129 adult (18 years and older) Native Americans receiving mental or behavioral health services in either an off-reservation (n=25) or reservation (n=104) setting. Completion of a survey was strictly voluntary and the name of the individual completing the survey was not requested. The surveys contained the following lead-in statement: *“We need your help. By completing this survey, you can help determine the current plan to improve mental health and behavioral health care for Native Americans in New Mexico.”* To increase the possibility of receiving responses that reflected the true opinions of the individual consumer, an unmarked, sealable envelope was attached to each survey. Each respondent received a \$10.00 Wal-Mart gift card.

The consumer survey addresses the following four (4) aims:

- I. To identify and describe treatment satisfaction with outpatient mental health services;
- II. To identify the types of mental health services that Native American consumers access.
- III. To identify the current needs of Native American consumers for mental health services.
- IV. To gain knowledge of the personal and cultural beliefs about the causes of mental health problems.

Native Americans in New Mexico and Behavioral Health

The 2005 New Mexico American Indian Health Status Data Report contained prevalence of BH/MH issues.² Prevalence rates included were: mental disability, adult and youth alcohol use, youth marijuana use, youth depression and suicide, and youth physical violence. This data report also indicated that in general, the pattern of mortality among NM Native Americans is similar to that of all races in the state for the leading two causes of death, i.e., heart disease and cancer.

However, diabetes, liver disease, and unintentional injury as causes of death among Natives are higher than all races. Furthermore, a look at the relative age distributions of Native Americans compared with all races in New Mexico, reveal that a larger proportion of Native Americans will be aging into adulthood in coming years. More data regarding these issues is contained in the 2007 full report on BH/MH Services for New Mexico’s Native Americans.

² New Mexico Department of Health, 2005

Behavioral and Mental Health Systems & Services Current Status

Native Americans make up only 10% of the New Mexico population; however they represent 12% of those served by BH/MH services, according to the 2002 Report on Behavioral Health Needs & Gaps in New Mexico.³ Additionally, in 2000, 20.6% of all persons convicted of driving while intoxicated (DWI) were Native American. It is interesting to note, not all people convicted of DWI receive substance abuse counseling or diversion programs.³

Proposed Improvements

The New Mexico Human Services Department's Goal #4 is to improve behavioral health, as relates specifically to Native Americans.⁴ This goal, presented in detail in our full report, is to be implemented in FY2008.

Nationally, positive moves are in the making: On November 16, 2007, at the annual meeting of the National Congress of American Indians (NCAI) in Denver, the health committee passed a resolution recommending that the United States Congress make Tribal governments eligible for block grant funding, establish Tribal set asides, create a Tribal liaison position within Substance Abuse and Mental Health Services Administration (SAMHSA), and establish a formal Tribal/state consultation process, all to be included in the upcoming reauthorization of SAMHSA programs.⁵

Cultural Competency

“Cultural competence underscores the recognition of patients’ cultures and then develops a set of skills, knowledge and policies to deliver effective treatments.”⁶

The 2002 Report on Behavioral Health Needs & Gaps in New Mexico notes that few providers speak Native languages—a recommendation in the report is to identify and implement incentives for recruiting and retaining practitioners in rural and underserved areas, giving special attention to practitioners from Native American culture.⁷ Furthermore, in the consumer survey 2007 44% of respondents indicated their treatment experience would be improved with the inclusion of Native cultural values and in the 2008 BH Consumer survey 30% of respondents reported that treatment by a Native provider would improve their visit. (See the full report for details of the survey.)

The diversity of Native communities in New Mexico creates some important issues for the delivery of BH/MH services in the state. Conventional western approaches applied to medicine, psychiatry, and clinic-based counseling services are frequently not appropriate to the unique cultural needs of Native people.

Participants in focus groups conducted for the 2002 Needs & Gaps Report indicated that additional culturally appropriate services for Native Americans are needed.³

In the 2001 Surgeon General's report on *Mental Health: Culture, Race, and Ethnicity*, Chapter 4 on Mental Health Care for American Indians and Alaska Natives describes the current status for Native Americans in the US, the need for mental health care, the availability, accessibility, and utilization of mental health services.⁶ This report identifies Native communities as high need populations.

³ The Technical Assistance Collaborative Inc. & Human Services Research Institute, 2002

⁴ New Mexico Human Services Department, 2007

⁵ Health Committee-National Congress of American Indians, 2007a

⁶ Center for Mental Health Services SAMHSA, 2001

⁷ The Technical Assistance Collaborative Inc. & Human Services Research Institute, 2002

Special populations within Native communities are mentioned, including the homeless and incarcerated youth and adults. Other issues were raised in this report, such as elder abuse, child sexual abuse, and the effects of Historical Trauma and racism on Native American mental health. In New Mexico, racism is suggested as a contributing factor in the school dropout rate in a study by Dr. Kitchen, et al.⁸

Cultural competence is a key element of every one of the five priority areas for BH/MH services for Native Americans in New Mexico. Cultural competency is discussed under that subject heading in the full report and also under workforce development, report sections on best practices and comprehensive services as it is a key element in designing successful BH/MH care delivery system.

In November 2007, the NCAI Health Committee passed a resolution establishing a task force on alcohol and substance abuse issues in Indian Country. The task force, which will address issues of cultural competency, will consist of the National Indian Health Board, the National Council on Urban Indian Health, Indian Health Service (IHS) behavioral health specialists and tribal representatives.⁹

Native American Consumer Voice

The need for improved, culturally competent BH/MH services for Native Americans has been documented over the years by other studies. Furthermore, the need is growing with the population increase of Native Americans in New Mexico. In response to this need, the IAD commissioned the current survey to include the Native American consumer voice about their unique needs for mental and behavioral health services.

BEHAVIORAL HEALTH CONSUMER SURVEY DEVELOPMENT

The Behavioral Health (BH) Consumer Survey was originally developed by Dr. Parker, Dr. Kipp, and Dr. Wampler in response to IAD's and the Native American Subcommittee of the Behavioral Health Planning Council focus on five defined areas of priorities:

- Cultural Competency
- Best Practices, adapted for delivering BH/MH care to Native Americans
- Behavioral and Mental Health workforce development
- Comprehensive Services
- Quality Systems Management

The investigators were also tasked with identifying, reviewing, and summarizing existing reports and peer-reviewed articles that address Native American BH/MH needs and services in New Mexico.

In addition to the literature review, Drs. Parker and Kipp (CNAH) and consultants Dr. Wampler and Mr. Campbell designed and piloted a consumer survey among 25 Native Americans at two New Mexico clinics (one off-reservation and one reservation) to identify issues in BH/MH services. This Behavioral Health Consumer Survey proved to be a compelling dimension of the larger report, thus IAD wanted to include a larger Native American population sample. From this came the current Behavioral Health Consumer Survey development. The Behavioral Health Consumer Survey was modified by input of providers in tribal clinics and

⁸ Kitchen, Velasquez, & Myers, 2000

⁹ Health Committee-National Congress of American Indians, 2007b

off-reservation Native American serving clinics. Provider suggestions included a survey item about assessing case management needs and a qualitative question about other factors of Native American health that the consumer may want to report. The providers reported that these suggested revisions would expand the utility of the survey in terms of program planning.

Methodology

The consulting providers distributed the Behavioral Health Consumer Survey to individuals who attended their respective clinics. Additionally, as previously stated the consumers received a \$10 gift card and returned the surveys in an envelope, which they sealed before returning to the provider. The provider returned the surveys to the Center for Native American Health. All providers/agency received a contract amount of \$500 upon return of their surveys. All surveys were confidential to protect the consumers and the integrity of their responses

FINDINGS

Consumer Characteristics

Table 1: NM Native American Behavioral Health Consumer Survey (2008) - Consumer Characteristics

Gender	Female	65.9%
	Male	29.5%
	No Response	4.7%
Age Groups	18 – 29 years	24.0%
	30 – 39 years	22.5%
	40 – 49 years	17.8%
	50 – 59 years	14.7%
	60+ years	20.9%
Marital Status	Married /Living as married	24.8%
	Divorced /Separated	18.6%
	Widowed	10.1%
	Never Married	41.9%
	No Response	4.7%
Residency: On Reservation	No	18.6%
	Yes	72.9%
	No Response	8.5%
Family Income	<\$5,000/yr	24.8%
	\$5k – \$9,999	10.9%
	\$10k – \$14,999	8.5%
	\$15k – \$19,999	10.1%
	\$20k – \$24,999	13.2%
	\$25k – \$29,999	7.0%
	\$30k – \$49,999	9.3%
	\$50k+	6.2%
	No Response	10.1%
Education (highest level of schooling completed)	≤ 8 th Grade	3.9%
	Some High School	17.1%
	High School or GED	20.9%
	Vocational/Tech	12.4%
	Some College	30.2%
	College Graduate +	9.3%
	No Response	6.2%
Employment	Working full-time now	41.9%

	Working part-time now	11.6%
	Working on/off	8.5%
	Unemployed	12.4%
	Retired	7.8%
	Going to school	6.2%
	Disabled	3.1%
	Not working for pay	2.3%
	Other	5.4%
Health Insurance	Insurance through job	23.3%
	Insurance you buy	0.8%
	Medicare	9.3%
	Medicaid	24.0%
	Military/Veterans	4.7%
	IHS/THS/Off-Reservation clinic	30.2%
	Tribal/Native sponsored	10.9%
	No health insurance	16.3%
	Other	3.9%
	No Response	4.7%

Social Determinants of Health

Income is highly related to health care access and insurance coverage. Because African-American, Latino, and Native American families are more likely to be poor than whites and Asians, they are less likely to have adequate insurance coverage and access to quality care. Most studies show that even when income is similar across groups, racial and ethnic disparities remain. Workers of color are more likely to be relegated to low-wage jobs and labor markets that offer minimal if any health benefits.¹⁰

In New Mexico, *White* headed households reported a median household income (2005 Dollars) of \$43,261 as reported by the Decennial Census of 2000, which was 8.3 percent greater than the median household income in 2000. *Black or African American* headed households had median income levels that were 10.8 percent less than the overall median reported in 2000, with a reported median of \$35,614. *Hispanic* in New Mexico, according to the 2000 census, had a median household income of \$33,256; this median is 16.7 percent less than the reported median household income for all households in the area. The *Asian* householders in the area have reported their median household incomes at \$49,152. This median income level is 23.1 percent greater than the reported median household income for all households in the state. ***The American Indian and Alaska Native headed households in New Mexico had a median household income level of \$27,425; this level was 31.3% less than the median for all households.***¹¹

At least 36% of the Native American consumer survey participants live below the 2008 HHS Poverty Guideline of \$10,400 for a one-person household.¹² For the Native American respondents in this study it indicates a lack of adequate health and mental health care. According to the United States Census, critical rates of poverty in New Mexico are directly linked to areas of Native American reservations. Native

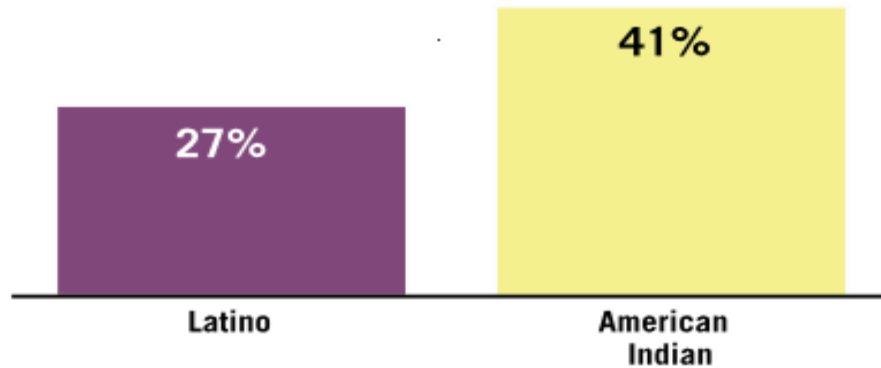
¹⁰ Institute of Medicine, 2002

¹¹ <http://www.ecanned.com/NM/2007/01/income-and-poverty-in-state-of-new.html>

¹² Federal Register, Vol. 73, No. 15, January 23, 2008, pp. 3971–3972

Americans living on these reservations often times feel forgotten, or pushed to the side, by the United States government. Suicide rates are extremely high, and they have little to no political voice.¹³ Additionally, Native American children in New Mexico are over represented in the poverty levels (see Chart). Mental health is essential to prosperity and well-being, and access to mental and physical health care is related to insurance status. In New Mexico, 40% of Native-American youth, 18% of African-American youth and 17% of Hispanic youth are uninsured, compared to 15% of white non-Hispanic youth.¹⁴

Children in Poor Families in New Mexico, by Race, 2007



© National Center for Children in Poverty (nccp.org)
New Mexico Demographic Profiles

One of the largest barriers to adequate health care for Native Americans is access. Only 28% of Native Americans have private health insurance through an employer; 55% rely on the Indian Health Service (IHS) within HHS for all their health care needs. According to the National Center for Health Statistics, Native Americans make fewer visits to physicians' offices and hospital outpatient departments than any other racial or ethnic group. In 1999, per 100,000 people, whites made 293 visits to the doctor, Asian Americans made 233 visits, blacks made 211 visits, and Native Americans made only 54. On the other hand, they made more emergency room visits than whites or Asian Americans.

In comparison with the national statistics of access, 33% of Behavioral Health Consumer Survey participants reported that Medicaid/Medicare is their primary health insurance and 41% of behavioral health consumers reported receiving their health insurance through Tribal Health Services/Off-reservation and Tribal-sponsored clinics. Additionally, of the respondents only 23% had insurance through their work. Consumer responses align closely with the national statistics on access.

At least 51,818 American Indians live in the Albuquerque area and represent 338 federally recognized tribes. Seventy-five percent of American Indians living in urban areas do not have health insurance and 24.9% live at or below poverty level. For New Mexico, barriers and consequences to health care for off-Reservation Indians include, denial based on tribal affiliation, high rates of diabetes, poverty, cancer, high percentages of mental health and behavioral health, specific to Albuquerque this is #1 in the world.¹⁵ The leading causes of death for American Indians living in New Mexico are cancer and heart disease. Additionally the NM American Indian population has higher death rates than the national population due to unintentional injuries, diabetes, chronic liver disease and cirrhosis, homicide, pneumonia and influenza, and

¹³ Boston, 2008

¹⁴ Hall, Green, & Halasan, 2006

¹⁵ U.S. Commission on Civil Rights, 2004

nephritis, nephritic syndrome and nephrosis. While many valid reasons exist for health care spending to be concentrated in rural and reservation communities where infrastructure and other options are lacking, the needs of off-reservation Indians are also far from being met.

The relationship between poverty and mental health is complex and multidimensional (Figure 1). In its strictest definition, poverty refers to a lack of money or material possessions. In broader terms, and perhaps more appropriately for discussions related to mental and behavioral disorders, poverty can be understood as the state of having insufficient means, which may include the lack of social or educational resources. Poverty and associated conditions such as unemployment, low education, deprivation and homelessness, are widespread in many reservation communities.

The poor and the deprived have a higher prevalence of mental and behavioral disorders, including substance use disorders. This higher prevalence may be explainable both by higher causation of disorders among the poor and by the drift of the mentally ill into poverty. Though there has been controversy about which of these two mechanisms accounts for the higher prevalence among the poor, the available evidence suggests that both are relevant.¹⁶

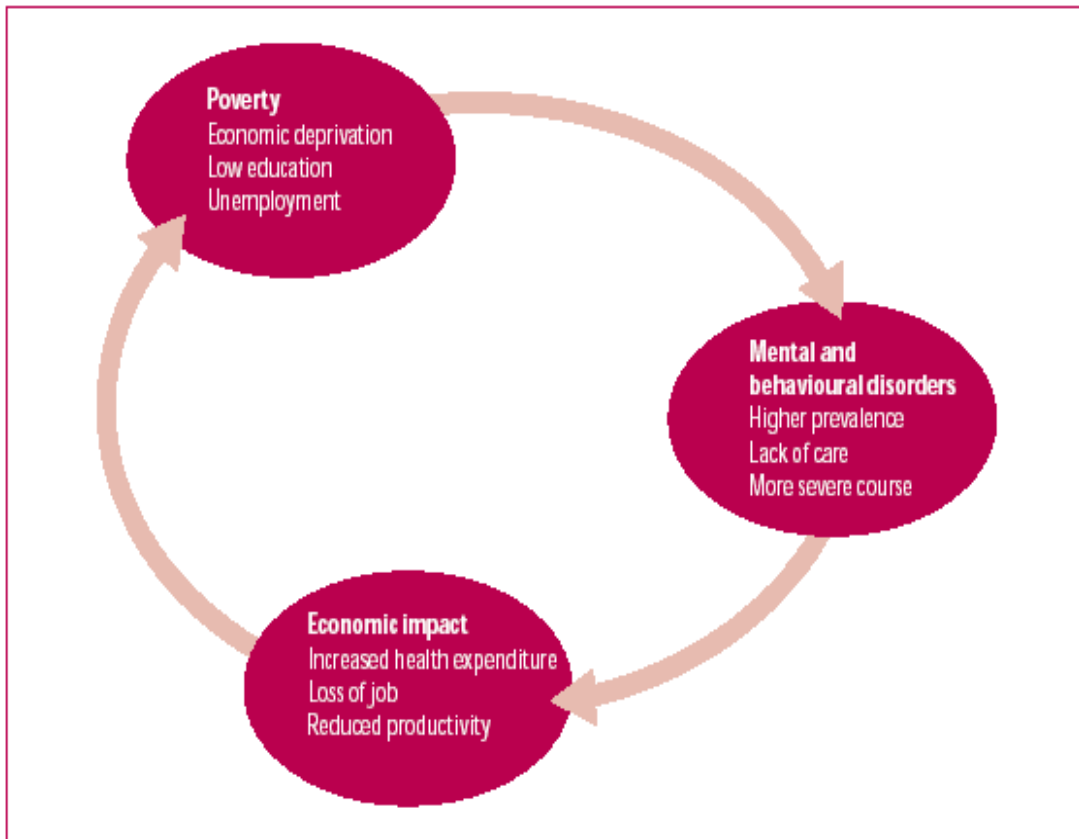


Figure 1: World Health Organization¹⁷

¹⁶ Patel, 2001

¹⁷ World Health Organization (2001). The World Health Report 2001: Mental Health New Understanding, New Hope. Geneva: World Health Organization. Pg. 30.

Aim I: To identify and describe treatment satisfaction with outpatient mental health services

- 40% replied “No Opinion” when asked if they agreed with the statement: “I feel respected by my mental or behavioral health provider.”
- 47% reported being pleased with the services they received
- 49% found that treatment did help with their problems
- 36% reported that they “agree” or “strongly agree” that they feel respected by their mental or behavioral health provider
- 57% of consumer survey participants reported never being involved in their treatment planning
- To improve their visit, consumers would like to have:
 - Longer time with providers (30.2%)
 - Native American providers (30.2%)
 - Treatment that includes their cultural values (27.9%)
 - Not to drive so far (26.4%)
 - More frequent visits with providers (21.7%)

Treatment satisfaction is a consumer-oriented evaluation of treatment services and is thought to influence recovery following treatment. For instance, in cross-sectional and longitudinal investigations into treatment satisfaction with outpatient alcohol treatment services, it was found that treatment satisfaction was related to both use (continued use) of services and abstinence from substance use.^{18 19} Several New Mexico state agencies and their behavioral health managed care company conduct an annual telephone consumer satisfaction survey of randomly selected consumers of State-funded behavioral health treatment and support services.²⁰ Of the 1,035 respondents to the 2007 survey, 72 (7.0%) were American Indian. Domains of satisfaction measured by the survey include: Access, Appropriateness, Satisfaction, Effectiveness, and Empowerment. When compared to the statewide results, Empowerment (the opinion of consumers that they are able to participate in the treatment process, to ask questions, and are encouraged to seek other avenues of support) and Effectiveness (the extent to which services provided to individuals in the BH system have a positive or negative effect on their illness) were rated higher by the Native American survey participants. The departure from those findings in the current survey may be a function of differences in the sampling approaches, and/or that the current survey includes services from other than State-funded sources, and/or that the current survey reached consumers not accessible by telephone.

¹⁸ Donovan et al. 2002.

¹⁹ Carlson & Gabriel 2001.

²⁰ Viewed online at: http://www.bhc.state.nm.us/pdf/2007_CSP_Report.pdf

Aim II: To identify the types of mental health services that Native American consumers access

- 27% were seen for alcohol/substance abuse counseling
- 23% were seen for depression or anxiety
- 28% received their most recent services at a Tribal behavioral health service facility
- 35% have sought help from traditional healers for mental health concerns

Tribal leaders continue to place great emphasis on the implementation of the IHS Director's three health initiatives: health promotion disease prevention, chronic disease management and behavioral health. They agreed that mental health is a major health priority and pointed out that emergency, outpatient and inpatient psychiatric services are limited due to lack of funding. Psychological services are necessary to improve outreach, education, crises intervention and treatment of mental illness such as depression, schizophrenia and contributing factors leading to suicide and violence.

National suicide rates for AI/ANs have consistently been over twice the U.S. national average for all races and even higher for young Indian males. AI/ANs have the highest rate of suicide in the 15 to 24 age group.²¹ In 2002, suicide was the second leading cause of death among AI/ANs women of that age group (Office of Minority Health). Current reports indicate these trends are not abating. For example, Pine Ridge Service Unit reported a 65% increase in suicide gestures for 2004, and 250% increase in attempts and completions from 2004 to 2005.

The average annual prevalence rate of depression-related conditions between 2000 and 2005 at the Phoenix Area IHS was 2,072 per 100,000 population (2.1%). The average rate of anxiety-related conditions was 561 per 100,000 (RPMS Data for Phoenix Area IHS). According to the National Institute of Mental Health, in the United States, the prevalence of major depressive disorder among adults 18 years and older in any given year is approximately 6.7%. The average prevalence rate of schizophrenia between 2000 and 2005 at the same IHS Area Office was 228 per 100,000 population (0.2%) (RPMS Data for Phoenix Area IHS). According to the National Institute of Mental Health, in the United States, the prevalence of schizophrenia in any given year among adults 18 years and older is approximately 1.1%.

The U.S. Surgeon General has reported that rates of co-occurring mental illness and substance abuse, especially alcohol, are higher among Native Americans, and that the suicide rate among American Indians and Alaska Natives is 50% higher than the national rate. Large-scale studies of mental disorders among older American Indians are lacking, but smaller studies have found rates of depression ranging from 10 to 30 percent. More research is needed to determine the full nature, extent and sources of these disparities. Respondents of the Behavioral Health Consumer Survey have self-reported rates of depression of 23% and of substance abuse of 27%, which aligns with the U.S. Surgeon General reports.

²¹ Centers for Disease Control and Prevention, 2004

Aim III: To identify the current needs of Native American consumers for mental health services

- 45% would like trainings in the community as a part of mental health services
- 44% would like wellness program in their community as a part of mental health services
- 42% would like job search support as a part of mental health services
- 39% would like follow up visits or phone calls as a part of their mental health services
- 35% would like referrals for family members
- Consumer needs are both services- and education/information-related

Participants identified a broad range of supportive services both from a checklist of services presented to them and from a question that allowed for qualitative response. Highly desirable were community interventions such as mental health training and community wellness programs. Epidemiological investigations in many developing and high poverty areas have attributed the high rates of common mental disorders to factors such as discrimination, unemployment, and living through a period of rapid and unpredictable change.²² The Native American consumers recognize that comprehensive services are needed to support their mental well-being and to counterbalance daily inequities such as the social determinants of health previously discussed.

²² Rumble, Swartz, Parry, & Zwarenstein, 1996

Aim IV: To gain knowledge of the personal and cultural beliefs about the causes of mental health problems

The survey contained two open-ended questions. The qualitative question that addresses Aim IV is: “What do you believe causes mental health problems?” The following quotes are excerpts from selected consumers’ responses to that question:

- “The past of our history – the way we are treated. They take so much from us.”
- “Cultural alienation”
- “Not having our Native healers or dealing with the issues Natives have.”
- “Non-Native orientation”
- “Trauma”
- “Hopelessness”
- “Uselessness”
- “Poverty”
- “I believe broken families cause mental health problems.”
- “Inability to obtain information to resolve an issue or fear of asking for help.”
- “Unresolved learned attitudes and behaviors”

“Despite considerable controversy on what the concepts of ethnicity and race actually measure, they are considered as important proxies for a person’s culture, diet, beliefs, health behaviors and societal attitudes. Research has shown ethnic differences in the clinical presentation, treatment, clinical response and outcome of mental illnesses.”²³

That quote reminds us of the important reasons for examining the ethnic and racial context of health. The qualitative question in the Behavioral Health Consumer Survey produced a rich set of consumer responses that revealed a broad mental health belief system. The consumers’ responses were analyzed from the perspective of identifying broad themes or categories. Clearly, the collective beliefs present us with a complex picture of mental health. As depicted in Figure 2, four broad categories of beliefs about the causes of mental health problems were identified as follows: (1) Individual, (2) Social and Community Network, (3) Socioeconomic, Cultural, and Environmental, and (4) Genetic/Biological. Additionally, a fifth category named “Intersecting (cross-cutting) Factors” was identified.

²³ Chaudhry, Neelam, Duddu, & Husain, 2008

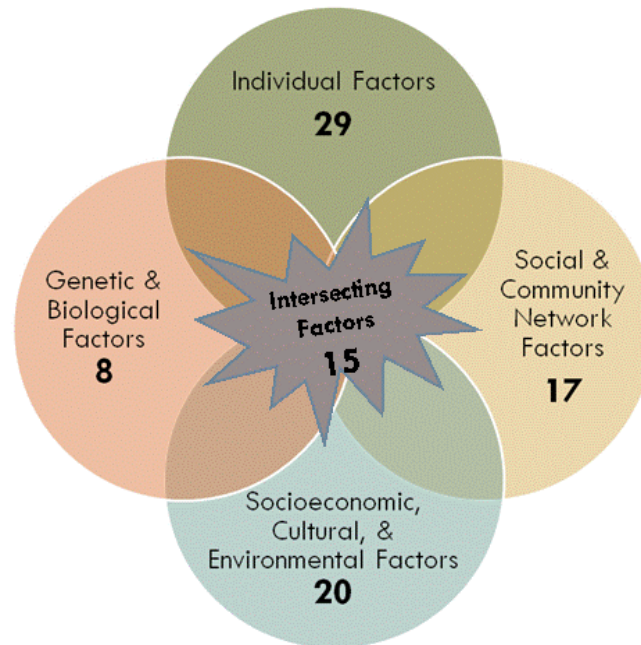


Figure 2: Model of categories of beliefs about the causes of mental health problems.

The responses offer tremendous opportunity to promote good mental health at multiple levels, thus, strategies and resources should not be focused solely on the Native American individual, but should include consideration of the external context.

Limitations of the Data

The results of the New Mexico Behavioral Health Consumer Survey cannot be considered representative of the opinions of all adult Native Americans in New Mexico. Additionally, due to the convenience sampling of the data collection process, the data are not representative of the opinions of all adult Native American consumers of mental and behavioral health services. However, since the overarching goal of the effort was to provide a consumer voice in the developing framework for mental and behavioral health care in New Mexico Native American communities, that goal was met.

CONCLUSION

Native American communities are characterized by strong and rich tradition, practice of core cultural values, and demonstration of tremendous resilience. However, Native American communities have also been impacted by dominant Euro-American policy and acts of encroachment. This has included numerous systemic influences throughout history, namely: (1) Dispossession, (2) Biological warfare, (3) Disruption of culture, (4) Indian wars, (5) Federal and religious boarding schools (disruption of family and language), (6) Termination, (7) Relocation and (8) Modern influences (gangs & drugs). Historical trauma and continuing structural racism have current and intergenerational impact on the behavioral health of some Native American individuals and communities and creates special needs.

Native Americans are a high health disparity/healthy inequity population. The majority of Native Americans receive their health care through Indian Health Services, a federal agency that has always been inadequately funded. In addition, times have gotten increasingly harder as IHS has lost an enormous amount of its funding. On a national level, IHS is currently funded at 60% of its annual need. Off-Reservation health care is often tentative at best as it is dependent on legislative grace due to a prolonged executive resistance to funding reauthorization of Title V (P.L. 94-437).

In New Mexico, for instance, the IHS Santa Fe Service Unit has been greatly affected by funding cuts. This unit serves nine pueblos in Northern New Mexico but can only cover about half its caseload because of its current funding. According to Jim Lyons, CEO of the Santa Fe Indian Hospital, the Santa Fe Service Unit has roughly 300 employees who cared for some 15,000 patients and had approximately 110,000 outpatient visits at its five facilities during the 2005 fiscal year. The Santa Fe Indian Hospital has had to cut needed programs including labor and delivery. Other NM IHS service units have also eliminated or decreased types and amounts of services previously offered, e.g., urgent care, laboratory, mental and behavioral health.

According to IHS statistics, the Native American life expectancy is 2.4 years lower than the national average (which is 76.9 years), and Natives die at significantly higher rates from tuberculosis (600% above the national average), diabetes (189%), and alcoholism (510%). The cuts to IHS funding are compounded by the reality that no group has had to suffer more from poor health than Native-American children and their families. Consequently, this form of structural racism has long been over looked and has harmed too many Native-American youth and families.

The Behavioral Health Consumer Survey commissioned by the New Mexico Indian Affairs Department and conducted by the University of New Mexico – Health Sciences Center’s Center for Native American Health and its community partners, provided evidence of a Native American mental and behavioral health consumer voice that is loud and clear in its opinions, perceptions, and beliefs. What we heard is a need for a focus on Native American mental health that includes comprehensive services to address the social determinants and historical contexts of their health; culturally appropriate treatment; mental and behavioral health education in tribal communities; and increased access to services.

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Appendix 1: New Mexico Behavioral Health Consumer Survey



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New Mexico Behavioral Health Consumer Survey
Please **DO NOT** write your name on this survey



We need your help. By completing this survey, you can help determine the current plan to improve mental health and behavioral health care for Native Americans in New Mexico.

1. Has anyone in your household, besides you, received services for mental health issues?

No
 Yes

2. If "Yes", is that person currently receiving mental health services?

No
 Yes

ABOUT YOU and the behavioral or mental health services you receive:

3. At what type of facility was your most recent visit?

Tribal behavioral health services
 Urban Clinic
 In hospital
 Private provider
 Inpatient Care
 Other (specify): _____

4. Type of services received: (choose all that apply)

Alcohol and substance abuse counseling
 Depression or anxiety
 Grief
 Domestic violence or family problems
 Other (specify): _____

5. Would you say that the provider of your recent mental health services is: (choose one)

Native American
 Latino/Hispanic
 White (non-Hispanic)
 African American
 Asian
 Other (specify): _____

6. How far did you travel for your most recent services?

0-5 miles
 6-10 miles
 10-25 miles
 25-49 miles
 50 or more miles
 Not Applicable

7. In what language was your service provided?

English
 Other (specify): _____

8. In what language would you prefer your services to be provided?

English
 Other (specify): _____

9. Have you ever been to a traditional healer for help with behavioral or mental health issues?

No
 Yes


TREATMENT SATISFACTION

10. Were you ever involved in your mental or behavioral health treatment planning?


No
 Yes

11. How much do you agree with the following statement? *"I feel respected by my mental or behavioral health providers."*

Strongly Disagree
 Disagree
 No Opinion
 Agree
 Strongly Agree



Page 1 of 3





New Mexico Behavioral Health Consumer Survey

Please DO NOT write your name on this survey

12. Overall rating: How pleased were you with the care you received?

- Very Displeased
- Displeased
- No Opinion
- Pleased
- Very Pleased

13. How well did/does your treatment help you with the problems for which you are receiving treatment?

- Very Unhelpful
- Unhelpful
- No Opinion
- Helpful
- Very Helpful

14. What would improve your visit? (Mark as many as apply)

- Longer time with provider
- More frequent visits
- Treatment provided in my Native language
- Native American provider
- More education and training for my provider
- Child care available
- Not so far to drive
- Treatment that includes my cultural values
- Other (specify):

15. What do you believe causes mental health problems?

16. What is your health insurance? (Mark all that apply)

- Insurance through your job or spouse's job
- Insurance that you buy yourself, not through a job
- Medicare
- Medicaid
- Coverage for military personnel, dependents, or veterans
- IHS, tribal health program, or urban Indian clinic
- Tribal or Native sponsored health insurance
- No health insurance
- Other (Please explain):

17. Do you receive your mental health services in the same place that you receive your regular health services?

- No
- Yes

18. If no, would you prefer to receive your mental health services in the same place that you receive your regular health services?

- No
- Yes

19. Which of the following services would you like to see as part of your mental health services? (Check all that apply)

- Transportation to/from sessions
- Letters to courts, probation, judges
- Meetings with tribal courts
- Meetings with other courts
- Meetings with teachers or schools
- Looking for and coordinating resources
- Consultation with other providers
- Coordination with physicians
- Follow-up visits and phone calls
- Job search
- Working with referral sources
- Trainings in the community
- Wellness programs in community
- Referrals for family members



New Mexico Behavioral Health Consumer Survey

Please DO NOT write your name on this survey

The following are questions about who you are. Please remember that you need not answer any question that you do not wish to answer. All survey information remains totally confidential.

20. As of your last birthday, what is your age?

- Less than 20 years old
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-64 years
- 65-70 years
- 70-79 years
- 80 or older

21. Your gender is:

- Male
- Female

22. Are you...

- Married or living as married
- Divorced or separated
- Widowed
- Never married

23. What is the highest level of school you have completed?

- 8th Grade or Less
- Some high school
- High School Graduate or GED
- Vocational or Technical School
- Some college
- College graduate or beyond

24. Do you live on reservation or Pueblo land?

- No
- Yes

25. If you have ever lived on reservation or Pueblo land, how many years did/have you live(d) here? (Write in number of years)

Number of years:

26. During the past year, have you been (check all that apply):

- Working full-time now
- Working part-time now
- Working on and off, seasonal, casual
- Unemployed or permanent layoff
- Retired
- Going to school or training program
- Disabled (unable to work)
- Not working for pay, I volunteer or work in home
- Other (Please explain):

27. What is your family's income?

- Under \$5,000 per year
- \$5,000 - \$9,999 per year
- \$10,000 - \$14,999 per year
- \$15,000 - \$19,999 per year
- \$20,000 - \$24,999 per year
- \$25,000 - \$29,999 per year
- \$30,000 - \$49,999 per year
- \$50,000 per year or above

28. Is there anything else you would like us to know about Native American Mental Health?

THANK YOU for your participation!
 Your opinions are important to us, please go back and make sure you have answered all of the questions to the best of your knowledge.

Appendix 2: Table A Native American Consumer Survey Results by Survey Setting

	Response	Setting: Off-Reservation n* Total = 25	Setting: Reservation n* Total = 104	Total n** Total Surveys = 129	Question Response %
Has anyone in your household, besides you, received services or mental health issues? (1)	No	12	70	82	63.6%
	Yes	13	32	45	34.9%
	No response	0	2	2	1.6%
If yes, is that person currently receiving mental health services? (2)	No	13	60	73	56.6%
	Yes	5	13	18	14.0%
	No response	7	31	38	29.5%
At what type of facility was your most recent visit? (3)	Tribal BH services	0	36	36	27.9%
	Urban clinic	12	2	14	10.9%
	Private provider	1	7	8	6.2%
	In hospital	2	14	16	12.4%
	Inpatient care	0	10	10	7.8%
	Other	8	12	20	15.5%
	No response	2	23	25	19.4%
Type of services received: (Circle as many as pertains to your services)*** (4)	Alcohol/Substance abuse counseling	3	32	35	27.1%
	Depression or Anxiety	6	24	30	23.3%
	Grief	0	9	9	7.0%
	Domestic violence/family problems	5	6	11	8.5%
	Other	12	26	38	29.5%
	No response	3	22	25	19.4%
Would you say that the provider of your recent mental health services is: (5)	Native American	9	57	66	51.2%
	Latino/Hispanic	2	0	2	1.6%
	White (non-Hispanic)	6	23	29	22.5%
	African American	0	0	0	0.0%
	Asian	0	0	0	0.0%

*Cell n, by setting in which survey was completed.

**Total n for question response category.

***Multiple responses given for question; total percentage may be greater than 100%.

Table A Native American Consumer Survey Results by Setting

	Response	Setting: Off- Reservation n* Total = 25	Setting: Reservation n* Total = 104	Total n** Total Surveys = 129	Question Response %
	Other	6	3	9	7.0%
	No response	2	21	23	17.8%
How far did you have to travel for your most recent services? (6)	0-5 miles	5	26	31	24.0%
	5-10 miles	7	8	15	11.6%
	10-25 miles	6	16	22	17.1%
	25-49 + miles	3	30	33	25.6%
	No response	4	24	28	21.7%
In what language was your service provided? (7)	English	23	72	95	73.6%
	Other (specify)	0	10	10	7.8%
	No response	2	22	24	18.6%
In what language would you prefer your services provided? (8)	English	21	78	99	76.7%
	Other (specify)	2	13	15	11.6%
	No response	2	13	15	11.6%
Have you ever been to a traditional healer for help with behavioral or mental health issues? (9)	No	15	59	74	57.4%
	Yes	9	36	45	34.9%
	No response	1	9	10	7.8%
Were you ever involved in your mental or behavioral health treatment planning? (10)	No	17	56	73	56.6%
	Yes	6	35	41	31.8%
	No response	2	13	15	11.6%
How much do you agree with the following statement?: "I feel respected by my mental or behavioral health provider(s)." (11)	Str disagree	3	5	8	6.2%
	Disagree	4	4	8	6.2%
	No opinion	11	40	51	39.5%
	Agree	5	26	31	24.0%
	Str Agree	1	15	16	12.4%
	No response	1	14	15	11.6%
Overall rating: How pleased were you with the care you received? (12)	Very displeased	2	5	7	5.4%
	Displeased	2	6	8	6.2%
	No opinion	9	27	36	27.9%
	Pleased	8	37	45	34.9%

*Cell n, by setting in which survey was completed.

**Total n for question response category.

***Multiple responses given for question; total percentage may be greater than 100%.

Table A Native American Consumer Survey Results by Setting

	Response	Setting: Off- Reservation n* Total = 25	Setting: Reservation n* Total = 104	Total n** Total Surveys = 129	Question Response %
	Very pleased	3	12	15	11.6%
	No response	1	17	18	14.0%
How well did/does your treatment help you with the problems for which you are receiving treatment? (13)	Very unhelpful	1	1	2	1.6%
	Unhelpful	5	6	11	8.5%
	No opinion	8	29	37	28.7%
	Helpful	8	34	42	32.6%
	Very helpful	2	19	21	16.3%
	No response	1	15	16	12.4%
What would improve your visit? (Mark as many as apply)*** (14)	Longer time w provider	10	29	39	30.2%
	More frequent visits	6	22	28	21.7%
	Treatment provided in my Native language	3	16	19	14.7%
	Native provider	13	26	39	30.2%
	More educ or training for provider	6	17	23	17.8%
	Child care available	3	11	14	10.9%
	Not so far to drive	9	25	34	26.4%
	Tx that includes my cultural values	15	21	36	27.9%
	Other	4	12	16	12.4%
	No response	1	23	24	18.6%
What do you believe causes mental health problems? (15)	Qualitative results reported elsewhere.				
What is your health insurance? (Mark all that apply)*** (16)	Ins thru job	3	27	30	23.3%
	Ins you buy	0	1	1	0.8%
	Medicare	1	11	12	9.3%
	Medicaid	9	22	31	24.0%
	Military/Veteran	0	6	6	4.7%
	IHS/THS/Off-reservation Clinic	8	31	39	30.2%

*Cell n, by setting in which survey was completed.

**Total n for question response category.

***Multiple responses given for question; total percentage may be greater than 100%.

Table A Native American Consumer Survey Results by Setting

	Response	Setting: Off- Reservation n* Total = 25	Setting: Reservation n* Total = 104	Total n** Total Surveys = 129	Question Response %
	Tribal/Native sponsored	1	13	14	10.9%
	No Health Ins	4	17	21	16.3%
	Other	2	3	5	3.9%
	No response	1	5	6	4.7%
Do you receive your mental health services in the same place that you receive your regular health services? (17)	No	16	56	72	55.8%
	Yes	8	34	42	32.6%
	No response	1	14	15	11.6%
If no, would you prefer to receive your mental health services in the same place that you receive your regular health services? (18)	No	10	35	45	34.9%
	Yes	11	36	47	36.4%
	No response	4	33	37	28.7%
Which of the following services would you like to see as part of your mental health services? (Mark all that apply)*** (19)	Transportation	12	37	49	38.0%
	Letters to courts, judges	9	19	28	21.7%
	Meetings w tribal courts	5	19	24	18.6%
	Meetings w western courts	5	11	16	12.4%
	Meetings w teachers/schools	7	17	24	18.6%
	Looking for & coor. resources	10	28	38	29.5%
	Consultation w other providers	12	22	34	26.4%
	Coordinate w physicians	8	32	40	31.0%
	F/U visits, phone calls	14	36	50	38.8%
	Job search	18	37	55	42.6%
	Working w referral sources	10	21	31	24.0%
	Trainings in community	13	45	58	45.0%
	Wellness programs in community	15	42	57	44.2%
	Referrals for family members	10	35	45	34.9%

*Cell n, by setting in which survey was completed.

**Total n for question response category.

***Multiple responses given for question; total percentage may be greater than 100%.

Table A Native American Consumer Survey Results by Setting

	Response	Setting: Off- Reservation n* Total = 25	Setting: Reservation n* Total = 104	Total n** Total Surveys = 129	Question Response %
	No response	1	21	22	17.1%
What is your age? (age categories were collapsed for analysis) (20)	18-29 yr	6	25	31	24.0%
	30-39 yr	5	24	29	22.5%
	40-49 yr	6	17	23	17.8%
	50-59 yr	7	12	19	14.7%
	60+ yr	1	26	27	20.9%
	No response	0	0	0	0.0%
Your gender is? (21)	Male	1	37	38	29.5%
	Female	24	61	85	65.9%
	No response	0	6	6	4.7%
Are you (marital status)? (22)	Married/Living as married	4	28	32	24.8%
	Divorced/Separated	8	16	24	18.6%
	Widowed	1	12	13	10.1%
	Never married	12	42	54	41.9%
	No response	0	6	6	4.7%
What is the highest level of school you have completed? (23)	8 th grd or less	2	3	5	3.9%
	Some HS	6	16	22	17.1%
	HS grad/GED	3	24	27	20.9%
	Voc/Tech	2	14	16	12.4%
	Some college	7	32	39	30.2%
	College grad +	5	7	12	9.3%
	No response	0	8	8	6.2%
Do you live on reservation or Pueblo land? (24)	No	22	2	24	18.6%
	Yes	3	91	94	72.9%
	No response	0	11	11	8.5%
If you have ever lived on reservation or Pueblo land, how many years did/have you live(d) there? 25	Mean # years	13 years	37 years	---	---
	No response	5	8	13	10.1%
During the past year, have you been (employed)? (Circle all answers that apply) *** (26)	Working FT now	9	45	54	41.9%
	Working PT now	5	10	15	11.6%
	Working on /off	5	6	11	8.5%

*Cell n, by setting in which survey was completed.

**Total n for question response category.

***Multiple responses given for question; total percentage may be greater than 100%.

Table A Native American Consumer Survey Results by Setting

	Response	Setting: Off- Reservation n* Total = 25	Setting: Reservation n* Total = 104	Total n** Total Surveys = 129	Question Response %
	Unemployed	2	14	16	12.4%
	Retired	0	10	10	7.8%
	Going to school	1	7	8	6.2%
	Disabled	2	2	4	3.1%
	Not working for pay	0	3	3	2.3%
	Other	0	7	7	5.4%
	No response	0	0	0	0.0%
What is your family's income? (27)	<\$5000/yr	7	25	32	24.8%
	\$5000-9999	4	10	14	10.9%
	\$10K-14,999	4	7	11	8.5%
	\$15K-19,999	1	12	13	10.1%
	\$20K-24,999	3	14	17	13.2%
	\$25K-29,999	2	7	9	7.0%
	\$30K-49,999	2	10	12	9.3%
	\$50K +	2	6	8	6.2%
	No response	0	13	13	10.1%
Is there anything else you would like us to know about Native American Mental Health? (28)	Qualitative results reported elsewhere.				

*Cell n, by setting in which survey was completed.

**Total n for question response category.

***Multiple responses given for question; total percentage may be greater than 100%.

Appendix 3: Table B Native American Consumer Survey Results by Gender

	Response	Gender: Male n* Total = 38	Gender: Female n* Total = 85	Total n** Total Surveys = 123	Question Response %
Has anyone in your household, besides you, received services or mental health issues? (1)	No	24	55	79	64.2%
	Yes	14	29	43	35.0%
	No response	0	1	1	0.8%
If yes, is that person currently receiving mental health services? (2)	No	25	44	69	56.1%
	Yes	4	13	17	13.8%
	No response	9	28	37	30.1%
At what type of facility was your most recent visit? (3)	Tribal BH services	18	18	36	29.3%
	Urban clinic	1	12	13	10.6%
	Private provider	0	7	7	5.7%
	In hospital	8	8	16	13.0%
	Inpatient care	4	5	9	7.3%
	Other	2	18	20	16.3%
	No response	5	17	22	17.9%
Type of services received: (Circle as many as pertains to your services)*** (4)	Alcohol/Substance abuse counseling	20	13	33	26.8%
	Depression or Anxiety	9	19	28	22.8%
	Grief	3	6	9	7.3%
	Domestic violence/family problems	0	10	10	8.1%
	Other	11	27	38	30.9%
	No response	3	19	22	17.9%
Would you say that the provider of your recent mental health services is: (5)	Native American	25	39	64	52.0%
	Latino/Hispanic	0	2	2	1.6%
	White (non-Hispanic)	8	20	28	22.8%
	African American	0	0	0	0.0%
	Asian	0	0	0	0.0%
	Other	1	8	9	7.3%

*Cell n, by gender

**Total n for question response category.

***Multiple responses given for question; total percentage may be greater than 100%.

Table A Native American Consumer Survey Results by Gender

	Response	Gender: Male n* Total = 38	Gender: Female n* Total = 85	Total n** Total Surveys = 123	Question Response %
	No response	4	16	20	16.3%
How far did you have to travel for your most recent services? (6)	0-5 miles	10	21	31	25.2%
	5-10 miles	5	10	15	12.2%
	10-25 miles	9	11	20	16.3%
	25-49 + miles	9	22	31	25.2%
	No response	5	21	26	21.1%
In what language was your service provided? (7)	English	31	62	93	75.6%
	Other (specify)	3	7	10	8.1%
	No response	4	16	20	16.3%
In what language would you prefer your services provided? (8)	English	32	64	96	78.0%
	Other (specify)	3	12	15	12.2%
	No response	3	9	12	9.8%
Have you ever been to a traditional healer for help with behavioral or mental health issues? (9)	No	24	47	71	57.7%
	Yes	11	31	42	34.1%
	No response	3	7	10	8.1%
Were you ever involved in your mental or behavioral health treatment planning? (10)	No	17	53	70	56.9%
	Yes	18	22	40	32.5%
	No response	3	10	13	10.6%
How much do you agree with the following statement?: "I feel respected by my mental or behavioral health provider(s)." (11)	Str disagree	3	5	8	6.5%
	Disagree	3	4	7	5.7%
	No opinion	15	34	49	39.8%
	Agree	7	22	29	23.6%
	Str Agree	3	9	12	9.8%
	No response	3	11	14	11.4%
Overall rating: How pleased were you with the care you received? (12)	Very displeased	3	4	7	5.7%
	Displeased	4	3	7	5.7%
	No opinion	8	27	35	28.5%
	Pleased	15	28	43	35.0%
	Very pleased	4	11	15	12.2%
	No response	4	12	16	13.0%
How well did/does your treatment help you with the problems for which you are receiving treatment?	Very unhelpful	1	1	2	1.6%
	Unhelpful	2	9	11	8.9%
	No opinion	9	27	36	29.3%
	Helpful	16	24	40	32.5%

*Cell n, by gender

**Total n for question response category.

***Multiple responses given for question; total percentage may be greater than 100%.

Table A Native American Consumer Survey Results by Gender

	Response	Gender: Male n* Total = 38	Gender: Female n* Total = 85	Total n** Total Surveys = 123	Question Response %
(13)	Very helpful	7	13	20	16.3%
	No response	3	11	14	11.4%
What would improve your visit? (Mark as many as apply)*** (14)	Longer time w provider	10	28	38	30.9%
	More frequent visits	6	21	27	22.0%
	Treatment provided in my Native language	4	14	18	14.6%
	Native provider	9	28	37	30.1%
	More educ or training for provider	7	15	22	17.9%
	Child care available	5	9	14	11.4%
	Not so far to drive	11	21	32	26.0%
	Tx that includes my cultural values	10	23	33	26.8%
	Other	4	12	16	13.0%
	No response	5	17	22	17.9%
What do you believe causes mental health problems? (15)	Qualitative results reported elsewhere.				
What is your health insurance? (Mark all that apply)*** (16)	Ins thru job	5	22	27	22.0%
	Ins you buy	1	0	1	0.8%
	Medicare	3	8	11	8.9%
	Medicaid	10	18	28	22.8%
	Military/Veteran	1	5	6	4.9%
	IHS/THS/Off-reservation Clinic	12	26	38	30.9%
	Tribal/Native sponsored	6	7	13	10.6%
	No Health Ins	8	12	20	16.3%
	Other	0	5	5	4.1%
	No response	1	4	5	4.1%
Do you receive your	No	22	48	70	56.9%

*Cell n, by gender

**Total n for question response category.

***Multiple responses given for question; total percentage may be greater than 100%.

Table A Native American Consumer Survey Results by Gender

	Response	Gender: Male n* Total = 38	Gender: Female n* Total = 85	Total n** Total Surveys = 123	Question Response %
mental health services in the same place that you receive your regular health services? (17)	Yes	13	28	41	33.3%
	No response	3	9	12	9.8%
If no, would you prefer to receive your mental health services in the same place that you receive your regular health services? (18)	No	11	31	42	34.1%
	Yes	17	29	46	37.4%
	No response	10	25	35	28.5%
Which of the following services would you like to see as part of your mental health services? (Mark all that apply)*** (19)	Transportation	20	27	47	38.2%
	Letters to courts, judges	10	17	27	22.0%
	Meetings w tribal courts	10	13	23	18.7%
	Meetings w western courts	6	9	15	12.2%
	Meetings w teachers/schools	10	13	23	18.7%
	Looking for & coor. resources	13	24	37	30.1%
	Consultation w other providers	9	24	33	26.8%
	Coordinate w physicians	8	31	39	31.7%
	F/U visits, phone calls	11	37	48	39.0%
	Job search	18	36	54	43.9%
	Working w referral sources	10	21	31	25.2%
	Trainings in community	17	40	57	46.3%
	Wellness programs in community	17	39	56	45.5%
	Referrals for family members	14	30	44	35.8%
	No response	5	14	19	15.4%
What is your age? (age categories were collapsed for analysis) (20)	18-29 yr	14	17	31	25.2%
	30-39 yr	10	19	29	23.6%
	40-49 yr	7	16	23	18.7%
	50-59 yr	2	16	18	14.6%
	60+ yr	5	15	20	16.3%

*Cell n, by gender

**Total n for question response category.

***Multiple responses given for question; total percentage may be greater than 100%.

Table A Native American Consumer Survey Results by Gender

	Response	Gender: Male n* Total = 38	Gender: Female n* Total = 85	Total n** Total Surveys = 123	Question Response %
	No response	0	2	2	1.6%
Your gender is? (21)	Male	38	0	38	30.9%
	Female	0	85	85	69.1%
	No response	0	0	0	0.0%
Are you (marital status)? (22)	Married/Living as married	8	22	30	24.4%
	Divorced/Separated	6	18	24	19.5%
	Widowed	1	12	13	10.6%
	Never married	22	32	54	43.9%
	No response	1	1	2	1.6%
What is the highest level of school you have completed? (23)	8 th grd or less	2	3	5	4.1%
	Some HS	6	15	21	17.1%
	HS grad/GED	11	16	27	22.0%
	Voc/Tech	8	7	15	12.2%
	Some college	9	31	40	32.5%
	College grad +	1	11	12	9.8%
	No response	1	2	3	2.4%
Do you live on reservation or Pueblo land? (24)	No	0	24	24	19.5%
	Yes	36	57	93	75.6%
	No response	2	4	6	4.9%
If you have ever lived on reservation or Pueblo land, how many years did/have you live(d) there? 25	Mean # years	29 years	31 years	---	---
	No response	1	8	9	7.3%
During the past year, have you been (employed)? (Circle all answers that apply) *** (26)	Working FT now	14	40	54	43.9%
	Working PT now	4	11	15	12.2%
	Working on /off	3	7	10	8.1%
	Unemployed	6	10	16	13.0%
	Retired	2	7	9	7.3%
	Going to school	4	4	8	6.5%
	Disabled	2	2	4	3.3%

*Cell n, by gender

**Total n for question response category.

***Multiple responses given for question; total percentage may be greater than 100%.

Table A Native American Consumer Survey Results by Gender

	Response	Gender: Male n* Total = 38	Gender: Female n* Total = 85	Total n** Total Surveys = 123	Question Response %
	Not working for pay	2	1	3	2.4%
	Other	1	1	2	1.6%
	No response	1	8	9	7.3%
What is your family's income? (27)	<\$5000/yr	12	18	30	24.4%
	\$5000-9999	3	11	14	11.4%
	\$10K-14,999	4	7	11	8.9%
	\$15K-19,999	3	10	13	10.6%
	\$20K-24,999	8	10	18	14.6%
	\$25K-29,999	7	1	8	6.5%
	\$30K-49,999	4	8	12	9.8%
	\$50K +	1	7	8	6.5%
	No response	2	7	9	7.3%
Is there anything else you would like us to know about Native American Mental Health? (28)	Qualitative results reported elsewhere.				

*Cell n, by gender

**Total n for question response category.

***Multiple responses given for question; total percentage may be greater than 100%.

Appendix 4: Responses to Qualitative Survey Questions

QUESTION 15: What do you believe causes mental health problems?

<ul style="list-style-type: none"> ■ Lack of child care ■ Not being listened to ■ Not too sure ■ Financial hardships ■ Addiction to alcohol ■ Things happening at home ■ Working too much ■ I believe broken families cause mental health problems and other disorders ■ Unstable home ■ Drugs ■ Domestic Violence ■ Faith-based treatment ■ The way you are brought up by parents ■ Medications ■ Genetics ■ The environment ■ The body ■ My relationship and lifestyles ■ Your environment that you or I live in ■ Your surroundings ■ Things at school and home ■ Suppressing feelings and emotions ■ Yourself ■ Others with a problem ■ Treatment 	<ul style="list-style-type: none"> ■ Stress ■ Unhealthy relationships ■ Boredom ■ Anxiety ■ Not visiting people ■ Society ■ The past of our history—the way we are treated. They take so much from us. ■ Cover the pain with drugs and drinking. ■ Problems at home ■ Cultural alienation ■ Non-Native orientation ■ Not having our Native healers or dealing with the issues Natives have ■ Alcohol/Substance Abuse ■ Depression ■ Not being able to cope with every day issues that build up and get worse ■ Low self-esteem ■ Uselessness ■ Hopelessness ■ Trauma ■ Family history of mental health ■ Bills ■ Poverty ■ Lack of education ■ Lack of housing
--	--

<ul style="list-style-type: none"> ■ Emotional problems ■ Family crisis ■ Overwhelmed ■ Don't know where to turn ■ Not having enough sleep ■ Disrespective ■ When a person can't deal with life's problems ■ Social problems ■ Trauma accidents ■ Hereditary genes ■ Stress and not knowing how to deal with it or relieve it ■ Living paycheck to paycheck ■ Poor Education ■ Poor Values ■ Loss of Identity ■ View of One's self ■ Past conflicts ■ Unresolved learned attitudes and behaviors ■ Past life ■ Dysfunctional family ■ When you worry too much 	<ul style="list-style-type: none"> ■ Lack of good jobs ■ Individual values ■ Illness ■ I don't know ■ Financial Issues ■ Worries ■ Family deprivation ■ Health problems ■ Upbringing ■ Death ■ Peers ■ Inability to obtain information to resolve an issue or fear of asking for help ■ Life ■ Chemical imbalance in the brain ■ Emotions that you have within yourself ■ People ■ Not enough support from family and the community ■ Not eating right ■ Poor coping skills ■ The way problems are handled ■ Learned behaviors
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QUESTION 28: Is there anything else you would like us to know about Native American Mental Health?

- What is Native American Mental Health?
- What type of services do you provide that is geared only to Native Americans? When are you available for services?
- Men's groups, women's groups would be nice
- AA meetings in tribal communities
- Providers-<Community Name Removed> community visits with clients, after 5pm services
- I don't believe services are being provided by our main contact-<Community Name Removed> to the fullest capabilities.
- More services
- I feel it's working and helping out individuals
- Please keep it going. I hope to be a part of these services in the future.
- More involvement
- Making sure trainings are provided to all our pueblo school staff regarding ADHD or ADD, and ways of teaching children diagnosed with it. And the importance of how medication helps most children.
- Anything there is.
- Community involvement and more informative information
- Faster services and more funding for inpatient services.
- Would like to see all resources
- A lot of the questions don't apply to me
- Once services are provided, confidentiality must be maintained
- Yes but I speak for (Tribe) only. I was born and raised in (Tribe).
- More understanding
- We need more Native American women counselors or providers NOW!
- Homeopathic Healing/Natural Herbs, Wellness Center, Traditional Spiritual Healing
- No, not right now-later
- It is desperately needed especially for the inner city Natives
- More Native people to be our healers
- DO IT NOW!
- Not enough time in Native American Mental Health to know just yet
- College
- Treatment at home
- More money for traditional services
- More Native speaking teachers
- More services
- Need more mental health services on the reservation
- More treatment on the reservation
- Maybe
- Not at this time
- There are many things I would like to know many things. I just don't know where to start
- We need more mental health physicians
- Educate those eligible to receive services about the importance of mental health service

Appendix 5: PowerPoint Presentation



Presented January 15, 2009 before the New Mexico Indian Affairs Department, Santa Fe, NM.

Mental and Behavioral Health in New Mexico: Native American Consumer Survey Results

A Report to the New Mexico Indian Affairs Department – January 2009



Contributors

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Purpose of the Consumer Survey

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- The overarching goal of the survey was to provide the New Mexico Indian Affairs Department with the opinions, perceptions, and beliefs of some Native American consumers about their mental and behavioral health care. The New Mexico Indian Affairs Department recognizes that the consumer voice is of central importance to prevention efforts and in the development and delivery of effective mental and behavioral health services in Native American communities.

Consumer Survey Aims

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- **I:** To identify and describe treatment satisfaction with outpatient mental health services.
- **II:** To identify the types of mental health services that Native American consumers access.
- **III:** To identify the current needs of Native American consumers for mental health services.
- **IV:** To gain knowledge of the personal and cultural beliefs about the causes of mental health problems.

Consumer Survey Participants


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- The consumer survey results reported here represent analyses of data collected in July & August, 2008, from a convenience sample of 129 adult (≥ 18 years) Native Americans receiving mental or behavioral health services in either an off-reservation (N=25) or reservation (N=104) setting.
- Surveys were distributed in six NM Native American tribal communities and one off-reservation Native American community.

The Survey

6

- Confidential, no names or questions that link completed survey to specific consumer
- Consumer participants received \$10 gift card
- 3-page, 28 questions
- 2 open-ended questions to capture consumer comments about their mental health beliefs and general opinions about Native American mental health.
- Completed surveys placed in envelope and sealed by consumer participants



New Mexico Behavioral Health Consumer Survey
Please DO NOT write your name on this survey

We need your help. By completing this survey, you can help determine the current plan to improve mental health and behavioral health care for Native Americans in New Mexico.

1. Has anyone in your household, besides you, received services for mental health issues?

No
 Yes

2. If "Yes", is that person **currently** receiving mental health services?

No
 Yes

ABOUT YOU and the behavioral or mental health services you receive:

3. At what type of facility was your most recent visit?

Tribal behavioral health services
 Urban Clinic
 In hospital
 Private provider
 Inpatient Care
 Other (specify): _____

4. Type of services received: (choose all that apply)

Alcohol and substance abuse counseling
 Depression or anxiety
 Grief
 Domestic violence or family problems
 Other (specify): _____

5. Would you say that the provider of your recent mental health services is: (choose one)

Native American
 Latino/Hispanic
 White (non-Hispanic)
 African American
 Asian
 Other (specify): _____

6. How far did you travel for your most recent services?

0-5 miles
 6-10 miles
 10-25 miles
 25-49 miles
 50 or more miles
 Not Applicable

7. In what language was your service provided?

English
 Other (specify): _____

8. In what language would you prefer your services to be provided?

English
 Other (specify): _____

9. Have you ever been to a traditional healer for help with behavioral or mental health issues?

No
 Yes

TREATMENT SATISFACTION

10. Were you ever involved in your mental or behavioral health treatment planning?

No
 Yes

11. How much do you agree with the following statement?
"I feel respected by my mental or behavioral health providers."

Strongly Disagree
 Disagree
 No Opinion
 Agree
 Strongly Agree

Page 1 of 3

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Consumer Characteristics

Gender, Age Groups, Marital Status, Residency, Family Income, Education, Employment, Health Insurance

Consumer Characteristics (N = 129)		%
Gender	Female	65.9
	Male	29.5
	No Response	04.7
Age Groups	18-29 yr	24.0
	30-39 yr	22.5
	40-49 yr	17.8
	50-59 yr	14.7
	60+yr	20.9
Marital Status	Married/Living as married	24.8
	Divorced /Separated	18.6
	Widowed	10.1
	Never Married	41.9
	No Response	04.7
Residency: On Reservation	No	18.6
	Yes	72.9
	No response	08.5
Family Income (Annual)	<\$5000/yr	24.8
	05k-09,999	10.9
	10k-14,999	08.5
	15k-19,999	10.1
	20k-24,999	13.2
	25k-29,999	07.0
	30k-49,999	09.3
	50k+	06.2
	No Response	10.1

Consumer Characteristics (N = 129)		%
Education (highest level of schooling completed)	≤ 8 th grade	03.9
	Some High School	17.1
	High School or GED	20.9
	Voc/Tech	12.4
	Some College	30.2
	College Graduate +	09.3
	No response	06.2
	41.9% ≤ HS education	
Employment	Working full-time now	41.9
	Working part-time now	11.6
	Working on/off	08.5
	Unemployed	12.4
	Retired	07.8
	Going to school	06.2
	Disabled	03.1
Not working for pay	02.3	
Other	05.4	
Health Insurance	Insurance through job	23.3
	Insurance you buy	00.8
	Medicare	09.3
	Medicaid	24.0
	Military/Veterans	04.7
	IHS/THS/Off-reservation clinic	30.2
	Tribal/Native sponsored	10.9
	No health insurance	16.3
	Other	03.9
No response	04.7	

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Consumer Survey Findings

Aims I – IV

AIM I: TO IDENTIFY AND DESCRIBE TREATMENT SATISFACTION WITH OUTPATIENT MENTAL HEALTH SERVICES

11

- 47% reported being “pleased” or “very pleased” with the care received
 - ▣ Of the remaining 53%: 12% reported being “displeased” or “very displeased; 28% indicated “no opinion”; 14% did not respond (rounding of percentages resulted in > 53%)
- 49% reported that treatment was “helpful” or “very helpful” with the problems for which they were seeking treatment
 - ▣ Of the remaining 51%: 10% reported that treatment was “unhelpful” or “very unhelpful”; 29% indicated “no opinion”; 12% did not respond

AIM I: TO IDENTIFY AND DESCRIBE TREATMENT SATISFACTION (CONTINUED)

12

- 36% reported that they “agree” or “strongly agree” that they feel respected by their mental or behavioral health provider.
 - ▣ Of the remaining 64%: 12% disagree or strongly disagree that they feel respected; 40% indicated “no opinion”; and 12% did not respond
- 57% of consumer survey participants reported never being involved in their treatment planning.

AIM I: TO IDENTIFY AND DESCRIBE TREATMENT SATISFACTION (CONTINUED)

13

□ 5 most frequent consumer responses to the question:

“What would improve your visit?”

- ☑ Longer time with provider (30.2%)
- ☑ Native provider (30.2%)
 - 51% currently have a Native American provider
- ☑ Treatment that includes my cultural values (27.9%)
- ☑ Not so far to drive (26.4%)
 - 26% travel 25+ miles for services
- ☑ More frequent visits (21.7%)

AIM I: TO IDENTIFY AND DESCRIBE TREATMENT SATISFACTION (CONTINUED)

14

- A health service delivery trend is toward the integration of physical and mental health care as a strategy for improving health outcomes and increasing consumers' treatment satisfaction.
- In response to our question “**Would you prefer to receive your mental health services in the same place that you receive your regular health services?**”, there was **no** clear-cut preference by consumers for such co-located services .
 - ▣ 52% “Yes” responses vs 48% “No” responses
- Issues of stigma, privacy, & confidentiality may account for the high percentage of “No” responses.
- Involve consumers in decision making about service delivery options before implementing health service “trends”.

Mental Health

No health without mental health



The time to act is now

Integrate mental health in primary health care

AIM II: TO IDENTIFY THE TYPES OF MENTAL HEALTH SERVICES THAT NATIVE AMERICAN CONSUMER'S ACCESS

15

- **Types of services received (select as many as applies):**
 - ▣ Alcohol/substance abuse counseling (27%)
 - ▣ Depression and/or anxiety (23%)
 - ▣ Domestic violence/family problems (9%)
 - ▣ Grief (7%)
 - ▣ Other (30%)

- **Where the consumers received their most recent services:**
 - ⇒ Tribal behavioral health (28%)
 - ⇒ Private provider (6%)
 - ⇒ Inpatient care (8%)
 - ⇒ Urban clinic (11%)
 - ⇒ In hospital (12%)
 - ⇒ Other (16%)
 - ⇒ No response (19%)

AIM II: TO IDENTIFY TYPES OF SERVICES (continued)

16

- 35% of the consumer survey participants have sought help from traditional healers for mental and/or behavioral health conditions.



AIM III: TO IDENTIFY THE CURRENT NEEDS OF NATIVE AMERICAN CONSUMERS FOR MENTAL HEALTH SERVICES

17

□ 5 most frequent consumer responses to the question:
“Which of the following [13] services would you like to see as part of your mental health services?”

- ☑ Trainings in communities (45%)
- ☑ Wellness programs in communities (44.2%)
- ☑ Job search (42.6%)
- ☑ Follow-up visits, phone calls (38.8%)
- ☑ Referrals for family members (34.9%)
 - ☑ 35% live in a household with a family member who has received mental health services
 - ☑ 14% live in a household with a family member who is currently receiving mental health services

Written Comments by Native American Mental and Behavioral Health Consumers

18

- It was recommendation by the community-based work group that the survey provide the consumer with an opportunity to make a general comment about Native American mental health. Thus, we asked the open-ended question:
 - **Is there anything else you would like us to know about Native American mental health? (Survey Q. 28)**

Responses to Survey Q. 28 suggested 2 distinct mental health-related consumer needs:

19

Service Needs

- Men's & women's groups; AA meetings in tribal communities; after 5 p.m. services
- Services not being provided to fullest capacity
- Need more Native American women providers NOW!
- Homeopathic healing/natural herbs, wellness center, traditional spiritual healing
- Desperately needed for inner city Natives
- More treatment on the reservation, treatment in home
- More Native people to be our healers

Education/Information Needs

- What types of services are provided for Native Americans?
- Trainings for school staff regarding children's mental health
- Community involvement and informative information
- College is needed
- "There are many things I would like to know, just don't know where to start"
- Educate those eligible to receive services about the importance of mental health services

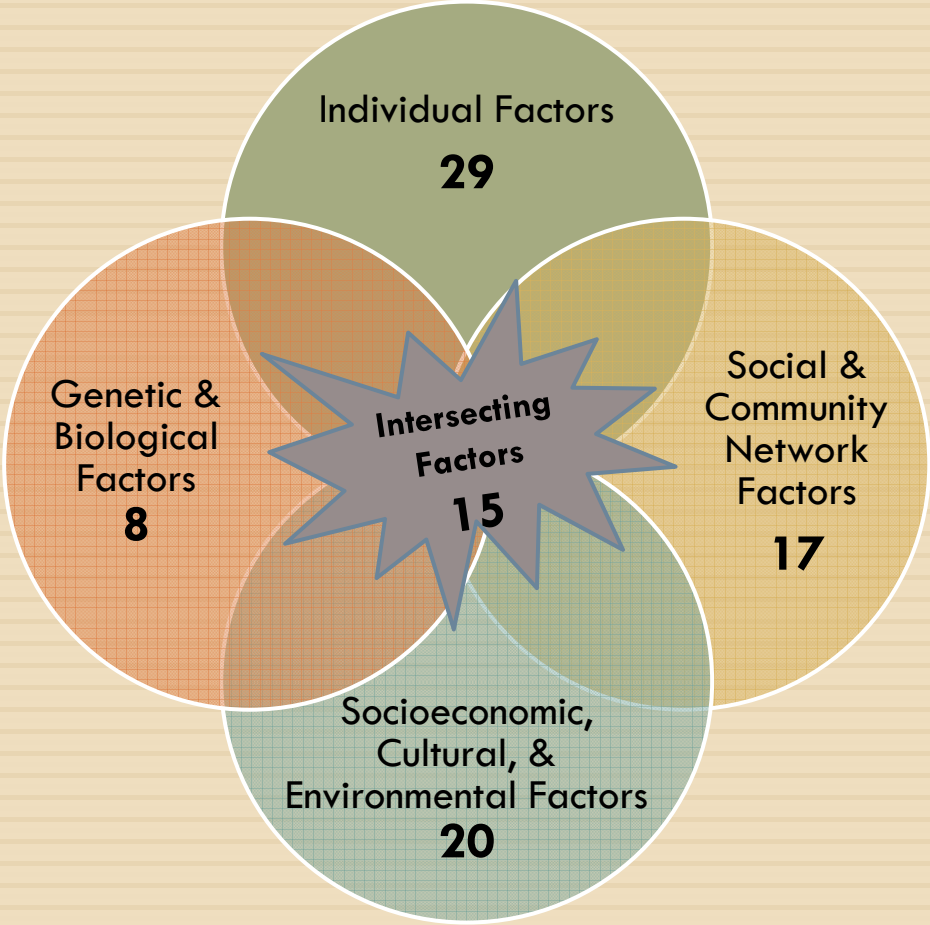
AIM IV: TO GAIN KNOWLEDGE OF THE PERSONAL AND CULTURAL BELIEFS ABOUT THE CAUSES OF MENTAL HEALTH PROBLEMS.

20

“Despite considerable controversy on what the concepts of ethnicity and race actually measure, they are considered as important proxies for a person’s culture, diet, beliefs, health behaviours and societal attitudes. Research has shown ethnic differences in the clinical presentation, treatment, clinical response and outcome of mental illnesses.”

Source: IB Chaudhry, K Neelam, V Duddu, N Husain. *Journal of Psychopharmacology* 22(6) (2008) 673–680.

Survey Q. 15: What do you believe causes mental health problems?



Note: Numbers represent # of responses associated with each factor.

Individual Factors (29)

22

Stress	Boredom	Anxiety	Cover pain w/drugs, drinking
Addiction to alcohol	Don't know where to turn	Not eating right	Alcohol/substance abuse
Drugs	Not having enough sleep	Poor coping skills	Depression
Suppressing feelings and emotions	Inability to obtain information to resolve an issue, fear of asking for help	When a person can't deal with life's problems	Not being able to cope w/everyday issues that build up and get worse
Yourself	Stress and not knowing how to deal with it or relieve it	When you worry too much (2)	Low self-esteem
Emotional problems	View of one's self	Individual values	Uselessness
Overwhelmed	Emotions that you have within yourself	The way problems are handled	Hopelessness

Social & Community Network Factors (17)

23

Unhealthy relationships	Unstable home	Others with a problem	Peers
Not visiting people	Domestic violence	Family crisis	Dysfunctional family
Problems at home	The way you are brought up by parents	Your surroundings	Things at school and home
Things happening at home	Broken families cause mental health problems and other disorders	Upbringing	Not enough support from family and community
Lack of childcare			

Socioeconomic, Cultural, & Environmental Factors* (20)

24

Society	The past of our history, the way they treated us. They take so much from us.	Cultural alienation	Non-Native orientation
Not having our Native healers or dealing with the issues Natives have	Bills	Lack of education	Living paycheck to paycheck
Financial hardships	Poverty	Social problems	Lack of housing
Lack of good jobs	Faith-based treatment	Lack of identity	The environment that you or I live in
Working too much	The environment	Financial issues	Poor education

* Includes the concept of Historical Trauma.

Genetic/Biological Factors (8)

25

Family history of mental health	Medications	Chemical imbalance in the brain
The body	Hereditary genes	Illness
Health problems	Genetics	

Intersecting Factors (15)

Stress	Disrespected	People
Trauma	Trauma accidents	Learned behaviors
Not being listened to	Poor values	Family deprivation
My relationships and lifestyles	Past conflicts	Death
Treatment	Unresolved learned attitudes and behaviors	Life

27

Summary

& Concluding Statement

Native American Behavioral Health Consumer Survey Summary

28

- ⇒ Consumer characteristics support a social determinants of health perspective:
 - ⇒ > 50% of participants reported an annual family income of < \$20,000
 - ⇒ 42% completed high school or less
- ⇒ > One-third of the consumer survey participants are 50 years old or older.
- ⇒ **Satisfaction with treatment** ranged from 36% - 49% of the consumers surveyed, indicating a substantial need for improving consumer treatment satisfaction, e.g., acting on expressed needs such as cultural considerations, increasing length/frequency of visits, offering geographical convenience, involving the consumer in treatment planning and health service delivery decisions. (Aim I)

Native American Behavioral Health Consumer Survey Summary (continued)

29

- Alcohol/substance abuse counseling and Depression/Anxiety are the most prevalent **mental health services being accessed** by the consumers. Native American consumers access those and other mental health services from a broad range of providers, not just tribal behavioral health. At least 1/3 of the consumers have sought help from traditional healers for their mental/behavioral health condition(s). (Aim II)
- **Mental health needs** of the consumers include training, information, and education at the personal, provider, and community levels; family mental health; extended care (e.g., follow-up visits, phone calls, in home treatment); local community-based services (at convenient hours); more Native American providers. (Aim III)

Native American Behavioral Health Consumer Survey Summary (continued)

30

- Consumer **beliefs about the causes of mental health problems** are complex and multi-dimensional. The beliefs involve distinct and intersecting factors within and/or between the individual, his or her genetics and biology, and social and community networks, and that is impacted by socioeconomic, cultural and environmental considerations. (Aim IV)
 - It is important to note that, included in the Native American consumers' belief system about mental health, is the unique understanding of the effects of historical trauma, e.g. cultural alienation.

CONCLUDING STATEMENT

A mental and behavioral health system that is responsive to the Native American consumers' beliefs and needs is one that produces informed consumers and families; that includes cultural and community core values in prevention and treatment strategies; that diminishes or eliminates the effects of historical traumas; that increases opportunities for education, employment, and lifestyle choices; and that treats its consumers as health partners. Additionally, it is a system that builds “springboards” to good mental and behavioral health and general well-being instead of “safety nets” for broken policies, fragmented services, and inadequate health care coverage.

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