

American Indian Behavioral Health

Wisconsin Behavioral Risk Factor Survey Brief

INTRODUCTION

High suicide rates in the American Indian population, especially among adolescents and young adults, and relatively high levels of alcohol and other substance use, suggest unmet need related to behavioral health [1,2, 4]. Certain life experiences, some specific to American Indians, may increase the risk of mental health conditions and substance abuse. For example, historical trauma—the group-level experience of systematic cultural oppression—may contribute to individual-level stress among American Indians [3, 4]. Other experiences that can potentially affect all population groups, such as witnessing interpersonal violence or substance abuse in the home at a young age, and childhood mistreatment or abuse, can also contribute to behavioral health disorders in adulthood [5].

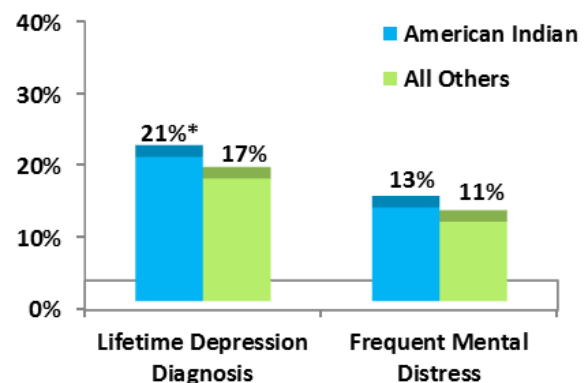
The Wisconsin Behavioral Risk Factor Survey (BRFS) for the years 2011-2014 included questions about both behavioral health and early life trauma, or adverse childhood experiences. Results from these questions, and what they may suggest about treatment, appear below for American Indians compared with other Wisconsin adults. In this report the definition of American Indian includes those who identify their race as American Indian either alone or as one of two or more race groups. Using this definition, the analysis included interview data from 693 American Indian respondents.

MENTAL HEALTH

Two BRFS measures address adult mental health: 1) lifetime depression (ever diagnosed with depression), and 2) frequent mental distress (FMD), defined as 14 or more days in the past 30 when mental health was not good (see question wordings below). Figure 1 shows the percent of adults with lifetime depression and FMD among American Indians compared to all others.

Lifetime depression is higher among American Indians (21% vs. 17%) and the difference is statistically significant, indicated by an asterisk (*). This means it is likely to be a real difference and is not due simply to chance. The prevalence of FMD is also higher among American Indian adults (13% vs. 11%) but the difference is not statistically significant. Figures 2 and 3 show mental health results by American Indian status, separately for men and women.

Figure 1. Two mental health measures: American Indians and all other adults, 2011-2014, age-adjusted

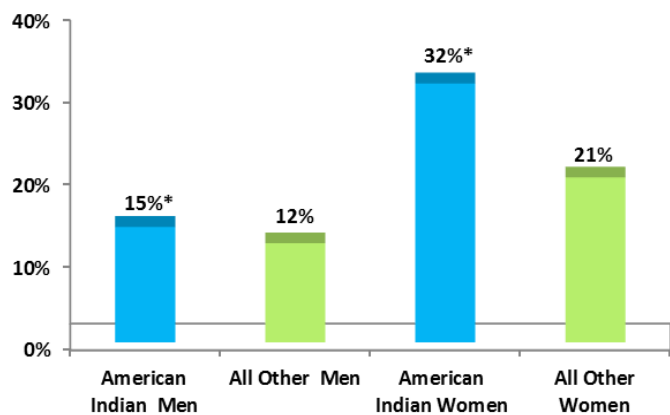


Behavioral Risk Factor Surveillance System: Centers for Disease Control and Prevention/Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

Lifetime Depression: "Have you ever been told that you had a depressive disorder, including depression, major depression, dysthymia or minor depression?" Frequent Mental Distress (FMD) root question: "Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days in the past 30 days was your mental health not good?"

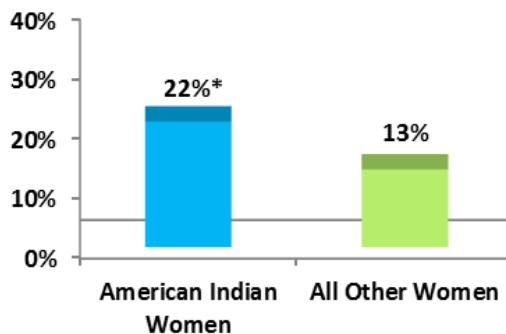
In general, depression is more common among women than men. This is reflected in Figure 2, which shows a higher prevalence of lifetime depression for both groups of women. The proportion with a lifetime depression diagnosis is significantly higher among American Indian women compared to other women: 32% vs. 21%. Figure 3 also indicates a significantly higher prevalence of FMD among American Indian women than other women. Among men, lifetime depression is also significantly more prevalent among American Indians (Figure 2). FMD results for men are omitted due to insufficient data. Overall, Figures 2 and 3 point to high mental health-related need among American Indian women.

Figure 2. Lifetime depression diagnosis by sex, American Indian and all others, 2011-2014, age-adjusted



Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention/ Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

Figure 3. Frequent mental distress (FMD) by American Indian status, women only, 2011-2014, age-adjusted



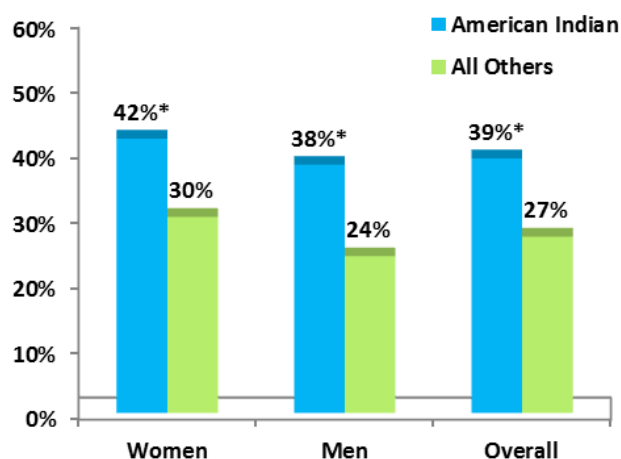
Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention/Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

ADVERSE CHILDHOOD EXPERIENCES

The effects of trauma experienced early in life can be profound and lasting, and can adversely affect behavioral health throughout life. Experiences such as physical and sexual abuse before age 18, and substance abuse in the household environment before age 18, are shared risk factors for adult mental health and substance use disorders [4]. Results from the BRFSS Adverse Childhood Experiences (ACE) questions provide the estimated prevalence of these early life stressors among Wisconsin adults.

American Indian adults are more likely than other adults to have grown up in a home where alcohol or drugs were misused. As Figure 4 shows, more than one-third of American Indian adults, both men and women, grew up in a home environment where substance abuse (alcohol or drugs) took place—38% and 42%, respectively—compared with 24% of other men and 30% of other women.

Figure 4. Substance abuse in the home before age 18 by American Indian status, 2011-2014, age-adjusted



Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention/Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

Note: The BRFSS alcohol ACE question asks about a “problem drinker or alcoholic” present in the home but does not provide definitions. The terms “problem drinker” and “alcoholic” may be interpreted differently by different people.

Table 1 shows alcohol misuse and illicit drug use separately, and indicates that both types of substance abuse are significantly more likely to have been part of the home experience prior to age 18 for American Indian adults—men and women—compared to other adults.

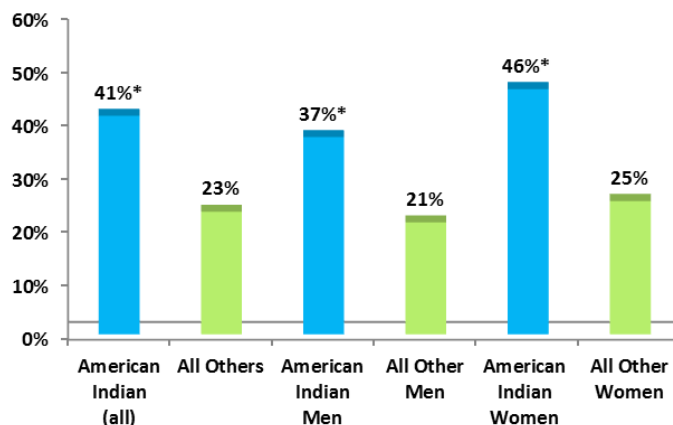
Physical abuse before age 18 is defined in BRFSS as having been hit, beaten, or hurt in any way by a parent or adult in the home (excluding spanking).

Sexual abuse before age 18 is measured by BRFSS ACE questions that address being touched sexually, being made to sexually touch someone, and being forced to have sex. All three forms refer to abuse by someone five or more years older or an adult.

Figure 5 shows the percent of adults who experienced physical or sexual abuse before age 18 by American Indian status. Nearly half of American Indian women (46%) are affected by one or both types of abuse. The proportion affected is also higher among American Indian men than other men, and among American Indians overall compared to other adults. All differences by American Indian status are statistically significant.

The proportion of adults who witnessed violence between their parents while growing up is shown by American Indian status in Figure 6. The percent of American Indians affected is nearly twice that of other adults. As seen in Table 1, American Indian men are more likely to recall having witnessed violence in the household (37%) compared to other men, and compared to American Indian and other women. These differences, and all differences by American Indian status in Table 1, are statistically significant.

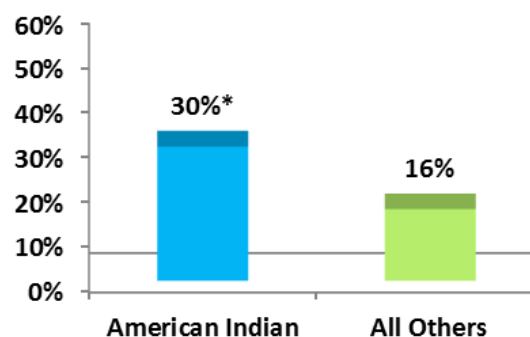
Figure 5. Physical or sexual abuse before age 18 by American Indian status and sex, age-adjusted



Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention/Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

*Statistically significant differences are between American Indians and all others, and between the two groups for each sex.

Figure 6. Witnessed parental violence before age 18 by American Indian status, age-adjusted



Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention/Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

*Statistically significant difference.

Table 1. Detail of adverse childhood experiences by American Indian status and sex, age-adjusted

	Alcohol Abuse in Home, Women	Alcohol Abuse in Home, Men	Illicit Drug Use in Home, Women	Illicit Drug Use in Home, Men	Physical Abuse, Women	Physical Abuse, Men	Sexual Abuse, Women	Sexual Abuse, Men	Witnessed Parental Violence, Women	Witnessed Parental Violence, Men
American Indian	37%	32%	15%	18%	32%	34%	35%	--	24%	37%
All Others	27%	20%	10%	10%	16%	18%	15%	--	17%	15%

Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention/Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

CONCLUSION

Given levels of depression, mental distress, and adverse early life experiences that generally are higher among American Indians than the rest of the population, along with the potential effects of historical trauma, American Indian adults in Wisconsin are at considerable risk for behavioral health disorders. American Indian women in particular are at high risk, as nearly half experience early life physical or sexual abuse, and the results speak to a need for mental health services that take into account various types of trauma [5]. The lower prevalence of lifetime depression among American Indian men compared to women is consistent with men more generally, for whom behavioral health problems related to trauma more often take the form of substance abuse disorders. Treatment that takes trauma into account may, therefore, also be needed for American Indian men, but geared more toward substance abuse.

NOTE: All results shown are age-adjusted to a standard U.S. population to account for differences in the age distributions between American Indians and other adults. The ACE results are age-adjusted, even though the questions refer to childhood, because older adults tend to recall fewer ACEs than younger adults. The reason for the difference by age is not fully known, but may be partly explained by the fact that having multiple ACEs is linked with premature death [5,6].

REFERENCES

1. Suicide Prevention Resource Center. 2013. *Suicide among racial/ethnic populations in the U.S.: American Indians/Alaska Natives*. Waltham MA: Education Development Center, Inc.
2. National Alliance on Mental Illness. 2007. *American Indian and Alaska Natives Communities Mental Health Facts*. Arlington VA.
3. Brown-Rice, K. 2014. Examining the Theory of Historical Trauma Among Native Americans. *The Professional Counselor*, Vol. 3 (3): 117-130. (Published online December, 2013.)
4. SAMHSA Center for the Application of Prevention Technologies Information Brief. 2016. *Positive Youth Development: Using Strengths to Address Alcohol Abuse and Suicide Among American Indian and Alaska Native Youth*. Substance Abuse and Mental Health Services Administration. Accessed online 2/18/16.
5. SAMHSA Center for the Application of Prevention Technologies. 2015. *The Role of Adverse Childhood Experiences in Substance Abuse and Related Behavioral Health Problems*. Substance Abuse and Mental Health Services Administration. Accessed online 2/18/16.
6. Brown, D.W. et al. 2009. Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventive Medicine* 37(5): 389-396.

Wisconsin Behavioral Risk Factor Survey Program, Office of Health Informatics, Division of Public Health
In consultation with the Great Lakes Inter-Tribal Epidemiology Center