Mental Health
Substance Use
Prevention and
Treatment Survey
REPORT
American Indian Center of Indiana, Inc.
2017
Mental Health, Substance Use Prevention and Treatment Survey Report

Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>2</td>
</tr>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Description</td>
<td>3</td>
</tr>
<tr>
<td>Background</td>
<td>3</td>
</tr>
<tr>
<td>Methods</td>
<td>5</td>
</tr>
<tr>
<td>Results</td>
<td>8</td>
</tr>
<tr>
<td>Discussion</td>
<td>28</td>
</tr>
<tr>
<td>Recommendations</td>
<td>29</td>
</tr>
<tr>
<td>References</td>
<td>30</td>
</tr>
<tr>
<td>Appendix: Survey Instrument</td>
<td>32</td>
</tr>
</tbody>
</table>
Executive Summary

The report summarizes the Mental Health, Substance Use Prevention and Treatment Survey. The American Indian Center of Indiana collaborated with the Indiana Family and Social Services Administration (FSSA) Division of Mental Health and Addiction on this project.

The goal of the survey was to assess mental health, substance use prevention, and treatment among the American Indian/Alaska Native population in Indiana. The report details the findings and offers recommendations for the planning and support of culturally sensitive substance abuse prevention and mental health promotion needs.

The survey was designed to incorporate questions from existing national surveys and research. Representatives of the American Indian Center of Indiana administered the paper and pen surveys at Pow-Wows in Indiana from August 2016 through January 2017. Two hundred and thirty-nine surveys were completed by adults 18 years and older. Participants reported their race ethnicity and two hundred and seventeen participants indicated they were American Indian Alaska Native. These surveys were included in the data analysis.

Participants indicated support for mental health and substance abuse prevention and treatment as an effective means to serve mental health and substance abuse problems. The survey respondents offered suggestions with an emphasis on Native American culture, respect, and the need for providers to increase familiarity and understanding of Native Americans to improve the services offered to Native Americans.

Participants identified the worst substance abuse and mental health problems that Native Americans face in their communities. The top three substance abuse problems were alcohol, methamphetamines, and marijuana, while the top three mental health problems were depression, anxiety, and Historical trauma. Barriers to alcohol and drug treatment included lack of resources, lack of Native American counselors, and the lack of time. Participants recommended traditional healing methods in substance abuse and addiction prevention and treatment, education and awareness programs on substance use prevention, and service provider training on Native American culture.

Recommendations include the establishment of Indian Health Services in Indiana to serve the Native American population and educational classes on Native American culture for students entering professional careers. Additional recommendations include the promotion of programs that allow providers to work in Native American reservations and service centers to become familiar with the Native American culture; as well as the formation of a community advisory board to advise FSSA Department of Mental Health and Addictions on service design, current issues, and future endeavors to incorporate community input, cultural perspective, and promote culturally relevant improvements.
Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified Native Americans as a priority population. The Indiana Family and Social Services Administration (FSSA) Division of Mental Health and Addiction indicates that Indiana lacks a substance use and abuse prevention and treatment approach that is culturally sensitive to Native Americans. This is due to the lack of information about the needs of the Native American population in Indiana.

The purpose of this report is to detail the findings of the Mental Health, Substance Use Prevention and Treatment Survey that was completed in collaboration with the Indiana Family and Social Services Administration (FSSA), Division of Mental Health and Addiction. The FSSA contracted with the American Indian Center of Indiana, Inc. during the fiscal year 2016-2017 to conduct the survey.

The goal of the survey was to assess mental health, substance use prevention, and treatment among the American Indian/Alaska Native population in Indiana. The findings may be utilized in the planning and support of culturally sensitive substance abuse prevention and mental health promotion needs.

Description

The project involved the collection of new data from a convenience sample of American Indian Alaska Native population in Indiana. Project tasks included designing a culturally sensitive survey instrument on substance use prevention and mental health promotion; administering 250 surveys at Pow-Wows across Indiana; compiling the data; and providing a written report with analysis of the results and recommendations for the future.

Background

According to recent surveys and reports, American Indian Alaska Natives experience disparities in health status, health care access, substance use, and treatment. There is an important need to address these disparities through program development and service enhancement; as well as, community engagement for input, perspective, and recommendations.

Health Status

In 2015, American Indian Alaska Natives in Indiana reported higher rates of poor/fair general health, depression, frequent bad physical health and frequent bad mental health days compared to other racial groups. \[1\]

- American Indian Alaska Natives (33.2%) reported higher rates of poor/fair health compared to Whites (18.2%), Blacks (20.8%), and Asians (19.7%).
Mental Health, Substance Use Prevention and Treatment Survey Report

- American Indian Alaska Natives (28.7%) reported higher rates of depression diagnosis compared to Whites (21.1%), Blacks (17.2%), and Asians (18.9%).
- American Indian Alaska Natives (35.7%) reported higher rates of frequent (14 or more days in past 30 days) of physically unhealthy days compared to Whites (13.2%), Blacks (14.8%), and Asians (4.9%).
- American Indian Alaska Natives (33.9%) reported higher rates of frequent (14 or more days in past 30 days) mentally unhealthy days compared to Whites (12.1%), Blacks (11.6%), and Asians (15.4%).
- American Indian Alaska Natives (28.7%) reported higher rates of frequent (14 or more days in past 30 days) of physically and mentally unhealthy days limiting usual activities compared to Whites (8.3%), Blacks (9.7%), and Asians (1.4%).

Health Care Access

In 2015, American Indian Alaska Natives in Indiana were more likely to report the lack of health care coverage and personal health care provider (medical home) compared to other racial groups. [1]

- American Indian Alaska Natives (28.2%) reported the lack of health care coverage at higher rates compared to Whites (10.3%), Blacks (16.0%), and Asians (17.7%).
- American Indian Alaska Natives (37.6%) reported the lack of a personal health care provider (medical home) at higher rates compared to Whites (17.2%) and Blacks (21.8%).

Substance Use

In 2015, American Indian Alaska Natives in Indiana reported higher rates of current smokers and lower rates of drinking alcoholic beverages in the past 30 days compared to other racial groups. In 2013, American Indian Alaska Natives across the United States experienced higher rates of substance use or abuse compared to other racial groups.

- American Indian Alaska Natives (45.1%) reported being current smokers at higher rates compared to Whites (20.6%), Blacks (21.2%), and Asians (7.5%). [1]
- American Indian Alaska Natives (38.6%) reported consuming alcoholic beverages at lower rates compared to Whites (50.1%), Blacks (46.3%), and Asians (40.7%). [1]
- The rate of substance use and abuse varied by race for individuals 12 years and older. The substance use and abuse rate was higher among American Indian Alaska Natives (14.9%) compared to Whites (8.4%), Blacks (7.4%), and Asians (4.6%). [2]

Treatment

In 2016, there were disparities noted in mental health, alcohol abuse, and drug abuse treatment of American Indian Alaska Natives in Indiana and the U.S. compared to other racial groups.
Mental Health, Substance Use Prevention and Treatment Survey Report

- In 2016, 135,123 clients were served by the Indiana State Mental Health Authority; of which, less than one percent of the clients served were American Indiana Alaska Native (0.5%). [3]
- In 2011, 24,080 clients (12 years and older) received treatment for alcohol abuse, drug abuse, or both; of which, less than one percent of the clients served were American Indiana Alaska Native (0.3%). [4]

Methods

Survey Development

Representatives of the FSSA Division of Mental Health and Addictions, Indiana Commission of Native Affairs, and the American Indian Center of Indiana, Inc. worked together to design and finalize the survey instrument. The American Indian Center of Indiana involved the Indiana Minority Health Coalition Racial and Ethnic Minority Epidemiology Center in the project to provide technical assistance.

The survey instrument incorporated questions from several existing surveys utilized to collect population health information. These existing surveys included the Behavioral Risk Factor Surveillance Systems, [5, 6] National Survey on Drug Use and Health, [7] National Health Interview Survey, [8] Bemidji Area Urban American Indian/Alaska Native Needs Assessment [9] and information from a study conducted by an academic researcher at Utah State University. [10] The survey focused on general and mental health; health care access and use; counseling; building rapport and overcoming barriers; use and risk of substance use; and treatment for substance use. The final survey was configured into a scannable format.

Survey Administration

The American Indian Center of Indiana administered the surveys at Native American Pow-Wows in Indiana. Individuals who self-identified as American Indian Alaska Native and 18 years and older were invited to take part in the survey. Participants responded to survey questions by documenting their responses on the paper form and then returned the completed survey to the American Indian Center of Indiana representative.

Surveys were administered from August 2017 through January 2017 at six Pow-Wows. These events included the Columbia City Pow-Wow, Lebanon Pow-Wow, Tipton Pow-Wow, Vigo Pow-Wow, and Danville Pow-Wow. The American Indian Center of Indiana kept a log of survey participants and delivered the incentive of a $15 gift card to each participant. Completed surveys were delivered to Indiana Minority Health Coalition for data entry, verification and analysis.

Data Analysis
The variables measured included socio-demographics; general health; health care access and use; mental health; counseling: building rapport and overcoming barriers; use and risk of tobacco, alcohol, drugs; and treatment for alcohol and drugs.

Socio-demographics

Age was measured in years; race/ethnicity was self-identified by respondents checking any of the following categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, or Other (with open-ended specification). Survey participants were permitted to choose multiple categories. Respondents who identified as American Indian Alaska Native alone or with other choice(s) were included in the final data analysis. Participants were asked to about their marital status, educational attainment, employment status, and veteran status; as well as, enrollment in a recognized tribe or descendent of a tribe.

Health Status

Participants were asked about their general health and mental health. Additional questions asked about numbers of days their physical health and mental health were not good; and the impairment due to physical and mental health issues.

Healthcare Access and Utilization

Participants were asked to indicate if they had health care coverage and a medical home (personal doctor or health care provider). The next question asked if they had seen any traditional healers (participants could select multiple responses).

Mental Health

Participants were asked to indicate how often during the past 30 days that they felt nervous, restless, and/or fidgety; and if they felt hopeless, worthless, and/or that everything was an effort. Participants were asked to indicate if they were now taking medicine or receiving treatment for any type of mental health condition or emotional problem. Participants were asked to report their level of agreement or disagreement with the statement that treatment can help people with mental illness lead normal lives.

Counseling: building rapport and overcoming barriers

Participants were asked to specify what counselors can do to help build trust and rapport with Native American clients; as well as, identify barriers that Native Americans have that may keep them from getting counseling. The survey included questions on what counselors and counseling centers can do to help Native American clients feel more comfortable with seeking
or getting counseling services. Participants were asked to indicate the importance of including Native American spirituality in counseling Native American clients, and to specify what non-Native counselors can do to improve their understanding of Native Americans.

Use of tobacco, alcohol, drugs

Participants were asked about past and current use of tobacco (apart from ceremonial / prayer use), and the type of tobacco used. Participants were asked about their past and current use of alcoholic beverages; as well as, the consumption of alcoholic beverages by family and friends. Several respondents wrote in text “none” on the survey form indicating no use of alcohol. The survey included questions about recent use of street drugs and prescription drugs.

Risk of tobacco, alcohol, drugs

Participants were asked to specify their perspective of the risk of harm (physical or other ways) from smoking cigarettes, using marijuana, consuming alcoholic beverages; and taking prescription drugs not prescribed to them. The survey included questions about talking with their children about the dangers or problems associated with the use of tobacco, alcohol, or drugs; as well as, identifying the worst substance abuse mental health problems that Native Americans in their own community or neighborhood are facing today.

Treatment for alcohol and drugs

Participants were asked to if they had received treatment for alcohol use, drug use, or both in the past 12 months or why they did not receive treatment. Participants were asked to list up to three locations that they would recommend to help an alcohol or drug problem. Survey questions as participants to list services or activities that are needed to prevent drug and alcohol abuse among youth/teens and adults and to indicated if there is need for traditional health methods in substance abuse and addiction prevention and treatment.

Analytic Strategy

Data analysis of survey responses was conducted using IBM SPSS Statistics software. Descriptive statistics were generated and examined. Variables were reported by frequencies. Outcomes include aggregate responses regarding mental health, substance use prevention, and treatment.
Results

The following section details the results of the survey participants responses.

Socio-demographics

Two hundred and thirty-nine surveys were received from the American Indian Center of Indiana. Of these surveys, two hundred and seventeen participants were American Indian Alaska Native alone or other race, non-Hispanic (90.8%); 14 were White, non-Hispanic (5.9%); 5 did not report race ethnicity (2.1%); 2 were Hispanic Latino (0.8%); while the remaining respondent was Black African American, non-Hispanic (0.4%).

The 217 respondents who self-identified as American Indian Alaska Native were eligible for data analysis. The remaining 22 surveys were excluded from further analyses. Descriptive counts of participants demographics can be found in Table 1. More than half of the respondents were female (54.6%), 44.5% were male. The average age of respondents was 51.1 years (range 18 to

Figure 1: Indiana Counties of Residence Reported by Survey Respondents

Individuals were asked to complete information on a sign-in sheet to indicate participation in the survey. One of the items requested was their county of residence. Nine out of 10 participants provided a response. Forty-eight of the 92 Indiana counties were listed as counties of residence by the survey participants [Figure 1].
Mental Health, Substance Use Prevention and Treatment Survey Report

87). Half of the respondents were married (49.8%). Nine out of ten of the respondents (89.5%) indicated they had a high school degree or higher; of which, 30% had a high school diploma and 21% had a 4 year college degree or higher. Fifty-one percent were employed (for wages or self), and 27% were retired. Twenty-one percent reported they were veterans.

Table 1: Description of respondents by socio-demographic characteristics (n=217)

<table>
<thead>
<tr>
<th>Variable</th>
<th>American Indian Alaska Native</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>118</td>
<td>54.6%</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>94</td>
<td>43.5%</td>
</tr>
<tr>
<td>Two Spirit</td>
<td></td>
<td>4</td>
<td>1.9%</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean ± Standard deviation</td>
<td></td>
<td>51.1 ±15.8</td>
<td>N/A</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td></td>
<td>106</td>
<td>49.8%</td>
</tr>
<tr>
<td>Divorced</td>
<td></td>
<td>43</td>
<td>20.2%</td>
</tr>
<tr>
<td>Widowed</td>
<td></td>
<td>16</td>
<td>7.5%</td>
</tr>
<tr>
<td>Separated</td>
<td></td>
<td>7</td>
<td>3.3%</td>
</tr>
<tr>
<td>Never Married</td>
<td></td>
<td>27</td>
<td>12.7%</td>
</tr>
<tr>
<td>Member of an unmarried couple</td>
<td></td>
<td>14</td>
<td>6.6%</td>
</tr>
<tr>
<td>Educational Attainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8th grade or less</td>
<td></td>
<td>1</td>
<td>0.5%</td>
</tr>
<tr>
<td>High School, did not graduate</td>
<td></td>
<td>21</td>
<td>9.9%</td>
</tr>
<tr>
<td>High School graduate GED</td>
<td></td>
<td>62</td>
<td>29.2%</td>
</tr>
<tr>
<td>Some college, no 4 year degree</td>
<td></td>
<td>60</td>
<td>28.3%</td>
</tr>
<tr>
<td>Business, technical or vocational school after high school</td>
<td></td>
<td>23</td>
<td>10.8%</td>
</tr>
<tr>
<td>College graduate (BS, BA or other 4 year degree)</td>
<td></td>
<td>27</td>
<td>12.7%</td>
</tr>
<tr>
<td>Post graduate training or professional schooling after college</td>
<td></td>
<td>18</td>
<td>8.5%</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed for wages</td>
<td></td>
<td>94</td>
<td>44.5%</td>
</tr>
<tr>
<td>Self employed</td>
<td></td>
<td>13</td>
<td>6.2%</td>
</tr>
<tr>
<td>Out of work</td>
<td></td>
<td>14</td>
<td>6.6%</td>
</tr>
<tr>
<td>Homemaker</td>
<td></td>
<td>5</td>
<td>2.4%</td>
</tr>
<tr>
<td>Student</td>
<td></td>
<td>9</td>
<td>4.3%</td>
</tr>
<tr>
<td>Retired</td>
<td></td>
<td>56</td>
<td>26.5%</td>
</tr>
<tr>
<td>Unable to work</td>
<td></td>
<td>20</td>
<td>9.5%</td>
</tr>
<tr>
<td>Veteran Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran</td>
<td></td>
<td>44</td>
<td>20.8%</td>
</tr>
<tr>
<td>Non veteran</td>
<td></td>
<td>168</td>
<td>79.2%</td>
</tr>
</tbody>
</table>
**Figure 2: List of Federal Recognized Tribe, State Recognized Tribe, First Nations Band (Canada) or Alaska Native shareholder or descendent**

- ABENAKI NOLHEGAN VT
- CHEROKEE
- CHEROKEE - N.C.
- CHEROKEE OKLAHOMA
- CHIPPEWA
- CHIPPEWA OF NAWASH
- CHOTEAU
- CHOTEAU NATION OKLAHOMA
- CITIZENS BAND IN OKLAHOMA
- ECHOTA CHEROKEE TRIBE OF ALABAMA
- ESKIMO / BUREAU OF INDIAN AFFAIRS
- FOND DU LAC SUPERIOR OJIBWE
- GRAND TRAVERSE BAND OF OTTAWA AND CHIPPAWA
- HORSE LAKE FIRST NATION
- INUPIAQ ESKIMO
- LAKOTA
- LIPAN APACHE
- LIPAN APACHE TRIBE OF TEARS
- METIS
- MIAMI
- MIAMI NATION
- MIAMI IN OKLAHOMA
- NAVAJO
- NORTHEASTERN BAND OF CHEROKEE INDIANS
- OGLALA LAKOTA
- ONEIDA
- ONTARIO WOODLAND METIS
- OSAGE
- OTTAWA
- OTTAWA CHIPPEWA BAND OF INDIANS
- OTTAWA GRAND TRAVERSE BAND
- PIUTE INDIAN IN CALIFORNIA
- PLATFORM RESERVATION REMNANT BAND OF SHAWNEE
- POKAGON BAND POTAWATOMI
- POTAWATOMI
- SHAWNEE
- SICANGU LAKOTA - SOUTH DAKOTA
- SOUTHERN CHEROKEE OF KENTUCKY / ONTARIO METIS
- THREE AFFILIATE TRIBES OF BERTHOLD
- TURTLE MOUNTAIN CHIPPEWA
- WASAUKSING OJIBWAY
- WINNEBAGO TRIBE OF NEBRASKA
- YANKTON SIOUX TRIBE

- One third of the participants reported they were enrolled members of federal, state, Alaska Native or first nations recognized tribes. Nine out of ten of these respondents provided a tribal name. The tribal names most frequently listed were Miami of Oklahoma, Cherokee, and Miami.

- More than half of the respondents indicated they were not enrolled, but rather a descendant of a tribe or tribes. One in five of the respondents provided the name of the tribe(s), of which, the most frequently reported was tribe was Cherokee, Blackfoot, and Miami.
Health Status

There were differences noted in the health status, physically unhealthy days and mentally unhealthy days reported by the survey respondents compared to the 2015 Behavioral Risk Factor Surveillance System Survey American Indian Alaska Natives in Indiana and the United States [Table 2].

- Twenty-six percent of the survey respondents reported poor/fair general health, which is lower compared to American Indian Alaska Natives in Indiana (33.2%) and the United States (28.4%).
- Twelve percent of the survey respondents reported poor/fair mental health. (This information is not available for Indiana or the United States.)
- Sixty-four percent of the survey respondents reported from 1 to 30 poor physical health days in the past 30 days.
  - The average number of physically unhealthy days reported by the survey respondents was higher compared to all residents in Indiana (12.0 vs. 4.0 respectively).
- Fifty-nine percent of the survey respondents reported from 1 to 30 poor mental health days in the past 30 days.
  - The average number of mentally unhealthy days reported by the survey respondents was higher compared to all residents in Indiana (9.7 vs. 4.1 respectively).
- Thirty-nine percent of the survey respondents reported the physically and/or mentally unhealthy days limited usual activity, which was higher compared to American Indian Alaska Natives in Indiana (28.7%) and the United States (12.5%).

Table 2: Health Status Reported by Respondents compared to American Indian Alaska Natives in Indiana and the United States

<table>
<thead>
<tr>
<th></th>
<th>Survey Respondents AIAN (Percent)</th>
<th>Indiana* AIAN (Percent)</th>
<th>United States * AIAN (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Physical Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor/Fair</td>
<td>26.3</td>
<td>33.2</td>
<td>28.4</td>
</tr>
<tr>
<td><strong>General Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor/Fair</td>
<td>12.5%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Physically Unhealthy Days in the Past 30 days</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-30 physically unhealthy days</td>
<td>63.7</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Mentally Unhealthy Days in the Past 30 days</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-30 physically unhealthy days</td>
<td>58.8</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Physically and/or Mentally Unhealthy Days Prevented Usual Activities in the Past 30 Days</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unhealthy days limited activity</td>
<td>39.5</td>
<td>28.7</td>
<td>12.5</td>
</tr>
</tbody>
</table>

*Source: Centers for Disease Control and Prevention, 2015 Behavioral Risk Factor Surveillance System (BRFSS), www.cdc.gov/brfss/

Note: AIAN = American Indian reported as preferred race; X = information not available
Mental Health, Substance Use Prevention and Treatment Survey Report

Healthcare Access and Use

There were differences noted in the lack of health care coverage and personal health care provider reported by the survey respondents compared to the 2015 Behavioral Risk Factor Surveillance System Survey American Indian Alaska Natives in Indiana and the United States [Table 3].

- Eighteen percent of the survey respondent reported no health care coverage, which is lower compared to American Indian Alaska Natives in Indiana (28.2%), but similar to American Indian Alaska Natives in the United States (18.4%).
- Twenty-one percent of the survey respondent reported no personal health care provider, which is lower compared to American Indian Alaska Natives in Indiana (37.6%) and in the United States (32.1%).
- Forty-eight percent of the survey respondents indicated ever seeing a traditional healer. The most frequently reported was a Native American Healer/Medicine man (43.3%); followed by a Shaman (7.4%); Yerbero or Hierbista (0.9%); and Curandero, Mach or Parchero (0.5%).

Table 3: Health Care Coverage and Personal Health Care Provider Reported by Respondents compared to American Indian Alaska Natives in Indiana and the United States

<table>
<thead>
<tr>
<th>Health Care Coverage</th>
<th>Survey Respondents AIAN (Percent)</th>
<th>Indiana* AIAN (Percent)</th>
<th>United States* AIAN (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No coverage</td>
<td>18.1</td>
<td>28.2</td>
<td>18.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Health Care Provider</th>
<th>Survey Respondents AIAN (Percent)</th>
<th>Indiana* AIAN (Percent)</th>
<th>United States* AIAN (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No provider</td>
<td>20.8</td>
<td>37.6</td>
<td>32.1</td>
</tr>
</tbody>
</table>

*Source: Centers for Disease Control and Prevention, 2015 Behavioral Risk Factor Surveillance System (BRFSS), [www.cdc.gov/brfss/](http://www.cdc.gov/brfss/)

Note: AIAN = American Indian reported as preferred race

Mental Health

Participants provided information about their feelings in the past 30 days; current medication or treatment for mental health condition or emotional problem; and their level of agreement regarding treatment helping mental illness [Table 4].

- Seventy-four percent of the respondents reported feeling nervous, restless and/or fidgety during the past 30 days (“A little..”, “Some..”, “Most...” or “All of the time”).
- Fifty-two percent of the respondents reported feeling hopeless, worthless and/or that everything was an effort during the past 30 days (“A little..”, “Some..”, “Most...” or “All of the time”).
- Thirty-four percent of the respondents indicated that they currently taking medicine or are receiving treatment from a doctor, other health professional or traditional healer for any type of mental health condition.
Mental Health, Substance Use Prevention and Treatment Survey Report

- Eighty percent of the respondents indicated that they agreed that treatment can help people with mental illness lead normal lives.

**Table 4: Mental Health**

<table>
<thead>
<tr>
<th>Variable</th>
<th>American Indian Alaska Native Native</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, restless and/or fidgety in the past 30 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All the time</td>
<td></td>
<td>16</td>
<td>7.4</td>
</tr>
<tr>
<td>Most of the time</td>
<td></td>
<td>21</td>
<td>9.7</td>
</tr>
<tr>
<td>Some of the time</td>
<td></td>
<td>61</td>
<td>28.1</td>
</tr>
<tr>
<td>A little of the time</td>
<td></td>
<td>62</td>
<td>28.6</td>
</tr>
<tr>
<td>Feeling hopeless, worthless and or that everything was an effort</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All the time</td>
<td></td>
<td>6</td>
<td>2.8</td>
</tr>
<tr>
<td>Most of the time</td>
<td></td>
<td>16</td>
<td>7.4</td>
</tr>
<tr>
<td>Some of the time</td>
<td></td>
<td>38</td>
<td>17.5</td>
</tr>
<tr>
<td>A little of the time</td>
<td></td>
<td>52</td>
<td>24.0</td>
</tr>
<tr>
<td>Currently taking medicine, receiving treatment from doctor, other health professional or traditional healer for any type of mental health condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td>73</td>
<td>33.8</td>
</tr>
<tr>
<td>Treatment can help people with mental illness lead normal lives. Do you...?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree strongly</td>
<td></td>
<td>117</td>
<td>54.2</td>
</tr>
<tr>
<td>Agree slightly</td>
<td></td>
<td>55</td>
<td>25.5</td>
</tr>
</tbody>
</table>

Counseling: Building Rapport and Overcoming Barriers

Participants provide responses to questions about counselors building rapport and overcoming barriers.

- When participants were asked what counselors can to help build trust and rapport with Native American clients, the most frequently selected response was “Listen with respect and without interruption” (83.4%); followed by Allow time for responses (62.2%), Ask individual about the role of Native culture in their life (54.4%), Describe counseling confidentiality, counselor’s role and what to expect in counseling (51.6%); Provide brief information about themselves concerning their cultural competence (49.8%), Make eye contact (48.8%), Match the posture of the individual (17.1%), Limit eye contact (13.4%), and Other: please specify (8.8%) [Figure 3].

Participants who selected other wrote in the following text responses:

- “ADMIT THEY MAY NOT BE EXPERIENCED IN NATIVE AMERICAN CULTURE - DO WHAT THEY SAY TO HELP”
- “ATTEND NATIVE FUNCTIONS TO LEARN”
- “BE ACCEPTING / NON CONFRONTATIONAL”
- “BE OPEN”
- “CARE AND SHOW RESPECT”
“DO NOT TRY TO INTERROGATE”
“ENCOURAGEMENT”
“ENLIST THEM IN CREATING SOLUTIONS ESPECIALLY IF THE COUNSELOR IS NOT NATIVE. DON’T JUST PREACH”
“HONOR AND RESPECT THE NATIVES”
“PAY ATTENTION AND NO CANNED RESPONSES”
“RESEARCH INTO NATIVE CULTURE; EMPATHY; VALIDATION”
“RESPECT THE PERSON AS AN EQUAL”
“SHOW RESPECT ALWAYS”
“SPECIFIC EXPERIENCE WITH INDIGENOUS COMMUNITIES NOT JUST INDIVIDUALS”

Figure 3: Counselors can help build trust and rapport with Native American clients by...

- Listen with respect and without interruption: 83.4%
- Allow time for responses: 62.2%
- Ask individual about the role of Native culture in their life: 54.4%
- Describe counseling confidentiality, counselor’s role and what to expect in counseling: 51.6%
- Provide brief information about themselves concerning their cultural competence: 49.8%
- Make eye contact: 48.8%
- Match the posture of the individual: 17.1%
- Limit eye contact: 13.4%
- Other (Please specify): 8.8%

Participants provide responses to questions about counselors building rapport and overcoming barriers.... (continued)

- When participants were asked what barriers Native Americans have that may keep them from getting counseling, the most frequently selected response was the Lack of resources (money, insurance, childcare, transportation, etc. (74.2%); followed by Mistrust (60.8%), Lack of Native American counselors (60.4%); Lack of awareness of available services (50.7%), Lack of culturally competent non-Native counselors (42.4%), Lack of providers (40.1%), Stigma from the Native community (34.1%), Lack of desire to take part in non-Native services (30.0%), and Other: please specify (5.1%). [Figure 4].

Participants who selected other wrote in the following text responses:
- “BELIEFS”
- “COUNSELORS WITH PERSONAL EXPERIENCE”
- “DISTANCE OF LOCATION”
“DISTRUST IN INDIAN HEALTH SERVICES”
“FEAR”
“INSURANCE”
“LACK OF DESIRE TO HELP THEMSELVES”
“LACK OF HOPE”
“NON-NATIVE PROVIDERS ASSUMING THEY UNDERSTAND NATIVE CULTURE BECAUSE OF WHAT OTHER NON-NATIVES HAVE TAUGHT”

Figure 4: Barriers that keep Native Americans from getting counseling.

- Lack of resources (money, insurance, childcare, transportation, etc.)
- Mistrust
- Lack of Native American counselors
- Lack of awareness of available services
- Lack of culturally competent non-Native counselors
- Lack of providers
- Stigma from the Native community
- Lack of desire to take part in non-Native services
- Other (Please specify)

Participants provided responses to questions about counselors building rapport and overcoming barriers. (continued)

- When participants were asked what counselors and counseling centers can do to help Native American clients feel more comfortable with seeking or getting counseling services, the most frequently selected response was Ask the Native community what can be done to help (72.8%); followed by Speak with community elders (70.0%), Ask the Native community what is needed (69.6%); Build relationships and market counseling services with the Native community (63.1%), Provide Native culturally appropriate services (55.8%), Create a welcoming environment with the Native community, such as sage, sweetgrass, medicine wheel, abalone shell, or prayer tie (53.5%), Use cultural practices such as a talking circle (43.3%), and Other: please specify (3.7%). [Figure 5].

Participants who selected other wrote in the following text responses:

- “ASK INDIVIDUAL ABOUT CULTURAL LIFE”
- “ASK WHAT WOULD MAKE THE PERSON FEEL MORE COMFORTABLE. I DO NOT FEE THAT A NON-NATIVE”
- “WOULD BE ABLE TO PROVIDE SPIRITUAL CARE”
“BUILD RELATIONSHIPS, NOT MARKETING”
“DON’T ASSUME THAT ALL NATIVES BELIEVE THE SAME THINGS”
“REMEMBER OUR HERITAGE”
“TEACH WHITE BUFFALO”
“UNDERSTAND NOT ALL COMMUNITIES ARE THE SAME”

Figure 5: Barriers that keep Native Americans from getting counseling.

Participants provided responses to questions about counselors building rapport and overcoming barriers….. (continued)

- When asked how important it is to include Native American spirituality in counseling Native American clients, eighty-six percent of the participants indicated that it is Very important, while 12.7% indicated it is Somewhat important, 0.9% indicated it was Not important, and 0.5% wrote in a text response (below).
  - “I DO NOT FEEL THAT A NON-NATIVE WOULD BE ABLE TO PROVIDE SPIRITUAL CARE”

Participants provided responses to questions about counselors building rapport and overcoming barriers….. (continued)

- When asked what non-Native counselors can do to improve their understanding of Native Americans, the most frequently selected response was Learn about the culture (80.6%); followed by Meet with Native community elders (71.4%), Get involved in the local Native communities (69.6%); Attend Native social and cultural events (66.8%), Find a Native mentor (55.8%), and Other: please specify (5.1%). [Figure 6].
Participants who selected other wrote in the following text responses:

- "GET A LIFE" E.G. LEARN ABOUT OTHERS BESIDES EURO CULTURE"
- “ACCEPT OUR VALUES”
- “BE OPEN - REMOVING BOUNDARIES”
- “BE RESPECTFUL”
- “GIVE TO THE NATIVE COMMUNITY”
- “IT IS NECESSARY FOR COMPETENT COUNSELORS TO BE AWARE THAT EVERY NATIVE CULTURE IS "DIFFERENT”
- “LEARN NATIVE WORDS SUCH AS HELLO, THANK YOU”
- “LISTEN”
- “POW WOWS”
- “RESEARCH”
- “SEE THAT FUNDING IS PROVIDED”

Figure 6: Non-Native counselors can do to improve their understanding of Native Americans

- Learn about the culture: 80.6%
- Meet with Native community elders: 71.4%
- Get involved in local Native communities: 69.6%
- Attend Native social and cultural events: 66.8%
- Find a Native mentor: 55.8%
- Other (Please specify): 5.1%

Tobacco

Participants were asked about tobacco use [Table 5].

- Forty-one percent of the respondents indicated they had used tobacco in the past 30 days apart from ceremonial / prayer use. The type of tobacco most frequently used was cigarettes (27.2%); followed by cigars (3.7%), pipe tobacco (3.2%), e-cigs (2.8%), and chewing tobacco (0.9%).
- When asked what age they first experimented with tobacco, participants most frequently reported at 12 to 17 years of age (47.9%); followed by 18 to 25 years of age (39.5%), under 12 years of age (12.8%), and 26 years of age and older (3.7%).
Table 5: Tobacco Use by Respondents compared to American Indian Alaska Natives in Indiana and the United States

<table>
<thead>
<tr>
<th>Survey Respondents</th>
<th>Indiana* AIAN (Percent)</th>
<th>United States * AIAN (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apart from ceremonial/ prayer use, how often did you use tobacco (cigarettes, ecigs, snuff, chewing tobacco, cigars, and pipes) in the past 30 days, apart from</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>40.9</td>
<td>45.1</td>
</tr>
<tr>
<td>At what age first experimented with smoking (apart from ceremonial / prayer use)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 12 years</td>
<td>12.8</td>
<td>X</td>
</tr>
<tr>
<td>12 to 17 years</td>
<td>65.2</td>
<td>X</td>
</tr>
<tr>
<td>18 to 25 years</td>
<td>18.3</td>
<td>X</td>
</tr>
<tr>
<td>26 years and over</td>
<td>3.7</td>
<td>X</td>
</tr>
</tbody>
</table>

*Source: Centers for Disease Control and Prevention, 2015 Behavioral Risk Factor Surveillance System (BRFSS), [www.cdc.gov/brfss/](http://www.cdc.gov/brfss/)

Note: AIAN = American Indian reported as preferred race; X = information not available

Alcohol

Participants were asked about alcohol use [Table 6].

- Forty-four percent of the respondents indicated that they had consumed one or more alcoholic beverage in the past 30 days; which is higher than reported by American Indian Alaska Natives in Indiana in 2015, but similar to American Indian Alaska Natives in the United States in 2015.
- When asked at what age they first began drinking alcoholic beverages, participants most frequently reported at 12 to 17 years of age (48.1%); followed by 18 to 25 years of age (39.7%), under 12 years of age (8.5%), and 26 years of age and older (3.7%).
- Participants were asked to indicate the number of days that they consumed alcoholic beverages in the past 30 days. The most frequently reported response was no days (55.6%); followed by 1-2 days (19.0%), 8-29 days (13.9%), 3-7 days (9.3%), and Every day (2.3%).
- Participants were asked about the frequency the respondent, family member or close friend consumes alcoholic beverages. The most frequently reported response was A few times a year (39.8%); followed by Several times a week (16.0%), Weekends only (16.0%), Everyday (11.7%), Once a month (8.7%), and None (7.8%).
- Participants were asked to estimate the number of drinks that the respondent, family member or close friend consumed on the last occasion. The most frequently reported response was 1 to 2 (49.8%); followed by 3 to 4 (21.4%), 5 to 6 (11.4%), None (8.0%), 10 or more (6.5%), and 7 to 9 (3.0%).
- Participants were asked if consuming alcoholic beverages by the respondent, family member, or a close friend had caused any issues. The most frequently reported response was Problems with family relationships (38.2%); followed by Depression (35.5%), Desire to drink more (28.6%), Inability to keep up with living expenses (21.2%),
Arrest for driving under the influence of alcohol (DUI) (20.3%), Desire to spend more time alone (19.8%), Inability to get or keep a job (18.9%), Thoughts of suicide or escape (16.6%), Suggestion by relative, friend/doctor to seek help for alcohol consumption (12.4%), and Seeking help for alcohol consumption (10.0%).

- Sixty percent of the respondent indicated that there is a history of alcohol addiction in their family.
### Table 6: Alcohol Use by Respondents compared to American Indian Alaska Natives in Indiana and the United States

<table>
<thead>
<tr>
<th>Survey Respondents</th>
<th>Indiana*</th>
<th>United States *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AIAN (Percent)</td>
<td>AIAN (Percent)</td>
</tr>
<tr>
<td><strong>Consumed one or more alcoholic beverages in the past 30 days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>44.2</td>
<td>39.6</td>
</tr>
<tr>
<td><strong>At what age first experimented with alcoholic beverages</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 12 years</td>
<td>8.5</td>
<td>X</td>
</tr>
<tr>
<td>12 to 17 years</td>
<td>48.1</td>
<td>X</td>
</tr>
<tr>
<td>18 to 25 years</td>
<td>39.7</td>
<td>X</td>
</tr>
<tr>
<td>26 years and over</td>
<td>3.7</td>
<td>X</td>
</tr>
<tr>
<td><strong>Frequency of alcoholic beverage consumption by the respondent, family member, / close friend</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Everyday</td>
<td>11.7</td>
<td>X</td>
</tr>
<tr>
<td>Several times a week</td>
<td>16.0</td>
<td>X</td>
</tr>
<tr>
<td>Weekends only</td>
<td>16.0</td>
<td>X</td>
</tr>
<tr>
<td>Once a month</td>
<td>8.7</td>
<td>X</td>
</tr>
<tr>
<td>A few times a year</td>
<td>39.8</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td>7.8</td>
<td>X</td>
</tr>
<tr>
<td><strong>Estimate number of drinks on last occasion by the respondent, family member / close friend</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 2</td>
<td>49.8</td>
<td>X</td>
</tr>
<tr>
<td>3 to 4</td>
<td>21.4</td>
<td>X</td>
</tr>
<tr>
<td>5 to 6</td>
<td>11.4</td>
<td>X</td>
</tr>
<tr>
<td>7 to 9</td>
<td>3.0</td>
<td>X</td>
</tr>
<tr>
<td>10 or more</td>
<td>6.5</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td>8.0</td>
<td>X</td>
</tr>
<tr>
<td><strong>Issues caused by consuming alcoholic beverages by respondent, family member/close friend</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with family relationships</td>
<td>38.2</td>
<td>X</td>
</tr>
<tr>
<td>Inability to get or keep a job</td>
<td>18.9</td>
<td>X</td>
</tr>
<tr>
<td>Desire to spend more time alone</td>
<td>19.8</td>
<td>X</td>
</tr>
<tr>
<td>Inability to keep up with living expenses</td>
<td>21.2</td>
<td>X</td>
</tr>
<tr>
<td>Desire to drink more</td>
<td>28.6</td>
<td>X</td>
</tr>
<tr>
<td>Depression</td>
<td>35.5</td>
<td>X</td>
</tr>
<tr>
<td>Thoughts of suicide or escape</td>
<td>16.6</td>
<td>X</td>
</tr>
<tr>
<td>Arrest for driving under the influence of alcohol (DUI)</td>
<td>20.3</td>
<td>X</td>
</tr>
<tr>
<td>Suggestion by relative, friend/doctor to seek help for alcohol consumption</td>
<td>12.4</td>
<td>X</td>
</tr>
<tr>
<td>Seeking help for alcohol consumption</td>
<td>18.0</td>
<td>X</td>
</tr>
<tr>
<td><strong>History of alcohol addiction in your family</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>60.1</td>
<td>X</td>
</tr>
</tbody>
</table>

*Source: Centers for Disease Control and Prevention, 2015 Behavioral Risk Factor Surveillance System (BRFSS), [www.cdc.gov/brfss/](http://www.cdc.gov/brfss/)

Note: AIAN = American Indian reported as preferred race; X = information not available
Participants were asked to indicate the preferred treatment program if the respondent, a family member, or a close friend wanted to seek help for alcohol consumption. The most frequently reported response was Inpatient Treatment (78.3%); followed by Traditional Native healing assistance (44.2%), AA meetings (37.8%), Outpatient treatment (30.4%), and Other: please specify (12.9%) [Figure 7].

Participants who selected “Other” wrote in the following text responses:
- “ANYWAY OF SUCCESS PRAYER”
- “BELIEVE IN GOD. ASK FOR HIS HELP”
- “COUNSELING”
- “DEPENDING ON THE PERSON”
- “DEPENDS ON INDIVIDUAL”
- “NATIVE AA MEETINGS”
- “NONE”
- “SWEAT LODGE”
- “WHATEVER WILL HELP”
- “WHITE BUFFALO / MEDICINE”
- “WOULD LIKE TO FIND A NATIVE AA”

Figure 7: Preferred Alcohol Consumption Treatment Program

<table>
<thead>
<tr>
<th>Treatment Program</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient treatment</td>
<td>78.3%</td>
</tr>
<tr>
<td>Traditional Native healing assistance</td>
<td>44.2%</td>
</tr>
<tr>
<td>AA meetings</td>
<td>37.8%</td>
</tr>
<tr>
<td>Outpatient treatment</td>
<td>30.4%</td>
</tr>
<tr>
<td>Other (Please specify:)</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

Drugs

Participants were asked about drugs.
- Participants were asked to indicate what drugs they had used in the past 30 days. The most frequent response was I have not used any these drugs in the past 30 days (82.0%); followed by LSD (1.4%), Marijuana, blunt, or hashish (0.9%), Cocaine (0.9%), Inhalants (0.5%), and Mushrooms (0.5%).
Eleven percent of the participants indicated they had used prescription drugs (pain relievers, tranquilizers, amphetamines, or sedatives) that were not prescribed to the respondent in the past 30 days.

Risk of Alcohol, Tobacco, and Drugs

Participants were asked to indicate the risk of harm from the use of alcohol, tobacco and drugs [Table 7].

- Participants were asked to indicate the level of risk of harm from smoking one or more packs of cigarettes per day. The most frequently reported response was Great risk (68.3%); followed by Moderate risk (25.6%), Slight risk (7.1), and No risk (6.2%).
- Participants were asked to indicate the level of risk of harm from trying marijuana once or twice. The most frequently reported response was No risk (35.9%); followed by Slight risk (30.6%), Great risk (17.2%), and Moderate risk (16.3%).
- Participants were asked to indicate the level of risk of harm from smoking marijuana regularly (once a week or more). The most frequently reported response was Slight risk (32.2%); followed by Great risk (27.4%), No risk (25.5%), and Moderate risk (14.9%).
- Participants were asked to indicate the level of risk of harm from drinking one or two alcoholic beverages nearly every day. The most frequently reported response was Great risk (35.1%); followed by Moderate risk (34.6%), Slight risk (23.7%), and No risk (6.6%).
- Participants were asked to indicate how many times they have talked with their children about the dangers or problems associated with the use of tobacco, alcohol, or other drugs. The most frequently reported response was No children (29.8%); followed by 0 times (22.3%), A few times (21.8%), and Many times (17.7%).
- Participants were asked to list the worst substance abuse problems that Native Americans they know are facing in their community or neighborhood. The most frequently reported response was Alcohol (75.0%); followed by Methamphetamines (24.0%), Marijuana (14.8%), Heroin (13.8%), Cocaine/Crack (8.7%), Prescription drugs (7.7%), Tobacco (2.0%), Opioids (1.0%), Hand sanitizer (0.5%), and Mushrooms (0.5%).
- Participants were asked to list the worst mental health problems that Native Americans they know are facing in their community or neighborhood. Seventy-seven percent of the participants responded to this question. The most frequently reported response was Depression (89.8%); followed by Anxiety (47.9%), Historical trauma (33.5%), Alcoholism (8.4%), PTSD (8.4%), Suicide (7.2%), Addiction (6.0%), Stress (3.6%), Abuse (3.0%), Mistrust (3.0%), Low self-esteem (3.0%), Anger/Rage (2.4%), Bipolar (2.4%), Domestic Violence (1.8%), Isolation (1.8%), Rejection (1.8%), Hopelessness (1.8%), Drug withdrawal (1.8%), Loss of self (1.2%), Stigma (1.2%), Loss of culture (1.2%), ADHD (0.6%), and Attachment disorder (0.6%).
### Table 7: Risk of Harm from the Use of Alcohol, Tobacco, and Drugs

<table>
<thead>
<tr>
<th>Variable</th>
<th>American Indian</th>
<th>Alaska Native</th>
<th>Native</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of smoking one or more packs of cigarettes per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No risk</td>
<td>13</td>
<td></td>
<td></td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td>Slight risk</td>
<td>15</td>
<td></td>
<td></td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>Moderate risk</td>
<td>54</td>
<td></td>
<td></td>
<td>25.6</td>
<td></td>
</tr>
<tr>
<td>Great risk</td>
<td>129</td>
<td></td>
<td></td>
<td>61.1</td>
<td></td>
</tr>
<tr>
<td>Risk of trying marijuana once or twice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No risk</td>
<td>75</td>
<td></td>
<td></td>
<td>35.9</td>
<td></td>
</tr>
<tr>
<td>Slight risk</td>
<td>64</td>
<td></td>
<td></td>
<td>30.6</td>
<td></td>
</tr>
<tr>
<td>Moderate risk</td>
<td>34</td>
<td></td>
<td></td>
<td>16.3</td>
<td></td>
</tr>
<tr>
<td>Great risk</td>
<td>36</td>
<td></td>
<td></td>
<td>17.2</td>
<td></td>
</tr>
<tr>
<td>Risk of smoking marijuana regularly (once a week or more)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No risk</td>
<td>53</td>
<td></td>
<td></td>
<td>25.5</td>
<td></td>
</tr>
<tr>
<td>Slight risk</td>
<td>67</td>
<td></td>
<td></td>
<td>32.2</td>
<td></td>
</tr>
<tr>
<td>Moderate risk</td>
<td>31</td>
<td></td>
<td></td>
<td>14.9</td>
<td></td>
</tr>
<tr>
<td>Great risk</td>
<td>57</td>
<td></td>
<td></td>
<td>27.4</td>
<td></td>
</tr>
<tr>
<td>Risk of drinking one or two alcoholic beverages nearly every day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No risk</td>
<td>14</td>
<td></td>
<td></td>
<td>6.6</td>
<td></td>
</tr>
<tr>
<td>Slight risk</td>
<td>50</td>
<td></td>
<td></td>
<td>23.7</td>
<td></td>
</tr>
<tr>
<td>Moderate risk</td>
<td>73</td>
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<td></td>
<td>34.6</td>
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</tr>
<tr>
<td>Great risk</td>
<td>74</td>
<td></td>
<td></td>
<td>35.1</td>
<td></td>
</tr>
<tr>
<td>Risk of using prescription drugs not prescribed to them</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No risk</td>
<td>2</td>
<td></td>
<td></td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Slight risk</td>
<td>13</td>
<td></td>
<td></td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td>Moderate risk</td>
<td>54</td>
<td></td>
<td></td>
<td>25.6</td>
<td></td>
</tr>
<tr>
<td>Great risk</td>
<td>142</td>
<td></td>
<td></td>
<td>67.3</td>
<td></td>
</tr>
<tr>
<td>The number of times in the past 12 months they have spoken to their children about the dangers or problems associated with the use of tobacco, alcohol, or other drugs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Children</td>
<td>64</td>
<td></td>
<td></td>
<td>29.8</td>
<td></td>
</tr>
<tr>
<td>0 times</td>
<td>48</td>
<td></td>
<td></td>
<td>22.3</td>
<td></td>
</tr>
<tr>
<td>1 to 2 times</td>
<td>18</td>
<td></td>
<td></td>
<td>8.4</td>
<td></td>
</tr>
<tr>
<td>A few times</td>
<td>47</td>
<td></td>
<td></td>
<td>21.8</td>
<td></td>
</tr>
<tr>
<td>Many times</td>
<td>38</td>
<td></td>
<td></td>
<td>17.7</td>
<td></td>
</tr>
</tbody>
</table>
Treatment for Alcohol and Drugs

Participants were asked about treatment for alcohol and drugs.

- Participants were asked if they had received treatment for alcohol use, drug use or both. Nearly all of the respondents (98.6%) reported they Did not receive treatment for alcohol or drugs in the past 12 months; followed by 0.9% reporting Treatment for alcohol use, and 0.5% reporting Treatment for drug use in the past 12 months.
- Participants who indicated that they had treatment provided the location of the treatment. The most frequently reported treatment was in a Mental Health Center or facility as an outpatient (0.9%), Prison or jail outpatient (0.9%), Hospital overnight as an inpatient (0.5%), Drug or alcohol rehabilitation facility as an outpatient (0.9%), and Residential drug or alcohol rehabilitation facility where you stayed overnight (0.9%).
- Participants were asked to select statement(s) that explained why they did not get treatment or counseling when needed for alcohol, drugs, or both. Seventy-seven percent of the respondents indicated Not applicable (I did not need treatment). Other respondents selected the following statements to explain why they did not get treatment where the most frequent response was the Lack of resources (money, insurance, childcare, transportation, etc.) (3.2%); followed by the Lack of Native American counselors (2.8%), No time (because of job, children, other) (2.8%), Not ready to stop using alcohol, drugs, or both (2.3%), No health care coverage (2.3%), Lack of desire to take part in non-Native services (1.8%), Lack of culturally competent non-Native counselors (1.8%), Mistrust (1.8%), Didn’t think I needed treatment at the time (1.6%); Some other reason or reasons (please specify) (1.4%), Did not know where to go to get treatment (1.4%), No openings in the programs (1.4%), Program hours were inconvenient (1.4%), Didn’t think treatment would help (0.9%), and Lack of providers (0.5%) [Figure 8].

Participants who selected Some other reason or reasons (please specify) wrote in the following text responses:

- “I DON’T FEEL IT IS OUT OF MY CONTROL”
- “MOVED OUT OF TOWN”
- “PHYSICAL & MENTAL ABUSE”
Participants were asked to list where they would suggest getting treatment for someone they cared about who needed assistance for alcohol and/or drug problem. Eighty-two percent of the participants responded. The most frequently reported response was Alcoholics Anonymous (23.7%); followed by Drug / Alcohol Treatment Center (18.6%), Doctor (18.1%), Hospital (17.9%), Behavioral Health Center (10.7%), Counseling Center (7.9%), Minister / Spiritual Advisor / Church (5.1%), Medicine Man / Healer (4.0%), Family / Friend (4.5%); Social Services / Employee Assistance Center (1.4%), Community Mental Health Center (3.4%), Native Counselors (2.8%), Emergency Room (2.8%), American Indian Center (2.8%), Narcotics Anonymous (2.8%), Self-Help Group (2.3%), VA (2.3%), White Bison (12 Step Program) (1.7%), and Tribal Elders (1.1%) [Figure 9].
• Participants were asked to list services or activities needed to prevent drug and alcohol abuse among youth and teens. Eighty-three percent of the participants responded to this question. The most frequently reported response was Education & Awareness Programs about Abuse Prevention (42.0%); followed by Native American Cultural Training (Ceremonies, Traditions, Beading, Regalia) (24.3%), Recreational Activities / Sports (14.9%), Activities that Promote Social Togetherness / Keep Away from Negative Influences (14.9%), Counseling with Native Background (13.8%), Parental Guidance / Caring / Discipline (10.5%), School and Social Club Activities & Programs (8.8%), Youth Activities/ Programs / Groups / Centers / Volunteers (6.1%); Mentoring Programs (5.0%), Interaction, Leadership and Teachings from Elders (4.4%), Informational Centers and Support (4.4%), Community Activities / Events (4.4%), Native Counselors / Mentors (3.9%), Enforce Laws / Stricter Laws for Sellers (3.9%), Positive Role Models (3.3%), Mental Health Services (3.3%), Peer Groups Encouragement and Support (2.8%), Jobs / Job Training / Seeking Assistance (2.8%) and Outreach Programs (2.2%) [Figure 10].
### Figure 10: Services Needed to Prevent Drug and Alcohol Abuse among Youth / Teens

<table>
<thead>
<tr>
<th>Service</th>
<th>Response (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education &amp; Awareness Programs about Abuse Prevention</td>
<td>44.8</td>
</tr>
<tr>
<td>Native American Cultural Training (Ceremonies, Traditions, Beading...)</td>
<td>25.4</td>
</tr>
<tr>
<td>Recreational Activities / Sports</td>
<td>14.9</td>
</tr>
<tr>
<td>Activities that Promote Social Togetherness / Keep Away from...</td>
<td>14.9</td>
</tr>
<tr>
<td>Counseling with Native Background</td>
<td>13.8</td>
</tr>
<tr>
<td>Parental Guidance / Caring / Discipline</td>
<td>10.5</td>
</tr>
<tr>
<td>School and Social Club Activities &amp; Programs</td>
<td>8.8</td>
</tr>
<tr>
<td>Youth Activities/ Programs / Groups / Centers / Volunteers</td>
<td>6.1</td>
</tr>
<tr>
<td>Mentoring Programs</td>
<td>5.0</td>
</tr>
<tr>
<td>Interaction, Leadership and Teachings from Elders</td>
<td>4.4</td>
</tr>
<tr>
<td>Informational Centers and Support</td>
<td>4.4</td>
</tr>
<tr>
<td>Community Activities / Events</td>
<td>4.4</td>
</tr>
<tr>
<td>Native Counselors / Mentors</td>
<td>3.9</td>
</tr>
<tr>
<td>Enforce Laws / Stricter Laws for Sellers</td>
<td>3.9</td>
</tr>
<tr>
<td>Positive Role Models</td>
<td>3.3</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>3.3</td>
</tr>
<tr>
<td>Peer Groups Encouragement and Support</td>
<td>2.8</td>
</tr>
<tr>
<td>Jobs / Job Seeking Assistance / Job Training</td>
<td>2.8</td>
</tr>
<tr>
<td>Outreach Programs</td>
<td>2.2</td>
</tr>
</tbody>
</table>

- Participants were asked to list services or activities needed to prevent drug and alcohol abuse among adults. Seventy-seven percent of the participants responded to this question. The most frequently reported response was *Education and Awareness Alcohol and Prevention* (25.4%); followed by *Counseling* (13.3%), *Peer and Support Groups* (11.0%), *Family / Friend Activities and Services* (9.9%), *Native American Cultural / Social Groups that Promote Sobriety and Recovery* (8.3%), *Alcoholics Anonymous (Comfortable and Confidential)* (7.7%), *Social Clubs / Church Groups* (7.7%), *Recreation and Sports Activities* (6.6%); *Job Training and Good Paying Jobs* (6.6%), *Health Care Services (Non-Judgmental, Holistic, Free)* (5.5%), *Outreach Programs and Re-entry Programs* (5.0%), *Treatment Services* (4.4%), *Community Activities / Centers / Information / Resources* (4.4%), *Behavioral and Mental Health Screening and Services* (4.4%), *Religious / Spiritual / Prayer Groups and Events* (3.9%), *Mentoring Programs* (3.9%), *Traditional Culture, Healing and Teachings* (3.9%), *Positive Role Models* (3.3%), *Social Services* (2.8%), *Self-Esteem Training* (2.2%), *Native Lead Alcoholics and Narcotics Anonymous* (2.2%), *Positive Role Models* (2.2%), and *Native Healing / Sweat Lodges* (2.2%) [Figure 11].
Mental Health, Substance Use Prevention and Treatment Survey Report

Figure 11: Services Needed to Prevent Drug and Alcohol Abuse among Adults

- Participants were asked if there is a need for traditional healing methods in substance abuse and action prevention. Ninety-two percent of the participants responded Yes.

Discussion

The responses provided by the survey participants provide a snapshot of the American Indian Alaska Natives who attended Native American Pow-Wows during the Summer and Fall of 2016, and the Winter of 2017. The information shared provides a perspective on mental health, substance use prevention and treatment, but cannot be generalized to the entire American Indian Alaska Native population in Indiana.

The strength of the survey is the participants offered opinions about the mental health and substance use needs in the Native American community; as well as suggestions to prevent drug and alcohol abuse among youth, teens, and adults. The respondents identified important recommendations for mental health and substance use providers to build rapport with Native Americans, overcome barriers, and improve their understanding of Native Americans and the cultures. A limitation of the survey is that the details were provided in response to survey questions were self-reported.
Mental Health, Substance Use Prevention and Treatment Survey
Report

Recommendations

The survey results provide support for a variety of services, training, and community opportunities to improve mental health, substance use prevention and treatment for American Indian Alaska Natives in Indiana. The recommendations are as listed below.

- Establish an Indian Health Services center in Indianapolis to serve the Native American population in Indiana.
- Contract with Indiana hospitals to offer services to Native Americans in Indiana that would be covered by Indian Health Services.
- Offer university level educational classes on Native American culture for students training for professional careers in mental health, substance use prevention and treatment.
- Promote scholarships, grants and student loan forgiveness programs for work provided on Native American reservations or at the Indiana Health Services as an opportunity to become familiar with the Native American culture.
- Form a community advisory board made up of representatives from the Native American community members, elders, and service organizations to advise the FSSA, Department of Mental Health and Addictions on service design, current issues, and future endeavors to incorporate community input, cultural perspective, and promote culturally relevant improvements.
- Increase the number of Native American providers in the mental health, substance use prevention and treatment services (inpatient, outpatient, community).
- Promote the application of cultural awareness, sensitivity, and competence through continuous education and training of mental health, substance use prevention and treatment systems of care and service providers.
References

1. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS); Web Enabled Analysis Tool (WEAT); available from https://www.cdc.gov/brfss/

2. Substance Abuse and Mental Health Services Administration (SAMHSA, 2013); SAMHSA American Indian / Alaska Native Data; available at https://www.samhsa.gov/sites/default/files/topics/tribal_affairs/ai-an-data-handout.pdf


7. Substance Abuse and Mental Health Services Administration (SAMHSA); 2014, National Survey on Drug Use and Health; available online at www.samhsa.gov/data/population-data-nsduh/reports?tab=39


10. Thomason, Timothy; 2011; Recommendations for Counseling Native Americans: A Survey, Journal of Indigenous Research: Volume 1 Special Issue, Issue 2, Article 4; Psychology
Mental Health, Substance Use Prevention and Treatment Survey Report

Department at Digital Commons Utah State University; available online
http://digitalcommons.usu.edu/cgi/viewcontent.cgi?article=1020&context=kicjir
Mental Health, Substance Use Prevention and Treatment Survey Report

Appendix: Survey Instrument

Mental Health, Substance Use Prevention and Treatment Survey

The purpose of this survey is to find out about the needs and use of services among the Native American community in Indiana. All responses are private and confidential. You may skip any question you do not want to answer. Thank you for taking part in this survey.

General Health

Q_1. Would you say that in general your health is ...  
   Excellent
   Very good
   Good
   Fair
   Poor

Q_2. Would you say that in general your mental health is ...
   Excellent
   Very good
   Good
   Fair
   Poor

Q_3. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?  
   ____ ___ Number of days

Q_4. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?  
   ____ ___ Number of days

Q_5. During the past 30 days, for about how many days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation?  
   ____ ___ Number of days

Q_6. During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?  
   ____ ___ Number of days

Health Care Access and Use

Q_7. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?  
   Yes
   No
Mental Health, Substance Use Prevention and Treatment Survey

Mental Health, Substance Use Prevention and Treatment Survey

Q_8. Do you have someone you think of as your personal doctor or health care provider?¹
   Yes, only one person
   Yes, more than one person
   No

Q_9. Have you ever seen any of these traditional healers?⁴ [Mark all that apply]
   - Native American Healer/Medicine man
   - Shaman
   - Curandero, Mach or Parchero
   - Yerbero or Hierbista
   - Sobador
   - Huesero

Mental Health

Q_10. About how often during the past 30 days did you feel nervous, restless and/or fidgety – would you say...?²
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - None

Q_11. About how often during the past 30 days did you feel hopeless, worthless and/or that everything was an effort – would you say...?²
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - None

Q_12. Are you now taking medicine or receiving treatment from a doctor or other health professional or traditional healer for any type of mental health condition or emotional problem? ²
   - Yes
   - No

Q_13. Treatment can help people with mental illness lead normal lives. Do you...?²
   - Agree strongly
   - Agree slightly
   - Neither agree nor disagree
   - Disagree slightly
   - Disagree strongly
   - Don’t know or Not sure
Counseling building rapport and overcoming barriers

Q_14. What can counselors do to help build trust and rapport with Native American clients? [Mark all that apply]

- Provide brief information about themselves concerning their cultural competence
- Describe counseling confidentiality, counselor’s role and what to expect in counseling
- Ask individual about the role of Native culture in their life
- Listen with respect and without interruption
- Allow time for responses
- Match the posture of the individual
- Make eye contact
- Limit eye contact
- Other (Please specify: ________________________________)

Q_15. What barriers do Native Americans have that may keep them from getting counseling? [Mark all that apply]

- Stigma from the Native community
- Mistrust
- Lack of resources (money, insurance, childcare, transportation, etc.)
- Lack of providers
- Lack of awareness of available services
- Lack of Native American counselors
- Lack of culturally competent non-Native counselors
- Lack of desire to take part in non-Native services
- Other (Please specify: ________________________________)

Q_16. What can counselors and counseling centers do to help Native American clients feel more comfortable with seeking or getting counseling services? [Mark all that apply]

- Build relationships and market counseling service with the Native community
- Ask the Native community what is needed
- Ask the Native community what can be done to help
- Speak with the community elders
- Provide Native culturally appropriate services
- Create a welcoming environment with Native items such as sage, sweetgrass, medicine wheel, abalone shell, or prayer tie
- Use of cultural practices such as a talking circle
- Other (Please specify: ________________________________)

Q_17. How important is it to include Native American spirituality in counseling Native American clients?

- Very important
- Somewhat important
- Not important
Mental Health, Substance Use Prevention and Treatment Survey
Report

Mental Health, Substance Use Prevention and Treatment Survey

Q_18. What can non-Native counselors do to improve their understanding of Native Americans? [Mark all that apply]
   - Get involved in local Native communities
   - Meet with Native community elders
   - Learn about the culture
   - Find a Native mentor
   - Attend Native social and cultural events
   - Other (Please specify: ____________________________)

Tobacco

Q_19. Apart from ceremonial/prayer use, in the past 30 days, on how many days did you use any type of tobacco or nicotine product (including cigarettes, ecigs, snuff, chewing tobacco, cigars, and pipes)
   ___ ___ Number of days

Q_20. Which of the following have you used in the past 30 days? [Mark all that apply]
   - Cigarettes
   - Ecigs
   - Snuff
   - Chewing tobacco
   - Cigars
   - Pipe tobacco
   - Tobacco for ceremony/prayer
   - I have not used any of these in the past 30 days

Q_21. At what age did you first experiment with smoking (apart from ceremonial/prayer use)?
   - I have never experimented with smoking apart from ceremonial/prayer use.
   ___ years old

Alcohol

Q_22. At what age did you begin drinking alcoholic beverages?
   - I have never consumed alcoholic beverages.
   ___ years old

Q_23. In the past 30 days, on how many days did you have one or more alcoholic beverage (one beverage = 12 ounces of beer, 4 ounces of wine or 1 ounce of spirits)
   ___ ___ Number of days

Q_24. How often do you, a family member, or a close friend consume alcoholic beverages?
   - Every day
   - Several times a week
   - Weekends only
   - Once a month
   - A few times a year
Mental Health, Substance Use Prevention and Treatment Survey

Mental Health, Substance Use Prevention and Treatment Survey

Q_25. Estimate the number of drinks you, a family member, or a close friend consumed on the last occasion:

   1-2
   3-4
   5-6
   7-9
   10 or more

Q_26. Has consuming alcoholic beverages by you, a family member, or a close friend, caused any of the following issues? [Mark all that apply]
   - Problems with family relationships
   - Inability to get or keep a job
   - Desire to spend more time alone
   - Inability to keep up with living expenses
   - Desire to drink more
   - Depression
   - Thoughts of suicide or escape
   - Arrest for driving under the influence of alcohol (DUI)
   - Suggestion by a relative, friend or doctor to seek help for alcohol consumption
   - Seeking help for alcohol consumption

Q_27. Is there a history of alcohol addiction in your family?
   - Yes
   - No

Q_28. If you, a family member, or a close friend, wanted to seek help for alcohol consumption, which treatment program would be preferred? [Mark all that apply]
   - Inpatient treatment
   - Outpatient treatment
   - AA meetings
   - Traditional Native healing assistance
   - Other (Please specify: ________________________________) 

Drugs

Q_29. Which of the following have you used in the past 30 days?³ [Mark all that apply]
   - Marijuana, blunts, or hashish
   - Cocaine
   - Crack
   - Heroin
   - LSD (“acid”)
   - Inhalants (sniffing or inhaling liquids, sprays and gases to get high or feel good)
   - Methamphetamine (“meth”)
   - Mushrooms
   - I have not used any of these in the past 30 days
Mental Health, Substance Use Prevention and Treatment Survey Report

Mental Health, Substance Use Prevention and Treatment Survey

Q_30. In the past 30 days, on how many days did you use prescription drugs that were not prescribed to you, including pain relievers, tranquilizers (drugs to relax people, calm people, relieve anxiety, or relax muscle spasms), amphetamines or stimulants (drugs to lose weight, stay awake or for attention deficit disorders) sedatives or barbiturates (drugs to help people relax or help them sleep)?

___ ___ Number of days

Risks of Alcohol, Tobacco, and Drugs

Q_31. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?
  - No risk
  - Slight risk
  - Moderate risk
  - Great risk

Q_32. How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?
  - No risk
  - Slight risk
  - Moderate risk
  - Great risk

Q_33. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly (once a week or more)?
  - No risk
  - Slight risk
  - Moderate risk
  - Great risk

Q_34. How much do you think people risk harming themselves (physically or in other ways) if they drink one or two alcoholic beverages (wine, beer, or liquor) nearly every day?
  - No risk
  - Slight risk
  - Moderate risk
  - Great risk

Q_35. How much do you think people risk harming themselves (physically or in other ways) if they use prescription drugs that are not prescribed to them, including pain relievers, tranquilizers (drugs to relax people, calm people, relieve anxiety, or relax muscle spasms), amphetamines or stimulants (drugs to lose weight, stay awake or for attention deficit disorders) sedatives or barbiturates (drugs to help people relax or help them sleep)?
  - No risk
  - Slight risk
  - Moderate risk
  - Great risk
Mental Health, Substance Use Prevention and Treatment Survey

Report

Mental Health, Substance Use Prevention and Treatment Survey

Q_36. During the past 12 months, how many times have you talked with your child(ren) about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?
   - No children
   - 0 times
   - 1-2 times
   - A few times
   - Many times

Q_37. Thinking about your own community or neighborhood, what do you think are the worst SUBSTANCE ABUSE problems that Native Americans you know are facing today? (For example, alcohol, heroin, methamphetamine, marijuana.) List as many as five.

______________________________________
______________________________________
______________________________________
______________________________________
______________________________________

Q_38. Thinking about your own community or neighborhood, what do you think are the worst MENTAL HEALTH problems that Native Americans you know are facing today? (For example, depression, anxiety, historical trauma.) List as many as five.

______________________________________
______________________________________
______________________________________
______________________________________
______________________________________

Treatment for Alcohol and Drugs

Q_39. During the past 12 month, did you receive treatment for the following? [Mark all that apply]
   - Alcohol use
   - Drug use
   - I did not receive treatment for alcohol or drugs in the past 12 months.
Mental Health, Substance Use Prevention and Treatment Survey

Q_40. Where did you receive treatment? [Mark all that apply]
- Hospital overnight as an inpatient
- Residential drug or alcohol rehabilitation facility where you stayed overnight
- Drug or alcohol rehabilitation facility as an outpatient
- Mental Health Center or facility as an outpatient
- An emergency room
- A private doctor’s office
- A prison or jail
- Self-help group such as Alcoholics Anonymous or Narcotics Anonymous
- Some other place – Please specify _________________________________

I did not receive treatment for alcohol or drugs in the past 12 months.

Q_41. Which of the statements explain why you did not get the treatment or counseling you needed for your use of alcohol, drugs or both? [Mark all that apply]
- No health care coverage
- Lack of resources (money, insurance, childcare, transportation, etc.)
- Program hours were inconvenient
- No openings in the programs
- Not ready to stop using alcohol, drugs or both
- Did not know where to go to get treatment
- Concern that getting treatment or counseling might have a negative effect on job
- Didn’t think I needed treatment at the time
- Didn’t think treatment would help
- No time (because of job, children, other commitments, etc.)
- Didn’t want others in the Native community to find out I needed treatment
- Mistrust
- Lack of providers
- Lack of Native American counselors
- Lack of culturally competent non-Native counselors
- Lack of desire to take part in non-Native services
- Some other reason or reasons – Please specify _________________________________

Not applicable (I did not need treatment.)

Q_42. If someone you cared about needed assistance for an alcohol and/or drug problem, where would you suggest they apply (please list up to three)?

____________________________________

____________________________________

____________________________________
Mental Health, Substance Use Prevention and Treatment Survey

Q_43. What services or activities are needed to prevent drug and alcohol abuse among youth and teens (please list up to three)?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Q_44. What services or activities are needed to prevent drug and alcohol abuse among adults (please list up to three)?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Q_45. Is there a need for traditional healing methods in substance abuse and addiction prevention and treatment?
   Yes
   No

About you

Q_46. What is your age?  

Q_47. Are you...  
   Male
   Female
   Two spirit

Q_48. What is your race ethnicity? [Mark all that apply]  
   American Indian or Alaska Native
   Asian
   Black or African American
   Hispanic or Latino
   Native Hawaiian or other Pacific Islander
   White
   Other (Please specify: ________________________________ )
Mental Health, Substance Use Prevention and Treatment Survey

Q_49. Are you currently ....?¹
   Married
   Divorced
   Widowed
   Separated
   Never married
   Member of an unmarried couple

Q_50. What is the last grade or class you completed in school?
   8th Grade or less
   High School, did not graduate
   High School graduate GED
   Some college, no 4-year degree
   Business, technical or vocational school after high school
   College graduate (BS, BA or other 4-year degree)
   Post-graduate training or professional schooling after college

Q_51. Are you currently ....?¹ [Mark only one]
   Employed for wages
   Self-employed
   Out of work
   Homemaker
   Student
   Retired
   Unable to work

Q_52. Are you a veteran?⁵
   Yes
   No

Q_53. Are you enrolled in a Federal recognized tribe, State recognized Tribe, First Nations Band (Canada), or Alaska Native shareholder or descendent?⁵
   Yes – Please enter the name: ________________________________
   No
   I don’t want to say

Q_54. If you are not enrolled in a Tribe, but are a descendent of a Tribe(s), please enter the Tribe name here⁵: ________________________________

Thank you for completing the survey.
   • Please return this form to the survey team.
Mental Health, Substance Use Prevention and Treatment Survey Report

Sources:


2014, National Survey on Drug Use and Health; Substance Abuse and Mental Health Services Administration (SAMHSA); available online at [www.samhsa.gov/data/population-data-nsduh/reports?tab=39](http://www.samhsa.gov/data/population-data-nsduh/reports?tab=39)

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