

# DENVER AMERICAN INDIAN MENTAL HEALTH NEEDS SURVEY

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*Abstract: American Indians are at higher risk for mental health problems than other ethnic groups in the United States (Nelson, McCoy, Stetter, & Vanderwagen, 1992). Little attention has been directed towards assessing mental health problems among urban American Indians. In response to an Indian Health Service (IHS) call for proposals, this survey addressed the mental health needs of Denver urban American Indians. The purpose of the survey was to gather data from Denver American Indian adults and adolescents as well as service providers in the Denver area who work, to one degree or the other, with members of the American Indian community. These data were to provide a general idea of the breadth of mental health and other associated problems among the Denver American Indian population.*

## Demographic Profile For Denver American Indians

The estimated population for American Indians living in the Denver metropolitan area is 20,000 (Source: Catchment Area Population Estimates, extracted from Colorado Division Local Government [DLG], 1991). Most of the American Indian population live in or near the downtown area, although there is not an "American Indian community" by locale. The survey totals for youth and adults (442) was approximately 2% of this population. Denver American Indians comprise about 0.9% of the Denver metro population.

The term American Indian will be used for description of the Native population. A second term, Native people will also be used.

## Survey Design

Three mental health questionnaires were developed for: American Indian adults, American Indian adolescents, and service providers. The survey items were derived from a number of mental health and health surveys (American Indian and non-American Indian) from various areas in the United States. The early drafts were critiqued for their readability and content

appropriateness for Denver American Indians by American Indian professionals in Denver. Items were deleted, added, and modified accordingly.

Survey administration began in March, 1992 and ended in August, 1992. Professionals and agencies in the Denver American Indian community were very willing to help out in the administration of the surveys. Survey administrations took place at: Title V (American Indian Education), the Denver Indian Center, Denver Indian Health and Family Services, the Spirit of the Rainbow project, and at a Health Fair at the Denver Indian Health and Family Services. Flyers regarding the survey were posted at all three places, and a write-up of the study and information about obtaining and completing a questionnaire appeared in the Title V newsletter. Service provider questionnaires were given out to American Indian Child Welfare, Win'Yan'Was'Aka (Domestic Violence program), American Indian Health Education program, Vision Quest, and the American Indian Alcohol and Substance Abuse Prevention program.

There were many difficulties in accessing the Denver American Indian population. The American Indian population is spread out throughout the city. Therefore, the use of Title V, DIHFS, and the Denver Indian Center only reached a small portion of the 20,000 or so American Indian residents. Furthermore, American Indian adolescents were extremely hard to locate. Title V coordinators were contacted throughout the Denver metropolitan area and consistently reported that there were no schools which contained a large number of American Indian students. There was no easy access to these adolescents. The small number of actual completed surveys reflects this difficulty. This paper will focus specifically on the sample of American Indian adults.

### Methodology

The survey design focused on three primary sampling domains. Phase One focused on the urban American Indian adults, Phase Two focused on urban American Indian adolescents, and Phase Three addressed the service providers. The survey sample is not a representative sample. Rather it is a sample of convenience. However, it is thought that the sample obtained is composed of those most likely in need of mental health services. The demographic information described later will clarify this notion. From the beginning, this survey was considered to be a community effort. Many of the questions were obtained from community members. Early drafts were submitted to American Indian professionals and non-American Indian professionals who work in the American Indian community for their input and criticism. The various American Indian agencies in Denver participated in the survey distribution and administration.

The survey design focused on three main domains of mental health: (a) personal problems past and present, (b) problems experienced by household members, and (c) perceptions of problems existing in the

community. Within these domains, questions were asked regarding psychological problems, personal trauma, and substance abuse. Questions pertaining to service utilization were also asked. These asked if services were sought and if so, which services; and if not, reasons for not seeking services. Other survey questions asked respondents questions about ethnic identification and to list what they viewed as the critical mental health needs for the Denver American Indian community.

Participants were provided with a cover sheet to the survey which served as an informed consent. This cover sheet briefly explained the purpose of the study and the confidentiality of the respondent's answers. They were told that the consent sheet they signed would be placed in a separate pile from the questionnaire so that there would be no way to link their name with their survey. Adults were reimbursed \$5 and adolescents \$3 for their participation.

### Statistical Procedures

Since the overall goal of the survey was to gain a breadth of perspective, statistical procedures were descriptive in nature. There are considerable data in which more in-depth analyses could be made, and hopefully this will occur in the near future. However, the focus of this survey is to provide frequencies of the various mental health and related problems in the Denver American Indian community. In this paper, descriptive data is provided for the adult American Indian sample.

### Results

The following results are those thought most useful to readers. Full descriptive data from the survey are available upon request to the author.

#### Sample

Survey participants included 374 adults from the Denver urban areas. There were 205 females, 165 males, and 4 did not indicate their gender. Ages ranged from 17 years to 71 years old. The average age of the adult respondent was 34 years old. One-hundred-fifty-eight adults reported being single, 74 married, 57 divorced, 43 living with someone, 27 separated, 12 widowed, and 3 did not indicate their marital status.

#### Family Size

Although 78 persons reported having no children, almost 80% of the sample reported having at least one child. The average number of children was almost two and a half. Number of children here did not necessarily mean number of children still with the parent. Sixty-five percent of the households have children in them. The average number of children per household is approximately one and a half.

**Tribal Enrollment**

Most participants were tribally enrolled (91%). Almost half (47%) were from South Dakota, 11% from Oklahoma, and there were smaller numbers from eighteen other states.

**Degree of American Indian Blood**

Eighty-five percent of those sampled reported being at least 1/2 degree of American Indian blood. A high percentage of the respondents (51.9%) reported being full-bloods.

**Education**

Over half of the survey participants have completed at least a high school education. However, approximately one out of four of the respondents (26.6%) did not finish high school.

**Years in Denver**

The average amount of time lived in Denver was ten years. However, the range was quite broad, with the highest number of respondents having lived in Denver less than one year (14.4%), and the second and third highest reporting one and two years residency respectively. More than one-third of the respondents have lived in Denver two years or less.

**Employment**

Only 18% of the sample reported having a full-time job. Twenty percent reported having part-time jobs and 58%, a majority of this sample, were unemployed.

**Income**

Almost 70% of those sampled reported annual incomes of less than \$10,000. The second highest frequency (12%) were those reporting incomes of \$10-15,000. Combined, 80% of the American Indian adults surveyed had incomes of less than \$15,000 per year (Table 1). This result may reflect some of the sampling bias, as it seems that more affluent American Indians living in Denver did not participate in the survey.

**General Health Care**

Almost half of the sample did not know how to find the medical information they needed.

Table1  
Total Yearly Household Income

Annual Income	Frequency	Percent
10,000 or less	255	68.2
10,001-15,000	45	12.0
15,001-20,000	24	6.4
20,001-30,000	24	6.4
30,001-40,000	11	2.9
40,001 or more	7	1.9
MISSING	8	2.1
TOTAL	374	100.0

### Personal Problems

#### **Substance Abuse**

Almost two-thirds (61.2%) of those surveyed reported having at one time or other an alcohol or drug problem. Of those that had an alcohol or drug problem, 66% sought help and 34% did not. Those that sought services reported contacting agencies specializing in substance abuse treatment. The agency most sought out was an American Indian alcohol treatment program (19%).

Foremost reasons for not seeking help were either wanting to work the difficulty out without asking for help, disbelief in helping systems, financial barriers, and lack of knowledge about available services. A number of the higher frequency items appear to relate to a distrust of service systems (e.g., didn't want services, didn't think it would help, wouldn't understand American Indian ways).

#### **Psychological Problems Ever**

Fifty percent of those surveyed reported having experienced depression at one time in their lives. Second highest frequency was marital problems, followed by anxiety, and almost one out of five individuals reported experiencing suicidal thoughts or making a suicidal attempt. Of those who reported experiencing psychological problems, 56% sought out help and 44% did not. The church and traditional methods were the help most often sought. This demonstrates the importance that many American Indians place upon spirituality as part of their healing process.

Reasons for not seeking help included: not wanting services, did not think services could help, did not know of services, and could not afford

services. These responses suggest a possible distrust of service systems as well as an inability to pay for treatment.

#### **Personal Trauma Issues Ever**

There was a high prevalence of personal trauma among this sample of the American Indian population in Denver. Almost two-fifths (37.2%) have been victims of spouse abuse, 12% reported being victims of child abuse or neglect, and 10% reported having been raped or sexually abused. Of those reporting some sort of trauma, almost half (48%) did not seek treatment. Service providers most sought were the church (8%), police (8%), and social services (7%).

Reasons for not seeking help included: believed I should work it out myself (10%), didn't know of services (8%), didn't think it would help (8%), and could not afford services (7%).

#### **Psychological Symptom Scale**

This set of items addressed current psychological and financial problems (Table 2). Listed are those problems which occur weekly or more often. Overwhelmingly, the foremost problem reported was financial difficulties (65%). Second to financial problems were family problems (35%). Feeling overwhelmed (29%) was the third most reported symptom. Of concern also were the next five items in which almost one in four reported experiencing at least once per week: anxiety (28%), overeating (28%), angry or bitter feelings (26%), and loneliness (25%).

#### **Household Problems**

#### **Psychological Problems**

These questions asked whether or not anyone living in the respondent's home had experienced any kind of psychological problem. Respondents reported only 32% of household members experienced depression. This is lower than the 50% reported by individuals about themselves. Responses for others in household tended to be lower or about even to the individual problem categories: anxiety reported at 14%, and suicidal thought/attempts also 14%.

Again, about 50% sought help for their problem(s) and about 50% did not. Household members tended to use the hospital more frequently than the individual, but also exhibited a strong trend toward traditional healing methods and agencies which served the American Indian population.

#### **Personal Trauma**

These are traumatic events for persons living in the household of the person filling out the questionnaire. Reports here are lower than those

**Table 2**  
**Problems Which Occur Weekly or More Often<sup>1</sup>**

	Frequency	Percent
Financial Problems	244	65.2
Family Problems	131	35.0
Overwhelmed	118	28.9
Anxiety	105	28.1
I Eat Too Much	104	27.8
Angry or Bitter	98	26.2
Lonely	92	24.6
Depressed	88	23.5
Physical Problem	87	23.2
Drink Too Much	83	22.2
Guilty	76	20.3
My Thoughts Race In My Mind	76	20.3

<sup>1</sup>Psychological symptom scale—occurring weekly or more often—among 20% or more of Adult Sample.

of the individuals themselves, but this may be due to victims not telling others about what happened. Twenty-five percent indicated household members had been victims of spouse abuse, and 10% reported household members having been abused or neglected as children. Help-seeking falls in the 50-50 ratio, with half of the sample reporting seeking help for their problems and half not seeking help.

Services most sought were social services (9%), police (7.5%), and church (6%). Reasons for not seeking help were similar to previous answers: did not think it would help, could not afford services, didn't know of services. Also included as reasons were fear of repercussions: afraid of what might happen, and afraid that others would find out.

#### Mental Health Problems For American Indian Community

This question is directed to the individual's knowledge about people in the broader American Indian community. Community problems reported were: alcohol abuse (69%), unemployment (56%), financial problems (52%), youth runaway problems (48%), drug abuse (45%), spouse abuse (40%), school problems (38%), depression (35%), and child abuse/neglect (28%). Although unemployment and financial problems are not mental health problems directly, they were included because of their significant link to problems in mental health.

## Counselor Preference

### **Client Comfort Level**

Regarding mental health treatment, questions asked about client comfort level and counselor preference. Given that 50% of the American Indian people sampled said they did not seek help for their problems, one of the possible reasons is distrust for the dominant culture's type of care provision. If American Indian people are not comfortable talking about personal issues with White people, it makes sense that they do not access services provided by predominantly White-staffed agencies. Almost two-thirds (61.2%) of those sampled reported that they felt uncomfortable talking with Whites about personal issues, while 36% reported no discomfort.

### **Counselor Preference**

In terms of actual preference for counselor ethnicity, the percentage is similar to the previous question: two-thirds indicated they would prefer an American Indian counselor, 27% indicated that it did not matter, and only 4% said no to preferring an American Indian counselor.

### **Traditional Healers**

The use of traditional methods of healing is still very important to the American Indian community. On this item, over half reported that they wanted to see a traditional healer over the past year.

### **School Testing**

Another realm for cultural issues in mental health is with the testing of our children at school. Very little attention has been directed at this area, and perhaps none directed at asking the parents how they feel about testing for their children at school. Most adults (83%) indicated no real problems with school testing. Approximately 20% had at least some reservations about testing for American Indian children.

When it came to fairness in school testing a greater number of adults felt testing was unfair (46%), while (51%) felt tests were fair for American Indian children, (3%) responded "don't know."

Eighty-three percent of the respondents indicated they would prefer examiners who were sensitive to American Indian cultural issues. Only 10% of the sample indicated they would not like testing to be carried out by someone familiar with American Indian culture.

## Community Input on Mental Health Prevention -Perceived Availability of Services

Approximately one-quarter to one-third of those sampled felt that most of the services listed below were not available to them or other American Indians. The five services most endorsed are listed in order: marriage and family counseling (38%), a mental health center (34%), educational testing (33%), self-help groups (33%), family therapy (31%), and emergency home visits (31%).

Ninety percent of respondents said they would use these services if they were available. This finding must be contrasted with the other finding that only 50% have sought help in the past.

In terms of which services respondents would use, the primary characteristic appeared to be culturally sensitive and traditional methods (58%). However, they also indicated a willingness to use: individual counseling (52%), financial counseling (51%), stress management (41%), substance abuse education (37%), help with self-esteem (37%), and family counseling (36%).

### Current Problem Areas For Denver American Indian Community

This question addressed broader issues than just mental health that the individual feels are current problems in their life. Again, finances were by far the most frequent problem. Second and third were housing and jobs—both related to financial problems. Fourth was alcohol, and interestingly racial prejudice was reported by 26% of those sampled as a current problem.

### Activities Needed In American Indian Adult Community

A significant proportion of those surveyed reported the need for American Indian social workers (66%). The other responses focused on social networking of one sort or the other: organized recreation (47%), community meetings (46%), transportation (45%), a newsletter (37%).

### Activities Needed In American Indian Youth Community

Activities for youth were also much in need. Adults most often reported the need for instruction in cultural heritage for the youth (66%). Second was the need for tutoring (46%). This is not too surprising, given that nation-wide American Indian students have the highest drop-out rates for any ethnic minority group. All of the following were endorsed by a large portion of the adults surveyed: someone to listen (43%), summer jobs (40%), substance abuse counseling (36%), recreational activities (34%), a youth center (34%), general counseling services (23%).

### Family Services

Sixty-six percent of adults surveyed felt the need for protection of children from violence and 55% indicated the need to protect children from neglect. This indicated a note of serious concern by the community for the welfare and well-being of American Indian children. Other responses included: parenting classes (43%), American Indian foster homes (38%), domestic violence prevention (38%), and child protection (36%).

### Cultural Identity

This part of the survey addressed level of cultural affiliation for this sample (Table 3). Eighty-four percent of the sample reported identifying with American Indian culture "sometimes" or "often," as compared to responses of "a little" or "not at all." This suggests that most of the Denver American Indian community has strong ties with their culture. Mental health services must recognize this fact and tailor their services to the cultural aspects of this population.

### Summary

It is difficult to summarize such a broad range of areas related to mental health. Acknowledging this difficulty, a general profile for the Denver American Indian community will be described. This profile suggests the target areas and concerns for mental health efforts in the city of Denver.

Table 3  
Cultural Identity<sup>1</sup>

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	Frequency	Percent
<b>How much do you identify with Indian culture?</b>		
A lot	194	51.9
Some	106	28.3
A little	47	12.6
Not at all	8	2.1
<b>How much do you identify with White culture?</b>		
A lot	48	12.8
Some	140	37.4
A little	103	27.5
Not at all	67	17.9

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<sup>1</sup>Note: Percentages do not equal 100% because of missing responses.

The American Indian population in Denver is poor. Most of the community lives below, or close to the poverty line for annual income (\$14,000 per household of four). Many of these residents are new to Denver (moved here within the last two years). The major problems besetting this group are financial and job related. Unemployment is extremely high, therefore finances are slim and housing situations leave much to be desired. Research has demonstrated that these sort of socioeconomic conditions contribute significantly to increased mental health problems.

Over half of the Denver American Indians surveyed have experienced some kind of mental health problem in their lives, with approximately 30% currently experiencing at least weekly symptoms of psychological problems. There is reported widespread problems for domestic violence, child neglect and abuse, spouse abuse, and marital and family problems. Basically, most areas of mental health difficulties included in the survey show high rates of occurrence within the Denver American Indian community.

Even though there are high occurrences of mental health problems in the Denver American Indian Community, more than half of those people experiencing these problems do not seek help. Those that do seek help tend to first consult with someone from church or traditional healing methods/persons. Lack of affordable mental health care also prevents getting help.

All this suggests that many in the American Indian community are distrustful of the broader mental health provider agencies and want American Indian providers or at least providers who are sensitive to American Indian culture. This finding has been noted elsewhere (Neligh, 1990). It is striking that over 90% of the American Indian adults surveyed indicated they would use mental health services if they were available.

The need clearly is for American Indian mental health providers with a broad range of expertise to serve the Denver American Indian community. There are dire needs at all levels of mental health care. Some of these levels are: family, marital, adult, adolescent, and child therapies; school-related, court-related, Social Services-related, and American Indian Child Welfare-related interventions; psychological, developmental, and learning disability testing; child-custody evaluations; interventions for domestic violence, spousal abuse, child physical and sexual abuse; alcohol and drug related case management; psychiatric care for medication evaluations and monitoring; and community level interventions such as prevention, and information dissemination.

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