

Spirituality As a Protective Factor in American Indian Mental Health

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Topics: 29.2 American Indian/Alaska Natives; 50.3 psychometrics

Background:

Mood disorders including depression and anxiety are among the major health problems of American Indians. Depression is estimated to be a leading cause of disability worldwide (Murray and Lopez, 1996). American Indians (AI), among the most heterogeneous and impoverished minority groups in the U.S., suffer disproportionately from depression, with a per capita suicide rate 247% the national average and, among 15-24 year olds, 429% the national average (IHS, 2010). Previous studies have been shown that spirituality is a factor when providing treatment to Northern Plains Native Americans (Garrouette 2009, Goldstone 2008, Navarro 1997, Torres Stone 2006) especially treatment for alcohol and drug abuse. The influence of traditional healing practices, sacred rituals, and ancestral knowledge is one of the major impediments to the success of conventional psychosocial intervention with ethnocultural clients (Trimble, 2010). For the most effective treatment, it is important to integrate traditional spirituality into the therapy. According to Navarro (1997), students were more resilient against alcohol and drug abuse after becoming more familiar with Native American culture through a college course. For the most effective treatment, it is important to integrate traditional spirituality into the therapy. The influence of traditional healing practices, sacred rituals, and ancestral knowledge is one of the major impediments to the success of conventional psychosocial intervention with ethnocultural clients (Trimble, 2010). Major aspects of Northern Plains Native Americans are the medicine, the Sacred pipe, the medicine wheel, and the Seven Sacred Ceremonies or Rites. The Seven Sacred Ceremonies include the Inipi (sweat), the Sundance, the Seeking of a Vision, the Womanhood ceremony, the Throwing of the Ball, the Keeping of a Spirit, and the Making a Relative. The current study examines whether spirituality is a significant factor in mental health status.

Methods:

Six hundred male and female adult, Northern Plains Indians were recruited from IHS and tribal behavioral health clinics on seven North and South Dakota Reservations to complete a series of mood disorder assessments. The participants were divided into two groups: 1) Those with no mental health diagnosis (No diagnosis) and 2) those with a diagnosis of anxiety, depression, or substance abuse (Diagnosed). Assessments were completed by paper and pencil, placed in an envelope and returned to the site coordinator. Participants received \$10 in gift/gas cards in compensation for their time and the tribe received \$5/participant for compensation. Site coordinators added the clinical diagnoses to the envelopes and returned them in separate envelopes from the consent forms to the researchers. Data was then entered using SPSS for all returned measures. Assessments included depression, anxiety, hopelessness, rumination, culture, quality of life, substance abuse, substance use, demographics, and the clinician's diagnosis code. An one way Analysis of Variance (ANOVA) was used to test the difference in the means of the QOLI and QOLI – Spiritual scores between two groups: 1) Those with no mental health diagnosis (No diagnosis) and 2) those with a diagnosis of anxiety, depression, or substance abuse (Diagnosed).

Results:

A total of 600 participants from eight approved sites have completed the assessments. Data from 233 male and 360 female participants between the ages of 18 and 80 years have

participated. The mean age was 36.2 years with a standard deviation of 12.7 years. Seventy-nine percent of participants had at least a high school education and 54% had household incomes below \$8,000/year.

Diagnoses based upon clinician reports included: depressed 25.1%; anxious 22.6%; comorbidity with depression and anxiety 13.7%; substance abuse 24.3%; and no diagnosis 54.5%. In an independent t-test participants with no diagnosis ($M=2.78$, $SD=2.77$) reported spirituality as more important to them and more satisfied with it than participants diagnosed with depression, anxiety, and/or substance abuse problems ($M=2.19$, $SD=3.04$), $t(554)=2.40$, $p < .05$. The results indicate that spirituality is related to better mental health indicating it may serve as a protective factor.

Conclusions:

- 1) The data presented supports the consideration of integrating spirituality in the treatment and prevention of mental illness in Native American populations.

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