

Quality-of-Life Indicators in Northern Plains Indians

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Background:

Spiers & Walker (2008) define quality of life as, “an individuals’ perception of their position in life in the context of culture and value system and in relation to their goals, expectations, standards and concerns” (p 85). Quality of life is a topic that has not been studied in great depth and even less so in minority populations. Frisch (2006) defined sixteen different areas that he believed make up an individual’s quality of life. Those areas are: health, self-esteem, goals and values, money, work, play, learning, creativity, helping, love, friends, children, relatives, home, neighborhood, and community.

Many different factors affect what quality of life factors are most or least important to an individual and the level of importance for each of those factors could change significantly throughout a lifetime. For example, the idea of family is held in high regard for many American Indians. Family is thought of as an autonomous entity which is valued along with the idea of the Native American community as an extension of the nuclear family (Herring, 1992).

Frisch (2006) noted that greater quality of life, or happiness, is an important ingredient to greater success in life, more rewarding relationships, and generally better health. It was also suggested that happy people have more confidence in the things they do, are more optimistic about life, and hold more positive attitudes towards others. Finally, it was also stated that individuals who report higher levels of happiness typically have higher incomes, better performance at work, and are more involved in their communities when compared with their less-happy counterparts (Frisch, 2006). Rapaport, Clary, Fayyad, and Endicott (2005) conversely noted that having a mental health issue can impact one’s quality of life in a negative way and the individual’s negative perception of their quality of life can further deteriorate their quality of life.

Methods:

Six hundred male and female adult Northern Plains Indians were recruited from Indian Health Service and tribal behavioral health clinics on seven North and South Dakota Reservations to complete a series of mood disorder assessments. The participants were recruited from three groups: 1) diagnosed depressed (by clinician), 2) diagnosed anxious (by clinician), and 3) no mental health diagnosis (control). 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. Spirituality was substituted for neighborhood on the Quality of Life Inventory (QOLI) since spirituality is an important parameter for American Indians and neighborhood and community were seen as duplicate items by reservation American Indians (Gray, et al, 2008).

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%; co-morbidity with depression and anxiety 13.7%; substance abuse 24.3%; and no diagnosis 54.5%. The mean and standard deviation of this sample on the QOLI were 35.5 ± 29.7 . The minimum total score was -76 and maximum total score was 96. The results indicate that for individuals with a mental health diagnosis, there is a significantly lower quality of life score than for the individuals without a mental health diagnosis. Using a two-way ANOVA, there was an interaction found for the overall quality of life score and for the life domain of relatives score when examining the interaction of age and mental health diagnosis.

Conclusions:

- 1) There are significantly lower quality of life score for American Indians who do have a mental health diagnosis versus those who do not have a mental health diagnosis.
- 2) There are was an interaction of age and mental health diagnosis in the two way ANOVA.

References:

- Frisch, M. B. (2006). *Quality of Life Therapy: Applying a Life Satisfaction Approach to Positive Psychology and Cognitive Therapy*. Hoboken, NJ: John Wiley/ & Sons, Inc.
- Gray, J.S., Penland, J.G., Speaker, K.K., Green, J., Martin, E.L., Lambert, P., Wilson, E.L., and Gonzalez, J. (2008). Health and quality of life of Northern Plains Indians. American Psychological Association Conference, Boston, MA: August 2008.
- Herring, R. D. (1992). Seeking a New Paradigm: Counseling Native Americans. *Journal of Multicultural Counseling and Development*, 20, 35-43.
- Rapaport, M. H., Clary, C., Fayyad, R., & Endicott, J. (2005). Quality of Life Impairment in Depressive and Anxiety Disorders. *American Journal of Psychiatry*, 162, 1171-1178.

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