Division of Behavioral Health

Indian Health Service

INDIAN HEALTH SERVICE MISSION, GOAL, & FOUNDATION

The Mission, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social and spiritual health to the highest level.

The Goal is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people.

The Foundation is to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities and cultures, and to honor and protect the inherent sovereign rights of Tribes.

Director's Priorities

1. Renew and strengthen our partnership with Tribes
2. In the context of national health reform, bring reform to the IHS
3. Improve the quality of and access to care
4. Ensure that our work is transparent, accountable, fair, and inclusive

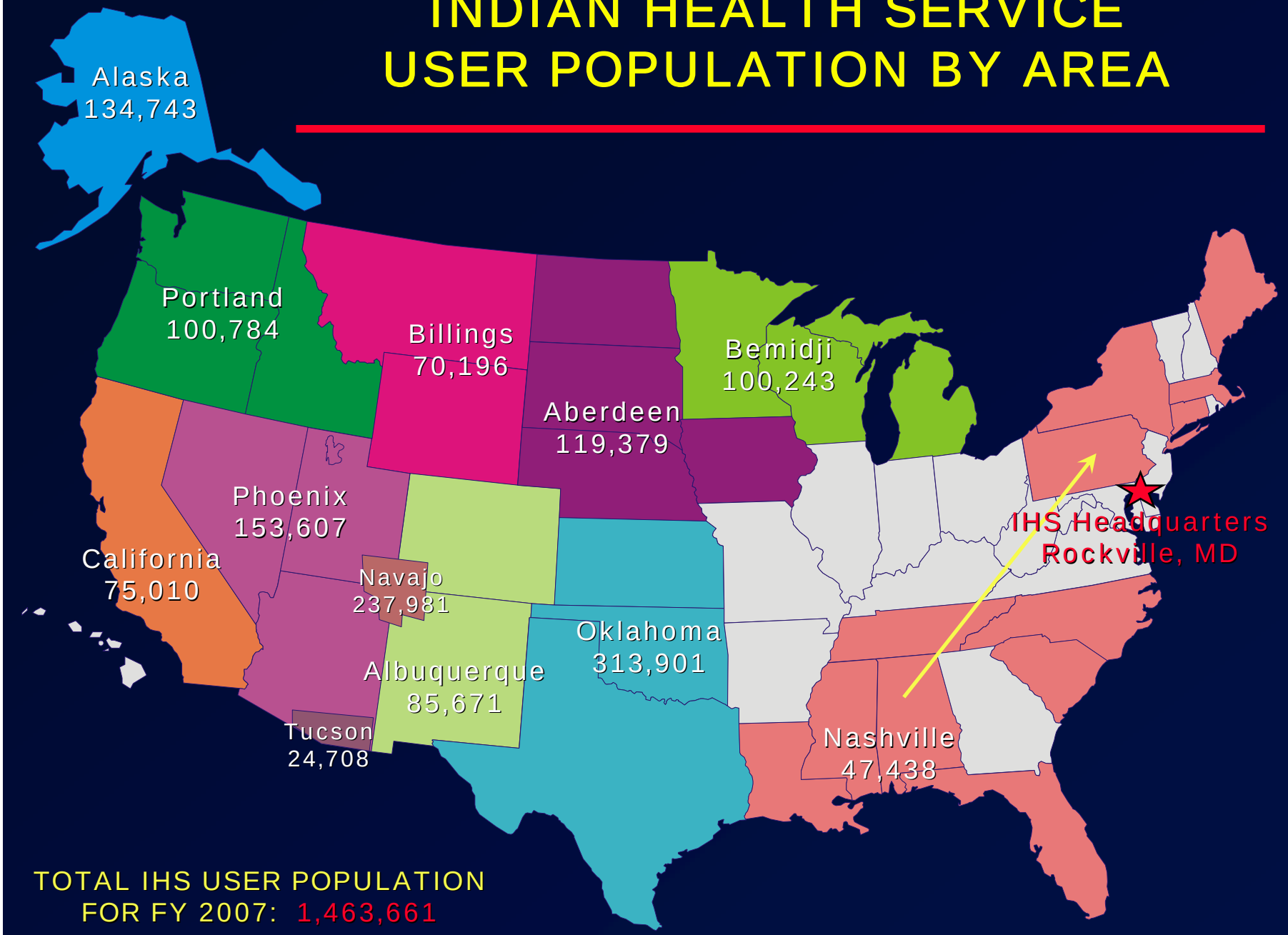
Tribal Budget Formulation Workgroup Priorities

- Tribal leaders agree that behavioral health is a serious healthcare priority.
- Availability of emergency, outpatient, and inpatient psychiatric services are limited due to chronic under-funding.
- Alcohol and substance abuse continues to be a major issue.
- Tribal officials also report an increase in methamphetamine use in many areas of the country.
- Suicide is of great concern in AI/AN communities.

A QUICK LOOK AT INDIAN HEALTH SERVICE

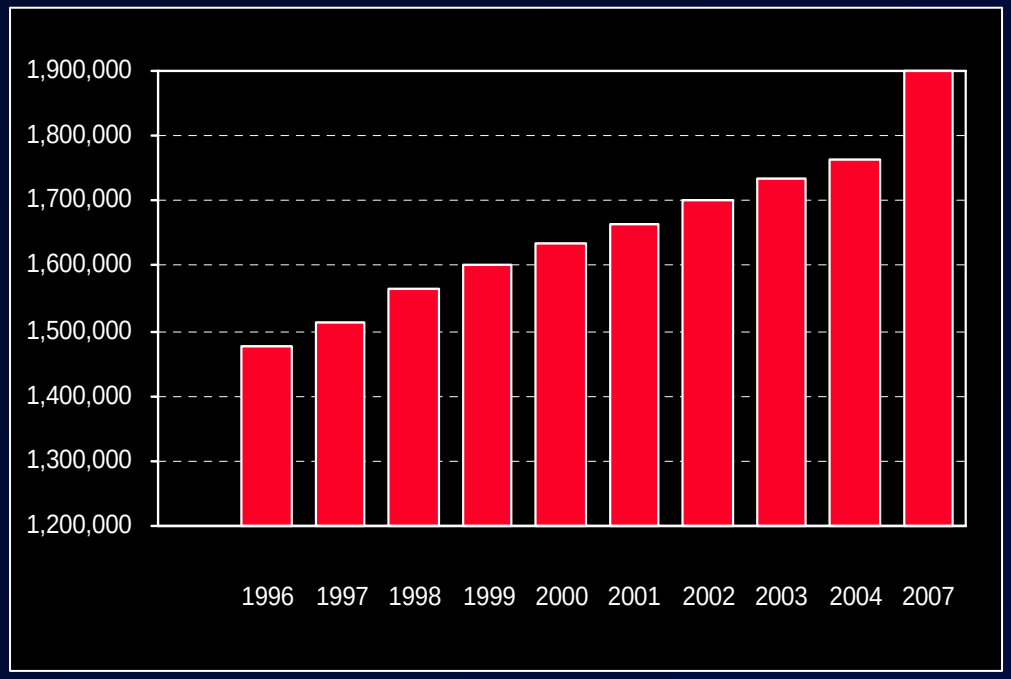
- 562 federally recognized tribes in 35 states.
- IHS provides a comprehensive health service delivery system for approximately 1.9 million of 3.3 million American Indians and Alaska Natives. FY 2008 appropriation is approximately $3.5 billion. Inpatient: 59,000; Outpatient: 9.8 million; Dental: 3.2 million
- Federal system – 31 hospitals, 50 health centers, 31 health stations, 34 urban Indian health projects serving 600,000 American Indians (direct, CHS)
- Tribal system – 15 hospitals, 254 health centers, 112 health stations, 166 Alaska village clinics (contract, compact $1.5 billion).
- IHS staffing - total 15,450 employees, 2,600 nurses, 900 physicians, 400 engineers, 500 pharmacists, 300 dentists, 150 sanitarians, and physician assistants, allied health professionals - nutritionists, health administrators, and medical records administrators.

INDIAN HEALTH SERVICE USER POPULATION BY AREA

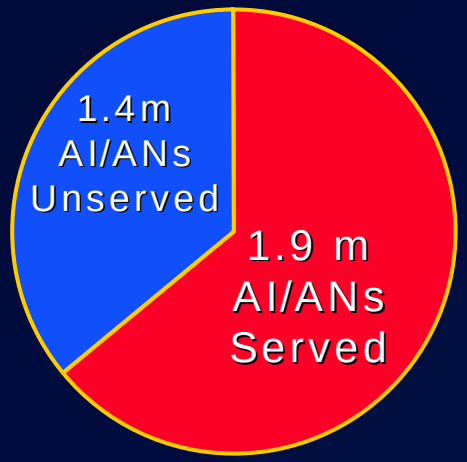


TOTAL IHS USER POPULATION
FOR FY 2007: 1,463,661

THE INDIAN POPULATION WE SERVE



IHS Service Population Growth



3.3m AI/ANs

- Population growth rate of 1.6% per year
- 71% high school graduates (80% U.S.) & 12% college graduates (24% U.S.)
- 26% of AI/ANs fall below poverty standard
- Unemployment is 3.0 times the US rate

AI/AN Mental Health Disparities

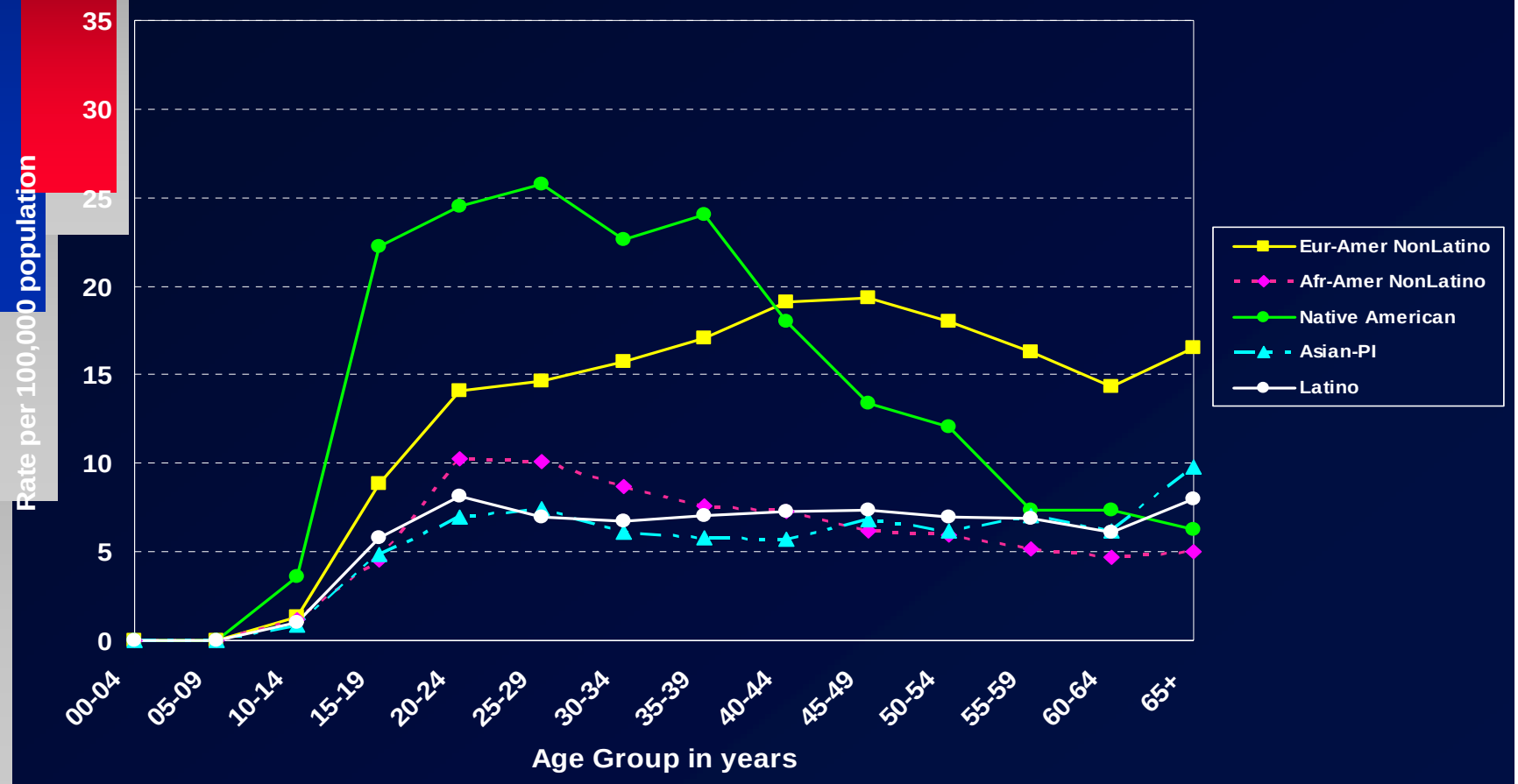
- Suffer a disproportionate burden of mental health problems
- Have significant co-morbidity
- Overrepresented in vulnerable groups
  - homeless
  - incarcerated
  - victims of trauma (historical trauma)
- Lack of epidemiology, surveillance, and research
- Lack of behavioral health providers

Suicide General Statistics

This information will be published in the upcoming "Trends in Indian Health, 2002-2003").

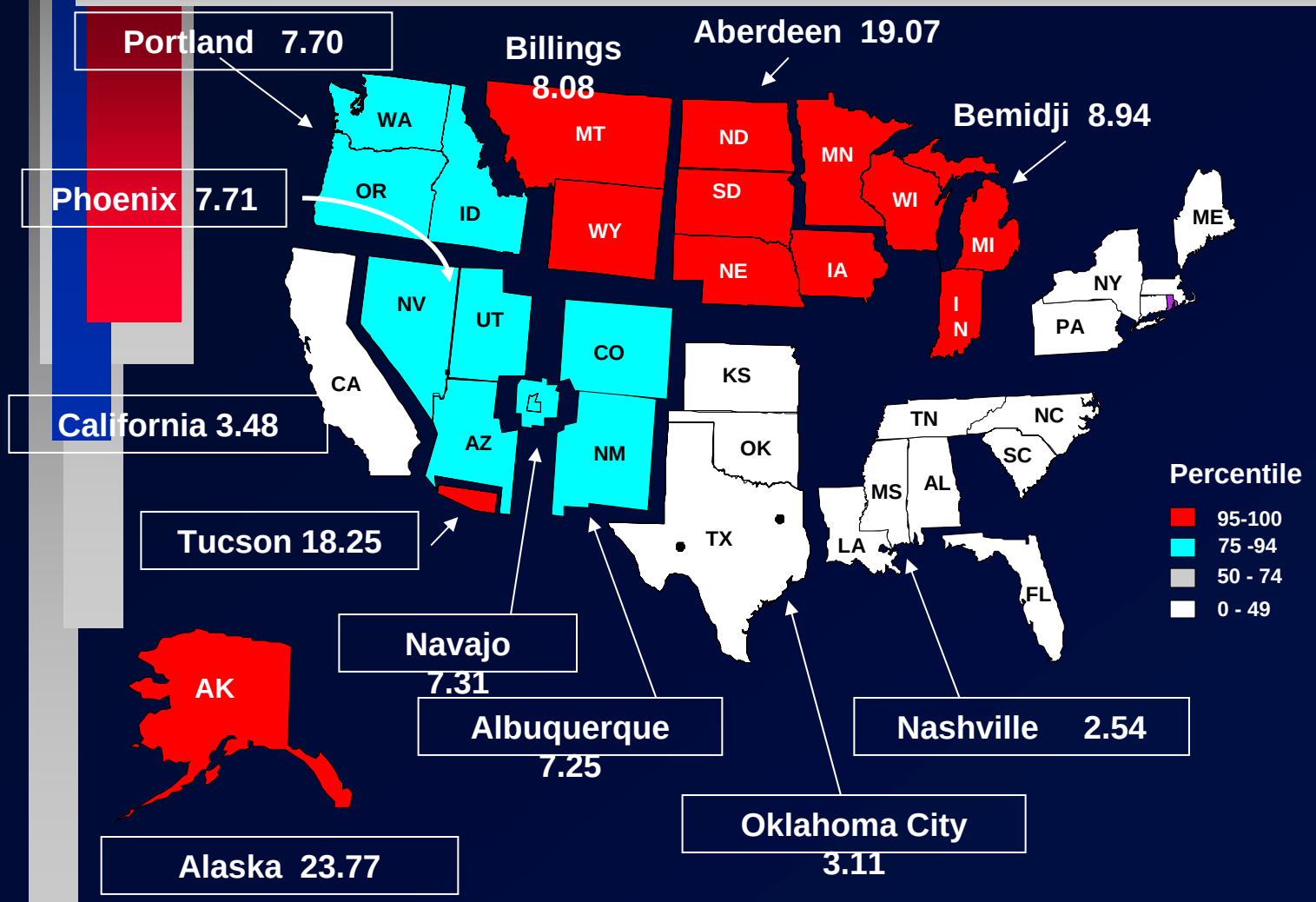
- Using the latest information available, the American Indian and Alaska Native suicide rate (17.9) for the three year period (2002-2004) in the IHS service areas is 1.7 times that of U.S. all races rate (10.8) for 2003.
- Suicide is the second leading cause of death behind unintentional injuries for Indian youth ages 15-24 residing in IHS service areas and is 3.5 times higher than the national average.
- Suicide is the 6th leading cause of death overall for males residing in IHS service areas and ranks ahead of homicide.
- American Indian and Alaska Native young people ages 15-34 make up 64 percent of all suicides in Indian Country.

Suicide rates by ethnicity and age group -- United States, 2000-2005

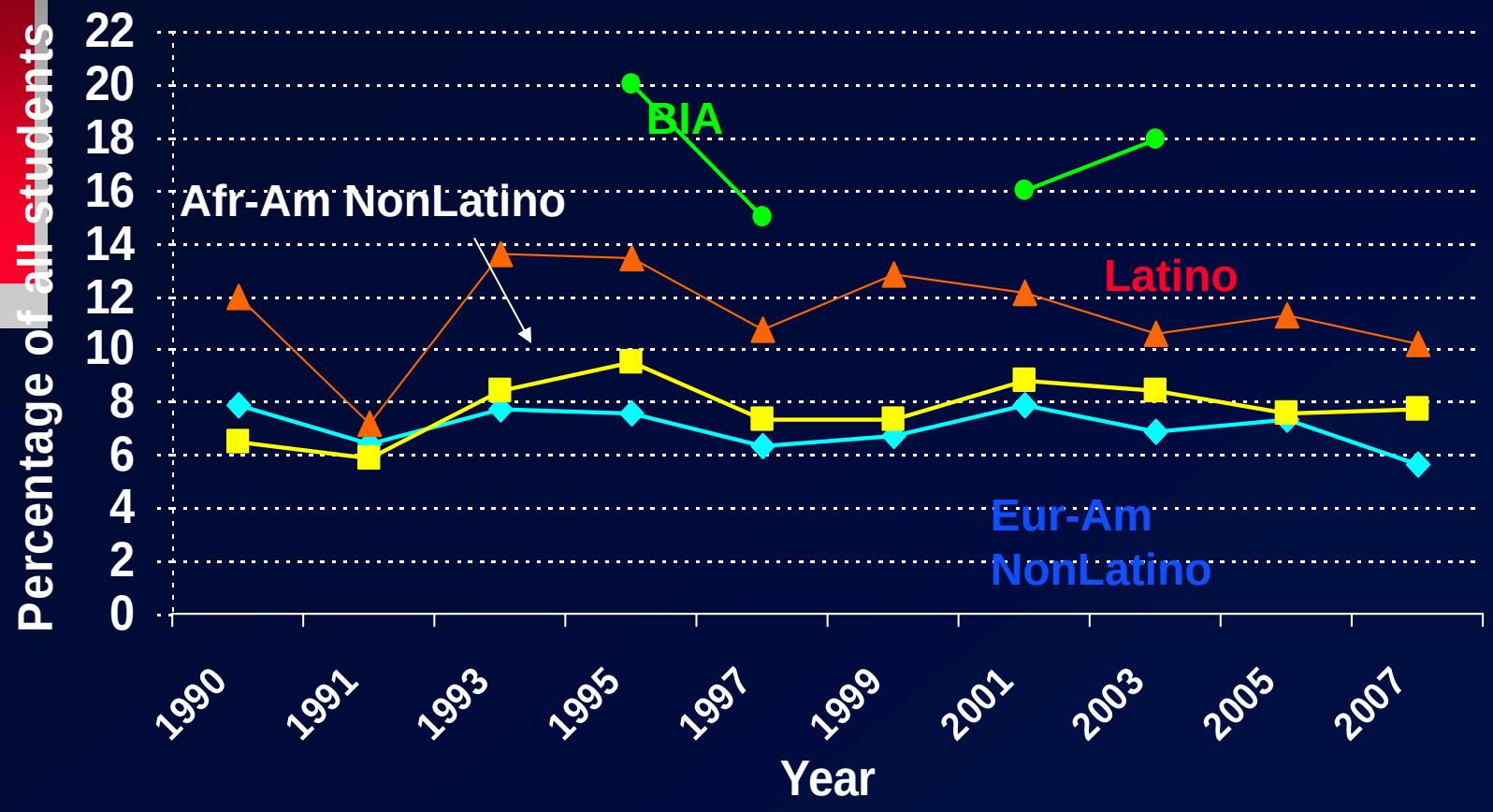


Source: CDC vital statistics

Suicide rates by region for persons aged 0-19 years – U.S., 1989-1998
(U.S. average rate 3.03)



Percentage of high school students who report suicidal behavior* by ethnicity, 1990-2007



Source: Youth Risk Behavior Surveillance System (YRBSS) and BIA YRBSS
BIA = Bureau of Indian Affairs schools
*At least one attempt during the 12 months preceding the survey

Excessive Alcohol Consumption American Indians/Alaska Natives

- Compared to the U.S. general population
  - 11.7% of AI/AN deaths (compared to 3.3%)
  - Age-adjusted AAD rate twice as high
  - 6 additional years of life lost per death
- AADs and YPLLs for AI/AN youth are not available

Methamphetamine

In studies of "past year methamphetamine use"

- Native communities have the highest use rates
  - 1.7% for American Indians/Alaska Natives
  - 2.2% for Native Hawaiians
- Substantially higher:
  - Whites 0.7%
  - Hispanics 0.5%
  - Asians 0.2%
  - African-Americans 0.1%

Methamphetamine (con't)

- 74% of Tribal Police Forces rank meth as greatest drug threat
- 64% of Tribal Police indicate an increase in Domestic Violence and Assault/Battery
- 80-85% of the Indian families in Child Welfare Systems are estimated to have drug or alcohol abuse issues

Domestic Violence/Sexual Assault

- AI/AN women are 2.5 times more likely to be raped or sexually assaulted than women in the United States in general
- AI/AN women experience the violent crime of battering at a rate of 23.3 per 1,000 - nearly three times the Caucasian rate.
- AI/AN women are 5 times more likely to die from DV related injuries than women of any other race

Dept. of Justice, Bureau of Justice Statistics National Crime Data Base

Practice Based Evidence

- Integrate mental health into tribal culture
  - Culture is not an add on to a western approach.
- Traditional healing practices & spirituality strongly evident
  - Support & strengthen contributions of traditional healing practices
- Use Native language
  - This reinforces the value of wellness

Practice Based Evidence

(con't)

- Prevention and health promotion should remain a high priority
- Individual and collective strengths of Native communities warrant closer, systematic attention
- Develop a tribal behavioral health workforce
- Increase access to those that are geographically or socially isolated

For further information:

Rose Weahkee, Ph.D.

Director

Division of Behavioral Health

Indian Health Service

Rose.Weahkee@ihs.gov

(301) 443-2038