ABSTRACT. This paper discusses treatment implications of comorbid psychopathology in the context of American Indian and Alaska Native culture and in the context of the Indian Health Service's Mental Health and Alcohol and Substance Abuse Program Branches. Treatment of comorbidity in this population is a particularly difficult problem due to numerous barriers to treatment and a poorly defined treatment system. As in other clinical populations, these patients are high utilizers of the limited treatment services available, but may not receive the type of treatment they need. After describing the extent of comorbidity in this population, we present an historical perspective of mental illness that provides an Indian's view of why we are where we are today in treating these problems. Next, we discuss Western and traditional treatment implications for comorbidity among adults and adolescents. Finally, we suggest directions for future research in this area.

INTRODUCTION

The co-occurrence of substance abuse disorders with psychiatric disorders, and in particular the implications of treatment for comorbidity among American Indians and Alaska Natives, are issues poorly addressed in the clinical and research literature. For instance, there have been no national epidemiologic studies of comorbidity within the Indian population, and such research in the general population does not provide prevalence rates for American Indians or Alaska Natives. Nor has there been research which documents differential treatment utilization and outcome for comorbid Indian patients. In short, there is little published empirical data upon which to base a discussion of comorbidity in Indian populations, and until research is undertaken to address these issues, our discussion of this topic must rely heavily on unpublished work in progress with Indian samples and data collected on non-Indian populations.

In the Pacific Northwest, we are conducting longitudinal research with a community sample of 290 urban American Indian families. Our focus is on risk and protective factors predictive of the onset of alcohol and drug use, and subsequent problems, in Indian adolescents. Besides data specific to adolescents, we have adult self-report and surrogate data on all the 1° and 2° relatives of our adolescent research sample. These data include alcohol abuse, drug abuse, and mental health treatment histories, and alcohol and drug abuse symptomatology. We present preliminary analyses of these data here to help focus our discussion on Indian comorbidity.

A detailed description of the methods and instruments used is in preparation.
Briefly, data were obtained by trained American Indian psychometrists through face-to-face interviews lasting two to three hours with fifth and sixth grade Indian students and one of their parents or caretakers. The total sample represents 60% of all fifth and sixth grade Indian students enrolled in the two school districts with the largest Indian enrollments in the Seattle metropolitan area, and adolescents who had been patients at a local urban Indian Health Board in the past three years. Twenty-three percent refused to participate, and we were unable to contact the remaining 17%. While representative of a local urban Indian community, it may not be representative of other Indian populations. Data presented in this paper are from responses for the child's biological parents who are Indian. We define parents as having a lifetime history of alcohol or drug dependence if they met the criteria established by the American Psychiatric Association (1987) in the revised third edition of the Diagnostic and Statistical Manual of Mental Disorders, i.e., three or more of nine DSM-III-R alcohol or drug dependence symptoms.

Adult responses show that 43% of the Indian fathers (n=194) and 30% of the Indian mothers (n=216) have a lifetime history of alcohol dependence. In addition, 20% of the fathers and 15% of the mothers meet the criteria for lifetime drug dependence. We did not collect data on symptoms of various psychiatric disorders. However, we did ask about treatment experience. Seventeen percent of the fathers and 37% of the mothers (28% of the total sample) have received inpatient or outpatient treatment for one or more non-substance abuse mental health problems during their lifetime. By comparison, in the most thorough and detailed psychiatric epidemiologic research to date, the Epidemiologic Catchment Area (ECA) Study found lifetime prevalence rates in the general population of 13.5% for alcohol dependence or abuse, 6.1% for drug abuse, and 22.5% for all other mental illness (Regier et al. 1990). In this collaborative study, trained lay interviewers administered the NIMH Diagnostic Interview Schedule (DSM-III criteria) to a sample of 20,291 adults aged 18 and over living in households or institutions in five metropolitan areas. Since the sample was representative of the general population on age, ethnicity, and gender, it is unfortunate that the ECA reports to date have not described prevalence rates by ethnicity.

While there are not comparable national data on Indians, there is no lack of literature describing high rates of alcohol problems within many Indian communities (Walker et al. 1988; 1989; Young 1988; Heath 1989). Clearly, the prevalence of alcohol abuse and dependence in Indians often exceeds the rates in the general population. One measure of the severity of alcohol abuse in a population is the mortality rate from alcohol related causes. A recent report from the Indian Health Service (IHS) shows alcohol related mortality rates 4.3 times higher in American Indian populations it serves than in the general population (IHS 1990a).