



# Mental health literacy and patient-provider relationship among AI/AN population

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# Background

## Mental Health Literacy

Mental health literacy refers to “knowledge and beliefs about mental disorders with aid in their recognition, management or prevention” (Jorm et al., 1997, p. 396).

## American Indian/Alaska Native/Native American (AI/AN) population

American Indians and Alaska Natives (AI/AN) people disproportionately experience poor mental health (Cackler, Shapiro, & Lahiff, 2016).

AI/AN people were significantly more likely to have lower mental health literacy confidence compared to Hispanics/Latinos, blacks/African Americans, and whites (Crisanti et al., 2016).

# Research Questions

How is mental health literacy associated with \_\_\_\_\_ among AI/AN population?

- 1) **access** to mental health professionals
- 2) **use** of mental health professionals
- 3) **trust** in mental health professionals



# Methods

## Data Collection

February 2022

Participation criteria: being (a) 18 years or older, (b) self-identified as AI/AN, and (c) physically located in the U.S.

Snowball sampling strategy

Qualtrics survey

# Methods

## Measures and Data Analysis

### **Mental Health Literacy (Jung et al., 2016)**

- knowledge-oriented (12 items) – Cronbach's alpha = 0.83
  - E.g., Counseling/therapy is helpful for people with mental health needs

Options: yes, no, or don't know

- beliefs-oriented (10 items) – Cronbach's alpha = 0.90
  - E.g., A highly spiritual/religious person does not develop mental health concerns
- resource-oriented (4 items) – Cronbach's alpha = 0.73
  - E.g., I know where to go to receive mental health services

Options: strongly agree to strongly disagree (five-point Likert scale)

Overall Cronbach's alpha = 0.91

# Methods

## Measures and Data Analysis

**Socio-demographic characteristics** (i.e., age, gender, and education)

### **Mental health care access**

- Is there at least one provider that you usually go to when you are not feeling well and need mental health care, such as talking with a counselor, therapist, or psychologist?

### **The frequency of using and the level of trust in mental health providers and mental health specialists for health information**

- How often do you use ... for health information? (always, often, sometimes, rarely, never)
- How much do you trust ... for health information? (extremely, very, moderately, slightly, not at all)

### **The frequency of using and the level of trust in mental health providers and mental health specialists as sources for COVID-19 information**

# Methods

## Measures and Data Analysis

### **The level of trust in mental health providers/specialists**

- How much trust do you have for... (very high, above average, average, below average, very low)

### **The level of satisfaction with the service received from mental health providers/specialists**

- How satisfied are you with the service you received from...? (very satisfied, satisfied, neither, dissatisfied, very dissatisfied)

### **Data analyses**

- Multiple linear regressions

# Results

## Participants

N = 563

Male (n = 347, 62%) and Female (n = 215, 38%)

Age 20 – 66 (Mean = 33.80, SD = 5.45)

### Education

- 8 through 11 years: 8%
- 12 years or completed high school: 11%
- Post high school training other than college: 13%
- Some college: 44%
- College graduate: 21%
- Postgraduate: 3%

# Results

## **Mental Health Literacy and Socio-demographics**

Females had lower mental health literacy than males ( $b = -8.13, p < .001$ ).

Higher age ( $b = 0.80, p < .001$ ) and higher education ( $b = 1.41, p = .001$ ) were associated with better mental health literacy.

## **Mental Health Literacy and access to mental health professionals**

When holding age, gender, and education constant, those not having at least one mental health care provider they usually go to were more likely to have poorer mental health literacy ( $b = 2.71, p = .021, R^2 = 0.21$ ).

# Results

## Mental Health Literacy and Trust in/Satisfaction with Mental Health Professionals

When holding age, gender, education, and mental health care access constant, poorer mental health literacy was associated with

- (1) being less likely to trust mental health specialists for COVID-19 information ( $b = 1.50$ ,  $p = .003$ ,  $R^2 = 0.22$ )
- (2) being less likely to trust mental health providers ( $b = 4.06$ ,  $p < .001$ ,  $R^2 = 0.33$ ) and mental health specialists ( $b = 5.29$ ,  $p < .001$ ,  $R^2 = 0.39$ )
- (3) having lower satisfaction with service they received from mental health providers ( $b = 3.56$ ,  $p < .001$ ,  $R^2 = 0.31$ ) and mental health specialists ( $b = 4.29$ ,  $p < .001$ ,  $R^2 = 0.39$ )

# Discussion

- Previous studies documented females generally had higher mental health literacy compared to male and older age was associated with poorer mental health literacy (Furnham & Swami, 2018; Hadjimina & Furnham, 2017). However, we found a different story among AI/AN population.
  - AI/AN women are particularly impacted by poor mental health (Cackler, Shapiro, & Lahiff, 2016)
  - AI/AN teenagers and young adults are disproportionately affected by stress, depression, and suicide (Rushing et al., 2021)
- Low health literacy leads to health information avoidance (Chen et al., 2022)
  - Building patient-provider trust
  - Improving patient-provider communication quality

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