Flourishing: American Indian Positive Mental Health Paradox

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Why Positive Psychology?

- Medicine *treats* mental illness
- Positive psychology *prevents* mental illness
- Strengths-based research (Kirmayer)
What is Positive Mental Health?

- Keyes
  - Spectrum of well-being
    - Flourishing—Moderate—Languishing
  - Flourishing = high level of emotional, psychological, and social well-being
  - Mental Health Continuum—Short Form

- Wellness ≠ absence of illness
PMH = further from the edge

• Flourishing prevents depression (Wood & Joseph, 2012)
PMH Prevalence and Health Outcomes

- 17.2% flourishing without depression
  - Associated with better physical health, better psychosocial functioning, less missed work, decreased health care utilization (Keyes 2004, 2005a, 2005b)

- 56.6% moderately mentally healthy

*MHC-LF, tertile cutoffs*
Ethnic Minorities and Mental Wellbeing

- Greater levels of mental wellbeing (Gallo et al. 2009; Ryff; Keyes, 2009; Keyes & Hughes 2003)
  - Despite discrimination
  - Various explanations proposed

- Black Americans
  - Lower rates of mental disorders
  - Higher rates of flourishing mental health (20.7% flourishing and not depressed)
American Indians (AI), Health, and Historical Trauma

- High prevalence of depressive symptoms and psychological distress
- High prevalence of diabetes
- Historical trauma impacts social and psychological responses
- Marginalization
- “Culture as treatment” (Gone, 2013)
Methods/Sample

- 218 AI adults with Diabetes Type 2
- Cross-sectional

Measures
- PHQ9—depression scale
- MHC-SF—Keyes’ PMH scale
- Traditional cultural activities
- Discrimination
PHQ-9

- 83% Not Depressed
- 17% Depressed
Discrimination

Traditional cultural activities

Control Variables
  - Years with Diabetes
  - Age
  - Location
  - Gender
  - On/off reservation
  - Income
Conclusions

- Mental health paradox
- Highlights potential resilience
  - Strengths-based AI research
Thank You