Search Strings: PsycINFO

MAINSUBJECT.EXACT.EXPLODE("Help Seeking Behavior") OR MAINSUBJECT.EXACT("Self-Help Techniques") OR MAINSUBJECT.EXACT("Health Care Utilization") OR "help seek*" OR "seek* help" OR "treatment seek*" OR "seek* treatment" OR "treatment use" OR "treatment utili*" OR "seek* care" OR "care use" OR "care utili*" OR "service use" OR "service utili*" OR "access* service?" OR "service access*"

AND

MAINSUBJECT.EXACT("Treatment Barriers") OR MAINSUBJECT.EXACT("Health Attitudes") OR MAINSUBJECT.EXACT("Client Attitudes") OR "barrier?" OR "hurdle?" OR "obstruct*" OR "attitude?" OR "access*" OR "enabl*" OR "facilitat*" OR "motivat*" OR "navigat*" OR "support*" OR "encourag*" OR "caus*" OR "promot*"

AND

MAINSUBJECT.EXACT.EXPLODE("Indigenous Populations") OR "Indigenous" OR "Aborigin*" OR "Inuit?" OR "First Nation?" OR "Metis" OR "native?" OR "American Indian*" OR "Maori" OR "Pacific Islander?" OR "Hawaiian?" OR "Torres Strait Islander?"

AND

MAINSUBJECT.EXACT("Mental Disorders") OR MAINSUBJECT.EXACT("Mental Health") OR MAINSUBJECT.EXACT("Community Mental Health") OR MAINSUBJECT.EXACT.EXPLODE("Mental Health Services") OR MAINSUBJECT.EXACT("Mental Health Programs") OR MAINSUBJECT.EXACT("Distress") OR MAINSUBJECT.EXACT.EXPLODE("Behavior Disorders") OR "mental health" OR "mental health treatment?" OR "mental disorder?" OR "mental illness*" OR "psychopatholog*" OR "mental problem?" OR "social problem?" OR "emotional problem?" OR "personal problem?" OR "affective disorder?" OR "depress?" OR "mood disorder?" OR "bipolar" OR "psychosis" OR "psychotic" OR "schizo*" OR "anxi*" OR "GAD" OR "panic disorder?" OR "phobia?" OR "posttraumatic" OR "trauma*" OR "PTSD" OR "obsessive compulsive" OR "OCD" OR "distress" OR "eating disorder?" OR "conduct disorder?" OR "antisocial behavio*r" OR "juvenile delinquency" OR "stress disorder" OR "personality disorder?" OR "borderline" OR "suicid*"

Search Strings: PubMed

"Help-Seeking Behavior"[Mesh] OR "help seek*" OR "seek help" OR "seeks help" OR "seeking help" OR "treatment seek*" OR "seek treatment" OR "seeks treatment" OR "seeking treatment" OR "treatment use" OR "treatment utili*" OR "seek care" OR "seeking care" OR "care use" OR "care utili*" OR "service use" OR "service utili*" OR
"access service?" OR "service access*"

AND

"Patient Acceptance of Health Care/psychology"[Mesh] OR "Health Services Needs and Demand"[Mesh] OR "Health Behavior"[Mesh] OR barriers OR hurdles OR obstruct OR attitudes OR access OR enable OR facilitate OR motivate OR navigate OR support OR encourage OR "cause" OR "causes" OR "causing" OR "caused" OR "promote" OR "promotes" OR "promoting" OR "promoted"

AND

"Indigenous Peoples"[Mesh] OR "American Native Continental Ancestry Group"[Mesh] OR "Oceanic Ancestry Group"[Mesh] OR "Indigenous" OR Aboriginals OR Inuit OR "First Nation" OR "First Nations" OR Metis OR "native" OR "natives" OR (American Indian) OR Maori OR (Pacific Islander) OR Hawaiian OR "Torres Strait Islander*"

AND

"Mental Health"[Mesh] OR "Mental Health Services"[Mesh] OR "Community Mental Health Services"[Mesh] OR "Mental Health Recovery"[Mesh] OR" Mental Disorders"[Mesh] OR "Mentally Ill Persons"[Mesh] OR "Psychological Distress"[Mesh] OR "Suicide"[Mesh] OR "mental health" OR "mental health treatment?" OR "mental disorder?" OR "mental illness*" OR psychopathology OR "mental problem*" OR "social problem*" OR "emotional problem*" OR "personal problem*" OR "affective disorder*" OR depression OR "mood disorder*" OR "bipolar" OR "psychosis" OR schizophrenia OR "anxi*" OR anxiety OR "GAD" OR "panic disorder*" OR phobia OR "trauma*" OR PTSD OR "obsessive compulsive" OR "OCD" OR distress OR "eating disorder*" OR "conduct disorder*" OR "antisocial behavior" OR "juvenile delinquency" OR "stress disorder" OR "personality disorder*" OR "borderline" OR suicide

Search Strings: Web of Science/ Bibliography of Native North Americans

"help seek*" OR "seek* help" OR "treatment seek*" OR "seek* treatment" OR "treatment use" OR "treatment utili*" OR "seek* care" OR "care use" OR "care utili*" OR "service use" OR "service utili*" OR "access* service?" OR "service access*"

AND

"barrier?" OR "hurdle?" OR "obstruct*" OR "attitude?" OR "access*" OR "enabl*" OR "facilitat*" OR "motivat*" OR "navigat*" OR "support*" OR "encourag*" OR "caus*" OR "promot*"

AND

"Indigenous" OR "Aborigin*" OR "Inuit?" OR "First Nation?" OR "Metis" OR "native?" OR "American Indian*" OR "Maori" OR "Pacific Islander?" OR "Hawaiian?" OR "Torres Strait Islander?"

AND

"mental health" OR "mental health treatment?" OR "mental disorder?" OR "mental illness*" OR "psychopatholog*" OR "mental problem?" OR "social problem?" OR "emotional problem?" OR "personal problem?" OR "affective disorder?" OR "depress?" OR "mood disorder?" OR "bipolar" OR "psychosis" OR "psychotic" OR "schizo*" OR "anxi*" OR "GAD" OR "panic disorder?" OR "phobia?" OR "posttraumatic" OR "trauma*" OR "PTSD" OR "obsessive compulsive" OR "OCD" OR "distress" OR "eating disorder?" OR "conduct disorder?" OR "antisocial behavio*r" OR "juvenile delinquency" OR "stress disorder" OR "personality disorder?" OR "borderline" OR "suicid*"

Search Strings: Social Services Abstracts

MAINSUBJECT.EXACT("Help Seeking Behavior") OR MAINSUBJECT.EXACT("Self Help") OR MAINSUBJECT.EXACT("Health Care Utilization") OR "help seek*" OR "seek* help" OR "treatment seek*" OR "seek* treatment" OR "treatment use" OR "treatment utili*" OR "seek* care" OR "care use" OR "care utili*" OR "service use" OR "service utili*" OR "access* service?" OR "service access*"

AND

MAINSUBJECT.EXACT("Constraints") OR MAINSUBJECT.EXACT("Health Behavior") OR "barrier?" OR "hurdle?" OR "obstruct*" OR "attitude?" OR "access*" OR "enabl*" OR "facilitat*" OR "motivat*" OR "navigat*" OR "support*" OR "encourag*" OR "caus*" OR "promot*"

AND

(MAINSUBJECT.EXACT("Indigenous Populations") OR MAINSUBJECT.EXACT("American Indians") OR MAINSUBJECT.EXACT("Eskimos") OR MAINSUBJECT.EXACT("Aboriginal Australians") OR MAINSUBJECT.EXACT("Oceanic Cultural Groups")) OR noft("Indigenous" OR "Aborigin*" OR "Inuit?" OR "First Nation?" OR "Metis" OR "native?" OR "American Indian*" OR "Maori" OR "Pacific Islander?" OR "Hawaiian?" OR "Torres Strait Islander?")

AND

(MAINSUBJECT.EXACT("Mental Illness") OR (MAINSUBJECT.EXACT("Mental Health") OR MAINSUBJECT.EXACT("Community Mental Health") OR MAINSUBJECT.EXACT("Mental Health Services")) OR MAINSUBJECT.EXACT("Psychiatry") OR MAINSUBJECT.EXACT("Psychological Distress") OR MAINSUBJECT.EXACT("Suicide")) OR noft("mental health" OR "mental health treatment?" OR "mental disorder?" OR "mental illness*" OR "psychopatholog*" OR "mental problem?" OR "social problem?" OR "emotional problem?" OR "personal problem?" OR "affective disorder?" OR "depress?" OR "mood disorder?" OR "bipolar" OR "psychosis" OR "psychotic" OR "schizo*" OR "anxi*" OR "GAD" OR "panic disorder?" OR "phobia?" OR "posttraumatic" OR "trauma*" OR "PTSD" OR "obsessive compulsive" OR "OCD" OR "distress" OR "eating disorder?" OR "conduct disorder?" OR "antisocial behavio*r" OR "juvenile delinquency" OR "stress disorder" OR "personality disorder?" OR "borderline" OR "suicid*")
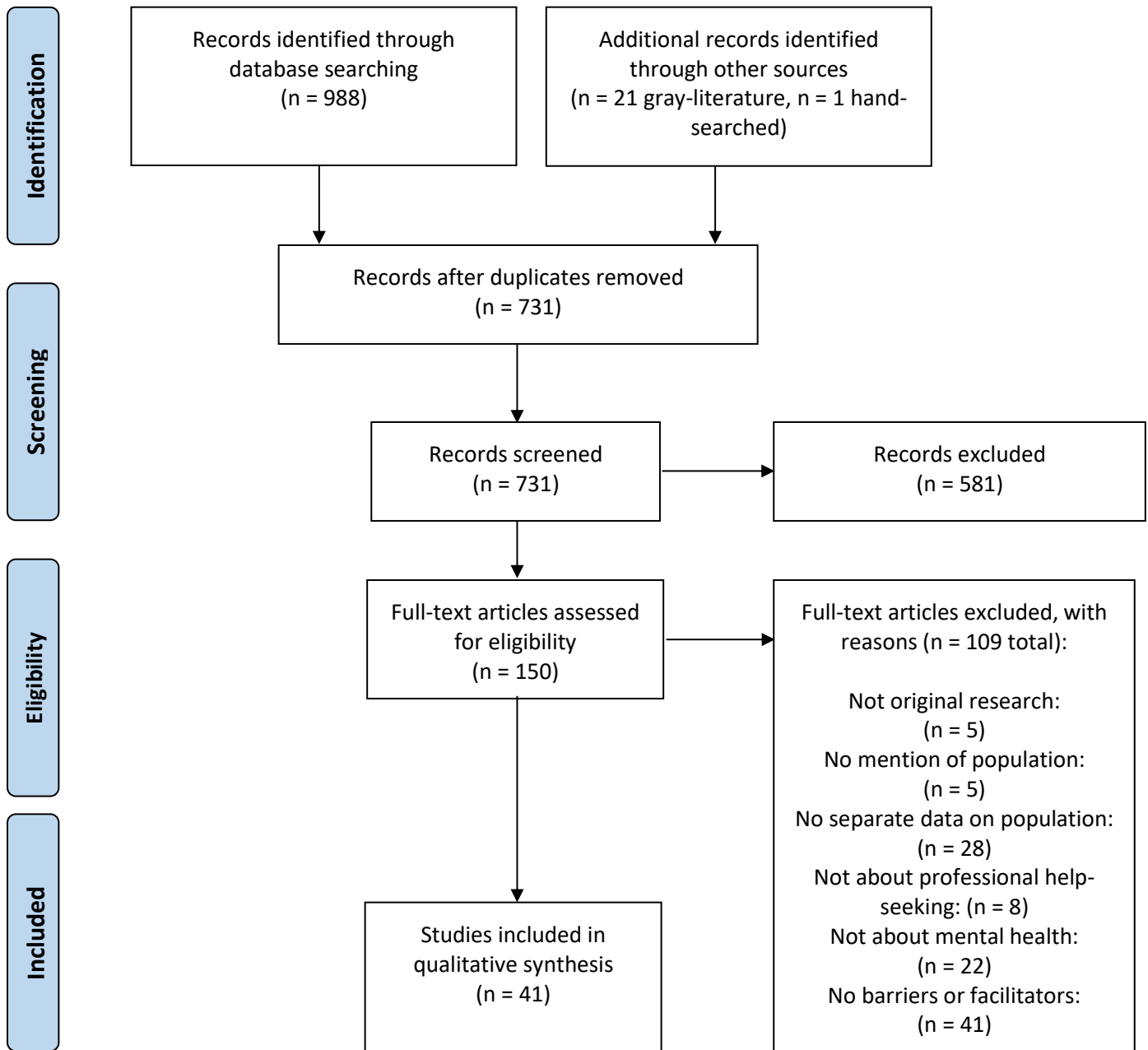
Identification

Records identified through database searching
(n = 988)

Additional records identified through other sources
(n = 21 gray-literature, n = 1 hand-searched)

Records after duplicates removed
(n = 731)

Screening

Records screened
(n = 731)

Records excluded
(n = 581)

Eligibility

Full-text articles assessed for eligibility
(n = 150)

Full-text articles excluded, with reasons (n = 109 total):

Not original research:
(n = 5)
No mention of population:
(n = 5)
No separate data on population:
(n = 28)
Not about professional help-seeking: (n = 8)
Not about mental health:
(n = 22)
No barriers or facilitators:
(n = 41)

Included

Studies included in qualitative synthesis
(n = 41)

*Figure 1. Prisma flow diagram adapted from Moher et al., (**Error! Reference source not found.**)*

Table of Included Studies in the Review

Study	Study Design	Country	Indigenous Population	Indigenous Participant information	Mental Health Concern	Barriers to Help-Seeking	Facilitators to Help-Seeking/ Other Factors
Moon et al., 2018 (5)	Quantitative survey	United States of America	American Indian older adults	n = 233, 54% female, M age = 61	Mental health service use	•prior negative experiences with mental health services •lack of knowledge of depression	•good self-perceived physical health •positive attitudes toward mental health services
Isaak et al., 2020 (19)	Qualitative interview	Canada	First Nations youth, adults, or elders	n = 115 (82% of Indigenous Cree descent), 69% female, ages 13-80	General mental health/suicide	•stigma (worries about being judged or perceived as weak) •cultural attitudes toward mental illness •low literacy of mental health and awareness of mental health services •concern of workers being not trained well enough	•perceiving professionals as well trained Other: Family was helpful as a first point of contact for emotional issues; other times they did not seek family because didn't want to burden loved ones who had their own problems.
Roh et al., 2017 (20)	Quantitative survey	United States of America	American Indian older adults	n = 233, 54% female, ages 50-95	Attitudes toward mental health services	•perceiving stigma toward receiving psychological help •perceived better physical health	•social support correlated with positive attitudes toward services
Barron et al., 1989 (32)	Quantitative survey	United States of America	consumers and providers of the North American Indian Alliance	n = 74 consumers, 41% female, ages 17-79 years; n = 30 mental health care providers	Finances/money, adult alcoholism, jobs, teenage drinking, depression, conflict with family, etc.	•not willing to talk about their problems with anyone •lack of American Indian providers •lack of financial resources •difficulty with obtaining financial support from the welfare system •lack of trust for non-Indian providers	Other: There was a preference to talk to family was more than ministers or priests, doctors, and various mental health workers:
Burnette et al., 2018 (33)	Qualitative descriptive study	United States of America	American Indian and Alaska Native women	n = 43, 100% female, ages 33-77	Depressive symptoms for cancer survivors	•stigma (perceiving it's a bad thing to seek help, worries of being called crazy) •confidentiality concern due to being in a tight-knit community •uncertainty of mental health services	•believing counseling could be helpful •finding psychotropic medication helpful •finding it helpful to "just talk" Other: Professional services were seen as necessary if the individual was lacking family and social support.
Burrage et al., 2016 (34)	Qualitative interview	United States of America	American Indian youth, former clients, and volunteers	n = 15, 7 women, ages 13-79	Suicide	•lack of reliable transportation •the invisibility of the urban American Indian population •worries of negative consequences services (e.g., police involvement, hospitalization) •history of negative institutional experiences •lack of services and resources for crises •lack of local and government support •lack of recognition of suicide •fear that talking about suicide cause it	•helpful workers with youth who make the youth feel comfortable and understood Other: Participants reported feeling more comfortable talking to youth leaders with traditional values and with friends they viewed as trustworthy; there was an expectation that Native people help each other.
Coates et al, 2018 (35)	Quantitative survey	Australia	Aboriginal and/or Torres Strait Islander	n = 22	Emotional wellbeing	•cost •confidentiality concerns and embarrassment and fear of being judged •belief that mental illness is not talked about by their family, friends, or the community •less likelihood of encouraging family and friends to seek help and •less mental health literacy •mental health stigma (believing mental illness is not accepted by society, avoiding those with mental illness, worrying what others think)	Other: Indigenous participants compared to all participants (n = 282) were more likely to have stigmatizing beliefs or experiences. Also, participants endorsed feeling comfortable talking to psychologist/counsellor about their emotional wellbeing (35%) compared to feeling comfortable talking to family (74%), friends (57%), GP (35%), and other (9%)
Freedenthal and Stiffman, 2007 (36)	Qualitative interview	United States of America	American Indian young people	n = 101, 72% female, ages 15-21	Suicide	•lack of mental health problem recognition (not thinking problem is a big deal) •stigma, shame and embarrassment •self-reliance (not wanting to be a burden) and feeling helpless and alone (thinking others don't care, thinking professionals can't help) •fear of consequences (e.g., being hospitalized) •cost and lack of services available	Other: Having personal support was a reason for not seeking professional support.
Povey et al., 2020 (37)	Mixed methods survey; Qualitative participatory research	Australia	Aboriginal and Torres Islander Youth	Co-design workshops: n = 45, 47% female, ages 10-18; Online survey: n = 75, 60% female	Mental health and well-being (e-mental health resources)	•stigma (shame in asking for help and being seen as weak) •fear about opening up and becoming vulnerable	•anonymity of e-mental health apps •mental health apps helped to normalize and create a sense of sharing mental illness experiences Other: The most preferred method of help-seeking was talking to someone you trust; however, if things were perceived as serious, then youth would consider accessing professional services.
Price and Dangliesh, 2013 (38)	Qualitative group discussions	Australia	Indigenous adolescents	n = 60, 68% female, ages 10-24	Emotional and/or psychological problems	•risk of judgement •shame for themselves or family •fear of being punished by parents or having authorities intervene •distrust around privacy of information and confidentiality •high cost of calling for phone counselling •doubt that the counsellor will have cultural competence	•awareness that counsellors are paid to listen, trained, and qualified •use of the phone was quick, accessible, more personal, anonymous, readily available, and less complicated to use Other: Informal help-seeking sources included talking to friends or family, ignoring/getting over it, searching on Google. Formal sources were sought after exhausting all informal sources.
Ta Park et al., 2018 (39)	Mixed: Quantitative data and qualitative survey	United States of America	Native Hawaiian women	n = 30, 100% female, ages 18-66	Depression	•feeling helpless about mental health struggles	•willingness to seek help from professional if their physician tells them too Other: Women reported the highest satisfaction for mental health care being with spiritual healer, and they had an increased likelihood of seeking help from social network compared to professional care. Use of self-help methods was used in place of formal help

Study	Method	Country	Population	Sample	Topic	Barriers	Facilitators / Other
Walls et al., 2006 (40)	Qualitative interview	United States of America	American Indian parents of tribally enrolled children	ages 21-70, 69% female, female caretakers ages 21-70, male caretakers ages 17-78 years	Mental health services (compared to substance abuse services)		Other: The preference/perceived effectiveness was highest for traditional informal services, followed by on-reservation formal services, with the least preference for off-reservation formal services. Also, higher enculturation related to preference for informal mental health services
Kwan et al., 2019 (41)	Qualitative interview	United States of America	Pacific Islander	n = 12, 82% female, ages 26-56	Mental health issues (e.g., stress or depression)	•mental health stigma (e.g., shame brought on family) •cultural, tough-it-out attitude •needing a translator •cost, uncertainty with insurance	•friends and family can education each other about mental health •outreach and education about accessing services in the community
Whealin et al., 2017 (42)	Qualitative focus groups and interview	United States of America and Pacific Islands	Rural Pacific Island veterans	n = 38 (71% Native Hawaiian or other Pacific Islander, 8% mixed ethnicity), 3% female, M age = 57	Mental health care for veterans	•lack of faith in the health care system •lack of knowledge about mental health •community mental health stigma (fear of "crazy" label, fear of discrimination) and perceiving family shame •service barriers (long waiting list, lack of appointment, customer service problems, cost for veterans with low disability status) •treatment not having cultural consideration	•availability of free services •using Google, visiting Vet Centers and reading brochures helped with accessing and navigating the health care system •family help for caretaking and scheduling appointments and providing emotional support •family, friends, and community sharing information about accessing services
Sveticic et al., 2012 (43)	Quantitative data	Australia	Aboriginal or Torres Strait Islander	n = 471 Indigenous, 18% female	Suicide	•living in regional or remote areas	•living in metropolitan areas Other: Factors increasing service utilization were suicide attempt in last year, and not being in a relationship at the time of death.
Isaccs et al., 2017 (44)	Qualitative interview	Australia	Aboriginal health workers in Echuca	n = 27, 44% female, ages 18+	Suicide	•difficulty in talking about one's problems in the community •lack of access to suitable formal supports, not knowing who to talk to in their community and long waitlists	
Shaw et al., 2019 (45)	Qualitative interview	United States of America	Alaska Native and American Indian	n = 15, 60% female, ages 15-56	Suicide	•unavailability of resources •ineffective services •stigma, shame	•having mental health care integrated with general healthcare Other: Self-support was used to prevent or reduce suicide ideation (e.g., self-help classes, use of positive hobbies).
Williamson et al., 2010 (46)	Qualitative focus groups and small group interviews	Australia	Aboriginal workers and parents of Aboriginal youth	n = 15 parents; n = 32 workers	Child and adolescent mental health	•fear of government intervention •long waiting list •services not being available unless the problem is severe •lack of collaboration between services	•involvement of Aboriginal workers in service delivery
Takeuchi et al., 1988 (47)	Quantitative survey	United States of America	Native Hawaiian	n = 472	Severe emotional problems (compared to alcoholism)	•personal shame and family/friend shame •lack of awareness of where to go for services and •cost and inaccessibility to services •thinking the problem can't be helped by a professional •professionals from own cultural or ethnic group not available	
Fleming et al., 2012 (48)	Qualitative interview	New Zealand	Maori and Pacific Islander and New Zealand European teenagers	n = 39 (49% Maori, 38% Pacific Islander, 13% New Zealand European and Other), 26% female, ages 13-16	Depression	•not talking to anyone or asking for help •fear/anger toward being referred for treatment (e.g., believing they will be put in a "mental health institute") •embarrassment and shame that peers will find out they are depressed •lack of access to computers	•computerised therapies allowed for non-stigmatizing approaches and confidence to be built up •delivering programs without youth needing to ask for help •being able to hide from peers that they are receiving treatment Other: Only a few participants felt as if they could talk to someone (a tutor with school program, a family member, a friend, or a guidance counsellor).
Reifels et al., 2018 (49)	Qualitative interview	Australia	Primary mental health care service providers for Indigenous clients	n = 31 (18 agency staff, 5 referrers, 8 professionals)	Mental healthcare service	•limited capacity to provide outreach or transport •challenging timelines for spread out populations •no Indigenous relationships •shortage of Indigenous mental health and male professionals •no shows, limited funding. and referrer/service turnover •non-identification of Indigeneity	•good relationships between Indigenous services and referrers •experienced professionals •alignment with Indigenous services and willingness to learn how to work with Indigenous people •greater service availability (referrer support, clinician availability, provision of client transport) •community culture awareness training, skills, and experiences
Schmidt, 2000 (50)	Qualitative interview	Canada	Remote First Nations service providers and consumers	n = 10	Psychiatric rehabilitation	•high turnover rate and hiring of inexperienced staff in remote areas •cost and transportation •community attitudes of fear or confusion with mental illness •need for public education about mental illness	
Becker et al., 2003 (51)	Quantitative survey	United States of America	Native American	n = 82	Eating Disorder symptoms	•lower likelihood of referral for further evaluation	
Barney, 1994 (52)	Quantitative survey	United States of America	American Indian and Alaska Native elders	n = 66 urban and n = 252 reservation elders, ages 55+	Personal or family problems, nervous problems, or emotional problems	•reservation elders were rated as more isolated than urban elders	•on reservations, perceiving a need for services was a strong predictor of service use
Schill et al., 2019 (53)	Qualitative interview and sharing circle	Canada	Indigenous	n = 6 in sharing circle; n = 9 interviewees; age 55+	Mental wellness	•transportation •not trusting service workers •shy attitude	•respectful relationships between mental health service providers and the clients •having cultural safety and trust with services Other: White privilege was a barrier to the relationship between service provider and client

Author	Study type	Country	Population	Sample	Topic	Barriers	Facilitators
Haviland et al., 1983 (54)	Quantitative survey	United States of America	Native American college students	n = 62, 63% female, ages 18-44	Personal problems (vs. educational problems)	•students not having their first or second choice of a counselor	•availability of a counselor of the same race and gender •students getting their counselor of preference
Snowden et al., 2006 (55)	Mixed: Qualitative interview and quantitative data	United States of America	Native American	n = 50 Native Americans, n = 59 ethnic services coordinators	Strategies to improve minority access to public mental health services		•greater supply of mental health practitioners •outreach activities in the community
Sayers et al., 2017 (56)	Qualitative interview	Australia	Workers for Indigenous clients	n = 20	Mental health service and infrastructure needs	•overt use of terms like "mental health" with programs/services	•bringing the services into the community •teaching people how to access the system
Laugharne et al., 2002 (57)	Pilot project intervention	Australia	Aboriginal health patients	n = 85 total (61 Aboriginal), 58% female	Mental health hospital unit (e.g., schizophrenia, depression)		•working in coordination with an Aboriginal medical service •understanding and working with traditional beliefs and values •workers' adaptability to see patients at first presentation
Allen, et al., 2016 (58)	Quantitative survey	United States of America	Polynesian	n = 638, 60% female, ages 18-76	Emotional distress and mental illness	•self-stigma of seeking professional help (believing seeking help would make them feel inadequate, inferior, and less intelligent)	
Deane et al., 1999 (59)	Quantitative survey	New Zealand	Maori male prisoners	total n = 111 of Maori (43%) and European/Pakeha groups, 100% male, ages 17-71	Personal-emotional problems and suicidal thoughts	•negative attitudes toward help-seeking •low help-seeking intentions for suicidal ideation •treatment fearfulness	•positive attitudes toward psychological help-seeking •having positive prior professional contact
Duran et al., 2005 (60)	Quantitative survey	United States of America	Rural American Indian	n = 224 who sought treatment, 51% female overall, ages 15-45+	Mental health/emotional treatment (within a study also looking at alcohol and drug treatment)	•self-reliance (thinking problem is not serious enough, wanting to solve the problem on own) •fearing a lack of privacy and concern about what others might think	
Freitas-Murrell and Swift, 2015 (61)	Quantitative survey	United States	Alaska Native college students	n = 126, 78% female, ages 18-58	Attitudes toward seeking professional help	•self-stigma (believing one is weak for seeking help) •social stigma (perceiving that the public negatively view individuals for seeking treatment)	•currently or previously using psychotherapy was associated with more positive attitudes Other: A strong identification with Caucasian culture and a weak identification with Alaska Native culture was associated with more positive help-seeking attitudes.
Roh, Brown-Rice, Lee 2015 (62)	Quantitative survey	United States of America	American Indian younger-old and older-old adults	n = 158 younger-old adults, 56% female, ages 50-64; n = 65 older-old adults, 53% female, ages 65+	Attitudes toward mental health services	•mental health services stigma •higher chronic medical conditions	•social support correlated with positive attitudes toward services
Tingey et al., 2014 (63)	Qualitative participatory research	United States of America	Apache people	n = 71, ages 13-19	Suicide	•stigma around treatment seeking •worried of being called "psycho"	
Isaacs et al., 2013 (64)	Qualitative interview	Australia	Indigenous clients, workers, and cultural advisors	n = 17, 88% male, ages 25-65	Mental wellness and feelings on mental health services	•difficulty in recognizing mental health problems (less awareness, technical jargon) •not wanting to open up and talk; needing to look strong •stigma of mental health problems •fear of ostracism and fear of government stepping in •reluctance to contact services (fear and lack of trust, confidentiality concerns)	
Subica et al., 2019 (65)	Quantitative survey	United States of America	Pacific Islander	n = 223, 57% female, M age = 40.9	Mental health status and need for mental health services	•greater familiarity or contact with persons with mental illness significantly predicted greater odds for avoiding/delaying services	
Burgess et al., 2008 (66)	Quantitative survey	United States of America	American Indian	n = 203, 60% female, ages 18+	Stress, depression, or problems with emotions	•experiences of major discrimination (e.g., employment, housing, with the police, or public assistance) and everyday discrimination (e.g., cultural)	
Hunt et al., 2013 (67)	Quantitative survey	United States of America	Native American	n = 34, 71% female, ages 18-75	Beliefs about mental health treatment	•believing therapy patients are wasting money and that therapy can't help •believing many who do not get professional help will still get better	
Price and McNeil, 1992 (68)	Quantitative survey	United States of America	American Indian college students	n = 74, 55% female, ages 17-71	Attitudes toward seeking counseling		Other: A strong commitment to one's Tribal culture was significantly related to less favourable attitudes toward seeking counseling and less openness.
Roh, Brown-Rice, Pope, et al., 2015 (69)	Quantitative survey	United States of America	Rural older American Indians	n = 227, 54% female, ages 50-95	Depression literacy		•greater knowledge of depression