



Cultural Competency Brief

Addressing Indiana’s Mental Health in Urban and Rural Populations

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Written by Danielle Perkins, PhD, RN

The 15th annual Conference on Cultural Competency upheld its theme on expanding the narratives of diverse populations. This year’s keynote speaker, Mr. Sam Killermann, shared personal experiences about gender from someone he least expected it from, the manliest of men, a carpenter-builder-tough guy. His humor in his discussion of gender and social advocacy served as such a helpful reminder that even in our day-to-day interactions there are so many opportunities to impact our neighbors, friends, and even new acquaintances about the struggles of LGBTQ populations and within the context of how we frame what is masculine and what is feminine.

Dr. Zapolski shared very poignant and helpful insights into African American substance abuse behaviors and, specifically, her discussion of the intersection of racism and oppressions helped us

to advance our understanding of the determinants of not only substance abuse behaviors but all forms mental illness among African Americans. The burdens of race and daily experiences of microaggressions continuously erode the mental and physical health of African Americans in our state and across the nation.

“Being sober is the best thing I’ve ever done in my life”

-Culture of Addiction Panelist

Acknowledgement and empowerment are desperately needed for healing to begin—Dr. Zapolski’s ongoing contributions to research and, more importantly, translation into practice are integral to impacting mental health and wellness among African Americans.

For me, personally, and I think for many of you, the culture of addiction panel was a moving testament to the power of recovery and redemption. The ability of former addicts to transform their lives and provide service as peer recovery

Tips for Engagement



- **Don’t** expect that all patients will make their own decisions. In cultures where the family is the primary unit, such as Native American cultures, important decisions are made by the family. In cultures where males are dominant, such as Amish Culture, the husband may make the final decisions regarding the health care of his wife and children.
- **Do** recognize that people with a present time orientation (most poor people, many from agriculturally based countries) may have difficulty with preventive care. Make an extra effort to explain the importance of preventative mental health care, and why it is necessary to continue medication even after the symptoms have disappeared

(Galanti, 2015)



coaches is a model that I have read about for use in reentry work, with great success. Who better knows the culture of addiction better than those who have been affected but now live in recovery? This programming deserves our attention and support from our facilities in whatever ways best make sense, and especially given the epidemic of addiction in our society.

Finally, Mr. Doug Poe’s discussion of Native American (NA) mental health provided a thorough historical perspective on NA culture in the United States. Mr. Poe contacted me and asked if he might be able to share a bit more about the specifics of mental health among NA, in some fashion. I offered him to write for the brief and he took me up on it. For the final *Reflect and Apply—What would you do?* column, Mr. Poe has provided an excellent follow-up to his conference talk on how you can become a culturally sensitive provider for NA populations in Indiana, and I think you will enjoy it!

As we wrap up another year of cultural competency programming, I want to thank the members of the committee for their hard work. I also want to thank each of you for your vigorous and zestful participation in this year’s webinars. I was able to speak with many of you at the conference and it’s such a pleasure to know that many of you were able to grow in your professional delivery of mental health and addictions care to the diverse and underserved people in our great state. It has been my pleasure to serve as director for this very important work. For those of you that I know personally, I will be leaving the university and taking a position at Eskenazi Health—I intend to remain involved with this project and hope to see you online and at next year’s conference, hopefully. All the best to each of you in personal and professional pursuits.

Reflect and apply—What would you do?

Written by Doug Poe

I want to thank all of you for allowing me to present a small portion of Native American Cultural Competency at your annual conference June 6th at IUPUI. It was an honor and I am sorry I ran over a little on my presentation and did not have enough time for questions. Several of you came up after the presentation and asked some specific questions and I also read all of your comments that you wrote on the post-test. The majority of you wanted to know the same thing. *How do you get to a place to where the Native American population in Indiana trust you?*

I had one slide that gave the reasons why Native people do not seek professional mental health assistance. It read: *They do not trust you, they would rather try traditional methods*

and will until something happens and they are arrested or put in some sort of facility and they believe you not only do not understand their way of life and spirituality, but feel you look down upon it and them for being Native American (NA).

Trust is a large part of NA culture and even though I have been in the NA community for many years and was trusted on a personal level, it took some time before the community trusted me in the position I have now. I believe that the gap between what we have now and what it would take to have them trust you enough to come to your facility or practice is not that great. For those of you that would like to learn a little more about our culture and be put on the “short” list of recommended mental health

providers I would suggest that you have myself or another trusted member of the NA community come to your facility and talk to you about the basics of our spirituality, typical family life, and the conditions that most of the people that would be coming to see you might have. At that point, I would feel comfortable that if someone of NA culture came to me and needed mental health care, I could tell them: *Hey, I have talked with (you or your facility) and they understand some of our traditions and respect our spirituality and I really think they can help you and will allow you to include some of our customs in your treatment.*

In an effort to be more sensitive, there are few traditions that help to bridge



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the divide between Western and NA culture. I do not know if many of you use aroma therapy, but if you do, try using sage or sweet grass instead of the normal things you use. If your facility would allow the burning of sage inside, offer them the opportunity to do that or even do it outside.

Learn the basics of smudging as a cleansing before the session if possible. If you have a shelf that you could spare a foot long space, purchase an abalone shell, sweet grass, bundle of sage and a pouch of tobacco and put it on the shelf. Print of a four direction medicine wheel in the four colors and put it in a frame from the dollar store to put behind the other items. This medicine wheel represents the physical, emotional, spiritual and mental aspects of life. If a NA walked into your facility and saw that, it would automatically put them at ease without any words being said.

Learn about what a tobacco tie is and make some to give to the individuals that you are counseling when they do well or make improvements would be

helpful. If you do projects with your patients, have/help them make prayer bundles or tobacco ties. Also, learning about the purpose of a sweat lodge and when/why it is used is beneficial. These are just a few simple things that you would need to recognize if you are going to treat the more traditional NA patients.

I do not currently have any facilities in the state that I know understand the basic principles of NA culture and do not have a "short" list of facilities that I can refer people to. I not only need this just as a matter of daily business, but I am starting to pilot a mental health self-help program with the Indiana Minority Health Coalition and the University of Indianapolis.

During the first phase of the program we are going to interview potential participants. If after they are evaluated and they are not eligible for participation due to mental health problems, they will need to be directed to a mental healthcare provider and I do not have that information.

If any of you would like for me to come to your facility and give you or your group the basic training in the spirituality side of our culture, social habits and learn some of the do's and don'ts, I would really like the opportunity. The Native community needs culturally competent practitioners and facilities to be referred to.

I thank you for your time and I hope to be hearing from some of you in the near future to arrange a meeting.

Doug Poe

www.americanindiancenter.org

Interested in more information about the Addressing Indiana's Mental Health in Urban and Rural Populations webinars, resources, and conference? Visit our website: <http://nursing.iupui.edu/development/webinars/mental-health.shtml>

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Cultural Competency Certificate of Completion

Upon completion of certificate requirements, participants will be able to:

1. Discuss principles of cultural competency practice in mental health settings
2. Describe mental health disparities across populations in the state of Indiana
3. Apply cultural competency principles to provision of care in the mental health setting

In order to earn a Certificate of Completion you must attend at least **6 of 12 webinars (includes recordings) and the 2016 Cultural Competency Conference** (Monday, June 6, 2016 at the IUPUI Campus Center). Please note evaluations must be completed at the end for CEU and credit toward the certificate. **Certificates will be emailed to those who've completed all requirements by June 30, 2016.**

Last Webinar in the 2015-2016 Series!

June 23rd from 12-12:45 pm ET

Culture and Communication: The Promise of Shared Decision-Making to Improve Patient-Provider Communication Among Minority Patients, presented by Dr. Johanne Eliacin, Veteran's Affairs Medical Center

More information and registration here:

<https://www.eventbrite.com/e/culture-communication-the-promise-of-shared-decision-making-to-improve-patient-provider-tickets-25198345931>

INTERESTED IN THE CERTIFICATE?

ALL CERTIFICATE REQUIREMENTS MUST BE COMPLETED NO LATER THAN JUNE 30, 2016.

See additional details on our website:
<http://nursing.iupui.edu/development/webinars/mental-health.shtml>

References

Galanti, G. (2015). *Caring for patient from different cultures* (5th ed.). Philadelphia, PA: University of Pennsylvania Press.