

## **American Indian Mental Health Conference Feedback**

On August 31, 2017, we hosted a conversation during a break-out session at the American Indian Mental Health Conference at Black Bear Casino Resort in Carlton, Minnesota. During this session, we shared a *draft* project vision statement with those present. We did this so that we may learn from them about how to make our vision meaningful and relevant to American Indians.

The DRAFT vision statement on this date was: *Each individual, family, and community has the ability to co-create a path to health, wellness, recovery, and resilience. Person and family-centered practices honor and support these abilities, strengths and personal power. These practices are rooted in cultural humbleness by practitioners, healers, elders and others to holistically support the person and family.*

In addition to open conversation, we asked the following questions and asked people to share their thoughts. Below are responses that people shared.

### **1. What's the ONE thing that makes the most sense to you or works the best for you about the *draft* project vision statement?**

- Cultural humbleness must be clearly defined as it's not common, everyday language/terminology.
- "Co-creation is important because we all experience life, cultures, and communities uniquely."
- "Together, we can share strengths, connect at the hearts and more down the healing path."
- "We all have strengths/capacities within us...".
- "The first sentence really fits into a cultural approach and is strength-based."
- "I like the word resilience. Maybe add the word wholeness- physical, mental, spiritual and emotional wellness."
- "I really appreciate the way that it's strength-based."

### **2. What's the ONE thing that doesn't make sense to you or doesn't work for you about the *draft* project vision statement?**

- "Can we group practitioners [as] helpers? These seem so separate...".
- "I get why 'person and family-centered' has to be said but it is a mouthful and it takes away from this really good vision statement."
- "This vision separates the client from the practitioners in its language."
- Words like relationships, care, teams should be used to put both on the same level."
- "I like that evidence-based practices is not in the vision statement."

### **3. What would be nice to include in the project vision statement? What else might you change and why?**

- "[Be] more simplistic. Make it understandable by all."
- "Not everyone can get or understands what this [vision statement] truly means."

- "Family maybe should be 'supports'? My 'family' is not biological."
- "My biological lineage is a source of great pain for me and their role in the healing journey is separate yet connected. 'Supports' opens up the connection/community."
- "Recognizing the value and worth of cultural, traditional healers and sacred medicines."
- "To write it more simply."

**4. To achieve the *draft* project vision statement, what does a person/family-centered curriculum in mental health and co-occurring disorders need to include to be meaningful and relevant to you?**

- "Access to cultural ceremonies."
- "Current person-centered practices in settings I work include extensive paperwork. This sometimes serves as barriers to complete presence/connection while working with clients. The information is important but perhaps finding more person-centered ways of record keeping... billing is deficits focused. Can we focus on strengths, achievements and encouraging these?"
- "Insurance has been a barrier. Diagnostics tends to be very medical/pathologizing... work toward strengths/wellness, developmental/dimensional ways of thinking..."
- "More person-centered ways of receiving services and assisting providers in training/being a source of support."
- "Any and all access to cultural and traditional healing which includes sweat lodges, pipe ceremonies, healing ceremonies and traditional medicines."
- "We need funding that supports agencies to meet clients where they are at. All funding streams are designed to limit cultural considerations and billable services don't cover half the work that culturally-specific practitioners are actually doing w/clients. We need funding that allows us to provide families w/basic needs, ceremonies, direct care, healing, etc."
- "To include an incentive. A tailored approach to help keep track of people's progress."
- "Early intervention and inclusion. Large Native American population incarcerated in MN. Providers need training on what cultural humbleness is."
- "Concrete assurance that worldview is supported."
- "Include spiritual activities."

**During the American Indian Mental Health Conference, we acknowledge what we heard and observed the following in sessions:**

- We must give of ourselves so we can receive something in return.
- There's only one center in the universe and that's the center of the heart.
- Compassion means that you're connecting at the heart-level.
- Our ancestors live in, live on through teachings, stories, the Earth.
- We must listen to learn.
- To heal you must tell your story.
- Everything in life is sacred and should be treated as ceremonial; life requires a certain etiquette.