

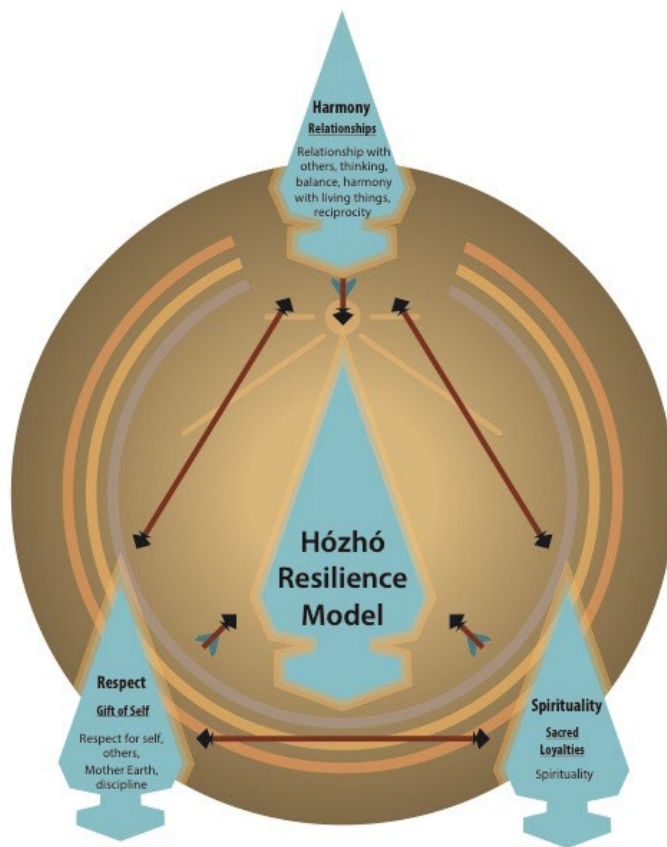


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Protective factors (HRM), Gaps in MH system, Outcomes of Ceremony & Moving Forward

Introduction MKJ: PMHNP 20+yrs, Research: AI-Diné, Protective factors in AI culture, spirituality and ceremony. Protective for individual/family physical, mental, spiritual, environmental as well as social/collective health.

- Protective Factors exist in AIAN culture, ceremony and spiritual practices
 - We know this. Previous speakers and researchers have mentioned this.
- Gaps in current Mental Health Delivery system: What's missing?
 - Relatives contemplating suicide, experiencing depression/anxiety, SUD are in extreme pain.
 - [IMMEDIATE] Access to care is usually not an option-Not enough MH/BH Licensed Professionals, appt wait times too long.
 - Current MH Delivery models marginally effective. Long wait times, therapy approaches may not be culturally aligned/sensitive, high no show rates [why?],
 - Recovery Model or innovative models that use on site resources[lay community members, peer support, peer counselors, MH First AID, QPR, training the community, cultural experts to maximize access to the cultural protective resources].
 - Integrative Treatment and tailored AIAN cultural interventions necessary.
 - Hire and integrate cultural experts, traditional healers/practitioners in Health Care System
 - Create healing spaces, ceremonial spaces, cultural spaces and activities in the tx setting. Often policies prevent this from happening due to “safety” and “risks”. CAUTION: Sometimes integration on site is NOT always best, consider culturally appropriate ways to integrate, this may mean separate structures, spaces....ie Hogan, sweatlodge
 - Develop culturally aligned recruitment, retention, support for traditional staff/employees/experts. Sometimes our HC systems create HR type barriers, some only speak Native language, not computer literate, have a wealth of knowledge but should not be held to same evaluation standards or recruitment standards as BH professionals. [EHR documentation, treatment plans, co-signatures---all not culturally appropriate]
 - Advocacy at state and national level too carve out spaces in existing healthcare systems
- Unpublished Study Results on outcomes of Ceremonial Intervention: Tensions exist re research on traditional AI practices. CAUTION, protection, respect, permission and tribal approval is necessary. This was a study on outcomes of ceremony. NOT a study on ceremonial protocol, even the name and procedure is omitted.
 - N=24, Diné adults on the Navajo Nation, Indigenous methodology applied --when possible.
 - +hx of emotional distress, depressive sx's.
 - Each received a Diné ceremonial intervention
 - Qual Results: Anticipation of healing starts early, all participants cited improvement in mood, behavior, social interactions with family/family unity, improved sleep, improved appetite, greater motivation, symptom improvement, less sadness.
 - Quant results: Though not significant, downward trend in salivary CRP levels and significant pre and post improvements in the PROMIS 8 item emotional distress symptom inventory.
- Moving Forward: Thoughtfulness, Respect, Native Led Initiatives, Openness by Tribes, I.H.S, States, and National organizations, Funding support to transform the healthcare settings. Authentication, validation or vetting of TM practitioners/services [ethics, apprenticing, mentoring, compensation], as well as evaluation of TM services/interventions.



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