

SUPPORTING MENTAL HEALTH OF INDIGENOUS, REFUGEE & MIGRANT PEOPLE: LESSONS & CONSIDERATIONS

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DISCLOSURES

- Faculty, Farsi and Indigenous Initiative Advisor, The Center for Mind-Body Medicine
- Faculty, Andrew Weil Center for Integrative Medicine
- Faculty, Integrative Psychiatry Institute, LLC
- Owner & manager, Keemia Consulting, PLLC

LEARNING OBJECTIVES

- Describe mental health challenges commonly experienced by Indigenous, refugee & migrant youth
- Define cultural considerations when working with these youth
- Summarize existing resources for further learning, referrals, & potential collaborations



LAND
ACKNOWLEDGEMENT
...& A FEW BREATHS



Table 1. Philosophical and Clinical Tenets of Integrative Mental Health Care

- Adoption of a bio-psycho-socio-spiritual paradigm
 - Treating people with an individualized “whole-person” approach^a
 - Pursuit of finding causation/s behind mental illness
 - Use of evidence-based conventional and CAM therapies in an integrated manner
 - Judicious use of pharmacotherapies (consideration of side effects versus efficacy)
 - Consideration of psychological, social, and spiritual narrative of patient
 - Emphasis on prevention of illness and promotion of mental “wellness”
 - Emphasis on education and empowerment of patient
 - Compassionate, unconditional, “person-centered” clinical approach
-

WHAT IS INTEGRATIVE PSYCHIATRY?

• Lake J, Helgason C, Sarris J, MHSc. Integrative Mental Health (IMH): Paradigm, Research, and Clinical Practice. 2012; 8.

PATIENT/PUBLIC DEMAND

- Natural Products & nutraceuticals
- Mind-Body Medicine practices
- Other Complementary Health systems
 - Traditional healers/Ayurvedic medicine, traditional Chinese medicine, homeopathy, naturopathy, functional medicine
- *Awareness of diversity and inclusion, decolonizing medicine; culturally relevant, patient & community centered care, & healthcare empowerment*
- *Case of trauma is particularly suited*



National Center for
Complementary and
Integrative Health



Trauma & chronic stress are known to contribute to psychiatric illness



Trauma-sensitive interviewing, diagnosis, & treatment takes time & training



When trauma is contributory, purely bio-medical models of psychiatric treatment are less likely to be helpful alone



Integrative approach is key, requires outside-the-box thinking

THE CASE OF TRAUMA

TRAUMA- INFORMED CARE



WHAT IS CULTURAL HUMILITY?

- A personal lifelong commitment to self-evaluation and self-critique
- Recognition of power dynamics and imbalances, a desire to fix those power imbalances and to develop partnerships with people and groups who advocate for others
- Institutional accountability





CULTURAL HUMILITY IN HEALTHCARE

- Embrace mutual learning & critical self-reflection
- Recognize power imbalances & address implicit biases
- Foster respectful partnerships & institutional accountability.
- Utilize cultural humility in trauma-informed care to empower patients on their healing journey
- Engage patients within their cultural context and collaborate with family/community leaders to integrate cultural resources into treatment plans
- Abandon assumptions & maintain an open, humble approach to each patient's unique cultural background & experiences

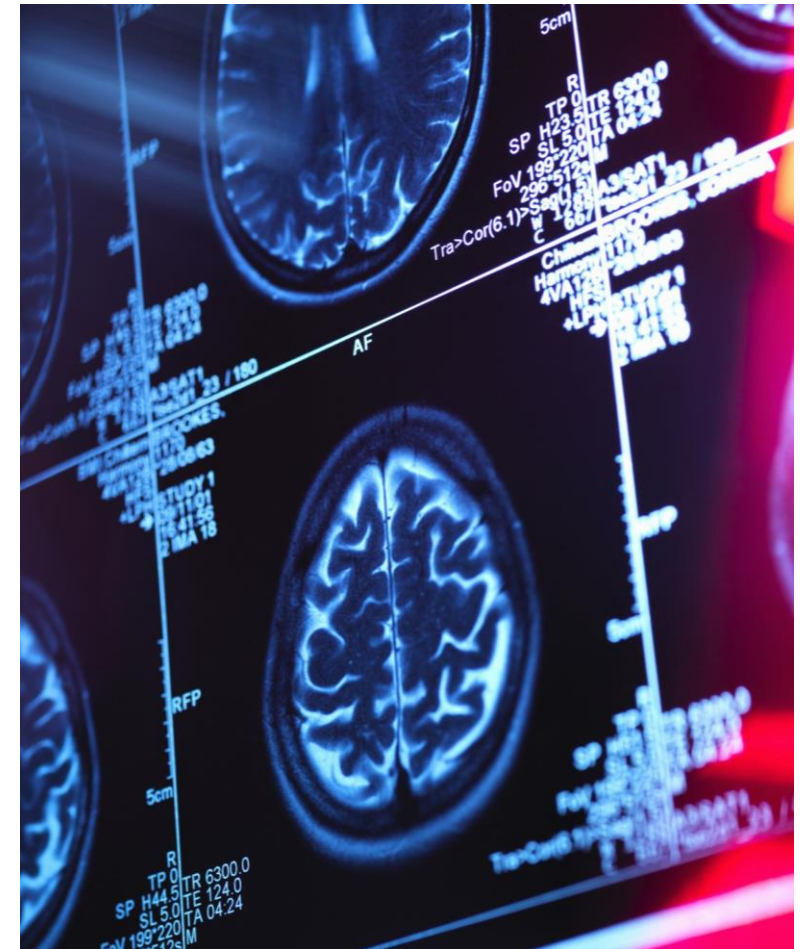
MIND-BODY MEDICINE?

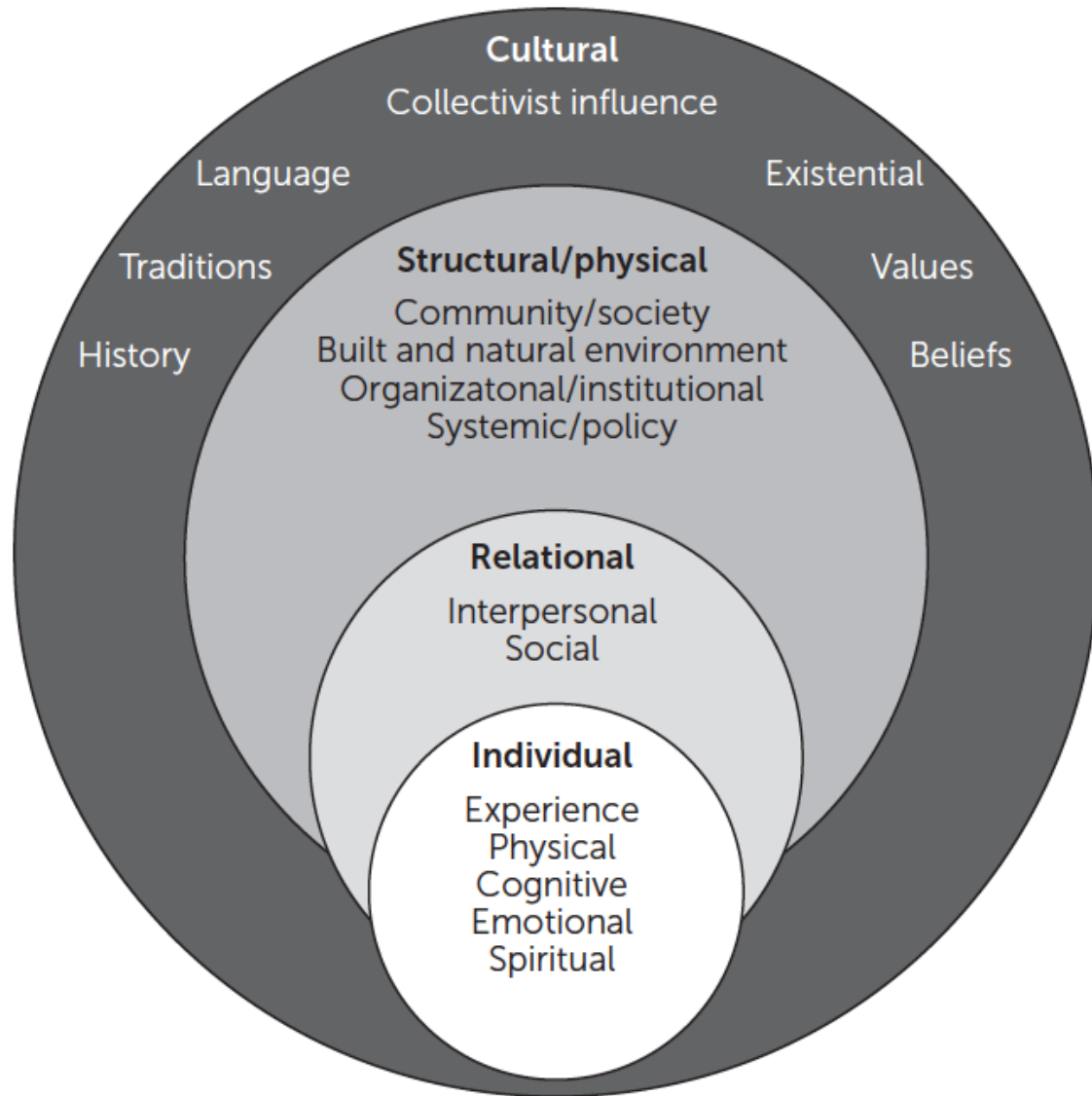


- “...medicine that focuses on the interactions among the brain, mind, body, and behavior, and the powerful ways in which emotional, mental, social, spiritual and behavioral factors can directly affect health. It regards as fundamental an approach that respects and enhances each person’s capacity for self-knowledge and self-care, and it emphasizes techniques that are grounded in this approach” (NCCIH, 2005)

EXPANDING EVIDENCE – MIND-BODY MEDICINE

- Meditation (stress reduction, immune function, cancer, HTN, attention, brain structure, insomnia)
- Guided Imagery (stress reduction, immune function, post-op outcomes, PTSD, cancer, pain)
- Group Support (HIV, cancer, immune function, chronic pain, insomnia, CHD)
- Autogenics & Biofeedback (cancer, chronic pain, immune function, migraine, mood, stress reduction)
- Creative expression (headaches, trauma, chronic pain, stress reduction)
- Mindful Exercise (CVD, DM, cancer, depression, chronic pain, immune function, stress reduction)
- Mindful Eating and Nutrition (Cancer, CHD, obesity, hyperlipidemia, immune function)





A CULTURAL- ECOLOGICAL MODEL OF WHOLE HEALTH



WISDOM TRADITIONS, INDIGENOUS, & COLLECTIVIST CULTURES

- Lifestyle
 - Nature-based food, highly physically active, community-living and structure
 - Shared, unique understanding of environment based on language
 - Storytelling -- song, dance, visual arts
- Cultural identity and values
 - Rites of passage in community
 - Focus on character/virtues
 - Honoring the elders, children, the “two-spirited,” gifted ones, animals, plants, the Earth
- Spirituality
 - Ceremonies and rituals (singing, chanting, dancing)
 - Connection to nature
 - Sense of meaning, purpose, belonging, and interconnectedness of all

SMALL GROUP MIND-BODY MEDICINE FOR TRAUMA RELIEF

TOGETHER WE HEAL

A public health approach
to transforming trauma in
individuals and communities



- Evidence-based mind-body medicine skills training
 - Awareness, mindfulness-based model
 - Skills and tools that support *self-regulation, co-regulation, and self-expression*, such as breathing, movement, biofeedback, writing, drawing, and guided imagery.
- Emphasis on small group model/delivery to support collectivist views, community-based/population wide support, and SDOH
- In-depth exploration of the science/biology of stress, trauma, and body-mind-environment interactions
- Train the trainer model of sustainability
- The “ripple effect”





OUR CHILDREN,
FAMILIES &
COMMUNITIES



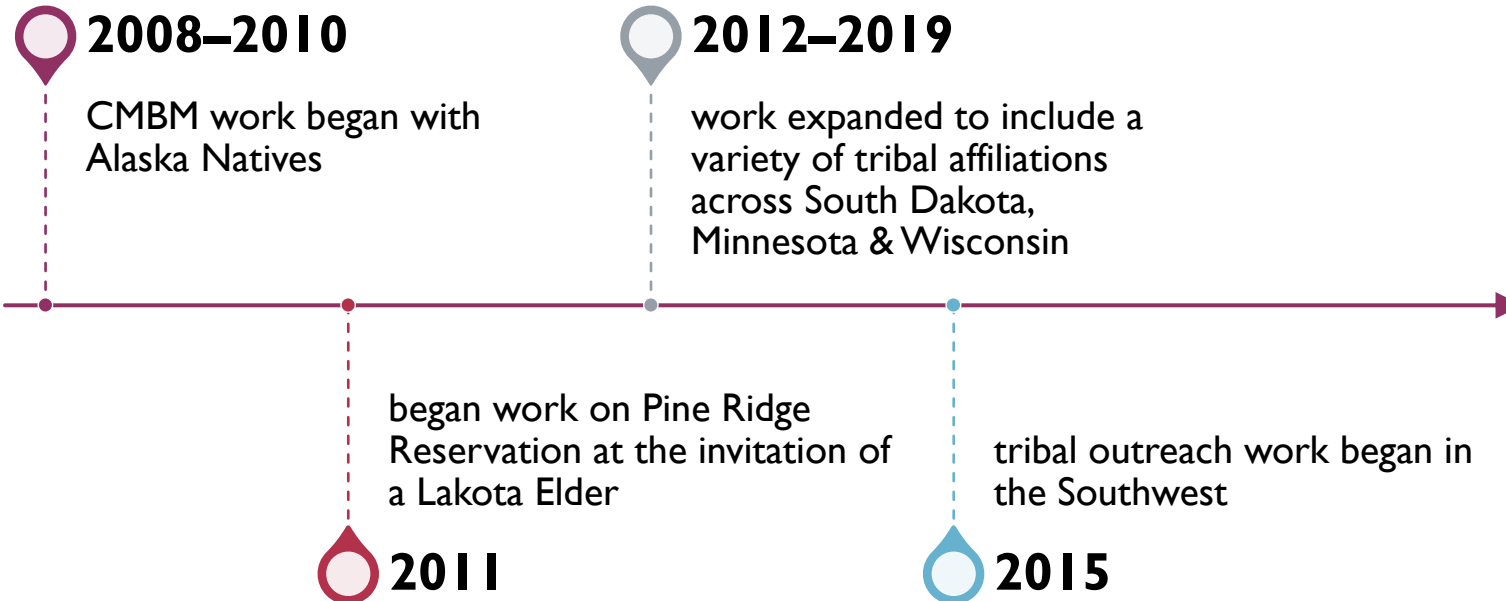
Before Entering School,
Sioux, 1917



INDIGENOUS INITIATIVE & EARTH (EMPOWERING ALL RELATIVES TO HEAL)

- Since 2011, over 800 Indigenous leaders trained in mind-body medicine
- Supported by CMBM, funded by foundations & grants
- Shifted to online training during COVID-19, broadening global reach
- Emphasizes cultural integration & diverse delivery methods
- Within diverse tribal & other global communities, trained individuals receive support incorporating their cultural ways with Mind-Body Medicine (MBM)
- Promotes intra- & inter-tribal collaborations for shared learning

MIND-BODY MEDICINE FOR INDIGENOUS COMMUNITIES





Oglala Women's
Circle: Mind

@womens.healingcircle
Holistic Health Services

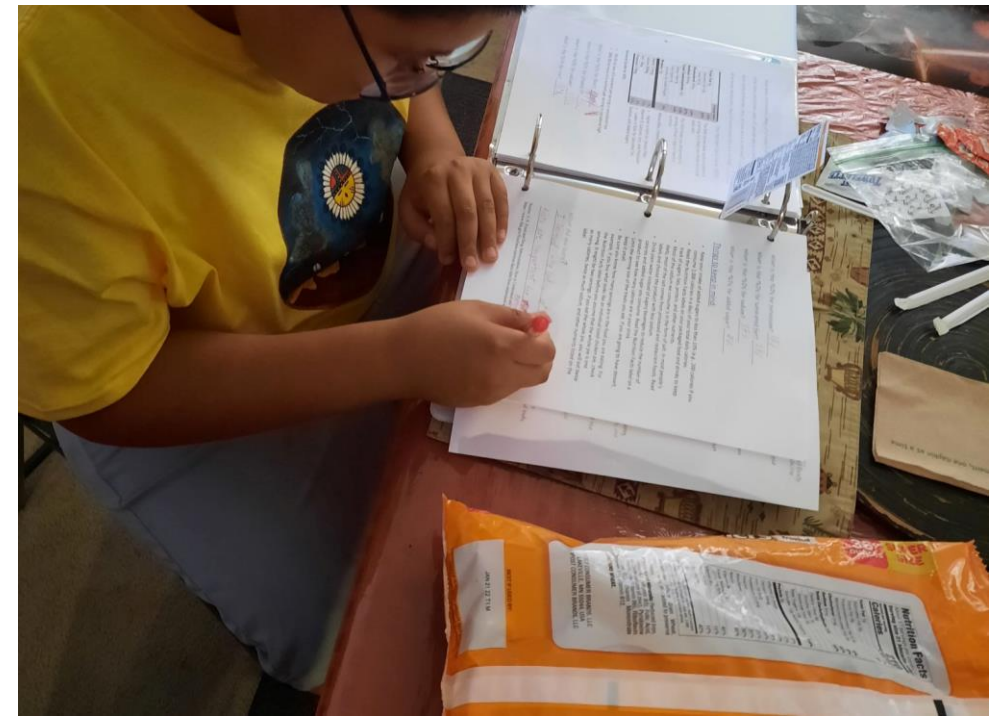
PINE RIDGE RESERVATION

- Partnership with Little Wound School to develop a youth training program for suicide prevention
- Collaboration among 7 tribal schools
- 342 (teachers, counselors, physicians, traditional healers, community leaders) trained to lead MBSG & workshops
- 2,085 children & adults participated over 3 years
- Skills integrated into K-5 curriculum at 7 tribal schools
- Oglala Women's Circles since 2019
- Oceti Wakan (Sacred Fireplace) curriculum development & expansion

AYEM-B: ACHIEVING AMERICAN INDIAN YOUTH ENERGY & MENTAL HEALTH BALANCE

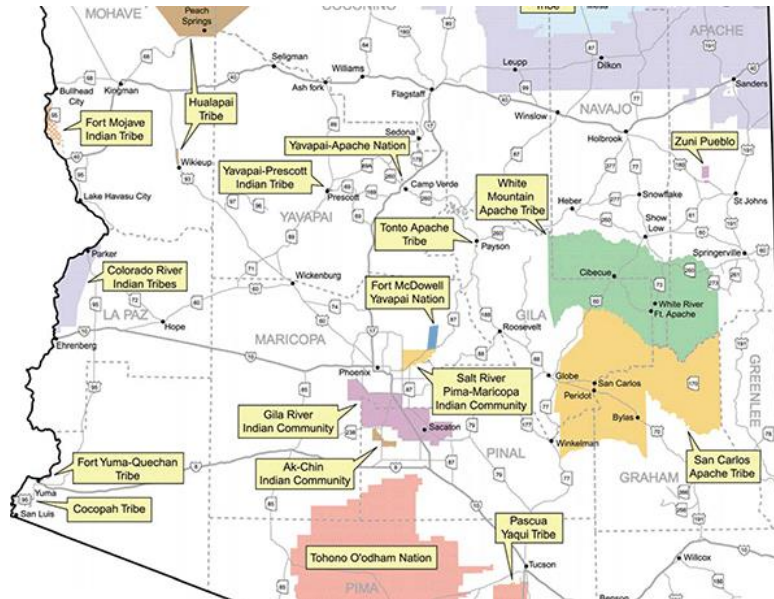
- Since 2015, worked with Arizona's American Indian Youth Wellness Camp, integrate culturally congruent MBM curriculum for chronic disease prevention and support of wellbeing
- During COVID-19, shifted to "Camp-In-A-Box" model, delivering curriculum via mail
- Program promotes family-based activities for health & wellbeing
- Activities include gardening, cooking, music, movement, & meditation
- Research ongoing, supported by National Institutes of Mental Health (NIMH) R01 grant
- Culturally rich MBM video series for youth & families created by Indigenous, EARTH Initiative trained facilitators

www.youtube.com/watch?v=0By0OslAI_g&list=PLjAbmS83087m6YYoPe03cMoyJVPAjj5Dt



STRONG, DIVERSE INDIGENOUS COMMUNITIES

- 574 diverse, federally-recognized sovereign tribes, nations, and villages (not including groups without federal status/terminated groups)
- Each community contains own rich ethnic, artistic, cultural & linguistic diversity, traditions, & tremendous resilience



FACTORS CONTRIBUTING TO INDIGENOUS YOUTH MENTAL HEALTH CRISIS: FEELINGS OF ISOLATION AND RESPONSIBILITY

- High levels of stress on parents and caretakers have undermined their ability to protect and support the children
- Children take on adult roles at home, and feel isolated
- Youth site lack of employment and substance abuse in household as major concerns
- Cultural stigma against putting oneself first prevents many from reaching out for support
- Widespread sense of responsibility/isolation: feeling “stuck” and hopeless



INTERGENERATIONAL/HISTORICAL TRAUMA



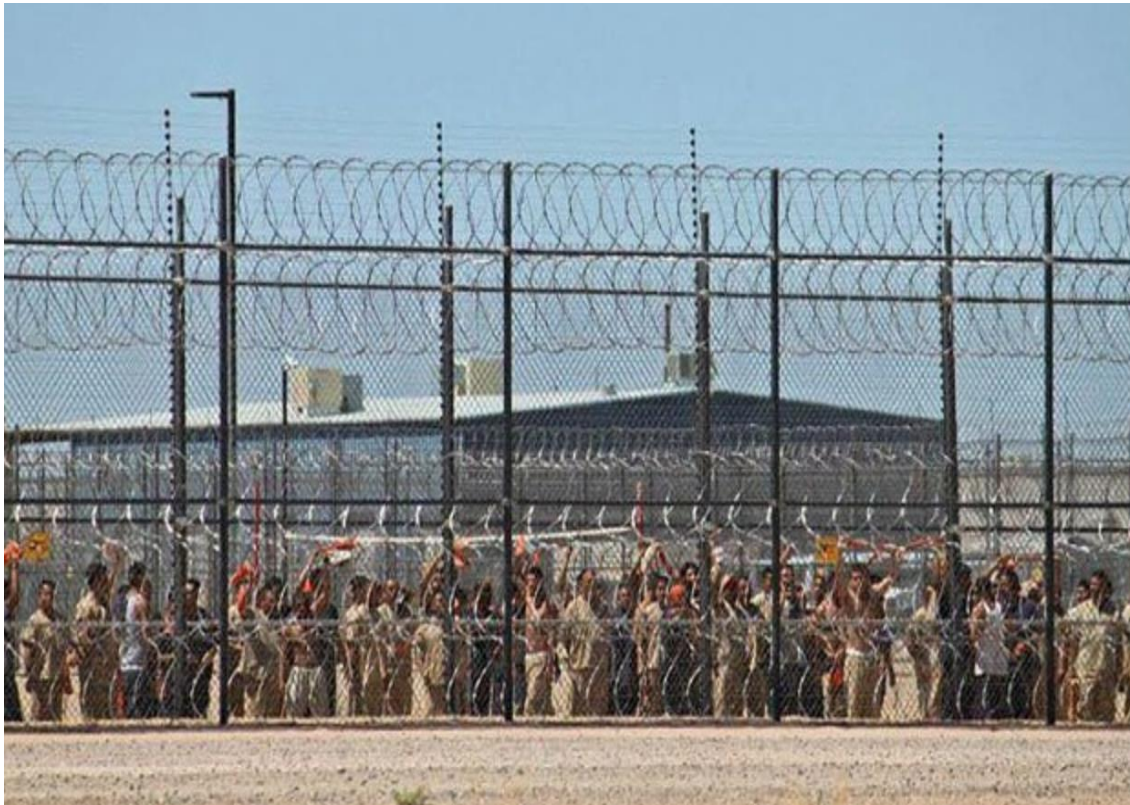
- Community has faced continuous tragedies over past 2 centuries
 - Widespread death - war and disease
 - Violent oppression of culture, language, religion, family structure
 - Economic marginalization
- One generation's trauma makes the next more vulnerable to psychological stress and its consequences, as well as subsequent trauma
- Can refer to long-term impact of colonization, cultural suppression, & historical oppression such as slavery, forced migration, & the violent colonization of Indigenous peoples
- Added to ongoing systemic barriers, contribute to: cycle of self-destructive behavior, violence, addiction, physical illness, breakdown of family system, high dropout rates



“Pain that is not transformed, gets transmitted...”

Richard Rohr

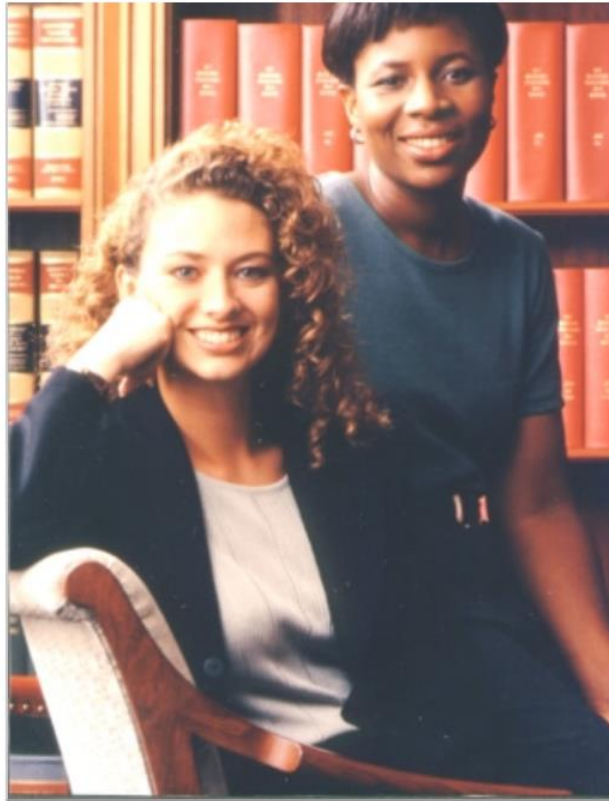
ASYLUM EVALUATIONS & MIGRANT ADVOCACY



A PERSONAL JOURNEY



MEETING AN ADVOCATE

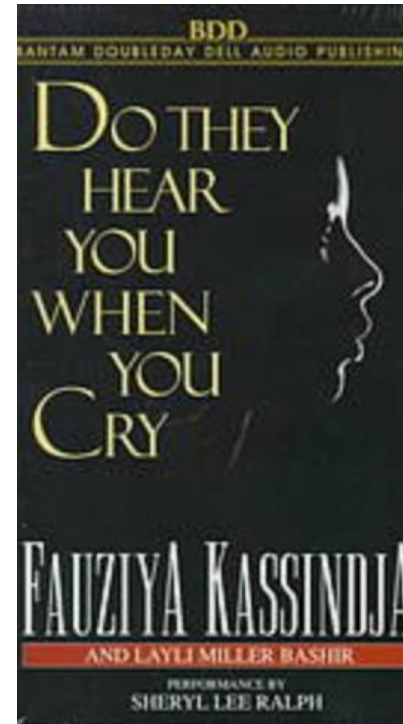


Layli (left) with Fauziya (right), a survivor who paved the way for gender-based asylum claims.

Involved in Landmark Asylum Victory

At the age of 17, Fauziya Kassindja fled Togo and sought asylum in the United States to avoid a forced marriage and female genital mutilation. Instead of finding protection, she spent more than 17 months in detention. Then-law student Layli Miller-Muro helped bring her case to the highest immigration court in the nation, and Fauziya was granted asylum in 1996 by the U.S. Board of Immigration Appeals. The decision set national precedent and established gender-based persecution as grounds for asylum.

<https://www.tahirih.org/about-us/>



AN EDUCATIONAL INSPIRATION

TO FOSTERING...



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ARTICLES

**Psychiatric–Legal Partnerships Addressing Family Separation
at the Border and the Long-Term Effects of Trauma**

BY NOSHENE RANJBAR, MELANIE GLEASON, ESQ., MATT ERB, PT, AND KAREN ALEXANDER, PhD

HISTORY OF CHILD-FAMILY SEPARATION SLAVERY IN AMERICA (1619-1865)



THE SEPARATION OF THE MOTHER AND CHILD.

"The old men of the company, partly by persuasion and partly by force, loosed the poor creature's last despairing hold, and, as they led her off to her new master's waggon, strove to comfort her."—Page 101.



JAPANESE INTERNMENT CAMPS (1942-1945)



AMERICAN INDIAN BOARDING SCHOOL HISTORY



<https://www.pri.org/stories/2018-08-14/we-ve-been-there-native-americans-remember-their-own-family-separations>



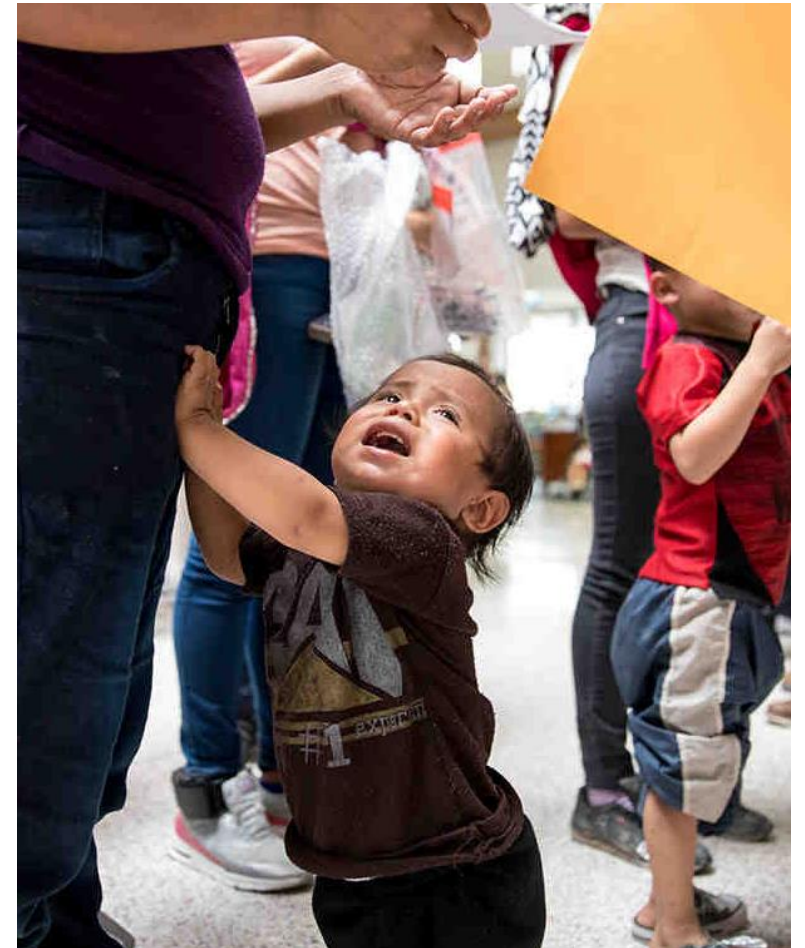
THE “ZERO TOLERANCE” IMMIGRATION POLICY

- Initiated April 2018
- Separated children from parents crossing southern border w/o authorization
- Systematically targeted families as a punishment



HOW MANY CHILDREN?

- 5460 children separated (July 2017 to October 24, 2019)
 - 1556 (July 2017-June 2018): 207 were < 5 years old, 5 < a year old, 26 were a year old, 40 were 2 years old, 76 were 3, and 60 were 4
- Lack of tracking processes when “Zero Tolerance” went into effect in Spring 2018
- Changes made to the system between April and August 2018
- As of Oct. 16, ACLU volunteers couldn't reach 362 families by phone - numbers didn't work or the sponsor who took custody was unable or unwilling to provide contact information for the parent, prompting the door-to-door searches in Central America
- As recent as 2022, a report from the The National Immigrant Justice Center (NIJC) states the Administration still routinely separates families through detention and deportation as part of immigration enforcement practices



MEDICAL ORGANIZATIONAL RESPONSES

- AAP: strong opposition to family separation, including issuing multiple statements since late 2016
- APA: separating a child from their family is an ACE, one of the “important social determinants of mental health disorders.” The policy adversely affects immigrants already in the US by causing “feelings of stigmatization, social exclusion, anger, and hopelessness, as well as fear for the future.”
- ACNP: “... the damaging effects of such separations may be very long-lasting. They are known to increase risk of anxiety disorders, depression, suicide, behavioral problems including substance use disorders, and poor life outcomes. Policies that contribute to such separations are not only unethical, but also increase long-term healthcare and behavioral burdens on families and society.”

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

AMERICAN
PSYCHIATRIC
ASSOCIATION



American College of
Neuropsychopharmacology

DETENTION CENTER CONDITIONS

- Flores Settlement: minors could only be held for 20 days, but average detention time as of late 2018 was 59 days
- The Tornillo camp in Texas was closed in January 2019: “serious health and safety” concerns
- Many facilities are “temporary,” not subject to state regulations and inspections intended to guarantee child welfare
- Sexual abuse, forced psychotropic meds, poor hygiene
- At least 7 children died in detention 2018-2019



EVIDENCE: FAMILY SEPARATION AND DETENTION DETRIMENTAL FOR BOTH CHILDREN AND PARENTS



Can lead to:

- PTSD
- Adjustment disorder
- ADHD (Attention Deficit Hyperactivity Disorder)
- ODD (Oppositional Defiant Disorder)
- Disruptive Mood Dysregulation Disorder (DMDD)
- Adverse Childhood Experiences (ACES)
- Developmental and emotional regression

REUNIFICATION DOES NOT MEAN END OF CHALLENGES

As a result of family separation, post-reunification, it's possible for:

- Family familiarity to be dimmed
- Youth to become aggressive and resistant to parents, difficulty reestablishing healthy authority
- Early loss of the experience of safety, nurturance, and/or healthy boundaries contributes to a loss of one's psychospiritual footing and/or moral compass
- Families separated at the border often already fleeing highly stressful & dangerous situations
- Potential for significant health consequences increased for children taken from their families by adding on more ACEs
- Considering thousands of migrant children separated from their families or held in detention, societal impacts will be great when they become adults afflicted by mental, physical, emotional, and behavioral problems



CULTURAL CONTEXTS & GROUP WORK IN TRAUMA TREATMENT

- Cultural context, self-concept shape how someone experiences, perceives, & heals from trauma
- Contexts also affect how one's condition is diagnosed and treated in the health care system
- Study of 20 Salvadoran women exposed to trauma; 19 did not meet DSM criteria for PTSD despite their impairment and suffering group therapy has efficacy with trauma patients from collectivist cultures
- Study exploring variables for resilience and vulnerability after a 1999 earthquake in Turkey, researchers found that participants struggling with trauma did not fit the classical DSM criteria triad but rather presented with reexperiencing, cognitive impairment, and numbing
- The use of mind-body skills groups with adults and youth in high-stress conflict situations such as Gaza and Kosovo produced a significant reduction in PTSD symptoms
- Healing happens collectively: growing evidence suggests group therapy effective with individuals from collectivist cultures

CULTURAL STRENGTHS

- Bear in mind physicians also have preconceptions, perceptions, etc
- Patients' culture may serve as source of strength and healing rather than assuming patients need special treatment coming from a given culture or social context
- Must navigate self-awareness of our own culture, personal history, and implicit biases to better understand patients' needs & enhance their capacity to promote healing



CULTURAL CONSIDERATIONS



- Remember standards such as DSM not culturally neutral & reflect the cultures within which they were created
- Culture can play role in meaningful therapeutic interventions
- Milestones, rituals, & ceremonies can facilitate or contribute to healing, even if these events or their functioning in this way are unfamiliar in a modern or Western context
- Group visits/ pop-up models to make cultural tradition sharing more accessibly, (group mindfulness sessions shown to be beneficial in collectivist cultures)
- Consider how communal/cultural values contribute to PCEs (Positive Childhood Experiences)
- Encourage patients to connect with what steps their community, ancestors, or innate wisdom would take toward healing
- Uplift forgotten/hidden traditions
- Embrace solutions from community healers
- Learn from folk traditional practice & wisdom: sound nutrition, herbal healing, movement, communion with nature, & ceremony

Cultural Humility in Action

Attitude and approach	Patient questionnaire	Example statement
Do not engage in propagating stereotypes about any gender, race, culture, religion, or other groups.	Ask about the patient's comfort regarding handshake, eye contact, or personal space.	"I want to take a moment to honor the wisdom and history of strength, as well as struggles and challenges, that you come from. I hope you will feel comfortable sharing any aspect of your story and culture that may help me and the medical team meet your mental health needs in the best possible way."
Do not assume that someone from a given culture would be unsafe, troubled, or traumatized.	Ask about languages spoken, including primary language used. Learn a few basic greeting words in a variety of languages, such as <i>shalom</i> , <i>salam</i> , <i>hola</i> , etc., to help bridge a conversation and demonstrate respect and appreciation of differences once you know the patient's primary language	"I don't really know much about your culture, but I want you to know I'm open to learning more about the ways it makes you who you are, including your strengths and also ways you struggle."
Do not assume someone from a different culture speaks a certain language, practices a certain religion or tradition, or behaves in a certain way.	Do not assume pronouns, names, or relationship status (e.g., when a patient is accompanied, ask for clarification of who is with the patient).	"I know very little about xxx culture; could you help me understand a little about how xxx culture sees xxx condition, and how it approaches the treatment of xxx?"



RECOMMENDATIONS

- Do not punish children when they exhibit aggressive behaviors or other manifestations of a hyper-aroused trauma-state. Instead support a forum for regulation (e.g., breathing) & sharing
- Do not tell children or adults that they shouldn't cry, scream, or express their difficult emotions such as fear, horror, disgust, sadness, grief, etc. Instead, normalize feelings & express care & understanding.
- Do not expect or tell those who have been separated from their families to "just get over it" or "pull yourself together." Instead, let the individual know that you are there for them.



RECOMMENDATIONS, CONTINUED

- When preparing an asylum case, attorneys should seek the assistance of medical & mental health professionals trained in trauma who can evaluate asylees/separated family members to bolster the asylum claim & who can potentially serve as expert witnesses
- Attorneys should continue to advocate for the cessation of the family separation policy & should strategically challenge such policies, including collaborative impact litigation
- The public should continue to be made aware of the societal effects of family separation. ACEs and trauma are devastating, & when thousands are affected, harm can ripple out with highly detrimental results.
- Political leaders making policy decisions related to immigrant families must be alerted to the adverse consequences of trauma on the lives of the families and the communities affected by their plights. They must know this trauma takes a grave human and societal toll & that it requires ongoing and costly resources to address the continued impact of these policies.

COLLABORATIONS AND CONNECTIONS

- High need for mental health professionals to collaborate with legal teams in providing care & advocacy
- Psychiatry/psychology and other medical providers can volunteer to provide evaluations & mental health services
- Volunteer opportunities range from going to the border to volunteer for a week or two to fully representing an asylum seeker during their individual hearing in immigration court or representing them on appeal

VOLUNTEER





VOLUNTEER OPPORTUNITES

- Immigration Legal Services Organizations Along the Border (Ideal for a One- or Two-Week Commitment)
 - Migrant Clinic (UACOM-Phoenix)
 - Asylum Clinic, MIND Clinic (UACOM-Tucson)
 - Florence Refugee & Immigrant Rights Project
 - Southern Arizona Legal Aid
 - Al Otro Lado (Tijuana, Mexico)
 - CARA Pro Bono Project (Dilley, Texas)
 - RAICES (Karnes City and throughout Texas)



Iran & Farsi Diaspora Initiative at CMBM

- **Began April 2021**
- **120** Professionals completed Initial 5-day Training
- **57** Professionals completed Advanced 5-day Training
- **>80** Professionals have been facilitating groups across 13 countries and 30 cities in Iran
- **>4000** individuals served and growing

FLORENCE
IMMIGRANT
& REFUGEE
RIGHTS PROJECT



Robert Wood Johnson
Foundation

PHR

Physicians for
Human Rights



TUCSON PUBLIC VOICES FELLOWSHIP



W.K.
KELLOGG
FOUNDATI

Wayfarer
FOUNDATION
STRIVING FOR UNITY



CROWDFUNDING CAMPAIGN NOW OPEN FOR:



American Indian Youth
Wellness Camp 2024

[HTTPS://CROWDFUND.ARIZONA.EDU/PROJECT/39628](https://crowdfund.arizona.edu/project/39628)



INTERNATIONAL
RESCUE
COMMITTEE



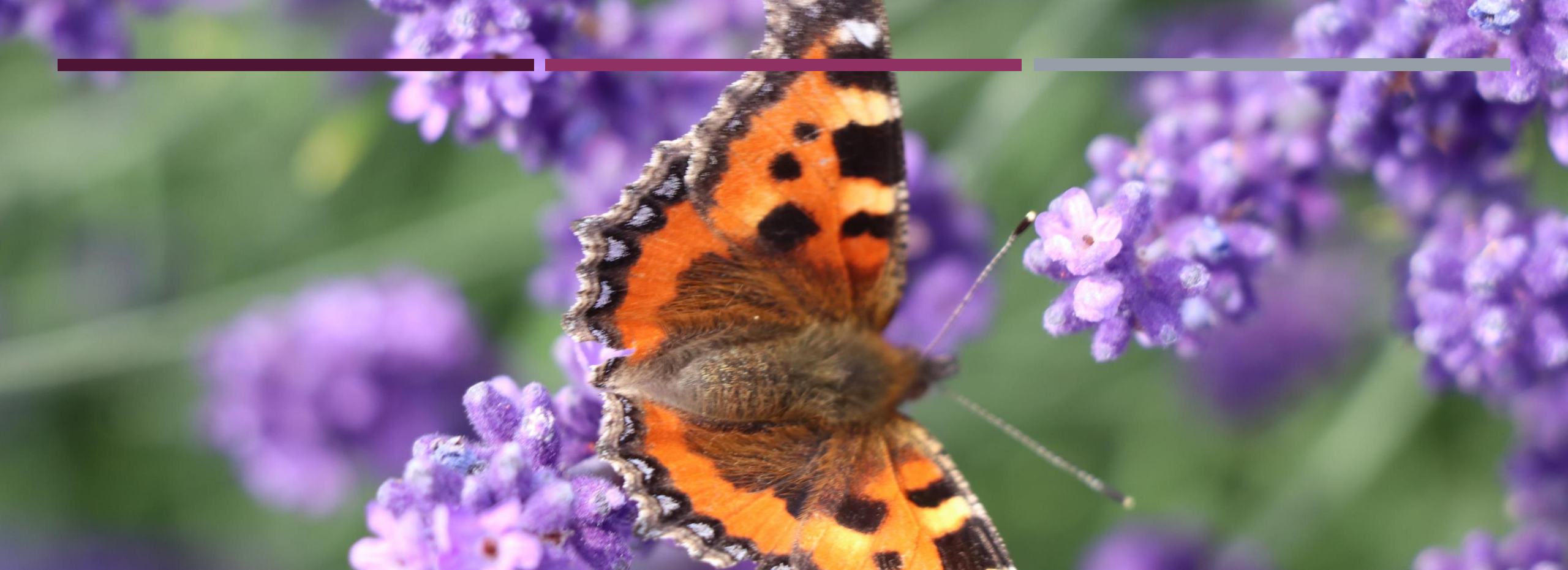
The David and Lura
Lovell Foundation



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Commitment to Underserved People



THANK YOU!

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ADDITIONAL RESOURCES

- <https://www.pascuayaqui-nsn.gov/health-services/centered-spirit>
- [American Indian Youth Wellness Initiative | Family & Community Medicine \(arizona.edu\)](#)
- Integrative Psychiatry Program: <https://psychiatry.arizona.edu/academic-programs/integrative-psychiatry-program>
- The Center for Mind-Body Medicine (www.cmbm.org)
- Andrew Weil Center for Integrative Medicine (<https://integrativemedicine.arizona.edu>)
- MBSR online free (<https://palousemindfulness.com>)
- IM4US (www.IM4U.org)

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- ❖ Chodron, P., *When things fall apart: heart: advice for difficult times and the places that scare you: a guide to fearlessness in difficult times*
- ❖ The Center for Mind-Body Medicine (www.cmbm.org)
- ❖ University of Arizona Center for Integrative Medicine (www.azcim.org)
- ❖ Moodgym(<https://moodgym.com.au>)
- ❖ MBSR online free (<https://palousemindfulness.com>)