

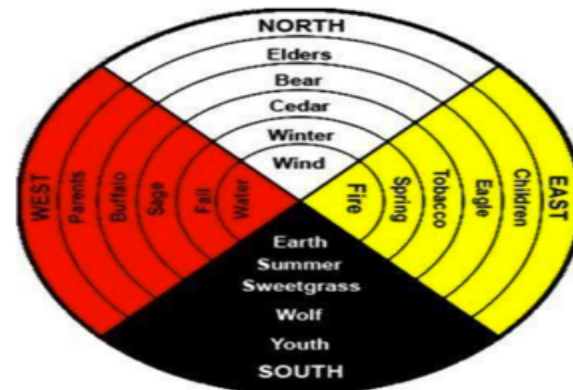
Conventional psychiatric services are not always acceptable to indigenous communities and people.

Indigenous cultures across the world are different but share some similarities including a highly relational approach to defining the self, a collectivist mindset in which the needs of the group can supersede the needs of the individual, a reliance upon stories for transmission of knowledge and culture, an

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and a commitment to a biopsychosocial and spiritual approach, which, in North America, is often symbolized by the metaphor of the Four Cardinal Directions. Psychiatrists working in these communities may need to share more personal details than to what they are usually accustomed to be accepted.



1. The typical DSM (Diagnostic and Statistical Manual) or ICDA (International Classification of Diseases) categories were difficult to apply to the lives of many of these patients, given the high levels of trauma both experienced and transmitted epigenetically (inter-generational trauma). A power-threat-meaning framework appeared to be a more useful adjunct to these classifications along with trauma-informed perspectives.

2. Conventional cognitive behavior therapy was less accepted given its emphasis on rational thinking, while narrative approaches were more successful, given the widespread uses of stories and storytelling in these cultures and the emphasis on relationship as more important than rationality.

3. Trained peer counselors were very helpful.

4. Bringing culture (language, songs, ceremonies, elders, arts) into treatment was highly desirable.

Summary:

- Talking Circles are important
- Storytelling and stories matter greatly
- Indigenous knowledge should be respected and is useful for managing mental health.
- Psychiatric services to indigenous and immigrant communities should focus on empowerment through community-based, participatory methods, facilitating local problem solutions, and involving traditional elders, local government, and other stakeholders.

