

CULTURAL HEALING PRACTICES: INCORPORATING CULTURAL HEALERS INTO MINNESOTA’S MENTAL HEALTH CARE SYSTEM

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EXPANDING THE CULTURAL LENS OF MENTAL HEALTH.

ISSUE STATEMENT

Minnesota’s approach to health and mental health is based on western cultural traditions of illness, help seeking behaviors, healing and wellness. This approach does not work for many of the cultural communities in Minnesota, especially those with a deep history of generational trauma, oppression, and discrimination. We need to make mental health a priority for Minnesotans by expanding the availability of holistic approaches rooted in the cultural traditions of Minnesota’s diverse cultural communities. We must address the impact of generational trauma and work to lessen the harm by incorporating cultural healing practices into our mental health care system, including the use of cultural healers, cultural brokers and elders.

The Need for Cultural Healing Practices

A cultural-based healing approach to health and mental health requires moving beyond Western medicine to investing in holistic (mind, body, spirit) approaches rooted in the cultural traditions of the more than 27 cultural communities in Minnesota.



Culture refers to a set of shared “thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group”. Culture includes, but is not limited to a groups “history, traditions, values, family systems, and artistic expressions”. In the context of mental health care, **culture influences** “whether people seek help in the first place, what types of help they seek, what types of coping styles and social supports they have, and how much stigma they attach to mental illness”, and even if a condition is in fact considered an illness.

Health and mental health care in the United States is built upon **Western cultural traditions** and Western understanding of illness and wellness. Western medicine is based on the **medical model** of healing. Mental health treatment based upon Western cultural traditions tends to rely on talk therapy and medication. These practices do not consider other cultural traditions and ways of understanding illness, healing, help seeking behaviors, and wellness.

Many people within culturally diverse communities are likely to **utilize avenues other than professional therapists** for dealing with mental distress, such religious leaders, priests, elders in the community, and traditional healers. Approaches used include a broad array of culturally specific healing practices.

Examples of cultural healing practices include:

- ❖ **Acupuncture and Herbal Teas** for people of Chinese heritage.
 - Acupuncture: Placing needles into various points throughout the body to increase the flow of energy.
 - Herbal Teas: Mixing herbs with boiling water and honey to improve the flow of energy and detox the body of ailments.
- ❖ **Drum Assisted Recovery Therapy** for people of Native American heritage (DARTNA)
 - Substance abuse intervention using drumming. Led by an AI/AN licensed substance abuse counselor and trained drumming teacher or local elder.
 - Other approaches are talking circles, pipe ceremonies, and sweat lodges.
- ❖ **Ayurvedic Medicine** for people of Indian (east Asian) heritage
 - Uses massage with essential oils to maintain balance in the body.
 - Yoga to heal various ailments and promote the mind-body connection.
 - Pranayama to encourage breathing & healing from flowing the breath throughout the body.
- ❖ **Shamanism** is the healing tradition of Hmong People.
 - Shamans assist by communicating with spirits from the other world in order to find out the reasons for bodily sickness.

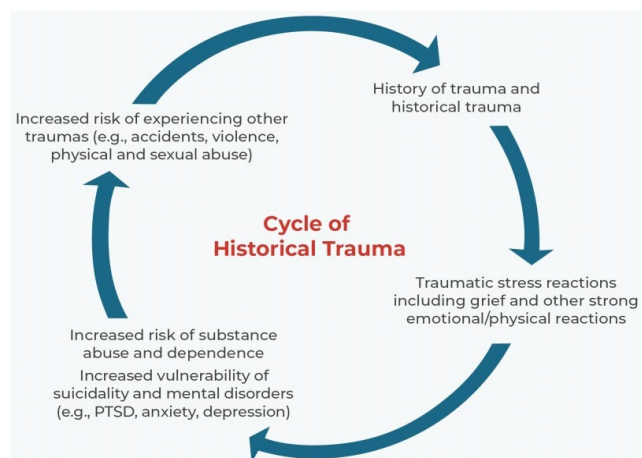
Connection to Historical Trauma

“Historical trauma is not just about what happened in the past. It’s about what’s still happening”.

The need for cultural healing practices is connected to historical trauma. “Genocide. Slavery. Forced relocation. Destruction of cultural practices. These experiences, shared by communities, can result in cumulative emotional and psychological wounds that are carried across generations. Researchers and practitioners call this concept **historical trauma**”. Historical trauma intersects with contemporary trauma, contributing to a **cycle of historical trauma** (see [figure](#) below). Communities with **higher rates of trauma exposure** experience higher rates of mental & physical illness, substance abuse, breakdown in families & communities

There is a deep history of historical trauma in Minnesota, which has created distrust between communities of Black, Indigenous and People of Color (BIPOC) and health care policy makers and providers, while also increasing their need for mental health services.

Trauma also extends to research and interventions that historically come from, and continue to be developed through, a Eurocentric lens. Minnesota’s reliance on ‘evidence-based’ from a western medicine idea of “evidence”, limits research into culturally specific healing practices, resulting in restricted access to culturally responsive approaches to healing and wellness.



Changing Demographics

Minnesota’s racial/ethnic profile is changing. By 2048, it is projected that more than 1 in 3 Minnesotans will be a person of color.

The need to incorporate cultural health practices into Minnesota’s mental health care system is made more urgent by the changing cultural demographics of the state. The following statistics taken from [Minnesota Compass](#) are based on 2020 U.S. Decennial Census data.

- 24% (1.4 million) Minnesotans are [people of color](#), a diverse and varied group that includes those who identify as American Indian, Asian, Black, Hispanic, and two or more races. 76% (4.4 million) Minnesotans identify as [non-Hispanic White](#), a share that has decreased from 83% in 2010.
- The share of Minnesotans who identify as people of color tends to increase among [younger age groups](#), from 5% of Minnesotans age 85+ to 34% of Minnesotans aged 0-9.
- The [Twin Cities](#) has the largest share of residents of color of any Minnesota region at 31.2%, with percentages ranging from 11.7% to 18.2% throughout the region.
- Minnesota Compass has developed data profiles of [27 largest cultural communities](#). The five largest white non-Hispanic cultural communities are: African American (4.2%), Mexican (3.4%), Native American (3%), Hmong (1.46%), and Somali (1.4%).

Efforts in Minnesota

Among the recommendations made in the Governor’s Task Force on Mental Health Report were “to use a cultural lens to reduce mental health disparities”.

In 2016, a **Governor’s Task Force on Mental Health** was formed to develop comprehensive recommendations for improving Minnesota’s mental health system. Cultural lens recommendations included utilizing “cultural interpreters who can consult with providers who need more understanding of diverse cultural norms as they diagnose and treat people with mental illnesses” and expanding the availability of “cultural healers, [cultural brokers](#), and elders” to take on “community health workers, mental health practitioners, certified peer specialists, peer recovery specialists, and family peer specialists” role”.

The current law pertaining to alternative health practices regulates, rather than invests in alternative cultural healing practices.

In recognition of the practice of alternative health approaches, in 2000 the Minnesota Legislature enacted the **Complementary and Alternative Practices** statute ([Minn. Stat. § 146A](#)). The law created the **Office of Unlicensed Complementary and Alternative Health Practices** and defined such practices to include: acupuncture, cultural traditional healing practices, folk practices, healing touch, mind-body healing practices, and traditional Oriental practices.

Use of Peers Approaches. Minnesota has programs focused on certified mental health peer specialists, certified mental health family peer specialists, and community health workers – but none of them have provisions to include “cultural healers, cultural brokers or elders” into the existing programs.

- **Certified Mental Health Peer Specialist Program** ([Minn. Stat § 256.016](#)) has [two levels of peer specialists](#). Certified Peer Specialists Level 1 are adults who have or have had a diagnosis of mental illness (among other qualifications). Certified Peer Specialists Level II meet Level 1 criteria and must be qualified as a mental health practitioner.
- **Certified Mental Health Family Peer Specialist Program** ([Minn. Stat. § 256B.0616](#)). Provide nonclinical family peer support counseling. Among other qualifications, certified [family peer specialists](#) must have raised or being raising a child with a mental illness. Family peer support programs must operate within an existing mental health community provider or center
- **Community Health Worker** (CHW) is a frontline public health worker who is a trusted member of/or has a close understanding of the community served. Minnesota has a 14-credit CHW certificate program. The scope of practice is not defined in statute or rule. [Minn. Stat. § 256B.0624 sub. 49](#) authorizes Medical assistance to cover care coordination and patient education services provided by a certified CHW.

Policy Position Statement

The cultural demographics in Minnesota are changing. Minnesota's mental health care system should reflect a broad array of healing practices representative of its many rich and diverse cultural communities. Furthermore, the legacy of discrimination in Minnesota has created generational trauma that can only be healed by looking at health through a cultural lens. BIPOC residents should have their cultural definitions of health and approaches to healing and wellness reflected in Minnesota's mental health policies, training, and practices.

For these reasons, we recommend:

- Incorporate peer support professionals who represent the culturally diverse demographics of Minnesotans into mental health treatment models. Reform and expand current mental health peer support and community health workers programs to include cultural healers, with provisions to ensure policy, training, and practices are aligned with a diverse array of cultural traditions.
- Fund research on various cultural understandings of health, help seeking, healing and wellness, and on an array of cultural healing practices using culturally-compatible methods of research.
- Implement cultural assessments of health using language that validates an array of health beliefs.
- Invest in language interpreters from an array of cultural communities. Train mental health professionals to work effectively with language interpreters to communicate with people of culturally and linguistically diverse backgrounds more effectively.
- Develop a referral network of mental health providers, including cultural healers, that represent the BIPOC cultural communities in Minnesota.

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