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The findings of a study showed that the percentage of “I am satisfied with my job” respondents increased by 28.7% for those in the pilot and decreased by 17.9% for those not in the pilot.Small professional groups that are supported by department leadership could be one way to address workplace isolation and community and professional development, according to the results of a study presented at the American Society of Health-System Pharmacists’ 2021 Midyear conference.The pilot study targeted pharmacists that were hired within 2 years of the study but were there for at least 6 months. In total, there were 32 pharmacists eligible and 17 who agreed to participate in the study.The 17 participants were organized into 2 groups that met monthly for up to 1 hour. The groups managed their own scheduling, selection of meeting location, and topics for discussion, without influence or oversight from a pharmacy leader. The only specific requirement was that the topic of discussion focused on either professional development or was work related for at least half of the meeting time.The investigators conducted a survey of the participants before the groups were formed and then again 6 months after. The survey results showed that various professional activities had different levels of current versus planned involvement, including research at 39% versus 61%; quality improvement at 55% versus 77%; teaching at 26% versus 55%; and finding mentorship at 16% versus 28%.The percentage of pharmacists with a well-being index score greater than 3 from baseline to 6 months, which indicated a high potential risk of burnout, decreased by 22.8% for pilot participants and 10.7% for non-pilot participants. Additionally, the percentage of “I am satisfied with my job” respondents increased by 28.7% for those in the pilot and decreased by 17.9% for those not in the pilot.The pilot began in February 2020 and ran through December 2020, with participants meeting virtually due to the COVID-19 pandemic. In total, there were 8 meetings between the 2 groups and 30 of the 32 respondents agreed that the pilot should be expanded departmentally.The survey included questions about current and anticipated extracurricular and professional goals, well-being, job satisfaction, and feeling welcomed in the department. The follow-up also included questions related to perceived value of the pilot.The investigators noted that additional studies would be needed to determine the influence of these small group meetings on symptoms of burnout, well-being, and retention.ReferenceLeung, J. Cunningham, J. (Management Case Study) Breaking Down Silos and Building Communities: A Pharmacy Engagement Group Pilot. ASHP Midyear 2021. Accessed December 6, 2021. Colonization, historical oppression, and Western treatment models play a major role in mental health outcomes for Indigenous peoples of the United States. Share on PinterestIllustration by Alyssa Kiefer Lifelong and generational adverse life experiences can increase your chances of developing depression and other symptoms of emotional distress.This is the case for millions of Indigenous people in the United States, who face a high lifetime probability of experiencing mental health symptoms. These challenges often increase due to difficulty getting the support they need, when they need it.Marginalization, stigma, discriminatory public policies, and racial trauma are a few of the factors greatly affecting health outcomes in this community. Cultural perspectives of depression and other mental health concerns also affect these outcomes. Accordingly, when health professionals lack awareness of these perspectives and Indigenous culture and traditions, treatment may have little benefit. When trying to reach a diagnosis, mental health professionals may look for key signs and symptoms of depression. All the same, not everyone has the same symptoms or with the same intensity. In fact, not everyone who experiences certain thoughts or behaviors may consider them a sign of depression.In an attempt to provide a diagnosis, mental health professionals working from a Western treatment model may ask you about persistent feelings of sadness, for example. Yet, Indigenous Americans may be more likely to say they feel hopeless, or that their regular activities require too much effort. They may not describe this as sadness. In 2016 research examining the prevalence of depression and anxiety symptoms in Indigenous Americans, anger was identified as a common symptom. This also varied according to gender.In Indigenous men, researchers said depression could also involve: These symptoms may also vary according to age and the cause of depression.For example, among Indigenous youth, social discrimination and rejection can affect identity and feelings of self-worth. The sense of being hated by others can fuel self-hatred, diminished self-esteem, and thoughts of suicide. Peripartum (also called postpartum) depression is another major concern for Indigenous families. Discrimination, along with historical and present-day trauma, can easily increase someone’s chance of developing this condition. So can socioeconomic inequalities such as living in poverty and having limited access to healthcare.Untreated postpartum depression can have serious consequences for both parents and children. New parents might fear revealing their symptoms will lead to the loss of their child. Instead, they might turn inward, coping through self-harm or emotional distancing. Western care models offer only one perspective on wellness. Many white therapists consider this treatment model the only accurate approach — but that certainly isn’t the case. When dominant healthcare perspectives apply the same limiting treatment norms to all, they ignore valid paths to healing. This further marginalizes people of other cultures by denying their traditions and history. Plus, what healthcare professionals identify as depression may not always be depression for Indigenous people. Many Indigenous languages don’t have specific terms for depression or mental illness. This doesn’t suggest these languages are too “simplistic” to capture the nuances of Western mental health diagnoses. It may mean Indigenous nations understand mental and emotional distress differently.For example, depression or anxiety might be considered somatic expressions of physical illness, or a response to disharmony or a lack of balance. “Indigenous philosophy views an individual as a physical, emotional, thoughtful, and spiritual being,” explains Carol Ladd, a licensed independent clinical social worker in White Bear Lake, Minnesota. “These aspects are integrated and balanced to make the ‘whole’ of the individual,” Ladd says. “When balanced with love, nurturing, security, and opportunity, there is health and wellness. When out of balance, through deficiency, there is ill health.”Kylee Jones, an associate clinical social worker at Indigenous Circle of Wellness in Los Angeles, California, says that avoidance and resistance often arise as signs of intergenerational trauma — trauma handed down through generations and shared among members of a culture. “In many cases, our ancestors had to assimilate for survival, meaning our parents and elders may have punished us for saying or doing certain things that would otherwise be normal or praised,” Jones says. Mental health professionals who don’t consider the impact of intergenerational trauma may assume this avoidance or disconnect suggests depression, when in fact it relates to symptoms of trauma. Although depression can be a sign of trauma, it may be important to recognize it as such, and not as the main concern.Since the first European settlers arrived to claim Indigenous land for themselves, Indigenous communities have faced:stigma, racism, and discriminationcultural erasure and oppressionforced relocation kidnapped childrenforced sterilizationabuse at orphanages and schoolslavery genocide The deep wounds left by historical trauma still linger. Of course, stigma, racism, and land dispossession aren’t just concerns of the past. They continue to drive present-day injustices that can raise depression risk and complicate care.Many Indigenous people remain on small reservations or land allotments with few options for relocation and limited resources — including food, water, employment opportunities, and healthcare. Both isolation and poverty can make it difficult to seek support, especially when these issues intersect with:no access to reliable transportationdifficulty communicating with professionalsmistrust of government healthcare and other servicesConsider the COVID-19 pandemic. Certainly, it disrupted life for most people in the United States. In many Indigenous communities, it served as yet another barrier to medical care, as well as essential social support. As a result, already underserved and vulnerable communities were left further isolated and devastated without access to care.Jones notes that intergenerational trauma often shows up in the context of seeking support. “There’s hesitation in attending routine checkups and seeking medical advice, even basic treatment, in times of need. Because of added stigma, this hesitation is higher when it comes to mental healthcare, complicating seeking and receiving treatment,” she says. Most mental health researchers and care professionals have an incomplete or inaccurate understanding of Indigenous cultures and their connection to health. This lack of knowledge makes it tough to measure actual rates of depression. Screening tools that align with Western care models may miss key symptomsmisdiagnose symptoms of other concerns, including post-traumatic stress disorder (PTSD)overlook cultural norms around discussing emotional distressreat culturally significant emotions and experiences as expressions of depression create falsely high rates of depression in Indigenous communitiesTreatment, accordingly, may also fall short. Therapists who want to support Indigenous clients must include their culture to recognize and assist the whole person, Jones explains. “Removing or rejecting the cultural influence of our client in [the] wellness space can lead to misguidance of information, mistreatment, and even mistrust in the therapeutic relationship,” Jones says.For many Indigenous nations and communities, acculturation was necessary for survival. But forced assimilation to white social norms and ideals carries a heavy consequence: the loss of identity, cultural traditions, and spiritual connection. These effects can increase the chances of depression and suicide and carry forward into new generations.Cultural reconnection may help provide a sense of balance and meaning, protecting against thoughts of suicide and other mental and emotional distress. Still, while culture may play an important role in healing, the true key to change lies elsewhere: in white attitudes toward Indigenous peoples. Experts have identified discrimination as a major factor in depression, suicide risk, and other mental health outcomes for Indigenous adults and adolescents. For youth, in particular, peer discrimination and a sense of not belonging at school often lead to higher rates of depression and substance use. In a 2017 study examining the ways self-perception and culture might affect the chance of depression and suicide among Indigenous youth, researchers found that participants reported high self-esteem and ethnic pridestronger cultural identity and involvement did not lower depression and suicide ratesparticipants reporting greater cultural involvement also reported more discriminationThe researchers suggest that an awareness of discrimination can raise suicide attempts and depression symptoms, even among youth who feel connected to their heritage and cultural values. Both Jones and Ladd emphasize the importance of culture and the four quadrants of health in healing trauma. “When we break down the part culture — language, environment, core values, feelings, and spiritual connections — plays in our perception and understanding of the world around us, we can better grasp the role it plays in our healing,” Jones says. Ladd, who provides therapy at Alliance for Healing and is an enrolled member of the Menominee Tribe of Wisconsin, also explains it’s important to include all aspects of a person in healing, which means physical, emotional, mental, and spiritual healing. “When the trauma symptoms have been resolved, the negative taken away, we must replace them with positives,” Ladd says. In her role as an Elder, Ladd provides teachings and stories. “These teachings are good medicine for living in this world,” she says. “They help reframe thoughts with heart and mind connected, to see the self and others with compassion and love.” Traditional Indigenous healing approaches can vary by nation, but often include:healing ceremoniesprayer and spiritual counselcraft workparticipation in traditional activitiescommunity activitiesAlso essential for those seeking support? The opportunity to connect with therapists who understand their heritage, cultural traditions, and family ties. This means non-Indigenous therapists must challenge their own biases in order to:decolonize mental healthcare recognize the role of Indigenous traditions and spirituality in healingoffer therapy informed by cultural knowledgeThe disparities in income, education, and housing that limit opportunities for Indigenous Americans must also be addressed — their land returned, their culture and values recognized. Members of Indigenous communities must have equitable opportunities to pursue healing. They must also have the opportunity to choose careers in healing and medicine and offer that healing to others. The atrocities Indigenous nations faced at the hands of white settlers aren’t simply tragedies of the past. Lingering discrimination and socioeconomic inequities compound historical trauma, affecting health and wellness in ways that Western care models fail to address. “The best advice I can give a non-Native mental health professional is to be humble and honest,” Ladd concludes. Non-Indigenous therapists who truly want to support Indigenous communities and individuals in healing depression and trauma must: openly acknowledge racism and bias work toward anti-racism and allyshipprioritize Indigenous approaches to healingThese actions enable progress from mere awareness toward much-needed deeper understanding. Last medically reviewed on July 15, 2021Addressing depression among American Indians and Alaska Natives: A literature review. (2012).uhi.org/wp-content/uploads/2012/08/Depression-Environmental-Scan\_All-Sections\_2012-08-21\_ES\_FINAL.pdfAmerican Indian and Alaska Native populations. (n.d.).sprc.org/scope/racial-ethnic-disparities/american-indian-alaska-native-populationsAvey JP, et al. (2018). Depression management interests among Alaska Native and American Indian adults in primary care.sciencedirect.com/science/article/abs/pii/S0165032717313009Bauman BL, et al. (2020). 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