Culturally Responsive Evidence-Based and Community-Defined Practices for Mental Health | Session 5: Achieving Whole Health

Presenters:

Dr. Pata Suyemoto, PhD

Dr. Rachele Espiritu, PhD

Participant Question & Presenter Response

- Q1 Why does Achieving Whole Health (AWH) use the three-part Mind, Body,
 Spirit model rather than the Eight Dimensions of Wellness used by SAMHSA.
 Why does AWH use the IMPACT goal setting strategy rather than the SMART goal setting strategy?
- AWH was developed in 2012 before SAMHSA's Eight Dimensions of Wellness came out. Additionally, AWH was created in part by a stakeholder group of Asian American and Pacific Islander (AAPI) providers and people with lived experience. These stakeholders determined that the three domains of mind, body and spirit would resonate best within the AAPI community. The AWH creators also aimed to use a simple and straightforward framework so that people could easily connect with it. AWH uses IMPACT goal setting because it was used by the Whole Health Action Management program, which AWH is based upon. These two frameworks are also strengths-based, which is an essential element of the AWH program.
- Q2 How is the supportive relationships circle map used in AWH?
- To begin the supportive relationships circle map exercise, have the participants draw the four circles on a piece of paper and then place the names of the people in their lives they are closest to in the inner circle. Then, have the participants place additional names of people in their lives in the remaining circles: friendship circle, neighbors and group connections circle, and acquaintances circle. Once this is complete, have participants debrief in pairs or small groups. They should discuss how satisfied they are with the network of people in their lives and if there are things they would like to change or relationships they would like to strengthen. The AWH program includes setting goals for each life domain; if a participant is unsatisfied in the spirit domain, they may consider setting a goal of strengthening a particular circle in the supportive relationships circle map.

- Q3 How can organizations utilize AWH to provide support for their employees?
- The National Asian American Pacific Islander Mental Health Association (NAAPIMHA) has recently begun providing AWH trainings to some organizations wanting to use the program for their employees. Organizations interested in providing this must prioritize giving their employees time to attend AWH workshops. Interested organization can reach out to NAAPIMHA at https://www.naapimha.org/ to discuss how these trainings could look.
- Q4 How can AWH practices be used within geographic areas where the AAPI population is small?
- A4 Providers can always open up AWH programs to a wider group that expands beyond the AAPI population. Additionally, you can offer AWH programs virtually to reach a larger number of AAPI individuals. AWH doesn't necessarily need to be geographically based.
- Q5 Is there additional coaching, retraining or debriefing available beyond the one-day AWH training offered?
- While the AWH training can be done in one day, it is frequently offered over two or three days depending on participant availability. After the initial training is complete, both NAAPIMHA and NNEDLearn offer follow up coaching to AWH cohorts when needed.
- Q6 Is AWH a good fit for populations working towards recovery from mental health concerns?
- Yes. AWH is a very powerful tool for people struggling with their mental health because it's not embedded in a medical model; it's a community model. Mental health challenges may occur in any population and it is important that whoever is leading the AWH group is able to refer participants to mental health professionals if need be. AWH is not therapy; it is a wellness program. AWH provides a different kind of support than therapy because it addresses the whole self, whereas the mental health field often attempts to address mental health on its own.

AWH is particularly beneficial for people with mental health concerns because it addresses the spirituality domain, which is so rarely addressed in group and professional mental health settings.

Additional Resources:

- For information about mental health training and technical assistance activities, access your MHTTC Regional Center here.
- National Asian American Pacific Islander Mental Health Association (NAAPIMHA)
- National Network to Eliminate Disparities in Behavioral Health (NNED) Learn
- IMPACT Goals

Disclaimer

This presentation was prepared for the Mental Health Technology Transfer Center under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mental Health Technology Transfer Center. For more information on obtaining copies of this presentation please email jegonzalez@stanford.edu.

At the time of these presentations, Miriam Delphin-Rittmon served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the presenters and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred. Additionally, the presenters have no financial, personal, or professional conflicts of interest in this training.