



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

HEALING THE SOUL CURANDO EL ALMA NA SANAA'E INI'E

*Ventura County Behavioral Health
Mental Health Services Act Innovation
Project FINAL REPORT*



Mental Health Services
Oversight & Accountability Commission

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ABOUT MIXTECO/INDIGENA COMMUNITY ORGANIZNG PROJECT

Mission

To support, organize and empower the indigenous migrant communities in California's Central Coast.

Vision

We envision a strong indigenous immigrant community actively engaged to achieve just working and living conditions, equality, and full human rights in the broader community.

Values

- Preserving: Traditions, Culture, Language
- Respect for others
- Social Justice
- Team work
- Collaboration
- Professionalism
- Confidentiality
- Responsibility



PROJECT SUMMARY

Healing the Soul was a 3-year Mental Health Services Act (MHSA) Innovations project from 2017-2021 that evaluated adapted traditional Indigenous healing practices in reducing symptoms of stress, anxiety, and depression within the local Indigenous community in Ventura County. In addition, the project sought to evaluate the possibility of incorporating traditional Indigenous healing practices into Cognitive Behavioral Therapy Services.

The project addressed disparities in use of services among Indigenous and immigrant communities by increasing capacity among Ventura County Behavioral Health (VCBH) to provide culturally relevant mental and behavioral health services among VCBH, while providing preliminary evidence for the efficacy of traditional Indigenous healing practices. The project was proposed and implemented by the Mixteco/Indigena Community Organizing Project, in consultation with local Indigenous healing practitioners, known as Curanderas, and with members of the community at large.

Healing modalities included use of medicinal plants, baños de vapor (steam baths), and limpieas (cleansing), all of which incorporate Indigenous understandings of health, mental health, and spirituality. Participants reported a reduction in symptoms of stress, anxiety and depression, and survey results demonstrate participants' belief in the efficacy of Indigenous healing and increased willingness to access Behavioral Health services that incorporate Indigenous healing into mainstream therapeutic practices.



HEALING THE SOUL CURANDO EL ALMA NA SANAA'E INI'E

PROJECT GOALS



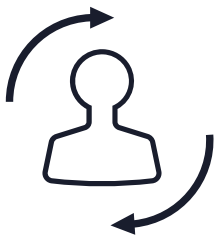
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about



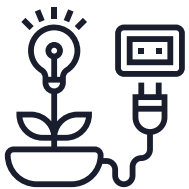
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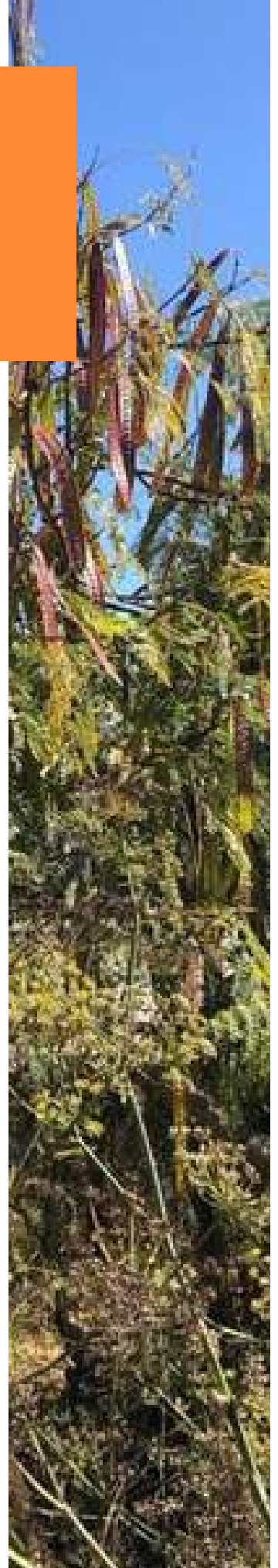
ADAPT

indigenous practices and
perspectives for



USE

as a culturally congruent
modification of Cognitive
Behavioral Therapy to treat
indigenous Mexican people in
the County.



ALIGNMENT WITH MHSA INNOVATION PRINCIPLES

See Appendix 1: Alignment to the Innovation Intention and MHSA Principles

1. Cultural Competence:

- Research team trained by local healers
- Use of Indigenous healing modalities
- Services in Indigenous languages
- Services are free with minimal entry barriers

2. Community Collaboration:

- Community engaged as holders of education, knowledge, and resources
- Community Advisory Board

3. Client/consumer/family involvement:

- Clients involved from outreach stages through implementation and outcome measurement

4. Integrated Service Delivery:

- Culturally recognizable services integrated into VCBH treatment

5. Wellness/recovery:

- Individualized based on reported symptoms and client needs



INDIGENOUS AND IMMIGRANT COMMUNITIES

- Indigenous communities, primarily from the Mexican state of Oaxaca, Guerrero, and Michoacan
- Estimated population in California is over 175,000¹
- Over 50% of California's farmworker population is indigenous
- Monolingual in Indigenous languages - Mixteco, Zapoteco, which are 3,000 year old languages that are different and separate from Spanish
- Mixtecos refer to themselves as Ñuu Savi(people of the rain) and they speak Tu'un Savi(word of the rain)
- Barriers to service access: stigma, no access to health care, lack of transportation, limited in-language health services, unfamiliarity with local health system, inadequate service hours, racism/anti-indigenous sentiments from service providers, mental health terms do not exist in indigenous languages like Mixteco
- Commonly reported stressors: worry of children's' well-being, financial and food insecurity, poor working conditions, domestic violence

1. Mines, Richard, Sandra Nichols, and David Runsten. 2010. "Final Report of the Indigenous Farmworker Study (IFS) to the California Endowment.



METHODOLOGY

COMMUNITY ENGAGEMENT

An advisory board made up of Mixteco, Zapoteco, and other indigenous representatives local to the area; as well as advocates and community health professionals familiar with the indigenous Mexican community in the County was created at the beginning of the project. After year one, the focus group was largely comprised of local healers or Curanderas who became more involved in the interventions. These highly skilled and valued members of the community are still involved with the project as of July 2021.

The board was initially responsible for helping to recruit 150 local indigenous Mexican community members to participate in either a focus group or a structured survey. The advisory board's purpose was to provide stakeholder input for a stronger community driven program from start to finish. It was comprised of ten people who initially convened once a month for the first year and quarterly in the following years, whereas today the 'board' members are considered as much a part of the team as the promotoras.

Initial focus group interviews informed the development of structured surveys. Focus groups and surveys were used to assess values and beliefs about mental health, acculturation, likelihood of using available mental health services, and prevalence of mental illness. A total of 150 community members participated in either a focus group or survey, which informed the adaptation of Indigenous healing modalities into the program.



METHODOLOGY COMMUNITY ENGAGEMENT

The focus group interviews, as the first data collection opportunities of the project, were comprised of 3 in-depth discussions on the topics and questions that were eventually included in the structured surveys. The methodology for these focus groups shifted from traditional research practices. By training MICOP promotoras (who are from the indigenous migrant community, who speak the languages and know the culture), Healing the Soul seeks to center which are described in detail by a published article in the international journal of cross cultural management.

Early in the focus group process, the promotora team felt quickly that traditional focus group methodologies would not work within the indigenous migrant community, due to the stigma and taboo nature of mental health topics. As one promotora mentioned: *“If we were to knock on someone’s door wearing a tie and asking questions about mental health through an interpreter, we would never find out about traditional Mixtec medicine. We feign misunderstanding before we would tell a stranger.”* Therefore, storytelling and guided interviews became key in uplifting the information Healing the Soul sought.¹

Topics for the focus groups included traditional healing practices for treating adverse mental health symptoms; values and beliefs about mental health; acculturation, the likelihood of using available Western mental health services; and prevalence rates of mental illness. The later created structured survey was quantitative in nature and designed to incorporate a multitude of perspectives on the aforementioned topics.

¹ Santamaría, L. M. J., García Aguilár, S., León Salazar, L., Lozano, C., Salazar, A., & Flores-Haro, G. (in press). Healing the soul collective (HTSC): A feminist BIPOC migrant Mixtec serving leadership and research initiative. In N. Jaramillo, J. Ford (Eds.) *Unsettling Colonial Curriculum: Womanist and Anti-Colonial Theories and Pedagogical Interventions*. Transformations series by the University of Illinois Press.



METHODOLOGY

COMMUNITY ENGAGEMENT

The secondary purpose for the structured surveys was to develop a cultural learning resource card. The resource card and other written guides are for mental health providers to use and might be for new indigenous Mexican clients to bring with them when they are beginning treatment.

These resources are meant to facilitate conversation between the client and mental health provider about how their indigenous background will be included and acknowledged in their treatment.

The learning card, designed to be completed in collaboration with the client and their provider, might be used for the following purposes:

- establish client rapport
- provide psychological education
- to inform both parties of the client's personal acculturation process.

The card might also provide brief background information to the mental health provider assuming they are unfamiliar with the indigenous Mexican culture.

INDIGENOUS UNDERSTANDINGS OF MENTAL HEALTH

- Inextricable connection between mind, body, and soul
- Symptoms of anxiety, depression, and stress are understood as spiritual maladies, bad energy, or injury to one's soul, which are often manifested in the mind and body
- Spirituality, prayer and meditation must be at the center of treatment



"When Indigenous peoples become the researchers and not merely the researched, the activity of research is transformed. Questions are framed differently, priorities are ranked differently, problems are defined differently; people participate on different terms"

-Linda Tuhiwai Smith(1999)



RESEARCH QUESTIONS

- What is the mental health status of Indigenous Mexicans?
- What are the traditional healing beliefs and strategies of Indigenous Mexicans?
- Do the Chosen Intervention Strategies, based on traditional healing practices, have an effect on symptoms of stress, anxiety, and depression?
- Does providing educational training to Ventura County Behavioral Health providers improve knowledge and acceptability regarding the integration of Indigenous practices?





RESEARCH QUESTIONS AND SPECIFIC AIMS

1. What is the mental health status of indigenous Mexicans?

Aim 1.1: Conduct focus groups with community stakeholders, to determine the mental health status of indigenous Mexicans in the community being served.

By January 2018 3 focus groups of 21 community members had been completed. The focus groups provided the team with information supporting the prevalence of indigenous healing practices to treat and support stress, anxiety, and depression in the community using many different herbs and “limpias”. The promotora team conducted the focus groups in Spanish and Mixteco.

Aim 1.2: Conduct interview administered surveys with indigenous Mexican participants, to determine the self-rated mental health status.

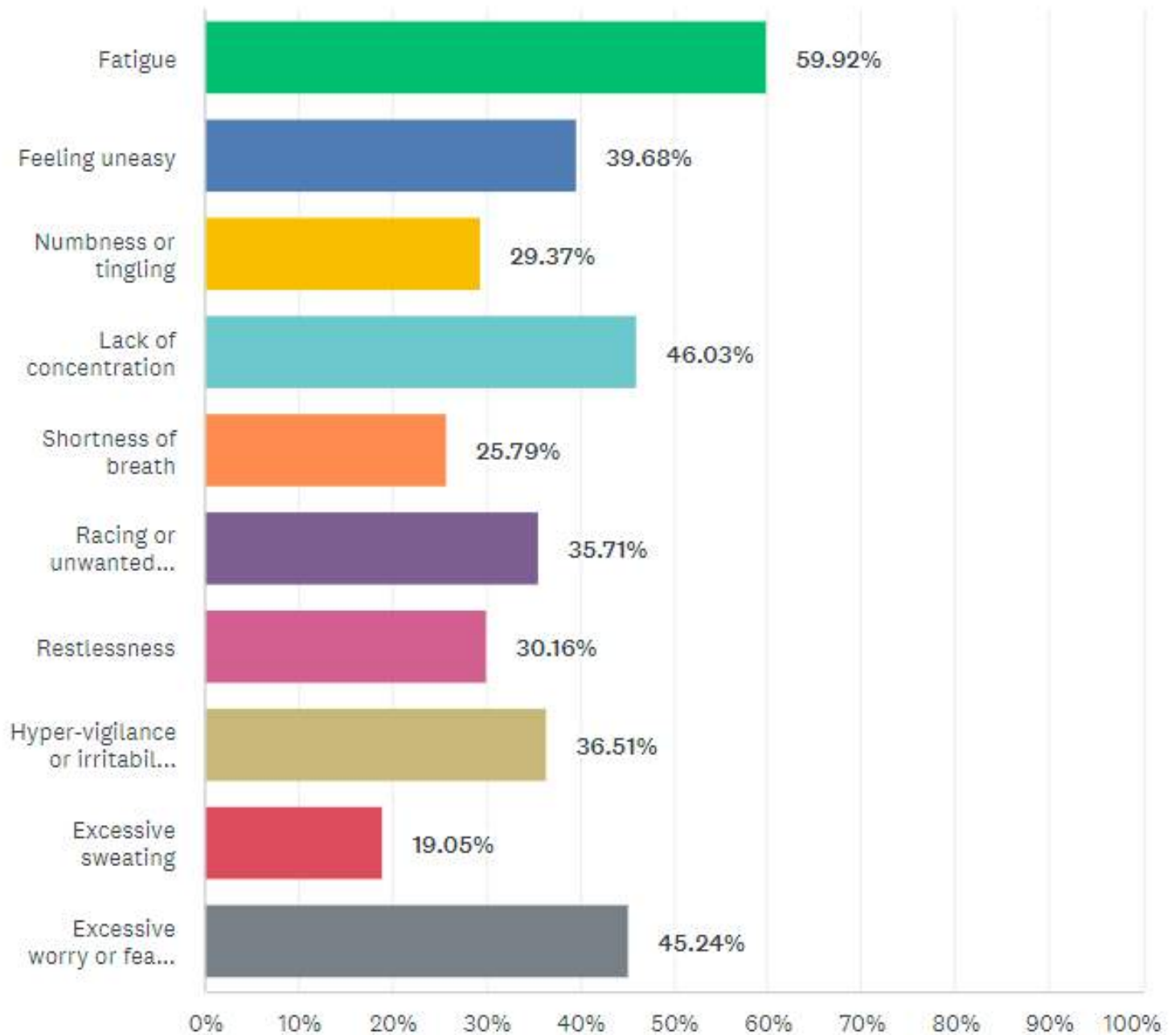
By November 2018 150 community members had been surveyed with regard to indigenous healing to treat or support stress, anxiety and depression. Given that Mixteco is a language that is over 3,000 years old, concepts such as stress, anxiety and depression have no direct translation. Therefore, great care was taken to leverage common descriptions across the variants in Mixteco. Details about healing modalities were shared indicating herbs, baños de vapor (vapor baths), and limpias (energy clearings) as ways to alleviate symptoms. Curanderas or healers were mentioned as keepers of this knowledge. Spirituality was mentioned as necessary to move the negative energy associated with mental health issues. Societal issues, disparities, and access to services also came up as well as domestic issues, postpartum depression, domestic violence, substance abuse, socioeconomic issues, education, and poverty as contributors to mental health.

PRE-TEST RESPONSES: STRESS

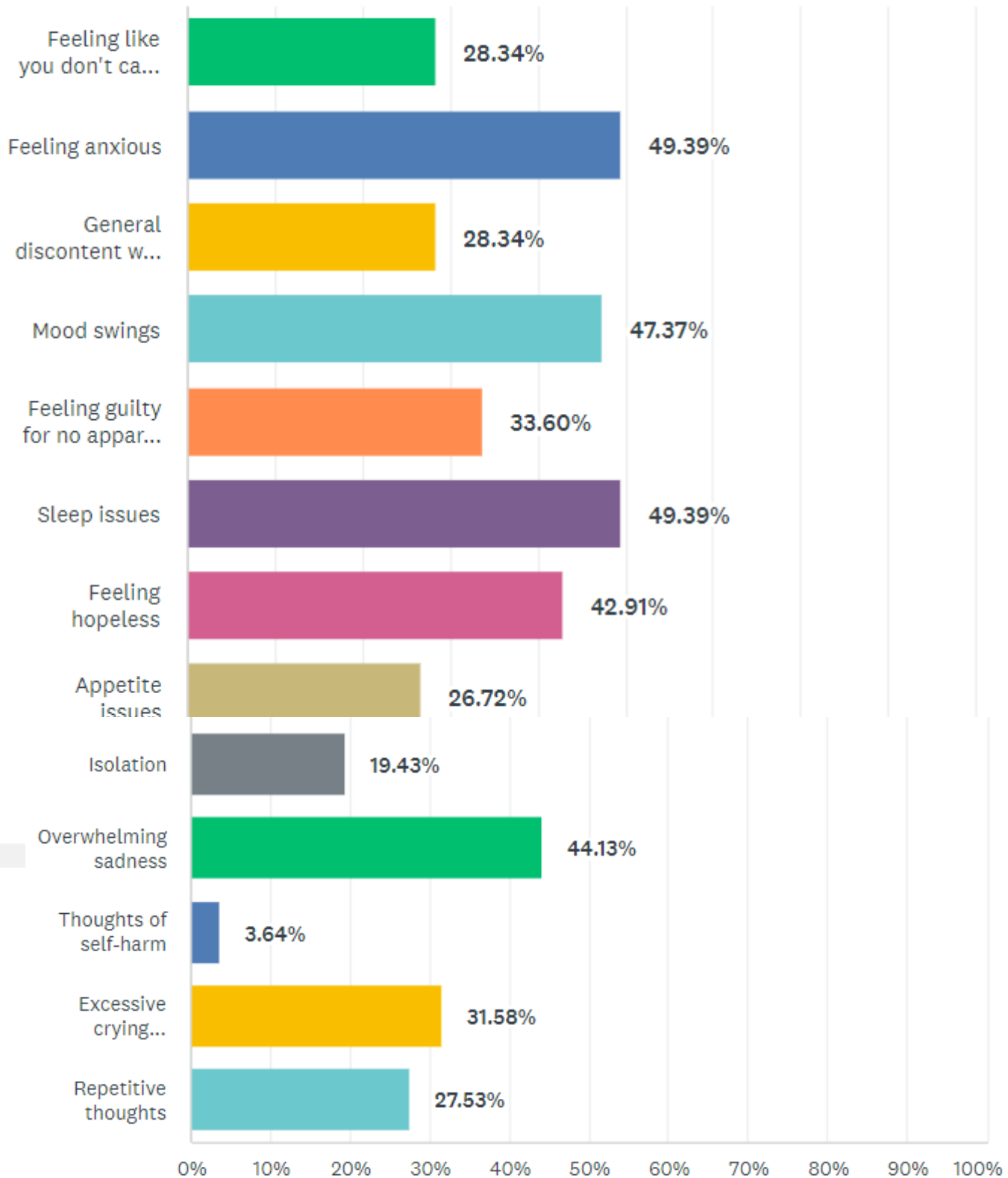
See Appendix 2: Pre-Test Data

ANSWER CHOICES	RESPONSES	
▼ Low energy (physical)	66.19%	184
▼ Becoming easily agitated (emotional)	38.49%	107
▼ Headaches (physical)	57.55%	160
▼ Feeling overwhelmed or out of control	27.34%	76
▼ Upset stomach, including diarrhea, constipation, or nausea	39.21%	109
▼ Having difficulty relaxing or quieting your mind	48.20%	134
▼ Aches, pains, and tense muscles	66.55%	185
▼ Feeling bad about yourself, lonely, or worthless	33.45%	93
▼ Chest pain or rapid heart beat	32.01%	89
▼ Avoiding others	21.58%	60
▼ Increased use of drugs or alcohol to cope	4.32%	12
▼ Insomnia	41.01%	114
▼ Constant worrying (emotional cognitive)	48.20%	134
▼ Frequent colds/infections (physical)	18.35%	51
▼ Inability to focus (emotional cognitive)	34.53%	96
▼ Avoiding responsibilities (physical, emotional, cognitive)	17.99%	50
Total Respondents: 278		

PRE-TEST RESPONSES: ANXIETY



PRE-TEST RESPONSES: DEPRESSION





RESEARCH QUESTIONS AND SPECIFIC AIMS

2. What are the traditional healing beliefs and strategies of indigenous Mexicans?

Aim 2.1: Conduct focus groups with community stakeholders, to identify traditional healing beliefs and strategies of indigenous Mexicans.

Focus group data from 3 different interviews yielded results that identified 21 community members as having knowledge and belief of healing strategies and modalities that are germane to their community.

Aim 2.2: Conduct interview administered surveys with indigenous Mexican participants, to document indigenous healing beliefs and strategies.

Community members completed 150 surveys indicating details regarding indigenous beliefs (e.g., where there is belief in God/ faith/ indigenous plant medicine, there is healing also) and strategies (e.g., teas, vapor baths, energy work).





RESEARCH QUESTIONS AND SPECIFIC AIMS

3. Does the chosen intervention strategies based on the traditional healing practices have an effect on symptoms of stress, anxiety, and depression?

Aim 3.1: Administer a baseline survey to assess stress, anxiety, and depression

28 cohorts of 10 community members were given baseline surveys to assess stress, anxiety and depression before receiving herbal remedies and healing strategies identified by Curanderas/ Healers and then taught to the HTS team members. Specifically, 280 participants received plants for tea based on their symptoms Monday, received clothed vapor steam baths infused with healing herbs and an energy clearing (Reiki) on Wednesday, and continued drinking the tea provided through Friday.

Aim 3.2: Administer a baseline and post-intervention survey to assess stress, anxiety, and depression outcomes.

On Friday cohort members returned for a post check-up and post-intervention survey to assess stress, anxiety, and depression outcomes. 207/208 participants reported a decrease in the vast majority of symptoms previously reported following the week long treatment cycle.



COVID-19

The COVID-19 pandemic posed restrictions on the final weeks of data collection, cutting direct contact with the community by one month. Collecting post-test data for the final 20 continues to pose issues to the project, as families have been more difficult to contact for post-test data collection under the unpredictable events associated with the pandemic.

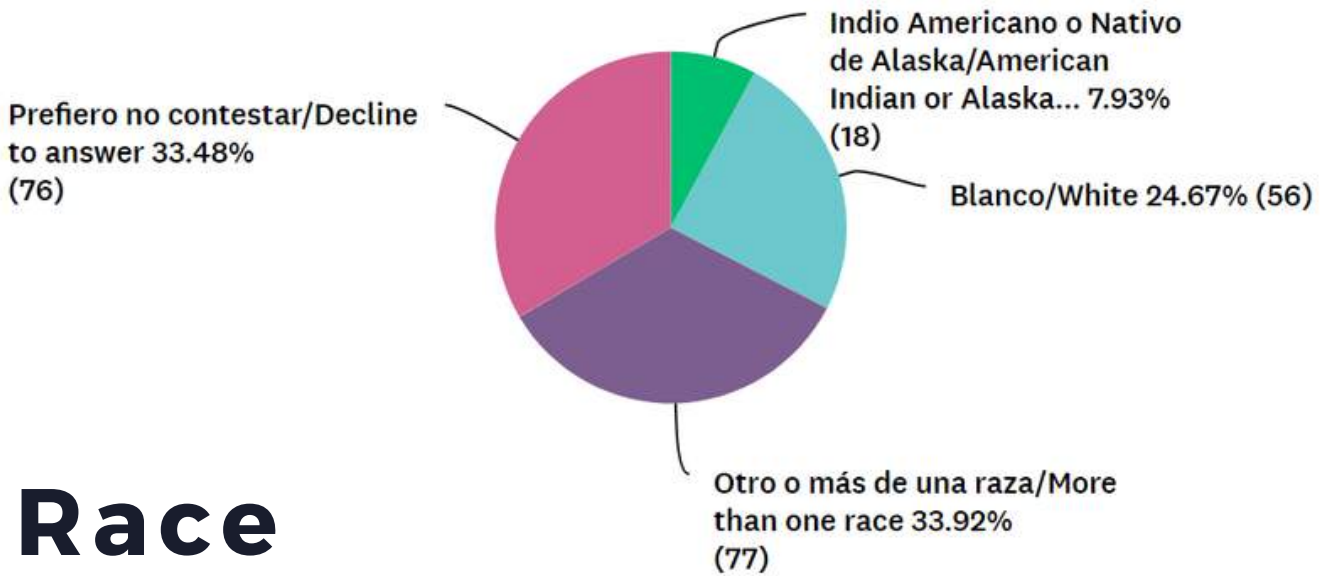
Meeting directly with families posed a challenge for the Team but with the use of Zoom, Google Meets, and telephone calls, we continue to implement a strong dissemination plan. Our work with the VCBH partnership, Professional Development, and final implementation are being realized, despite.



DEMOGRAPHIC DATA

See Appendix 3: Demographic Data

Answered: 227 Skipped: 55



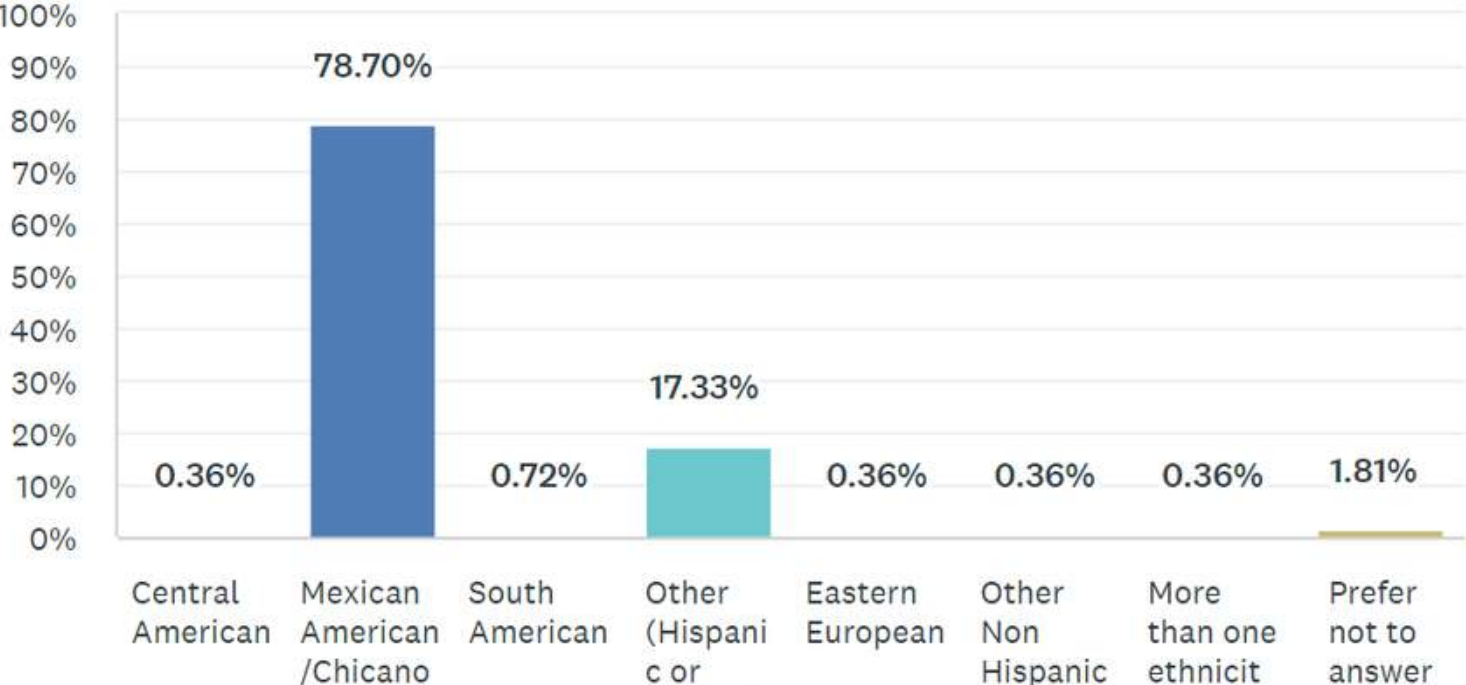
A Note on Race

This project was designed with the population of Indigenous communities - largely from the southern Mexican states of Oaxaca, Guerrero, and Michoacan - in mind. When interpreted racial demographics, it is important to note that conceptions of race among Indigenous Mexicans may be radically different from those of the United States.

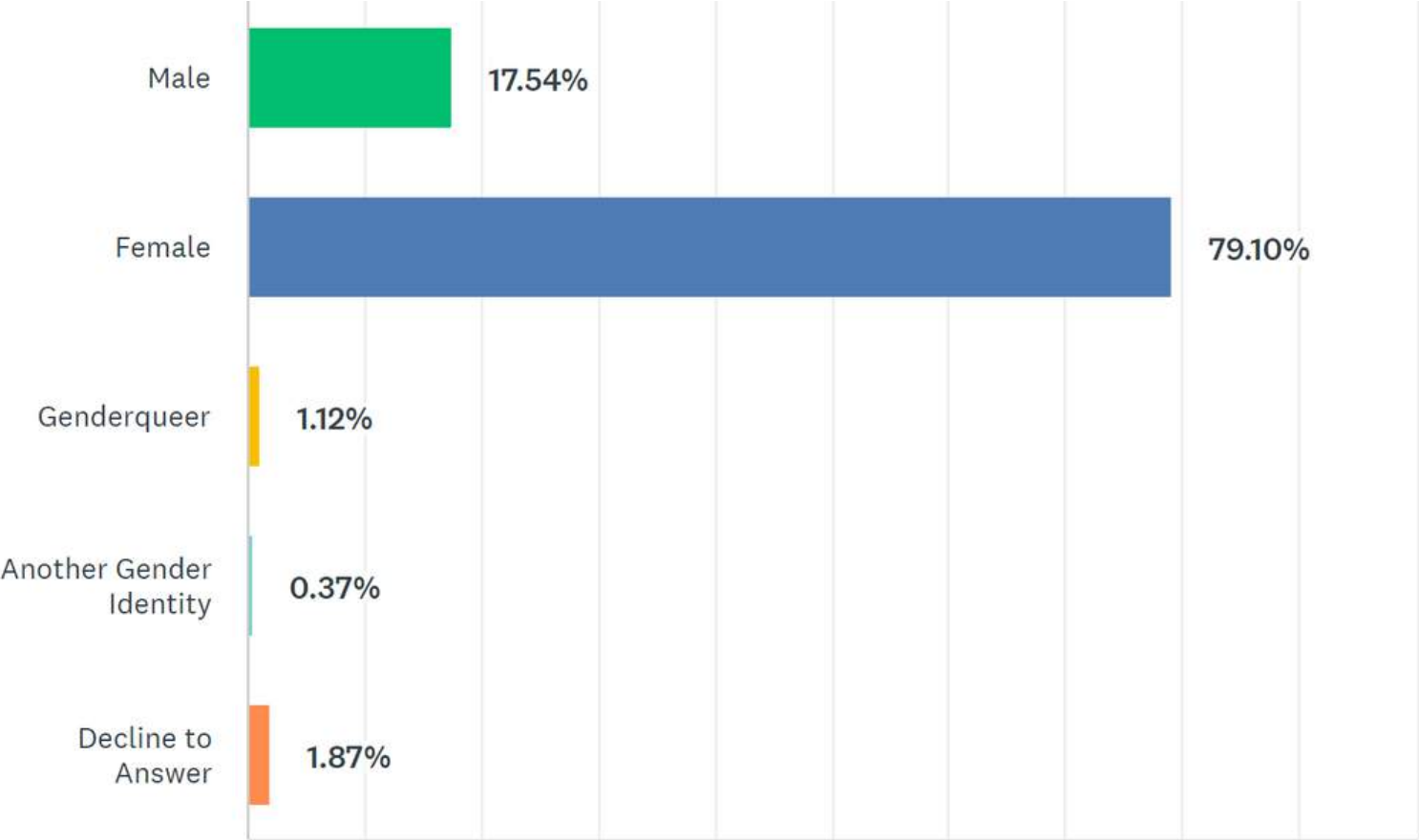
Mexico's social history and lasting effects of anti-Indigenous racism may discourage Indigenous individuals from identifying as such, in order to avoid social stigma and racial discrimination. Language, culture, and community may play a larger role in Indigenous identity.

While academic debates about racial categories remain contested, demographic surveys are often perplexing to Indigenous Mexicans. This may explain why the most common selected racial category is "Other or More Than One Race."

Ethnicity



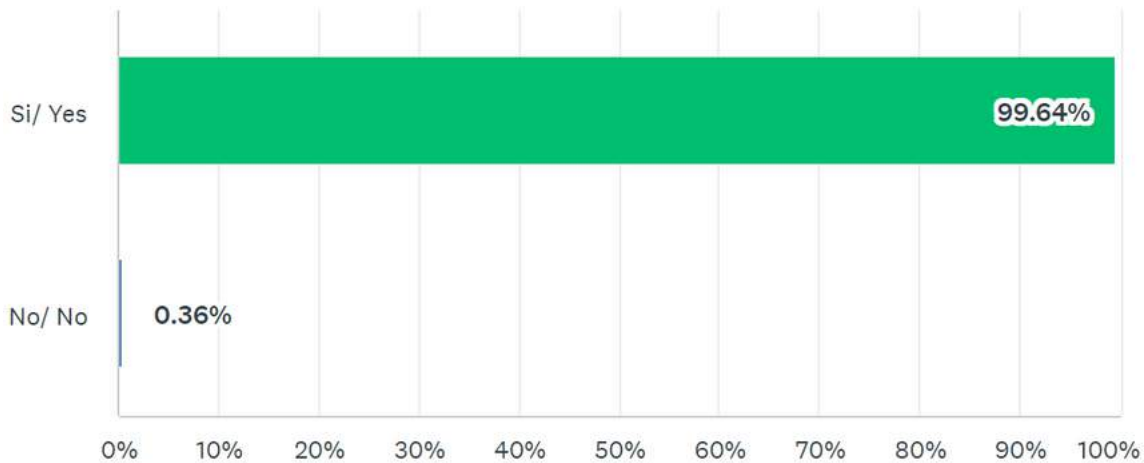
Gender



POST-TEST

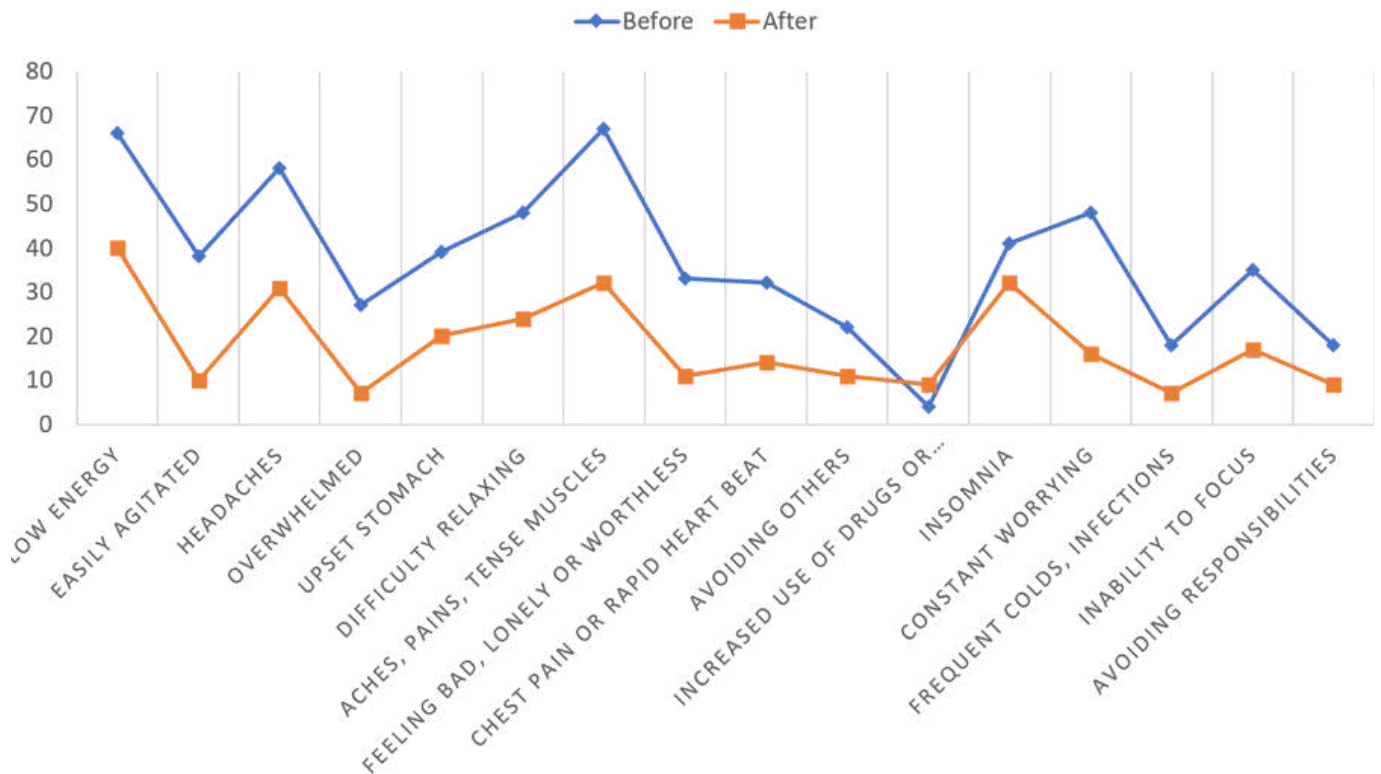
See Appendix 4 : Summary of Research Findings; and Appendix 5: Post-Test Data

Participant Belief in Treatment Efficacy



Reported Symptoms Before and After

Almost 99 % of participants reported favorable results, including nearly 20% reduction in symptoms associated with stress, 15% reduction in most symptoms associated with anxiety, and 12% reduction in symptoms associated with depression.



RESEARCH QUESTIONS AND SPECIFIC AIMS

4. Does providing educational training to VCBH mental health providers improve knowledge and acceptability regarding the integration indigenous healing into the mental health service delivery for Indigenous Mexicans?

Aim 4.1: Administer a pre- and post-training survey to mental health providers to assess change in knowledge and perceived self-efficacy regarding integrating indigenous healing into the service delivery for indigenous Mexicans.

Following the positive administration of the intervention and close work with Dr. Sandra Barrientos and Vanessa Martinez VCBH practitioners and active members of the HTS Advisory Board, these professionals with Team HTS provided a professional development opportunity for 40 more VCBH practitioners to share lessons learned and ways in which indigenous healing might be successfully integrated into the service delivery for indigenous Mexicans. Resources were created and shared and it was determined that some of the learnings might be able to be a part of what is shared at VCBH. Ultimately, a contract for services (Healing the Community) was developed that will enable HTS to work more closely with VCBH in service to the indigenous Mexican community as well as other more vulnerable and underrepresented groups in the County beginning July 2021.

Of note, this work exemplifies ‘Process Aim.’ As such it was guided by the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework, in the ways in which we can examine the study’s success in: 1) Reaching a representative segment of the population (reach); increasing participant satisfaction through a well-implemented intervention (implementation); and (3) Creating an intervention that can be adopted by and maintained or integrated by VCBH (adoption/maintenance).

DISSEMINATION

See Appendix 6: Cumulative Dissemination Activities

KEY ACTIVITIES INCLUDED

- Presentation of findings to Ventura County Behavioral Health
- MICOP Indigenous Knowledge Conference
- Methodology and preliminary findings presented at Critical Race Studies in Education Conference, University of New Mexico
- Presentation to Community Advisory Board
- American Educational Research Association
- Development of internet media resources, including YouTube series and State Health Media feature
- A chapter to be published in the upcoming book "Unsettling Colonial Curriculum: Womanist and Anti-Colonial Theories and Pedagogical Interventions." (Transformations series by the University of Illinois Press.)



TEDx Oxnard
Presentation: Co-
Decolonization as
Spiritual Activism: A
Matter of Life and
Breath. Presented by Dr.
L.J. Santamaria, March
20, 2021.

DISSEMINATION

KEY ACTIVITIES INCLUDED



Sustainable Mixteco/Indígena Research Methodology: Toward Equal-Status Stakeholder and Indigenous Collaboration

Dr. L. M. R. J. Santamaría, A. Diego, L. Manríquez, A. Salazar, C. Lózano, L. León Salazar, & S. García Aguilar

Note: This Presentation is best viewed with Narration enabled – see button below left
Made possible through the California Mental Health Services Act and Ventura County Behavioral Health



Background & Rationale



Research goals were identified jointly with Indigenous migrant community members

OPEN

Tu'un Savi Indigenous Mixteco Migrant Epistemology (IMME)



This way of conducting research emerged following the team's:

- Completion of an accelerated trilingual MA, PhD Level Research Methods Course
- The Research Leaders' unlearning process to adapt to Mixtec 'ways of knowing'
- A shift from Focus Group Interviews to Authentic Conversations (N=21)
- A shift from Surveys to Home Visits (N=150)
- A shift from the notion of reporters merely reporting Results, to operationalizing applied Healing Modalities (N=280)
- The development and understanding of an Indigenous Mixteco Indigenous Epistemology (IMME), rather than retrofitting Mixtec 'ways of knowing' into other Indigenous theoretical frames.

Research participants represented Mixtec and other Indigenous migrant groups from Oaxaca, Mexico.

¿Con cuál grupo indígena se identificó? / With which of the following Indigenous groups do you identify?

Inquiry Findings



OPEN

Video Gallery



OPEN

Equal-Status Stakeholders



Example of further Diversity in Indigenous Cultural and Linguistic Communities in Oaxaca

- | | | |
|--|--|---|
| <p>MIXTEC</p> <ul style="list-style-type: none"> • Juxtlahuaca • Silacayoapan • Tlaxiaco • Huauiaapan de leon | <ul style="list-style-type: none"> • San Juan Piña • Coicoyan de la Flores • Santiago Asuncion • Santiago Naranias | <p>ZAPOTEC</p> <ul style="list-style-type: none"> • San Jose Lachiguri • San Vicente Coatlan • Miahuatlan |
|--|--|---|



Hablemos de Ruda en Tù'un Sàví de Guadalupe Morelos – Oaxaca con subtítulos en Español

253 views • Jun 30, 2020

3 DISLIKE SHARE SAVE ...

CONCLUSIONS



An almost unprecedented 99% of the 280 Mixteco/Indígena community members who received treatment report overwhelmingly favorable results from the treatments prescribed. Pre-and Post-test results for the category of stress indicate a 20% reduction in nearly every symptom associated with stress. The largest reductions include 35% reduction in physical aches and pains, 29% reduction in becoming emotionally agitated, and 26% reduction of physical low energy. The smallest variation was in the use of drugs and alcohol with a 5% increase, interpreted as participant misreporting of the increased use of medicinal teas as opposed to actual increase of drug and alcohol use between the Pre-and Post-tests.

Of note, the Curanderas who trained the research team on the healing modalities and Advisory members who have guided the research study have been participants in the healing aspect of the study and not only report favorable results, but fidelity in the use of herbal remedies as well as the healing modalities practiced as being culturally accurate and this appropriate. (*please see Appendix D for additional findings*)

Healing the Soul will be continued as a PEI program titled Healing the Community. This new title reflects a fundamental piece of an Indigenous worldview of mental health and wellness, that is, that wellbeing is viewed as a collective or community-based rather than merely individualized state of being. As such, Healing the Community will incorporate not only individualized healing modalities, but also emphasize a the use of traditional ceremonial practices, which include a *Temazcalli*, or Mexican sweat lodge. While treatments took place over the period of 1 week, additional areas for exploration will be the lasting effectiveness of treatment over time, as well as the effect of multiple treatment sessions.

Eligibility will be expanded to include all Black Indigenous People of Color (BIPOC) community members in Ventura County and will have a targeted focus on TAY age youth 18-25. Current funding will take place though the PEI component. This change was presented through the 2020 Community Planning Process.



MICOP and the Healing the Soul team would like to extend our gratitude to the Ventura County Board of Supervisors, the Behavioral Health Advisor Board, Dr. Sevet Johnson, VCBH Director, Hilary Carson MHSO Program Administrator, VCBH practitioners Dr. Sandra Barrientos and Vanessa Martinez, the Healing the Soul Community Advisory Board and to the MHSOAC for their belief in this innovative practice to support some of the most hard to reach population in California. We especially would like to thank our indigenous migrant community members for your trust and support in co-creating this practice. We look forward to building on this work to make a more healthy California for all.

Appendix A

Alignment to the Innovation Intention and MHSAs Principles

The MICOP Healing the Soul Research Project provided mental health care services to 280 Mixteco or Indigenous community members in a comprehensive culturally appropriate Oxnard - based countywide implementation process. We continue to report ways in which the project is aligned with innovative MHSAs aspirational goals for outreach, prevention, early intervention, improved access to services, support services, family involvement, and treatment for underserved and underserved communities.

According to MHSAs, "Innovation projects are novel, creative and/or ingenious mental health practices or approaches that contribute to learning." These projects are "defined, as contributing to learning rather than a primary focus on providing a service. By providing the opportunity to 'try out' new approaches that can inform current and future mental health practices or approaches in communities." While "merely addressing an unmet need is not sufficient to receive INN funding," this Quarter's Healing the Soul research findings continue to provide evidence of a reawakening of the heart of traditional healing learned from seasoned community healers within Indigenous Mexican migrant communities against the 21st century high incidence mental health contexts. The service provision is a byproduct of the learning while the 'trying out' of the practice to inform another group of practitioners: VCBH partners which will be realized in the coming year. To date, data driven findings suggest the practices identified are preventative and may lead to increasingly culturally competent "change to an existing practice in the field of mental health." Finally, we are confident in our assertion that the practices cultivated in this project constitute a "community driven approach that has been successful in a non - mental health context" and look forward as indicated in the Work Plan in the Appendix attached to transfer or duplicate some of the methodologies in the existing mental health care system. The work is innovative, indeed.

Because MHSAs/ VCBH are in the process of creating a 3 - year plan, it is important at this time to note the current project's adherence and alignment to the five principles framing the MHSAs ethos: cultural competence, community collaboration, client/ consumer/ family involvement, integrated service delivery, and wellness/ recovery.

Healing the Soul is unique in that it provides measureable outcomes for these principles in ways that can assist the State and County to improve Mixteco/ Indígena and Latinx mental health inequities. For example, there is evidence of cultural competence and appropriate language use in the development and implementation of every data collection point employed from focus group conversations that informed survey questions, to the ways in which the team was trained by local healers to implement Indigenous modalities, to the collection of pre, post, and MHSAs/ VCBH demographic metrics. Access to culturally congruent services was free and there was no lengthy intake process. Community collaboration was essential as the Team engaged learning from the community as the source of 'holders of education, knowledge, and resources' for healing and the provision of mental healthcare within the Mixteco/ Indígena 'ways of knowing.' From outreach, to data collection, to implementation and ongoing outcome measurement clients (community members) and their families have been directly involved. The community, including an Advisory Board, assisted in the identification of best practices for mental health care services and referred those members of the community who needed services. Some now serve as volunteers in the final implementation phase and will go on to work with the team in the education and dissemination stages with VCBH practitioners. As we move toward sharing findings and aspects of the findings with VCBH team members, we are confident an integrated service delivery model wherein culturally recognizable and appropriate services will be made available to the Mixteco/ Indígena community. Finally, the intake process in which clients self - identify needs by describing their symptoms leads community members towards individualized wellness and recovery plans. Clients are reminded of the culturally recognizable practices from Oaxaca that are echoed in the implementation phase of this project, which are easily integrated into their lives, making them more fulfilling and productive, whether they suffer from mental health symptoms or not.

Appendix B

Pre-Test Data

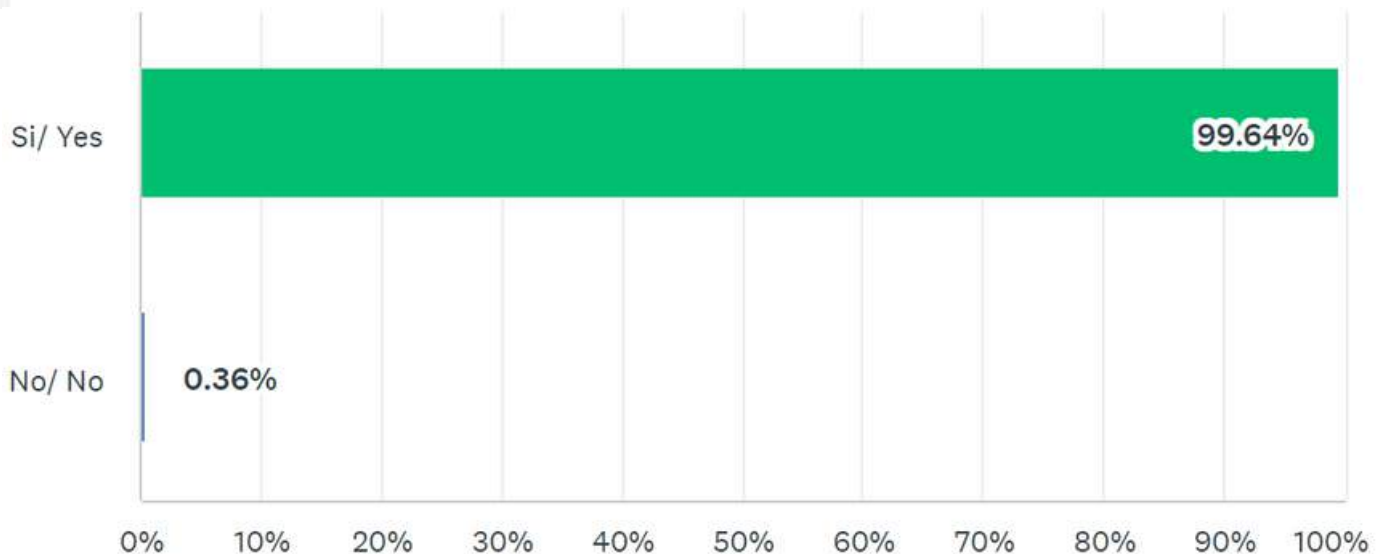
¿Con cual grupo indígena se identifica? / With which of the following Indigenous groups do you identify?

Answered: 205 Skipped: 77

ANSWER CHOICES	RESPONSES
▼ Mixteco	68.29% 140
▼ Purepecha	9.76% 20
▼ Zapotec	9.76% 20
▼ Otomi	0.98% 2
▼ Nahuatl	4.39% 9
▼ Maya	6.83% 14
▼ Huave	0.00% 0
TOTAL	205

[Comments \(78\)](#)

Generally speaking, do you as an indigenous person believe the healing methods employed by the Tu'un Saavi traditional healers, for example: teas, water therapies, therapeutic massage, and cleansings---- work to remedy symptoms associated with stress, anxiety, and depression?



Which symptoms are you now experiencing related to what is commonly called stress? (check each one that applies)

ANSWER CHOICES	RESPONSES	
▼ Low energy (physical)	66.19%	184
▼ Becoming easily agitated (emotional)	38.49%	107
▼ Headaches (physical)	57.55%	160
▼ Feeling overwhelmed or out of control	27.34%	76
▼ Upset stomach, including diarrhea, constipation, or nausea	39.21%	109
▼ Having difficulty relaxing or quieting your mind	48.20%	134
▼ Aches, pains, and tense muscles	66.55%	185
▼ Feeling bad about yourself, lonely, or worthless	33.45%	93
▼ Chest pain or rapid heart beat	32.01%	89
▼ Avoiding others	21.58%	60
▼ Increased use of drugs or alcohol to cope	4.32%	12
▼ Insomnia	41.01%	114
▼ Constant worrying (emotional cognitive)	48.20%	134
▼ Frequent colds/infections (physical)	18.35%	51
▼ Inability to focus (emotional cognitive)	34.53%	96
▼ Avoiding responsibilities (physical, emotional, cognitive)	17.99%	50
Total Respondents: 278		

Which of the following associated with anxiety are you experiencing regularly? (check each one that applies)

ANSWER CHOICES	RESPONSES
▼ Fatigue	59.92% 151
▼ Feeling uneasy	39.68% 100
▼ Numbness or tingling	29.37% 74
▼ Lack of concentration	46.03% 116
▼ Shortness of breath	25.79% 65
▼ Racing or unwanted negative thoughts	35.71% 90
▼ Restlessness	30.16% 76
▼ Hyper-vigilance or irritability	36.51% 92
▼ Excessive sweating	19.05% 48
▼ Excessive worry or fear that may be out of proportion to reality	45.24% 114
Total Respondents: 252	

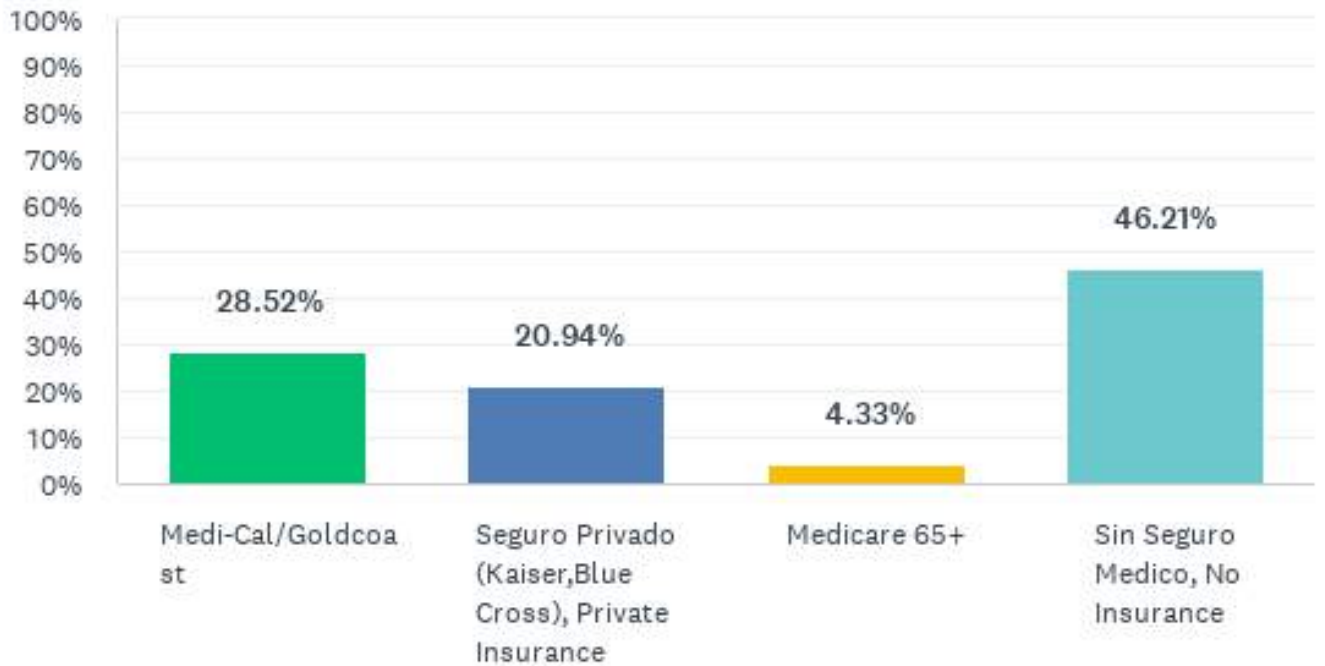
Please indicate which of these symptoms you may be still experiencing that may be indicative of depression?

ANSWER CHOICES	RESPONSES
Feeling like you don't care about things you cared about previously	28.34% 70
Feeling anxious	49.39% 122
General discontent with life in general	28.34% 70
Mood swings	47.37% 117
Feeling guilty for no apparent reason	33.60% 83
Sleep issues	49.39% 122
Feeling hopeless	42.91% 106
Appetite issues	26.72% 66
Loss of interest in things that you used to find interesting	29.55% 73
Isolation (physical)	19.43% 48
Overwhelming sadness	44.13% 109
Thoughts of self-harm	3.64% 9
Excessive crying sometimes for no reason	31.58% 78
Repetitive thoughts	27.53% 68
Total Respondents: 247	

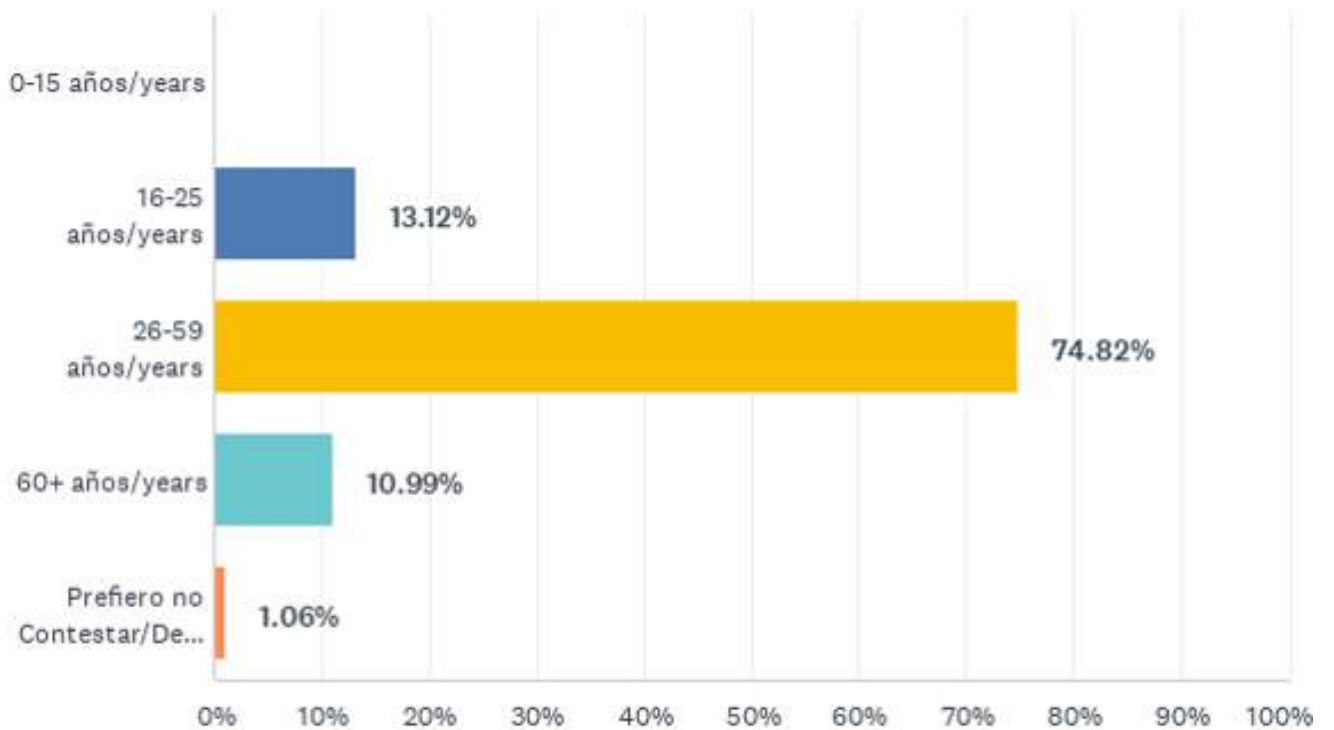
Appendix C

Demographic Data

Payor Source



Age



Race

ANSWER CHOICES	RESPONSES	
Indio Americano o Nativo de Alaska/American Indian or Alaska Native	7.93%	18
Asiático/Asian	0.00%	0
Negro/Africano Americano/Black or African American	0.00%	0
Blanco/White	24.67%	56
Nativo de Hawaii o de las Islas del Pacífico/Native Hawaiian or Pacific Islander	0.00%	0
Otro o más de una raza/More than one race	33.92%	77
Prefiero no contestar/Decline to answer	33.48%	76
TOTAL		227

Ethnicity

ANSWER CHOICES	RESPONSES	
Centro Americano/Central American	0.36%	1
Mexicano/Mexicano Americano/Chicano/Mexican/Mexican American/Chicano	78.70%	218
Sudamericano/South American	0.72%	2
Otro Hispano o Latino/Other (Hispanic or Latino)	17.33%	48
Europea del Este	0.36%	1
OTRO NO HISPANO	0.36%	1
Mas de una etnicidad	0.36%	1
Prefiero no contestar	1.81%	5
TOTAL		277

Language

ANSWER CHOICES	RESPONSES	
Español/ Spanish	72.30%	201
Ingles/English	21.94%	61
Indígena (Mixtec u otros), Indigenous (Mixtec or other)	23.74%	66
Otro/Other	1.08%	3
Prefiero no contestar/Declined to Answer	0.36%	1
Total Respondents: 278		

Disability: Physical

ANSWER CHOICES	RESPONSES	
Dificultad para ver/Difficulty seeing	11.11%	28
Dificultad para oír/Difficulty hearing	2.78%	7
Otro/Other	3.57%	9
No	82.54%	208
TOTAL		252

Disability: Developmental

ANSWER CHOICES	RESPONSES	
Aprendizaje/Developmental	2.80%	7
De Desarrollo/Learning	2.00%	5
Demencia/Dementia	0.80%	2
No	94.40%	236
TOTAL		250

Disability: Mobility

ANSWER CHOICES	RESPONSES	
Discapacidad Física/Physical Disability	5.69%	14
No	94.31%	232
TOTAL		246

Chronic Health Condition

ANSWER CHOICES	RESPONSES	
Incapacidad crónica de la salud (ej: dolor)/Chronic Health disability (ex: pain)	9.56%	24
Otra/Other	9.56%	24
Ninguna/None	69.32%	174
Prefiero no contestar/Declined to Answer	11.55%	29
TOTAL		251

Veteran Status

ANSWER CHOICES	RESPONSES	
Si/Yes	0.76%	2
No	98.10%	258
Prefiero no Contestar/ Decline to Answer	1.14%	3
TOTAL		263

Sexual Orientation

ANSWER CHOICES	RESPONSES	
Gay o lesbiana/Gay or Lesbian	0.39%	1
Heterosexuales o "Straight"/Heterosexual or Straight	81.64%	209
Bisexual/Bisexual	1.95%	5
Genero neutro o "Queer"/Queer	2.34%	6
Otra orientación sexual/Another Sexual Orientation	0.78%	2
Cuestionar o Inseguro/Questioning or Unsure	0.00%	0
Prefiero no contestar/Declined to Answer	12.89%	33
TOTAL		256

Gender Assigned at Birth

ANSWER CHOICES	RESPONSES	
Masculino/Male	18.22%	49
Femenino/Female	80.67%	217
Prefiero no contestar/Decline to Answer	1.12%	3
TOTAL		269

Current Gender Identity

ANSWER CHOICES	RESPONSES	
Masculino/Male	17.54%	47
Femenino/Female	79.10%	212
Genero neutro o "Genderqueer"/Genderqueer	1.12%	3
Otra identidad de género/Another Gender Identity	0.37%	1
Prefiero no contestar/Decline to Answer	1.87%	5
TOTAL		268

Appendix D

Summary of Research Findings

An almost unprecedented 99% of the 280 Mixteco/Indígena community members who received treatment report overwhelmingly favorable results from the treatments prescribed.

Pre - and Post - test results for the category of stress indicate a 20% reduction in nearly every symptom associated with stress. The largest reductions include 35% reduction in physical aches and pains, 29% reduction in becoming emotionally agitated, and 26% reduction of physical low energy. The smallest variation was in the use of drugs and alcohol with a 5% increase, interpreted as participant misreporting of the increased use of medicinal teas as opposed to actual increase of drug and alcohol use between the Pre - and Post - tests. -

Pre - and Post - test results for the category of anxiety indicate a 15% reduction in most every symptom associated with anxiety. The largest reductions include 25% reduction in psychological excessive worry, 22% reduction in emotional hyper - vigilance and irritability, and 21% reductions in cognitive lack of concentration and emotional uneasiness among community members. Variations were less in the areas of restlessness and excessive sweating, at reductions of 1% and 4% respectively. The se may be interpreted as the physical cleansing aspects of the medicinal plants in teas and the actual heat experienced in the vapor baths as logical influences in responses between the Pre - and Post - tests. -

Pre - and Post - test results for the category of de pression indicate a 12% overall reduction in symptoms associated with depression. The greatest reductions include a 28% reduction in psychological mood swings, a 22% reduction in emotional and psychological feelings of overwhelming sadness, and a 20% reduction of emotional psychological feelings of hopelessness. The smallest variations were positive with regard to depression. These included participants not feeling as if they don't care, which conversely means the participants cared more following the intervention (- 12%). As well there was a - 2% reduction in thoughts related to feelings of self - harm.

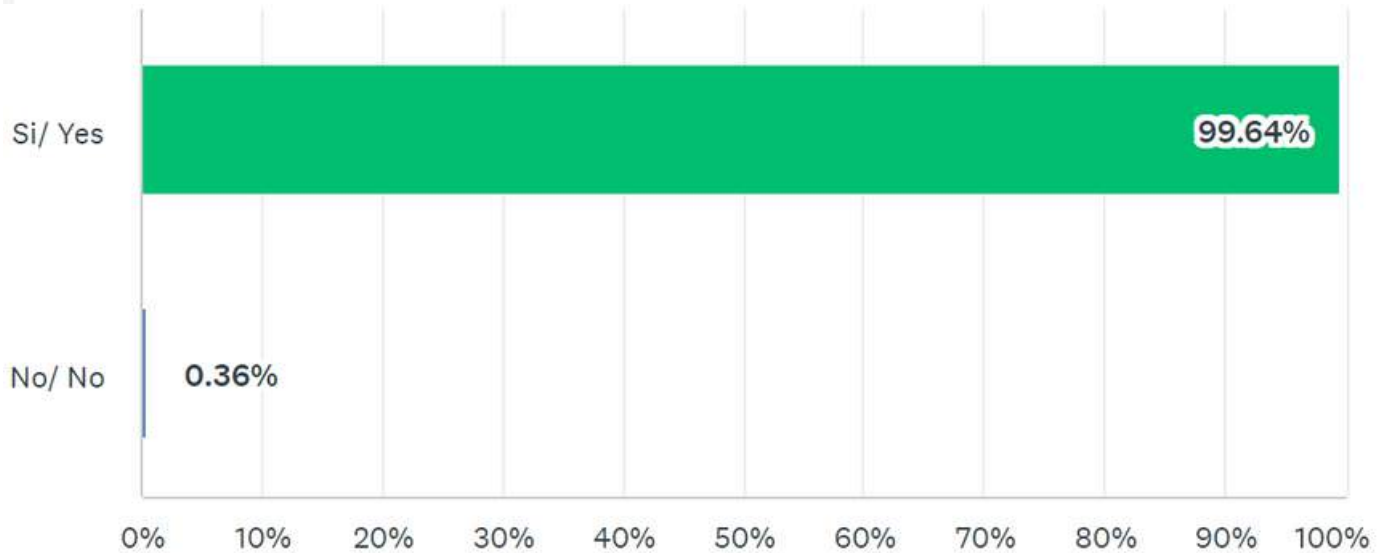
70% of participants were Mixteco/ Indígena. 30% of the participants report they are of Mexican Indigenous descent and when the Pueblo is unknown, they state the region their family is from.

Of note, the Curanderas who trained the research team on the healing modalities and Advisory members who have guided the research study have been participants in the healing aspect of the study and not only report favorable results, but fidelity in the use of herbal remedies as well as the healing modalities practiced as being culturally accurate and this appropriate.

APPENDIX E

POST-TEST DATA

Generally speaking, do you as an indigenous person believe the healing methods employed by the Tu'un Saavi traditional healers, for example: teas, water therapies, therapeutic massage, and cleansings---- work to remedy symptoms associated with stress, anxiety, and depression?



Following the weeklong regiment that was developed for you based on your symptoms, which symptoms are you now experiencing related to what is commonly called stress? (check each one that applies)

ANSWER CHOICES ▼	RESPONSES ▼
▼ Baja energía (física)/ Low energy (physical)	39.84% 49
▼ Volverse fácilmente agitado (emocional)/ Becoming easily agitated (emotional)	9.76% 12
▼ Dolores de cabeza (físicos) / Headaches (physical)	30.89% 38
▼ Sentirse fuera de control (emocional) / Feeling overwhelmed or out of control (emotional)	7.32% 9
▼ Dolor de estómago, como diarrea, estreñimiento o náuseas (físicas) / Upset stomach, including diarrhea, constipation, or nausea (physical)	19.51% 24
▼ Tener dificultad para relajar o calmar su mente (emocional) / Having difficulty relaxing or quieting your mind (emotional)	24.39% 30
▼ Dolores, molestias y músculos tensos (físicos) / Aches, pains, and tense muscles (physical)	31.71% 39
▼ Sentirse mal consigo mismo, solo o sin valor (emocional) / Feeling bad about yourself, lonely, or worthless (emotional)	11.38% 14
▼ Dolor en el pecho o palpitación de corazón rápido (físico) / Chest pain or rapid heart beat (physical)	13.82% 17
▼ Aislado de los demás (emocional) / Avoiding others (emotional)	10.57% 13
▼ Mayor uso de drogas o alcohol para resolver problemas (físico, emocional, cognitivo) / Increased use of drugs or alcohol to cope (physical, emotional, cognitive)	8.94% 11
▼ Insomnio, problemas de dormir (físicos) / Insomnia (physical)	31.71% 39
▼ Preocupación constante (cognitivo emocional) / Constant worrying (emotional cognitive)	16.26% 20
▼ Gripas y fríos frecuentes / infecciones (físicas) / Frequent colds/infections (physical)	6.50% 8
▼ Dificultad para enfocar (cognitivo emocional) / Inability to focus (emotional cognitive)	17.07% 21
▼ Evitar responsabilidades (físicas, emocionales, cognitivas) / Avoiding responsibilities (physical, emotional, cognitive)	8.94% 11

Total Respondents: 123

After a week being exposed to the indigenous sourced and influenced modalities, which of the following associated with anxiety are you experiencing regularly? (check each one that applies)

ANSWER CHOICES	RESPONSES
▼ Fatigue	39.56% 36
▼ Feeling uneasy	19.78% 18
▼ Numbness or tingling	18.68% 17
▼ Lack of concentration	25.27% 23
▼ Shortness of breath	17.58% 16
▼ Racing or unwanted negative thoughts	23.08% 21
▼ Restlessness	28.57% 26
▼ Hyper-vigilance or irritability	15.38% 14
▼ Excessive sweating	23.08% 21
▼ Excessive worry or fear that may be out of proportion to reality	19.78% 18
Total Respondents: 91	

Please indicate which of these symptoms you may be still experiencing that may be indicative of depression, following the week of Mixteco sourced and inspired healings? (check each one that applies)

ANSWER CHOICES	RESPONSES
Feeling like you don't care about things you cared about previously	40.00% 36
Feeling anxious	28.89% 26
General discontent with life in general	23.33% 21
Mood swings	18.89% 17
Feeling guilty for no apparent reason	24.44% 22
Sleep issues	35.56% 32
Feeling hopeless	23.33% 21
Appetite issues	13.33% 12
Loss of interest in things that you used to find interesting	17.78% 16
Isolation	16.67% 15
Overwhelming sadness	22.22% 20
Thoughts of self-harm	5.56% 5
Excessive crying sometimes for no reason	24.44% 22
Repetitive thoughts	15.56% 14
Total Respondents: 90	

Appendix F

Cumulative Dissemination Activities

1. Agency Partner: Ventura County Behavior Health (VCBH) Cultural Presentation (N=50+), April 12 , 2018 . To increase cultural competence for behavior health professional working with member of the Mixteco/ Indígena Community Organizing Project.
 2. Local: MICOP Indigenous Knowledge Conference (N=50+), April 20 , 2018 . This was the first comprehensive report of project including a summary of emerging decolonizing and indigenous research methods, including presentation of FGI and survey/interview findings .
 3. National: June 1st , 2018 - Presentation of methodology and preliminary findings at Critical Race Studies in Education Association (CRSEA) conference at University of New Mexico. Presentation title -- Decolonizing Methodologies in Community and Higher Education Settings: Grounding Indigenous Power and Historically Minoritized Families' Voices as Central to Knowledge and Knowledge - Making.
 4. Local: June 16th , 2018 - Presentation of findings to Advisory Board and Community members for conversation and input of next steps, learning and practicing identified curative/ alternative modalities in the community with 280 participants.
 5. Local: April 26 th 2019 - MICOP Indigenous Knowledge Conference (N=100+) . This was the second comprehensive report of project including a summary of emerging decolonizing and indigenous research methods, including presentation of the project's progress over time.
 6. Local: September 21, 2019 – OSD Strengthening Our Families Workshop Presentation: 'Feeling better with Oaxacan Mixtec Plant Medicine' . 20 families were in attendance.
 7. National: April 19 - 24, 2020/ Now September 15, 2020 presented in Online format – American Educational Research Association (AERA). Two (2) Proposals accepted for AERA. Note: The highest attendance at an AERA Annual Meeting occurred in 2008 in New York, with 17,855 attendees. The second highest was Washington, DC in 2016, with 16,182 attendees. The average number of attendees at AERA Annual Meetings over the past 10 years is 14,967. Proposal acceptance rate is 21%.
- Santamaría, L. M. J., Santamaría Graff, C. C., Diego, A., Manríquez, L., Salazar, A., Lozano, C., León Salazar, L., García Aguilár, S. (2020, September) Sustainable Mixteco/Indígena Research Methodology: Toward Equal - Status Stakeholder and Indigenous Collaboration [Roundtable Session]. AERA Annual Meeting San Francisco, CA <https://aera20-aera.ipostersessions.com/Default.aspx?s=25-22-F1-DA-FA-75-9B-D8-A0-2B-E1-0C-B7-94-BB-CC> Santamaría, L. M. J., Santamaría Graff, C. C., Diego, A., Manríquez, L., Salazar, A., Lozano, C., León Salazar, L., García Aguilár, S., Flores - Haro, G. (2020, September). Co - decolonizing research methods: Toward research sustaining Indigenous and 'other' community engaged ways of knowing. Virtual Research Learning Series Professional Development Course for the Annual Meeting of the American Educational Research Association (AERA). San Francisco, CA.
8. Local: MICOP Indigenous Knowledge Conference , April 17, 2020 . Due to COVID - 19 this event was cancelled. However, we were planning to use this venue to update the community on measurement outcomes of the study and collaboration with VCBH to scale up as well as the future implementation of traditional healing in alignment to MHSA principles.
 9. Internet: Multilingual (e.g., Mixteco, Spanish, English) Cards, visuals, and audio content based on research findings describing strategies and practical culturally appropriate ways in which community members can build resilience to combat stress, anxiety and depression. These resources/ outputs towards are being developed towards increasing the number of MICOP community referrals to VCBH (1, 453 views to date up 25% from last report)
https://www.youtube.com/watch?v=EGtd_5PGC_g
<https://www.youtube.com/watch?v=e-fgsDgd3gs>
<https://www.youtube.com/watch?v=MyCVkfYele8>
https://www.youtube.com/watch?v=g_WP_jpoAQc

10. Internet: Instructional YouTube Videos featuring ways to use plants found in the study to benefit symptoms associated with stress, anxiety, and depression. These include recipes (e.g., teas, bath soaks, meals), smudging implements, and aromatherapy ideas. Again these are being developed and shared towards increasing the number of MICOP community referrals to VCBH: YouTube Videos (725 views to date up 20% from last report) towards increasing the number of MICOP community referrals to VCBH: https://www.youtube.com/watch?v=fFAC2JfoljM&list=PLIxeds1bt_9FSMJi2yVUVbonuyUGnZiwb&index=2&t=0s (505 views). <https://www.youtube.com/watch?v=kDaFDslJHkk>
11. Internet: Pod Cast towards increasing the number of MICOP community referrals to VCBH (<https://anchor.fm/Healing~Curando>): An exciting new format where we present as a team of empowering Indigenous women bringing knowledge, culture and remedies to help their community combat symptoms of stress, anxiety and depression. Proyecto Curando el Alma stems from an ongoing project that helps the indigenous community in Ventura County through the non - profit MICOP in collaboration with VCBH and MHSA. This will be multilingual and include knowledge of plant medicine and indigenous practices along with personal testimonies of seven incredible powerful women.
12. Local: CAUSE e - Presentation on Zoom. Professional development to support adults working with migrant indigenous community. Full team 45 min presentation with 50 participants and live plant delivery.
13. Local: Project Esperanza Panel with and at Oxnard Performing Arts Center (OPAC): MICOP & Healing the Soul Representation. Director/ PI invited as guest to share migrant indigenous perspectives from project research findings on mental health with Latinx youth from the community. E - presentation via Zoom with N=15 participants. Worked with esteemed OPAC artist in residence A. Martinez.
14. State: MHSA/ VCBH Featured Web Pages . <https://www.vcbhinnovation.org/healing-the-soul>
16. Internet & Local: Oxnard Performing Arts Center Charla Featured Guests
17. Internet & Local Pod Cast and video: OxnardLIVE! Podcast Interview Chavez, D. (2021, February 25). TEDx Oxnard Preview . Oxnard Live! With Daniel Chavez, Jr. (Santamaría, L. J. interview featuring MICOP & Healing the Soul with additional TEDx Oxnard speakers) [Audio/ visual podcast episode]. 94 views to date: <https://www.youtube.com/watch?v=SHUDIF-PuCO>
- 18 . International : TED x Oxnard Talk featuring MICOP & Healing the Soul Santamaría, L. J., (2021, March 20). Co - Decolonization as Spiritual Activism A Matter of Life and Breath. Tedx Oxnard. https://www.youtube.com/watch?v=XyLev_n7jJU
19. Santamaría, L. M. J., García Aguilár, S., León Salazar, L., Lozano, C., Salazar, A., & Flores-Haro, G. (in press). Healing the soul collective (HTSC): A feminist BIPOC migrant Mixtec serving leadership and research initiative. In N. Jaramillo, J. Ford (Eds.) *Unsettling Colonial Curriculum: Womanist and Anti-Colonial Theories and Pedagogical Interventions*. Transformations series by the University of Illinois Press.