

PRESS RELEASE
Cultural Competence Guidelines
IN MANAGED CARE MENTAL HEALTH SERVICES FOR NATIVE AMERICAN
POPULATIONS

Initial Report of The Native American Managed Care Panel

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Co-Chairs: Candace M. Fleming, Ph.D. (Kickapoo-Oneida-Cherokee)
Jeff King, Ph.D. (Muscogee Creek)

The Native American Panel as co-participant with other ethnic minority panels for the development of Cultural Competence Guidelines provided information relevant and unique to Native Americans across the United States. They expressed many concerns about managed care as a model of health care delivery for Native Americans. Of particular concern was the use of a prepaid or capitated approach to service payment. They noted that issues affecting Native people are complex and linked to historical events and current experiences that are perpetuated by current events that, on the surface, do not seem related. Managed care organizations which do not address these complex issues in a careful and thoughtful manner with Native American consumers, sovereign tribal nations, native organizations, and relevant federal agencies will only add to the oppression, racism, and discrimination experienced by Native Americans for decades.

The Native American Panel offered the following guidelines toward the goal of developing culturally competent managed care organizations who would serve Native Americans in ever increasingly effective and respectful ways. First and foremost, each tribe/nation must be viewed as a sovereign nation based on treaty rights with the United States government. There are also unique issues for Native people who live on reservations and those who live in urban areas. Along with this, there are some reservations that span several states (e.g., Navajo nation includes Arizona, New Mexico, and Utah). These issues make mental health provisions complex when the managed care system must also include the standards of federal, state, tribal, and Indian Health Service into its decisions and plans.

More specific to managed care systems themselves, the Panel developed guidelines for cultural competence at the administrative, governing, and provider levels. Administrators must consider tribal/community policy, values, and culture when developing care policies. The governing body of managed care must consider including personnel with cultural expertise as part of their decision making procedures. Providers must be knowledgeable about the tribe, traditional healing practices, medicine people, language, child rearing, cultural views of health and healing, family and community structures, and ethnic differences in physiological responses to psychiatric medicines.