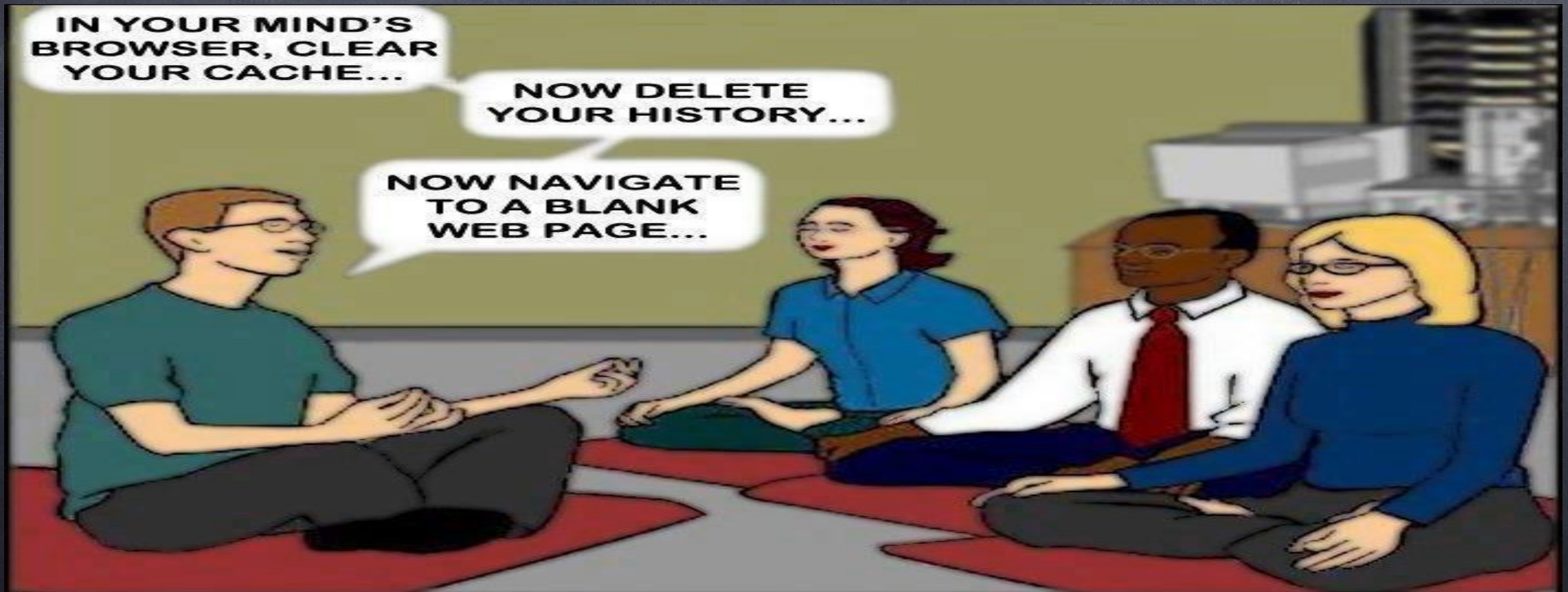# Integrating Digital Navigation into Care Teams
Part 2: From Foundation to Application
Keris Jän Myrick, M.B.A., M.S

Foundational Training:
Integrating Digital Navigation into Care Teams
2 Part Training - Learning Objectives

Part 2

1. Understand the importance of integrating digital navigation tools in behavioral health care teams to enhance patient outcomes and accessibility to services. As well as, define the difference between the role and task of digital navigators/navigation.

Part 1

2. Recognize the impact of racism, sanism, and implicit bias on behavioral health care delivery and identify strategies to address these issues within digital navigation practices.

Part 2

3. Develop the skills to effectively utilize digital navigation tools while promoting cultural competence and sensitivity to diverse populations, ensuring equitable behavioral health support for all those being served regardless of diagnosis.

OUR ACTIONS (towards others)

influence

impact

OUR BELIEFS (about ourselves)

PYGMALION EFFECT (self-fulfilling prophecy)

OTHERS BELIEFS (about us)

reinforce

cause

OTHERS ACTIONS (towards us)

SANISM

Discrimination and oppression against people who have, or who are labelled or perceived as having, a mental illness.

What sanism looks like:

Often times, the mental health system and it's associated programs and services seek to undermine these practices—particularly through uneven power dynamics, a fixation on clinical risk assessment and liability, systemic and interpersonal sanism and ableism, values of white supremacist ideology that are embedded within the field of psychology and psychiatry, and a belief that these fields hold a monopoly understanding on what it means to be a "normal" and "sane" human.

PROJECT LETS

Disability exists in every sector of society: in immigrant communities, in prisons, in religious and spiritual communities, among veterans and homeless folks, among children and elders and everyone in between, so *every movement* has to advance disability justice, and vice versa. A movement that sees some people as disposable or able to be sacrificed is not disability justice."

Nomy Lamm, This Is Disability Justice

10 PRINCIPLES OF DISABILITY JUSTICE

1 **INTERSECTIONALITY** *"We do not live single issue lives"* --Audre Lorde
Ableism, coupled with white supremacy, supported by capitalism, underscored by heteropatriarchy, has rendered the vast majority of the world "invalid."

2 **LEADERSHIP OF THOSE MOST IMPACTED**
"We are led by those who most know these systems." --Aurora Levins Morales

3 **ANTI-CAPITALIST POLITIC**
In an economy that sees land and humans as components of profit,
we are anti-capitalist by the nature of having non-conforming body/minds.

4 **COMMITMENT TO CROSS-MOVEMENT ORGANIZING**
Shifting how social justice movements understand disability and
contextualize ableism, disability justice lends itself to politics of alliance.

5 **RECOGNIZING WHOLENESS**
People have inherent worth outside of commodity relations and capitalist
notions of productivity. Each person is full of history and life experience.

6 **SUSTAINABILITY**
We pace ourselves, individually and collectively, to be sustained long term.
Our embodied experiences guide us toward ongoing justice and liberation.

7 **COMMITMENT TO CROSS-DISABILITY SOLIDARITY**
We honor the insights and participation of all of our community members,
knowing that isolation undermines collective liberation.

8 **INTERDEPENDENCE** We meet each others' needs as we build toward liberation,
knowing that state solutions inevitably extend into further control over our lives.

9 **COLLECTIVE ACCESS** As brown, black and queer-bodied disabled people
we bring flexibility and creative nuance that go beyond able-bodied/minded
normativity, to be in community with each other.

10 **COLLECTIVE LIBERATION** No body or mind can be left behind
-- only moving together can we accomplish the revolution we require.

Talk amongst yourselves!

I will give you a topic.

"Compassionate Conservatism" is neither compassionate nor conservative.
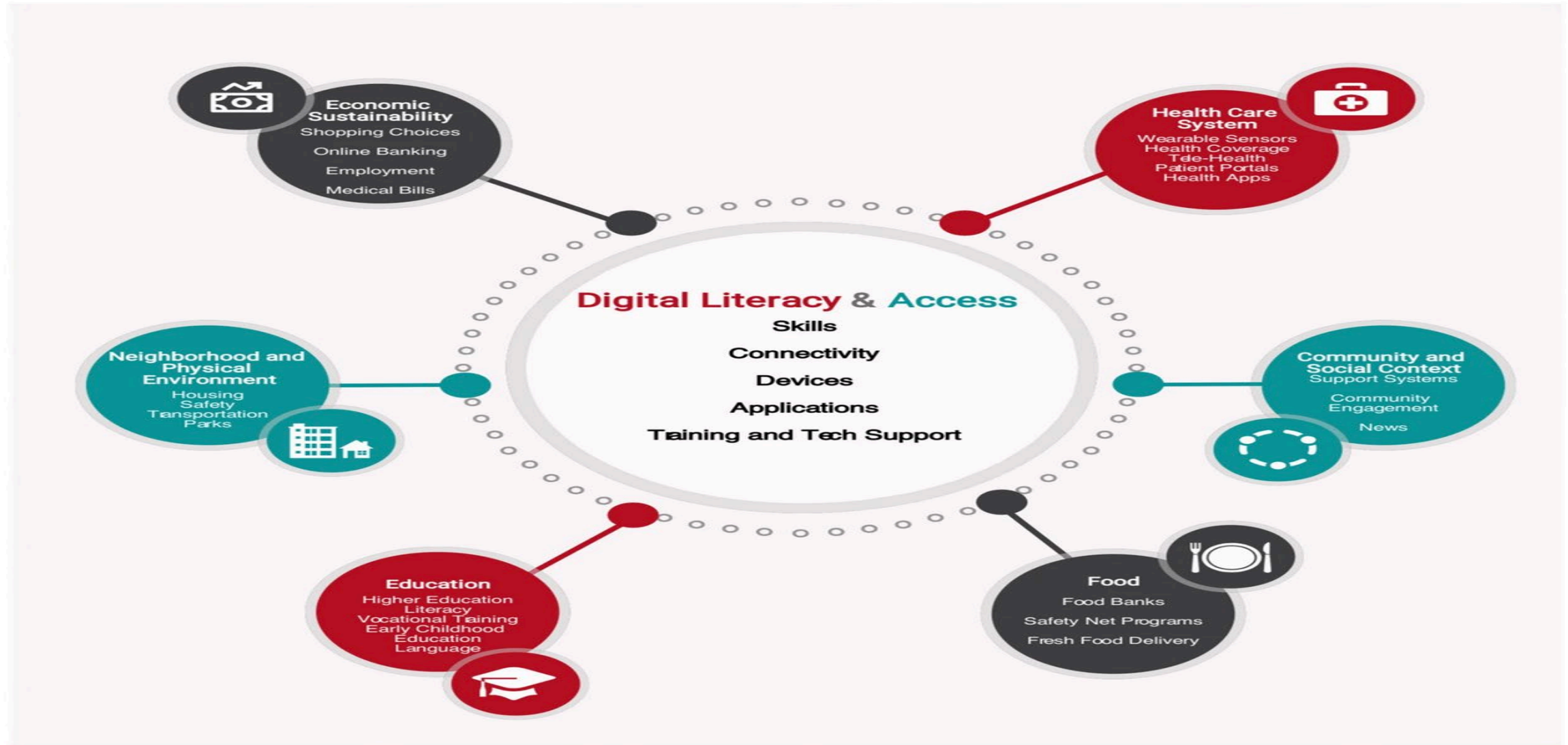
Discuss!

~Linda Richman

What resonated with you from Part 1?

What burning questions do you have from Part 1?

Fig. 1: Digital literacies and social determinants of health.

Digital literacy and access, including skills, connectivity, devices and training and technical support, relate to all other domains of social determinants of health.

Digital inclusion as a social determinant of health

Healthcare systems should adopt a digital inclusion-informed strategy regarding mobile health that:

➤ recognizes their community's level of access to devices and Internet connectivity and

➤ supports patients in their initial and sustained technology use.

Digital inclusion refers to the activities necessary to ensure equitable access to and use of information and communication technologies, including:

➤ affordable broadband Internet service,

➤ Internet-enabled devices,

➤ access to digital literacy training,

➤ quality technical support, and

➤ applications and online content designed to enable and encourage self-sufficiency, participation, and collaboration

National Digital Inclusion Alliance. https://www.digitalinclusion.org/definitions/ (2019).

Unity Care – COEBT Project
Technology Awareness Survey Report

April, 2023

Digital Skills Overview

Session #1
What are smartphones?
How can we use them?

Session #2
How can we use smartphones to stay healthy?

Session #3
How can our smartphones help us stay organized?

Session #4
Using our smartphones to connect with friends

Session #5
Using our smartphones to communicate professionally

Session #6
Learning new skills with the help of our smartphones

Session #7
Staying safe and making smart choices on our smartphones

Session #8
Enjoying downtime on our smartphones

DOORS Curriculum
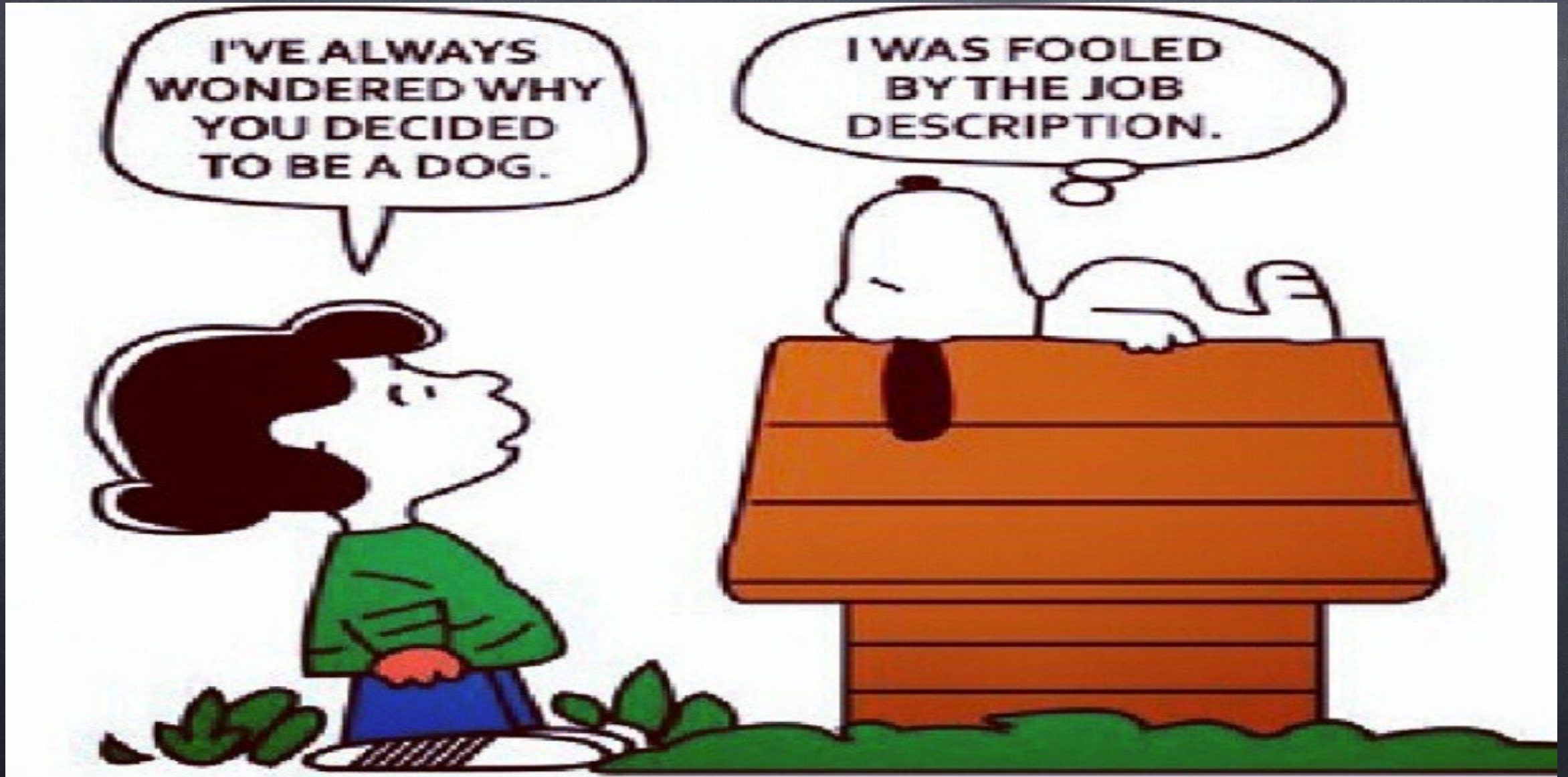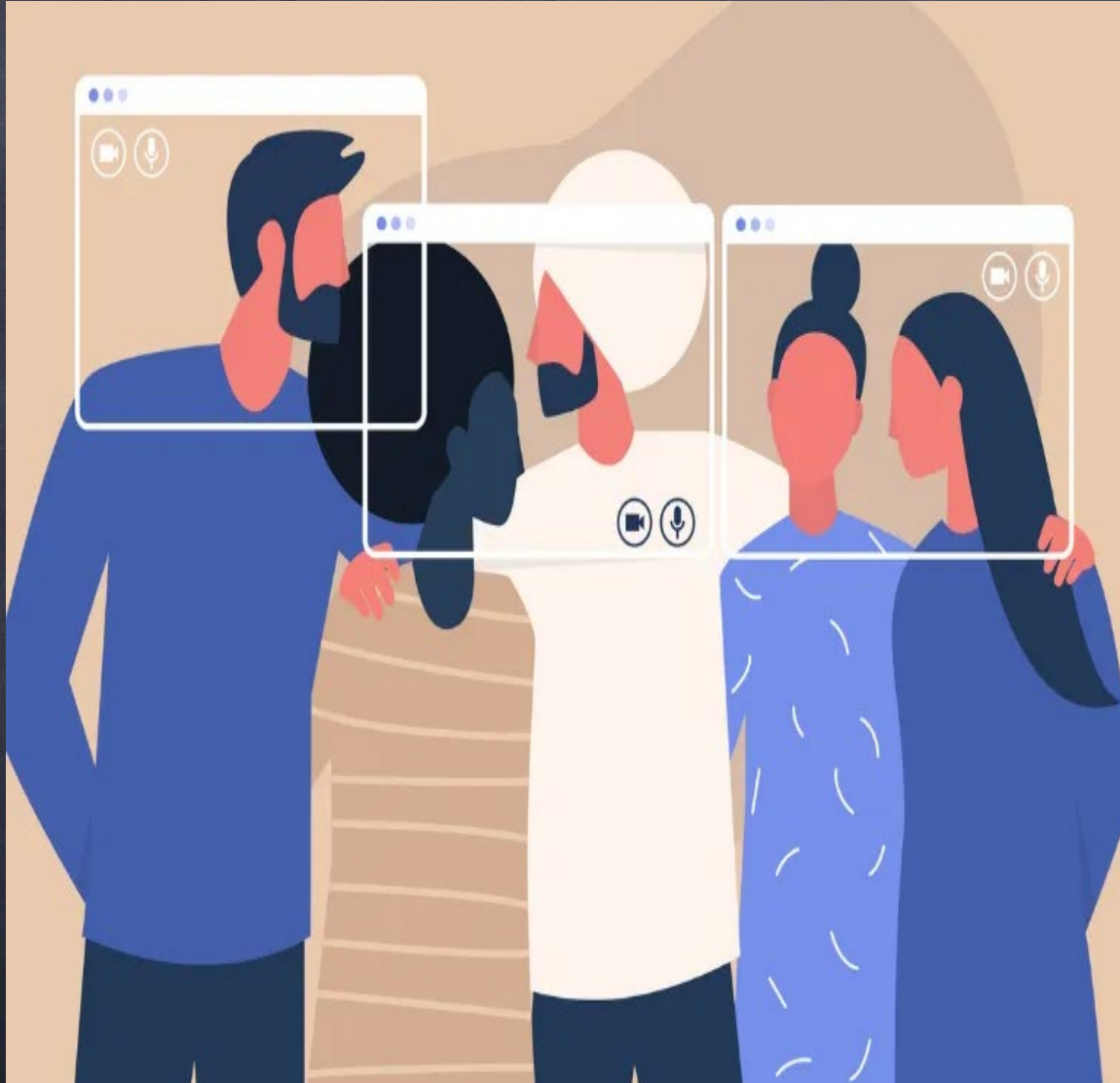
Health Disparities Study Implications for Psychotherapists

Accessibility. Make sure that teletherapy services are accessible to everyone, regardless of technical skills or access to high-speed Internet

Address Digital Literacy. Psychotherapists might consider incorporating digital literacy training or offering added technology-orientation services to their telehealth practices to offset health disparities.

Cultural Sensitivity. Culturally sensitive therapy and flexibility in communication methods (such as phone calls for those less comfortable with video calls) might improve engagement
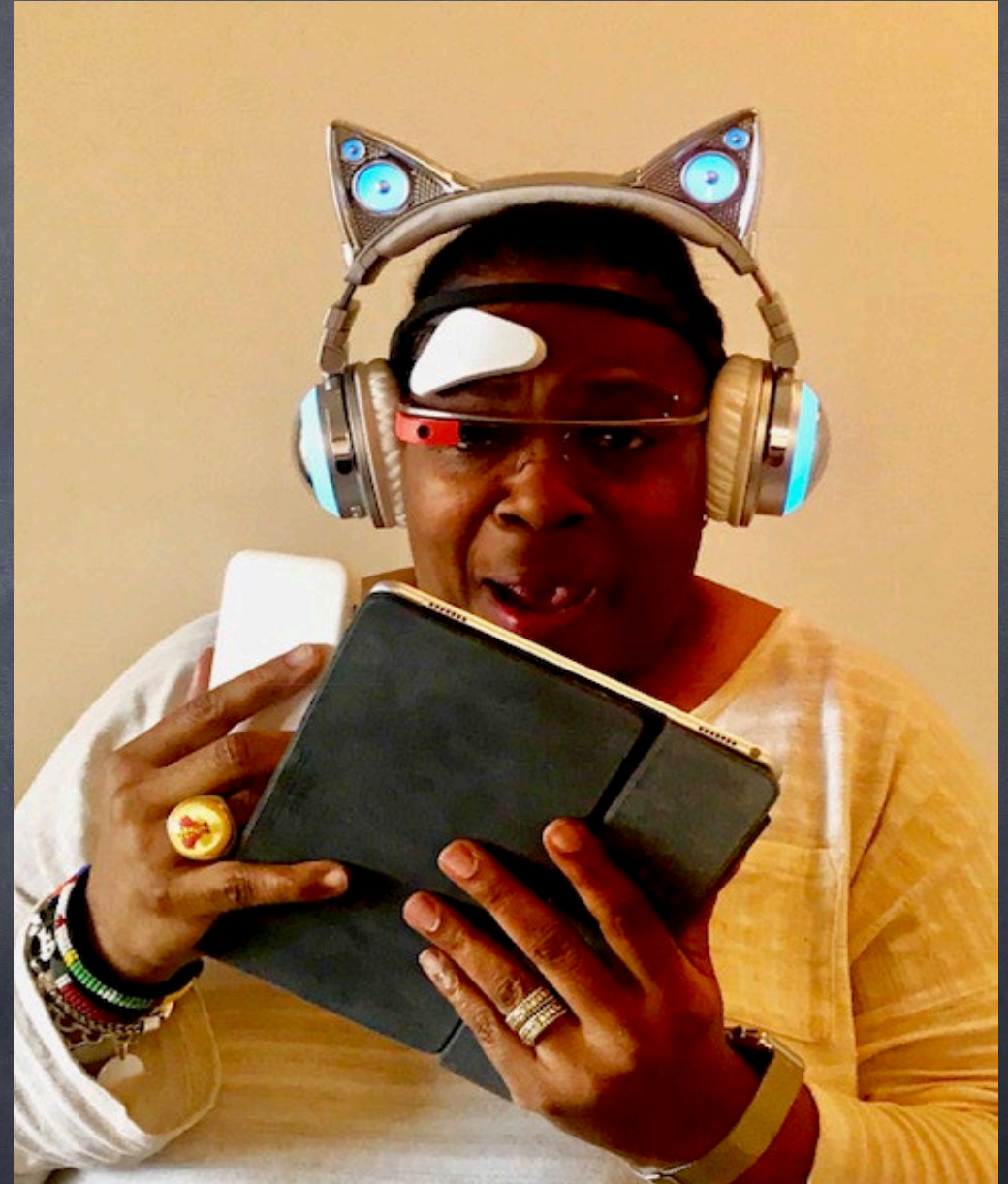
Telehealth Usage Among Low-Income Racial and Ethnic Minority Populations During the COVID-19 Pandemic: Retrospective Observational Study

DISCUSSION AND Q&A

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Unapologetically Black Unicorns

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August 24 2023

EVALUATION SURVEY

iPhone or iPad:

1. Open the camera app on your iPhone or iPad.
2. Hold the device's camera up to the QR code.
3. No need to hit the shutter button, your iOS device will automatically recognize the QR code and a screen with the link to survey will appear.
4. Click the pop-up window and complete the survey.
5. Make sure you have a mobile signal, or you're connected to Wi-Fi

Android phones will need to have an installed QR Code reader:

1. Participant must download the correct QR scanner app from the Google Play Store. We recommend using 2020, and free, QR Code scanner apps.
2. Once downloaded, open the QR Code scanner and point your camera/phone at the QR Code on screen. You may need to answer a few questions before the camera goes on.
3. A screen with the URL to the survey opens. Either click on the URL to open the survey or click on the world globe to open the survey in the internet browser.

Link directly to survey:
https://survey.alchemer.com/s3/7539892/COE-BT-Foundational-Training-9-Sept-28-2023

CIBHS