BUILDING PARTNERSHIPS: CONVERSATIONS WITH COMMUNITIES ABOUT MENTAL HEALTH NEEDS AND COMMUNITY STRENGTHS

UC DAVIS
CENTER FOR REDUCING HEALTH DISPARITIES

UC DAVIS HEALTH

AUTHORS

Katherine Elliott, PhD, MPH
William M. Sribney, MS
Natalia Deeb-Sossa, PhD
Cristiana Giordano, PhD
Marbella Sala
Ronald T. King
Sergio Aguilar-Gaxiola, MD, PhD

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This project conducted by the UC Davis Center for Reducing Health Disparities (CRHD) in collaboration with the California Department of Mental Health represents an effort to reach out, to engage, and collect community voices that have previously not been heard. Through this project, CRHD developed relationships with historically unserved and underserved communities, community-based agencies, and a group of dedicated and passionate community advocates who are serving and understand the needs of these communities. The willingness of these participants to share their perspective was based on the trust that was established and the belief that their message would be presented to mental health decision-makers. We are appreciative and grateful to the individuals and communities for sharing their time and wisdom and hope that they find their voices well represented in this report.

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PROPOSITION 63: THE MENTAL HEALTH SERVICES ACT

In November 2004, California voters passed the Mental Health Services Act (MHSA). The MHSA makes additional tax money available to counties to improve their public mental health system. One of the central goals of the MHSA is to fund innovative programs that address unserved and underserved populations, and to provide culturally and linguistically competent services. In 2005, the state began distributing some of this money to counties for programs that focus on ***treatment*** of mental illness. In 2007 the state entered a second phase of spending where it is giving counties funding from the MHSA generated revenues for programs that ***prevent*** mental illness before it begins or the development of a more severe mental illness.

As part of this process, the California Department of Mental Health wanted to hear directly from communities about their needs as well as their assets and resources. This information was to help counties develop their plans and programs for the prevention of mental illness. The UC Davis Center for Reducing Health Disparities (CRHD) was asked by the California State Department of Mental Health to help them reach out to historically unserved or underserved communities and find out more about their concerns about mental health, the kinds of mental health problems they see in their communities, and the types of services that might help prevent mental illness from developing.

The CRHD began a process of connecting and speaking with communities, speaking with key leaders of the communities and community mental health and other service providers, and holding focus groups with community members. These communities included ethnic minorities (African American, Native American, Latino/a, Asian American, and Pacific Islanders) and members of vulnerable and underserved groups (LGBTQ, foster youth, and juvenile justice youth). Thirty focus groups were conducted in these communities.

WHAT ARE THE COMMUNITIES' GREATEST CONCERNS ABOUT MENTAL HEALTH?

One of the most prominent issues discussed by focus group participants was the high frequency of violence and trauma in their communities. People described experiencing or witnessing neighborhood, school, and family violence as well as police brutality. For refugee groups, exposure to war-related violence was a major concern. For Native American communities, historical trauma (trauma related to past U.S. policy towards tribal people) continues to have a deep effect on their communities. All groups talked about the lasting and harmful effects of violence on individuals, families, and communities and linked violence to mental illness.

In addition to violence and trauma, participants talked about the high frequency of drug and alcohol use, depression, stress, and suicide. Many suggested that people in their communities abuse drugs and alcohol to cope with difficult life situations. The presence of drugs and alcohol in communities contributes to threatening and unsafe conditions in neighborhoods, schools, and parks and at home. Family problems, financial struggles (made worse by racism, discrimination, and lack of opportunities), and fragmentation and isolation of their community from dominant society often create conditions that lead to stress, depression, and thoughts of suicide.

There were two killings this year … where police went into a home and there were mental health issues there and they gunned them down because they were acting erratic.

Cambodian Father

I personally witnessed several shootings, one of which involved a 14-year-old girl who was shot by a random bullet because she was in a crowd of people when some gunfire happened …. I sat with her for an hour until the police showed up ….

African American Youth

The drugs are just so bad, they are everywhere. There is no safe place—I don't care what anybody says. The drugs and alcohol are just taking over and it is sad.

Native American Adult

I cannot work for myself, my children are all grown up, but they could only work enough to feed themselves, they can not share anything with me. My heart is aching. I'm thinking, if my life is like my children and can be let go of, then I would have let it go already. This way, I would not be in this much pain from here to the future.

Hmong Refugee Woman

Yes, reaching the point of attempting against your own life due to ataques de nervios and, like you say, the desperation. You reach the point of attempting against your own life.

Latino Migrant Worker

In and out of penitentiary. I want to work. I am tired of doing time. I am hungry for work more than ever. That is my whole day. I need work, I am hungry, just like many of the young youths around the community.

African American Adult

It happened to me once now with the immigration laws. These people came to insult and yell at me. One tries to avoid them because that way you show that you are here to work and not to look for violence. You put up with it in order to find work.

Latino Migrant Worker

There are many resources in other communities, but we have none in this community.

Hmong Community Leader

You have more people [with mental illness] … because there is a definite, definite lack of communication between the mental health system that would say, "Okay, what kind of people should we treat, should we treat that man, or should we treat the rich man who has more money and they can pay for services."

African American Adult

They throw you in the hole instead of saying, "Why did you act that way?"... They make a quick evaluation when you first get there … then they just toss you out.

Urban Youth

WHAT COMMUNITY CONDITIONS AFFECT MENTAL HEALTH?

When asked about mental health concerns, participants overwhelmingly identified social conditions, particularly poverty and unemployment, as critical factors that influence community well-being. Participants also talked about the harmful effects of discrimination, cultural loss, and social exclusion from resources and activities that allow people to thrive.

Poverty and Discrimination

Poverty and unemployment were conditions strongly linked to depression and anxiety for participants from many different communities and were seen as significant stressors for individuals, families, and communities. Group members spoke of living in substandard housing and/or in unsafe neighborhoods. Many people reported that the stress of unemployment, poverty, and lack of adequate food and housing was at the root of mental illness in their communities. Furthermore, financial pressures made it more difficult for people to obtain needed care.

Experiences of racism and discrimination were common for community members. Many described being harassed and, at times, physically attacked because of their race or ethnicity, sexual orientation, or perceived immigration status. Fear of assault led some community members to avoid specific places or, in the case of many Latina/o immigrants, to avoid going out altogether. Participants also talked about experiences of discrimination by public systems such as law enforcement, education, and child protective services and described their frustrations and fears in dealing with these systems.

Sense of Cultural Loss and Vulnerability

Participants felt that the loss and degradation of cultural and community ties contributed to mental illness in their communities. Many adult focus group participants felt disconnected with the youth in their communities and felt that their youth had lost a sense of cultural pride. Youth described their difficulties relating to their parents and elders. Immigrant and refugee participants regretted that their children were not learning traditional ways and were not speaking the language of their culture of origin. Reconnecting community members with their cultural roots and heritage was seen as a critical approach to preventing mental health problems.

Exclusion from Opportunities and Participation in Decision-Making

Participants in our groups said they are regarded as unimportant by government agencies. As a consequence, they feel powerless to provide input or to get involved to affect change. Focus group participants discussed the mistrust they have of governmental agencies that have traditionally determined “needs” of a community without consulting with the community itself, promised particular services that were never delivered, and implemented services or programs that were not sustained.

WHAT ARE THE CHALLENGES FOR COMMUNITIES IN RECEIVING SERVICES?

Participants across all groups talked about the difficulty getting needed mental health services. Of greatest concern was the lack of services available in communities. Participants also said that services were not affordable, inappropriate, or located too far away. Many community members talked about the lack of cultural and linguistically appropriate services, saying that service providers often do not have an adequate understanding of their cultural beliefs and traditions.

Participants talked about the stigma associated with mental illness, the distrust of mental health institutions, and lack of awareness of symptoms of mental illness and available services. For those participants who were undocumented immigrants, fears about being deported prevented people from seeking services. All of these factors make it difficult for communities and individuals to get the care they need for mental health illnesses.

COMMUNITY STRENGTHS AND ASSETS

Participants also talked about the ways in which their communities are strong and resilient. Many group members described their communities as close-knit. Group members discussed the importance of family, individual, and community resiliency and pointed to the importance of supportive community-based organizations, friends, community leaders and advocates. Some participants said that they rely on spiritual and traditional healers as trusted resources.

You are so poor, that if you make a little above welfare, you don't get no assistance. None. You are shut down. You can't get the help you need.

African American Adult

You don't have a way to go out. You don't have a car. You have nothing. You feel desperate because there is no way to get to town. … If you get sick or you need something, all that you can do is squeeze your hands together because there is no way of getting out.

Latina Migrant Worker

In terms of healing or treating the sick, many of us still want to practice the traditional way of healing. … Many times we are told we can't practice the traditional way of treating or healing the sick person. This also causes a lot of misunderstanding.

Hmong Community Leader

When you talk to a person that lives in your neighborhood, in a ghetto area, ... it is like they have their negative points, but they also have their positive points. ... It is not all just about drugs or gangs or shootings. ... They want to do something positive. They don't want to be there dealing with that situation all their life. They want to make a change.

African American Youth

We don't have many organized service community resources out there, but yet we have so many informal services out there in terms of our churches. We talked about our different elders in the community. We talked about pastors and even just local parents in the community that can be accessed.

Pacific Islander Adult

I would like a program that taught us English, classes in the evenings after work. Because when you leave work is when you begin to worry.

Latino Migrant Worker

At my school … we had CHAC, a community healthy awareness council. ... They also had an outside-of-school place that I could go to at seven o'clock at night if I needed to if something was happening with my family, and … they would talk to me. And it was like counseling. I don't know how to describe it, but it was an awesome thing that I had, and they helped me through some tough times. … I think that would be a great program to put in high school because high school is tough.

LGBTQ Youth

One of the greatest concerns for me is how to access mental health services and also at the same time, to understand what is mental health and how does it work in different regions. Mental, spiritual education is to me, I think, it's the most important thing.

Hmong Community Leader

WAYS TO PREVENT MENTAL ILLNESS

Focus group participants were asked about the kinds of programs that could improve the mental health of their communities. Participants recommended many different types of programs and interventions. They suggested that programs be provided in locations that are frequented by community members such as schools and community and family resource centers.

Prevention programs recommended by participants included:

- Programs to address social concerns such as poverty, housing, and unemployment;
- School and after-school programs, including recreational activities and life-skills programs;
- Mentoring programs;
- Support groups and group therapy;
- Education about mental health issues;
- Parenting programs;
- Programs for youth exiting the foster care system;
- Programs for adults and youth in the juvenile justice system;
- Programs to prevent social isolation for older adults.

CONNECTING COMMUNITIES WITH COUNTIES FOR MHSA PLANNING

Through this process, the CRHD learned ways to better connect county mental health departments with historically underserved communities. The CRHD recommends that counties:

1. Focus on local community needs.
2. Build ongoing, sustainable relationships with community members, organizations, and advocates.
3. Address past and present experiences of violence and trauma in the development and implementation of prevention programs.
4. Build on existing community resources in prevention planning and programs.
5. Develop integrated, community-based services that pair mental health services with other services such as employment, housing, and legal aid.
6. Begin to work on programs that address poverty and discrimination.

I hope that this program becomes a reality. That it not be left as a dream. That funds not be spent in finding out what our illness is and then not be given the medicine because unfortunately … they made us dream that they would help us and it was all left in a dream.

School-based Advocate

I never heard of these services prior to you coming here. I probably would never have heard of this mental health legislation that came through. So, we need to open up those doors, we need to go in there and talk to them and ask them what is rightfully ours ….

Rural Mental Health Provider

I believe that with the help of agencies or organizations, if they are willing to provide more training and education, we are able to expand and reach more Hmong people in the Hmong community. Working and collaborating through agency such as Lao Family or any other non-profit organization, it's certainly helpful and useful. Group discussion is also useful, helpful, and beneficial. Because by discussing and sharing problem or issue to one another, you start to realize that you are not alone.

Hmong Community Leader

PROJECT STAFF

Sergio Aguilar-Gaxiola, MD, PhD
Project Director
Director, UC Davis Center for Reducing Health Disparities

Natalia Debb-Sossa, PhD
Assistant Professor of Sociology, UC Davis

Katherine Elliott, PhD, MPH
Project Manager, Northern California Region
UC Davis Center for Reducing Health Disparities

Cristiana Giordano, PhD
Postdoctoral Scholar
UC Davis Center for Reducing Health Disparities

Marbella Sala
Director of Operations
UC Davis Center for Reducing Health Disparities

William M. Sribney, MS
Third Way Statistics

STATE PARTNERS

Nichole Davis
Analyst, Prevention and Early Intervention
California Department of Mental Health

Rachel Guerrero, LCSW
Chief, Office of Multicultural Services
California Department of Mental Health

Vincent Herrera
Staff Mental Health Specialist
State Level Programs
California Department of Mental Health

Barbara Marquez
Mental Health Program Supervisor, Prevention and Early Intervention
California Department of Mental Health

CLINICAL AND TRANSLATIONAL SCIENCE CENTER EDITING CONSULTANTS

Erica M. Chédin, PhD
Coordination Officer, Collaborative Research Proposals
UC Davis School of Medicine

Erica Whitney
Coordination Officer, Collaborative Research Grant Proposals
UC Davis School of Medicine

The UC Davis Center for Reducing Health Disparities takes a multidisciplinary, collaborative approach to address inequities in health access and quality of care. We focus particularly on reaching out to unserved and underserved populations in California and beyond. Medical researchers, clinicians, social scientists, community providers, community-based organizations, and community members work together to design and implement our community engaged research and community outreach and engagement activities.

In 2006, the CRHD launched a project to reach out to historically unserved or underserved communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial conversations with communities throughout California.

Center for Reducing Health Disparities
2921 Stockton Blvd., Suite 1400
Sacramento, California 95817
PHONE: (916) 703-9211
FAX: (916) 703-9116
EMAIL: marbella.sala@ucdmc.ucdavis.edu