Cultural Competence Summit XX:
Supporting Community Defined Practices
March 16, 2017

MENTAL HEALTH friendly COMMUNITIES
Building Mental Health Friendly Communities
...one congregation at a time
Mental Health Friendly Communities

• Purpose
  – Designed to reduce Mental Health Stigma and Disparities and promote mental wellness using a faith based culturally responsive approach.
  – Empower and equip the African American community to reconnect and heal from within.
WHAT WE KNOW

Mental Health and Spirituality Surveys

- County Behavioral Health Directors
  - More than 90% of the County Behavioral Health Directors responded “strongly agree” or “agree” that:
    - “Spirituality is an important recovery resource in mental health treatment.” (92%)
    - “Spirituality is an important wellness resource in mental health prevention.” (94%)
    - “Spirituality is an important element of multicultural competency for mental health providers.” (98%)
Consumers and Family Member Survey

Over 2600 respondents

- 88% of African-American mental health consumers and family members across California report that spirituality is important to them.

- 72% report that they believe it is appropriate for the public mental health system to address spirituality as a part of mental health care.

- 89% reported that they regularly used prayer as a wellness tool
Mental Health Friendly Communities

• Where we have planted seeds
  – Alameda County
  – Contra Costa County
  – Fresno County
  – Kings County
  – Sacramento County
  – San Bernardino County
  – Santa Clara County
  – Solano County
  – Stanislaus County
MHFC Signature Trainings

- Mental Health 101
- Spirituality 101
- “I’m A Winner”
- Keepers of the Flock
- A Bridge Over Troubled Waters
Seeking Support From All Levels

• Clergy Roundtables
• Proclamation from Board of Supervisors
• My search for Allies
• Found the missing and most important links
Landscape

- 1999 Surgeon General’s Report on Mental Health and uncovering of the disparities in ethnic populations
- MHSA PEI funding guidelines
- State and local advocacy
- Foundation set for utilizing this approach through the Alameda County African-American Utilization Report
African American Utilization Report
“Steppin” Toward Improving Mental Health Outcomes for the African American Community

Gigi R. Crowder, L.E.
Purpose

• Identify issues and concerns surrounding mental health and substance abuse services in the African American community

• Provide recommendations to make services more effective and culturally appropriate

• Support Alameda County’s Strategic Vision within local/state/federal budget realities
Issues Addressed

- Biased and inaccurate diagnoses
- Disparities in utilization of services (e.g., over-representation in restrictive, often involuntary, settings), yet inconsistent outcomes
- Societal factors: cultural stigma, historical trauma, discrimination
- Multiple health care providers; “piecemeal” services; incorrect medications
- Need for non-behavioral health community supports
Our Process

- 28-member committee of community stakeholders:
  - Board of Supervisors
  - BHCS Staff
  - CBOs
  - Criminal Justice Organizations
  - Advocacy Groups
  - Medical Providers
  - Consumers and Families
  - Faith-Based Organizations

- Subcommittees by area of expertise:
  - Children & Youth, Birth to Age 16
  - Transition-Age Youth, Ages 16-29*
  - Adults, Ages 29 to 59
  - Older Adults, 59 years +

- Professional facilitation team ensured community-wide collaboration

*For the purposes of this report, due to delayed access to treatment for African American TAY, the upper age range for this group has been increased from 24 to 29.*
Methodology

- Statistical Research and Evaluation
- Subject Matter Experts
- Clergy Roundtable
- Focus Groups
The Landscape

• More than 50% of African American men with severe depression or mood disorders do not receive treatment (U.S. Department of Health & Human Services)

• Nationally, 63% of African Americans view depression as a personal weakness (Mental Health America Survey)

• Co-occurring diagnoses and “self-medication” affect 70% of all BHCS consumers (BHCS System Data)

• African Americans are disproportionately prescribed older generation of antidepressants/antipsychotics with high side affects (UC Davis Center for Reducing Disparities)

• Fewer than 4% of social workers and 2% of psychologists/psychiatrists in U.S. are African American (National Association of Black Social Workers)
FACTS: Children & Youth (Birth-Age 16)

- Inappropriate diagnoses due to lack of culturally informed medical knowledge
- Over-representation in foster care, out-of-home and juvenile justice systems
- Child, youth or family often unable to provide historical background or context
RECOMMENDATIONS: Children & Youth

1. Promote Clarifying Assessments & community-based consultations

2. Closer collaboration with local schools

3. Increase referrals and info-sharing among providers, family and other service agencies

4. Increase the inclusion of child and family in treatment planning
FACTS: Transition-Age Youth (Age 16-29*)

- Age when a first psychotic episode is most likely to occur
- School drop out rates extremely high
- Foster care system “ages-out” at 18; risk of homelessness and unemployment
- Delay in diagnosis and treatment because high distrust of established systems inhibits youth from seeking help when needed.

*For the purposes of this report, due to delayed access to treatment for African American TAY, the upper age range for this group has been increased from 24 to 29.
RECOMMENDATIONS: Transition-Age Youth

1. Link services and info-sharing across departments: foster care, criminal justice, social services, et al.

2. Expand peer-to-peer counseling and Youth-as-Teacher programs

3. Enlist community capacity building and Therapeutic Activity Group (TAG) programs throughout system

4. Partner with schools/education community on career development and training

5. Assessments and treatment delivered by African American providers
FACTS: Adults

Alameda County
Adults 18–39 Needing Professional Help for Mental Health Issues

- White: 21.8%
- African American: 33.1%
- Asian Pacific Islanders: 10.7%
- Latino: 15.6%

Source: California Health Interview Survey, 2007
RECOMMENDATIONS: Adults

1. Incorporate culturally adapted evidence-based practices and practice based evidence in service delivery

2. Expand peer-to-peer counseling

3. Link services and info-sharing across departments: criminal justice, BHCS, social services, et al.

4. Recruit African American peer counselors, staff and clinicians

5. Educate primary care providers on screening for Post Traumatic Stress Disorder (PTSD) and depression

6. Support the Pool of Consumer Champions “Black Men Speak” project
FACTS: Older Adults

- Aging process and co-occurring issues affect emotional and physical health
- Issues exacerbated in high poverty, high crime neighborhoods
- More frequent emergency and hospital care
- Decrease in physical independence = risk of homelessness
- Primary care settings alone don’t adequately address older adult behavioral health care needs
RECOMMENDATIONS: Older Adults

1. Assess and treat older adults in “safe” community locations

2. Incorporate spirituality, music, and peer-led activities

3. Educate primary care providers on Differential Diagnosis

4. Increase communications flow and referral network:
   - Mental Health Providers
   - Primary Care
   - County Agencies
   - Pharmacists
Moving Forward

• Partner with County Human Resources to recruit, hire and retain African American clinicians, particularly men

• Provide California Brief Multi-Cultural Competency Scale (CBMCS) training to County and community-based providers

• Encourage the use of Clarifying Assessments among all BHCS providers
Moving Forward continued…

• Collaborate and partner with others providing services to the African American community, e.g.:
  • *Youth Uprising*, for age-appropriate, culturally responsive assessment and treatment services
  • Faith-based community, for Clergy Roundtables regarding behavioral issues
  • *Healthy Oakland*, to promote health and wellness programs
Moving Forward continued…

• Coordinate with agencies/departments to promote cultural awareness and responsiveness:
  
  • County departments (e.g. Public Health, Probation, Social Services, School Districts, etc.)
  
  • African American community organizations (e.g. Bay Area Black United Fund), to integrate our respective efforts in addressing other health disparities

• Forge community collaboration to address the social determinants of health disparities
Update: Innovation funding

- BHCS Leadership allocates 1.8 million dollars of MHSA Innovation funds to advance our efforts by testing some of the identified recommendations.
Questions ?
Keeper’s Of The Flock:
What Is A Mental Health Friendly Congregation
A Mental Health Friendly Congregation is...

...A Local Congregation committed to eliminating stigma and improving outcomes for African American consumers and family members through social and spiritual inclusion in the life and in all facets of its ministries and programs.
3 Then Jesus told them this parable: 4 "Suppose one of you has a hundred sheep and loses one of them. Does he not leave the ninety-nine in the open country and go after the lost sheep until he finds it? 5 And when he finds it, he joyfully puts it on his shoulders 6 and goes home. Then he calls his friends and neighbors together and says, 'Rejoice with me; I have found my lost sheep.' 7 I tell you that in the same way there will be more rejoicing in heaven over one sinner who repents than over ninety-nine righteous persons who do not need to repent.
“Eliminating Stigma And Improving Mental Health Outcomes For African Americans, One Congregation At A Time”

WE MUST PAY ATTENTION!

3 Then Jesus told them this parable: 4 "Suppose one of you has a hundred sheep and loses one of them. Does he not leave the ninety-nine in the open country and go after the lost sheep until he finds it?

*olethros* (ol'-eth-ros); from a primary ollumi (to destroy; a prolonged form); ruin, i.e. death, punishment:

KJV - destruction.
"Eliminating Stigma And Improving Mental Health Outcomes For African Americans, One Congregation At A Time"

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3 Then Jesus told them this parable: 4 "Suppose one of you has a hundred sheep and loses one of them. Does he not leave the ninety-nine in the open country and go after the lost sheep until he finds it?

Until he finds it… heuriskoo, common verb,  He keeps on going until success comes

“Eliminating Stigma And Improving Mental Health Outcomes For African Americans, One Congregation At A Time”

- It was the responsibility of the Shepherd to keep track of the sheep
- The sheep didn’t lose the Shepherd, the Shepherd lost track of the sheep

WE MUST REMEMBER THAT EACH ONE COUNTS

1%
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BE AWARE OF HOW PEOPLE WANDER AWAY

Matt 18:12

12 "What do you think? If a man owns a hundred sheep, and one of them wanders away,
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- **Relationally**
  - Family, Friends & Work

- **Personally**
  - Concept Of Themselves
  - Distance Themselves From The Church/Ministry

- **Spiritually**
  - Unhealthy view of God
  - Dysfunctional Relationship With The Church
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TAKE TIME TO CARE

- He Didn’t Neglect the 99%
- He Searched For The 1%
- He Carried Him Home
- The Sheep Experienced Acceptance, Affirmation and Inclusion

The Party Didn’t Start Until He Came Home
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- WE MUST PAY ATTENTION
- WE MUST REALIZE THAT EACH ONE COUNTS
- WE MUST BE AWARE OF HOW PEOPLE WANDER OFF
- WE MUST TAKE TIME TO CARE
remember