



## **We're Listening**

**A Community Dialogue on Mental Health**

**December 2015**

**California Mental Health Planning Council**

**Community Forum Report 2015**

**Introduction**

The California Mental Health Planning Council (CMHPC) is mandated by federal law (Public Law 106-310) and state statute (Welfare and Institutions Code (WIC) 5772) to advocate for children with serious emotional disturbances and adults and older adults with serious mental illness; to review and report on the public mental health system; and to advise the Administration and the Legislature on priority issues and participate in statewide planning.

In 2015, the CA Mental Health Planning Council endeavored to meet with and hear from a number of underserved communities including the Hmong, Native American, Cambodian and lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) communities. California's ethnic population reached new percentages in 2014, with the Caucasian population moving into the minority. This means that the majority of persons living in California are of other ethnic and racial groups, many of whom are foreign-born and many living in monolingual households. California's diversity calls for cultural and language competency in all of its systems including education, commerce, law enforcement/criminal justice, religious and spiritual, social services and healthcare. The latter is where mental health services fall.

As America is ever so slowly realizing, mental health, and its counterpart, mental illness, impacts every facet of daily life. The impact of untreated mental illness is felt in all of the systems mentioned above and erodes the stability of a society. Untreated mental illness most often exists within impoverished communities. In California, it is predominately the new majority populations or 'people of color' who are living in poverty.

In 2004, California voters passed the Mental Health Services Act (MHSA) to bring new funding, policies and vision to the public mental health system. The MHSA shed a spotlight on the numbers of unserved individuals and communities and on the effects of an underfunded system which have resulted in increased homelessness, school drop-out rates,

out of home placements and more devastatingly, suicide. It also required that services, programs and stakeholder engagement be focused on un- and underserved communities.

In 2013, the California Reducing Disparities Project (CRDP) released 5 reports focused on specific populations including African American, Asian/Pacific Islander, Native American, Latino and LGBTQ. From this list, one immediately notices that disparities do not exist only in ethnic groups, but in other cultural groups such as the LGBTQ communities. These reports highlight gaps in service, service needs, strategies for engagement and recommendations of best- or community-based practices which are to serve as guides to further work to reduce disparities in these populations in California. We have to think beyond skin color and include other populations that have a culture unto themselves such as veterans, persons with physical disabilities and those who are hearing impaired. It also includes our remote and rural communities and age groups such as older adults and our young adults (18-25 years).

It is widely acknowledged that there are many more underserved cultural communities in California and that these 5 reports are just the beginning. California receives numerous refugees from war torn, and often politically unstable, countries including, but not limited to, Cambodia, Laos, Viet Nam, Syria, and Afghanistan where horrific events and atrocities were suffered by their people. This suffering negatively impacts their mental health and they arrive in America and California traumatized, depressed and often suicidal. With these issues already a heavy burden, the refugees strive to adapt, assimilate, survive and thrive in a new country that is more foreign in its traditions, language, economy and politics than they ever imagined.

Additionally, right here in America we have cultural groups who experience trauma, isolation, and exclusion. Individuals whose sexual orientation or gender identity falls outside the norm of male/female heterosexuality are bullied, harassed, ignored, excluded and physically attacked. Rates of suicide among this group are rising at alarming rates. Despite coming so far in achieving their civil rights, there is so much more ground to cover for these individuals to have equity and acceptance.

But first, it is the hierarchy of needs that must be addressed. Food, shelter, and safety are paramount then a source of income to maintain those initial, basic needs. For many cultures,

the next item in the hierarchy is their spiritual needs. Last is health, especially their mental health. Refugees who have lost loved ones, lost their homes, have left behind their roots, and traveled far to live in a land of safety and security often believe, “well, I survived all that so these voices in my head, or this pervasive sadness I am feeling is nothing compared to what I have endured before. So, I will just live with it, this is my lot in life’. The MHSA vision includes wellness, recovery and resiliency. People can and do recover from mental illness and go on to lead fulfilling lives. That means that no one should ‘just live with it’, because help is available. However, as the 5 reports indicate, the help must to be culturally competent and culturally relevant in order to achieve the desired outcomes of wellness, recovery, and resiliency for our citizens from other communities.

So what is cultural competency? Is it providing interpreters and written materials in native languages? It is that, but it also goes so much farther than that. It means knowing, accepting and understanding the history (good, bad and horrific) of the group. It means being able to be with, talk to, and listen to a person from the group without judgement, with acknowledgement of their suffering and their needs. It means providing help in ways that support their cultural values, traditions and perspectives. And most importantly, it means engaging with the people where they are rather than expecting them to come to us, to come to clinics filled with white walls, fluorescent lighting and paperwork, to fit into a medical model of services designed by the white majority for the white majority.

Meeting with and listening to the various cultural groups allows for a deeper understanding of the groups’ needs which in turn facilitates more informed and effective mental/behavioral health policies, programming, and services. One set of reports is not enough to mobilize the healthcare workforce and policy makers to move in the right direction. Ongoing dialogues, meetings, reports, and information sharing must occur to effect the necessary changes to meet the needs of California’s diverse population. Stigma and shame continue across ALL communities.

The Council obtained the services of cultural brokers to reach out to and engage the communities and to inquire whether the group would be comfortable talking with us. The venues for the forums were located within the neighborhood communities and in facilities that were already known and visited by members of the community. The forums were held

in the native language of the community and interpreters were used for the Council's understanding rather than the community's understanding. Publicity and materials were tailored using language and visuals relevant to the community.

The following are summaries of the forums for each of the communities we visited in 2015. It was an honor and a privilege to be welcomed into the communities. CMHPC has developed a set of guiding questions that will provide a framework for discussion at this and future ethnic community forums. Opening up to strangers about their darkest moments and their cultural beliefs and perspectives are not actions that most of these cultures promote so for them to talk with us underscores the depth of their need.

### **Hmong Community**

Community Forum facility provided by: The Fresno Center for New Americans Fresno County

This community forum was planned for the Fresno area which is home to one of the largest populations of Hmong immigrants in the state. Hosting and facility were provided by staff of Fresno Center for New Americans (FCNA), the largest Hmong community-based organization in Fresno County. The FCNA is implementing two culturally based mental health programs through Mental Health Services Act funding: the Living Well Program and the Holistic Cultural Education and Wellness Center.

### **Stakeholder Comments**

**What is the biggest barrier that keeps you/people you know from coming in for mental health services?**

- For example, men? All the community members present were female and most were over 50 years old. Why don't men seek or participate in mental health services? Responses included that "men are not depressed like women are", men don't feel comfortable sharing their feelings, and men won't participate in groups where there are mostly women participants. [Both Fresno County BH and FCNA currently offer counseling groups for men.]
- Youth? Participants responded that young people really don't know about available mental health services for them. More outreach and education is needed to raise

awareness of youth mental health issues, for both youth and their families. Advocacy is needed to create more services for youth. When asked about mental health services in schools, one student responded that she was aware of grief counseling groups, but not other services. There was some discussion of the importance of preventive mental health services for youth: more Hmong teens committed suicide in Fresno County in the late 1990's- early 2000's than in any other area.

**For people you know who receive mental health services, anywhere, are the services meeting their needs?**

- An informal poll of the participants revealed that the vast majority were receiving services at FCNA. The discussion centered on their favorite program, the Community Gardens. When asked why this program is effective for them, they responded that gardening provides a familiar activity that they know and have practiced all their lives. It reminds them of their former life in Laos. It is good exercise and physical activity, and helps to take their mind off their health concerns and family problems. Community gardens provide a means of connecting and socializing with other program participants. The women love to see the vegetables and herbs that are the results of their hard work. Gardening makes them feel productive, independent and useful. If anything, they feel that the program should be bigger and provide more space and water for more people to participate.
- Several women related their own life story, but their experiences are not unique. Women in their older age experienced trauma 40 years ago when their country was at war. They lost relatives, their homes, everything that was familiar. They experienced different trauma as they tried to adjust to the completely new world that they found in the U.S. They were uneducated, they felt inadequate, they were homesick and they had lost control over their life. Their marriages suffered, some were abandoned either physically or emotionally by their husbands. Their children acculturated to a social system that values youth and disrespects old age. Many women said they have lost the ability to communicate with their children and in any case the children don't listen to them. They are isolated in their homes, they can't drive to errands and appointments, and their income is very limited. These older

women reported that they suffer major depression, with suicidal ideation. For them, therapy is having someone listen to them and the opportunity of activities that provide a brief respite from their daily cares and problems.

- Fresno County Behavioral Health reported that there are a total of 7 community garden projects that include one for Russian-speakers and one for Punjabi residents.

**How do you know when services are really helping people? What results are we looking for? How do you know that the services are helping you to feel better?**

- Before we felt sick, sad, crying often, even felt like committing suicide. Now we feel healthy, feel happier, and have more activities and interests in life.
- We know that it is helpful to have people who listen to us and offer advice about how to solve our problems.
- We didn't know any services were available to help us, and now we can receive many services from FCNA and we have more hope for our life here in the U.S.

**Are there any services that are not available that you think would help people with mental health needs?**

- Several people mentioned that more and better transportation is needed. [Lack of transportation is a reported problem across urban and rural areas in every county.]
- Outings to local destinations to get to know the surrounding area. People mentioned that they've never traveled much outside their neighborhoods. [Fresno County BH has a program that provides weekly outings for people who meet the eligibility criteria for specialty mental health services.]
- Exercise programs, perhaps with equipment and an instructor. Many people with mental illness also suffer from chronic diseases like diabetes and hypertension, and they recognize that they need more physical activity. Walking or jogging in some neighborhoods is dangerous, and people don't go out at night.
- More one-on-one counseling, there are not enough providers for this service.
- 24-hour access to mental health services (in case of crisis or emergency).

- Youth services, such as a recreation center where teens can also access mental health education and services.
- A holistic focus that includes mental, spiritual and physical wellness. Inclusion of the entire family in services, and an emphasis on healthy relationships.
- Arts and crafts activities.
- Multiple services available at one location.

**What is the best way to engage your community to discuss and plan mental health services?**

- This question either was not fully understood, or not very well explained. The participants spoke about other subjects and didn't address the meaning of the question. [Note: FCNA operates a program called Equal Voice which "captures the voices and opinions of the Hmong community about their participation with private and public organizations, events and issues throughout Fresno", via surveys and focus groups.]

**Nor Rel Muk Wintu Tribe: Native American Community**

**Community Forum facility provided by: Trinity County Behavioral Health Services**

This community forum was planned for Trinity County. The Nor Rel Muk means "southward uphill people." Current Tribal members live in the vicinity of the Hayfork Valley and the Southern Trinity River and include large portions of Trinity County. Approximately half of the tribe's 1,000 members still live near their ancestral lands in Trinity and Shasta Counties. The Nor Rel Muk Wintu Tribe is not federally recognized but is seeking sovereign status and continues to petition the United States Government for Federal Tribal recognition as a distinct Indian community that has continuously remained an identifiable American Indian entity on a substantially continuous basis since the 1900s to the present times.

## **Stakeholder Comments**

### **What is the biggest barrier that keeps you/people you know from coming in for services?**

- The stigma of having a mental illness is a huge problem within the community.
- Those with substance abuse issues are much more willing to seek treatment because there is not as much stigma attached to substance abuse. The referral program for substance abuse is also easier.
- Historical Trauma is a huge issue. Many people do not trust the county (government) because of generational historical trauma.
- The Welfare Reform Act has caused tribes to feel they are not being serviced at the county level (Tribal TANF).
- Accessibility is also a big problem. People are not sure where to start or where to go to seek services; in part due to a lack of education on symptoms to identify what is happening and how to recognize mental illness.
- Psychiatrists do not understand historical trauma or do not take it seriously.
- The biggest stigma is that many Native Americans are not recognized for who they are. Becoming a federally recognized tribe is a long and grueling process and serves to reinforce historical trauma.
- The Native American people feel alienated.
- The recruitment of young people into the marijuana trade is a big problem.

### **What is the best way to engage your community to discuss/plan for services?**

- The Nor Rel Muk Wintu tribe would like more spiritual connections and to awaken traditions.
- There is a stigma outside the community as well as inside the community.
- It is so important for a person to get their identity back, have a trade, work in the community, and have a purpose.

- Education also opens the door to identity- it is instrumental in assisting people to achieve their goals and feel accomplished.
- Cultural sensitivity training is a must!
- The Native American people need the spiritual side of healing- this is an integral part of our identity and of who we are at the core. More activities to keep people busy such as hikes, field trips, etc. and more tribal family cultural activities would be welcomed.
- Becoming a “federally recognized tribe” will go a long way in obtaining and providing effective services for the people. Services will be provided by the Indian Health Center. There needs to be more funding for culturally-focused activities and services and to establish a communal location in which to hold the activities.

**For you/people you know who receive mental health services, are the services meeting your/their needs?**

- Alpine House (Licensed Residential Adult Facility) and Bonita House: Milestones in Trinity County are very important to the community and have provided a location where people can easily seek assistance. Bonita House, Inc., (BHI) is a private non-profit mental health agency offering a range of services for adults diagnosed with co-occurring serious psychiatric disabilities and substance use disorders, including intensive residential treatment, supported independent living programs, housing and supported employment, outpatient case management and clinic services. The outpatient day rehabilitation program works both with adults who have single mental health diagnosis as well as those who are dual-diagnosed. Alpine House is Trinity County’s new Licensed Residential Adult Board and Care Facility. Alpine House has provided the opportunity for those receiving care to be placed near family members within Trinity County.
- Mostly these services work but we would like more Native American cultural activities within Trinity County.

**How do you know when services are really helping? What results are you looking for?**

- There is a decrease in the use of alcohol and drugs.
- Spiritual needs being fulfilled.
- Re-unification of families.

**Are there any services that are not available that you think would help people with mental health needs?**

- The community needs more cultural activities.
- Local services are very important. Many people do not have transportation to travel to other counties.

**LGBTQ Community**

Community Forum facility provided by: LGBT Center Orange County in Santa Ana

This community forum was planned for Orange County. The LGBT Center OC opened its doors in the 1970s and serves the growing LGBTQ population of Orange County. The center offers LGBTQ-friendly business referrals and service providers, computer and internet services, and mental health counseling and HIV services.

**Stakeholder Comments**

**What is the biggest barrier that keeps you/people you know from coming in for services?**

- There is a lack of resources for culturally knowledgeable providers.
- Lack of affordable and accepting housing (especially for Transgender community).
- Lack of LGBTQ focus in the community and in therapy. Psychiatrists are not knowledgeable about LGBTQ issues.
- Lack of knowledge regarding transitioning. We need more medical professionals who specialize in transitioning.
- Lack of specialized practitioners for each of the groups collectively known as LGBTQ.

- Lack of awareness of services.
- Stigma, discrimination, bullying, isolation.
- Many times the treatment becomes JUST about transitioning and there is no focus on other issues, such as anxiety, depression, etc.

**What is the best way to engage your community to discuss/plan for services?**

- There needs to be more social programs geared towards LGBTQ and more programs specifically for families.
- Respect and dignity in events is very important.
- There needs to be more options for Transition Age Youth.
- More information out there on meeting spaces and locations. Locations are disconnected and remain so hidden.

**How do you know when services are really helping? What results are your community members looking for?**

- When a person accomplishes their life goals.
- When there is an equal opportunity to achieve the same goals as others in the community.
- When there is really good access to services that are easy to navigate.

**For you/people you know who receive services, do the services meet your/their needs?**

- There is only one psychiatrist that the community feels has been an integral part of meeting the needs of LGBTQ. The community needs more psychiatrists who understand the LGBTQ issues, including transitioning.

**Are there any services that are not available that you think would be helpful?**

- For those in transition: hormones and Doctors should be part of the mental health treatment. We should not have to wait so long to have access to hormones either.
- There are inconsistent gatekeepers: professionals who have the power to deny hormones or treatment with doctors for those transitioning. This sets back mental health treatment and causes people to not seek services.

Community Forum facility provided by: EMQ FamiliesFirst Santa Clara County

This community forum was planned for Santa Clara County and the surrounding Bay Area. EMQ FamiliesFirst is a statewide nonprofit that helps children and families. The agency is one of the largest, most comprehensive mental health treatment programs in California. EMQ FamiliesFirst takes a state-of-the-art approach to children and adolescents with complex behavioral health challenges and helps them recover from trauma such as abuse, severe neglect, addiction and poverty.

**What is the biggest barrier that keeps you/people you know from coming in for services?**

- There are not enough specific services for the LGBTQ community.
- There is a major lack of outreach and workforce available to do outreach.
- Stigma is a huge issue.
- We need clinically supervised group therapy. Things can happen in a group however, so we need a professional to handle the group and do no harm.
- There is a lack of awareness of services. People think there is no place to get help.
- Insurance and provider barriers are a problem. Insurance companies have too much power in denying care.
- The LGBTQ community is not included in decision making.

**What is the best way to engage your community to discuss/plan for services?**

- Caregivers need to go into the community and provide care where LGBTQ feel the most comfortable. Outreach should be orchestrated and more consistent with information made available in places LGBTQ youth hang out.
- Have providers make more of an effort to establish relationships and create some sort of continuity when it comes to care.
- There needs to be better bridges between the churches and mental health.
- Adapting the Mental Health First Aid training to be geared towards the LGBTQ community as well.
- Family inclusion is very important and needs to be a focal point.

**For you/people you know who receive services, do the services meet your/their needs?**

- The profession does not teach professionals about LGBTQ issues.
- There is a severe lack of knowledgeable workforce and peer providers to help individuals in the LGBTQ community.
- The LGBTQ community continues to feel like outsiders: we are neither appointed nor included in important decisions.

**Are there any services that are not available that you think would be helpful?**

- There needs to be much better data collection within counties to assist with outcomes for our community.

## **Cambodian Community**

Community Forum facility provided by: The United Cambodian Community of Long Beach, Los Angeles County

This community forum was planned for Long Beach, which is home to the second largest population of Cambodian immigrants. The United Cambodian Community is a nonprofit social services agency that has served the Cambodian community in the greater Long Beach area since 1977. They offer health and human services to a diverse clientele, including elderly, youth, and women. Their mission is to bridge cultural, language, and generational gaps between first-, second- and third-generation Cambodian Americans.

**What is the biggest barrier that keeps you/people you know from coming in for services?**

- Many do not have any health insurance and very little money to see a Doctor.
- There is a language barrier and a need for more specialists who speak Khmer.
- Karma is also a barrier: many feel that Karma is to blame for their problems and that they must suffer through it. Because of this, many do not recognize that what they are experiencing is a mental health issue. Feelings of shame and stigma are obstacles.
- Many are afraid to seek services because they may be undocumented.
- Trauma: many feel that they have no right to feel anxious/sad/depressed after what they endured before coming to the States. It is better to forget their trauma in the past and not to re-live it.

**What is the best way to engage your community to discuss/plan for services?**

- More community gatherings at the Cambodian Center would be helpful. Familiar activities within the community such as dancing, music, and gardening.
- Reaching out to community members in places they frequent and feel comfortable in, such as community gardens, stores, churches, etc.
- Connecting with a local agency that the people trust.
- A local media announcement in the Khmer language.

**For you/people you know who receive services, do the services meet your/their needs?**

- Do not want to be prescribed medications so quickly.
- Need more specialists who understand the trauma that was endured in the past and how it is affecting us now.

**How do you know when services are really helping? What results are your community members looking for?**

- A community healing center that serves all mental health and spiritual needs.
- Several people shared their own personal stories of trauma and suicide. There is a disconnect between parents and first generation children who may feel the repercussions of historical trauma but have not experienced that trauma. There is also a language barrier between parents and their children who have fully acclimated to life in the United States and either never learned to speak Khmer or have forgotten the language. Family is extremely important and for many women it is their identity. Non-traditional services such as community events that bring families together are highly desired.
- When struggling with trauma, depression, and anxiety, individuals tend to isolate themselves and not venture out of the home. When people are participating in events, going to the store, working in the garden, then they feel better and services are helping.

**Are there any services that are not available that you think would be helpful?**

- Would like more group activities.
- Classes on healthy food and diet.
- More physical therapy activity-related programs.
- There is a need for programs to reach children/young adults who are first generation in the United States but who are also affected by the family trauma.

## **Conclusion**

An understanding of each culture will lead to better services. Although each culture is unique, there are common threads that run through all of them. There is a need for more culturally sensitive and/or educated specialists across all cultural groups. The inclusion of spirituality was a big issue- even in the LGBTQ community. This seems to be a component that is lacking and should be an integral part of recovery. Discrimination is also a huge issue across all cultures. Sensitivity and the awareness of historical or past trauma are important for service providers. Providing care on their “turf” is essential: providing services in places where people hang out and feel comfortable in. The inclusion of family members in the recovery process is a must.

The California Mental Health Planning Council has a statutory responsibility to advise the Legislature, Department of Health Care Services, and county boards on mental health issues and priorities that the state should be pursuing in developing its mental health system. Establishing policies that encourage adaptation of service delivery/practices, recruitment of a workforce that is culturally competent and humble and that increases access for the diverse, unserved and underserved populations must be a priority. California will not achieve the outcomes and recovery for individuals that we strive for unless we embrace the cultural differences and lean in to do better in serving these individuals and families.

Because of the need to do better in serving California’s diverse population, the CMHPC will continue to hold public forums with more communities in 2016. The Council is committed to continuing the dialogue and information sharing to effect the necessary changes in workforce, funding, policies, and programming to fulfill the promise of recovery and resiliency for all.