SUMMARY

NAMI California

National Alliance on Mental Illness

The ANNUAL STATE of the COMMUNITY REPORT on DIVERSE COMMUNITIES

"Nothing about us without us"

Funded by MHSOAC Mental Health Services Oversight & Accountability Commission

FY 2017-2018

ABOUT THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) CALIFORNIA

NAMI California's (NAMI CA) decades of experience serving diverse families and individuals affected by mental illness began in 1978. With 62 local affiliates throughout the state, NAMI CA has a unique ability to connect local services and supports to statewide strategies in training, education, outreach and advocacy. As California's demographics have shifted dramatically over the past 38 years, so have NAMI CA's approaches to engaging members of diverse racial and ethnic communities. One of the greatest shifts has been the growing racial and cultural diversity among residents. NAMI CA and its affiliates aim to reach the most underserved, marginalized diverse populations through the development of responsive and culturally-specific outreach approaches.

ACKNOWLEDGEMENTS

NAMI CA extends great appreciation to community leaders and members throughout the state who share lived experiences and perspectives in this report. We would also like to thank the Mental Health Services Act Oversight & Accountability Commission (MHSOAC) for funds to continue reaching individuals from underrepresented communities affected by serious mental illness.

PREFACE

It has been estimated that 1 in 25 Americans lives with a serious mental health condition. While mental health professionals have effective treatments for most of these conditions, in any given year only 60% of people living with mental illness get mental health care services. Statistics for diverse communities are even more startling. Today, multicultural communities make up 61% of California's population and continue to increase. The impact on multicultural communities due to language barriers, stigma, and discrimination, is particularly significant and all factors must be addressed to reduce mental healthcare disparities.

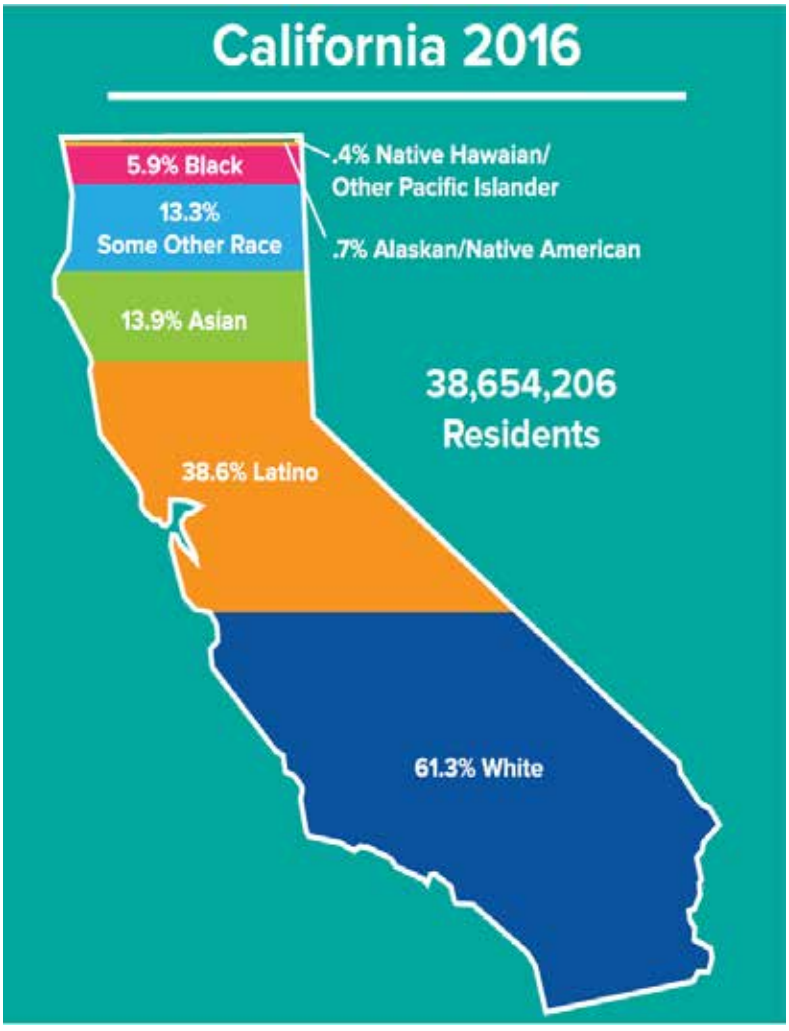
METHODOLOGY

NAMI CA employed a mix of research and data collection procedures in the development of this Annual State of the Community Report. These procedures include the use of surveys, focus groups, and qualitative interviews. Methodological tools included stakeholder surveys, focus groups, and qualitative interviews with individuals from diverse racial and ethnic communities along with individuals from the LGBTQ+ community.

> "My loved one's family has never understood that he has a mental health illness and he feels that he needs to take medication and sometimes he cannot work. That is why I work hard so that he could rest."
>
> — Mexican American family member and peer in San Diego County

DEMOGRAPHIC PROFILE OF THE STATE OF CALIFORNIA

According to data from the US Census, California is the most populous state in the United States, reporting a total of 38,654,206 residents in 2016. Of the total population, approximately 61.3% of the population of California identifies as white. Latinos constitute 38.6% of California's population. However, Latino or Hispanic origin is classified under the U.S. Census designation as an ethnicity, opposed to a racial category. By race, the next largest racial group, after whites and Latinos, would be Asians, who represent 13.9% of the population. Following those who identify as Asian, "Some other Race" constitutes 13.3% of the population. After "Some other Race," those who identify as Black or African American represent the next largest racial group at 5.9% of the population. American Indian and Alaskan Native represent 0.7% of California's population. Individuals who identify as Native Hawaiian and Other Pacific Islander represent 0.4% of the state of California, making this racial group the smallest minority in the state. Individuals in California who identify with two or more races represent 4.6% of the state population. Of those who identify as more than two races, the largest combination exists for those who identify as Asian and white (1.3% of total California population).



NAMI CA CONTRIBUTIONS TO THE LITERATURE

Respondents to our stakeholder survey were asked to select their level of agreement "strongly agree" (weighted = 2), "Agree" (weighted = 1), "Neither Agree or Disagree" (weighted = 0), "Disagree" (weighted = -1), "Strongly Disagree" (weighted = -2) for a variety of questions designed to help understand community perceptions of the current access to mental health care and services.

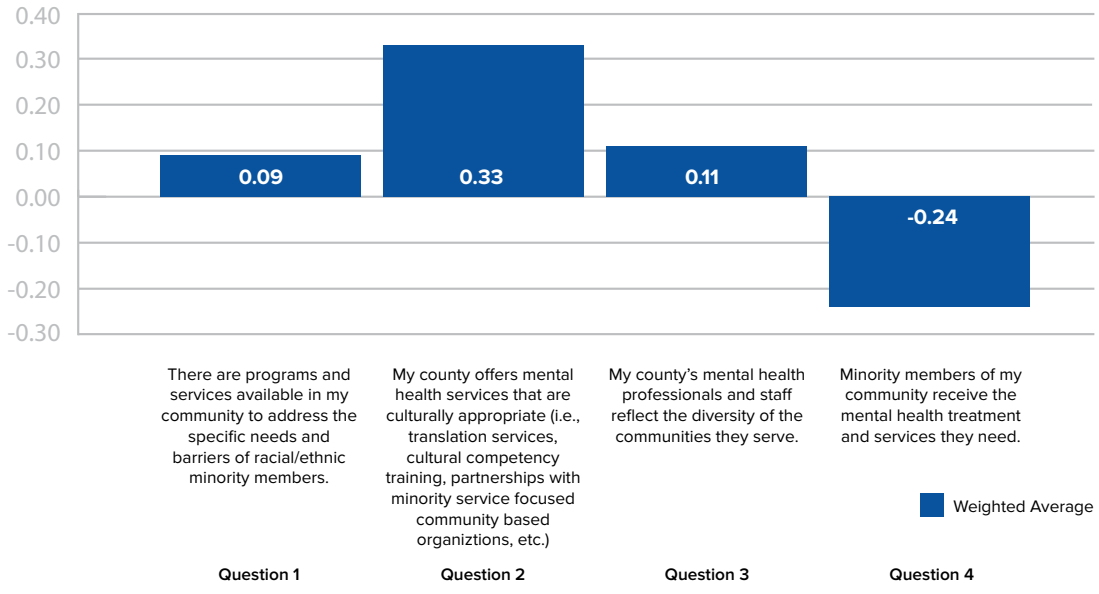
Figure 1.1 shows participant opinions to these statements averaged "neither disagree or agree" but skewed slightly towards agree for questions one, two, and three. However, answers for question number four averaged "neither disagree nor agree" with a slight skew towards disagree. This may suggest that, despite the average positive perception of services most respondents still feel that minority members of their community go without the mental health services they need.

The effects seen in Figure 1.1 also seem buoyed by the perspectives of individuals who identify as "*a professional employed in the mental health field*" who comprised approximately 45% of our sample population who participated in the survey. When we remove providers or county staff who work in the mental health field from our analysis and examine the perspectives of family members and peers from diverse communities, questions one, three, and four have a negative weighted average as depicted in Figure 1.2. Importantly, the average perception that minority members of the community go without mental health treatment services doubles in Figure 1.2.

Given the prevalence of language-based difficulties related to addressing mental health care, NAMI CA asked respondents to rate their level of agreement with the statement, "I can find resources, materials, and services in languages other than English and specific to the minority

Figure 1.1

Please rate your level of agreement with the following statements (N = 316):



> "I lost my children during the first years of being diagnosed. I was thought of as 'crazy' and had to fight through the court for supervised visits."
>
> — Biracial Native American peer in San Joaquin County

communities in my area." The responses were weighted the same as stated above. For the question NAMI CA asked, the weighted average was 0.4, indicating general, overall agreement with the statement.

The following graph represents the distribution of responses in Figure 1.3. The results of this survey question would suggest that, overall, survey respondents can find materials and educational programs for mental health issues that are in languages other than English.

NAMI CA also asked respondents to rate their level of agreement regarding a variety of statements listed in Figure 1.4 related to community resources.

Overall, respondents tended to agree with the four statements, though only by a slim margin. Figure 1.4 shows the distribution of responses of these questions. It is important to note that this comparison does not demonstrate statistically significant differences – it only offers one potential perspective of how the diverse communities of California understand and interact with the Public Mental Health System (PMHS).

> *"Los especialistas en salud Mental son insuficientes para atender la población con esta necesidad: a) Se cuentan con poquisimos Psiquiatras que hablan español en el area. Inclusive en otras areas aledañas al condado de Riverside. b) El Plan de Obama Care, aunque positivo, ha aumentado el número de personas aseguradas que pueden accesar servicios de salud Mental, pero no asi la disponibilidad de Médicos especialistas en ese rubro."*
>
> ["Mental health specialists are insufficient to meet the population with this need: a) there are very few psychiatrists who speak Spanish in the area. Even in other areas bordering Riverside County. b) The Obama Care Plan {Affordable Care Act}, although positive, has increased the number of insured persons who can access Mental Health services, but not the availability of Medical specialists in that area."]
>
> — Latina Peer and Family Member from Riverside County

Figure 1.2

Please rate your level of agreement with the following statements (family member and peer responses only) N = 165):

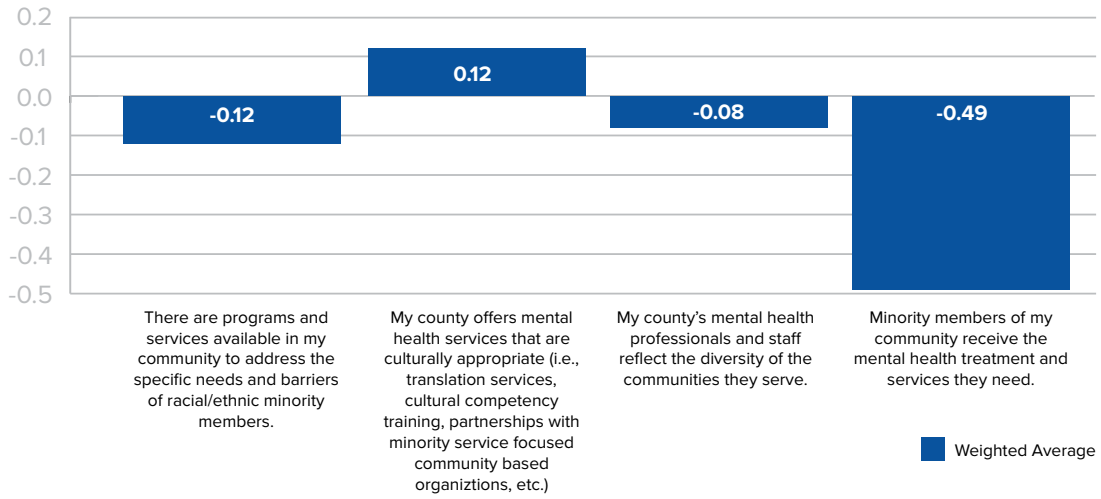


Figure 1.3

Participant average responses for the statement: "I can find resources, materials, and services in languages other than English and specific to the minority communities in my area."

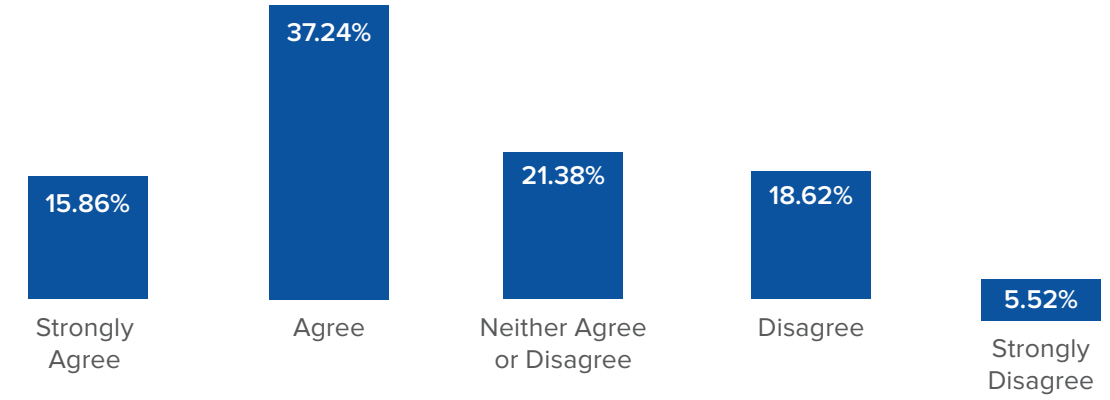
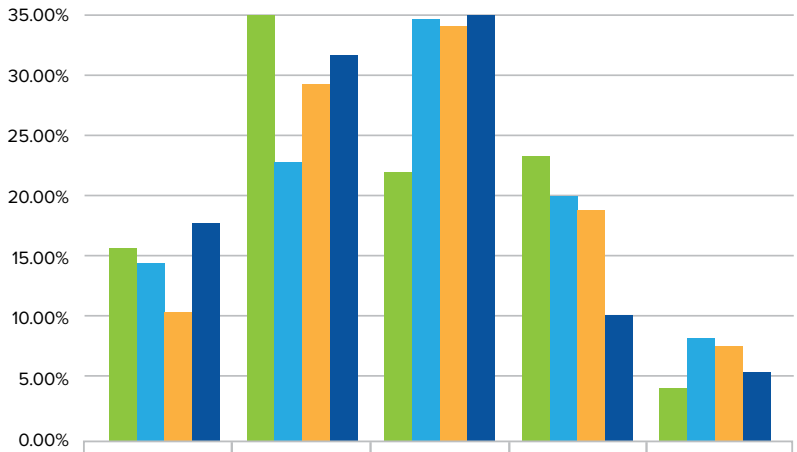


Figure 1.4

Please rate your agreement with the following statements:

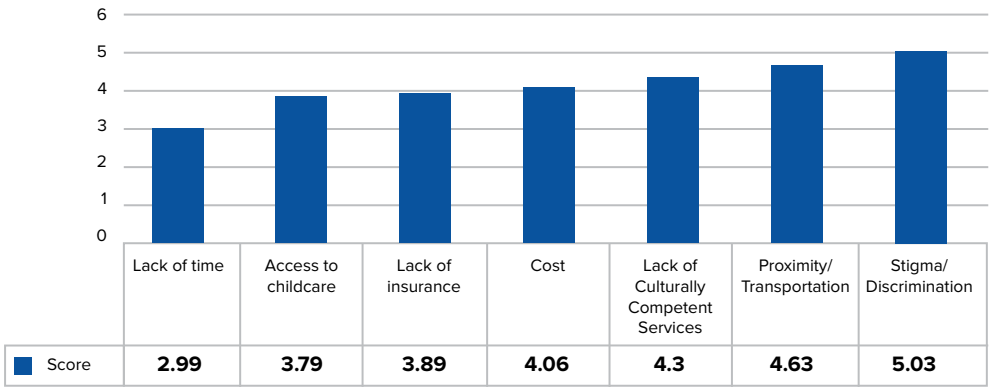


	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
My local county Behavioral Health Department has a robust relationship with Community Based Organizations, non-profits, or faith-based organizations, who work with diverse racial/ethnic communities.	**15.75%**	**34.93%**	**21.92%**	**23.29%**	**4.11%**
The Mental/Behavioral Health Board in my county is comprised of individuals from diverse racial/ethnic backgrounds.	**14.48%**	**22.76%**	**34.48%**	**20.00%**	**8.28%**
My local behavioral/mental health board actively engages diverse communities in an effort to represent stakeholder communities who have historically been nderrepresented.	**10.42%**	**29.17%**	**34.03%**	**18.75%**	**7.64%**
My county behavioral/mental health department strives to fulfill the duties and recommendations set forth in their Cultural Competency Plan.	**17.81%**	**31.51%**	**34.93%**	**10.27%**	**5.48%**

Figure 2.1, represents the ranked responses to the question of *"Please rank the following topics based on 1 being the **least** substantial to accessing treatment and 7 being the **most** substantial barrier to treatment."* Higher scores indicate that the item chosen was the *most substantial barrier to accessing treatment*. Based on the data from our survey, respondents state that Stigma/Discrimination is the most substantial barrier to treatment, followed by proximity/transportation, and a lack of culturally competent services.

Figure 2.1

Please rank the following topics based on 1 being the most substantial barrier to access treatment and 7 being the least substantial barrier to treatment.



The following are actual accounts of barriers faced in accessing mental health care for diverse communities from peers and family members who participated in our qualitative interviews. Listed below, by themes mentioned above, are barriers to care they noted:

Lack of Insurance:

"Shortage of mental health providers, counselors etc.; lack of referral from Primary care provider, etc., needed medical help is listed but [does] not really exist or [isn't] accessible due to insurance coverage." **– Chinese American family member, Bay Area**

Cost:

"Knowing what's wrong, finding someone that specializes in trauma, cost for services." **– African American peer and family member, San Joaquin County**

Lack of culturally competent services:

"Availability of services and providers, poor attitudes of mental health providers and accessing the appropriate therapy for my son" **– Latina / Asian American peer and family member. Napa County**

"Our culture has our own way of dealing with treatment, and we are not exposed to anything else." **– Mexican American peer and veteran, San Joaquin County**

"In my small town, there is only one fully Spanish-speaking clinic in town, and multiple English-speaking clinics, hospitals, and help readily available." **– Latina family member, Riverside County**

"Once the realization entered our lives that my daughter had been diagnosed with paranoid schizophrenia my quest to learn more was a part of my life. I presently have been trained as WRAP, mentor on discharge, LEAP trainer, NAMI Family and Friends Family Support facilitator, NAMI Family to Family teach and Family and Friends facilitator. [She] was finally able to get the treatment she needed for her recovery because I was relentless."

— **African American family member and peer, Bay Area**

Proximity/Transportation (or lack thereof):

"Sometimes it's transportation and parking. The stigma and language being used." **– Biracial Native American peer, San Joaquin County**

"The most challenging aspects of access are location, population, and curriculum." **– Latino peer and family member, San Joaquin County**

Stigma/Discrimination:

"Being African American, it would be removing stigma associated with mental health, the absence of culturally sensitive MHSA programs, and lastly a lack of culturally diverse practitioners and professionals." **– African American advocate and health services administrator, San Joaquin County.**

> "My family and community have limited knowledge [about mental illness]. There's still a stigma."
>
> — **African American peer and family member in San Joaquin County**

"Accepting that you need to seek help, letting someone know your need to seek help, access when you actually go to seek help." **- African American peer, San Joaquin County**

"I remember in college having a woman give me a referral phone number without any follow up. She looked frightened of me. I am doing this work because of her." **– African American family member and mental health counselor from the Bay Area**

NAMI CA SUPPORTING DIVERSE COMMUNITIES

Program effectiveness is supported by both evaluative and anecdotal evidence, including recognition as an effective program by the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence Based Practices and Programs (NREBPP). Diverse consumers and family members have repeatedly expressed courses along with other available community culturally responsive programs have been life-changing. NAMI CA in partnership with local affiliates and community-based organizations continues commitment to serve diverse communities across the state. With an increase in unexpected events in 2018 such as wild fires, school shootings, budget deficits, immigration policies separating families, among others, support and access to information are more important than ever. That is why we continue to work with affiliates and organizations to continue the offering of various programs such as Familia a Familia, Persona a Persona, Conexion, Mental Health 101and more which help with access to care.

NAMI California continued the conversation around mental health in diverse communities for its 5th Annual Multicultural Symposium with the theme, *"Diversity in the Face of Adversity."* We aspire to bridge the gaps created by mental health stigma, to bring together statewide community leaders and health care providers from diverse communities.

To learn more about the Multicultural Symposiums visit: https://namica.org/about-us/community-engagement/multicultural-symposium/

Last year, based on feedback from our members from diverse communities, NAMI California launched the Represent Recovery campaign, an initiative calling for a paradigm shift in the way we view mental health in diverse cultural communities.

The crux of the campaign is our storytelling video series, five personal stories launched during Bebe Moore Campbell National Minority Mental Health Month.

For more information please visit:
https://www.namicaadvocacy.org/bebemoorecampbell

NAMI California is entering Year 2 with a broader perspective on outreach, engagement and delivery of Signature Programs to diverse communities. One of our primary goals is to continue our engagement and promotion of Cultural Competency trainings to support counties with better engaging and understanding diverse communities. Furthermore, our second goal is to reach rural, unserved, underserved populations in the state of California and support them in the implementation of programs such as Conexion Grupos de Apoyo, Familia a Familia classes, Persona a Persona classes, Mental Health 101, and more.

For more information on NAMI programs please visit:
https://namica.org/programs/

RECOMMENDATIONS

The following information is derived from voices within the community and what we heard from stakeholders. Diverse populations of individuals impacted by serious mental illness need to be involved at every step of the planning process. Beginning with meaningful stakeholder involvement through policy and program development. Many members shared there simply is not enough services available including culturally and linguistically appropriate services. NAMI CA believes more opportunities need to be created for diverse populations to share lived experience in a meaningful manner to assist policy makers with making more informed decisions. Also, at the local level with Behavioral Health staff when working to develop community programs. Along with sharing lived experience we need to collect more data to share with elected officials about health disparities, lack of access, and cultural competency supports within the Public Mental Health Services. Individuals from all communities should be empowered to influence and improve outcomes for diverse communities. One way to strengthen the community is to provide more trainings, programs and empower diverse communities with opportunities to positively influence the public mental health system. NAMI and local CBO's have a strong platform to continue to increase knowledge, provide information and raise awareness.

To view the full Annual State of the Community Report from Year 1 please visit:

https://namica.org/wp-content/uploads/2018/11/2018-AnnualStateofCommunityReport_Diverse-compressed.pdf

NAMI California

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