WELCOME LETTER

One of NAMI California’s most important core values is to ensure that all people affected by mental illness have a seat at the decision-making table and are able to access appropriate services when needed. We are dedicated to continuously improve our ability to serve individuals living with serious mental illness and their families across the state, and to finding solutions to cultural, linguistic, and other barriers that prevent individuals and families from accessing services.

Change is not made by just “you” or “I”, but by the collective efforts of our community as a whole. We believe each person’s voice deserve to be heard, and each community member’s voice is integral to our progress as a network of individuals – without with, we would lose the authentic connections we’ve forged together as a real community. In order to best serve our growing membership and reach communities that have limited access to resources, we have created the Multicultural Symposium as an annual event to help give voice to diverse and underserved communities, address community challenges while optimizing their unique strengths, and eliminate mental health care disparities.

I would like to express our gratitude to everyone who attended our 3rd Annual Multicultural Symposium and contributed to the tremendous success and evolution of our efforts and vision. I am proud to say that we heard from a wide range of cultural and professional experts who discussed the challenges faced by the unserved and underserved cultural communities as well as various methods to provide better care.

This report will provide an in-depth look at the Multicultural Symposium, including highlights from panelists and presenters, as well as feedback gathered from diverse communities in the breakout sessions. We know there is still more work to be done, and we hope you’ll continue to stay engaged in this initiative as we strive to reduce mental health disparities for individuals and their families in the wonderful multicultural communities we serve.

Sincerely,

Jessica Cruz, MPA/HS
Executive Director
NAMI California

Photo 1: Jessica Cruz, Executive Director, NAMI California
2016 MULTICULTURAL SYMPOSIUM COMMITTEE & SPEAKERS

2015 MULTICULTURAL SYMPOSIUM COMMITTEE MEMBERS

Sergio Aguilar-Gaxiola, MD, PhD
Guy Qvistgaard, MFT
Jessica Cruz, MPA/HS
Dorothy Hendrickson
Amanda Lipp
Melen Vue
Juan Garcia, PhD, LMFT
Ratan Bhavnani
Steven Kite

KEYNOTE SPEAKER

Maria Jose Carrasco, M.P.A
Senior Manager, Community Partnership & Training
Field Capacity & Governance
National Alliance on Mental Illness (NAMI)

COUNTY AND COMMUNITY PANEL

Kimberly Knifong, MPH (Moderator)
Associate Governmental Program Analyst
Office of Health Equity
Community Development and Engagement Unit

Doris Y. Estremera, MPH
Manager of Strategic Operations
Office of Diversity and Equity, San Mateo County

Gigi, L.E.
Ethnic Services Manager
Alameda County BHCS
NAMI Contra Costa County FaithNET Chair

Anne Fischer
Executive Director
NAMI San Francisco

Harold Turner
Director of Programs
NAMI Urban Los Angeles

LEGISLATIVE SPEAKER

California Secretary of State Alex Padilla
Angela Padilla

IMPACT OF MENTAL HEALTH FUNDS

Jahmal Miller, MHA
Deputy Director
California Department of Public Health
Office of Health Equity
ABOUT NAMI CALIFORNIA

NAMI California is a grass roots organization of families and individuals whose lives have been affected by serious mental illness. We advocate for lives of quality and respect, without discrimination and stigma, for all our constituents. We provide leadership in advocacy, legislation, policy development, education and support throughout California, and are dedicated to the strengthening of local grass roots organizations. We provide updated information and support to local Affiliates and are here to help organize new Affiliates.

NAMI California oversees 62 local Affiliates and represents 19,000 people to the California Legislature and Governor on mental health issues. Our work in the community encompasses educating families, professionals, and the public about the recent explosion of scientific evidence that shows serious mental illnesses are neurobiological brain disorders; providing a strong, coherent system that offers a continuum of care for the persistent, long-term needs of people living with mental illness; advocating for increased research to uncover causes and new, effective treatments; and striving to eradicate stigma.

MULTICULTURAL SYMPOSIUM

This year, NAMI California continued the conversation in its 3rd Annual Multicultural Symposium with the theme, “Building the Future: Connecting Communities for a Better Tomorrow.” We aspire to bridge the gaps created by mental health stigma, to bring together statewide community leaders and public care providers from diverse communities. The event fostered an open dialogue about the successes and challenges various communities and organizations throughout California have experienced with innovative and strength-based approaches to achieving wellness and equity for unserved and underserved populations.

The following sections will provide more information from the speakers mentioned above and an in-depth discussion of the events throughout the Multicultural Symposium. We are proud to announce our inspiring lineup of speakers, who have all made significant changes in their communities and throughout the state of California. Their expertise, experience and passion for effecting positive change provide outstanding examples of what we can all achieve together as a global community.
MORNING SESSION

KEYNOTE SPEAKER

NAMI California was privileged to have an excellent keynote speaker, Maria Jose Carrasco, M.P.A, who is the Senior Manager of Community Partnership and Training with the NAMI National. According to Ms. Carrasco, behind every great accomplishment, there is a person that planted the seed for change. On the day of the Multicultural Symposium, audience members were taken on a journey and were able to learn the key lessons and experiences that Ms. Carrasco went through in order to bring about change for diverse communities.

In 2001, Ms. Carrasco interviewed for NAMI National with an initial desire to help her friend who had a mental illness. However, she soon came to find out that mental illness was also present in her family—she was just not aware of it till she started to work for NAMI. Ms. Carrasco began to notice mental health disparities in her family, in addition, to the many multicultural communities who were experiencing the same challenges. For example, Ms. Carrasco explained that if her mother were to call NAMI in 2001, she would not have received any help because there were no information, website or factsheets available in the Spanish language. This was alarming and she decided to take a leap of faith.

Ms. Carrasco was given the opportunity to work with the communities she noticed were being left out of the conversation and not represented at the National level. After just one year, the NAMI National Board included in one of their five priorities the importance for NAMI to reach out to underserved or unserved communities. Through this new engagement process, NAMI had to ask themselves the following critical questions: (1) Who was on Board? (2) What was the commitment level? Those questions were important in order to adapt their programs and services to fit the cultural reality of many communities in the United States.

As Ms. Carrasco began to develop trust in multicultural communities, she explained that there were many roadblocks. Due to the lack of support in the past, communities were skeptical about her efforts and would tell her to leave. In order to demonstrate her dedication to helping cultural populations, she had to acknowledge the past NAMI had in diverse communities. As she started to regain their trust, Ms. Carrasco introduced the vision NAMI had for diverse communities and through these conversations individuals started to notice her dedication and perseverance. These were the initial efforts that made a dramatic impact for NAMI and are learning experiences to reflect on moving forward.

Towards the end, Ms. Carrasco provided critical takeaways from her experience in developing the multicultural and cultural competency efforts we see today at the national level. First, set realistic expectations in learning about the communities we want to work with. She advised to focus on one or two target communities and take those lessons as learning opportunities. What may apply to one community, does not necessarily apply to another community even if it is the similar language being spoken. Secondly, Ms. Carrasco stressed the idea of re-defining engagement strategies by seeing it as a two way street; one must get to know the person and earn their trust. This typically takes around six to eight months that should not be rushed. Lastly, Ms. Carrasco advised the audience to be bold and have those difficult conversations that include issues such as mental health disparities and racism.

Due to the efforts and years of hard work, today Ms. Carrasco has been able to take multicultural efforts to new heights. Her words of encouragements and hope inspired the audience to take each day as a new learning experience.

“MaJose was inspiring. Her tenacity is incredible.”
– Conference Attendee

“MaJose kept my attention; great humor and connecting stories; excellent ideas and recommendations.”
– Conference Attendee
MORNING SESSION

LEGISLATIVE SPEAKER

NAMI CA was honored to have the Secretary of State, Alex Padilla and his wife, Angela Padilla share their story of how true love and determination has helped families like their own have a dignified life. Secretary of State Alex Padilla introduced his lovely wife, Angela Padilla as the main person that motivated him to learn about the mental health field. Mrs. Padilla explained that at a young age she experienced her mother’s relapse and did not know what to do to help her. With the support of her school and mentors, she was able to provide the help her mother needed and break the stigma and discrimination associated with mental illness.

Mrs. Padilla’s story captivated Alex Padilla. He was moved by her determination to share her story and came to learn that a story is not meant to be kept in secret—it is to be shared with other people because that is how we will chip away stigma and discrimination. Mr. Padilla recommended to the audience to make their story personal and to continue to advocate in different forms in order to let the government know that behind each law, there are many people being affected by it. Together, they have advocated and worked to increase access to mental health resources for thousands of people in the State of California.

“Secretary of State Padilla and his wife’s contribution was very touching and also brought hope for legislature in the future”

– Conference Attendee
COUNTY AND COMMUNITY PANEL – REACHING DIVERSE COMMUNITIES THROUGH IMPACTFUL PROGRAMMING

On a panel titled County and Community, panel members discussed how county and community programs are making an impact in diverse communities as well as how community organizations and counties can work together to effectively reach multicultural populations. The panel was moderated by Kimberly Knifong, MBA, with the California Department of Public Health, Office of Health Equity.

The panel consisted of a group of county and community representatives with a mission to reach diverse populations and build partnerships through successful county and community programming. The County and Community Panel members included:

**County Representatives:**
1. Doris Y. Estremera, MPH, Manager of Strategic Operations, Office of Diversity and Equity, San Mateo County
2. Gigi, L.E., Ethnic Services Manager, Alameda County BHCS and NAMI Contra Costa County FaithNET Chair

**Community Representatives:**
1. Anne Fischer, Executive Director, NAMI San Francisco
2. Harold Turner, Director of Programs, NAMI Urban Los Angeles

Ms. Estremera oversees the Mental Health Services Act at the County of San Mateo, which provides a dedicated funding stream towards direct service for those who are severely mentally ill and towards meaningful prevention for everyone regardless of socioeconomic status and background.

Ms. Gigi connects mental health work reducing disparities and improving health outcomes for all and recognized partnering with faith communities to support mental health awareness. A full initiative connected her with her local NAMI affiliate and they collaborated on how to link faith leader support into their efforts of reaching local communities.

The Office of Diversity and Equity (ODE) established in 2009 quickly grew from a resource hub around capacity building and training to doing work that goes into local communities. ODE offers a diverse variety of programming that goes into the community like their “Be the One” campaign focused on stigma reduction and their “Lived Experience Academy”, which uses digital storytelling to build skills and capacity to share personal experiences. Ms. Estremera highlighted two of ODE’s successful programs in promoting community engagement: Parent Project and Health Ambassador. The Parent Project is a national award winning program designed for parents and caregivers of children who display challenging behaviors and is offered in English and Spanish. Since its inception, 500 parents have graduated the program and this success is due to community outreach efforts and partnerships with local organizations. The Health Ambassador program was grown from the graduates of the Parent Project program who wanted to learn, be involved, give back to their community while decreasing stigma and create impact. These two programs share what it means to ODE to engage with families, listen to their communities, and keeping communities engaged in their efforts.

Ms. Gigi brought a group together under an interfaith learning agreement around respect. As a chair member on the California Mental Health and Spirituality Initiative, the group sent a survey
out across the state to find out how important is faith and spirituality when addressing mental health challenges. 90% state behavioral health directors answered that they “Strongly Agreed” that spirituality was an important part of recovery and resources and should be included in mental health treatment. They also agreed that it’s very important of multicultural competency for mental health providers. Ms. Gigi also partnered with CA Each Mind Matters to start program to reduce disparities and stigma in the African American community called the Mental Health Friendly Communities that engages individuals and provides them with a place to go to worship, pray, meditate, bring in mindfulness opportunities and build faith there.

Ms. Fischer explained that the metropolitan city of San Francisco is home to an ethnically diverse population of people. There are over 112 languages spoken in the San Francisco Bay area and 45% of residents do not speak English at home. Ms. Fischer made the point that, “Mental illness does not discriminate” so our programs should not discriminate.” In 2013, NAMI SF realized that if they were only providing services in English, they were only providing services for half of the people that needed them. Upon this realization, NAMI SF has become committed in delivering culturally competent programming and this was reflected in their strategic plan, recruitment of new Board members, hiring and training of staff. Now, they have grown their Family-to-Family and Family Support Group programs to offer classes and meetings in Spanish and Cantonese. They also have cultural competent presentations in the LGBTQ, Asian American, and African American communities. Through a partnership with the San Francisco Public Health Department, a contract emerged to deliver family and peer programs in outpatient mental health clinics to catalyst access to underserved communities. Other partnership opportunities aligned—a local affiliate offered support in translating the Family-to-Family program, class graduates wanting to teach classes in their community, clinics wanting to offer the translated program, and media coverage to promote their Cantonese class resulting in 94 graduates in the Family-to-Family program in Cantonese.

Mr. Turner shared his personal testimony of navigating the mental health system for 9 years before he was introduced to NAMI. He has been the Director of Programs of NAMI Urban Los Angeles for the past 5 years and uses his experience as the driving force behind his work. Diversity exists in the community—the question is: How do you make it a strength? NAMI Urban Los Angeles decided they wanted to expand their programs and be more inclusive of the whole community. As their Spanish programming was developed, they partnered with the Department of Mental Health and began to attend the agency’s service area provider committee meetings, resource fairs with the primary goal of connecting service providers, and becoming partners with the faith based communities. Mr. Turner stressed that community empowerment is key. When working to include the Korean community of Los Angeles, the group attended the Family-to-Family program then became trained in Family Support Group trainings. Following training, these individuals bring the programs to their community and deliver in a culturally appropriate way to eventually lead up to program translation. Los Angeles has a highly diverse, yet segregated population so community outreach and engagement is an important factor to empower the community through education and follow up with support.

The audience was given the opportunity to ask the panel questions. What follows are a few highlighted questions and a summary of the responses:

**Question #1: Can you briefly address your strategies providing outreach to the LGBTQ community?**

- **Doris:** Health Equity Initiatives are focused on reaching specific groups. The Pride Initiative efforts has been impactful through the annual Pride event breaking stigma and bringing awareness to San Mateo County while also being key in developing the LGBTQ Commission. Trainings also build capacity and give service providers the opportunity to reach this community. ODE was recently awarded funding for LGBTQ Behavioral Services Center which will be key in providing outreach.
- **Gigi:** “There’s a myth that individuals from LGBTQ community do not embrace faith and they definitely do.”
MORNING SESSION

In Alameda County, there is a group of individuals from affirming churches who were trained in mental health to become Peer Support Congregation for LGBTQ-focused faith based centers across Alameda County. The county also has an annual provider training which features the AC Pride Coalition.

• **Anne:** We focus and put a lot of our attention in our youth presenters conducting Ending the Silence (ETS) presentations in their high school campuses. We have an amazing group of young people who share their experiences with the double stigma. There are also a lot of partnering agencies we’ve reached out to do presentations. We are striving to program in these communities in the future. In my experience, it comes down to having a group of passionate volunteers to deliver the program in their communities to move forward.

**Question 2: For the police departments in San Mateo, but I think we can move this to each of our counties, okay, on how to help the seriously mentally ill?**

• **Gigi:** For the last 8 years, we do the CIT training and we insisted on having a segment that’s specific to law enforcement understanding what severe mental illnesses look like —culturally, ethnically, because of language barriers, etc. We also have a family perspective and have those individuals with lived experience speak to those individuals in training as well.

• **Anne:** San Francisco also does the Memphis model of CIT training with our police department. NAMI has been involved since the beginning. It’s a 40-hour curriculum with modules talking about serious mental illness. We have a family perspective where we have parents who present have children with a mental health illness who are homeless on the streets of San Francisco or are in and out of jail and the hospital. It has been an effective program and we’re taking a look at how to improve it.

• **Harold:** We’ve been involved in a number of CIT projects headed through the Los Angeles Coordinating Council and we’ve done trainings for the Los Angeles Police Department and Sheriff’s Department. I’ve also done some others and some of these things —no amount of training is going to make people care. My personal experience has been that 10% get it right away, the vast majority could care less. I’ve been told as much point blank is, “I just need somewhere to take them. I don’t need to know that other stuff.” They didn’t care and that seems to be it. There has to be a way to hold them accountable for at least listening in trainings.

NAMI AFFILIATE RECOGNITION AWARDS FOR MULTICULTURAL OUTREACH

Presented by NAMI CA Board Members Gustavo Loera and Jim Randell, NAMI CA recognized two outstanding individuals, Gigi, L.E. and Alberto Henriquez for the Multicultural Outreach Excellence Award. They have made tremendous impact in multicultural communities.

With lived experience, Gigi is a strong advocate for promoting culturally responsive mental health and behavioral health services for all communities within Alameda County and surrounding areas. She has used her skills and knowledge to embrace the wellness, recovery model in her attempt to help transform the mental health system, as well as empowered consumers and family members from multicultural populations.

Mr. Henriquez has been instrumental in developing Spanish language programming in NAMI San Fernando Valley (NAMI SFV). He has trained both teachers and support group leaders in Spanish and have lead 28 Spanish support groups. He has been a real catalyst for multi-cultural outreach in NAMI SFV. Lastly, he has hosted around a dozen Preguntale el Psychista events and has been the community leader and representative of Spanish language outreach.
IMPACT OF MENTAL HEALTH FUNDS (CALIFORNIA REDUCING DISPARITIES PROJECT)

Jamal Miller, MHA, Deputy Director of the California Department of Public Health, explained to the audience that as a county we had to acknowledge the importance of the unique intersection of race and equity. Too many times people see mental health separate and as a result they try to divide the conversation of health and mental health.

However, Mr. Miller explained that it is critical that when it comes to our entire health—we are treated as one. In order to achieve that, Mr. Miller pointed out that it is important to mobilize communities and address the “cause of causes” such as living conditions, institutional inequities, etc. He started to speak about the “The Portrait of Promise”, which is the first health and mental health plan in the state of California. The plan includes the strategic plan to addressing health and mental health across the state with the help of different stakeholders and community members.

In addition, Mr. Miller provided an update on the California Reducing Disparities Project (CRDP). Through Prop 63, its project and initiative is to identify promising practices and systems change recommendations to address persistent disparities in underserved population. The project is designed to improve access and quality of care and increase positive outcomes for racial, ethnic, LGBTQ, and cultural communities in the public mental health system. To date, the project has funded a Statewide Evaluator; five Population-specific Technical Assistance Provide within the five targeted communities (African American, Asian and Pacific Islanders, Latino, LGBTQ, and Native American), and have awarded 11 Capacity Building Projects and 24 Implementations Projects throughout California. Mr. Miller invited the audience to take the learnings from the California Reducing Disparities Project in order to foster collaboration in a sustainable way among diverse communities.
BREAKOUT SESSIONS

The Multicultural Symposium is an opportunity to convene leaders who serve both at the local, regional, and statewide levels. Aligned with NAMI CA’s Strategic Plan, our goal is to engage leaders from the public and private sectors in an open and candid discussion around existing problems and finding solutions that can help better serve all individuals and families struggling with mental health challenges.

The breakout sessions were a unique and intimate strategy-planning discussions as an opportunity to gather participants input to address strengths, challenges and identify solutions for better serving multicultural communities. The breakout sessions focused on four topics:

1. Cultural and Inclusion: Achieving Equity and Equality by Embracing and Celebrating Cultural Differences
2. Advocacy: Increasing Awareness and Acceptance that Mental Illness is a Treatable Condition Wherein Resilience and Recovery are Possible
3. Capacity: Training and Retaining Leaders in the Mental Health Field at the State and Local Levels

These sessions were an opportunity to gather participants’ input and best practices on the following three questions:

1. In the face of current national social, cultural and political issues challenging us, what role do we have in connecting communities to helping them heal and rebuild?
2. What are some cultural practices or behaviors that we engage in that allow us to embrace cultural differences, build relationships, and advocate for acceptance?
3. From your group discussion, what are 3-5 practical outcomes that would make a difference?

Each session had an interactive discussion breakout where the community’s most frequent points of discussion were captured by the session Moderators. Below you will find an overview of the day’s discussions.

CULTURAL AND INCLUSION: ACHIEVING EQUITY AND EQUALITY AND CELEBRATING CULTURAL DIFFERENCES

Facilitator: Sergio Aguilar-Gaxiola, MD, PhD, Professor of Clinical Internal Medicine, University of California, Davis School of Medicine

The Cultural and Inclusion session, facilitated by Dr. Sergio Aguilar-Gaxiola, provided an open and authentic discussion among the group to identify strategies that would impact cultural communities. The first question asked participants to think about what role they have in connecting communities to help them heal and rebuild. Participants spoke about how broad the categories of demographics are and that specific cultural populations are not being represented properly. By capturing accurate demographics, outreach materials and programs can be tailored to meet the needs of cultural communities. The group also emphasized the importance of building bonds and support with communities not at the table to bring individuals together through education so that they are informed.

Continuing the conversation, the second question asked participants to think about what were some cultural practices or behaviors that we engage in that allow us to embrace cultural differences, build relationships, and advocate for acceptance. One important theme was the discussion to recognize and partner with cultural healers as an on-going process and the need to engage second generation who is English-speaking as future leaders to promote the knowledge of mental health issues.

The final question brought the discussion together where participants were asked to think about 3-5 practical outcomes that would make a difference. The most important outcome the group highlighted was the need to desegregate the demographics. There is a need to include all groups into the data collection in order to better understand where the needs are within various cultural groups.
**RELATIONSHIP: INCREASING PARTNERSHIPS WITH HEALTH CARE SYSTEMS TO ACHIEVE MENTAL HEALTH AND PHYSICAL HEALTH INTEGRATION**

Facilitator: Guy Qvistgaard, MFT, 1st Vice President, NAMI California Board of Directors

Guy Qvistgaard facilitated the Relationship breakout session. Initially, the group had some trouble facilitating conversations around the questions provided. The group came together collectively and rephrased the questions to pertain to increasing partnerships with healthcare systems and increase in their active discussion.

The first question was modified to “What role do we have in connecting mental and physical health?” There was a very lively discussion and the biggest factors that the group agreed upon was the need to engage the healthcare system in all facets of education and support to connect the needs for physical and mental health of all communities. Other items that came up during the discussion was collective treatment for consumers, implementing a system to elect officials on advisory boards, being a “disruptive force,” engaging active community leaders to expand outreach efforts and even building partnerships for events or agencies to promote physical well-being. When elaborated on, the group described being a “disruptive force” as uniting efforts and pushing momentum to keep the message strong in an effort to build awareness.

The second question was rephrased to “What are some cultural practices or behaviors that will allow us to bring together mental and physical health?” The group felt strong about the importance of sharing personnel experiences to enhance the audience’s understanding of mental health and may be a part of a community that lacks understanding or information on the subject. By having like-minded presenters speaking to audiences with similar experience will create an awareness and early intervention and prevention.

Lastly, the group agreed upon six outcomes that would make a difference in unserved/underserved populations. These outcomes included: health plan report cards; best practices; NAMI Provider Education within medical communities; Advocacy CME requirements for providers; cost benefits in mental health system with an interest to get early detection; and telling stories to reduce stigma through social media and awareness campaign.

**ADVOCACY: INCREASING AWARENESS AND ACCEPTANCE THAT MENTAL ILLNESS IS A TREATABLE CONDITION WHEREIN RESILIENCE AND RECOVERY IS POSSIBLE**

Facilitator: Gustavo Loera, EdD, NAMI CA Board of Directors

The Advocacy breakout session, facilitated by Gustavo Loera, had a great discussion about creating safe spaces to come together to learn, advocate and grow together. The first discussion addresses connecting communities and helping them to heal and rebuild. One theme that was brought up was the importance of connecting with the media to properly portray mental health and mental illness. By having a stronger social media presence and targeted PSA’s in newspapers and on television directly in the community will help connect people to services and support groups. There is also a need to educate service providers, police and peers around mental health to reduce the silence around mental illness.

The second discussion was regarding cultural practices that would embrace cultural differences, build relationships, and advocate for acceptance. One important theme that was brought up was the importance to provide cultural and linguistic outreach and access to programs serving diverse communities. There is a need to have programs in more than one language and development of culturally specific programs as well as engaging community leaders and/or community members from multicultural populations. We also need to change the verbiage around mental health discussion (health vs illness).
Lastly, the group concluded with 3-5 practical outcomes that would make a difference to spread awareness and acceptance through advocacy. The group agreed on the importance of continuing to ask critical questions in order to bring out best practices within the mental health field and to better understand how to have cultural sensitivity. Also, by connecting individuals through education and awareness will create strong positive relations and supportive networks that empowers and creates more solutions.

**CAPACITY: TRAINING AND RETAINING LEADERS IN THE MENTAL HEALTH FIELD AT THE STATE AND LOCAL LEVELS**

*Facilitator: Kimberly Knifong, MBA, Office of Health Equity, Community Development and Engagement Unit*

Kimberly Knifong facilitated the Capacity breakout session. Several different topics were discussed that prompted a wonderful conversation among the participants. The first question asked involved the role that we play in connecting communities and helping them heal and rebuild. One theme that arose was the concept of building trust in the communities by engaging the criminal justice systems, inter-connecting the various groups to promote integration and to acknowledge past and current mistakes. We also need to build and maintain a connection with communities. Also discussed what the concept of asking the communities themselves what they needed and wanted, and to reach out to youth to explore the impact of the political environment.

During question two regarding cultural practices or behaviors that we engage in that allow us to embrace cultural differences, build relationships and advocate for acceptance, one of the common themes that emerged was directly working with the communities. This included: working with the next generation that is English speaking to help spread awareness and to recognize and partner with cultural healers in the community such as shamans. Another topic discussed was taking action on issues that were being voiced directly from the communities. Language was also another common theme that came up in regards to the fact that there are several different languages spoken in a community and to make sure to get feedback on translations being used.

Finally, the group concluded with 3-5 practical outcomes that would make a difference. One major common theme was the idea that we need to be flexible. This would be to allow for learning and for dialogue on the emergent issues because we can’t always follow a script and we need to adapt to the needs of community members. We shouldn’t assume the literacy level of those we are working with. It was also discussed that we need to know our audience to know how to better interact with them in regards to the use of technology to disperse information.
LOOKING FORWARD

As we look to the future, we are excited about the possibilities. We are honored to have taken part in this convening of leaders from around our state. The symposium enjoyed wide representation from various county behavioral health departments, state officials, community and faith based organizations, families and individuals living with mental health challenges, universities, therapists, and cultural community leaders. Participants who attended shared a mutual interest in looking for solutions for better engagement and collaborative opportunities and were open to considering the various ideas expressed.

Through this valuable dialogue, NAMI California was able to gather ideas and suggestions to address some of the barriers individuals living with mental health challenges and their families face, and now, to share them through this report. This dialogue and the many that will follow help us and our partners implement culturally appropriate programs and resources and build capacity within our regions to reach diverse communities.

NAMI California will use these ideas to help strengthen community engagement and increase collaboration between NAMI Affiliates and local organization. Additionally, the information will also be used for our upcoming strategic planning session as we continue to work toward our goals of reducing mental health disparities, stigma, and discrimination; increasing education and awareness; and further engaging community leaders and members from diverse backgrounds. We know that it will take time, nevertheless NAMI California is committed to continuing this dialogue through the Multicultural Symposium as well as our many other efforts.

“First time to a NAMI conference symposium. Thank you! Learned lots of things!”
– Conference Attendee