WELCOME LETTER

Given the current turmoil within our state due to unethical influences coming from within our federal government and administration, one certainty remains; we will continue to stand up for mental health and increase the voices for millions of family members and peers impacted by mental illness. From the foundation set by courageous parents and leaders in the 1970s, we will continue with the united goal to address the specific issues and needs of all communities regarding mental health. Through working together, we can achieve mental health for all by continuing to advocate as one united voice to establish better outcomes for our unserved and underserved communities.

Since 2014, the Multicultural Symposium has merged diverse communities from all over California to engage community leaders from public and private sectors in an open and candid discussion around best practices that can help us to better serve all individuals and families living with mental health challenges.

I would like to express our gratitude to everyone who attended our 4th 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
2017 MULTICULTURAL SYMPOSIUM COMMITTEE & SPEAKERS

2017 MULTICULTURAL SYMPOSIUM COMMITTEE MEMBERS

Sergio Aguilar-Gaxiola, MD, PhD
Guy Qvistgaard, MFT
Juan Garcia, PhD, LMFT
Melen Vue
Jei Africa, PSYD, MSCP, CATC-V
Jessica Cruz, MPA/HS
Steven Kite

MORNING ADDRESS

Jei Africa, PSYD, MSCP, CATC-V
Director, Office of Diversity and Equality
Behavioral Health and Recovery Services Division
San Mateo County Health System

KEYNOTE SPEAKER

Rachel Guerrero, LCSW
Retired, Chief of the Office of Multicultural Services at the California Department of Mental Health
Principal, Guerrero Consulting

COUNTY AND COMMUNITY PANEL

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

Tracey Lacey, LMFT
Senior Mental Health Services Manager
Solano County Behavioral Health

Dr. Hendry Ton M.D., M.S.
Associate Professor of the Department of Behavioral Health and Sciences
University of California Davis

Arcenio López
Executive Director of Mixteco/Indigena Organizing Project, Ventura County

IMMIGRATION POLICY

Sergio Aguilar-Gaxiola, MD, PhD (Moderator)
Board Member, NAMI California

Betzabel Estudillo
Health Policy Manager
California Immigration Policy Center

Mayra E. Alvarez
President, The Children's Partnership

INNOVATION PROJECT: OC ACCEPT SPEAKER

Mary R. Hale, MS, CHC
Behavioral Health Director
Orange County Health Care Agency
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 4th Annual Multicultural Symposium with the theme, “Expanding Forces: Connecting Communities for One Goal with Many Voices.” 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

MORNING ADDRESS

Jei Africa, PSYD, MSCP, CATC-V
Director, Office of Diversity and Equality
Behavioral Health and Recovery Services Division
San Mateo County Health System

NAMI California welcomed the first speaker of the day Jei Africa, PSYD, MSCP, CATC-V, and board member of NAMI California. Africa’s address helped to start off the day by discussing how the current political climate is impacting the health of Californians, those in the United States, and around the world. He encouraged attendees to come together during this urgent and critical time-period.

Africa began by showing a map of the hate groups located in the United States. He warned attendees that even though California is perceived to be a progressive state, 97 of these hate groups are in California and are rapidly increasing. Whether one is a member of the marginalized groups targeted by hate organizations or not, we are all affected. Such hate has spawned uncertainty which leads to fear, anger, pain, and confusion to which none of us are immune. Africa then explained how this fear, anger, pain, and confusion weighs on the allostatic load of individuals and communities to negatively impact their health.

To further understand the impacts of the current political climate on health, Africa’s team conducted a survey in May of 2017 asking community partners and leaders in California how they have been affected by the immigration policies since November of 2016. Results showed increased levels in fear, stress, and a negative emotional and mental health impact. This fear and stress is preventing groups and individuals from seeking public services, as many reported they feared even leaving their homes. This sparked Africa to contemplate how initiatives can be improved to combat this fear that prevents access to public services for many individuals.

Africa then touched on several efforts San Mateo County, California, is working on to increase community engagement, especially among diverse communities, to insure every individual knows their rights. One overarching theme Africa touched on was the need to help individuals and communities build social capital. With the proper support, isolation and its negative health consequences can be reduced. San Mateo County is increasing social capital through supporting the “Know Your Rights” forums to inform immigrants, especially undocumented immigrants, of their rights and their ability to seek help from public services.

Beyond informing immigrants of their rights, Africa touched on the need for bystander intervention to help individuals who may be experiencing harassment or discrimination. Therefore, San Mateo County has implemented bystander intervention trainings. These trainings provide individuals witnessing harassment or discrimination the tools to intervene and stop the abuse. Along the same lines, San Mateo County is also helping teach individuals how to engage in difficult conversations surrounding issues such as racism and stereotyping. He provided an example by describing someone who says they do not like to work with mentally ill clients because they are “violent.” This common misconception is a stereotype that must be dispelled through teaching people how to combat or respond to these harmful notions.

Africa stressed the need for public services to display their commitment to diversity and the rights of all people to bridge gaps in trust during this time of fear. Africa encouraged organizations to post welcome statements attesting to the organization’s commitment to diversity and the rights of all people. San Mateo County clinics now have signs pledging their commitment to diversity and inclusion and that all people are encouraged to stand up for their rights.

Finally, Africa underscored the need for NAMI and the community at large to act. Action begins with awareness and understanding that the health of one affects us all. The action needed during this time is critical and cannot be done alone. We must partner together as organizations to combat the issues facing consumers and their families in California and beyond.

“The speakers were seasoned veterans of reform and were very committed.”
—Conference Attendee
Starting out as a mental healthcare worker, Rachel Guerrero has been committed to serving diverse populations in a culturally competent manner. She noted that during these challenging times, often political leaders divide people by blaming communities for issues to which they are not responsible. In addition, such a one-size-fits-all approach to implementing programs must be eliminated. She has seen much growth over her career and stressed the importance of understanding the differing needs of communities and the importance of including their voice in the conversation.

Guerrero continued her speech with an anecdote regarding the roll out of the Managed Care Plan as part of Medi-Cal. This plan, was a 25-page document detailing the roll out. Unfortunately, nowhere in the document did the plan discuss issues related to race, ethnicity, and/or gender. The Latino Coalition in Oakland noticed this vital flaw. They said they would sue the State Department of Mental Health for its lack of diversity in the state of California if nothing changed. It was requested that the issues of race and ethnicity be included and accounted for in the document and requested an Office of Multicultural Services be formed under the California Department of Mental Health to do such work. An advisory board was formed to oversee the committee and stressed the need for culturally relevant services to better serve their target audiences.

Continuing, Guerrero discussed the role of cultural competency in mental health service provision. She began by defining cultural competency as, “A set of congruent of behaviors, attitudes, and policies that come together in a system, agency, or among consumers, providers, family members, and professionals that enable that system, agency, or those providers to work effectively in cross-cultural situations.” The important takeaway that Guerrero stressed is that cultural competency does not end; there is no destination. Cultural competency must be employed at every level of the system. It is not important for one to know everything about every culture. However, it is important for organizations to reach out, partner with, and hear the voices of diverse communities to learn how to best support them. Cultural competency is an ongoing learning process in which mistakes will inevitably be made and that is okay, said Guerrero. The important part is to learn from those mistakes and to employ cultural humility, to speak with diverse groups in a compassionate and empathetic manner. She urged organizations to conduct a cultural competency review to understand areas that need to be improved.

Language is an integral part of cultural competency. Guerrero recalled one time when she was giving a speech about cultural competency and someone shouted out, “Why don’t they just speak English?” Guerrero understood the intentions of this individual’s question, as language services require costs and resources. However, Guerrero stressed that if your organization receives even a cent of federal funding, your organization is required by federal law to provide language access. It may be daunting at first, but she suggests organizations prioritize the languages spoken by consumers and their families and work on them one at a time. She then provided some insight on how organizations can increase language access by tasking a staff member whose duty it is to think about language access, hire and advertise for bilingual staff, and use trained interpreters.

Guerrero then discussed a concept often employed in place of cultural competency: cultural blindness. This well-intended but problematic notion ignores diversity and the intersecting identities that make up each population and individual person. Often, people believe it is too difficult to employ cultural competency due to lack of data, time, resources, and/or support. However, a culturally blind approach ignores how African Americas suffering from mental illness in California are
overwhelmingly receiving services from jails and prisons, while being over medicated. A culturally blind approach discounts the fact that lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ), Latino, and Asian Pacific Islander populations are systematically underserved. Guerrero stressed the importance of understanding identities and cultures on multiple levels, from an intersectional lens.

Finally, Guerrero closed her speech by listing her recommendations for reducing healthcare disparities and increasing cultural competency. She warned participants that systems do not change because it is the right thing for them to do. Systems change because they are encouraged to and need to be provided with training to do so. Guerrero recommends building more inclusive programs through community input and consequent organizational response. Listening to communities is the first part, but action must be taken to implement their input through organizational adaption. Solutions must also be informed by research conducted in a culturally informed manner backed by the highest level of evidence. Ultimately, outcomes must be developed within the context of culture and community to increase cultural competency and reduce health disparities in the mental healthcare system.

Kimberly Knifong, MBA, of the California Department of Public Health, Office of Equity, Community Development and Engagement Unit, moderated a wonderful panel of speakers presenting updates on the status of several ongoing projects. Knifong updated attendees on the California Reducing Disparities Project (CRDP) and its mission to reduce health disparities among African American, Asian Pacific Islander, Latino, lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ), and Native American populations. Phase I of the project created population reports to understand the current state of health disparities among these populations. Phase II provides $60 million from Proposition 63 to be allocated to the local level to combat health disparities. The project currently works with 40 contractors seeking to implement 27 goals and strategies for system wide change.

The panel consisted of county and community representatives from diverse backgrounds. The panel members included:

**County Representatives:**
1. Tracey Lacey, LMFT, Senior Mental Health Services Manager, Solano County Behavioral Health.

**Community Representatives:**
1. Dr. Hendry Ton M.D., M.S., Associate Professor of the Department of Behavioral Health and Sciences, University of California Davis.
2. Arcenio López, Executive Director of Mixteco/Indigena Organizing Project, Ventura County.
MORNING SESSION

Working for Solano County Behavioral Health, Tracey Lacey addresses healthcare disparities in Solano County. Consequently, the county underwent a quality improvement process to evaluate “penetration rates” or the extent to which the population is utilizing the available services. A third-party reviewer assessed the quality of care, timeliness, access, overall experience, and cultural competency of the programs provided. Results show that the county was underserving Latino, Asian Pacific Islanders, and the Filipino community with a lack of cultural competency regarding the African American community. The lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) community was also noted to be underserved as the county has not been able to garner meaningful data regarding service provision to this population.

Based on this review, Solano County has launched four programs aimed at decreasing health disparities: the Hispanic Outreach and Latino Access (HOLA) Program, the Filipino Outreach Program, the African American Faith Based Initiative, and the launch of the Solano Pride Center to provide outreach, support, and counseling to the LGBTQ population. Such initiatives have come with challenges related to base-line data and changes in county leadership. However, Solano County has developed a great partnership with UC Davis and seeks to continue enhancing its sustainability and cultural competency efforts.

Working in partnership with Solano County, Dr. Hendry Ton of UC Davis spoke about initiatives to reduce health disparities and increase quality of care in Solano County using Culturally and Linguistically Appropriate Service (CLAS) standards. Dr. Ton outlined the project starting with the need to understand the history of people residing in Solano County. The next step was to create a network of organizations and individuals to work together to promote CLAS standards. Finally, the plan will be implemented, evaluated, and sustained. Through conducting focus groups, interviews with key informants, and community forums, several themes emerged regarding barriers to care. Communities identified the following barriers to care: not having insurance, poverty, stigma surrounding mental illness, previous bullying and trauma, lack of culturally appropriate care, the need to view mental health as a community issue, and the need for more/better outreach. Despite these barriers, Dr. Ton stressed the strength and resiliency of people in Solano County. Community members represented a strong commitment and appreciation for diversity and were motivated to work with county partners.

Arcenio López of the Mixteco/Indigena Organizing Project in Ventura County informed attendees on the work his organization is conducting with Indigenous Mexican populations in Ventura County. López stated that approximately 20,000 Indigenous Mexicans reside in Ventura County. However, he stressed the importance of understanding the diversity within this community through the plethora of different cultures and languages. López also noted many of the challenges faced by this community to accessing mental healthcare.

Often, the first encounter an individual may have with a mental health service provider is regarding patient health insurance. If the individual is uninsured, a common problem in the immigrant community, individuals must figure out how they will pay for care. Additionally, one study showed on average a three month
wait for Spanish mental health services. Even if these individuals can see a counselor or therapist, interpreters are not allowed by law to interpret during these sessions meaning consumers must wait for a bilingual service provider. Consequently, the Mixteco/Indigena Organizing Project conducts outreach using local indigenous languages to engage the Indigenous Mexican Community and reduce their barriers to mental healthcare. The organization also addresses issues concerning domestic violence, depression among Latina women, and advocating to incorporate Indigenous healing techniques into the Western healthcare model.

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:** Is there an email list to get updates on California Reducing Disparities Project (CRDP)?

**Knifong:** Please email OHE@cdph.ca.gov for all general inquiries regarding the California Reducing Disparities Project.

**QUESTION:** Are there ideas or suggestions to increase workforce capacity within multicultural communities?

**Lacey:** Currently, we are doing outreach into local high schools. We also have a survey going on asking consumers about their service providers to better understand the current state of mental healthcare providers.

**Dr. Thon:** One traditional way is to reach out to high schools to prepare individuals for service in the mental health workforce. However, many multicultural communities do not see themselves as having a seat at the table so we must be assertive in our outreach to them. Such non-traditional ways of recruiting include talking to multicultural people in the field of mental health service and asking them about the critical points in their career that led them to where they are now. Oftentimes, these providers have started out in a different sector, such as interpretation, and have entered the mental health workforce through wanting to serve their community.

**Arcenio:** Promotores (community health workers) are extremely valuable as it gives opportunities for people in the community and creates outreach. We must give value to promotores and interpreters, as they can’t always do this work for free. They are a very valuable resource.

“**I could have listened to Arcenio Lopez longer. His lived experience was refreshing.”**

– Conference Attendee
MULTICULTURAL SYMPOSIUM REPORT

MORNING SESSION

IMMIGRATION POLICY

Sergio Aguilar-Gaxiola, MD, PhD (Moderator)
Board Member, NAMI California

Panel Members
1. Betzabel Estudillo, Health Policy Manager, California Immigration Policy Center

Based in Los Angeles, Betzabel Estudillo is the Health Policy Manager for the California Immigration Policy Center. The California Immigration Policy Center works to provide healthcare access and ensure quality of care for all immigrants residing in California. As previous speakers also noted, Estudillo prefaced her presentation by stressing the very difficult time for immigrant communities, especially given the current administration.

Estudillo then gave some pertinent background information regarding immigration policy from the last ten years. She discussed the federal enforcement program called Secure Communities and its impact on Californian immigrants. This program has deported 1,700 immigrants from California. This program ran the finger prints of arrested individuals and then referred them to Immigration and Customs Enforcement (ICE) if the individual was found to be undocumented. Though this program no longer exists in its original form, it changed names and is essentially the same program. Other more recent programs impacting immigrants include executive orders such as the Muslim Ban, plans to increase immigration enforcement, and plans to build a border wall.

These policies and actions all have a negative impact on the health of immigrants, as Estudillo further discussed. Such a lack of security deters immigrants from seeking services. This can lead to lack of nutrition, transportation, and overall increased stress. Estudillo discussed the widely covered news story of Hector Barajas, a US army veteran who suffered from mental illness but was ultimately detained and deported. Estudillo stressed the importance of paying attention to immigration policy and its impact on immigrant communities, such as generational trauma.

Working for The Children’s Partnership, Mayra E. Alvarez seeks to ensure all children have access to resources to live healthy and productive lives, focusing on access to health and technology. Alvarez began her presentation with the story of the Duarte family whose parents were arrested in southern California by Immigration and Customs Enforcement (ICE) and later deported. The family has four children and their youngest twin daughters witnessed their parents being detained. Alvarez stressed the impact that these immigration policies and actions have on children in the community.

Children need to be healthy to succeed, especially in school, and health insurance is only one part of the equation. Regardless of if parents are deported, children living in families with undocumented parents or family members live in constant fear of deportation. Witnessing apprehension of parents is particularly traumatic for children, which was the case in the Duarte family. Children witnessing the apprehension of parents have a higher risk of anxiety, depression, low self-esteem, withdrawal, and internalization of emotions which may lead to behavioral...
problems such as aggression. When parents are taken away from their families, children are at a heightened risk for entering the child welfare system, have a lower income, experience food and shelter insecurities, and are often socially isolated. Therefore, there is a need for trauma-informed care to understand how immigration manifests itself as trauma, especially in children.

Consequently, The Children’s Partnership is launching a research and policy agenda titled Healthy Mind, Healthy Future, which aims to understand the impact of current immigration policies on children in California. Alvarez stressed the need for real time data through focus groups, family surveys, and policy dialogues to create action that meets the needs of children in immigrant families. Finally, Alvarez noted the importance of safe spaces for the immigrant community. Immigrant families often trust schools, making them an ideal location to provide information and resources to children and their families. It is important to capture and tell the stories of these children and their families so the broader community may understand the negative impact of immigration enforcement, policies, and anti-immigrant rhetoric.

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: Do you believe there is a deliberate relationship between immigrant detention policy and the growth of private detention centers as a business?**

**Estudillo:** Absolutely, yes. There is connection between the “deportation machine” and these private detention centers. Detention centers are a lucrative business. Detention centers receive $125 per day per detainee. The GEO Group Inc., which manages private deportation centers, have put millions of dollars into lobbying and supporting certain candidates for elections to promote policy agendas which benefit them.

**Question: What is public charge?**

**Estudillo:** Public charge is essentially a determination that an individual immigrant is subsisting off of government assistance. If deemed a public charge, this may impact their deportation status. To be labeled a public charge we must consider a person’s age, need, and programs they have applied for. To be deemed a public charge you must have programs that provide you with cash assistance. Many factors are accounted for to be considered a public charge. We have not seen cases of someone being deemed a public charge. An executive order was released regarding public charge. This executive order wanted to change the programs considered a public charge to include Medi-Cal and Cal-Fresh. This executive order has not been signed. It just gives us an idea of what the government is thinking.

**Alvarez:** The President has since reiterated that immigrants are abusing the system. However, this is not correct. According to data, immigrants are less likely to apply for programs to which they are eligible. There is no factual basis for the need for this executive order.
MORNING SESSION

MULTICULTURAL OUTREACH EXCELLENCE AWARD FOR OUTSTANDING ENGAGEMENT AND CULTURAL INCLUSION

Presented by NAMI California Board Member Juan Garcia, NAMI CA recognized Elaine Peng for her outstanding work. Peng shared with the audience her lived experience with mental illness and the cultural taboos she faced surrounding stigma. As a volunteer with NAMI for four years, Peng has been involved in numerous NAMI programs and instructs several support and peer groups. Peng has been a mover and shaker within the Chinese community and even created the first NAMI website in Chinese. She has also been integral in providing NAMI services in Mandarin and Cantonese to reach underserved Chinese populations.

INNOVATION PROJECT: ORANGE COUNTY, OC ACCEPT – OK TO BE ME

Mary R. Hale, MS, CHC, Behavioral Health Director, Orange County Health Care Agency

Funded by the Mental Health Services Act (MHSA), OC ACCEPT (Orange County Acceptance through Compassionate Care, Empowerment, and Positive Transformation) is an innovative program located in Orange County that strives to provide a safe environment to help lesbian, gay, bisexual, transgender, intersex, and queer/questioning (LGBTIQ) individuals and connects them to support to build resilience. This program provides culturally competent services, education to county clinics and agencies, linkages to county services, and serves individuals ranging from transition age youth (TAY) to adults, older adults, and families. This initiative takes a multi-pronged approach by focusing on behavioral health, substance use disorders, and safe sex practices.

OC ACCEPT provides a wide range of services. They offer short-term individual and family counseling services as well as support and discussion groups. OC ACCEPT provides educational and vocational support as well as holding educational health and wellness events. Importantly, the program employs peer specialists who act as mentors to help individuals navigate the many services offered through the program and beyond.

It is important to understand why OC ACCEPT is such an integral program through knowing the increased risk factors faced by the LGBTIQ community. Gay men, lesbian women, and bisexual men face higher rates of depression while bisexual men and women also have higher levels of anxiety. Sadly, there are high rates of suicide and suicidal ideation in the transgender community. In addition, LGBTIQ populations have higher rates of substance abuse disorders. Finally, 40% of homeless youth identify as LGBTIQ. Consequently, a lack of services for the LGBTIQ population in Orange County was identified through collecting outcome measures focusing on depression and anxiety. Thankfully, there is a statistically significant reduction in depression and anxiety for participants in the OC ACCEPT program.

There have been many individuals who have benefitted from this highly impactful program. One such success story is that of a 19-year-old transgender male who sought out services due to depression and abuse. He was abused by his mother’s boyfriend, failing high school, and wanted to start hormone therapy but did not know how to begin the process. Thanks to the support and services provided by OC ACCEPT, he graduated from high school with his class, started hormone replacement therapy, is coping with his depression, and he is now in college and flourishing. The presenters hoped that by sharing this information other counties may adopt similar programs to meet the need of the constituents in their communities.

“The conference was very helpful as a volunteer on many NAMI programs.”

— Conference Attendee
Aguilar-Gaxiola, MD, PhD,  
Board Member, NAMI California – Remarks

Board member Sergio Aguilar-Gaxiola shared with this audience some reflections on the past and the future regarding mental health. He began by quoting the World Health Organization (WHO) saying, “Mental and/or substance abuse disorders are major drivers of suffering, disability, cost, and are associated with poverty.” Aguilar-Gaxiola stressed the importance of understanding the link between poverty and mental health disorders. The two phenomena act together to create a vicious cycle of low education, unemployment, and lack of financial security. Poverty is intimately related to care and must be considered.

Aguilar-Gaxiola then discussed healthcare disparities through describing the treatment gap. Shockingly, he stated that 50-90% of people with serious mental illness have not received the proper treatment in the past year. It is important to examine these tremendous disparities in healthcare. Some barriers include, but are not limited to, stigma, lack of resources, poor living conditions, and lack of engagement in behavioral healthcare. Aguilar-Gaxiola said that the five A’s (accessibility, affordability, availability, appropriateness (both culturally and linguistically), and advocacy) must be considered to create greater access to mental healthcare.

Finally, Aguilar-Gaxiola identified several questions and urged participants to think on them in moving forward. First, he asked “How can we identify consumer non-medical needs as part of their overall healthcare?” This links back to discussions that went on throughout the day regarding the importance of overall wellbeing to insure access to care. He also asked, “How can we connect consumers to local services to help people avoid getting sick in the first place?” Prevention is key to mental illness before the disease becomes chronic. Finally, he asked “How can we connect community residents to jobs in the mental healthcare arena?” These are all important questions that need to be considered moving forward to increase access to care and reduce healthcare disparities.

“We were all on common ground working toward solutions. People were respectful and compassionate in the breakout groups.”

– Conference Attendee
BREAKOUT SESSION 1 – REPEAL OF THE AFFORDABLE CARE ACT (ACA)

Facilitator: Juan Garcia  
NAMI CA Board Member

In the first breakout session, moderator Juan Garcia posed several questions which the audience then discussed in small groups. Major themes and findings were then reported. First, Garcia asked the audience: what kind of impact on mental health is the potential repeal of the Affordable Care Act (ACA) having on vulnerable populations? Participants discussed an overall sense of fear and anxiety leading to a decline in overall health and wellbeing. Then, participants were asked how the current state of the ACA is affecting their communities. Respondents stated that loss of insurance would increase cost as individuals would use emergency room services increasingly. They also expressed that many communities do not trust their healthcare providers, which deters them from seeking care.

Next, participants were asked what they are doing to mitigate the negative effects of the situation regarding the ACA. Participants expressed the need to go into the communities they are serving to advocate, educate, and provide resources for individuals in need. They discussed putting on resource fairs, specifically for mental health. This helps provide access to information regarding services that are available. Finally, participants were asked to reflect on three to five practical outcomes that would make a difference in their community. Several themes emerged including the need to offer services inside the community, to build coalitions between groups, to provide transitional services, to increase education and awareness, and finally the need to listen to more voices of the communities served. Overall, participants stressed the dire consequences if the ACA were to be repealed but also emphasized the need to improve and build upon the ACA.

BREAKOUT SESSION 2 – IMMIGRATION POLICY

Facilitator: Kimberly Knifong, MBA  
California Department of Public Health, Office of Health Equity, Community Development and Engagement Unit

In the second breakout session, Kimberly Knifong posed several questions regarding immigration policy to participants. First, she asked: in the face of current issues challenging us, what kinds of mental health impacts are your vulnerable populations facing? Overall, participants expressed a sense of fear, isolation and anxiety they noticed from immigrant populations. Many individuals are not accessing services for fear of being detained. Participants suggested that service providers need to go into the communities to meet with clients in places where they feel safe. As well, more information is needed to educate individuals, especially the immigrant population, on their rights as well as the services that are available to help them.

Next, Knifong asked the audience how immigration policy is affecting their communities. Audience members responded that families are not utilizing the resources or services available to them out of fear that Immigration and Customs Enforcement (ICE) may be notified of their immigration status. Some individuals are turning to faith-based organizations for help. However, such organizations do not have the training or knowledge to provide the medical services required to treat those suffering from mental illness.

Participants were then asked to reflect on what they can do to mitigate the situation and if their work has changed at all given the current political climate surrounding immigration. Participants expressed the need to go into communities to meet individuals where they are. If individuals are not seeking out
services, it is integral to reach out to the community to provide resources in a location where the client feels safe. One individual suggested the need for more services to be provided at schools and churches (or other faith-based organization), places where people often feel safe. Another participant reflected on the need to share the stories of individuals so there is more awareness surrounding the issue of immigration. Finally, several participants encouraged the use of cultural brokers to help reach different populations and communities that are in need.

Finally, several themes emerged from the discussion. Participants stressed the need to address fear, isolation, trauma, anxiety, and lack of trust that all act as barriers to care. One way to tackle these issues is to employ cultural brokers and community health educators to spread knowledge, build trust, and provide resources. Overall, participants emphasized the need for everyone to be a part of the solution. It only makes the situation worse to pit groups against one another. It is the time to come together because no one is free until all of us are free.

"The most meaningful part was learning that mental health services that do not provide multicultural sensitivity are ineffective."

– Conference Attendee
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 gathered 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 organizations. 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.

“All the speakers were fantastic and I appreciate the variety of their education, experiences and personalities.”

— Conference Attendee