Cultural and Linguistic Responsiveness (CLR) Toolkit

CREATED BY: NAMI CALIFORNIA, IN PARTNERSHIP WITH THE UNION OF PAN ASIAN COMMUNITIES (UPAC) AND PACIFIC CLINICS WITH FUNDING FROM THE CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CALMHSA)
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Introduction

Background

National Alliance on Mental Illness California (NAMI CA), the Union of Pan Asian Communities (UPAC), and Pacific Clinics partnered together on a project to better serve diverse communities throughout California. This project was a three-year endeavor under the California Mental Health Services Authority (CalMHSA) from January 2012 - June 2014. The project was created to assist local NAMI affiliates to begin to address health disparities of people from diverse racial, ethnic, and cultural backgrounds. UPAC partnered with statewide leaders who are experts in their own diverse communities to make up the Cultural Competency Steering Committee (CCSC). More details about the function of the Steering Committee Members, and their names are included at the end of this chapter.

The creation of a cultural competence component for the NAMI CA Stigma and Discrimination Reduction (SDR) project is quite significant as it formalized relationships with statewide cultural experts, including those from the MHSA-funded California Reducing Disparities projects. More importantly, this was NAMI California’s first formal endeavor into a statewide effort to address cultural disparities such that individual affiliates are given the opportunity to have face-to-face cultural responsiveness consultation and training in each of their respective regions. This project also had significance because it allowed NAMI California the opportunity to reflect on its current organizational structure and policies to determine what changes would be needed to support NAMI Affiliates in their implementation of culturally and linguistically appropriate practices.

During this project, UPAC and Pacific Clinics conducted four in-person contacts in each of the 11 NAMI Regions with almost 61 NAMI Affiliates across California. Those four in-person contacts with the Affiliates consisted of the following:

<table>
<thead>
<tr>
<th>FY 12-13</th>
<th>FY 13-14</th>
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<tbody>
<tr>
<td>Introductory Site Visit</td>
<td>Follow-Up Site Visit</td>
</tr>
<tr>
<td>Everyone Has a Voice (EHAV) All-day Training Retreat, and action planning</td>
<td>Everyone Has a Voice (EHAV) All-day Training Retreat, and sustainability action planning</td>
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The purpose of the site visits was: (1) To introduce the multicultural responsiveness goals of the SDR project; (2) To do initial and continued engagement with NAMI Affiliates regarding addressing multicultural responsiveness goals; (3) To plan for a follow-up EHAV Training Retreat later in the year; and (4) To develop sustainable Cultural Responsiveness Action Plans for each Affiliate.

Role of the Steering Committee in this Project

The function of the Steering Committee was to oversee the formation of local steering committees as well as provide feedback on local planning processes for the SDR project. Additionally, the steering committee offered feedback and support to UPAC and NAMI California as needed. Below is a list of the CCSC members and collaborative partners who have contributed their expertise to this project. They have participated in monthly in-person and phone meetings to review NAMI program curricula, and statewide and regional demographic data. Each of the CCSC members facilitated a Coaching Webinar for their respective communities. The Steering Committee members also completed a Listening Session in their respective community’s. In addition, many Steering Committee members also participated by attending some Site Visits with Affiliates and Everyone Has a Voice (EHAV) trainings by lending their own expertise during the meetings. Lastly, the CCSC members formalized strategic recommendations at both the state and local level. Their contributions have significantly elevated the priority of cultural responsiveness across all levels of work for NAMI California and its Affiliates.
<table>
<thead>
<tr>
<th>Name</th>
<th>Partner Organization</th>
<th>Role</th>
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<tbody>
<tr>
<td>Dixie Galapon, Ph.D.</td>
<td>Union of Pan Asian Communities</td>
<td>Cultural Responsiveness Manager</td>
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<td>Training Manager / Asian/Pacific Islander Community Representative</td>
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<td>Marbella Sala, BA</td>
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<td>Latino Community Representative</td>
</tr>
<tr>
<td>Kurt Schweigman, MPH</td>
<td>--</td>
<td>Native American Community Representative</td>
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<tr>
<td>Poshi Mikalson, MSW</td>
<td>Mental Health America of Northern California</td>
<td>Lesbian, Gay, Bisexual, Transgender Queer and Questioning Community Representative</td>
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<tr>
<td>Viviana Criado, MPA</td>
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<td>Older Adult Community Representative</td>
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<tr>
<td>Paul Curtis</td>
<td>California Coalition for Youth</td>
<td>Transition Aged Youth (TAY – ages 16-24) Community Representative</td>
</tr>
<tr>
<td>Lali Moheno</td>
<td>Lali Moheno &amp; Associates</td>
<td>Latino Farmworker Community Representative</td>
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<tr>
<td>Doug Stephens</td>
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<td>Veteran Community Representative</td>
</tr>
<tr>
<td>Laurel Benhamida, Ph.D.</td>
<td>Muslim American Society Social Services Foundation – Sacramento Region</td>
<td>Spirituality – Muslim Community Representative</td>
</tr>
<tr>
<td>Rev. Jim Gilmer</td>
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<td>Spirituality – Christian Community Representative</td>
</tr>
<tr>
<td>Karl Pongyingpis, Psy.D.</td>
<td>Union of Pan Asian Communities</td>
<td>Admin and Analytical Support</td>
</tr>
<tr>
<td>Seijiro Nishina, Psy.D., LMFT</td>
<td>Union of Pan Asian Communities</td>
<td>Admin and Analytical Support</td>
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CHAPTER 1: KEY TERMS, INITIAL RECOMMENDATIONS, AND OVERVIEW

Key Terms:

Cultural Competence
This Toolkit acknowledges the definition of cultural competence as defined through Georgetown University’s National Center for Cultural Competence.¹

As such, cultural competence entails:
1. Valuing diversity
2. Having the capacity for cultural self-assessment
3. Being conscious of the dynamics inherent when cultures interact
4. Having institutionalized culture knowledge
5. Having developed adaptions to service delivery reflecting an understanding of cultural diversity.²

Cultural competence is the “ability to develop and implement programs, practices, and services that are grounded in the cultural reality of the population that is being served.”³

Cultural Responsiveness

• Cultural responsiveness refers to the ability to learn from and relate respectfully to people from your own and other cultures.⁴
• The ability of individuals and systems to respond respectfully and effectively to all people of all cultures, in a manner that affirms the worth and preserves the dignity of individuals, families, and communities.⁵

Cultural Responsiveness vs. Cultural Competency:

• For this project, we leaned towards using the term “cultural responsiveness” rather than cultural competence. While the term of “cultural competence” is still widely used and accepted, we also wanted to convey that “competence” tends to imply that there is an endpoint that can be easily achieved. We have promoted the concept of cultural responsiveness to convey that this process of achieving cultural awareness and cultural sensitivity is a continual process of learning. It is a process that includes refining and adapting your awareness, knowledge, skills, and policies geared towards multiple and diverse populations.

¹ Link: https://nccc.georgetown.edu/
³ Goddard, Lawford (May 2013); Communication during Steering Committee Meeting.
⁴ Kozleski, E., Harry, B., and Zion, S. (2005); Training on Cultural, Social, and Historical Frameworks that Influence Teaching and Learning in U.S. Schools provided by the National Center for Culturally Responsive Education Systems.

VOICES FROM THE COMMUNITY:

“When family members are not sensitive, they often act like the problem does not exist. They ignore the problem or the person altogether. They act like mental illness is contagious, like they too will get it. They treat you with pity and that hurts.”

-Participant from Latino Rural Listening Session
Benefits of Becoming More Culturally Responsive

- Increased access to care for underserved and unserved communities, which could then lead to increased membership
- Increased quality of program services
- Consistency with NAMI National and NAMI California’s commitment to cultural competence
- Increased credibility in the community, including the possibility for more collaborations with diverse community organizations
- Potential opportunity for additional funding.

Culture and the Communities You Serve: Four Initial Recommendations

As NAMI Affiliates explore their multicultural responsiveness goals, we would like to start off with some initial recommendations.

1. Employ an Intersectional Approach:

- Intersectionality is defined as: “the complex and cumulative way that the effects of different forms of discrimination (such as racism, sexism, and classism) combine, overlap, and yes, intersect—especially in the experiences of marginalized people or groups.” It is important for NAMI affiliates to consider the intersecting identities of individuals and communities, to work with them in a culturally competent manner.

- This means considering “culture” defined beyond language and ethnicity. We recommend NAMI Affiliates consider the various social and historical contexts which may influence a person’s cultural identity and attitudes towards mental health services. These variables may subsequently impact one’s reluctance towards seeking mental health services.

- Those variables include, but are not limited to:
  - Level of acculturation and/or biculturalism
  - Sexuality
  - Gender identity
  - Veteran status
  - Faith, spirituality, or religion
  - Disability (physical, mental, cognitive, social, intellectual, sensory, or a combination of these)
  - Age
  - Geographic location
  - Immigration status, including refugee or undocumented status
  - War trauma from country of origin
  - War trauma due to military duty
  - Trauma due to migration to United States
  - Trauma due to prejudice and discrimination in United States, and/or country of origin
  - Experience with genocide or historical trauma of enslavement
  - Past negative experience with mental health services
  - Trauma of living in poverty
  - Political ideology or affiliation
  - Fear of deportation or surveillance
  - Community violence, gang violence, family violence

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• Limited English proficiency
• Limited access to bilingual/bicultural healthcare providers
• Traditional and alternative views of health and healing
• Access to health insurance
• Access to education
• Access to transportation
• Nationality
• Housing status
• Socioeconomic status or economically disadvantaged status
• And more!

Why is Intersectionality Helpful for NAMI Affiliates to Engage Diverse Communities?
• To understand that all communities are heterogeneous, even if they share some common characteristics.
• To understand factors that may influence an individual’s mental health or access to mental health care.
• To avoid making assumptions about an individual, based on one aspect of their identity.

2. Consider the Impact of Intergenerational Trauma
• Intergenerational trauma (also known as “historical trauma”) was originally used to refer to Aboriginal people residing in Canada. However, the term has been applied to many marginalized communities and may be defined as: “the transmission of historical oppression and its negative consequences across generations. There is evidence of the impact of intergenerational trauma on the health and well-being and on the health and social disparities facing [marginalized communities].”

Why is Intergenerational Trauma Important for NAMI Affiliates to Understand?
• To understand why some health and healthcare disparities exist.
• To understand why some communities may be reluctant to work with NAMI, based on previous negative experiences with the government and/or other organizations.
• To understand the impact of trauma (especially long-term trauma) on mental health.
  o Some effects include: reluctance to seek care, behavioral and/or emotionally acting out, substance abuse, repetition of negative behaviors, and much more.

3. NAMI Affiliates Must Strategize to Avoid Burn-Out
• For some Affiliates, it may be tempting to tackle many new diverse communities at once. This is recommended only if your Affiliate has the appropriate support and resources in place.
• For smaller Affiliates, it may be useful to focus on expanding your outreach to one to two communities at a time until you have developed a solid relationship with that community and have the programming and staffing to provide culturally appropriate services in the community.

4. NAMI Affiliates Should Seek Support from NAMI CA and NAMI National
• We encourage you to seek support from NAMI CA and NAMI National in your efforts to engage diverse communities.

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Purpose of this Toolkit

- To enhance NAMI Affiliates resources and abilities to serve more diverse individuals, families, and communities across California.
- To spread knowledge of previous NAMI Affiliate successes and challenges.
- To encourage NAMI Affiliates to increase and diversify engagement efforts, to strengthen the ability to grow more programs.

Overview of the Toolkit:

- **National Cultural and Linguistically Appropriate Services (CLAS) Standards** – The standards will provide an overview of the uniform standards that Affiliates may consider incorporating.
- **Principles of Community Engagement** – The principles were covered in the EHAV training retreats and refer to basic principles to consider when engaging and outreaching in diverse communities.
- **NAMI Affiliate Common Challenges and Suggested Strategies** – The challenges were compiled as a result of Site Visits and trainings conducted at each of the 11 NAMI Regions. Suggested strategies are also included in this section.
- **Coaching Webinar Notes and Related Resources** – These are the coaching calls facilitated by each of the Cultural Competency Steering Committee members. The notes and resources from these calls will give you further insight to providing NAMI services to diverse communities.
- **Listening Session Recommendations** – The Listening Sessions were focus groups held with various communities in response to reviewing In Our Own Voice (IOOV) videos. The communities that participated gave feedback on NAMI’s outreach efforts and adaptation strategies of IOOV for that respective community.
- **Everyone Has a Voice Training (EHAV) Retreat Resources** – This chapter provides handouts and resources that were used during the EHAV training retreats with NAMI Affiliates. The tools include action planning for cultural responsiveness.
- **Suggested Policy and Practice Recommendations** – These are suggested policy and practice recommendations for NAMI Affiliates at the Board and Management level regarding multicultural responsiveness.

**VOICES FROM THE COMMUNITY:**

“Our community needs to realize that anti-military sentiments and PTSD are real. Community members and the government need to include those with mental health challenges instead of ignoring the issue.”

- Participant from Veteran Listening Session
CHAPTER 2: THE NATIONAL CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) STANDARDS

Overview of CLAS Standards

The National Standards for Culturally and Linguistically Appropriate Service (CLAS) Standards were developed in 2000 by the U.S. Department of Health and Human Services (HHS) Office of Minority Health and were updated in 2013. The standards provide guidance on cultural and linguistic competency, with the ultimate goals of reducing racial and ethnic health care disparities.

This Chapter will outline all fifteen (15) of the CLAS Standards and will give you specific examples for implementation. Additional examples for implementation can be found in the HHS, Office of Minority Health, (2013), https://www.thinkculturalhealth.hhs.gov/clas and at http://minorityhealth.hhs.gov/. For a detailed look at CLAS Standards, please review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice developed by the Office of Minority Health, U.S. Department of Health and Human Services.

How do the CLAS Standards Apply to NAMI?
By addressing and implementing the CLAS standards, NAMI Affiliates will be able to achieve many of the following:

- Increased responsiveness to the changing and growing demographics of California and beyond.
- Elimination and/or reduction of disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds, including LGBTQ+, age across the lifespan, veterans, faith-based communities, farmworkers, and other diverse groups.
- Improve the quality of services and health care outcomes.
- Increase ability to qualify for various funding and collaboration opportunities.
- Decrease likelihood of any liability claims.
- Meet County funding requirements if a NAMI Affiliate is a recipient of County Behavioral Health funds or funds from federal health care agencies, those entities may require funding recipients to implement the CLAS Standards.

VOICES FROM THE COMMUNITY:

“I go to the doctor and he says there is nothing wrong with me. I feel that the doctor doesn’t understand me.”

-Participant from Latino Farmworker Listening Session
## CLAS Standards

### PRINCIPAL STANDARD

| 1 | Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. |

### GOVERNANCE, LEADERSHIP, AND WORKFORCE

| 2 | Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. |
| 3 | Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. |
| 4 | Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. |

### COMMUNICATION AND LANGUAGE ASSISTANCE

| 5 | Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. |
| 6 | Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. |
| 7 | Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minor as interpreters should be avoided. |
| 8 | Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. |

### ENGAGEMENT, CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY STANDARDS

| 9 | Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organizations’ planning and operations. |
| 10 | Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. |
| 11 | Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes to inform service delivery. |
| 12 | Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. |
| 13 | Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness. |
| 14 | Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. |
| 15 | Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public. |

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### Culturally and Linguistically Appropriate Service (CLAS) Standards in Detail

<table>
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<tr>
<th>CLAS Standard</th>
<th>Possible Strategies for Implementing the CLAS Standard</th>
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| **Principle Standard 1.** Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.⁹ | ✓ Strategy 1: NAMI Affiliates can have a discussion with their NAMI Board Members about implementing a policy regarding diversity and inclusion for their Affiliate.  
✓ Strategy 2: NAMI Affiliates may develop a uniform method of identifying multicultural champions to help Affiliates “build bridges” to diverse communities.  
✓ Strategy 3: NAMI Board Members may review the organizational budget to see what financial support and resources are needed to further multicultural goals.  
✓ Strategy 4: NAMI Affiliates may seek out support from NAMI California, local County Behavioral Health departments, and other community partners to obtain additional knowledge, skills, and support to address cultural responsiveness goals. |
| 2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources | ✓ Strategy 1: NAMI Affiliates may advertise job opportunities (paid and unpaid) through partnerships with ethnic and LGBTQ+ media, as well as through social media options.  
✓ Strategy 2: NAMI Affiliates may develop relationships with community-based organizations who serve a target population which the NAMI Affiliate would like to serve.  
✓ Strategy 3: NAMI Affiliates may explore possible mentorship opportunities between neighboring NAMI Affiliates.  
✓ Strategy 4: NAMI Affiliates may do a job retention assessment, particularly for those positions created for bilingual/bicultural or LGBTQ+ communities. |
| 3. Recruit, promote, and support culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area | ✓ Strategy 1: NAMI Affiliates may have regular discussions during staff meeting about serving the needs of diverse communities.  
✓ Strategy 2: NAMI Affiliates may create opportunities for cultural competence training by obtaining information of training opportunities provided by NAMI California, and/or the community; or by arranging for in-house training opportunities.  
✓ Strategy 3: NAMI Affiliates may allocate funding resources for training of staff and volunteers on cultural responsiveness.  
✓ Strategy 4: NAMI Affiliates may ask their Multicultural Advisory Board to identify training opportunities for NAMI staff and volunteers on a regular basis.  
✓ Strategy 5: NAMI Affiliates may create or solicit training opportunities which focus on specific communities as much as possible. |

⁹ **Note:** It is important to recognize that the CLAS Standards do not explicitly mention religious groups and spirituality, but they are implicitly included under the term “culture.” In California, the numbers of Baha’is, Buddhists, Hindus, Sikhs and other religions are increasing. Native American traditional spirituality is a part of the fabric of diversity of California. Christianity, Islam, and Judaism, the three Abrahamic religions, continue to be practiced by increasing numbers of people in diverse communities. Affiliates may model respect and inclusivity through their implementation of the CLAS Standards.
5. **Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services**

- ✓ Strategy 1: NAMI Affiliates may seek out training on how to advocate for the use of an interpreter in a healthcare setting.\(^\text{10}\)
- ✓ Strategy 2: For NAMI programming, NAMI will use professionally trained interpreters who can effectively interpret from and into English and the target language. This means that interpreters need to have mastery of mental health and wellness terminology, from technical to euphemistic.
- ✓ Strategy 3: NAMI Affiliates will develop some type of process to determine what language a person speaks if a limited-English proficient individual is seeking support from NAMI.

6. **Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing**

- ✓ Strategy 1: NAMI Affiliates may provide signage and information which conveys that NAMI programs and services are accessible in languages regularly encountered.
- ✓ Strategy 2: NAMI Affiliates should clearly convey what types of language assistance and/or bilingual programming is available.

7. **Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minor as interpreters should be avoided**

- ✓ Strategy 1: NAMI Affiliates may develop a method for determining the bilingual proficiency of those staff and volunteers who claim to be bilingual.
- ✓ Strategy 2: NAMI Affiliates may choose to provide a hybrid model of bilingual and interpreter services which may include some bilingual staff/volunteers; bilingual staff and volunteers through partner agencies; and/or contracted in-person or telephonic interpreters.

8. **Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area**

- ✓ Strategy 1: NAMI Affiliates may provide key brochures about NAMI programs in the languages most frequently encountered.
- ✓ Strategy 2: If any registration forms are required by a NAMI Affiliate, such forms will be created in simple language; and subsequently NAMI Staff or volunteers will aid individuals completing those forms.
- ✓ Strategy 3: NAMI Affiliates may train staff to identify which signs, brochures, and/or forms need to be translated, including identify any translated items which require updating.
- ✓ Strategy 4: NAMI Affiliates may identify members in the community to review and “test” out any translated documents.

9. **Establish culturally and linguistically appropriate goals, policies, and management accountability throughout the organizations**

- ✓ Strategy 1: NAMI Affiliates may organize a strategic planning retreat to identify multicultural goals and objectives.
- ✓ Strategy 2: NAMI Affiliates may hold staff and volunteers accountable for upholding multicultural goals through the implementation of relevant items in performance evaluations, consumer satisfaction surveys, and other quality improvement activities.
- ✓ Strategy 3: NAMI Affiliates may implement some type of annual multicultural training requirement for all staff and volunteers.

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\(^{10}\) Note: A helpful resource for this is the California Healthcare Interpreting Association: [http://www.chiaonline.org/](http://www.chiaonline.org/)
| 10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities | ✓ Strategy 1: NAMI Affiliates may conduct an organizational assessment to determine the gaps, strengths, and assets in policies, organizational structure, and services in serving diverse populations. Please see Chapter 9 of this Toolkit for additional information.  
✓ Strategy 2: NAMI Affiliates may develop strategic goals after conducting an organizational assessment. Such goals will be specific and measurable.  
✓ Strategy 3: NAMI Affiliates may identify outcome measures to assess multicultural responsiveness and adherence to CLAS standards annually. |
|---|---|
| 11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity outcomes | ✓ Strategy 1: NAMI Affiliates may develop a uniform process for collecting demographic data of individuals served.  
✓ Strategy 2: NAMI Affiliates may determine what types of demographic data should be collected.  
✓ Strategy 3: NAMI Affiliates may determine how to collect and store the demographic data.  
✓ Strategy 4: NAMI Affiliates may develop relationships with local entities that collect demographic data to remain current. |
| 12. Conduct regular assessments of community health assets and needs to respond to the cultural and linguistic diversity of populations in the service area | ✓ Strategy 1: NAMI Affiliates may conduct focus groups or listening sessions with targeted communities to discuss possible plans and/or outcome data.  
✓ Strategy 2: NAMI Affiliates may review demographic data with County Behavioral Health Department to determine next steps in multicultural outreach and programming.  
✓ Strategy 3: NAMI Affiliates may partner with community-based organizations who serve a similar target population to review relevant data, and to identify steps for serving the community. |
| 13. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness | ✓ Strategy 1: NAMI Affiliates may invite representatives from the community to serve on a Multicultural Advisory Committee to identify multicultural goals and related action steps.  
✓ Strategy 2: NAMI Affiliates may continually identify and build relationships with community-based organizations who serve diverse communities to increase NAMI’s overall capacity.  
✓ Strategy 3: NAMI Affiliates may identify health fairs and ethnic community events where participation by NAMI would be beneficial. |
| 14. Create conflict and grievance resolution processes to identify, prevent, and resolve conflicts or complaints | ✓ Strategy 1: NAMI Affiliates may formalize a complaint and grievance process.  
✓ Strategy 2: NAMI Affiliates may provide written information in the languages most frequently encountered regarding NAMI participants’ rights to file a complaint.  
✓ Strategy 3: NAMI Affiliates may seek out traditional mediation approaches to resolving grievances within specific cultures. |
| 15. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders | ✓ Strategy 1: NAMI Affiliates may post achievements in serving diverse communities in their newsletter or through social media efforts.  
✓ Strategy 2: NAMI Affiliates may publicize NAMI programs created to serve diverse communities.  
✓ Strategy 3: NAMI Affiliates may report any relevant data and outcome measures related to cultural competency in any reports for funders or government agencies. |
CHAPTER 3: PRINCIPLES OF COMMUNITY ENGAGEMENT

Principles of Community Engagement

This chapter identifies the important factors of planning and implementing an engagement through the Principles of Community Engagement developed by the Centers for Disease Control and Prevention and the Substance Abuse Mental Health Services Administration (SAMHSA) in 2011. When an organization or agency wants to build a relationship and meaningfully engage with a community, health professional researchers have identified nine (9) steps or community engagement principles to help guide and implement the development, strategic plan, design, execution, and assessment of engaging a community. A list of the principles of community engagement is also located in the Appendix A.

*For a list of major community engagement “dos” and “don’ts” of community engagement, see Appendix H.

Before starting a community engagement effort...

1. **Be clear about the purposes or goals of the engagement effort and the populations and/or communities you want to engage.**

   **Questions to Consider:**
   - Which group(s) would I like to strengthen a relationship with for my Affiliate?
   - What would our Affiliate like to achieve?

   **Implementing Principle 1:**
   - Identify the population of interest/target community and why you want to engage them.
   - Identify the intended level of engagement to help you define your goals. See Appendix B for the “Continuum of Community Engagement.”
   - Identify and address barriers to care facing the target population (i.e., compensation, refreshments, transportation, language interpretation, and childcare).
   - Learn what the community needs in comparison to what NAMI Affiliates can provide.

   **Examples in Action**
   - NAMI Ventura learned that active duty military and Veterans were seeking mental health services and, consequently, identified them as a population they wanted to engage and serve.
     - NAMI Ventura developed a specific and measurable plan to develop a relationship with the local military base to serve them in a culturally competent manner.
     - NAMI Ventura connected with the base to help them organize four mental health educational workshops on site.
     - NAMI Ventura listened to the needs of service members and adapted their programs to meet these specific cultural needs.

2. **Become knowledgeable about the community’s culture, economic conditions, social networks, political and power structures, norms and values, demographic trends, history, and experience with efforts by outside groups to engage it in various programs. Learn about the community’s perceptions of those initiating the engagement activities.**

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Implementing Principle 2:

- Develop an adequate and working understanding of the community.
  - Learn by talking with trusted allies who are members and leaders of the community.
  - Look at census data collected by County Behavioral Health.
- Reflect on your identity in relation to the target community.
  - If you are not a member of this community, you will likely be considered an outsider.
  - Due to negative historical experiences, this outsider identity will likely function as a challenge/barrier to engagement.
- Be knowledgeable about any historically negative events the members of the community have experienced. As well, be mindful of any resiliency factors as a response to past experiences.\(^{12}\)
  - Learn and understand what has worked in the past and what has not.
- Adjust your plans and goals to reflect the needs of the target community.

Examples in Action

- NAMI Orange County solicited data from Mission Insite\(^{13}\) to pull demographic information.
- NAMI Sacramento developed relationships with various Latino/a/x and Asian organizations to discuss shared goals of co-located services and provide NAMI programs at local community clinics.
- NAMI Whittier hosted an exhibit table at a Native American conference to build relationships with the Native American community.

For engagement to occur, it is necessary to...

3. *Go to the community, establish relationships, build trust, work with the formal and informal leadership, and seek commitment from community organizations and leaders to create processes for mobilizing the community.*

Questions to Consider:

What are the essential components of developing a trusting relationship with a new community? Who should we consider connecting with? What organizations have attempted to engage this community before? Were those attempts successful?

Implementing Principle 3:

- Build trust with a community over time.
  - Community engagement takes time to build relationships and trust.
  - Overtime, one will learn about the complex culturally-specific nuances, concerns, and issues identified by the community of interest.
- Identify and acknowledge prior injustices, which may cause the target population to be distrustful of outsiders and/or outside organization.
  - In the beginning, communities may be hesitant to work with NAMI Affiliates due to past injustices from other organizations – even those not involved in mental health.

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\(^{12}\) See “historical/generational trauma” in Chapter 1.

\(^{13}\) Website: [http://missioninsite.com/](http://missioninsite.com/)
Acknowledging prior injustices allows the community of interest to make an informed decision, which may be a healing and empowering experience.

- Identify formal and informal leaders in the community.
  - Identifying both levels of leadership within a community will help to strengthen the relationship.
  - Be sure to form relationships with these different members in the community.

Examples in Action:
- A NAMI Los Angeles Affiliate attended a Spanish support group. Though they could not speak Spanish, showing interest and learning from the community can go a long way.
- NAMI Sonoma County has begun to engage the local Latino community through presenting in the early morning at day labor centers. This is a first step to engaging the Latino/a/x community.
- NAMI Sonoma County partnered with LGBTQ+ organizations to develop a relationship with local LGBTQ+ communities.

4. **Remember and accept that collective self-determination is the responsibility and right of all people in a community.**

   Questions to Consider:
   Should I expect that community members and organizations will be willing to partner with my Affiliate right away? If I experience some rejection initially, what will be my back-up plan?

Implementing Principle 4:
- Employ a humble approach, especially when first establishing a community relationship.
  - Do not assume your Affiliate has an equal voice when speaking with community members.
- Recognize that group self-determination is central to the concept of community empowerment.
  - Allow the community to determine how they want to conduct themselves and support them in their developmental efforts.
- Adapt to the needs of the community; avoid insisting on doing it the “NAMI way…”
  - Allow the community to determine their role and efforts in the partnership with NAMI.

Examples in Action:
- NAMI Contra Costa adapted their Familia-a-Familia program to meet the needs of local Latino/a/x participants, while still abiding by the requirements of NAMI National.

For engagement to succeed...

5. **Partnering with the community is necessary to create change and improve health.**

   Questions to Consider:
   How much does our Affiliate value partnership with our other organizations and communities? What value will those partnerships bring?

Implementing Principle 5:
- Rather than starting from scratch, it may be more effective to partner with local organizations already serving the community of interest.
Share or trade resources to create an equal partnership between NAMI and the Community Based Organization (CBO) you partner with.

Examples in Action:
- NAMI Orange County developed a relationship with a Korean health organization. This has allowed NAMI Orange County to better engage the local Korean community.
- NAMI Contra Costa partnered with their County Behavioral Health Department and various spiritual organizations to develop a “faith-based consortium.” This partnership has led to ongoing efforts to bridge the gap between mental health providers and faith organizations.

6. **All aspects of community engagement must recognize and respect the diversity of the community. Awareness of the various cultures of a community and other factors affecting diversity must be paramount in planning, designing, and implementing approaches to engaging a community.**

   **Questions to Consider:**
   What are the subgroups of this community of interest? How familiar are you with other factors that are relevant for this community?

Implementing Principle 6:
- Understand that all communities are heterogeneous.
  - Though groups may share some common characteristics, there is immense diversity within communities related to such factors as socioeconomic status, education, employment, health status, culture, language, race, ethnicity, age, gender, mobility, literacy or personal interests (for more information, see “Employ an Intersectional Approach” in Chapter 1).
- Deliver and execute health practices that are culturally relevant to the community served.

Examples in Action:
- NAMI San Joaquin recognized a subgroup of the Asian Pacific Islander American population they wanted to serve: Vietnamese and Cambodian communities. NAMI San Joaquin recruited volunteers from these communities who are local cultural experts and brokers, including spiritual leaders. Recruiting volunteers with “insider” identities to serve these communities helped NAMI build trust and better serve Vietnamese and Cambodian communities.
- NAMI Monterey wanted to reach out to the Latino community and adapted their outreach to engage several Latino sub-communities including Latino farmworkers, urban communities, indigenous communities, and immigrant communities.
- NAMI Merced hired a Spanish-speaking interpreter to conduct a NAMI program for victims of domestic violence. Participants were very grateful to have the program in their native language.

7. **Community engagement can only be sustained by identifying and mobilizing community assets and strengths and by developing the community’s capacity and resources to make decisions and act.**

   **Questions to Consider:**
   What is the capacity of the community of interest? What can be done to strengthen the capacity of the community of interest to achieve shared goals?

Implementing Principle 7:
• NAMI Affiliates should consider the interests, skills, experiences of individuals and local organizations, and networks of relationships that act as the community's assets.
  o These resources include facilities, materials, skills, time, staff capacity, and economic power.

Examples in Action
• NAMI Kern County identified a lack of medical professionals in their region. To combat this, NAMI Kern County decided to engage medical professionals when they were in the area for medical trainings to educate them about opportunities in Kern County. NAMI Kern County also hosted a dinner for medical professionals to help recruit them to stay, live, and work in their county.
• NAMI San Francisco developed a relationship with a local behavioral health agency serving the Chinese community. Through conducting several presentations, NAMI San Francisco developed a strong relationship with the agency. The agency even helped NAMI translate flyers into Chinese.

8. Organizations that wish to engage a community, as well as individuals seeking to effect change, must be prepared to release control of actions or interventions to the community and be flexible enough to meet its changing needs.

<table>
<thead>
<tr>
<th>Questions to Consider:</th>
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<tbody>
<tr>
<td>What happens if a NAMI Affiliate realizes that their priorities are different from that of the target community? How can NAMI Affiliates be flexible enough to meet the needs of the target community?</td>
</tr>
</tbody>
</table>

Implementing Principle 8:
• NAMI Affiliates should engage communities by involving and supporting the target community.
  o This implies identifying and making decisions based on the community’s needs and taking the appropriate actions to execute these decisions.
• Through listening to communities, NAMI must adapt its plans, efforts, or programs to meet the needs of the target community.
• Partnering with communities whose aims and goals differ vastly from that of NAMI’s may mean that that community is not yet ready to partner with NAMI. Relationships with communities must be built slowly, over time, but it is also important to recognize when a community’s needs do not align with NAMI’s initiatives

Examples in Action:
• NAMI South Bay developed a “rotational approach to address childcare issues” in response to the community’s needs for childcare to attend NAMI classes. This demonstration of respect and flexibility strengthened NAMI South Bay’s relationship with the Latino community.
• NAMI Alameda County South has an Ending the Silence (ETS) Coordinator who allowed Transition Aged Youth (TAY) presenters (ages 16-24 typically) to incorporate their personal story into the program, while still adhering to the ETS program guidelines. This allowed each presenter to be genuine and better engage the target audience.
9. **Community collaboration requires long-term commitment by the engaging organization and its partners.**

<table>
<thead>
<tr>
<th>Questions to Consider:</th>
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<tbody>
<tr>
<td>Are you prepared to make a long-term commitment to working with the target community?</td>
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<tr>
<td>What is required to sustain this commitment?</td>
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**Implementing Principle 9:**
- Affiliates must decide the level of community engagement given organizational readiness and resources.\(^\text{14}\)
  - While long-term partnerships have the greatest potential for improving health, not all Affiliates will have the capacity to do so.
- Create long-term partnerships that are sustainable.
  - An essential element of long-term commitment includes developing plans and specific strategies to sustain progress made in community engagement. Sustainability is strengthened when the community of interest has active members engaged in the process.

**Examples in Action**
- NAMI South Bay, LA County, has fostered a relationship with the Japanese community for several years. Overtime, this relationship has strengthened so much that Japanese communities from outside of LA travel to attend NAMI South Bay's support groups. NAMI South Bay now has a Japanese Board Member and has been published in several Japanese news publications.
- NAMI Santa Clara realized there was a need for NAMI’s services in their local Chinese Communities. Consequently, a member of NAMI Santa Clara founded the Mental Health Association for Chinese Communities to work in partnership with NAMI Santa Clara to provide culturally and linguistically responsive services.

**Conclusion**
It is recommended for NAMI Affiliates to review these principles often to further increase their skills to engage communities. It is also recommended for NAMI Affiliates to review the “Questions to Consider” with board members and senior management whenever community engagement is the task at hand.

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\(^{14}\) For more information on the different levels of community engagement, see Appendix A.
CHAPTER 4: NAMI AFFILIATE COMMON CHALLENGES AND SUGGESTED STRATEGIES

This chapter identifies many of the common challenges Affiliates mentioned during in-person site visit meetings and trainings. These challenges have often prevented Affiliates from making large strides related to multicultural goals. Each challenge is listed with several different strategies. The strategies listed are not intended to be a step-by-step process. You may try multiple strategies to see which is most suitable for your Affiliate’s needs. You are also encouraged to reach out to those Affiliates who are listed below to learn from their successes. For further tips, see Appendix C.

Challenge #1 - Challenges of Small Affiliates

“We are a small and can barely tackle our everyday tasks.”

Strategies for Challenge #1

- **Strategy 1**: Focus on small, realistic goals. If you are not yet ready to start doing outreach, you can focus on collecting diversity demographics of the participants whom you serve. This will help you shape goals for the future.
- **Strategy 2**: Connect with your County Behavioral Health Cultural Competence Team.
- **Strategy 3**: Aim to schedule one (or more) “In Our Own Voice” or “Mental Health 101” presentations per year in a targeted community.
- **Strategy 4**: Partner with a larger NAMI Affiliate nearby to discuss strategic planning of resources and targeted outreach.

Success Stories for Challenge #1

- **NAMI Success Story 1**: NAMI Merced hosted a community dialogue to reduce stigma which included a separate dialogue specifically for Spanish-speaking participants.
- **NAMI Success Story 2**: NAMI Sacramento arranged an “In Our Own Voice presentation” at the local Native American Health Center.
- **NAMI Success Story 3**: NAMI Sonoma County connected with Sonoma County Indian Health Project (SCIHP) and partnered with them as an inroad to serve the Native community.

Challenge #2 – Challenges of Rural Affiliates

“Our Affiliate is in a rural part of California. We have trouble reaching diverse community members in other rural parts of our county.”

Strategies for Challenge #2

- **Strategy 1**: Partner with the local Community Behavioral Health for targeted outreach events for the communities you would like to serve.
- **Strategy 2**: Partner with LGBTQ+, ethnic, spiritual and community-based organizations for targeted outreach events.
- **Strategy 3**: Invite members from the community to join your Multicultural Advisory Board or develop a taskforce to strategize around outreaching to specific members of the community.
- **Strategy 4**: Partner with local health clinics who are already implementing telemedicine.
- **Strategy 5**: Hold events where different community groups already congregate. For example, religious institutions, community centers, schools, etc.
Success Stories for Challenge #2

- **NAMI Success Story 1**: NAMI Butte invited their local Mental Health Services Act (MHSA) Coordinator/Cultural Competence Manager to a site visit meeting to brainstorm action steps related to cultural responsiveness.
- **NAMI Success Story 2**: NAMI Stanislaus has representatives who participate in the Cultural Equity and Social Justice Committee (CESJC) to collaborate with other providers who represent diverse community members, including those living in the rural areas of the Stanislaus region.
- **NAMI Success Story 3**: The Latino volunteers from NAMI Riverside, NAMI Moreno Valley and NAMI Western Riverside all joined together to support each other. They reach out to Latino participants and future volunteers.

Challenge #3 – Challenges due to Lack of Financial Resources

*We don't have enough funding to hire bilingual or culturally diverse folks.*

**Strategies for Challenge #3**

- **Strategy 1**: If your Affiliate has bilingual/bicultural volunteers, you can ask those volunteers to brainstorm recruiting more volunteers.
- **Strategy 2**: Partner with a mental health or social service agency whose mission is to serve the community you would like to target. You may find that you have similar goals which you would like to work on together for the same community.

Success Stories for Challenge #3

- **NAMI Success Story 1**: NAMI San Francisco partnered with a local organization providing services to the African American community to better serve the community.
- **NAMI Success Story 2**: NAMI Ventura hosts a semi-annual meeting with their Latino volunteers to discuss and strategize outreach to the Latino community.
- **NAMI Success Story 3**: NAMI Sonoma County answered a Request for Proposal (RFP) from their County Department of Health Services and was given a contract to provide a variety of services, by matching NAMI Signature Programs to County Behavioral Division’s needs.

Challenge #4 – Challenges of Not Enough Bilingual and/or Diverse Staff

*We don't have enough diverse staff or volunteers. Where should we recruit.*

**Strategies for Challenge #4**

- **Strategy 1**: You may recruit from your existing bilingual program participants. Potential volunteers are more likely to say “yes” if they have already established a relationship with the individual who is asking them to volunteer.
- **Strategy 2**: Develop partnerships with local places of worship and community-based organizations that serve diverse communities.
- **Strategy 3**: Attend community events to develop relationships with diverse communities, for example: cultural celebrations, resource fairs, health fairs, LGBTQ+ events, etc.
- **Strategy 4**: Go to websites such as www.VolunteerMatch.com to recruit volunteers.15

15 www.volunteermatch.org
• **Strategy 5:** Utilize your local *Univision* station to ask them for help with outreach to the Latino community.\(^{16}\)
• **Strategy 6:** Many county behavioral health departments have a Faith-Based Initiative where they create networking opportunities for providers. NAMI Affiliates can participate in some of these activities to partner with some faith-based organizations to recruit volunteers.
• **Strategy 7:** When hiring or soliciting volunteers, advertise the need for bilingual staff/volunteers as a qualification.
• **Strategy 8:** Develop incentives to reward your volunteers/participants for their participation.

**Success Stories for Challenge #4**

• **NAMI Success Story 1:** NAMI Contra Costa sets up booths at colleges and universities to recruit participants and potential volunteers from the TAY community. They provide brochures on substance abuse, and other young adult concerns.
• **NAMI Success Story 2:** NAMI San Joaquin had a Cambodian staff member reach out to the local Buddhist temple to engage the temple leaders and congregation.
• **NAMI Success Story 3:** NAMI Alameda South offers “pizza and a movie” to potential TAY volunteers for Ending the Silence.

**Challenge #5 – Challenges of Lack of Translated Materials and Culturally Adapted Curricula**

*“We don’t have NAMI brochures translated into languages we would like to serve.”*

**Strategies for Challenge #5**

• **Strategy 1:** NAMI National has some brochures and fact sheets translated into Spanish.\(^{17}\)
• **Strategy 2:** Find another Affiliate who has translated documents and ask permission to utilize them.
• **Strategy 3:** If you find another Affiliate who wants translation of brochures into the same language, see if you can pool your resources to pay for translation.
• **Strategy 4:** Talk to your Board about securing additional resources for translated materials.
• **Strategy 5:** NAMI CA has several general brochures translated into Mandarin and Spanish.
• **Strategy 6:** Each Mind Matters (EMM) has information in different languages that can be found at the following link: [www.eachmindmatters.org/product-category/educational-resources/](http://www.eachmindmatters.org/product-category/educational-resources/)

**Success Stories for Challenge #5**

• **NAMI Success Story 1:** NAMI San Francisco partnered with a local Chinese mental health facility to conduct an IOOV presentation. A Chinese worker from the organization interpreted for NAMI.
• **NAMI Success Story 2:** NAMI Stanislaus and NAMI Santa Cruz dedicated some internal resources to translating some brochures into Spanish.

**Challenge #6 – Challenges of Staff burnout and Not Enough Time to Address Cultural Responsiveness Goals**

\(^{16}\) [http://www.univision.com/](http://www.univision.com/)

\(^{17}\) Links to Spanish fact-sheets and brochures at bottom of the webpage: [https://www.nami.org/learn-more/fact-sheet-library](https://www.nami.org/learn-more/fact-sheet-library)
Strategies for Challenge #6

• **Strategy 1**: Find a community that you are already doing work with and focus on serving a subgroup. For example, if you are working with English-speaking families, you may focus some attention to TAY, Older Adults, Veterans, or LGBTQ+ people from that same community.

• **Strategy 2**: Develop a small, concrete multicultural goal that you can work toward monthly.

• **Strategy 3**: Find out if you can attend your County Behavioral Health Cultural Competence Committee meetings in your area.

• **Strategy 4**: Identify as many Board Members, staff, and volunteers as possible who are willing to contribute their time to issues of cultural responsiveness.

Success Stories for Challenge #6

• **NAMI Success Story 1**: NAMI Orange County obtained board approval to hire a Multicultural Coordinator.

• **NAMI Success Story 2**: NAMI Urban Los Angeles obtained approval to hire a Latino Outreach Coordinator.

• **NAMI Success Story 3**: NAMI San Diego hosted an event to address mental health concerns in the military community. They also developed an informal advisory board of women who were in the military.

Challenge #7 – Challenges Regarding Sustainability and Expansion of Efforts

“*We have started some work in a particular community, but we want to do more. What should we consider?*”

Strategies for Challenge #7

• **Strategy 1**: Consider which of your staff (a.k.a. Multicultural Champions) are taking the lead in reaching out to this community. Acknowledge them and find out what is their motivation in increasing outreach to specific communities. Challenge them to do some further work in this area. Ask them what specific steps need to be done.

• **Strategy 2**: Ask your Multicultural Advisory Board for next steps to expand and sustain your efforts.

• **Strategy 3**: Create a supportive network for your outreach folks so that they continue to be inspired. Find other Multicultural Champions at nearby Affiliates to create a support network for them.

• **Strategy 4**: Find ways to collect, collate, and report out your successful outcomes so that you may find opportunities for additional funding or partnerships.

• **Strategy 5**: Partner with local schools to recruit and utilize interns to develop community service projects to sustain programs.

Success Stories for Challenge #7

• **NAMI Success Story 1**: NAMI Santa Clara and NAMI Contra Costa have set up a database to track their program outcomes.

• **NAMI Success Story 2**: NAMI Santa Clara has had much success in outreaching to the Latino community for over 20 years. They have found that they have had to adapt to the changing
needs of the Latino community over time. More recently, they re-arranged their office space so that the space could be better utilized by Latino participants, including access to a kitchen.

Challenge #8 – Challenges of How to Start Services with a New Community

“Our Affiliate is ready to start outreaching to a new community. Where should we start?”

Strategies for Challenge #8

• **Strategy 1**: Ask or poll the community on how your NAMI Affiliate could help that community.
• **Strategy 2**: Find out who can help you to reach out to this new community. Do you have a board member, volunteer, or community partner who is already working with this community?
• **Strategy 3**: Identify and reach out to pertinent cultural brokers/leaders\(^\text{18}\) that could help you to engage the target diverse community.
• **Strategy 4**: Reach out to another NAMI Affiliate who is connected with the target community.
• **Strategy 5**: Market your outreach using culturally and linguistically competent content.
• **Strategy 6**: Review the Principles of Community Engagement in Chapter 3 of this Toolkit. Keep in mind if you are reaching out to a new community, it may require you to reach out to the community several times before they engage in a formal partnership.
• **Strategy 7**: Reach out to your local County Behavioral Health Cultural Competence Committee. That committee is often comprised of diverse community representatives who can link you with your target community.

Success Stories for Challenge #8

• **NAMI Success Story 1**: – NAMI Monterey partnered with a local behavioral health organization who provided NAMI office space in a Latino neighborhood. NAMI connected with folks in the community to receive grant funding to hire a part-time Latino Outreach Coordinator.
• **NAMI Success Story 2**: – NAMI Santa Clara has a part-time employee who has set up stigma and discrimination reduction social media called "Break Yo Stigma" to engage Transition Age Youth (TAY).\(^\text{19}\) [https://twitter.com/BreakYoStigma](https://twitter.com/BreakYoStigma).
• **NAMI Success Story 3**: – NAMI Sonoma scheduled some “open mic” events by doing listening sessions with African American and API youth. They did this via the Ending the Silence program.

Challenge #9 – Challenges of Not Enough Training on Working with Diverse Communities

“Our Affiliate doesn’t feel like we have enough training to work with diverse communities.”

Strategies for Challenge #9

• **Strategy 1**: Partner with another local Affiliate to recruit trainers in your region.

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\(^{18}\) Cultural Brokers/Leaders: for a list of possible cultural brokers/leaders, please reference the first page of Chapter 5 and the first page of Chapter 6.

\(^{19}\) You can learn more about this initiative by visiting: [https://twitter.com/BreakYoStigma](https://twitter.com/BreakYoStigma)
• **Strategy 2**: Sign-up for a Cultural Competency Webinar held by NAMI CA or other credible university or organization.

• **Strategy 3**: Review resources and articles listed in this Toolkit, and schedule a staff meeting to discuss the findings.

• **Strategy 4**: Assign a volunteer to seek out free cultural competency training opportunities.

• **Strategy 5**: Consider “swapping” trainings with a local non-profit. You can provide information on mental health and they can share their area of expertise (i.e. cultural competency or working with specific cultural groups).

**Success Stories for Challenge #9**

• **NAMI Success Story 1**: NAMI San Diego implemented a four-hour mandatory cultural competency training requirement for all staff and volunteers.

• **NAMI Success Story 2**: NAMI Santa Clara partnered with their local Ethnic and Cultural Communities Advisory Committee (ECCAC) to co-host a “Multicultural Day.” This training event was open to NAMI Santa Clara staff and volunteers to attend.

**Challenge #10 – Challenges on How to Form a Multicultural Advisory Board (MAB)**

“We would like to form a MAB, but we don’t have one currently.”

**Strategies for Challenge #10**

• **Strategy 1**: Your MAB may already exist if you incorporate multicultural agenda items into regular staff or board meetings.

• **Strategy 2**: As you recruit potential NAMI Board Members, some of them may not be interested in being an official board member, but some of them may be interested in joining your MAB.

• **Strategy 3**: Identify the goals of your Multicultural Advisory Board (MAB).

**Success Stories for Challenge #10**

• **NAMI Success Story 1**: NAMI Stanislaus does not have a free-standing Multicultural Advisory Board. However, they have incorporated cultural competency goals into their board meetings.

• **NAMI Success Story 2**: NAMI Contra Costa has a workgroup which meets regularly to plan for the Annual Faith-Based Consortium. They have co-hosted several faith-based events.

• **NAMI Success Story 3**: NAMI Butte plans to attend the County Behavioral Health Cultural Competence Committee to develop some potential partnerships, and ideas for addressing multicultural goals.
CHAPTER 5: COACHING WEBINAR NOTES AND RESOURCES

Introduction

During the period of September 2013 – March 2014, NAMI California and UPAC co-facilitated Everyone Has a Voice Coaching Webinars along with the Cultural Competency Steering Committee (CCSC) Members of the SDR Project. During each coaching call, each CCSC member responded to questions from Affiliates, and provided strategies and resources for outreach and engagement.

Each call was approximately 90 minutes. This chapter summarizes the discussion during the calls. In addition to providing documentation of each call, this chapter provides additional demographic information and resources which may be helpful for serving the communities listed below. If you have any interest in following up with any of the facilitators for more info about their respective communities, you are welcome to contact them as listed below.

List of Webinars

The Coaching Webinars (and the notes from each respective discussion) are included as follows:

<table>
<thead>
<tr>
<th>Community</th>
<th>Facilitator</th>
<th>Email address</th>
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</thead>
<tbody>
<tr>
<td>African American</td>
<td>Lawford Goddard, Ph.D.</td>
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<tr>
<td>Spirituality: Christian Faith</td>
<td>Rev. Jim Gilmer</td>
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<td>Spirituality: Muslim Faith</td>
<td>Laurel Benhamida</td>
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</tr>
<tr>
<td>Latino Farmworkers</td>
<td>Lali Moheno</td>
<td><a href="mailto:lmoheno@sbcglobal.net">lmoheno@sbcglobal.net</a></td>
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Coaching Webinar Notes
African American Communities
Lawford Goddard, Ph.D.

California Demographics
Population as of 2017
- African Americans constitute 6.5% of the CA population.²⁰

Prevalence
- According to the Health and Human Services Office of Minority Health, African Americans are 20% more likely to experience serious mental health problems than the general population.²¹

Severity
- Common mental health disorders among African Americans include: major depression, attention deficit hyperactivity disorder, suicide, and posttraumatic stress disorder (PTSD).
- Only 1/4 of African Americans seek mental health care, compared to 40% of whites.²² Factors that contribute to this statistic include fear of prejudice, poverty and lack of insurance, stigma, lack of knowledge about mental health, and lack of culturally compatible health providers.²³
- In 2012, 19% of African Americans had no health insurance.²⁴
- African American and children under 18 are more likely to need mental health services due to poor living conditions and exposure to violence, leading to chronic stress.²⁵

Helpful Organizations

<table>
<thead>
<tr>
<th>Organization Name</th>
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<tbody>
<tr>
<td>Association of Black Psychologists (ABPsi)</td>
<td>A national organization of African American psychologists with over 700 members and 31 chartered chapters throughout the country. ABPsi maintains a reference list of African American psychologists, clinicians and therapists across the country (<a href="http://www.abpsi.org">www.abpsi.org</a>).</td>
</tr>
<tr>
<td>The Southern California Association of Black Psychologists</td>
<td>Serves the greater Los Angeles area consisting of Los Angeles, Orange, San Bernardino, Santa Barbara, and Ventura counties (<a href="http://www.scabpsi.org">www.scabpsi.org</a>).</td>
</tr>
<tr>
<td>The San Diego Association of Black Psychologists</td>
<td>Serves San Diego and Imperial counties (<a href="https://sites.google.com/site/sdsabpsi/home">https://sites.google.com/site/sdsabpsi/home</a>).</td>
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Other Resources

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<tr>
<td>African American Utilization Report: Goals and Recommendations by Gigi R. Crowder</td>
<td>This report provides information on the nature of services available to African Americans in Alameda County. It makes specific recommendations for the development of alternative services to better meet the needs of the African American population in Alameda County.</td>
</tr>
</tbody>
</table>

²³ “African American Mental Health,” 2018, 1
²⁴ “African American Mental Health,” 2018, 1
²⁵ “African American Mental Health,” 2018, 1
**Discussion from Coaching Webinar/ Q&A**

**Question 1 – What recommendations does NAMI CA have when addressing African American communities?**

- NAMI CA has a program called Sharing Hope aimed at increasing mental health awareness in African American communities. This program may be utilized as source to develop ideas on how to outreach to African American communities through a faith-based approach.

**Question 2 – What challenges has NAMI encountered when reaching out to African Americans?**

- Some African Americans have reported that they do not feel comfortable with NAMI.
- NAMI has a lack of realistic portrayal of African American’s in brochures
- African American communities differ vastly depending on the location.
- NAMI has struggled with a lack of volunteers in general, which impacts recruitment of individuals from diverse communities. Paid positions could reduce this problem.  

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**Outreach Tips and Strategies for NAMI Affiliates**

1. **Outreach to the African American community in a culturally responsive manner.**
   - Identify and establish contact with at least one of the key stakeholders or cultural brokers in the community, and gradually develop a trusting relationship with them based on an expression of genuine concern for the needs of the community.
   - Develop a reciprocal relationship in which information is shared with one another.

2. **Outreach can begin with a formal letter asking for a time to meet with the stakeholders to talk about what you are doing, learn what they are doing, and explore mutual areas of sharing.**
   - The first meeting should be conducted with notions of formality, civility and deference as the guiding principles for interaction.
   - After the initial meeting there should be a follow-up letter, card or note thanking the person for taking time out of their busy schedule to meet with you.
   - This initial interaction serves as the ice-breaker that can remove barriers to effective networking and collaborating with the community.

3. **Have a more visible presence in the community by partnering with Black/African American community-based organizations.**

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26 For more information recommendations for retaining volunteers, please see Appendix D.
27 Some key stakeholders or cultural brokers in the African American Community are faith-based leaders. Other key stakeholders include leaders from community-based organizations and fraternal and social organizations.
• These partnerships may include providing more education, awareness and outreach at key events for Black communities.

4. Partner with faith-based organizations to engage African American communities.
• The pastor is often the first line of treatment when a person faces a mental health issue.

Other Key Considerations
1. Consider the effects of historical trauma on the African American community.
• The Black/African American community has been affected for a long time by outsiders coming in with their own agenda that often does more harm than good. Community members have developed a healthy mistrust of others for this reason.
• Historically, African Americans have been ill-treated by the health care system. Health professionals, whether due to ignorance or bigotry, have been responsible for misdiagnoses, inadequate treatment, and lack of cultural competence.
• People living in high poverty areas often witness or are victims of violent crimes. This causes stress and can lead to depression, anxiety and post-traumatic stress disorder.
• African Americans are more likely than other groups to be referred to services by law enforcement.

2. Consider different cultural understandings of health.
• African Americans, especially women, are more likely to experience and mention physical symptoms related to mental health problems as opposed to psychological symptoms. A healthcare provider who is not culturally competent might not recognize these as symptoms of a mental health condition.
Coaching Webinar Notes
Asian American/Native Hawaiian/Pacific Islander (AANHPI) Communities
C. Rocco Cheng, Ph.D.

California Demographics
Population as of 2017
- AANHPI constitute 15.2% of the CA population.28,29
- Native Hawaiian and Pacific Islanders constitute .05% of the CA population.30,31

Prevalence
- Data provided by the National Latino and Asian American Study (NLAAS) reported that 17% of Asian Americans have a psychiatric disorder during their lifetime but seek mental health services three times less than that of Whites.
- In another study, only 8.6% of Asian Americans sought mental health services or supports, as compared with 18% of the general population.32
- Disaggregated data shows even greater disparities for specific ethnic groups, such as Pacific Islanders with Native Hawaiian and Pacific Islander. These statistics show the highest rates of depressive disorders at 20% and the second highest rate of anxiety disorders at 15.7% as compared with all racial groups.33

Severity
- In high-poverty areas, Asians were twice as likely to be diagnosed with schizophrenia. This suggests that many Asians are accessing services only as a "last resort."34

Helpful Organizations

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<tr>
<td>Asian American Center on Disparities Research (AACDR)</td>
<td>Located at the University of California Davis, AACDR conducts programmatic, problem-oriented research to reduce disparities, especially mental health disparities.</td>
</tr>
<tr>
<td>Asian American Psychological Association (AAPA)</td>
<td>This organization works to advance Asian American's in psychology. The association provides training and guidance to other professional organizations on topics of Asian American psychology to further the multicultural psychological movement.</td>
</tr>
<tr>
<td>Mental Health Association for Chinese Communities</td>
<td>This organization works in partnership with NAMI Santa Clara to provide NAMI classes and resources in a cultural and linguistically appropriate manner for Chinese communities.</td>
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28 Note: The AANHPI communities in California consist of many ethnic groups. The Asian American ethnic groups in California include (but are not limited to) the following: Asian Indian, Bangladesh, Bhutanese, Burmese, Cambodian, Chinese (except Taiwanese), Filipino, Hmong, Indonesian, Japanese, Korean, Laotian, Malaysian, Nepalese, Pakistani, Sri Lankan, Taiwanese, Thai, and Vietnamese.
30 Note: The NHPI ethnic groups in California include (but are not limited to) the following: Native Hawaiian, Samoan, Tongan, Guamanian or Chamorro, Marshallese, and Fijian.
31 “U.S. Census Bureau QuickFacts: California,” 2017, 1
The mission of NAAPIMHA is to “promote the mental health and wellbeing of Asian Americans, Native Hawaiians, and Pacific Islanders.” NAAPIMHA seeks to create and raise awareness of mental health challenges, especially in API communities through developing cultural and linguistically appropriate services, resources, and information.

| Other Resources |
|------------------|---------------------------------|
| Name             | Description                      |
| CRDP API Population Report – “In Our Own Words” by Pacific Clinics | This report identifies some of the challenges faced by AANHPIs in seeking mental health services. It also identifies existing practices and community-defined programs targeted towards AANHPIs in California. *
| Weblink: | https://bit.ly/2JCQ5fa |

**Discussion from Coaching Webinar / Q&A**

**Question 1 – What are barriers often faced by AANHPI communities?**
- Lack of access to care: including transportation, location, and hours of operation.
- Lack quality, culturally and linguistically appropriate services.
- Lack of disaggregated data leading to difficulties assessing and addressing needs.
- Stigma, lack of awareness, and education on mental health issues.

**Question 2 – How do AANHPI communities define wellness?**
- Wellness factors defined by focus group participants included:
  - Physical health, emotional well-being, positive social relationships and support, positive family relationships, financial stability, feeling at peace/spiritual wellness.

**Question 3 – What factors impact wellness in AANHPI communities?**
- Cultural adjustment, for immigrants:
  - Living in a new and fast-pace environment combined with language difficulties.
  - A sense of hopelessness from immigration, acculturation stress, social/linguistic isolation, and marginalization.
- Family issues (often compounded by the immigration and acculturation process).
- Financial issues.
- Lack of culturally and linguistically responsive services.
- High cost of healthcare and high uninsured rates.

**Question 4 – Where do AANHPI communities consider going first when experiencing challenges with wellness?**
- Utilization of spirituality as an outlet: healers, religious ritual/practice, and religious centers.
- Support from loved ones, family, and friends.
- Physical activities: Tai-Chi, Chi-Gong, and Yoga.
- They will seek out traditional medicine.
- Primary care physicians.
- Mental health professionals.
- Familiar community-based organizations.
- Sometimes, they don’t know where to go.

**Question 5 – What are some strategies to address some needs in the AANHPI communities?**
- Having programs tailored to specific culture, gender, issue, topic, or age group needs.
• Providing service in their primary language.
• More outreach efforts to combat stigma.
• Including family members in services and programs.
• Culturally sensitive/competent staff at all levels.

**Question 6 – What else can NAMI Affiliates consider to address unmet needs in the AANHPI communities?**

• Work with community leaders but beware to not put too much responsibility on one bilingual person.
• Start out with support groups first, and then gradually develop more formal programming.
• Consider doing outreach to media already targeting the community you seek to serve.
• Build partnerships with faith-based organizations.
• Provide linguistically relevant materials, brochures, and programming.

**Outreach Tips and Strategies for NAMI Affiliates**

1. **Consider the six dimensions of wellness to approach health from a holistic perspective:**
   • The six dimensions of wellness include: emotional, mental, family relationships, social relationships, physical/financial, and spiritual wellness.35

2. **Build trust with AANHPI communities over time.**
   • AANHPI communities may have been exploited by other agencies or research projects without fulfilling original agreement or promises. Having this understanding and to reassure the community that you are there for the long haul is important.

3. **Outreach in a culturally responsive manner.**
   • Provide translated materials or language interpretation
   • Recruit API speakers who will get compensation.

**Other Key Considerations**

1. **Mental health is more of a Western concept.**
   • The API understanding of wellness is dynamic and fluid with a focus on balance and harmony.
   • Many API communities believe that mental health is due to karma, the belief that “what goes around comes around.” Karma relates to mental health because many API communities believe that they deserve negative mental health for past wrong doings. Instead, it could be encouraging to have a positive outlook for the future if they focus on their current efforts.

2. **Remember that AANHPI communities are extremely diverse.**
   • One size does not fit all. Even within communities, levels of acculturation, age, gender, location, socioeconomic status, and other such factors need to be considered when designing a program or outreach approach that will engage the target audience.

3. **Engage local AANHPI experts and agencies already serving the community you seek to engage.**
   • Effective strategies to serve Asian Americans will include engaging and collaborating with ethnic CBOs and other entities serving such communities.

4. **Immigration can negatively impact mental health.**
   • Asian American populations have significant proportions of foreign-born immigrants and refugees, who commonly face challenges with trauma related to either their entry to the United States or to war-time violence, gang warfare, stress related to acculturation and loss of status, generational conflict, poverty conditions, and language barriers.

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35 **Note:** utilizing the term “wellness” will help to stress a holistic view of health and will help combat mental health stigma.
Coaching Webinar Notes  
Latino/a/x Communities  
Marbella Sala, BA

**California Demographics**

**Population as of 2017**
- The Hispanic/Latino population constituted 39.1% of California’s population.\(^{36}\)
- The Hispanic/Latino population is the largest non-white ethnic or racial group in California.\(^{37}\)

**Prevalence**
- Only 20% of Latinos living with symptoms of a mental health condition express these concerns to a doctor and only 10% contact a mental health specialist.\(^{38}\)
- The most common mental health disorders among Latinos are: generalized anxiety disorder, major depression, posttraumatic stress disorder (PTSD) and alcoholism.\(^{39}\)

**Severity**
- Racial disparities put Latinos at higher risk for severe mental health conditions.\(^{40}\)
- Latino children under age 18 are more likely to need mental health services due to poor living conditions and exposure to violence, which often lead to behavioral problems and chronic stress.\(^{41}\)

### Helpful Organizations

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td><strong>Latino Coalition for a Healthy California (LCHC)</strong></td>
<td>LCHC focuses on three main health issue areas including: health care access, social determinants of health, and health and human rights. The organization does advocacy and lobbying work, provides programs and resources, and collects data and conducts research related to Latino/a/x health.</td>
</tr>
<tr>
<td><strong>California Latino Psychological Association (CLPA)</strong></td>
<td>CLPA advocates for improved mental health services for Latina/o/x communities.</td>
</tr>
<tr>
<td><strong>National Resource Center for Hispanic Mental Health – Alliance for Latino Behavioral Health Workforce Development</strong></td>
<td>This alliance seeks to mitigate the effects of the Latino behavioral health care provider crisis by improving access to mental health care, providing cultural and linguistically appropriate services, to increase the diversity of the nation’s behavioral health workforce.</td>
</tr>
<tr>
<td><strong>National Latino Behavioral Health Association (NLBHA)</strong></td>
<td>The NLBHA’s mission is to “influence national behavioral health policy, eliminate disparities in funding and access to services, and improve the quality of services and treatment outcomes for Latino population.”(^{42}) They strive to achieve this mission through providing cultural competency trainings, consultation services to policy members and</td>
</tr>
</tbody>
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\(^{39}\) “Latinos Mental Health,” 2018, 1.

\(^{40}\) “Latinos Mental Health,” 2018, 1.

\(^{41}\) “Latinos Mental Health,” 2018, 1.

agencies, public education on Latino/a/x health disparities, among other initiatives.

### Other Resources

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>California Reducing Disparities Project Report for Latinos, published by UC Davis Center for Reducing Health Disparities (CRDP)</td>
<td>We asked the community to tell us what they needed in terms of prevention, early intervention, and intervention in mental health for Latinos. Weblink: <a href="https://bit.ly/2JJ08iN">https://bit.ly/2JJ08iN</a></td>
</tr>
<tr>
<td>“Building Partnerships: Conversations with Latino/a Migrant Workers about Mental Health Needs and Community Strengths” by UC Davis CRDP</td>
<td>This document provides information on the mental health needs of Latina/o migrant workers from their perspective. Weblink: <a href="https://bit.ly/2rcqqlB">https://bit.ly/2rcqqlB</a></td>
</tr>
<tr>
<td>“Tales of Coming and Going and Mental Health: a Manual for Promotores” by the Health Initiative of the Americas, School of Public Health, UC Berkeley</td>
<td>This manual provides information to promotores on understanding health and mental health Weblink: <a href="https://bit.ly/2IVfsIk">https://bit.ly/2IVfsIk</a></td>
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</tbody>
</table>

### Discussion from Coaching Webinar / Q&A

**Question 1 – How might we boost attendance of Latino/a/x’s in NAMI groups? What are new ways to outreach?**
- Consider using students from universities and young adults to do outreach. You can reach out to Movimiento Estudiantil Chicano de Aztlan (MEChA) or Chicano Student Movement of Aztlan groups. There are MEChA groups at most universities and colleges.

**Question 2 – How might we engage the Latino population with our main core of NAMI, instead of them wanting their own Affiliate? I would like some feedback and/or problem solving?**
- It may be helpful for the Latinos to have a separate meeting night. It may be easier for Latino communities to become involved amongst colleagues/peers, and in their language.
- It is also helpful to have regular meetings with community members to show support.

**Question 3 – How do we communicate with those in the Latino Affiliate? What if they need supplies or materials?**
- Schedule and facilitate a meeting with the Latino Affiliate. This helps to hear directly from them and to express what you represent.
- Assign a bilingual delegate to take notes during the Spanish-speaking Affiliate meetings.

### Outreach Tips and Strategies for NAMI Affiliates

1. **Partner with other local Affiliates, CBO’s, and faith-based organizations to serve Latino communities.**
   - Develop a “buddy system” between large and small Affiliates to serve Latino/a/x’s.

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Promotores: lay-health care workers.
• Latino communities often trust religious resources, such as priests. Consequently, partnerships with faith-based leaders could be very helpful.

2. Be aware of the barriers to mental healthcare for Latino communities.
• Barriers include: lack of culturally competent services, language barriers, misdiagnosis and poor-quality care, stigma, privacy concerns, and issues related to immigration status.
• Another barrier in Latino cultures is the saying, "la ropa sucia se lava en casa" (similar to "don’t air your dirty laundry in public"). The Latino community tends to be very private and often does not want to talk in public about challenges at home.

3. Provide culturally responsive services.
• Ensure that all your materials are in Spanish.
• Utilize interpreters when needed.

4. Utilize "promotores" to spread NAMI's message and programs.
• In Latino communities, promotoras/es are trained lay health workers. They are effective in delivering a variety of health and wellness education in familiar and informal settings.

Other Key Considerations
1. Recognize that Latino communities are heterogeneous.
• The term Latino often refers to a variety of backgrounds (e.g., people from Cuba, Mexico, Puerto Rico, South or Central America, or other Spanish culture or origin).
• Strive to accept, understand, respect and affirm Latino's unique culture and values.
• When working with the local Latino community consider acculturation levels, differences in generations, geographical location (urban, rural, etc.), and immigration status.

2. Some common cultural values to consider:
• Family membership, obligation and pride are strong values.
• The family is more important than the individual.
• Developing personal and trusting relationships are key values in Latino/a/x communities.
• Cultural differences may lead doctors to misdiagnose Latinos. For instance, Latinos may describe the symptoms of depression as “nervios” (nervousness), or another physical ailment. Such physical symptoms are consistent with depression, but doctors unaware of how culture influences mental health may not recognize these as signs of depression.
• “Platicas” or “meaningful conversations give” Latino/a/x's with lived experience the opportunity to share their stories of recovery and inspire hope in others.44

3. Immigration can affect mental health negatively.
• While immigrating to the U.S., many Mexicans endure traumatic experiences (e.g., poor housing, abuse, stigma, isolation, discrimination, war-time violence, gang warfare, generational conflict, poverty, and language barriers).
• Immigrants are often subject to increased pressures to acculturate and assimilate.

4. The socioeconomic status of Latino/a/x communities impacts their mental health and access to healthcare.
• From 2011-2012, 22% of Latinos did not have health insurance compared to 15% of all Californians.45
• From 2006-2010, Latinos over the age of 16 experienced an 11% unemployment rate compared to 9% of all Californians.46

44 California Reducing Disparities Project’s Strategic Plan to Reduce Mental Health Disparities, developed by the California Pan-Ethnic Health Network, November 2014, p. 11
46 “A Statistical Picture of Latinos in California,” 2014, 11
Coaching Webinar Notes
LGBTQ+ Communities
Poshi Mikalson, MSW

California Demographics
- Unfortunately, there is no reliable or consistent data collected in California (or in the US) for sexual orientation or gender identity. It is important not to “guesstimate” and give a false sense that we know percentages.

Prevalence
- The only way to know how many LGBTQ+ people you are serving is to ask everyone you serve about their sexual orientation and gender identity. We recommend this data be collected for the same reasons you would collect racial/ethnic data.

Severity
- LGBTQ+ people seek mental health services at a much higher rate than their heterosexual and cisgender counterparts.47

Helpful Organizations

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<tbody>
<tr>
<td>Equality California</td>
<td>Equality California brings the voices of LGBTQ+ people and allies to institutions of power in California and across the United States, striving to create a world that is healthy, just, and equal for all LGBTQ+ people.</td>
</tr>
<tr>
<td>California LGBT Health and Human Services Network</td>
<td>Mission: “The California LGBT Health and Human Services Network is a statewide coalition of non-profit providers, community centers, and researchers working collectively to advocate for state level policies and resources that will advance LGBT health. We strive to provide coordinated leadership about LGBT health policy in a proactive, responsive manner that promotes health and wellness as part of the movement for LGBT equality.”49 Be sure to check out their #Out4MentalHealth initiative.</td>
</tr>
<tr>
<td>The Williams Institute</td>
<td>The Williams Institute is a think tank located at the University of California Los Angeles School of Law. It is comprised of legal scholars, economists, social scientists, demographers, and public health experts.</td>
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<tr>
<td>Access Support Network (ASN)</td>
<td>With chapters in San Luis Obispo and Monterey County, ASN provides empowering services to those impacted by HIV and Hepatitis C.</td>
</tr>
<tr>
<td>The National LGBT Health Education Center</td>
<td>“The National LGBT Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.”50</td>
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Other Resources

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47 Cisgender—someone who’s gender identity fully matches the sex they were assigned at birth.
48 Note: This is due to the stigma, discrimination, rejection, bullying, harassment and violence faced—sometimes daily—by LGBTQ+ just because of their sexual orientation or gender identity/expression.

This report includes an excellent overview of LGBTQ+ topics (“Part 1”), as well as findings on groundbreaking research from the LGBTQ+ Reducing Disparities Project (“Part 3”).

**Family Acceptance Project PDF – Booklet**

The family education booklets contain key information from the Family Acceptance Project research on how families can help support their LGBTQ+ children.

**"For the Bible Tells Me So" – Video**

Winner of the Audience Award for Best Documentary at the Seattle International Film Festival, Dan Karslake’s provocative, entertaining documentary brilliantly reconciles homosexuality and Biblical scripture, and in the process reveals that church-sanctioned anti-gay bias is based solely upon a significant (and often malicious) misinterpretation of the Bible.

**California Healthy Kids Survey**

This survey collects data on children, including variables on sexual orientation and gender identity. You can access their database here: http://chks.wested.org/query-chks/

**California Health Interview Survey**

This is the largest state health survey and includes data on sexual orientation and gender identity. You can access their data to learn about the health of LGBTQ+ people in California.

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**Discussion from Coaching Webinar / Q&A**

**Question 1 – Are transitioning transgender folks mandated to receive therapy before undergoing medical treatments such as hormone therapy or gender reassignment surgery?**

- It is no longer mandated. It’s only recommended and sometimes can be misunderstood as required by the consumer.
- However, some healthcare providers require a letter of approval from a psychiatrist.

**Question 2 - How do we work closer with LGBTQ+ Youth communities to facilitate open communication about mental health?**

- Connect with youth by volunteering or presenting at an LGBTQ+ youth support group.
- When talking about feelings, note the sources of feelings to stress they are not alone.
- Provide space for youth to speak one-on-one, rather than solely in a group setting, about their feelings and/or experiences.
- Acknowledge that you will most likely be considered an outsider. Employ empathy to build relationships with youth slowly, over time.
  - Ensure your work is genuine and sustainable. Many outside organizations have sought to serve LGBTQ+ communities before and leave after funding dries-up, sometimes causing more harm than good for the community.
  - Make clear you are not competing for funding.

**Outreach Tips and Strategies for NAMI Affiliates**

1. *Common barriers to care for LGBTQ+ individuals*
   - For LGBTQ+ persons who have experienced homophobia and discrimination by medical professionals, fear of mistreatment can be a barrier to seeking mental health support.
   - Cost of services
   - Lack of culturally competent providers
• Provider refusal to provide requested care, and insurance refusal to pay for care including: HIV prevention, hormone replacement therapy, and surgeries among others
• Providers often assume transgender people are coming to find support for their being trans, rather than their mental health conditions such as depression and anxiety

2. Include your preferred pronoun on your name tag, business card, email signature, etc.
• Including your preferred pronoun marks you as an ally of the LGBTQ+ community

3. Partner with your local Pride or LGBTQ+ serving center or organization
• For a list of LGBTQ+ organizations, please visit the following website: http://www.gaygull.com/LGBTQ+-resources/LGBTQ+-california/

Other Key Considerations
1. Consider settings that may not be welcoming for LGBTQ+ folks.
• The workplace can be very difficult place for LGBTQ+ folks because it lacks support.
• Consider the political climate of the area or organization and its stance of LGBTQ+ rights.

2. Avoid treating individuals as if their only identity is being LGBTQ+.
• When serving LGBTQ+ people, it is important to remember: LGBTQ+ individuals are raised with racial, ethnic and/or cultural identities, traditions and norms which influence how they experience their life as a whole person.

3. Consider the intersecting identities of LGBTQ+ services members.
• For Veterans, with "Don’t ask don’t tell" being lifted, more people are coming out including ex and current military members.

4. It is important not to assume someone’s preferred pronouns.51
• What are preferred pronouns?
  o We most often assume what pronouns to use when referring to another person based on whether or not we assume they are a woman, using the pronouns she/her/hers, or a man, by using the pronouns he/him/his. Preferred pronouns are the set(s) of pronouns each individual prefers to be referred to as.
• Why are pronouns important?
  o Assumptions are not always accurate and can send a harmful and potentially even offensive message to the individual to which we are referring. Therefore, it is always important to ask, rather than assume, someone’s preferred pronouns.
• How do you ask about someone else’s pronouns?
  o The best way to know what someone’s preferred pronouns are is to ask. Introduce yourself and tell the person your preferred pronouns. For example, “Hi! My name is Sam and I prefer she/her/her’s pronouns. What about you?” This will allow the other person(s) to share their name and preferred pronouns with you.
• What are the different pronouns?
  o The three most common pronouns, and their various forms, that we most often think of are: she/her/hers, he/him/his, or they/them/their(s). However, it is important to note that other pronouns do exist!52
• What if I make a mistake?
  o If you make a mistake and mis-pronoun someone, simply apologize for your mistake, correct your statement using their preferred pronoun, and move on!
• For more information on pronouns, visit: www.mypronouns.org

Coaching Webinar Notes
Native American Communities
Kurt Schweigman, MPH

California Demographics
Population as of 2017
- Native Americans comprised 1.6% of California's population.53
- There are 109 federally recognized American Indian tribes in California with a total statewide population of 720,000 Native Americans.54
- California is home to more Native Americans than any other state in the Country.55

Prevalence
- Of adult Native Americans living in the United States, 28.3% live with a mental health condition.56

Severity
- Suicide is anywhere from three to six times higher among Native people.57
- Death due to suicide is 72% higher in Native people compared to the general population.58

Helpful Organizations

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Sacramento Native American Health Center</td>
<td>This non-profit center provides culturally competent, holistic, patient-centered care for Native and non-Native peoples.</td>
</tr>
<tr>
<td>California Area Indian Health Service (IHS)</td>
<td>This agency is located within the Department of Health and Human Services and provides health services to American Indians/Alaska Natives.</td>
</tr>
<tr>
<td>Native American Health Center</td>
<td>With several locations in the San Francisco Bay area, the center provides culturally competent medical services, to Native Americans and Alaska Natives residing in the Bay area.</td>
</tr>
<tr>
<td>Urban Indian Health Institute (UIHI)</td>
<td>The institute collects data, conducts research, and coordinates public health activities for American Indian/Native Alaskan populations in partnership with other public organizations.</td>
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</tbody>
</table>

Other Resources

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<tr>
<th>Name</th>
<th>Description</th>
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<tbody>
<tr>
<td>Culture Card: A Guide to Build Cultural Awareness Weblink: <a href="https://bit.ly/29QHsAk">https://bit.ly/29QHsAk</a></td>
<td>Created by SAMHSA, this helpful guide identifies (1) Regional and Cultural Differences; (2) Cultural Customs; (3) Spirituality; (4) Communication Styles, Strengths, Health and Wellness Challenges, Self-Awareness and Etiquette Do’s and Don’ts</td>
</tr>
</tbody>
</table>

53 QuickFacts California, 2017, 1.
55 "California Tribal Communities," 2017, 1.
<table>
<thead>
<tr>
<th>Native Vision – CRDP Report</th>
<th>Funded by MHSA Prevention and Early Intervention dollars, the report emphasizes mental health prevention promising practices with Native Americans across California.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture and Community: Suicide Prevention Resources for Native Americans in California</td>
<td>This document provides a list of materials and resources to prevent suicide in Native American communities in California. <strong>Weblink:</strong> <a href="https://bit.ly/1mvhwFW">https://bit.ly/1mvhwFW</a></td>
</tr>
<tr>
<td>Building Partnerships: Conversations with Native Americans About Mental Health Needs and Community Strengths</td>
<td>This booklet discusses Native American mental health from a community perspective. The booklet includes Native American community perspectives, thoughts, and needs to help reduce mental health disparities. <strong>Weblink:</strong> <a href="https://bit.ly/2zrTn4I">https://bit.ly/2zrTn4I</a></td>
</tr>
<tr>
<td>Behavioral Health Among Native American Indian and Alaska Natives: An Overview</td>
<td>This document provides an overview of behavioral health problems affecting American Indian/Alaska Native populations. <strong>Weblink:</strong> <a href="https://bit.ly/2L5FPQI">https://bit.ly/2L5FPQI</a></td>
</tr>
</tbody>
</table>

**Discussion from Coaching Webinar / Q&A**

**Question 1 – How can “outsiders” best outreach to Native communities?**

- With a longstanding history of injustice and discrimination, Native Americans are sometimes distrustful of government and mainstream medical model.
- Historical trauma has deeply impacted Native American cultures, such that strategies to strengthen cultural identity are important when promoting wellness.
- Be trauma-informed and yourself on the impact of historical trauma on Native communities.
- Communities should encourage traditional practices for a more holistic healing approach.
- Reach out to a formal or informal gate-keeper such as a tribal leader or elder.

**Question 2 – How can we identify funding streams to help Native Americans? Should we work with tribes?**

- Tribal lands with casinos can be financially supportive and it’s possible to get donations.
- Partner with tribes to apply for joint funding opportunities.

**Outreach Tips and Strategies for NAMI Affiliates**

1. **It takes a long time to develop trust with the Native American communities.**
   - You may have to reach out to communities several times.
   - Reach out to local Native clinics to develop partnerships and possibly look for joint funding.

2. **Utilize a culturally competent approach to mental health:**
   - It may be helpful to integrate Native spiritual practices into mental health.
   - Spirituality is often a key component for Native American communities.
   - Spiritual healers and traditional medicine folks respected in Native American tribes can be integrated into treatment plans to support the person suffering from mental illness.

**Other Key Considerations**

1. **Keep in mind that Native Americans have experienced historical trauma for over 500 years.**
   - This ranges from physical, emotional, social, and spiritual genocide throughout history.

2. **Native American communities are diverse:**
   - There is no "one size fits all" for prevention/treatment. Communities are varied and fluid
   - Many Native American families are multiethnic and identify with more than one racial group.

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59 Note: For more information on historical or generational trauma, see Chapter 1.
Coaching Webinar Notes
Older Adult (OA) Communities
Viviana Criado, MPA

California Demographics
Population as of 2016
- Older adults (age 65+) constituted 14% of California’s population.60

Prevalence
- Suicide among white males age 85+ is four times that of the national average.61
- Eight to 16% of community dwelling older adults suffer from depression.62
- Nearly 20% of adults age 55 and up have mental health challenges not part of normal aging.63

Severity
- Suicide attempts among older adults are more likely to be lethal.64
- Twenty-seven percent of older adults recently assessed by a provider had clinically significant levels of anxiety.65
- OA are at an increased risk of developing mental health challenges due to the following risk factors: isolation, loss, chronic health condition(s), lack of activities, and substance abuse.66
- The most common disorders among OA, are: anxiety disorders, severe cognitive impairment, including Alzheimer’s disease, and mood disorders, such as depression.67

Helpful Organizations

<table>
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<tr>
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<tbody>
<tr>
<td>American Association for Geriatric Psychiatry</td>
<td>This organization represents clinicians, educators and researchers work in the field of geriatric psychiatry to advocate for the mental health and well-being of OA.</td>
</tr>
<tr>
<td>National Coalition on Mental Health and Aging</td>
<td>This Coalition provides professional, consumer, and governmental organizations opportunities to improve the mental health of older Americans through education, research, and public awareness.</td>
</tr>
<tr>
<td>American Society on Aging’s Mental Health and Aging Network</td>
<td>This network works to improve the mental health of OAs through providing resources, professional expertise, and advocacy at the intersection of aging and mental illness.</td>
</tr>
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Other Resources

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<tr>
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<tbody>
<tr>
<td>California Aging Population Demographics</td>
<td>The California Department of Aging publishes an annual Statistical Fact Sheet about the elderly, and a California Aging Population Demographic Projections Report.</td>
</tr>
</tbody>
</table>

64 “Census Profile: California,” 2016, 1.
Discussion from Coaching Webinar / Q&A

Question 1 - How might we facilitate support groups for Older Adults?

- Guidelines and suggestions for implementing a successful support group for OAs:
  - Limit the group to 8-15 participants.
  - The length of the group should be between 1-1.5 hours with break time.
  - It should be a combination of social, physical, and educational activities.
  - Provide transportation or hold the class at a location where OA already congregate (i.e., community centers, apartments, senior centers, etc.).
  - Share your goal of bringing wellness to the OA group to decrease isolation.
- Collaborate with universities and local organizations to conduct classes or programs.
- Establish a routine physical activities program and then introduce educational programs.
- Ask the community their preferred form of communication (i.e., telephone vs. email).
- When reaching out, study and understand the target community beforehand.

Question 2 - Do you recommend that we partner with our local Area Agency on Aging (AAA)?

- Yes. Reach out to the local AAA and share your goals to serve OA and ask for resources.
- Consider participating in local AAA planning meetings.

Question 3 - How do you differentiate between co-morbidity of dementia and delusional thought, anxiety, and depression agitation?

- There are a few assessment tools to differentiate diagnosis, such as Geriatric Behavioral Assessment. This type of assessment is to be performed by licensed professionals only.

Question 4 - What are viable alternative treatments to psychotropic meds in the aging population?

- One alternative is offered by IMPACT. IMPACT is an evidence-based program that utilizes problem solving and incorporates medication as needed to treat depression in seniors.

Outreach Tips and Strategies for NAMI Affiliates

1. Four-step plan to engage OA’s:
   I. Become familiar with the characteristics of your target OA community
   II. Hold focus groups with community members to find out their thoughts and concerns.
   III. Engage key informants to address issues identified by focus groups.
   IV. Keep key informants engaged by inviting them to be part of an advisory team.

Other Key Considerations

1. Service Delivery Issues and Barriers to Care

- Older adults use of mental health services less often due to the following reasons: denial of problems, reluctance to self-refer, lack of diagnosis, and access barriers.
- System level barriers include: lack of collaboration between agencies and systems, funding issues, gaps in services, and shortages of trained mental health personnel.
Coaching Webinar Notes
Transition Age Youth (TAY) Communities
Teryn Heckers and Paul Curtis

Demographics across California
California Demographics

Population
- Due to census data collection methods and fluctuating definition\(^{68}\) of the term "Transition Age Youth," it is difficult to estimate the population of TAY in California.

Prevalence
- Half of all cases of mental health disorders begin by age 14; three-quarters begin by age 24.\(^{69}\)
- Seventy percent of youth in juvenile justice systems have a mental health condition and at least 20% live with a severe mental illness.\(^{70}\)

Severity
- Post-traumatic stress disorder (PTSD) is twice as common among foster care youth than it is among Iraq Combat Veterans.\(^{71}\)
- Former foster youth are at elevated risk for chronic mental and physical illnesses due to stressful upbringing.

Helpful Organizations

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<tr>
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<tbody>
<tr>
<td>Fred Finch Youth Centers</td>
<td>An organization providing services to youth in the Bay area.</td>
</tr>
<tr>
<td>Bill Wilson Center</td>
<td>This organization provides community services to youth</td>
</tr>
<tr>
<td>San Diego Center for Children</td>
<td>With eight locations, this organization provides community services and resources for youth and families in the San Diego.</td>
</tr>
<tr>
<td>Family Resource Center Networks of California</td>
<td>With 47 locations throughout California, this network of organizations provides community resources and services to youth and their families throughout California.</td>
</tr>
<tr>
<td>GRYD (Gang Reduction and Youth Development) Foundation</td>
<td>This LA-based foundation focuses on serving youth and their families who have been adversely affected by high rates of violence, povety, and unemployment.</td>
</tr>
<tr>
<td>California Coalition for Youth</td>
<td>This coalition works to improve and empower the lives of California Youth</td>
</tr>
<tr>
<td>YMCA</td>
<td>This worldwide organization works to create positive personal and social change. Visit the website to connect with your local YMCA.</td>
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Other Resources

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<tr>
<td>The ACA and Former Foster Youth: Opportunities and Challenges for States</td>
<td>This document discusses challenges related to healthcare for former foster youth in relation to the Affordable Care Act.</td>
</tr>
</tbody>
</table>

\(^{68}\) TAY most commonly refers to youth ages 16-24 years old. However, this age range fluctuates by several years based on the source defining the term “TAY.”


\(^{70}\) “Prevalence of Mental Illness,” 1.

Youth in the Juvenile Justice System  
Weblink: https://bit.ly/2HwWvjn  
This article provides a brief overview of youth in the Juvenile Justice System and where NAMI stands on the issue.

National Collaborative on Workforce and Disability  
Weblink: https://bit.ly/2w1OxQh  
This site provides information related to youths with disabilities. It offers fact sheets, resources guides, reports, and tips.

Literature Review: Transition-Age Youth  
Created by SAMHSA, this literature review provides an overview of challenges facing different populations of transition age youth.

Youth Experiencing Homelessness  
This provides resources and information covering the specific needs of youth experiencing homelessness.

“Roger Hart’s Ladder of Youth Participation” by Roger Hart  
This document outlines levels of youth participation. It’s important to take time to consider how much you want to involve youth in decision making, planning, implementation, etc.

Talking about Youth Transitions  
This provides information about how to talk about TAY to different audiences and communities. And provides examples of strength-based ways to talk to youth that combat stereotypes.

Youth Transition Funders Group  
Links to publications regarding many issues on TAY.

“Policy and Practice Brief: Conducting Outreach to Transition-Age Youth: Strategies for Reaching Out to Youth with Disabilities, Their Families, and Agencies that Serve Them”  
Weblink: https://bit.ly/2w5MHHs  
The publication focuses on outreaching to disabled TAY.

**Discussion from Coaching Webinar / Q&A**

**Question 1 – How might NAMI design programs for, educate, and reach out to TAY?**

- Reach out to local organizations that already work with youth to get youth involved.
- Listen to youth and get feedback directly from them.
- We must remember that some youth have a history of distrust for adults based on their lived experience. Regardless, it is important to involve youth in a sincere way.

**Question 2 – How would we use the “NAMI on Campus Program” to recruit TAY?**

- For NAMI On Campus to get started, there must be a group of students interested in developing the organization. Then, a club must be approved by the university (note each club must have a sponsor).
- Try to recruit younger college students as older students graduate leading to a high turnover rate. However, be careful of first year students as they may overcommit, and then drop out.
- Provide incentives (ex. extra credit) for students to attend NAMI on Campus High School.
- Reach out to other student groups you may be able to partner with or pool resources with (ex. Gay Straight Alliance, Pride organizations, psychology groups, etc.).

**Outreach Tips and Strategies for NAMI Affiliates**

1. **Communicating with Transition Age Youth**
   - Involve youth in your outreach efforts to use relevant social media sites and apps.
   - Ensure your online materials and social media are visually stimulating to youth.
Coaching Webinar Notes  
Veteran Communities  
Douglas Stephens  

Demographics across California  
Population as of 2018  
• There were 2-million Veterans living in California.\(^72\)  
• As of 2017, California is the state with the largest Veteran population.\(^73\)  

Prevalence  
• Nearly 1 in 4 active duty members show signs of mental illness.\(^74\)  

Severity  
• The most common mental health conditions amongst veterans and active duty members are: posttraumatic stress disorder (PTSD), depression, and traumatic brain injury.\(^75\)  

Helpful Organizations  

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<tr>
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<tbody>
<tr>
<td>The Soldiers Project – Healing the Hidden Wounds of War</td>
<td>This organization helps connect veterans and active duty members with mental health services to mitigate the negative psychological effects of war for themselves and their loved ones.</td>
</tr>
<tr>
<td>California Department of Veterans Affairs</td>
<td>This agency provides resources for Veterans and their families, including mental health care services and resources.</td>
</tr>
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Other Resources  

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<thead>
<tr>
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| NAMI Homefront  
Weblink: https://bit.ly/2FulE8q | This is a free 6-session educational program for families, caregivers and friends of military service members and vets with mental health conditions. |
| US Department of Veterans Affairs: PTSD Information  
Weblink: http://www.ptsd.va.gov/ | This website provides tools and resources for Veterans living with PTSD. |
| Army One Source  
Weblink: http://www.aosresourcecenter.com | This website discusses resources for Army but it’s good for any branch. The material is current and gives a very good presentation of what is going on, in the military. |
| Make the Connection  
Weblink: http://maketheconnection.net | This website helps to connect and dispel stigma to help Veterans struggling with mental health challenges gain access to resources and services. |
| NAMI National: Veterans & Active Duty  
Weblink: https://www.nami.org/veterans | This provides information and resources on mental health related to veterans and/or active duty individuals. |

Discussion from Coaching Webinar / Q&A  

\(^75\) “Veterans and Active Duty,” 1.
Question 1 – As an IOOV presenter, what would you do differently when presenting to a military group?

- Be sure to provide information on illnesses relevant to military folks such as traumatic brain injury, PTSD, and depression.
- Have your Affiliate develop a Resource, Reference and Referral Guide for military folks.
- As presenters to military personnel and their families, we need to emphasize that experiences with PTSD, TBI, and consequent poor coping mechanisms are mental illnesses.

Question 2 – What do you recommend regarding working with Vet’s families?

- It is usually the family members of Vets that come to NAMI first. Vets more often go to Vet connections that refer them to NAMI.
- There is a need to outreach to hospitals and clinics, especially VA hospitals.
- Family members of Vets often develop and/or have mental health challenges as well.

Question 3 – What are some of the differences of working with older Vets versus younger Vets?

- Older Vets tend to still have some degree of anger. Newer Vets, who take the first step to seek care, have trepidations but are not as fearful as older Vets.
- There was a time when it was shameful to be a Vet. The younger guys are more open.
- Outreaching to the young Vets can have the effect of also reaching the older Vets, as one of them may be watching the success of the other.

Outreach Tips and Strategies for NAMI Affiliates

1. Consider the Blue Star and Gold Star Mothers program.
   - Blue and Gold Star Mothers Program is a non-profit organization for mothers who have children who are, or were, service members.
   - We need to consider gender-responsive strategies to women and LGBTQ+ Veteran communities.
   - You may want to consider opportunities for them to come forward to tell their stories.

2. Reach out to local Veterans organizations:
   - Consider sending out a short, hand written note, along with NAMI flyers/brochures, to begin to establish relationships with these organizations.

Other Key Considerations

1. Try to develop a social/educational gathering for Veterans.
   - Keep it informal with opportunity for people to socialize and gather information.

2. The term “mental illness” can be alienating.
   - Posing “mental illness” instead as a “mental health challenge” can help to reduce stigma through exposing mental illness as a challenge, rather than a problem.

76 Note on Family-to-Family classes for Veteran families: It may be challenging for Vet family members to relate to Family to Family because the 13th class (presented only by VA) is the class that addresses PTSD. It might be more helpful to offer the 13th class earlier on because people want to hear about PTSD and TBI.
Coaching Webinar Notes
Spirituality: Christian Faith Communities
Rev. Jim Gilmer

California Demographics
Population as of 2014:
- Christians comprised 63% of California’s adult population.\(^{77}\)

### Helpful Organizations

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<tr>
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<tbody>
<tr>
<td>Grace Alliance</td>
<td>This organization provides mental health resources and programs to individuals experiencing mental health challenges from a Christian Biblical centered approach.</td>
</tr>
<tr>
<td>Hope and Healing Center</td>
<td>This organization provides training, education, supportive services, and research on mental health. They specialize in training and serving the Christian faith community.</td>
</tr>
<tr>
<td>Fresh Hope</td>
<td>This organization strives to empower individuals with mental health conditions to live their best lives through conducting peer-to-peer Christian mental health support groups that are recovery driven.</td>
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### Other Resources

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<tr>
<td>Mental Health Ministries</td>
<td>This link provides information and resources pertaining to the Christian faith and mental health.</td>
</tr>
<tr>
<td>Lay Counselor Institute</td>
<td>This is a non-denominational resource designed to train and provide support through lay counselors using a Christian platform.</td>
</tr>
<tr>
<td>Deep Wounds Deep Healing</td>
<td>Deep level healing is a practice used in many Christian churches to help heal people's hearts and minds. Although some techniques are used from Western Psychology and counseling professions, the presence of the Spirit and faith elements, helps make this practice more effective.</td>
</tr>
<tr>
<td>Weblink: <a href="https://amzn.to/2FuWSoy">https://amzn.to/2FuWSoy</a></td>
<td></td>
</tr>
<tr>
<td>NAMI FaithNet</td>
<td>An interfaith resource network of NAMI members, friends, clergy and congregations of all faith traditions who wish to encourage faith communities who are welcoming and supportive of persons and families living with mental illness.</td>
</tr>
<tr>
<td>Weblink: <a href="https://www.nami.org/namifaithnet">https://www.nami.org/namifaithnet</a></td>
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</table>

Discussion from Coaching Webinar / Q&A

**Question 1 – How can smaller Affiliates develop and train lay ministry?**
- You may want to consider one church a month as a target goal for outreach.
- Find out if the church is interested in a strategic collaboration with NAMI to do a lay person/ministry program.

---

• Community and faith outreach takes time. However, it is important to foster these relationships to create collaboration and better serve your target population.

**Question 2 - What are your thoughts on using NAMI FaithNet?**
• I encourage NAMI Affiliates to utilize the website and resources. There are four PowerPoints and some sources for outreach and engagement.
• Faith-based communities are a huge reservoir of potential volunteers and donors.

**Outreach Tips and Strategies for NAMI Affiliates**

1. **Utilize a lay ministry approach**
   • Consider yourself as an extension of the lay ministry program. You may want to ask the churches how you can help with their lay ministry program.
   • Some churches may be overwhelmed by establishing a lay counseling ministry. NAMI can partner with Churches to build these programs to better serve faith-based communities.

2. **Partner with a congregation to develop a “helping ministry”**
   • This can be a strategic relationship with local NAMI Affiliates to assist in their activities.
   • There is a tremendous need for nonprofessionals whom are called “lay counselors.”
   • There is strong Biblical and theological foundation in the Christian community to engage people in helping and caring ministries.

3. **Use the congregation’s faith to connect with them about mental illness**
   • Consider telling a biblical story as a launching pad. This will help establish a relationship with the congregation. Coming in and talking directly about mental health may not be as relatable.

**Other Key Considerations**

1. **There are emotional needs that may not be resolved through ministry or pastoral care.**
   • Recognizing these situations and utilizing strategies is very important to the effective collaboration between NAMI and Church congregations.

2. **Understand the diversity of Christian communities.**
   • It is important to address multiple stigmas (racism, discrimination, etc. in addition to mental health stigma).
   • If NAMI CA and NAMI Affiliates want to be culturally competent to faith-based communities, it needs to begin with NAMI leadership and extend throughout the organization.
   • Christian churches are very diverse denominationally and use various theological perspectives and faith traditions.
   • Cultural and theological terms should match up with each denomination/church, so it is important to learn about each church’s and/or denomination’s culture.
Coaching Webinar Notes
Spirituality: Muslim Faith Communities
Laurel Benhamida, Ph.D.

US & California Demographics

Population as of 2017

- It is estimated that there were 2.15 million Muslims living in the United States of America.\(^7\)
- For more information, see Appendix E.

### Helpful Organizations

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<tbody>
<tr>
<td>Institute for Muslim Mental Health</td>
<td>This non-profit organization’s CORE mission is: Community Outreach, Research, and Education. They provide educational workshops, conferences, academic research and education on and for Muslim communities.</td>
</tr>
<tr>
<td>MentalHealth-4Muslims</td>
<td>This organization seeks to provide information about mental health that is both clinically supported and Islamically sound. Their website provides resources and articles on the intersection of Islam and mental health.</td>
</tr>
<tr>
<td>The Muslim Wellness Foundation</td>
<td>This organization reduces stigma surrounding mental illness, addiction, and trauma in American Muslim communities. Their initiatives are founded on: community engagement and outreach, training and consultation, and professional development and networking.</td>
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### Other Resources

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<tr>
<td>Book: The Muslim Next Door by Sumbul Ali-Karamali</td>
<td>This book addresses what readers in the Western world are most curious about such as the basics of Islam before easing into more complicated issues like jihad, Islamic fundamentalism, and the status of women in Islam</td>
</tr>
<tr>
<td>I Speak for Myself: American Women on Being Muslim edited by Maria M. Ebrahimji and Zahra T. Suratwala</td>
<td>Forty American women under the age of 40, share their experiences of their lives as Muslim women in America. While their commonality is faith and citizenship, their voices and their messages are diverse.</td>
</tr>
<tr>
<td>All-American: 45 American Men on Being Muslim edited by Wajahat Ali and Zahra T. Suratwala</td>
<td>American Muslim men speak about their lives and how their Muslim beliefs play out in the private and public stage.</td>
</tr>
<tr>
<td>The Search for Beauty: One Beauty and Reason in Islam Weblink: <a href="http://www.searchforbeauty.org">www.searchforbeauty.org</a></td>
<td>The website of UCLA Law School professor Dr. Khaled Abou El-Fadl. This site is recommended for the resources in the bibliography and the professor’s own writing and lectures.</td>
</tr>
<tr>
<td>Altmulimah Weblink: <a href="http://www.Altmuslimah.com">www.Altmuslimah.com</a></td>
<td>This site is highly recommended to address language and gender differences. Issues of emotional distress and mental health have been addressed in this forum.</td>
</tr>
<tr>
<td>Journal of Muslim Mental Health Weblink: <a href="https://bit.ly/2JEizoE">https://bit.ly/2JEizoE</a></td>
<td>This journal is an interdisciplinary peer-reviewed academic journal and publishes articles exploring social, cultural, medical, theological, historical, and psychological factors affecting the mental health of Muslims globally.</td>
</tr>
</tbody>
</table>

Discussion from Coaching Webinar / Q&A

Question 1 – How are Muslim communities impacted by trauma?
- Muslims are often victims of trauma because so many are immigrants and refugees.
- Muslims are often fearful anxious which could be due to trauma.79
- Consider that many of these people experienced trauma while fleeing, in camps and then trauma related to resettlement (i.e., between countries before immigrating to the U.S.).
- It is important to consider the impact of racism/racial profiling, prejudice, and discrimination. Also, consider the impact of government surveillance on the Muslim community and the negative impact these practices have on the mental health of Muslims.

Question 2 – How does cultural stigma impact mental health in Muslim communities?
- Stigma surrounding mental illness is present in Muslim communities.
- In Islam, the recording of good and bad deeds will determine your eternity/after-life.
- Cultural stigma impacts mentally ill Muslims as they are told that they will not get married because no one wants to marry into a family with mental illness.

Question 3 – How do you address gender differences in Muslim communities?
- It just depends and should be addressed on a case by case basis. Consult with cultural experts to learn about gender dynamics in the Muslim community you seek to serve.
- It is important to consider the presenter’s gender in relation to the audience’s demographics.

Outreach Tips and Strategies for NAMI Affiliates

1. Communication tips for reaching out to Muslim communities:
- Modesty, hospitality, being understated, and speaking euphemistically are important values.
- It is important to remember that Muslim communities are extremely diverse.

2. Reach out to organizations already serving Muslim communities.
- Trauma has made many Muslims fearful. The best way to reach out to Muslim communities is to ask a Muslim organization trusted by Muslims to help you outreach.
- Seek-out culturally specific organizations and competent leaders to partner with.
- Let the community leader do warm hand-offs between you and the community to ensure trust and psychological safety.

Other Key Considerations

1. Engage Muslim communities using a trauma-informed approach.80
- Trauma affects Muslims, both children and adults, and puts them at risk for PTSD.
- Countries of origin are often areas of conflict.
- Within the US, trauma is caused by politicians and the media who wrongly stigmatize Islam for political purposes. This stigmatization is taught to children who bully Muslim children.

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79 For more information on historical/intergenerational trauma, see Chapter 1.
Coaching Webinar Notes
Latino/a/x Farmworkers
Lali Moheno

California Demographics
Population

- It is difficult to estimate this population since this industry fluctuates greatly depending on the time of year. As well, it is difficult to garner data on this population as some individuals are not US residents or citizens and would be reluctant to state such, and other personal information, in any formal capacity for fear of deportation.
- For more information on Latino/a/x Farmworkers, see Appendix F.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Hispanic Chamber of Commerce Weblink: <a href="http://www.cahcc.com">www.cahcc.com</a></td>
<td>Most Counties have a Hispanic Chamber of Commerce. These Chambers are connected to Spanish-speaking media and know how to outreach to Latino/a/x communities, especially the leadership.</td>
</tr>
<tr>
<td>Rural Health Information Hub</td>
<td>This website provides a wealth of knowledge related to improving the health of rural communities and includes lists of helpful resources and other organizations with similar missions.</td>
</tr>
<tr>
<td>Farmworker Justice Fund</td>
<td>This organization works to empower migrant and seasonal farmworkers to improve wages, working conditions, labor, immigration policy, health, safety, and access to justice.</td>
</tr>
<tr>
<td>MHP Salud</td>
<td>This organization implements and runs Community Health Worker programs to increase access to health resources and education among Latino/a/x populations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Farmworkers in California” by Alicia Bugarin and Elias S. Lopez Weblink: <a href="https://bit.ly/2HEWdgw">https://bit.ly/2HEWdgw</a></td>
<td>There is very little information on Latino farmworkers in California. This is the best source of information we have so far.</td>
</tr>
<tr>
<td>“Indigenous Mexicans in California Agriculture”</td>
<td>This website provides a report, as well as demographic and historical information on Mexican farmworkers. Weblink: <a href="http://www.IndigenousFarmworkers.org">www.IndigenousFarmworkers.org</a></td>
</tr>
<tr>
<td>“Farmworker Fact Sheets” Weblink: <a href="https://bit.ly/2HEXr56">https://bit.ly/2HEXr56</a></td>
<td>Provides links to information on farm workers and health.</td>
</tr>
<tr>
<td>&quot;Migrant Education Programs and Services&quot; Weblink: <a href="https://bit.ly/2jhLi7u">https://bit.ly/2jhLi7u</a></td>
<td>This provides information and resources for the children of migrant farm workers regarding education.</td>
</tr>
</tbody>
</table>
PBS documentary: *Rape in the Fields*
Weblink: https://to.pbs.org/2yXidIP

This documentary delves into the tragic reality that many female migrant workers are often raped. Fear of deportation often keeps them silent. The documentary examines the history of this problem.

**Discussion from Coaching Webinar / Q&A**

**Question 1 – Which are the first places to consider when someone wants to outreach to the Latino farmworker community?**

- The first place to outreach to are the School Migrant Programs. They will refer you to community leaders. They also have scheduled parent meetings that you can attend or conduct a presentation at.
- The second place to go is church, primarily Catholic, groups. The “Guadalupanas,” is an organization within the Catholic Church that is very helpful to work with.
- Create partnerships with Community-Based Organizations (CBO) serving Hispanic communities.
- Check out community health clinics and health fairs conducted in unserved areas.

**Question 2 – What about outreaching to the media? What forms of media are helpful for outreach?**

- It is helpful to speak to farm workers via radio, TV (especially Univision), and other media. Radio is very effective because migrant workers often listen to it all day. Live Talk radio programs where people call in are very effective as well.

**Question 3 – What happens to the kids when the parents are working long hours in the fields?**

- It depends on the school district. Some schools have after school programs that go until 6:00pm.
  - As buses have already left, transportation home for these children that stay late can be a challenge.
- During the summer, the problem is exacerbated. Parents stop working due to heat for a few hours during the day. When they return to work at night, they must stay at work longer to make up the hours. Often, there is no summer school. If no one can watch the children, they are on their own.
  - “Minimum days” and school holidays are often a problem due to lack of childcare.
- If the child is home alone, this can impact the child’s nutrition as no one is able to cook meals.
- Due to patriarchal norms, fathers turn school duties over to the wife. Some problems lead to gang violence for kids, domestic violence, and other abuse issues in the family.
- Often, Latina women get up at 4:00am to prepare their children for school. Kids are often alone after 4:00am (during harvest time) until school and after school from 3:00pm to 6:00pm, when their parents return from work.

**Question 4 – What are some of the main concerns farmworkers face across California?**

- Areas with poor air quality impact the health of migrant workers.
- Migrant workers often lack benefits and are often exploited by farm labor contractors.
- Issues in relation to childcare (see question #3 above).
- Sexual harassment issues are very serious for farm-working women in California.

**Outreach Tips and Strategies for NAMI Affiliates**

1. **Gain knowledge on the community you seek to serve.**
   - Read your county’s annual crop report. It contains information on the county’s crops, months of harvest, and economic status. It does not include information on farmworkers and their concerns.
• Harvest time can last between 30-60 days and families will work between 10-14 hours a day. It is recommended not to schedule activities during this time. It is best to schedule activities towards the end of the harvest time, before the harvest time, or after the end of the harvest time (not in December/January).

2. Outreach at the local level by partnering with CBO’s and local media.
• Outreach is most effective at the local level. When outreaching, consider partnering with or supporting a local CBO already serving Latino farmworkers.
• Use media: printed, television, and radio. Radio is very effective. Many workers listen to radio all day long. Use PSA time on television or talk shows.
• Identify local Latino leadership to create partnerships.

**Other Key Considerations**

1. Stay simple, start small.
• Recruit one member from the target group. Act “one day at a time” “un día a la vez.”
• Start including farmworkers in your recruitment of volunteers and in agency activities (i.e., open houses, fiestas, and holidays). Trust needs to be developed among all involved groups.
• Try to get a representative/volunteer that represents the community to help you identify the concentration of the areas of where you need to go to do outreach to the specified community.
• If mobile units are allowed in labor camps and farm labor housing, include cultural and linguistically competent mental health professionals. There are areas where providers are not allowed to go into the fields.

2. Provide culturally relevant services.
• Being culturally and linguistically competent doesn’t mean you have to be Latino to work with Latinos, or African American to work with African Americans. It helps a lot, but it is not necessary if funding is not available. If funding is available; culturally and linguistically competent staff must be hired. However, the staff involved must be sensitive and have a general understanding of farmworker needs.
• Remember: there are legitimate and serious issues among farmworkers that prevent them from trusting your agencies and from attending meetings.
CHAPTER 6: LISTENING SESSIONS

The NAMI CA Cultural Competency Steering Committee Members were responsible for conducting “Listening Sessions.” The Listening Sessions incorporated an In Our Own Voice (IOOV) presentation, in addition to some structured dialogue regarding NAMI and mental health issues in each member's respective community.

The purpose of these Listening Sessions was to:

1. Introduce NAMI to communities who have limited to no awareness of NAMI;
2. Dialogue about mental health issues as it impacts a specific community; and
3. Obtain input regarding the relevance and possible adaptation of NAMI programs for that specific community. There were approximately 10-15 participants per Listening Session.

*For major themes from the IOOV listening session, see Appendix G

The Listening Sessions were conducted as follows:

<table>
<thead>
<tr>
<th>Community</th>
<th>Facilitator/Organizer</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>Dr. Lawford Goddard</td>
</tr>
<tr>
<td>Chinese</td>
<td>Dr. Rocco Cheng and Dr. Michi Fu from Pacific Clinics</td>
</tr>
<tr>
<td>Christian Faith</td>
<td>Rev. Jim Gilmer</td>
</tr>
<tr>
<td>Iraqi Arabic-speaking Muslim</td>
<td>Dr. Laurel Benhamida from Muslim American Society of Sacramento - Social Services Foundation</td>
</tr>
<tr>
<td>Recent Refugee Women</td>
<td>Dr. Laurel Benhamida from Muslim American Society of Sacramento - Social Services Foundation</td>
</tr>
<tr>
<td>Latino Farmworker</td>
<td>Lali Moheno</td>
</tr>
<tr>
<td>Latino Rural</td>
<td>Marbella Sala</td>
</tr>
<tr>
<td>LGBTQ+ Youth</td>
<td>Poshi Mikalson from Mental Health America of Northern California</td>
</tr>
<tr>
<td>Native American</td>
<td>Kurt Schweigman</td>
</tr>
<tr>
<td>Older Adult</td>
<td>Viviana Criado from CEMHAC</td>
</tr>
<tr>
<td>Older Adult GLBT</td>
<td>Viviana Criado from CEMHAC</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>Dr. Rocco Cheng and Dr. Michi Fu from Pacific Clinics</td>
</tr>
<tr>
<td>Rural Punjabi</td>
<td>Dr. Laurel Benhamida from Muslim American Society of Sacramento – Social Services Foundation</td>
</tr>
<tr>
<td>Transitional Age Youth (TAY)</td>
<td>Heather Dearing from California Coalition for Youth</td>
</tr>
<tr>
<td>Veteran</td>
<td>NAMI Sonoma, with support from Douglas Stephens</td>
</tr>
</tbody>
</table>

Each Listening Session facilitator was requested to submit a report of their observations, including recommendations as proposed by each community. The recommendations for each specific group are listed in the pages that follow.
LISTENING SESSION RECOMMENDATIONS

African American Listening Session Recommendations

<table>
<thead>
<tr>
<th>Recommendation Theme</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| **Programming**      | • NAMI should develop programs that address the needs of children residing with adult family members living with a mental health condition.  
• Train youth to set up peer support services in their schools.  
• Make a video highlighting the unique experience of African Americans in the mental wellness journey.  
• Engage in an on-going dialogue that promotes mutual learning about the community's perspective and needs to inform NAMI programming. |
| **Cultural Competency** | • Ensure your programs use cultural relevant language. For example, changing “Dark Days” to "bad days" (a less negative term).  
• Prioritize growth of cultural competency by investing in and supporting board/staff reflective of African American community.  
• Train existing staff to be warm, open and inviting; to speak from the heart, and be accepting and validating to all.  
• Create a mental health literacy campaign specific to the African American heritage community.  
• Utilize funding to compensate NAMI instructors and presenters. |
| **Community Outreach** | • Partner with community organizations already serving African American Communities, including faith-based communities.  
• Involve students in your efforts. They are the leaders of tomorrow!  
• Advocate at the state level for the needs of disenfranchised communities. |
| **NAMI Staff/Personnel** | • NAMI leadership must reflect the population it seeks to serve.  
• Hire individuals living with a mental health condition to do outreach that will honor and promote authentic diversity and inclusion.  
• Hire African American NAMI leadership staff that understand and reflect the values of the African American community.  
• Create incentives to promote mental health/behavioral science careers among African American heritage communities. |

Chinese Listening Session Recommendations

<table>
<thead>
<tr>
<th>Recommendation Theme</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| **Cultural Competency** | • Make the materials available in Chinese, or relevant dialect.  
• Outreach to Chinese media.  
• Understand barriers to care for Chinese communities such as: language barriers, lack of insurance coverage, and lack of accessible information.  
• Use Chinese celebrities (when possible) to help spread NAMI's message.  
• Use a combination of qualitative and quantitative information.  
• Address the impact of immigration on mental health.  
• Utilize Asian media to reach out to the Chinese community. |

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81 Note: the African American Listening Session was held in Oakland. Fourteen participants engaged during the Listening Session discussion.  
82 Note: The Chinese Listening Session was held in Los Angeles. 12 participants were engaged during the Listening Session discussion.
Partner with CBO’s already serving Chinese communities
- Consider partnering with education programs in libraries or schools.
- Participant comment: “We came today [to the IOOV presentation] because Pacific Clinics invited us to participate. We wouldn’t have come if NAMI had invited us because we are not familiar with NAMI.”
- Outreach more to Chinese communities to inform them of NAMI’s services.

### Christian Faith Listening Session Recommendations

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| **Cultural Competency** | • Speak to system inequities, and community needs, to demand more from mental health institutions.  
• Create services that meet the needs of racial/ethnic/cultural groups.  
• NAMI should invite more people of color to be speakers.  
• Make the presentations more culturally appropriate by speaking to issues of racism, violence, poverty, police profiling, arrests, gang shootings as a means of suicide, etc., which are huge stressors in our community.  
• Get in the trenches with the ethnic urban community and show what our lives are really like, not middle-class lives. |

### Iraqi Arabic-speaking Muslim Recent Refugee Women Listening Session Recommendations

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| **Cultural Competency** | • Provide services, workshops, and classes in Arabic or relevant dialect.  
• Conduct workshops that raise issues of intergenerational conflicts between parents and children.  
• Consider the impact of immigration on mental health. Immigration can cause psychological disturbances such as depression, all kinds of anxieties, phobias, panic attacks and mainly post-traumatic stress disorder (PTSD). |
| **Outreach** | • Conduct more outreach to this community  
• Create or tailor support groups and services, and for the community.  
• Provide information on Arabic, or other relevant dialect, speaking social workers, therapists, psychiatrists, etc. |

### Latino/a/x Farmworker Listening Session Recommendations

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| **Cultural Competency** | • Materials and presentation must be available in Spanish to rural, low income communities.  
• The presenter needs to be someone the community trusts (a presenter from this community would be ideal). |

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83 Note: The Christian Faith Listening Session was held in Ventura. Fifteen participants were engaged during the Listening Session discussion.
84 The Iraqi Women’s Listening Session was held in Sacramento. Fourteen participants were engaged during the Listening Session discussion.
85 Note: The Latino Farmworker Listening Session was held in Visalia. 14 participants were engaged during the Listening Session discussion.
Participants suggested NAMI incorporate the following into presentations:
- A shared meal
- A comfortable, entertaining, and enjoyable presentation
- Helpful coping techniques (i.e., breathing and relaxation techniques)

Provide Education
- Provide information on resources specifically for low income persons.
- Information needed includes:
  - Available services.
  - Types of illness.
  - Recognizing symptoms.
  - The various levels of accepting: one’s self, mental illness, and help.
  - Family support: how to be a supportive family, how to get support for families, and how to ask for family support.

### Latino/a/x Rural Listening Session Recommendations[^86]

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| **Cultural Competency** | - Have materials and presentations in Spanish.  
- Participants felt NAMI has been more concerned with white communities and has not focused on the needs of the Latino community. One participant said, “Often times, NAMI does not show that they are concerned and/or value Latinos, so it makes it difficult for us to trust them. As an organization, NAMI does have great ideas and provides knowledge and resources, but they need to reach out more to Latinos.”  
- Provide easily accessible training  
- Adapt to the needs of the participants in each group. For example, participants desired a less strict structure to the support group and to create their own space that builds on a more familial, personal unit.  
- Hold smaller, local conferences and symposiums with communities. |
| **Stigma Reduction** | - Participants from lower socioeconomic backgrounds were moved to see that people across the socioeconomic spectrum – not just those struggling financially – deal with mental health challenges. |
| **Community Outreach** | - Participants enjoyed the presentation and sharing their opinion. However, many were previously unaware of this organization and its mission.  
- This implies a need for greater outreach to this community. |

### LGBTQ+ Youth Listening Session Recommendations[^87]

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cultural Competency</strong></td>
<td>- Produce a video of an LGBTQ+ person with a mental health illness to talk about negative media portrayals and how they impact LGBTQ+ folks with mental health challenges or illnesses.</td>
</tr>
</tbody>
</table>

[^86]: The Latino Rural Listening Session was held in Woodland (Yolo County). Fifteen participants were engaged during the Listening Session discussion.

[^87]: The LGBTQ+ Listening Session was held in Sacramento. 18 participants were engaged during the Listening Session discussion.
• Provide materials and presentations specifically for LGBTQ+ communities.
• Comparing mental illness to a physical disease that can be corrected through medication dismisses the experiences of individuals whose mental health has been negatively affected by oppression, discrimination, family/community rejection and/or trauma. This must be considered.
• Tailor materials and presentations to subgroup(s) of the LGBTQ+ community (consider: youth, older adults, people of color, etc.).
• Provide a way for youth to anonymously ask questions during presentations to help them feel more comfortable.
• Utilize the latest forms of communication to reach LGBTQ+ youth (ex. social media, chat rooms, chat help lines, and billboards).
• Some participants thought the term “mental illness” was too negative.
• Suicidal ideation, planning, and attempts are higher in LGBTQ+ community members than in the general-public. When asked, however, the participants in this listening session did not feel that suicide attempts represent a “mental illness.” This disconnect must be addressed for LGBTQ+ communities.
• Mental health diagnoses should be defined as not everyone is familiar with the various types of mental illness.
• Discuss the difference between chronic (lifetime) mental illness and bouts of mental illness. Within LGBTQ+ communities, many individuals who have suffered severe depression, anxiety, and/or suicidal ideation/planning/attempts, have fully recovered and live their lives fully in the sexual orientation and/or gender they identify with. Discussing mental illness as something that is always lifelong—and not allowing any other perspective to be represented—dismisses the real and painful struggles of many individuals. Both perspectives need to be considered.
• Medication is not always the answer. Especially for individuals experiencing minority stressors (e.g., oppression, discrimination, prejudice, family/community rejection and/or trauma), medication does not alleviate these very real problems. Reducing stigma and discrimination based on race, LGBTQ+ identity, disability, etc. is also crucial to improving mental health.
• For those with limited resources, medication management can be difficult. They have a lack of access to the latest medications and to quality psychiatrists to reduce medication side effects.

<table>
<thead>
<tr>
<th>Stigma Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>The concept of mental illness and mental health more generally, is very much a white, western ideology that may not resonate with people from other cultures.</td>
</tr>
<tr>
<td>Culturally relevant stigma reduction efforts are needed.</td>
</tr>
</tbody>
</table>

**Native American Listening Session Recommendations**

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>

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**Note:** The Native American Listening Session was held in Oakland. Seven participants were engaged during the Listening Session discussion.
### Cultural Competency

- Provide materials and presentations targeted for Native America communities.
- Build trust, slowly, over time. Do not use the excuse, “we emailed/called and invited them, but they didn’t show up.” Through cultural brokers and key community stakeholders, conduct meetings within Native communities.
- Provide and attend trainings to inform NAMI and its Regional Affiliates on community specific behavioral health and wellness issues.
- Remember that the Native American community is varied and diverse.
- Take into consideration socioeconomic conditions and access to health care.
- Empower community members and include them in the process.
- Account for generational/historical trauma.
- Look at holistic methods to reduce negative symptoms in our Native population (e.g., cultural/historical knowledge and eco-psychology).
- Note that funding is often limited in Native communities.

### Outreach

- Recruit a Native American person(s) to do recruitment.
- Rapport, trust, and sincerity are important to our Native American population because we have a history of mistrust due to historical trauma from governmental and non-Native entities.
- Cultural brokers are important to accessing Native American communities. Utilize cultural brokers to gain “trust” in Native American communities.
- Be up front and transparent about NAMI objectives. What is the buy-in and positive sustainable outcome for our communities?
- Use the California Department of Health Care Services Healing Circle Substance Abuse Prevention Project as a model for cultural brokers.
- Take into consideration our historical trauma when resources exploit Native peoples through academic projects by conducting the research, but never sharing the process or results with the community.
- Subcontract with Native American communities.
- Empower communities to conduct sustainable projects.

### Older Adult Listening Session Recommendations

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Competency</td>
<td>- The biggest problem for older adults, especially those with mental illness, is isolation.</td>
</tr>
<tr>
<td></td>
<td>- Take information about aging and mental health into our senior residential buildings, low-income housing, and assisted living facilities.</td>
</tr>
<tr>
<td></td>
<td>- Conduct specific outreach to older adults and older adult sub-communities (i.e. faith community, people of color, low-socio economic status, etc.).</td>
</tr>
<tr>
<td></td>
<td>- Use media and language that is understandable and relevant to this community.</td>
</tr>
</tbody>
</table>

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89 For more information, please see Chapter 1.

90 Note: The Older Adult Listening Session was held in Los Angeles. Sixteen participants were engaged during the Listening Session discussion.
• Conduct outreach to in-home support services and caregivers.
• Outreach to schools where parents can obtain info to pass on to older adults in their family.
• Make NAMI resources available on sites for seniors like AARP.
• Account for the co-occurrence of mental health challenges in presentations.

**Older Adult LGBTQ+ Listening Session Recommendations**

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| Cultural Competency   | • Tailor materials and presentations to the needs of older LGBTQ+ adults.  
|                       | • Account for the fact that many LGBTQ+ older adults have lived through times that were much more homophobic and transphobic than they are today.  
|                       | • Consider the support system (or lack thereof) of older adult LGBTQ+ folks. Those is nursing homes may go “back into the closest” due to fear of homo and transphobic elder abuse by nursing home employees.  
|                       | • Provide services that seek to combat isolation (a huge factor contributing to mental illness in older adults) for older adult LGBTQ+ folks.  
|                       | • Account for trauma experienced due to the lived experiences of discrimination, and homo and transphobia.  
|                       | • Never “out” an individual (i.e. tell another party that the person in question is a member of the LGBTQ+ community). Let people speak for themselves unless they explicitly tell you otherwise.  
| Outreach              | • Outreach to older adult LGBTQ+ folks where they congregate in your community (nursing homes, residential care facilities, community centers, older adult exercise classes, etc.).  
|                       | • Consider targeting your presentation to older adults and then touching on LGBTQ+ issues within your presentation. Some older adults who are not “out” may not feel comfortable attending an event explicitly for LGBTQ+ folks.  

**Pacific Islander Listening Session Recommendations**

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| Cultural Competency   | • Have presentations and materials for Pacific Islander youth and elders.  
|                       | • Concentrate on three educational areas: understanding how to cope, helping others cope, and helping others understand that there is a future.  
|                       | • Reach the community where they are (i.e. API organizations, etc.) to form relationships and find out their concerns and what they need.  

---

91 Note: The Older Adult GLBT Listening Session was held in Palm Springs. Ten participants were engaged during the Listening Session discussion.

92 Note: The Pacific Islander Listening Session was held in Long Beach (Los Angeles County). Fourteen participants were engaged during the Listening Session discussion.
### Rural Punjabi Women Listening Session Recommendations

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| **Cultural Competency** | • Account for the lived experience of individuals in the community. Reference was made to difficult times in their parents’ lives (possibly a reference to becoming refugees during the partition of Indian Punjab).  
• Consider the impact of immigration on mental health. |
| **Outreach** | • NAMI CA should also reach out to rural Punjabi men as well.  
• NAMI can begin by meeting with the Imams of the local mosques. If an Imam recommends that Muslims go to NAMI, individuals will believe it is spiritually acceptable and healthy. |

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### Transitional Age Youth (TAY) Listening Session Recommendations

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| **Cultural Competency** | • Ensure youth are represented in NAMI materials and presentations.  
• Have youth led/run workshops and presentations.  
• Provide incentives for youth to engage with NAMI. |
| **Outreach** | • Consider using the following forms of communication to engage TAY: social media (Tumblr, YouTube, Facebook, Twitter, Instagram, Snapchat, Pinterest, and Reddit), blogs, and websites like www.REACHOUT.com.  
• Be sure to keep up to date with social media. Post often (several times per day) and reply/ “like” content to further engage TAY.  
• Create an option for youth to reach out and/or reply anonymously.  
• Partner with organizations already serving TAY.  
• Reach out to schools to conduct presentations and encourage students to develop NAMI On Campus chapters. |

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### Veteran Listening Session Recommendations

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| **Cultural Competency** | • Develop a support group specifically for veterans.  
• There should be a training of facilitators to talk about the process of how to approach veteran issues. Incorporate a diverse group of veterans.  
• Hold listening sessions to learn the needs of veterans and their families. |
| **Outreach** | • Participate in Veterans Resource Fair on May 1st to get NAMI’s name out.  
• Partner with community-based organizations (CBO)’s already serving veterans and their families. |

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93 Note: The Rural Punjabi Women’s Listening Session was held in Sacramento. Fourteen participants were engaged for this Listening Session discussion.

94 Note: The TAY Listening Session was held in Sacramento. Twenty-two participants were engaged during the Listening Session discussion.

95 Note: The Veteran Listening Session was held in Santa Rosa (Sonoma County). Twenty-two participants were engaged during the Listening Session discussion.
CHAPTER 7: POLICY AND PRACTICE RECOMMENDATION FOR NAMI AFFILIATES

This chapter identifies additional policy and practice recommendations that NAMI Affiliates may consider for all levels of staff. The key issues leading up to the recommendations were derived from the following sources: cultural competence survey results completed by NAMI Affiliates during the Stigma and Discrimination Reduction (SDR) project; observations/comments noted during Affiliate Site Visit meetings and EHAV Training Retreats during the SDR project; and observations/comments noted during the Coaching Webinar calls.

Recommendations for NAMI Affiliate Board Members and Executive Directors

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| **Resource Collaboration** | • Collaborate with counties, community-based organizations (CBO)'s, and other Affiliates to share resources.  
• This collaboration could lead to access to trained interpreters. In turn, NAMI could provide interpreters with mental health training. |
| **Cultural Competency** | • Communicate multicultural goals to Affiliate staff/volunteers at least annually and/or as needed to sustain efforts towards these goals.  
• Develop a ‘Welcoming Policy’ for diverse communities you seek to serve.  
• Select one of the 5 California Reducing Disparity Reports (CRDP) for review (i.e., African American, Asian/Pacific Islander, Latino, Native American, LGBTQ+), to identify possible actions for implementation.  
• Have a protocol in place where Affiliates can look at their current membership to evaluate gaps in membership.  
• Conduct a cultural responsiveness survey to determine capability to conduct culturally responsive activities.  
• Make the environment more inclusive for diverse populations.  
• Work together with NAMI California to develop guidelines for appropriate messaging regarding the use of NAMI’s organizational name in diverse communities where stigma is high.  
• Understand that some communities may be more receptive to concepts such as “wellness” and “resiliency” instead of “mental illness.”  
• Implement focus groups for consumers and family members to provide feedback regarding Affiliate involvement with diverse cultural communities. Suggested tools are provided in Chapter 9 of this Toolkit. |

96 Example: Affiliates can develop a welcome sign attesting to their commitment to diversity and the rights of all people.
97 To access the reports, please visit: https://bit.ly/2jrF1q8
98 For examples, please see Chapters 8 & 9 of the Toolkit.
99 Example: Affiliates can provide translated signage at NAMI offices that indicate that some NAMI programs are available in their language.
## Recommendations for NAMI Affiliate Managers and Coordinators

<table>
<thead>
<tr>
<th>Recommendation Themes</th>
<th>Community Recommendations</th>
</tr>
</thead>
</table>
| **Resource Collaboration** | • Have partnerships with primary care physicians and family health clinics, for possible outreach opportunities to diverse communities.  
• Develop partnerships with County Behavioral Health Ethnic Service Managers (ESM) to see if the local ESM(s) can help to provide cultural responsiveness, tools, training, and services.  
• Have a co-location with community-based organizations to reach diverse community members.\(^{100}\)  
• Develop affinity groups and/or other types of support group system to support bilingual and bicultural staff/volunteers from their own community. |
| **Cultural Competency** | • Allow NAMI employees to have flexibility in their work schedule to attend Cultural Responsiveness trainings as needed.  
• Have a representative at Mental Health Services Act (MHSA), County Cultural Responsiveness Resource Team, and other relevant stakeholder meetings where multicultural needs and strategies are discussed.  
• Develop educational opportunities locally (and/or statewide) to support bilingual and bicultural staff/volunteers from their own community. |

\(^{100}\) Example: Affiliates may choose to have NAMI staff co-located at a community health clinic that serves a community of interest.
Additional Practice Recommendations for Working with Bilingual Staff, and Staff Across Cultures

It is important to be mindful of some additional challenges which bilingual staff and/or staff across cultures may face. Some of them may be experiencing some stress which is unique to their role as a key representative of their community. NAMI Affiliates are recommended to take these tips into consideration when hiring bilingual staff, or staff from various cultural backgrounds.

Working with Staff and Volunteers Across Cultures
TIPS TO CONSIDER

1. Do not assume that just because volunteers take one NAMI class that they know everything about mental health and are ready to be a volunteer.
   ➢ **DO** familiarize yourself with the situation, strengths, previous work experience, needs, and motivation of each person requesting to be a volunteer. Pay attention to if they are still working through a crisis.
   ➢ **DO** limit their job duties and work time if they are still working through a crisis.
   ➢ **DO** obtain a good understanding of their previous work/volunteer experience in a mental health setting.
   ➢ **DO** obtain a good understanding of how they might communicate mental health concepts to others in their community.

2. Do not assume they feel comfortable about outreaching in all neighborhoods/subgroups in their communities.
   ➢ **DO** familiarize yourself with which subsets of the community they feel most comfortable in outreaching to. For example, the worker may feel comfortable reaching out to Older Adults, or a specific neighborhood; but they may not feel comfortable in reaching out to TAY, or a neighborhood which they perceive to be less welcoming.

3. Do not assume that only one staff or volunteer is enough to serve an entire community.
   ➢ **DO** pay attention to possible burnout. It is possible that community members may rely on this person to provide support beyond the staff/volunteer’s role at NAMI.
   ➢ **DO** partner with other Affiliates and local organizations to serve diverse communities that may not be reflected in your staff/volunteers.

4. Do not assume that staffs want to help their community members all the time.
   ➢ **DO** set appropriate guidelines regarding staff/volunteer work schedules. It may be tempting to contact them every time someone from their community contacts your NAMI office for support. However, this puts too much pressure on the staff/volunteer.
   ➢ **DO** consider setting up cell phone guidelines and a consistent phone schedule which can be communicated to potential NAMI recipients and ongoing NAMI members to respect staff/volunteer time and to reduce burnout.

5. Do not assume that they are fully equipped with the skills to set appropriate boundaries when they start volunteering or working for NAMI.
   ➢ **DO** help staff/volunteers set healthy guidelines with members they serve. This may include setting guidelines regarding work schedule, when/how to respond to emergencies, accepting gifts, physical boundaries, conflicts of interest, and more.
6. Do not assume that volunteers will be willing to work for free all the time.
   - **DO** create opportunities for expressing your gratitude for small and large tasks completed by your volunteers.
   - **DO** conduct a program and budget assessment on regular basis to determine if there is a way to fund a bilingual/bicultural position if you identify a large community in need.

7. Do not assume that their language skills fit all communities.
   - **DO** familiarize yourself with their language abilities, dialect, and fluency levels.
   - **DO** consider conducting a bilingual interview of the staff/volunteer to assess their language skills.

8. Do not assume that staff/volunteers from culturally diverse groups represent their entire community.
   - **DO** understand that all communities are diverse with infinite sub-groups.
   - **DO** understand the stress put on staff/volunteers who are expected to represent their entire community(s).

---

“*It is important to learn from Older Adults about their cultural practices and the generational practices that have been passed down over the years. NAMI can encourage [this discussion] by going out to the communities, and [by saying,] ’Tell us about the cultural histories of your community.’*”

- Participant from Older Adult Listening Session
CHAPTER 8: CULTURAL COMPETENCY ASSESSMENT RESOURCES

ACTION PLANNING TOOLS

Pacific Clinics provided these Action Planning tools to help Affiliates identify multicultural goals and objectives. It is recommended for NAMI Affiliates to start with one of the following:

- NAMI Affiliate “Everyone Has a Voice” Action Plan handout (Action Plan #1), or

**Action Plan #1** is recommended for NAMI Affiliates who are starting out with a new community, and/or require a comprehensive tool to help them with strategic planning efforts for multicultural responsiveness.

**Action Plan #2** is an abbreviated tool and recommended for those Affiliates who have a very clear and specific goal outlined. Action Plan #2 is also recommended more for those Affiliates who already have undergone some type of strategic planning process for identifying multicultural responsiveness goals.

By completing Action Plan #1 or #2, this document may serve as your Multicultural Responsiveness Plan which you may choose to share with your Board, staff, volunteers, and NAMI California. Additionally, NAMI Affiliates may choose to share this plan with select representatives from your local County Behavioral Health and other community representatives to obtain additional support.

PROGRAM ASSESSMENT TOOLS

After completing one of the Action Planning Tools, it is recommended for NAMI Affiliates to use the Program Assessment handouts. Those handouts include the following:

- Program Assessment - Parts 1 and 2
- Program Assessment - Part 3.

**Program Assessment Part 1 and 2** will help NAMI Affiliates to determine actual staff/volunteer hours and their respective skillsets. As a side note, the Sustainability Action Plan handout can be used with other goal-setting or strategic planning activities.

**Program Assessment Tool Part 3** will help NAMI Affiliates to identify any gaps in staffing hours, and/or staff skills.

**ProQOL Scale**

The ProQOL Scale comes from a public domain and people can use it freely. It can be used to determine any potential burnout which may be occurring in staff or volunteers. Additionally, it is particularly important to pay attention to instances of burnout in bilingual/bicultural staff and volunteers, as well as those individuals who are the sole representative of a particular community. Additional information on the ProQOL can also be found at [http://www.proqol.org/](http://www.proqol.org/).

**VOICES FROM THE COMMUNITY:**

“We need services not only in our language, but also in our culture to address the disconnect between doctors and patients.”

- Participant from Latino Farmworker Listening Session
NAMI Affiliate "Everyone Has a Voice"
Action Plan #1
Created in Partnership with Pacific Clinics

What would be an achievable NAMI Affiliate goal(s) for the upcoming year (please use the following SMARTA prompts as a guide: Specific, Measurable, Achievable, Realistic, Time limited and Accountable):

1. Any supports/resources that will need to be enlisted:

2. Any potential challenges I perceive towards reaching the goal:

3. How do we move forward to the initial steps that will need to be implemented towards the goal?

4. How would progress be measured towards achieving the goal?

5. How can we support one another throughout the year?
Long-Term Sustainability Multicultural Action Plan
Action Plan #2
Created in partnership with Pacific Clinics

What are 1 or 2 projects/goals your affiliate wants to work towards? (Please use the following SMARTA prompts as a guide: Specific, Measurable, Achievable, Realistic, Time limited, and Accountable).

What are the key resources you need to accomplish each project/goal?
### PART THREE: ANALYSIS OF GAPS

Using the information you entered in Parts 1 and 2, answer the questions below to see if you have any gaps in capacity for each activity.

#### Activity 1

<table>
<thead>
<tr>
<th>Hours Required (Part 1)</th>
<th>Hours Covered (Part 2)</th>
<th>If greater than zero, there is a gap in current capacity</th>
</tr>
</thead>
</table>

If there are any gaps, how can you either fill the gaps or modify your program to match your current capacity?

#### Activity 2

<table>
<thead>
<tr>
<th>Hours Required (Part 1)</th>
<th>Hours Covered (Part 2)</th>
<th>If greater than zero, there is a gap in current capacity</th>
</tr>
</thead>
</table>

If there are any gaps, how can you either fill the gaps or modify your program to match your current capacity?

#### Activity 3

<table>
<thead>
<tr>
<th>Hours Required (Part 1)</th>
<th>Hours Covered (Part 2)</th>
<th>If greater than zero, there is a gap in current capacity</th>
</tr>
</thead>
</table>

If there are any gaps, how can you either fill the gaps or modify your program to match your current capacity?

#### Activity 4

<table>
<thead>
<tr>
<th>Hours Required (Part 1)</th>
<th>Hours Covered (Part 2)</th>
<th>If greater than zero, there is a gap in current capacity</th>
</tr>
</thead>
</table>

If there are any gaps, how can you either fill the gaps or modify your program to match your current capacity?

#### Activity 5

<table>
<thead>
<tr>
<th>Hours Required (Part 1)</th>
<th>Hours Covered (Part 2)</th>
<th>If greater than zero, there is a gap in current capacity</th>
</tr>
</thead>
</table>

If there are any gaps, how can you either fill the gaps or modify your program to match your current capacity?

#### Activity 6

<table>
<thead>
<tr>
<th>Hours Required (Part 1)</th>
<th>Hours Covered (Part 2)</th>
<th>If greater than zero, there is a gap in current capacity</th>
</tr>
</thead>
</table>

If there are any gaps, how can you either fill the gaps or modify your program to match your current capacity?
### Professional Quality of Life (ProQOL) Scale

**PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)**

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

<table>
<thead>
<tr>
<th></th>
<th>1 = Never</th>
<th>2 = Rarely</th>
<th>3 = Sometimes</th>
<th>4 = Often</th>
<th>5 = Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I am happy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I am preoccupied with more than one person I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I get satisfaction from being able to [help] people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I feel connected to others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I jump or am startled by unexpected sounds.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>I feel invigorated after working with those I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I find it difficult to separate my personal life from my life as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>I think that I might have been affected by the traumatic stress of those I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I feel trapped by my job as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Because of my [helping], I have felt &quot;on edge&quot; about various things.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>I like my work as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>I feel depressed because of the traumatic experiences of the people I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>I feel as though I am experiencing the trauma of someone I have [helped].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>I have beliefs that sustain me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>I am pleased with how I am able to keep up with [helping] techniques and protocols.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>I am the person I always wanted to be.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>My work makes me feel satisfied.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>I feel worn out because of my work as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>I have happy thoughts and feelings about those I [help] and how I could help them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>I feel overwhelmed because my case [work] load seems endless.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>I believe I can make a difference through my work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>I am proud of what I can do to [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>As a result of my [helping], I have intrusive, frightening thoughts.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>I feel &quot;bogged down&quot; by the system.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>I have thoughts that I am a &quot;success&quot; as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>I can't recall important parts of my work with trauma victims.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>I am a very caring person.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>I am happy that I chose to do this work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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101 Hudnall Stamm, 2009. *Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL).* [www.isu.edu/~bhstamm](http://www.isu.edu/~bhstamm) or [www.proqol.org](http://www.proqol.org). This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.
YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.
### WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on each section, total the questions listed on the left and then find your score in the table on the right of the section.

#### Compassion Satisfaction Scale
Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>The sum of my Compassion Satisfaction questions is</th>
<th>So My Score Equals</th>
<th>And my Compassion Satisfaction level is</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>_____</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:** _____

#### Burnout Scale
On the burnout scale you will need to take an extra step. Starred items are “reverse scored.” If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. “I am happy” tells us more about the effects of helping when you are not happy so you reverse the score.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>The sum of my Burnout Questions is</th>
<th>So My score equals</th>
<th>And my Burnout level is</th>
</tr>
</thead>
<tbody>
<tr>
<td>*1.</td>
<td>_____</td>
<td></td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>*4.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*15.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*17.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*29.</td>
<td>_____</td>
<td></td>
<td></td>
<td>High</td>
</tr>
</tbody>
</table>

**Total:** _____

#### Secondary Traumatic Stress Scale
Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>The sum of my Secondary Trauma questions is</th>
<th>So My Score Equals</th>
<th>And my Secondary Trauma Stress level is</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>_____</td>
<td></td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>5.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>_____</td>
<td></td>
<td></td>
<td>Average</td>
</tr>
<tr>
<td>25.</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>_____</td>
<td></td>
<td></td>
<td>High</td>
</tr>
</tbody>
</table>

**Total:** _____
CHAPTER 9: ADDITIONAL RESOURCES AND SUPPORT

This chapter identifies additional resources which are available within NAMI CA and NAMI National. In addition, this chapter identifies some tools provided by UPAC and Pacific Clinics which were used during the implementation of the Stigma and Discrimination Reduction Project.

NAMI California Community Engagement Department

NAMI California has a Community Engagement Department comprised of a Community Engagement Manager and Coordinator. The Community Engagement Department has also been involved in developing culturally adapted materials for the following communities: African American, Asian/Pacific Islander, Latino, LGBTQ+, and Native American.

NAMI Affiliates are encouraged to get in contact with representatives at the NAMI California Community Engagement Department to obtain support and to share successes and shortcomings with serving diverse communities.

Organizational Tools for Cultural Competence

During the implementation of the Stigma Discrimination and Reduction Project, NAMI CA and UPAC disseminated a tool for assessing organizational competence called the ‘Cultural and Linguistic Competence Family Organization Assessment (CLCFOA) Instrument’, developed by Georgetown University. The CLCFOA can be downloaded from the Georgetown University Center for Child and Human Development website at https://nccc.georgetown.edu/documents/NCCC-CLCFOAAssessment.pdf.

Additional Tools

Included in this chapter are potential tools which NAMI Affiliates may use to obtain feedback from NAMI members and participants regarding cultural responsiveness. Those tools include: proposed survey for NAMI members to assess a program’s cultural responsiveness and proposed focus group questions for NAMI members to assess a program’s cultural responsiveness. Both tools were adapted from the 2011 Cultural Competence Handbook developed by the San Diego County Behavioral Health Services.

Both tools were created for those individuals who are currently NAMI members, and/or are recipients of NAMI program services. NAMI Affiliates may also choose to adapt the survey questions and/or the focus group questions further to match the needs and demographics of the Affiliate.

Upon receiving the results of either tool, it may be a good idea for NAMI Affiliates to share some of the key findings with the targeted community members. By doing so, this may elicit more trust-building with members of the target community, and perhaps may lead to other opportunities for capacity-building and/or resource development in the future.
SURVEY FOR NAMI MEMBERS TO ASSESS A PROGRAM’S CULTURAL RESPONSIVENESS

NAMI believes in making mental health services and resources available for people of all cultural backgrounds and communities. We appreciate you taking the time to answer these questions so that we can improve our services for diverse communities.

Please rate this program on the following items:

The environment of this NAMI Affiliate/program is culturally welcoming.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

There are written materials available in a language or format (large print/tape) I can understand.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The staffs at the front desk are welcoming and respectful.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

Services are provided in my language of choice (if applicable).

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

Services are provided in a way which meets my cultural needs, including any of the following as applicable: age, gender, sexual orientation/gender identity, faith, veteran or military status, and other related factors.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

I feel comfortable in talking about concerns related to my culture, background, faith, and/or community.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The staffs are linguistically proficient.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The staffs are familiar with my cultural beliefs regarding mental illness.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The staffs are knowledgeable about culturally appropriate referral resources.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The interpreter (if one was used) is linguistically proficient.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

If you have additional comments you would like to share about your experience with this NAMI Affiliate, please include them below.
PROPOSED FOCUS GROUP QUESTIONS FOR NAMI MEMBERS TO ASSESS CULTURAL RESPONSIVENESS

Environment
1. Does this program offer a culturally welcoming and comfortable setting to be in? If no, what do you suggest making this program more culturally welcoming?

Materials
2. Does this program provide you with written materials available in a language or format (large print, color, spacing, etc.) that you can understand?
3. Do you see your culture represented in the images of the materials, brochures, etc.?

Language
4. Does this program provide you with services in your language of choice?
5. Are the staff linguistically proficient to communicate with you about your concerns?
6. If you used an interpreter for a NAMI program or activity, was the interpreter proficient in communicating both your needs and the ideas communicated by NAMI staff?

Culture
7. Are services provided in a way which meets your cultural needs, including any of the following as applicable: age, gender, sexual orientation/gender identity, faith, veteran or military status, and other related factors?
8. What is your comfort level in talking about concerns related to your culture, faith, and/or community?
9. Are staffs familiar with your cultural beliefs surrounding mental illness?

Other recommendations
10. What recommendations or feedback do you have to make this NAMI program more culturally and linguistically responsive for your community?
Appendix

Appendix A: Principles of Community Engagement

<table>
<thead>
<tr>
<th>Principles of Community Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before starting a community engagement effort...</strong></td>
</tr>
<tr>
<td><strong>Principle 1</strong>&lt;br&gt;Be clear about the purposes or goals of the engagement effort and the populations and/or communities you want to engage.</td>
</tr>
<tr>
<td><strong>Principle 2</strong>&lt;br&gt;Become knowledgeable about the community's culture, economic conditions, social networks, political and power structures, norms and values, demographic trends, history, and experience with efforts by outside groups to engage it in various programs. Learn about the community's perceptions of those initiating the engagement activities.</td>
</tr>
<tr>
<td><strong>For engagement to occur, it is necessary to...</strong></td>
</tr>
<tr>
<td><strong>Principle 3</strong>&lt;br&gt;Go to the community, establish relationships, build trust, work with the formal and informal leadership, and seek commitment from community organizations and leaders to create processes for mobilizing the community.</td>
</tr>
<tr>
<td><strong>Principle 4</strong>&lt;br&gt;Remember and accept that collective self-determination is the responsibility and right of all people in a community.</td>
</tr>
<tr>
<td><strong>For engagement to succeed...</strong></td>
</tr>
<tr>
<td><strong>Principle 5</strong>&lt;br&gt;Partnering with the community is necessary to create change and improve health.</td>
</tr>
<tr>
<td><strong>Principle 6</strong>&lt;br&gt;All aspects of community engagement must recognize and respect the diversity of the community. Awareness of the various cultures of a community and other factors affecting diversity must be paramount in planning, designing, and implementing approaches to engaging a community.</td>
</tr>
<tr>
<td><strong>Principle 7</strong>&lt;br&gt;Community engagement can only be sustained by identifying and mobilizing community assets and strengths, by developing the community's capacity and resources to make decisions and take action.</td>
</tr>
<tr>
<td><strong>Principle 8</strong>&lt;br&gt;Organizations that wish to engage a community as well as individuals seeking to effect change must be prepared to release control of actions or interventions to the community and be flexible enough to meet its changing needs.</td>
</tr>
<tr>
<td><strong>Principle 9</strong>&lt;br&gt;Community collaboration requires long-term commitment by the engaging organization and its partners.</td>
</tr>
</tbody>
</table>
Appendix B: Continuum of Community Engagement:

![Community Engagement Continuum](https://www.atsdr.cdc.gov/communityengagement/pce_what.html)

---

Appendix C: Community Engagement - General Strategies for All Affiliates

Below are some additional general strategies which all Affiliates may want to consider.

<table>
<thead>
<tr>
<th>General Strategy #1</th>
<th>You will get more momentum on your multicultural goals if diversity goals are important to the board; and also, if the cultural make-up of the board matches the demographics of the families you aim to serve.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insist that your board values diversity and that diversity is reflected in the make-up of your board.</td>
<td></td>
</tr>
<tr>
<td><strong>General Strategy #2</strong></td>
<td>By doing such an assessment, this information will tell you where the gaps in services, staffing, policies, and overall organizational structure are. Some suggested tools are included in Chapter 9 of this Toolkit.</td>
</tr>
<tr>
<td>Conduct a cultural responsiveness program assessment.</td>
<td></td>
</tr>
<tr>
<td><strong>General Strategy #2</strong></td>
<td>The CLAS Standards are explained in further detail in Chapter 2 of this Toolkit. These CLAS Standards will also give you some other ideas regarding setting up an organizational framework for a multicultural organization.</td>
</tr>
<tr>
<td>Review the CLAS Standards.</td>
<td></td>
</tr>
<tr>
<td><strong>General Strategy #3</strong></td>
<td>Similar to General Strategy #1 listed above, you will be able to achieve more multicultural responsiveness goals if those duties are assigned to one person. The leadership must be clear in outlining the specific expectations of this role.</td>
</tr>
<tr>
<td>Create a Multicultural Coordinator position.</td>
<td></td>
</tr>
<tr>
<td><strong>General Strategy #4</strong></td>
<td>Many Affiliates have groups which are already targeting a specific community, (e.g. Spanish-speaking group, Chinese group, etc.). Some of them may hold membership meetings and other activities in their native language. NAMI Affiliates are encouraged to provide support to these groups by having open and frequent communication with the leaders of these groups. If any conflict arises, it is recommended that the NAMI Affiliate reach out to another NAMI Affiliate who is working with the same community.</td>
</tr>
<tr>
<td>Provide support to the “mini” Affiliates which form under your Affiliate.</td>
<td></td>
</tr>
<tr>
<td><strong>General Strategy #5</strong></td>
<td>Providing multicultural work can be exciting, but also challenging – especially in Affiliates with limited resources. Be certain to build in guidelines and opportunities for self-care, fun and creativity at all staffing levels. Also, be sure to take some time to acknowledge all your successes – whether large or small. If you experience any setbacks with your goals, use them as learning opportunities to determine next steps.</td>
</tr>
<tr>
<td>Promote a work environment which promotes self-care, creativity, and positive recognition.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix D: Information on Retaining Volunteers:

Question – *What recommendations do you have for retaining volunteers?*
- One recommendation is to change the structure and method that the meetings or events are conducted and held respectively. The way NAMI meetings and events are conducted cater to an older audience and are not youth-friendly. For example, it is recommended to take a more proactive approach by going to the community and have meetings or events in community spaces rather than setting a meeting and having people come to you/us.
- Another recommendation is to look for volunteers outside of the regular work-hour period.
- One recommendation is to have an abbreviated version of a NAMI program such as IOOV so that they are more outreach-friendly at places such as the rotary or service clubs as they only allow 30 minutes or less for people to present.

Question – *What technology or social media tools can be utilized to help retain volunteers?*
- It’s important to utilize a variety of social media sites such as YouTube. Using them in conjunction or collaboration with one another such as Facebook, Twitter, etc. facilitates a diversification of ways to access the information.
- It appears NAMI may underutilize Facebook in making NAMI announcements; therefore, an increase may help boost outreach to all communities.
- While social media tools and websites may be very helpful and contain many resources and information, it is recommended that NAMI Affiliates bring the information from the site to the people rather than wait for the people to find the information. For example, bring the information from NAMI National’s website directly to the people rather than waiting for the people to find NAMI National’s website.
Appendix E: More information on Muslims living in the United States

Since the US federal and California state government do not collect census data on faith it is only possible to estimate the number of Muslims in California. An estimate of one million is based on various sources.

Muslims arrived in California in the 1800’s from the Indian Punjab. They were farmworkers. The first mosque west of the Mississippi was built in Sacramento. Another mosque was built in Yuba City in the 1990’s and was burned down immediately in an unsolved arson, and then rebuilt.

African-American Muslims in California are a result of the nationwide movement started in the first half of the 1900’s. Of course, many Africans who were sold into slavery, many by other Muslims, were Muslim and were forced to convert to Christianity by their owners.

Palestinian refugees and immigrants arrived after World War II. Iranians began immigrating when Shah Reza Pahlavi of Iran was in power. Some were fleeing his secret police and some came to study, especially chemical engineering. Iranian refugees began arriving after the Shah was overthrown. Many other Muslims came in the 1970’s, studied engineering and science, and started careers in the high-tech industry and medicine. The number of Muslims is currently increasing because Afghani, Arab, and Somali refugee communities are growing.

Afghans first came when Russians invaded their country. Fremont is Little Kabul. Sacramento has a large new mosque named Masjid Aicha, after a wife of the Prophet Muhammad, PBUH. The funds to build it were largely donated by Afghan women. More Afghans are arriving currently, especially those who have worked with the US military occupation forces. Some are being located by the US government, with the help of refugee resettlement agencies, in the Central Valley. Of course, they may move.

Iraqi refugees are coming for many reasons: war, sectarian violence, and former employment with US military occupation forces and contractors. They represent a small fraction of the more than a million Iraqi refugees worldwide. In California they are less than a hundred thousand. Syrian refugees are arriving. Syrians have immigrated to the US since the 1900’s. Steve Jobs’ biological father was a Syrian university student in California. South Asian Muslim immigrants continue to arrive and African-American Muslims are also increasing. Diversity is the keynote. In addition to the ethnicities just mentioned there are Arabs from each corner of the Middle East and North Africa, Vietnamese Cham, Malaysians, Indonesians, Filipinos, Central Asians, and Africans. There are at least 30 different languages spoken by Muslims in California.

While Muslims can be found in almost any community in California the largest numbers are in Los Angeles, the Bay Area, San Diego, and Sacramento.

A very good way to find out if there are Muslims in a California county is to look for mosques and ethnic grocery stores. There are about 500 non-profit Muslim organizations in California. Among them are mosques, schools, free medical clinics, and cemeteries. In every major urban area, there is a mosque, if not several. A mosque can be in a rented room or a nice building. A masala can be a small office rented so Muslims living in the same neighborhood can go there to only to pray together. While mosques may be founded by and largely attended by members of a particular ethnic community, any Muslim may attend any mosque. Most mosques in California are built by Sunnis, but there are Shia, Ahmadiyya, Sufi, and other mosques.
Appendix F: Information on Latino/a/x Farmworkers in the United States

There are two types of farmworkers (1) Seasonal workers that work year-round; and (2) Migrant workers that work during peak harvest seasons. The migrant workers tend to go from county to county for work. About 50-60% are undocumented (depending on the area). The problem is that they do not want to interact with the community such as churches, schools, community agencies, etc. They are very afraid of being deported. The Migrant population has the most undocumented percentage of workers.

In 2014, Sonoma County has recently had an increase of 40-60% in production of grapes which could mean they had an influx of workers, which impacted local agencies, schools, and hospitals. They (farmworkers) also have the most problems than other underserved groups. The biggest barriers are language, lack of trust, and transportation. They are afraid of discrimination, humiliation and deportation.

Farmworkers are typically the lowest paid, with no benefits. There is often harassment, and problems with kids and/or school, so they do require mental health assistance.

To access mental health, the stigma is worse and, thus, harder for this community to utilize mental health services. In Oaxaca, one of the states in Mexico, it is more common for them to use Shamans instead of mental health professionals or the traditional primary care physician. There are Shamans in every county (California). The community knows where the Shamans are because of word of mouth.

Women farm workers tend to be “the doers.” They usually take control of the family matters most of the time. At the same time, female workers have difficult barriers to access services because they deal with sexual harassment, being underpaid, barriers from family and work, education/school issues, and child-caretaking responsibilities. They often experience mental and physical abuse. In some areas in the state, the sexual abuse is rampant, because in these areas, are mostly men, including fellow workers and bosses. There is a movie produced on PBS, “Rape in the Fields” which documents some of the sexual abuse and trauma experienced by women farmworkers. The way that these women and families can access help is through “Promotores.” These “health promoters” are bilingual community health workers who help to promote access to health and mental health services to the community. They develop trust with one another. They are generally trusted leaders in the community.

Tulare County is one of the largest growing counties in farming (they take turns being number one with Fresno County). Advocates and health care workers are no longer allowed to go in the fields to talk to the workers. The growers used to be supportive of workers in Tulare County, but they really are not welcome by them anymore. The growers are afraid of political activities. They did not like to film on sexual abuse issues that have been occurring.

There are certain states of Mexico that will be represented in certain geographical regions in California; Oaxaca and Michoacan. When migrating to certain regions, when they go to new areas, they invite everyone else from their community (in Mexico) so there are large concentrations of each culture within these regions. These communities have many challenges, but they are dedicated people and interested in what is happening in their own community. They still have leaders. Oaxacan’s are commonly strong believers in shamans/curanderos. Talk to the leaders in the group because the leaders will communicate the message to the community, so let them do that.
Appendix G: In Our Own Voice (IOOV) Listening Session Themes

The Listening Sessions were also reviewed for common themes across most of the groups regarding IOOV, Mental Health, and NAMI. Each of the themes is listed with additional clarification below. When possible, NAMI Affiliates are recommended to be mindful of these themes and suggestions when conducting IOOV or other NAMI programs with diverse communities.

**IOOV Video**
- The video needs to be tailored to participants’ background such as race, culture, and socioeconomic status; indicating it is a need for creating various IOOV videos for diverse population. This may mean creating more than one video. It may be necessary to create separate IOOV videos for separate populations.
- Video needs to be more appealing such as including more dramatizing contents, music, humor, etc.; which would maintain viewer interest.
- Video needs to be made differently for individuals living with a mental health condition and their family members.

**IOOV Presenters**
- The presenter is the key to success for each IOOV presentation. All participants expected to see similarities in the presenter such as same population, same language, etc. Careful consideration must be given to choosing the appropriate IOOV presenter to ensure that the cultural and linguistic needs of the participants are met.

**IOOV Content**

**Language**
- Participants requested the IOOV presenter and video to share the same language as the community.
- Some populations perceived the language used in IOOV as negative connotation (e.g., the term “dark days” felt too negative and, therefore, linguistically insensitive to African American, Native American, and Latino/a/x communities). A less emotionally charged term is recommended.
- Participants expressed a lack of familiarity with mental health specific terminology and diagnoses. Some participants don’t know what bipolar disorder and depression are.

**Treatment**
- Some participants asked if medication management or psychiatric services based on the western medical model are the only treatment options. Participants want to know alternative treatments including spiritual, holistic, etc. approaches.
- Faith/belief, religious practice, and spirituality are important aspect of coping for many folks. However, it is important to note that the LGBTQ+ youth expressed a lack of comfort with topics of spirituality/religion.
- Participants expressed the need to focus more on the process of acceptance rather than results (i.e., they need more information about how people accept mental health conditions.)

**Involvement with Family and Friends**
- Participants indicated that no family situations were indicated in IOOV. Participants wanted to know more about family's perspectives towards mental illness and recommended the video content also needs to include family members and significant others.
Appendix H: Principle-Based Do’s and Don’ts of Community Engagement

<table>
<thead>
<tr>
<th>Do…</th>
<th>Don’t…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Talk to others as equals.</strong></td>
<td><strong>Talk to people in a patronizing or paternalistic way.</strong></td>
</tr>
<tr>
<td>Example:</td>
<td>Example:</td>
</tr>
<tr>
<td>Treat people respectfully, regardless of their position in your organization or community.</td>
<td>Talking down to people.</td>
</tr>
<tr>
<td><strong>Recognize that cultural differences may exist but confirm these differences before you act on them.</strong></td>
<td><strong>Make assumptions about people, particularly if they seem culturally different from you.</strong></td>
</tr>
<tr>
<td>Example:</td>
<td>Example:</td>
</tr>
<tr>
<td>Get to know a person rather than act on your assumptions.</td>
<td>Assuming that you can determine someone’s cultural background by simply looking at them or knowing their name.</td>
</tr>
<tr>
<td><strong>Stick to the business at hand until you have established an effective relationship.</strong></td>
<td><strong>Make assumptions that the person is an “expert” about his or her group.</strong></td>
</tr>
<tr>
<td>Example:</td>
<td>Example:</td>
</tr>
<tr>
<td>Avoid a great deal of personal conversation until you get to know someone well.</td>
<td>Asking someone, “What do your people think about this?”</td>
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<tr>
<td><strong>Treat every person you meet as an individual.</strong></td>
<td><strong>Assume that a person is representative of all the members of his or her cultural group.</strong></td>
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<td>Example:</td>
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<td>Avoid stereotyping based on group membership.</td>
<td>Assuming because one member does something does not mean all people from the same group think or act like the same way.</td>
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<td><strong>Seek to find common ground between yourself and others, particularly those who you perceive to be different from you.</strong></td>
<td><strong>Engage in behaviors that single out a person especially if that person is in the minority at the workplace, in your community, etc.</strong></td>
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<td>Example:</td>
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<td>Keep in mind that you will often have much in common with someone who seems very different from you.</td>
<td>Asking a person to serve on a committee primarily because of his or her ethnicity, gender, sexual orientation, etc.</td>
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<td><strong>Consider the feelings, thoughts and experiences of others, particularly those who are culturally different.</strong></td>
<td><strong>Ask inappropriate questions or engage in inappropriate behaviors, especially of a personal nature.</strong></td>
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<td>Listen and care about what others are saying; avoid using demeaning words.</td>
<td>Asking a person if you can touch their hair; asking about a person’s grooming habits.</td>
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Citations


