

#### WWW.CABWHP.ORG





#### Presentation To:

#### MHSOAC Cultural and Linguistic Competency Committee

Thursday – May 16, 2019 1325 J. Street, Suite 1700 Sacramento, CA | 95814 WHO WE ARE



"We want women to speak to us, so they can speak through us"

## Our Beginnings | Our Legacy



1983 - National Conference on Black Women's Health Issues

1994 – California Black Women's Health Project became a local affiliate of the National Black Women's Health Project

## California Black Women's Health Project

- 25 year old, statewide non-profit organization solely committed to improving the health of California's 1.2 million Black women and girls through advocacy, education, outreach and policy.
- Unapologetically Black women centered, by Black women, for Black women.
- Work focused addressing the social, systemic, and structural determinants, disparities, and inequities that lead to poor health outcomes for Black women and girls





#### THEORY OF CHANGE GUIDING VALUES







## EMPOWERMENT



## BLACK-WOMEN CENTERED







COLLABORATION

#### Serving California's 1.2 million Black Women & Girls

County	Black Women Population		
Los Angeles	454,000		
Alameda	101,175		
San Bernardino	93,000		
Sacramento	74,800		
San Diego	73,800		
Riverside	69,000		
Fresno	24,500		
Orange	24,000		
San Francisco	23,700		
Santa Clara	22,000		
Kern	21,800		
San Mateo	10,000		
Ventura	7,000		
CA State	1,162,000		

Our Villages: Who & Where We Serve

Los Angeles County Alameda County San Bernardino County **Riverside County** Sacramento County Central Valley on the horizon



#### Serving Black Women: Our Approach



#### Our Priority Areas of Work





# Sisters Mentally Mobilized

#### Mind Care. Heart Care. Soul Care





#### MH Issues Impacting Black Women

#### Intergenerational Trauma



#### Ongoing stress & abuse

Shame & Fear

Inordinate reliance on faith



One study showed that over 50% of Black women ages 18-25 met the criteria for Major Depressive Disorder.



A study by the CDC in 2016 found that Black women were twice as likely to feel "everything is an effort all the time" compared to White women.



50% of Black people believed that depression was a "normal" part of aging.



Black women are more likely than white women to have experienced post-traumatic stress disorder resulting from childhood maltreatment and sexual and physical violence.



More than 16% of black women are uninsured, and many can't afford mental health treatment.

# Sisters Mentally Mobilized

#### Mind Care. Heart Care. Soul Care

A project of the California Black Women's Health Project











Vision: statewide network of circles connected to CABWHP

#### Mental Health Resource Gaps

Lack of culturally competent licensed clinical practitioners & programs to support "good mental health" of Black women

Lack of properly trained community individuals

Severe lack of "good mental healthcare" based on cultural and spiritual beliefs

Absence of safe, caring, culturally responsive places to go for help ("safe spaces")



#### **Culturally Grounded**

#### Activism

## Community Healing





## PEI Component I: SMM - Advocate Training Program

#### Learn How to Influence Change in:



#### PEI Component II: SMM Sister Circles

"Sister circles are support groups that build upon existing friendships, fictive kin networks, and the sense of community found among African-American females. Originally embedded in the Black club movement (Giddings 1984), sister circles have been a vital part of Black female life for the last 150 years..."

Neal-Barnett, et al. Sister Circles as a Culturally Relevant Intervention for Anxious African-American Women. Clinical Psychology (New York). 2011 September; 18(3) 266-273



Safe Spaces

Pre-Cursor to traditional therapy
Platform for mobilization

Evaluation Framework What Are We Trying to Capture?

Sisters Mentally Mobilized

Mind Care. Heart Care. Soul Care

## THE BIG QUESTIONS



# MENTAL HEALTH

AFRICAN AMERICAN ADULTS ARE 20 PERCENT MORE LIKELY TO REPORT PSYCHOLOGICAL DISTRESS THAN WHITE ADULTS.

SOCIAL PROBLEMS SUCH AS RACISM, DISCRIMINATION AND SEXISM IS CONNECTED TO BLACK WOMEN BEING PRONE TO MENTAL HEALTH ISSUES.

IN 2012, 1 IN 5 (ROUGHLY 20 PERCENT OF) AFRICAN AMERICANS REPORTED HAVING NO HEALTH INSURANCE. COST REMAINS A HUGE ISSUE IN GETTING HELP FOR MENTAL ILLNESS

SOCIAL STIGMA ASSOCIATED WITH MENTAL HEALTH ISSUES IS ONE OF THE PRIMARY REASONS PEOPLE DON'T SEEK HELP.

SOURCE: NAMI.ORG AND NCBI.NLM.NIH.GOV



## Real Women Empower One Another





# Data Collection Methods



Ouantitative Surveys Session Evaluations Pre-and-Post Tests Oualitative Focus groups Interviews Testimonials **Observations** 

#### 66

My sisters, in the face of so much, you rise, and I see you. Rest your mind and heart for a while.

- Celina Caesar-Chavannes & Cynthia Go

## Cohort I – Inland Empire Evaluation Results

## What Did We Measure?



#### ➢ Knowledge

➢ Stigma

➢ Confidence

➢ Satisfaction

# KNOWLEDGE

lenta

eali



#### Sisters Mentally Mobilized<sup>SM</sup>

In The Know About Mental Health: Pre-and-Post Questionnaire

The information you provide is completely confidential. However, if you don't want your information included in any way for our evaluation story, please circle the Fihankra symbol to the left. The Fihankra is a West African symbol that represents home and security - and we want to make sure that you feel safe whenever you participate in our programs.

You	ır Sister I.D.	Your Cohort #:	Region:	Region:		Date:	
		Statement			Your Response		
				True	False	I Don't Really Know/Not Sure	
1.		0% of adults in the U.S. exp challenge every year	perience some type				
2.	Nearly 70% of adults in the U.S. with a mental health illness or challenge received the mental health services they needed						
3.	The estimated costs associated with serious and untreated mental illness is approximately \$40 billion/year						
4.	Half of mental health challenges/disorders begin before the age of 24						
5.	Nearly 25% of Americans in prison or jail have a mental illness (which may or may not be diagnosed)						
6.	75% of Americans with a mental health condition or challenge live and work in the community and lead productive lives						
7.	The leading caus	e of disability worldwide is	s schizophrenia	_			
8.	Approximately 3 Anxiety Disorder	L5% of Americans are a (S.A.D.)	affected by Social				
9.	Aches, pains, he be signs of depre	adaches, cramps and dige ssion	stive problems can				
10.		with depression, symptor ay, nearly every day for at					
11.	Panic attacks ger	erally last for about 45 mi	inutes to an hour				
12.	Excessive calorie an eating disorde	counting and portion con	trol can be signs of	_			
13.		ploiting, and violating the one with a mental health					
14.	Signs of early or very suddenly	first-episode psychosis	generally come on				
15.	okay to directly a	at a loved one is contemp isk if they are having thou for killing themselves					

#### 15-Item Pre-and-Post Questionnaire



On average, IE Sisters showed a 22% increase in knowledge

#### 15-Item Pre-and-Post Questionnaire



■% Correct Pre □% Correct Post

# STIGMA





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MENTAL HEALTH IN THE COMMUNITY: PERCEPTIONS AND PERSPECTIVES PRE-AND-POST ASSESSMENTS

# Measurement Tool

## SSMIS

means

#### Self-Stigma of Mental Illness Scale



# Measurement Tool



Perceptions of what the public believes

 Personal Self-Perceptions
### Personal Self-Perception Scenario

 Jackie, your neighbor, is a 35-year old single woman with schizophrenia. Sometimes she hears voices and becomes upset. She lives alone in her apartment and works as a clerk at a large law firm. She has been hospitalized six times because of her mental illness.

On average, IE Sisters showed a 15% decrease in stigma in personal perceptions

1 Strongly	2	3	4	5	6	7	8	9	10 Strongly
disagree									agree
0	0	0	0	0	0	0	0	0	0

#### Higher Score = Less Stigma

	Pre-Score	Post-Score	Reduction in Stigma
Jackie will get better after treatment	6.9	8.2	19% Reduction
Jackie will benefit from medication	7.8	8.2	6% Reduction
Jackie will benefit from counseling or psychotherapy	8.4	8.8	6% Reduction
Jackie will benefit from living independently	6.6	7.5	14% Reduction
Jackie should pursue becoming a homeowner	5.8	7.5	30% Reduction
Jackie should pursue a full-time job	7.3	8.1	10% Reduction
Jackie will benefit from maintaining a romantic relationship	6.1	7.3	19% Reduction
Jackie would be a competent parent	6.1	7.5	22% Reduction
Jackie will benefit from traveling	6.7	7.7	15% Reduction
Jackie should be able to use firearms	3.6	5.0	40% Reduction
Jackie has the capability to get a Bachelor's degree	8.1	9.1	13% Reduction
Jackie has the capability to become a lawyer	7.8	8.7	11% Reduction
Jackie has the capability to become an ordained minister	7.8	8.7	10% Reduction
Jackie would benefit from getting/staying out of the hospital	6.5	8.0	23% Reduction

## CONFIDENCE



#### Sisters Mentally Mobilized<sup>SM</sup> PROGRAM INTAKE SHEET

Based on what you know now, please rate how confident you feel talking about mental illness to each of the groups below:

		Very Confident		Confident		Somewhat Confident		Not Very Confident		Not at All Confident	
		10	9	8	7	6	5	4	3	2	1
a.	Friends										
b.	Family Members	1	1								
c.	Neighbors				-	-					
d.	Colleagues at Work								_		
e.	Church Members										
f.	Community Members (e.g. presenting to an audience)										
g.	Strangers (e.g. someone you happen to sit next to at the airport or someone you meet at a party)										
h.	Elected Officials/ Policy Makers										

Asante (Thank-You)

## How confident do you feel talking about mental illness to the following groups?

Friends Family Members Neighbors Colleagues at Work **Church Members** Community Members Strangers **Elected Officials** 

On average, IE Sisters showed a 21% increase in confidence to speak on mental health issues

## On a Scale of 1-10, how confident do you feel talking about mental illness to the following groups?

10=Very Confident 1=Not At All Confident

Group	Avg. Confidence Rating (Pre)	Avg. Confidence Rating (Post)	% Change
Friends	8.15	9.77	21% increase
Family Members	7.75	9.77	26.1% increase
Neighbors	7.31	9.00	23.2% increase
Work Colleagues	8.23	9.42	14% increase
Church Members	7.69	9.42	22.4% increase
Community Members	7.69	9.00	17% increase
Strangers	7.08	9.17	29.5% increase
Elected Officials	7.54	9.08	20.4 % increase

## SATISFACTION: ATP Program Evaluation Summary



### Participating in Sisters Mentally Mobilized (ATP) was worth the time I invested.

100%

■ Strongly Agree ■ Agree ■ Somewhat Agree ■ Disagree ■ Strongly Disagree

## Sisters Mentally Mobilized was a culturally affirming experience for me as a Black woman.

100%

■ Strongly Agree ■ Agree ■ Somewhat Agree ■ Disagree ■ Strongly Disagree

As a result of participating in Sisters Mentally Mobilized, I have a greater understanding of the mental health risk factors and symptoms affecting Black women and communities



As a result of participating in Sisters Mentally Mobilized, I feel more at ease to seek professional help for any mental health concerns I may have or develop.



Because of Sisters Mentally Mobilized, I feel more empowered to address mental health stigma, anxiety, and isolation in my family and community.



The Sisters Mentally Mobilized program staff, presenters, and facilitators were friendly, welcoming, well-prepared and knowledgeable.



The mental health topics and materials from Sisters Mentally Mobilized were presented in a way that was engaging and relevant to me and/or the communities I care about.



Through Sisters Mentally Mobilized, I was able to meet and make meaningful connections with other Black women.



Based on my experience participating in Sisters Mentally Mobilized, I will stay connected and involved by joining or forming a Sisters Mentally Mobilized Sister Circle in my community.



# Sisters Mentally Mobilized

Mind Care. Heart Care. Soul Care

What aspects of Sisters Mentally Mobilized did you enjoy the most?

- The entire sisterhood; the level of care and support
- The fellowship
- The guest speakers
- Fellowship; learning more about mental health and ways to eradicate issues
- Meeting all my sisters
- Knowing I was going to have a safe space to connect with Black women who love and support me—no judging, just embracing
- The presenters were knowledgeable and their stories and information empowered me

# Sisters Mentally Mobilized

Mind Care. Heart Care. Soul Care

What aspects of Sisters Mentally Mobilized did you enjoy the most?

- The knowledge and sensitivity to us of the staff and presenters. Also the fellowship with the other sisters
- Getting together weekly; sharing our lives
- The welcoming and accepting environment and the sisterhood
- The guest speakers and openly sharing my feelings and feeling comfortable about doing it
- Engaging with my sisters and working on the final project with my group
- All of the extraordinary guest speakers

Sisters Mentally Mobilized

Mind Care. Heart Care. Soul Care

How can we make the Sisters Mentally Mobilized program better?

- Perhaps shorter sessions
- Involve the TAY (Transitional Aged Youth) population; have a circle whose training is geared to the LGBTIQ+, HIV/AIDS, Substance Abuse, and women who have been paroled
- Better explain in the beginning how the program works. Show examples of sister circles and have alumni come explain how they did theirs and how they are doing now
- Engage more communities; engage Black women within their own personal environments
- I loved the program and the format
- I honestly don't know; I can't think of a thing more you could do

# Sisters Mentally Mobilized

Mind Care. Heart Care. Soul Care

Please share any additional feedback you believe would be helpful to us

- Have a recording or person taking notes to recap if/when someone misses a session
- SMM should have an annual advocacy meeting
- I would recommend that the class size remain small—not more than 20
- Sonya, Dana, Carlene, Natalie and MaeRetha are amazing, inspirational women!
- My experience interacting with the women of SMM has greatly impacted by life in a positive way
- Our facilitators TRULY CARED about us and that made a difference

