

WELL TOGETHER: EXPLORING REGIONAL MENTAL HEALTH DISPARITIES AND SOLUTIONS IDENTIFIED BY THE LOCAL COMMUNITIES AFFECTED

BAY AREA REGION LISTENING SESSION SUMMARY



THE OPPORTUNITY

The Bay Area Region of California is comprised of Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma counties, as well as the City of Berkeley.¹ Racial and ethnic diversity varies from county to county, with some having a higher percentage of White individuals than the state average and others reporting higher-than-average percentages of Black, Asian American, and Pacific Islander individuals. In addition, the percentage of persons over the age of 65, people with disabilities, and veterans are higher than the state average.^{2,3} Such diversity contributes to the complexity of ensuring mental health needs are met for all. Several counties also have been designated as Mental Health Professional Shortage Areas, informing any discussion of access to mental health services.⁴

To explore the challenges and opportunities for prevention and early intervention (PEI) in mental health needs, the Mental Health Services Oversight and Accountability Commission partnered with local mental health advocates to hold a public **virtual listening session** in February 2021. The session attracted a diverse group of participants, including peers and consumers, parents and family members, county behavioral health department staff, program and service providers, community-based organization staff, and representatives from advocacy groups. Discussions were organized into the following groups: (1) Peers and Consumers, and (2) Families and Other Supporters of people with mental health service needs.

Sixty-eight (68) participants attended the Bay Area Regional Listening Session. Listening session attendees shared their experiences, expertise, and



recommendations for the advancement of prevention and early intervention in the Bay Area Region. Many people in both the Peers and Consumers group and the Families and Other Supporters group promoted approaches that are inclusive of diverse populations, particularly those who may be at high risk for experiencing unmet mental health needs. Participants also discussed ways to increase awareness and recognition of mental health needs through education and increased availability of streamlined resources. They also highlighted the importance of collaboration across sectors to support planning and implementation of effective prevention and early intervention services.

SESSION SUMMARY

Strategies Inclusive of Diverse Populations

Equity across the lifespan and among minoritized racial/ethnic groups arose as a major theme. In the Families and Other Supporters discussion group, an advocate shared the idea that “culture is prevention” – a concept highlighted by the California Reducing Disparities Project.⁵ They added that true strengthening and healing results from interweaving culture and community-defined practices. Participants in the Peers and Consumers discussion group also stated this belief, pointing out that effective prevention and early intervention models must be applicable to communities of color. Examples provided included making service materials available in languages other than English, as well as incorporating cultural activities and traditional healing practices to support mental health needs.

Approaches that foster respect and trust are also critical for people to safely access services without fear of discrimination or invalidation. These harmful encounters occur, for example, when service program staff misgender members of the LGBTQ+ community. As one local LGBTQ+ advocate noted, negative experiences such as these compound the pre-existing hesitance to seek services in many communities. They also recommended sensitivity training and strengthening of confidentiality procedures to create safer spaces.

A participant in the Peers and Consumers group called for disaggregation of data across demographic subgroups to better understand the needs of diverse communities, recognizing that “Asian American,” for example, encompasses dozens of potential cultures of origin, each with their own unique features. They urged counties to make comprehensive service data available, including demographic information, across both public and private systems.



Across the Lifespan

The need for services and supports across the lifespan was another important takeaway. A participant from the Families and Other Supporters discussion group noted that Senate Bill 1004 (Wiener 2018)⁶ suggests prioritization of college mental health programs, and this individual encouraged a broader focus inclusive of other age groups and settings, such as transition age youth not in higher education and older adults. Creating additional supports for people with intersecting identities was also discussed, such as older adult members of the LGBTQ+ community.

Participants in the Families and Other Supporters group also stressed prioritization of services for children, emphasizing more upstream approaches are needed that increase resiliency and address trauma to prevent challenges from manifesting later in life. In addition, it was stated that support for the adults in a child's life was equally important, including services to support parents, teachers, and childcare workers. Mental health literacy that allows people to recognize needs both in themselves and in others could help with identification of and appropriate responses to early signs of unmet mental health needs.⁷

Increasing Awareness

Community members asserted that mental health is not a dichotomous concept – it is not simply well versus unwell but a continuum of need. “Mental health is something that everyone has an inner and interpersonal experience with,” shared one participant from Alameda County. They indicated that mental health should be destigmatized to encourage help-seeking behavior. An attendee from Oakland added that, even when services are sought, they may be difficult to identify. This person commented on the invisibility of services available to community members and recommended posting resources in high-visibility areas, such as in public spaces and lobby or waiting areas of other services. A representative of a statewide organization echoed the need for a streamlined approach to information dissemination and suggested centralized methods for consumers to learn about available resources.

A participant from Napa County seconded the difficulty of locating services and further stated that even once services are identified, there can be long waiting periods with no support in the interim. In response, an attendee who works with foster youth suggested replication of existing examples they considered effective, such as the National Alliance on Mental Illness' guide to services. A participant

from Sonoma County suggested use of a 211-type phone number where people could easily access information about local resources including community health directories beyond mental health, such as assistance with basic needs that influence overall wellbeing.

Collaborating with Others

Participants identified several ways to support prevention and early intervention efforts that involve more effective collaboration between counties and the Commission. An attendee from Sonoma County discussed the Commission's Request for Proposals process through which the Commission seeks contractors to work with local communities. They expressed concern about the challenges smaller programs can face due to overwhelmed systems that often result in missed opportunities. This person also suggested extending application periods to allow counties the chance to identify appropriate community-based organizations with whom to collaborate. On a similar note, a participant from the Families and Other Supporters group asserted the importance of supporting community-based organizations, calling for more long-term funding to keep effective programs and services afloat.

Additional collaborative opportunities in the education sector were also suggested, such as in early learning environments to support mental health needs as early as possible. This individual specified state-funded infant and toddler programs as one means to reach this critical age group. Collaboration across the private and public sectors was also discussed, with participants in the Peers and Consumers group suggesting incentivization of private insurers and allowing for cross-billing to close insurance gaps.

Public Health Approach

Participants discussed a widespread focus on crisis response and treatment and expressed the need for further emphasis on prevention. Both discussion groups highlighted the significance of social determinants of health, with one attendee stating, "services alone can't keep us well. We need healthy, livable communities." This individual implored others not to lose sight of the bigger picture, citing leadership and education from the State as a necessary activity. They recommended that the Commission utilize its partnerships with various stakeholder groups to send a united message to the public about the importance of upstream approaches that promote mental wellness before needs begin to impede wellbeing.



Participants also discussed the importance of local wellness centers as places to obtain prevention services, with one person adding that these spaces connect people and allow for healing and affiliation. “No public health problem is ever solved by treating individuals,” shared one attendee from Alameda County. Several others then agreed, discussing the importance of collaborative approaches that involve the people, communities, and systems that ultimately shape individual development and wellbeing.

CONCLUSION AND CONSIDERATIONS

Listening session participants described the significance of interweaving community and culture with prevention, highlighting specific minoritized groups such as the Latinx and LGBTQ+ populations. Transition age youth, older adults, and early childhood were also noted as critical points during the lifespan. Many attendees also stressed the need for increased visibility of mental health resources. Additionally, participants called for cross-system and cross-sector collaborations that address needs not only on an individual level, but on community and societal levels as well.

This session was one of **several sessions** organized with regional leaders and mental health advocates from the Superior, Bay Area, Southern, Los Angeles, and Central Regions. These sessions support the Commission’s project exploring opportunities in prevention and early intervention in mental health.⁸ A summary of each discussion, including this document, will be disseminated, along with other material to support the project and its conclusions.

REFERENCES

1. California Regions per the California Association of Local Behavioral Health Boards and Commissions: <https://www.calhbc.org/region-map-and-listing.html>.
2. 2019 California Census: <https://www.census.gov/quickfacts/CA>
3. California Military Bases. Accessed from https://militarycouncil.ca.gov/s_californiamilitary bases.
4. Rural Health Information Hub. Accessed from <https://www.ruralhealthinfo.org/charts/7?state=CA>.
5. California Reducing Disparities Project: A culturally responsive mental health initiative. Accessed from: <https://app.box.com/s/ojt352zvkeaeqwt35v1zxulo68vmd9b>
6. Senate Bill 1004 (Wiener, 2018). Accessed from: https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB1004#:~:text=SB%201004%2C%20Wiener,Act%3A%20prevention%20and%20early%20intervention.&text=Existing%20law%20specifies%20that%20prevention, stigma%2C%20and%20reduction%20in%20discrimination.
7. Visit www.mhsoac.ca.gov for more information.