



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

## SUPERIOR REGION LISTENING SESSION SUMMARY



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## THE OPPORTUNITY

The Superior Region of California is comprised of Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity Counties.<sup>1</sup> These areas contain mostly rural communities, many of which struggle with basic services such as transportation and employment opportunities due to rugged landscapes, spread out populations, and changing economic conditions.<sup>2</sup> Compared to the rest of California, Superior counties boast higher populations of Indigenous and notable Latinx and Black populations in some areas.<sup>3</sup>

To explore challenges and opportunities in prevention and early intervention of 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 range of participants, including peers and consumers, parents and family members, county behavioral health departments, program and service providers, community-based organizations, and advocacy groups. Discussions were organized into the following groups: (1) Peers and Consumers, and (2) Families and Other Supporters of people with mental health needs. Forty-nine (49) participants attended the Superior Region Listening Session. Listening session participants shared their experiences, expertise, and recommendations on ways to advance prevention and early intervention in the Superior Region. Across the two breakout groups, peers, families, and other supporters alike highlighted the need for increased access to local services and providers. The importance of cultural competency was also endorsed, with participants discussing the role of



stigma and linguistic barriers facing their communities, calling for support of culturally defined practices. In addition, both groups emphasized the need for additional opportunities for training and retaining local providers.

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### Access to Services in Rural Areas

Session participants discussed barriers to accessing services in their region. One participant in the families and supporters breakout room described the lack of resources and providers that some of the area's smaller counties face. For example, Humboldt County has only one crisis center servicing an area of over 4,000 square miles. Several other participants from neighboring counties echoed this statement, mentioning the challenge presented in having few local inpatient and outpatient services or community-based centers for support. Additionally, participants stressed the shortage of providers who specialize in services for transition age youth. Participants in the peers and consumers room also highlighted this theme, sharing how they often need to travel long distances outside of the county and sometimes the state to find appropriate services.

A participant from Butte County shared how that region finds strength in its Peer Wellness Center; however, other participants addressed the current pandemic's role in exacerbating already existing challenges. One person from Del Norte, a designated small county with a population of roughly 28,000,<sup>4</sup> mentioned closures of wellness centers and other services due to COVID-19. Others added that these disappearing support systems have led to increased social isolation for already vulnerable populations, such as older adults. Another participant raised concerns on behalf of community members who may not have access to the Internet during a time when online communication dominates.

To help address the challenges associated with rural areas, one participant from the peers group recommended using outreach teams for home visits to meet people where they are. Participants from Nevada and Lake counties offered examples of successful programs in their area that utilize outreach workers.

### Cultural Stigma and Discrimination

Similar to findings of past listening sessions, participants identified stigma as a challenge to recognizing and accessing mental health needs in their region. In some cultures, negative associations with mental illness and diagnoses can prevent people in need from seeking support. One participant in the



families and other supporters breakout room gave the example of undocumented parents in Latinx communities who may be reluctant to seek services due to fear of deportation.

Another community advocate added that the stigmatization and medicalization of mental health is particularly harmful for the African American community. This participant brought attention to the systemic issues of inappropriate diagnoses of transition age youth and the need for intergenerational approaches to providing supports: “We’re not crazy, we’re just coping with a crazy system.”

Additionally, a local youth participant from Humboldt County affirmed the need for a broader conversation around the juvenile justice system, revealing that many young people are afraid to seek help due to fear of being treated like a criminal. Another participant also explained how youth in the LGBTQ+ community, particularly those age 12-17, may not be aware that they can obtain confidential peer support without fear of judgment from parents or providers, which can be especially important in smaller communities with tightly knit social circles.

## Community-De ined Practices

The need for cultural-sensitivity trainings was mentioned in both breakout groups, emphasizing the importance of a well-trained and qualified workforce. Participants discussed barriers associated with a lack of culturally and linguistically appropriate services, which can thwart help-seeking behavior among those in need of mental health services. Having a person to bridge the cultural and linguistic gap between marginalized groups and the mental health care system, such as providers who are bilingual/bicultural, could alleviate some of these challenges.

One Lake County resident who works in a peer support center highlighted the diversity between and within Indigenous communities, highlighting concerns about stereotyping minoritized groups. Concerns about workforce retention arose as well, with smaller counties frequently seeing high turnover rates due to low pay and a lack of comfort with rural work. To address this issue, it was recommended that there be more opportunities to “grow local professionals,” meaning recruiting and training local residents into the mental health workforce. In response, a student at Humboldt State University shared about a training program with a rural and Indigenous focus. It was suggested that more programs like this would greatly benefit the region.

The families and other supporters group explored the importance of culturally defined practices. Although the efficacy of evidence-based practices in certain populations was acknowledged, these approaches are not always effective for marginalized communities, such as the LGBTQ+ community and among people of color. One participant stated that “culture is health,” and that feeling connected to one’s culture can be a necessary piece of the healing process. As a result, participants from this discussion group elevated the opportunity for state-funded research and evaluations of culturally congruent approaches. Participants in the peers and consumers group also noted the importance of needs-based funding, stating that some smaller communities in rural areas have higher needs than their overall population may suggest.

## CONCLUSION AND CONSIDERATIONS

Listening session participants described barriers to recognizing mental health needs and accessing services, particularly in rural communities where centers of support may be few and far between. Stigma and a lack of culturally appropriate services can also impact access to mental health supports; however, participants also noted this as an opportunity to focus attention and funding toward training and program planning that uses a needs-based approach.

This session is 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.<sup>5</sup> 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.calbhbc.org/region-map-and-listing.html>.
2. Per county Mental Health Services Act Program and Expenditure Reports.
3. National Conference of State Legislatures. Federal and State Recognized Tribes. Accessed from <https://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx#ca>.
4. Del Norte Mental Health Services Act Program and Expenditure Plan FY 2020-2023. Accessed from <https://drive.google.com/drive/folders/17U24orc-ReiGWls-wzIGETa3YYTOj87>.
5. Visit [www.mhsoac.ca.gov](http://www.mhsoac.ca.gov) for more information.