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

SOUTHERN REGION LISTENING SESSION SUMMARY

SESSION SUMMARY

Mental Health Services Oversight & Accountability Commission

THE OPPORTUNITY

The Southern Region of California is comprised of Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura counties, as well as the Tri-City area (consisting of Pomona, Claremont, and La Verne). This region is diverse in terms of population density and land area.[1] Although populations across counties are fairly homogenous, there are some parts of the region with higher-than-average Latinx populations, as well as many federally recognized tribal areas.[2,3] There are also several state or federal prisons, which employ or house substantial portions of individuals in the host counties.[4] All counties in this region have been designated as Mental Health Professional Shortage Areas, informing any discussion of access to mental health services.[5]

To explore the challenges and opportunities for prevention and early intervention (PEI) in mental health, the Mental Health Services Oversight and Accountability Commission partnered with local mental health advocates to hold a public **virtual listening session** in March 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.

One hundred twenty-three (123) participants attended the Southern Region Listening Session. Listening session participants shared

their experiences, expertise, and recommendations for the advancement of prevention and early intervention in the Southern Region. Several themes emerged throughout participant discussions. First, participants stressed the need to shift the perception of mental health with an emphasis on stigma reduction and increasing mental health literacy. Second, the need for supports through other systems and settings was also discussed, with participants recommending collaboration between mental health services and healthcare or education systems. In addition, a general lack of cultural competency was recognized, with participants expressing the significance of cultural and historical influence on a person's healing. Lastly, participants emphasized the importance of community collaboration and peer-led approaches.

SESSION SUMMARY

Mental Health Perceptions and Awareness

One common theme that participants in both the Peers and Consumers and the Families and Other Supporters group endorsed was the harm caused by stigma. A participant described how some members of Latinx communities see mental health as "craziness" – a term also used in the Commission's previous Latinx Community Listening Session. A participant with expertise in cultural competency also brought up the need for a better definition for "mental health," stating that many Indigenous people may not understand what this means. This person recommended having a glossary of mental health terms and concepts, posing the question: "How do you go about explaining that term in a way that talks about general, whole health – not just mental health, but overall wellness?"

Another participant in the Peers and Consumers group discussed stigma around substance use disorders and other diagnoses, saying that people experiencing these types of mental health needs often are blamed for their own suffering. Additionally, a lack of understanding in the criminal justice realm was also mentioned. An attendee gave an example regarding intergenerational trauma's relationship to oppositional behavior. In response, another participant offered examples of ways to address stigma, such as the "Stop Stigma" campaign, which normalizes mental health needs by providing facts, stories, and resources.[6]

A participant from San Diego County also commented on a lack of understanding in healthcare systems, noting that symptoms of unmet mental health needs sometimes present as physical ailments. Another attendee suggested increased awareness and acceptance of mental health milestones for infants and toddlers

like those of physical development. This person advocated for expansion of ACEs Aware to help people recognize what makes a healthy family and how to get help as soon as a need emerges. There was also a heavy emphasis on education systems, with participants noting a need for trainings for school staff that increase awareness of mental and behavioral health needs.

Access to Appropriate Services

To extend outreach efforts, listening session participants offered several areas of focus. A participant who is an expert in early childhood identified medical providers as important purveyors of information, stating that providers are the "first points of contact ... at a point of access where we have a lot of power to make a difference." There was particular emphasis on children birth through age five and their parents, as well as parents of elementary age children and other adults who shape children's lives, such as grandparents. A participant also shared creative ways to reach people during the pandemic through social media platforms, and another attendee provided examples of inspirational and informative social media accounts. In addition to online platforms, participants also called for other centralized resources such as a single phone number to call to access services. Overall, participants expressed the need for increased visibility of information, particularly for existing resources and programs. A parent whose child receives mental health services shared the following:

"We have a ton of services, but we have to call four different phone numbers to find out where to go. This is assuming you can present your story with enough information to get help. A lot of challenges are fixable by just ... tak[ing] what exists and properly manag[ing] it, rather than making it seem so overwhelming."

Participants provided several recommendations to increase timely access to services, such as co-location of PEI programs and social services. Those living in more remote areas and facing transportation hardships suggested virtual services, and one community member provided an example of an innovative approach to providing internet access through traveling mobile hot spots that meet people where they are. An attendee from Santa Barbara County recommended more flexible hours for services, acknowledging that many full-time workers and/or families with young children cannot attend appointments during the traditional business day.

Participants expressed concerns that insurance

issues prevented a more equitable distribution of services between crisis response and early intervention. The Families and Other Supporters group also mentioned access to appropriate prescription support. In addition to high costs and insurance barriers, an attendee from Orange County said that people may have a hard time navigating psychiatric services and that more accessible guidance materials would be helpful. Another participant additionally conveyed frustration over eligibility criteria, saying that often children and families must be "bad off enough" to qualify for support before being able to access services. The Peers and Consumers group offered concerns about overprescribing. "We live in a culture that relies on medication," said one attendee.

Cultural Competence

Cultural competence was a frequent theme in both discussion groups. One individual shared that cultural competence "looks like seeing yourself in that" service provider in a way that incorporates cultural and historical knowledge. A mental health advocate in the Families and Other Supporters group stated that there is a lack of cultural competency, language support, and cultural diversity of providers, with several other community members agreeing. A participant from San Diego County specified that a major problem for the Indigenous community is that many providers do not understand different cultures and can even make harmful comments, preventing people from wanting to return to therapy. A participant from Santa Barbara suggested that programs work with trusted leaders and cultural organizations who know and understand the population they are serving, and another person shared an effective program in Ventura County that works with Indigenous populations.

Cultural sensitivity was also mentioned as a significant factor for immigrants and asylum-seekers, with one person mentioning a culture of fear that prevents people from seeking services due to fear of jeopardizing an asylum application. Participants suggested increasing school funding to provide psychological assessments for refugee and immigrant children who are often survivors of severe trauma. A group of participants also recommended that the State develop a comprehensive communication strategy utilizing culturally reflective navigators, interpreters, and written resources.

Peer Integration and Community-Led Approaches

Attendees endorsed community involvement in steering programs and services and suggested stipends or incentives for stakeholder groups to better reach their communities. They alsowished to see increased collaboration between the Commission and different community partners to problem-solve and disseminate resources. A participant also recommended that MHSA PEI funds be directly provided to community-based organizations rather than directed through county behavioral health departments.

The use of peer-led approaches was suggested many times, specifically to reach youth members. Teen Line was one example provided, where trained teenagers provide emotional support to other teenagers.[7] A participant in the Families and Other Supporters group also proposed the development of more creative ways for youth to share their stories with one another and to have more programs that provide recreational activities at local community centers, such as "The Y" or at Boys and Girls Clubs.

The importance of using people with lived experience to distribute information and positive messaging was discussed. One example of success provided was the organization All Children Thrive.[8] This community-led movement connects its members with municipal staff and elected officials to create policies, programs, and networks that transform current systems to improve child and family well-being. Promotores programs were hailed as another effective model, in which community health workers are engaged to connect people to needed resources and encourage relationships. It was also recommended that people with lived experience be integrated in schools, such as parents with lived experience assisting other parents.

CONCLUSION AND CONSIDERATIONS

Listening session participants discussed the harmful effects of stigma on mental health perceptions, sharing ways to mitigate these effects by increasing mental health awareness and literacy through outreach efforts, especially those targeting healthcare and education systems, and offered other creative approaches for reaching people such as through social media. Participants also provided solutions to address the need for a culturally competent mental health workforce, weaving in peers and people with lived experience to help others in need navigate the mental health system.

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.[9] 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 2019 California Census: https://www.census.gov/quickfacts/CA.
3. National Conference of State Legislatures. Federal and State Recognized Tribes. https://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx#ca.
4. California Department of Corrections and Rehabilitation. Facility Locator. https://www.cdcr.ca.gov/facility-locator.
5. Rural Health Information Hub: https://www.ruralhealthinfo.org/charts/7?state=CA.
6. Stop Stigma Sacramento: https://www.stopstigmasacramento.org/.
7. Teen Line Online: https://teenlineonline.org/.
8. All Children Thrive: https://www.allchildrenthrive.org/.
9. Visit www.mhsoac.ca.gov for more information.