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

LOS ANGELES REGION LISTENING SESSION SUMMARY

SESSION SUMMARY

THE OPPORTUNITY

The Los Angeles Region of California consists of Los Angeles County, sans the cities of Pomona, Claremont, and La Verne.[1] This area contains a large number of Latinx, Asian American, and African American individuals. Of note, Cambodians make up at least 70 percent of the Asian American population.[2,3] There is also a higher-than-average percentage of folks who speak a language other than English at home or who were born outside of the United States.[3] In addition, many parts of the county are designated Mental Health Professional Shortage Areas. The combination of substantial cultural diversity and a lack of mental health providers encourages further discussion regarding access to mental health services for all.[4]

To explore challenges and opportunities in prevention and early intervention of unmet 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 March 2021. The session attracted a diverse group of participants, including peers and consumers, parents and family members, community-based organizations (CBOs), advocacy groups, and community members from diverse cultural backgrounds. A Khmer interpreter also attended the session to support several participants from that linguistic community, all of whom had lived experience. Discussions were organized into the following groups: (1) Peers and Consumers, and (2) Families and Other Supporters of people with need for mental health services.

One hundred and seven (107) participants attended the Los Angeles Region Listening Session. Participants shared their experiences, expertise, and recommendations for the advancement of prevention and early intervention in the Los Angeles area. Both discussion groups emphasized early childhood services and screening, particularly those focused on Adverse Childhood Experiences (ACEs). Another topic mentioned across both groups was the need for cultural competency in the mental health workforce, with participants suggesting more cultural sensitivity training as well as recruitment of providers who represent the diverse communities being served. In addition, a recurring theme across this and other regional listening sessions was the need for increased awareness of and improved access to mental health services, for example through leveraging school settings and additional program operations support.

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Children and Youth

During the listening session, attendees emphasized addressing mental health needs as early as possible. A representative from a local child resource center recommended focusing on the 0–3 age group, who are at high risk for abuse, neglect, and removal from the home. This person indicated that sometimes the only adults these children interact with are childcare providers and suggested reaching these individuals. Children in foster care were another population highlighted by participants as needing attention and services. Additionally, a statewide advocate raised concerns about the school-to-prison pipeline, specifically for children of color and youth who are perceived to be LGBTQ+, noting disparities in school discipline among these groups.

Early mental health consultations and screenings were also mentioned, especially concerning ACEs. Participants called for more state funding to provide and expand these services. Improved education regarding recognition of and response to mental health needs for families and parents was another recommendation. A youth advocate added that there needs to be more concrete resources for parents and caregivers addressing social-emotional barriers for children.

A local child development expert raised the need for more provider and staff training, specifically trauma-informed care. Kindergarten through high school teachers were identified as important people to train, as they are often the first point of contact for children and youth. Adding to that, a school psychologist said there should be onsite school-

based supports in place. Building on school-based supports, an individual gave one innovative example occurring in an Oregon high school, where a Dialectical Behavioral Therapy (DBT) Program provides students and their parents the opportunity to learn DBT skills in co-occurring groups, such as emotion regulation, behavioral regulation, and interpersonal effectiveness.[5,6]

Partnerships Across Systems

Many listening session participants advocated for mental health services to be braided into other systems for increased accessibility and to meet people where they are. Participants suggested potential collaboration across different State departments, such as the Department of Education, or with other entities in the education system. As previously mentioned, the school setting was frequently discussed, with attendees identifying opportunities at every level of learning from kindergarten to higher education. A family health advocate suggested including mental health milestones with the developmental and physical ones that most schools already screen for, while another participant reiterated one of Senate Bill 1004's priorities for funding and highlighted the importance of services on college campuses, drawing particular attention to community colleges.

Another area of focus in the Families and Other Supporters discussion was the healthcare setting, particularly training for pediatricians. Additionally, participants also acknowledged the opportunity to address prevention and early intervention through social services. An exemplary program that one person provided was the Department of Social Services' Emergency Child Care Bridge Program for Foster Children, which aims to increase successful home placements, increase the capacity of childcare providers, and maximize funding to support childcare needs.[7]

Cultural Competence

A common theme across both the Peers and Consumers and the Families and Other Supporters groups was cultural competency and sensitivity. A participant discussed the importance of inclusivity and approaching mental health with an "equity lens" that accounts for a wide range of experiences, as these ultimately shape a person's mental health needs. Another issue introduced by participants in the Peers and Consumers group was the cultural stigma that exists within many communities of color, including how stigma can impede help-seeking behaviors. Attendees noted this is a common barrier within the Latinx and Asian American and Pacific Islander communities.

To limit cultural stigma and increase mental health literacy, many participants at the listening session recommended utilizing people with lived experience and who are from the community in question to provide outreach. Participants brought up language barriers and a lack of cultural sensitivity as common barriers to seeking mental health services, expressing that there is a shortage of providers representative of the populations they serve. One participant who identified as being a member of the Cambodian community shared that mental health concepts are not well understood in their culture and suggested funding community-based organizations (CBOs) to serve as cultural brokers. Other members of this community also recommended cultural sensitivity trainings, more multilingual providers, and incentives for mental health workers to work with underserved and unserved communities.

A contributor in the Families and Other Supporters group brought attention to systemic racism and how this should be addressed by the State, raising concerns that representatives from communities of color may not be aware of when some public meetings are held. This individual recommended that the State publicize events such as these listening sessions to a larger audience. Additionally, it was suggested that interpretation services should be readily available at all public meetings, and not limited to only Spanish.

Awareness and Access to Resources

Another topic of importance was access to centralized and free resources and programs. One individual also called for increased visibility of existing programs, stating that some people may not be aware of what is already out there. A representative of the National Alliance on Mental Illness (NAMI) provided the example of "NAMI Basics OnDemand," a free educational program for parents that can be accessed online.[8] A mental health advocate in the Families and Other Supporters group also suggested more trainings and workshops for families to help them access and navigate the mental health system. A participant in the Peers and Consumers group suggested expanded educational workshops specifically led by CBOs.

Several participants also addressed operational barriers to accessing mental health services and supports. There are insurance obstacles, such as a limited number of sessions and strict eligibility requirements. People voiced frustrations with lengthy wait times to see a provider or that an individual would have to be experiencing a crisis to receive timely services. Mental health awareness and outreach for those with Medi-Cal was a particular need expressed by a member of the Cambodian community, as well as transportation aid. Additionally, navigating the application process for State funding can be complex, particularly for smaller CBOs. Participants recommended that the Commission provide more technical assistance around this.

CONCLUSION AND CONSIDERATIONS

Participants underscored the necessity of early intervention for young children including ACEs awareness, parent and caregiver education, and school support. Improving access to mental health services was also discussed in both discussion groups, and participants provided recommendations that included increasing awareness in different community settings. The challenges of stigma and lack of culturally competent providers were also common concerns among both the Peers and Consumers and the Families and Other Supporters group. Participants suggested engaging CBOs that know and understand diverse communities; however, doing so would require additional technical assistance regarding how to apply for Mental Health Services Act funding from the State.

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. University of California, Los Angeles. (2013). The State of Cambodia Town. Accessed from http://www.aasc.ucla.edu/research/pdfs/cambodiatown.pdf.

4. Rural Health Information Hub: https://www.ruralhealthinfo.org/charts/7?state=CA.

5. Visit https://dbtinschools.wordpress.com/2018/02/23/lincoln-high-school-portland-oregon/ for more information.

6. Rathus, J.H. and Miller, A.L. (2015) DBT® Skills Manual for Adolescents. Guilford Press.

7. Visit https://www.cdss.ca.gov/inforesources/calworks-child-care/ecc-bridge-program for more information.

8. National Alliance on Mental Illness. (2019). NAMI Releases First Free Online Class for Parents of Children with Mental Illness. Accessed from https://www.nami.org/Press-Media/Press-Releases/2019/NAMI-Releases-First-Free-Online-Class-for-Parents-of-Children-with-Mental-Illness.

9. Visit www.mhsoac.ca.gov for more information.