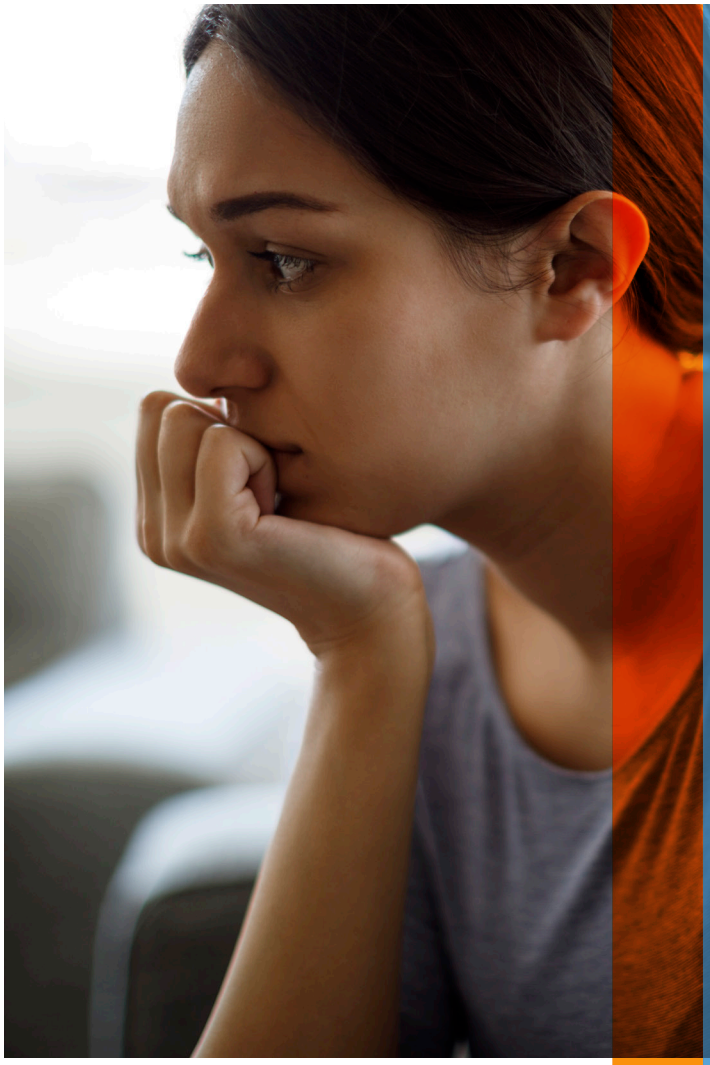

WELL TOGETHER: EXPLORING REGIONAL MENTAL HEALTH DISPARITIES AND SOLUTIONS IDENTIFIED BY THE LOCAL COMMUNITIES AFFECTED

CENTRAL REGION LISTENING SESSION SUMMARY

SESSION SUMMARY

MHSOAC
Mental Health Services
Oversight & Accountability Commission

THE OPPORTUNITY

The Central Region of California is comprised of Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare, Tuolumne, Yolo, and Yuba Counties.[1] In addition to many urban areas, this region contains several extremely rural counties that struggle with basic services such as transportation and few work opportunities, and the majority of the counties are fully or partially designated as Mental Health Professional Shortage Areas.[2,3] Most counties have a higher percentage of white individuals than the state average, particularly rural counties, and lower-than-average populations who speak a language other than English at home or who were born outside of the country.[3] The Central Region also features lower-than-average median household incomes and a higher-than-average proportion of residents with disabilities.[3] This combination of characteristics sets the stage for a much-needed conversation on mental health equity and timely access to mental health services.

To explore challenges and opportunities for prevention and early intervention (PEI) for 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 range of participants, including peers and consumers, family members and caregivers, community-based organizations (CBOs), local and statewide advocacy groups, and many individuals who worked in education and early childhood settings. 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 seventy-one (171) participants attended the Central Region Listening Session. One focus in the Families and Other Supporters group was a need for a more-upstream focus to address mental health challenges before they manifest or worsen. Participants discussed the importance of understanding mental health as early as possible and identifying signs of unmet needs and appropriate responses to those needs. There were also several recommendations to address mental health equity by increasing culturally relevant services, particularly through community-based organizations (CBOs).

SESSION SUMMARY

Looking Before and Beyond Crises

Both groups conceptualized mental health through a public health lens. One participant in the Families and Other Supporters group expressed frustration with the frequent separation of mental and physical health services in the community, leading to fragmented provision of services. Failure to treat all aspects of unmet needs in an integrated way can create barriers to effecting long-term change. A fellow participant then shared the transformative efforts of All Children Thrive, which works with community members and city officials to promote and shape healthy environments.[4] Another individual emphasized the importance of building community support to enhance resilience, particularly in communities that face cultural and historical trauma. A participant added that "prevention should include a mosaic of programs" connecting people to support beyond the mental health system, such as services that explore their cultural roots.

Attendees in both discussion groups emphasized a need for approaches that look further upstream, with many individuals raising concerns around a disproportionate focus on crisis-centered responses instead of preventive and proactive supports. One participant indicated that crisis response in her local area consumes the bulk of resources available, depleting what could be otherwise directed toward prevention and early intervention. This person recommended providing tools to individuals, families, and young people so that needs can be addressed before they become impairing.

Participants also discussed discontinuity and premature withdrawal of care as barriers to long-term mental wellness. An example one participant provided was what they perceived to be hasty dismissal from services once a person showed any signs of progress. This participant said that maintaining services for longer durations would prevent symptom regression or relapse. Another attendee agreed, stating that services should look beyond short-term crisis intervention to healing and healthy practice development over longer timescales.

Mental Health Awareness and Education

Some participants noted a general lack of knowledge around available mental health resources, such as whom to call, where and when to go, and how to navigate the mental health system. In response, several participants provided example services and recommendations to increase awareness and education. One individual in the Peers and Consumers group advised using peer specialists to help people understand complexities within the mental health system. Another contributor pointed to the efficacy of Mental Health First Aid (MHFA), a skills-based training course that teaches attendees about mental health, which can be tailored to specific populations of interest such as rural communities, youth, veterans, and more.[5] A fellow participant also added that the MHFA program effectively reduces stigma around mental health.

The Families and Other Supporters group discussed important periods across the lifespan to focus awareness and education efforts, such as during pregnancy and early childhood. They endorsed normalizing conversations on mental health as early as possible. Agreeing with this perspective, another participant added that mental health appointments should be a requirement just like physical exams before going to school. One attendee suggested that universal approaches to prevention can reduce negative outcomes, declaring "everyone has an internal struggle with something." Other participants highlighted the lack of attention given to teenagers and young adults, who are in a very transitionary and formative phase of their lives. Attendees recommended that programs develop fun and engaging strategies to encourage youth involvement. One participant suggested school clubs that foster awareness of and interest in mental health careers. Another individual advised approaching mental health in the classroom from a "wellness program" perspective, which could reduce stigma.

Improving Health Equity and Culturally Relevant Services

Health equity was key to the Families and Other Supporters group, who noted that the quality of services varied based on an individual's unique circumstances. One participant mentioned the use of clinical language, which can make mental health concepts less relatable, as a barrier to outreach and youth engagement. Similarly, many youth of color or of lower socioeconomic status might not complete or even attend college. A mental health advocate stated that these individuals need support as well, sometimes more so than those in college. Others agreed, noting that although mental health services are important for college students, youth who do not attend college may have less access to resources. A participant recommended providing more outreach opportunities in trade schools and other alternative settings.

Another suggestion for reaching low-resource communities was through postal mail, particularly during the COVID-19 pandemic when many people are home-bound. One participant suggested that mailing mental health information could benefit people in rural areas who may lack access to technology. Another attendee proposed making free resources available at local libraries.

One participant discussed the effects of racism on public health. They encouraged others to learn about settler colonialism – seizing and establishing property rights by removal of native peoples – and its negative effects on today's Black, Indigenous, and People of Color (BIPOC) communities.[6] Other participants encouraged larger investment in nonclinical, culturally relevant services. Generational trauma and misconceptions of mental health were cited as barriers to recognizing mental health needs, with one attendee from San Joaquin County highlighting the struggles of Asian immigrants and refugees who are escaping trauma. They declared the need for linguistically appropriate resources and integrating mental health concepts with faith-based practices.

In addition, many participants expressed a need for increased diversity among mental health care providers, as well as diverse representation when planning PEI programs. One person recognized Fresno County's efforts in funding culturally rooted services with Mental Health Services Act (MHSA) PEI money to reduce health disparities. Another participant said that the State should directly support CBOs instead of requiring them to access funding through county behavioral health departments. One individual also shared work from the California Reducing Disparities Project, saying that CBOs "need support in interfacing with our administrative system" so that they "can focus on the good work they do in the community."

A participant from San Francisco suggested relaxing funding regulations so that communities are better able to invest in community-based and culturally relevant programs, services, and supports. A second person agreed and suggested that state metrics be adjusted to allow for more flexibility. In contrast, some participants emphasized a need for increased uniformity across the State, recognizing that each county may not be doing the same thing despite having the same regulations. Attendees proposed a statewide convening on prevention to encourage innovative ways to address mental health issues, inclusive of statewide stakeholders such as the Department of Public Health, the Office of Health Equity, the Office of the Surgeon General, and the California Pan-Ethnic Health Network, among others.

CONCLUSION AND CONSIDERATIONS

Listening session participants addressed the importance of an upstream approach to addressing unmet mental health needs and suggested the implementation of a public health approach that involves CBOs. They also discussed mental health education, which can reduce stigma and provide people with skills and resources to help them thrive. Health equity was another common theme that requires additional attention to culturally appropriate services and supports. Participants recommended funneling PEI dollars and technical assistance to supporting culturally rooted CBOs.

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.[7] 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. Rural Health Information Hub: https://www.ruralhealthinfo.org/charts/7?state=CA.
4. Visit https://act-ca.org/ for more information.
5. Visit https://www.mentalhealthfirstaid.org/ for more information.
6. Nakano Glenn, E. (2015). Settler colonialism as structure: A framework for comparative studies of U.S. race and gender formation. Sociology of Race and Ethnicity, 1(1): 54–74. doi: 10.1177/2332649214560440.
7. Visit www.mhsoac.ca.gov for more information.