

CALIFORNIA REDUCING DISPARITIES PROJECT – LATINO FOCUS COMMUNITY FORUM

STOCKTON

March 30, 2011

COUNTIES: ♦ SAN JOAQUIN ♦ SACRAMENTO ♦ STANISLAUS ♦ MERCED ♦ YOLO ♦ FRESNO

Participants of the Mesas de Trabajo

In the Central Valley we conducted four separate community regional forums. One of these forums was held in Stockton, California on March 30, 2011 from 10:00 a.m. to 2:00 p.m. This forum was represented by participants from six counties including San Joaquin, Sacramento, Stanislaus, Merced, Yolo and Fresno counties. A total of 52 individuals attended the Mesas de Trabajo and represented various groups including consumers, family members, promotores/as de salud, service providers, mental health programs, academia, youth and community-based organizations.

Structure of Focus Group Discussion

This forum began with an introduction of the Concilio members who were co-chairs and the staff from the Latino Reducing Health Disparities (LRHD) project. Each person was asked to say their name, place they represent and explain the type of work they do. Participants were also asked to think about one thing they would like to see changed in mental health to benefit Latinos in California. After the introductions, there was a brief presentation that provided background information on the California State Reducing Disparities Project – Latino Focus.

This forum had a small number of Spanish only speaking participants which included consumers and family members for whom interpreting services were provided by the LRHD staff and other community members.

The meeting was organized into seven “mesas de trabajo” (working subgroups) to discuss six different strategies. The six strategies were produced by the Latino Behavioral Health Institute and UC Davis Center for Reducing Health Disparities. Spanish speaking participants formed Group two and conducted the meeting in Spanish (approximately 7 members). Each “mesa” was instructed to address one of the six strategies from Table 1. To ensure heterogeneity amongst the groups, participants were dispersed by numbering off from one to six. The only group that was homogeneous due to the language of preference was the Spanish-speaking group. This group was mainly composed of family members and consumers.

To facilitate the group process, each strategy included a list of guiding points to generate group discussion. Each “mesa de trabajo” was asked to identify a Chair, a Notetaker and a Reporter. They were provided with a flip chart, markers, and a

computer to document their recommendations on their assigned strategy. The computer recorder was a student volunteer or a staff member who captured the discussion at each table. Once all recommendations were posted on the easel paper, each group proceeded with an individual voting process of the top four strategies. They used color dots to prioritize the listed priorities (the value for each color was 4, 3, 2 and 1 for red, green, yellow and blue respectively). At the end of the session, each “mesa de trabajo” selected a reporter who would present their recommendations to the larger group.

The following is a list of answers to the question: “If you could make one thing happen in Mental Health that would benefit Latinos, what would it be?”

Funding

- Fund more outreach and support groups for the community.
- Provide medical funding for those that seek care.

Services

- Reduce the stigma associated with mental health and receiving counseling.
- Incorporate cultural factors into the family dynamic.
- Extend and/or increase current services.
- Establish groups in Spanish for support/education for parents and clients.
- Reduce barriers and increase access to mental health services for Latinos.
- Provide services to clients without insurance and those that are undocumented.
- Partnership expansion to expand services that are currently available.
- Make it easier for clients to access mental health services.
- Increase bilingual services and access to low-income clients.
- Expand services for the underserved with language or economic barriers.
- Revision of the system to allow for more prevention and early intervention services.
- Provide early prevention with children.
- Have crisis intervention services.
- Translate all documents, both clinical and legal into Spanish.
- Provide better access to the Latino community so they can receive services.
- Better prevention services in regards to schools and domestic violence.
- Better communication and bilingual services with the right information at the right time when people need it.

Providers

- Have more Spanish speaking clinicians in rural communities.
- Change leadership at the top.
- Have leadership programs for consumers and providers.

Education and Training

- Focus on leadership development in the Latino community.
- Educate the Latino community on mental health signs and symptoms.
- Help more Latino clients and enable them to spread the word within their community.
- Incorporate in educational settings information about co-occurring disorders.
- Provide incentive programs to encourage individuals to go into the mental health field.
- Promote empowerment for clients.
- Reach more undocumented clients; break down the barriers and fears.
- Bring attention to eliminating health disparities.
- Raise awareness of alcoholism.
- Overcome cultural and language barriers in all counties.
- Mental health access and education in elementary schools.
- Better communication via cultural knowledge of the communities that are being served.

The following section will describe in more detail, which were the top priorities for each group in their designated strategy.

STRATEGY #1

Strategies for increasing treatment participation of Latinos by reducing individual and community barriers to care

PRIORITY #1 MENTAL HEALTH EDUCATION FOR SPANISH COMMUNITIES

PRIORITY #2 LEADERSHIP AND COMMUNITY BUILDING

PRIORITY #3 INTEGRATE HOLISTIC APPROACHES SUCH AS FAITH
BASED

I. MENTAL HEALTH EDUCATION FOR SPANISH-SPEAKING COMMUNITIES

- Use existing community events to educate Latinos about mental health issues.
- Have schools serve as neutral meeting places to bring everyone together with food and speakers.
- Identify which agencies have Spanish-speaking programs or special programs.

II. LEADERSHIP AND COMMUNITY BUILDING

- Increase collaboration within agencies in mental health, for example, collaboration with primary care physician and mental health professional.
- Have churches serve as a means to disseminate information to the public.
- Provide support groups within families and peers such as NAMI.
- Provide family therapy.
- Extend or have more flexible hours and days for agencies to be open.
- Conduct home visits, outside visits at satellite offices by sharing space with other agencies.
- Work with individuals who have degrees from other countries and can serve our community.

III. INTEGRATE HOLISTIC APPROACHES SUCH AS FAITH-BASED

- Understand the importance of having a faith-based approach which could be integrated into a holistic approach for well being.

STRATEGY #2

Strategies to increase treatment participation by improving access to existing programs and services

PRIORITY #1 MOBILE SERVICES

PRIORITY #2 TRAINING AND EDUCATION

PRIORITY #3 FLEXIBLE HOURS

I. MOBILE SERVICES

- Provide mobile services in locations where Latinos congregate in order to promote “general health” and not just mental health. There is a need to de-stigmatize mental health and consumers need to see that services are being provided in safe environments.
- Attend flea markets to promote general health instead of just mental health.
- Understand the needs of people who live in rural communities.
 - Ways in which to increase patient participation is by addressing transportation barriers childcare and having flexible hours after 5:00 p.m. and on weekends to address the needs of farmworkers who work seasonally.

II. TRAINING AND EDUCATION

- Train and educate the staff including administrative staff and directors of an agency to be cultural and linguistically sensitive.
- Incorporate mental health and types of service into English as a Second Language (ESL) classes, and parenting education classes.
- Provide information and recruitment in high schools to promote/recruit students to consider entering social work or mental health professions. There is a need for mental health training and knowledge about how to get into the mental health field.
- It is important to have culturally competent and culturally appropriate workforce development with trained and certified professionals.
- Work with NAMI to improve resources.

III. FLEXIBLE HOURS

- Improve service hours such as having evening and weekend hours available for clients to seek services.

IV. OTHER RECOMMENDATIONS

- Recognize programs that have proven to be successful and that have culturally and linguistically appropriate services as well as have had environments that are inviting for the Latino consumer.
- Use Promotoras/es or “especialistas” who are bilingual/bicultural from the community to educate Latinos about mental health. Engage bilingual/bicultural family advocates to assist with peer support or mentoring. It is important to have ‘aliados’ (allies) who will help the community. It is important to have ongoing education for mental health staff on cultural competence.
- Provide care regardless of legal status.

STRATEGY #3

Recommendations for new programs and modification of service delivery to increase participation

- PRIORITY #1 CREATE NEW PROGRAMS SUCH AS LATINO BEHAVIORAL HEALTH AND RECOVERY SYSTEM¹ (LBHRS)
PRIORITY #2 ESTABLISH A CRISIS CENTER FOR LATINOS
PRIORITY #3 CREATE AN EDUCATIONAL YOUTH GROUP
PRIORITY #4 HAVE SPANISH SPEAKING NAMI GROUPS FOR PARENTS

I. CREATE NEW PROGRAMS SUCH AS LATINO BEHAVIORAL HEALTH AND RECOVERY SYSTEM (LBHRS)

- Create new programs such as LBHRS, which is a proven growing program that meets the needs of the larger community.
- Provide different methods of treatment such as one-to-one meeting, group meetings, or intense group management.

II. ESTABLISH A CRISIS CENTER FOR LATINOS

- Establish a crisis center that would be available seven days a week for 24 hours. This center would be available for Latinos and be staffed with bilingual/bi-cultural staff.
- Work together with a mobile team that is available to go out to homes and communities.

III. CREATE AN EDUCATIONAL YOUTH GROUP

- The youth group would focus on youth between ages 12 and 18 to help them learn about cultural identity and to learn more about how to access mental health services.
- Improve youths' identification with cultural aspects; our youth either feels they are Latinos or as part of the US population and this creates stress that can cause depression or drug/alcohol abuse.
- Provide dual diagnosis program for substance abuse and mental health, create dual diagnosis programs (to help older adults and veterans) that are sustainable such as "Un Paso Adelante" (A step forward) that was led by Manuel Jimenez.

¹ The Latino Behavioral Health and Recovery System (LBHRS) is a program that helps reduce the negative stigma associated with Mental Health among the underserved communities via education and awareness about mental health. Services are delivered with the support of various collaborative partnerships via support groups (Depression, Parenting & Substance Abuse), outreach and presentation within various communities in Stanislaus County. One of the major components of the program is also to refer and connect clients to the various mental health providers/agencies/organization in the community, see the Stockton Concilio website for more information about this program. LBHRS also utilizes the Promotoras/es Model in educating the community.

- Start a crisis center that is specific for youth and provide mobile outreach or crisis intervention in their language.
- Use social networks as an outreach tool, such as Face book or Twitter.

IV. HAVE SPANISH SPEAKING NAMI GROUPS FOR PARENTS

- Work with SAMHSA to modify its services from being short term to long term, and by extending funding to provide more services.
- Provide more access to undocumented consumers as well as those who are unable to pay for services.
- Increase NAMI's funding to have more groups available for families and clients.
- Have NAMI provide Spanish Speaking groups for parents.

*The following group conducted and wrote their recommendations in Spanish but made their report to the larger group in English.

STRATEGY #3

Recomendaciones para nuevos programas y modificaciones de entrega de servicio para aumentar participación.

PRIORITY #1 NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) DEBE DE TENER GRUPOS EN ESPAÑOL (*NAMI Should have Spanish groups*)

PRIORITY #2 PROVEER GRUPOS DE APOYO PARA PADRES (*Provide support groups for parents*)

PRIORITY #3 PROVEER SERVICIOS PARA PERSONAS INDOCUMENTADAS (*Provide services for undocumented people*)

PRIORITY #4 EDUCAR A DISTRITOS ESCOLARES (*Educate school districts*)

This group was mainly composed of consumers, family members and advocates.

I. NAMI SHOULD HAVE SPANISH GROUPS

- Train volunteers to assist consumers. They desperately need information to be translated into Spanish such as the National Council Manuals (2008).
- Work with NAMI to encourage Latino groups throughout the state by supporting community members who want to assist the Spanish speaking community.

II. PROVIDE SUPPORT GROUPS FOR PARENTS

- Support people who have family members or friends with mental health challenges. A participant used herself as an example of a time where her teenage son was having a crises. She called a mental health hotline where they did not speak Spanish and was told to call the police for them to arrest him. She immediately hung up the phone and tried to get her son under control because she could not bear seeing him arrested. She insisted that it would have been beneficial to have Spanish-speaking people as well as a crisis center for her teenage son to attend when his episodes occurred.
- Recognize that Spanish- speaking staff is essential in counties where there are a large number of Latinos and Spanish-speaking consumers.

III. PROVIDE SERVICES FOR UNDOCUMENTED PEOPLE

- Be able to give them (people who are undocumented) dual diagnosis.
- Create programs that include a wellness center in Spanish.

IV. EDUCATE SCHOOL DISTRICTS

- Ensure that teachers are educated about mental health and available resources. Many children in schools have mental health challenges and are often mistreated in school because teachers do not know how to address their needs.
- Identify mental health needs at an early age through the Individuals with Disabilities Education Act (IDEA). One of the parents from this group expressed how the school district denied her son services even though they knew there was something wrong with him, but they could not diagnose or treat him.
- “To get services right away is like being able to save a life and a family.”

STRATEGY #4

Recommendations for new programs and modification of service delivery to increase retention in services and reduce dropout

PRIORITY #1 PROVIDE SERVICES IN A SAFE LOCATION

PRIORITY #2 FLEXIBLE SCHEDULES

PRIORITY #3 IMPORTANCE OF LANGUAGE

PRIORITY #4 PARENTING GROUPS IN SCHOOL

I. PROVIDE SERVICES IN A SAFE LOCATION

- Provide services in a safe location where professionals may be able to connect with clients as well as with families, such as in churches, flea markets, and the Stockton Concilio locations.
- Ensure that, “as a clinician, you have to do your job. As a professional and confidentiality is tremendous. If someone knows that they are going to church to get mental health services, it might increase the stigma.”
- Normalize depression and not just talk about the degree of the mental illness. I say, “Whatever makes your heart hurt” as a broad definition for depression.
- Ensure that people have childcare and family support when they attend appointments. Due to the lack of these basic supports, they do not return for services.
- Acknowledge that introductions between clients and doctors are different from white providers and Latino providers. “I (Latina) use cultural traditions like using touch to introduce myself. I allow my clients to know me too. Being open to their mannerisms, for example, if in the white community they introduce themselves with a handshake, for Latinos, touching is important so I give them a hug. Ask them about their family and they will continue to come”.
- “Depression is whatever makes your heart hurt.”

II. FLEXIBLE SCHEDULES

- Ensure that agencies have flexible schedules such as being open in the evenings and weekends.
- Work around Latinos work schedule. They work long hours and they often cannot afford to lose work to attend an appointment.
- Do not allow a lot of time to pass before the client receives treatment. “If we want to keep the client, we need to see them within a week.”
- Provide transportation to bring them into the clinic, and have childcare.

III. IMPORTANCE OF LANGUAGE

- Provide language interpretation services. Interpreters should not just be used to interpret terms but to explain what the word really means in the consumers’

culture. Many times, interpreters know the meaning of the words learned from a book but they do not know the conversational word the client uses.

- Have an understanding of cultural interpretation because some words in English are interpreted differently in Spanish and clients end up being misdiagnosed.

IV. PARENTING GROUPS IN SCHOOL

- Form parenting groups within schools to educate about mental health and childhood behaviors – explain what is “normal” and how to understand childhood behaviors. Change the definition of “normal.”
- Provide schools with a 12-week curriculum about mental health, in particular what affects children’s learning and not just about them having a mental issue, make it as general and informative as possible.
- Have meetings after school, sometimes at night from 7 p.m. to 9 p.m. or after dinner for parents to be able to attend.

V. OTHER RECOMMENDATIONS:

- Recognize that Latinos don’t differentiate between the mind, spirit and body.
- Consider not calling it mental health “llamaló salud emocional” (call it emotional well being). They don’t like the term “salud mental”. Young people don’t want people to tell them what to do. “My mom put me in programs like NAMI where I was able to get involved and take ownership of my own mental health illness.”
- Provide stipend programs for clients and general public interested in going into the mental health field, especially Latinos.
- Use professionals from other countries that are doctors and nurses or social workers use their expertise in this country and train them to be maybe promotoras/es.
- Teach community members how to take care of people in the community. Have police understand mental health services so they can help identify a mental health professional instead of the incarcerating someone who is having an episode.
- “Latinos don’t differentiate between the mind, spirit and body.”

STRATEGY #5

Recommendation for new programs and modification of existing services to improve successful treatment outcomes (other than retention)

PRIORITY #1 OFFER FAMILY SUPPORT FOR FAMILY MEMBERS

PRIORITY #2 BILINGUAL AND BICULTURAL STAFF

PRIORITY #3 HAVE NAMI ATTRACT LATINO POPULATIONS

PRIORITY #4 HOUSING AND RECOVERING PROGRAMS

The task for this group was to recommend new programs and make modification to existing services to improve outcomes. The following are a list of ideas they discussed.

I. OFFER FAMILY SUPPORT FOR FAMILY MEMBERS

- Provide interpreting services to families.
- Serve documented and undocumented clients.
- Expand services to the family and not just the individual.
- Families need to understand early warning signs and early prevention.
- Be willing to do the footwork and go to locations where Latinos are.

II. BILINGUAL AND BICULTURAL STAFF

- Ensure that Interpreters understand the clinical mental health experience in order to help clients and families understand the examination and treatment process.
- Hire culturally sensitive Spanish-speakers to be outreach workers.
- Use only trained medical and mental health interpreters. When there are no Spanish-speaking nurses or psychiatrists they utilize untrained interpreters like secretaries, office clerks, etc. and that is unacceptable.
- Offer short-term sessions for non-English, undocumented workers as a good intervention. "While there are only 6 sessions, this is a highly effective intervention. It gets them into service quickly and has a long-term effect. We would like to see this extended because currently the waiting list is so long, which means that many go untreated."
- Provide information on services that is available in Spanish.
- Educate clinic staff and providers on all services that are available and how to access for them.

III. HAVE NAMI ATTRACT LATINO POPULATIONS

- Educate families on what is happening to their family member who has a mental health issue.
- Use promotoras/es and or improve NAMI's outreach to the Latino community.
- Reduce the paperwork and requirements that are asked of poor working class and migrant families. If too many requirements are asked, families will not follow-through.

IV. HOUSING AND RECOVERING PROGRAMS

- Address housing and recovery programs by designing mental health services within housing programs as built in services. These new programs would include hiring individuals that can help families with special needs children.
- Have housing programs specifically designed for mental health clients by contracting with Visionary Home Builders².
- Collaborate with apartment managers to educate them about mental health and resources in particular for those units that have a high number of mental health clients.

V. OTHER RECCOMENDATIONS:

- Increase transportation funding for clients to be taken to appointments, errands, etc.
- Provide childcare for children of clients seeking treatment.
- Provide transportation from and to programs and appointments. Be very selective when hiring drivers to take families to appointments. Have someone who can relate and speak his or her language.

² Building Homes, Strengthening Communities: Their mission is to create and advocate for healthy, vibrant, safe communities through the development of affordable housing and educational opportunities to families, seniors, and individuals of low and moderate income.

STRATEGY #6

Strategies for design of effective approaches to the evaluation of implemented recommendations

PRIORITY #1 EVALUATIONS TO IMPLEMENT CHANGES

PRIORITY #2 ALLOW CONSUMERS TO TELL THEIR STORIES

PRIORITY #3 PROVIDE MORE REPRESENTATION FOR RURAL AREAS

PRIORITY #4 HAVE A NEEDS ASSESSMENT

I. EVALUATIONS TO IMPLEMENT CHANGES

- Have regular evaluations that take place periodically or quarterly.
- Have education training, contact the community and measure the effectiveness of the program.
- Create and construct specific surveys to measure the individual quality of care of the identified population. The data can be gathered to analyze data in both qualitative and quantitative methods.

II. ALLOW CONSUMERS TO TELL THEIR STORIES

- Give the consumer the opportunity to tell his or her story in order for specialists to know what to evaluate.
- Engage with the participants in a very personal level so they can feel comfortable and be more open to participate.
- Give a report to the participants for them to be informed about the outcomes of the surveys and evaluations.
- Obtain as much information as possible in order to be more effective when providing services and understand where the consumer is coming from.
- Develop trust within the participants so they feel comfortable in participating and they will open up. Be open for story telling since that's one of the most effective ways to find more information from the participants.
- Educate participants by teaching them how to express their feelings. Have one-on-one interviews where the interviewer is culturally and linguistically competent to connect with the participants.

III. PROVIDE MORE REPRESENTATION FOR RURAL AREAS

- Provide more resources and services to rural areas. “We need funding specifically for those needy areas before we can start implementing programs.”
- Work as a team with other providers/agencies to help families so they don't feel overwhelmed with so many people coming and going into their homes and personal space.
- Provide more resources for the participants and if we don't have all the resources, work with consultants from outside areas.
- Look at resources that are county or community-based to measure specific interventions.

IV. HAVE A NEEDS ASSESSMENT

- Conduct a needs assessment to know what the community needs. An example of this is, the “Nurturing Parent Program.” This is a good evidence-based program that's completed by the parents when they enroll their children in preschool. At the end of the program, the effectiveness of the program is measured by giving the pre/post surveys. Getting feedback from participants/clients/patients without labeling them is very important. It will be a random survey to see what and where we can improve to be more effective. This information should be anonymous so the participants do not feel intimidated as far as being labeled or affected by what they say.

Table 1. The six strategies and guiding points provided to the “Mesas de Trabajo”.

<p>1. Strategies for increasing treatment participation of Latinos by reducing individual and community barriers to care.</p> <ul style="list-style-type: none"> • Ideas on reducing stigma (community and individual education) • Increasing workforce appropriate to Latinos at all levels (training and education) • Increasing family and community support • Suggest Mental Health programs that are appropriate for Latinos • Suggest approaches to community outreach and engagement • Other ideas
<p>2. Strategies for increasing treatment participation by improving access to existing programs and services.</p> <ul style="list-style-type: none"> • Ideas on how to increase treatment participation • Ideas on how to improve access to existing programs • Suggestions on programs that are proven to be successful with Latinos • Suggestions on culturally appropriate workforce development (training and education) • Other ideas
<p>3. Recommendations for new programs and modification of service delivery to increase participation.</p> <ul style="list-style-type: none"> • Ideas on new programs that should be offered to increase participation • Ideas on modification of existing programs to increase Latino participation • Ideas on programs that have proven to be successful in serving Latinos • Other ideas
<p>4. Recommendations for new programs and modification of service delivery to increase retention in services and reduce drop out.</p> <ul style="list-style-type: none"> • Ideas on how to reduce dropout rates • Ideas on how to modify current programs to reduce dropout rates • What new programs should be offered to reduce drop out • Other ideas
<p>5. Recommendation for new programs and modification of existing services to improve successful treatment outcomes (other than retention).</p> <ul style="list-style-type: none"> • Ideas on modifying existing programs to increase treatment outcomes • Ideas on new programs that would increase treatment outcomes • Other ideas
<p>6. Strategies for design of effective approaches to the evaluation of implemented recommendations.</p> <ul style="list-style-type: none"> • Ideas on how to evaluate individual quality of care • Ideas on how to evaluate complementary interventions • Ideas on how to evaluate programs serving Latinos