



Eliminating Behavioral Health Disparities Among Racial and Ethnic Minority Populations in Rural Communities Meeting Summary

Background

Mental Health America (MHA) believes that it is essential that all aspects of mental health systems be reflective of the diversity of the communities that they serve and that mental health agencies strive to become and remain culturally and linguistically competent. A culturally and linguistically competent mental health system incorporates skills, attitudes, and policies to ensure that it is effectively addressing the needs of consumers and families with diverse values, beliefs, and sexual orientations, in addition to backgrounds that vary by race, ethnicity, religion, language and social and economic station.

To this effort, Mental Health America has undertaken a new initiative that seeks to address the elimination of mental health disparities among racial/ethnic minority populations in rural communities. In phase one of the initiative MHA has utilized its successful multi-state meeting format to bring focused state delegations together to develop strategies that will promote utilization of services and/or new models of care for and by minority populations.

Meeting Summary

On March 18-19, 2008, over thirty local and state consumers, family members, advocates, and rural service providers from **Colorado, Montana, New Mexico, Nevada, North Dakota, and Utah** met to learn about barriers to mental health treatment, innovative strategies and approaches to reaching out to disparate populations, and to develop key strategies to eliminate behavioral health disparities among racial and ethnic minority populations in their communities. State delegations were comprised of multiple stakeholders including representatives from the target populations in each state.

Through the course of the two day meeting, participants gained valuable insights and opportunities to connect with issue experts that they can call upon in the future for guidance and support. Experts were able to interact with advocates throughout the meeting and gained insights on examples of positive community efforts occurring across the region. The meeting challenged notions that mental health stops at the state border. Participants gained a real understanding that this is a regional issue that crosses borders and that they can address together; not in isolation. Because of broad interest in addressing health disparities among racial and ethnic populations, the multi-state meeting facilitated each affiliate's role as a convener of stakeholders working toward significant changes. Lastly, the meeting fostered new thinking on how to partner with academic communities in order to take practice based evidence and to form them into evidence-based practices for ethnic and minority populations.

The meeting began with a pre-meeting dinner on March 17 to begin sharing an informal discussion of state needs. Many of the stakeholders and delegations were meeting for the first time and discussions extended past state regions to the common needs and goals of the diverse groups at the meeting all working to serve very similar populations.

Day One

The conference began with a formal introduction to attendees and speakers by Linda Roebuck, Mental Health Czar for the New Mexico Behavior Health Collaborative. Linda welcomed attendees to New Mexico and provided attendees with a brief update of activities that the state has undertaken to address disparities. After Ms. Roebuck finished Raymond Keeswood from the Navajo Nation and the Navajo Department of Mental Health began the event with a traditional Navajo blessing underscoring balance and mental wellness.

Dennis Mohatt from the Western Interstate Commission for Higher Education provided invitees with a background of the challenges that behavioral health service providers encounter when trying to meet the needs of racial and ethnic minority populations in rural settings. It was emphasized that advocates need to focus attention on where individuals enter the mental health system and how well the system is able to respond to their mental health needs in a culturally and linguistically appropriate manner. The presentation led to a vibrant discussion about the challenges to funding projects as well as the importance of partnerships with local universities to design evaluation components of projects targeting this population.

Dr. Kamilla Venner provided a very practical view of the issues that Dennis rose in his presentation by talking about the challenges that she and her team at the University of New Mexico encountered when adapting *Motivational Interviewing with American Indian and Alaska Native Populations* in a real world practical setting. Researchers found that while the technique was new, it had value in a real world setting due to the fact that early studies found that adding one session of motivational interviewing before treatment as usual increased retention and doubled abstinence rate. Discussion with attendees centered on lessons learned in terms of designing and adapting these types of interventions to other populations. Ms. Venner underscored the need to exercise caution when adapting evidence-based practices to diverse populations to ensure that the core mechanisms of change are not lost.

In the afternoon Alicia Gonzalez shared a presentation on the *Promotora Model* that was developed at the Central Valley Health Policy Institute at California State University, Fresno. The cornerstone of this model was to find highly regarded leaders within the community and train them in healthcare promotion and prevention, including elements of mental health prevention and promotion, to hard-to-reach Latino communities in rural California's Central Valley. Attendees learned about the benefits, challenges, and funding opportunities needed to replicate this type of initiative locally. Key messages included: the need to involve consumers from the beginning to ensure that the materials meet the community's needs, the importance of conducting a community needs assessment before moving forward with planning, the need to test your program in order to ensure that it's culturally competent, and to build-in continuous training and support.

Rick Ybarra from the Hogg Foundation for Mental Health presented in the afternoon on the topic of Building Culturally and Linguistically Competent Organizations. He presented attendees with an organizational self-assessment tool and discussed how cultural competency must be integrated into the entire organization, not just added as a disconnected program. Attendees also learned that training curriculums are most effective when seeking community input of a program design or training. Ybarra stressed the importance of data, identifying what communities really need, and that collective efforts will make a difference in closing the disparities gap.

Participants concluded day one with a roundtable discussion on activities that they could implement locally to address the needs of racial and ethnic minorities in their states. Attendees were encouraged to think of ideas related to action planning questions including, determining who from their community should be involved in their efforts, and what specific steps are needed to meet the goal.

Day Two

Day two began with the Lorenzo Olivas from the Office of Minority Health in Region 8. Olivas presented material on using a public health approach to eliminating behavioral health disparities and provided attendees with an approach to integrate mental and public health. He articulated how public health approaches focus on the health of the population and that it exists in the space between health and psychosocial environments. Attendees learned about specific health challenges in the regions and provided recommendations for bridging service gaps.

Dr. Carmen Moten from the National Institute of Mental Health (NIMH) presented information and recommendations on the availability of grants to support work in the area of community based participatory research (CBPR). Participants learned about NIMH grants that support community and academic partnerships. While a strong research design is needed, research outcomes can focus on demonstrating the applicability and generalizability of findings. Lastly, Moten encouraged participants to establish strong relationships with their local Universities, to also develop a brief concept paper about

their ideas, and to contact a program officer at the NIMH to inquire whether the research is appropriate for a CBPR model.

Ideas for Action

Each delegation regrouped into roundtable discussions to discuss action-planning steps for their state followed by an open discussion of ideas for next steps and additional resources needed to move forward. The results of their discussions will help frame their final action plans to be submitted to MHA with their grant applications.

- **Utah:** The delegation is interested in forming a tribal mental health planning council. The council will conduct a community needs assessment and develop legislative and policy priorities. They will take the results of a suicide survey to state policy makers and to the North American Nations in their state to devise a strategy to address policy change.
- **New Mexico:** The delegation would like to work with Native American leaders to adapt the current peer-to-peer curriculum for consumers to serve as peer specialists in their Native American communities.
- **Colorado:** The delegation is committed to outreaching to leaders within the minority population and to fostering a dialogue among the various communities to identify needs. This in turn, will lead them to priority targets.
- **Nevada:** Delegates discussed ways to address ethnic and minority disparities among the youth in rural communities. One of their goals is to reduce law enforcement interactions with youth. Through dialogue with other delegations, the delegation is also interested in exploring other opportunities to bring the needs of their rural communities to policy makers.
- **North Dakota:** Members of the delegation will work with Native American tribal leadership to identify education and outreach programs that can be adapted to the state's tribal nations. Activities will focus on the development of mentors, teen leaders, parent leaders, natural helpers, cultural spiritual/pastors, professional caregivers, professional health and mental health.

Meeting Follow-Up

In addition to ongoing technical assistance following this meeting, Mental Health America is offering participating MHA affiliates the opportunity to apply for pass-through grants to support implementation of action plans. MHA is also developing a web page to provide all affiliates and stakeholders access to meeting materials, resources, and follow-up technical assistance.