NAMI
The Nation's Voice on Mental Illness

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A Culmination of Five Years of Change The Beginning of a New Effort

By Majose Carrasco, Director NAMI Multicultural Action Center

Five years ago, many people would not have believed NAMI would ever organize an event focused on multicultural mental health. Five years later, this same event became a reality, and it marked the beginning of a new era for NAMI's work for diversity and for equality in access for all people with mental illness.

Positive change starts with recognizing one's limitations and owning one's errors. This is exactly what NAMI did back in 2001. We recognized that, while we had NAMI leaders and members of color, the organization was overwhelmingly white and that we had not provided the support these leaders needed to take our message of hope to diverse communities.

We set out to change this and to make sure NAMI was truly the voice of all Americans. We started by creating a Multicultural Outreach Center tasked with driving NAMI's diversity efforts at a national level. The Center worked closely with existing NAMI leaders of color to provide the support they needed and to highlight their work. Furthermore, the Center worked with NAMI state and affiliate offices to help draft and implement initiatives to reach diverse communities.

In 2002, NAMI's Multicultural Outreach Center started organizing a series of Multicultural Mental Health Symposia to highlight mental health issues in the African American, American Indian, Asian American, and Latino communities. These one-day events, which took place as part of the NAMI convention, brought together consumers, families, and providers from each of these communities.

The Multicultural Strategic Summit, which brought together these four communities, was the culmination of this series of events and the beginning of a new campaign to advocate against disparities in mental health. NAMI is proud to start this new effort in good company. Several organizations and more than 300 advocates participated in the Summit and helped draft an action plan to drive change.

The Summit, which took place in Washington, D.C., from June 28 to July 2, was held in conjunction with NAMI's National Convention and consisted of five workshops, two plenary sessions, a round table discussion, and a town hall meeting, each addressing issues involving mental health within ethnic minority communities, the achievement of cultural competence, and the elimination of disparities in mental health care.

In 2004, NAMI renamed its multicultural center to reflect the progress that had been made and the new direction the center was taking. The new Multicultural Action Center strives not only to engage communities of color but also to give them the tools and support necessary to advocate for meaningful access to treatment and the good quality of mental health care that they deserve.

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NAMI held a Multicultural Strategic Summit as part of its Annual Convention from June 28 to July 2 in Washington, DC.

In this issue we highlight perspectives and outcomes of the Summit. For more information or to download the presentations visit www.nami.org/summit

Multicultural Task Force Meeting

Multicultural Partners gathered together for a planning meeting to guide their combined efforts

On June 29, 2006, representatives from over 20 nationwide organizations gathered together to develop an action plan to address disparities in mental health for communities of color. Interviews conducted with each participant prior to the meeting guided the agenda and the expectations.

Participants agreed that while landmark reports such as the Surgeon General's Report on Culture, Race and Ethnicity and the President's New Freedom Commission Report have consistently underscored the ghastly disparities in mental health care experienced by minority communities and have provided important recommendations to address the myriad barriers to quality treatment, little has been done to change this grim reality. The meeting's discussion started from one premise: the group would not dwell on the well-known disparities in mental health care, nor would it draft new recommendations to address them. Rather, the group came together to identify key priority areas that needed immediate attention and to develop a plan of action to push the identified priorities forward.

Participants began by freely discussing a broad range of areas of concentration, including standardized cultural competence credentialing, improvements to national and grassroots partnerships, funding, indigenous and traditional healing practices, evidence-based practices, stigma, barriers to treatment, and much more.

The initial points of interest were then narrowed into the following four priority categories:

- **Workforce Development:** Recognition of the scarcity of mental health providers of color and the need for cultural competence training for the existing provider community is essential.
- **Public Information (Education):** Knowledge and understanding of mental illness will help communities of color be active partners in the prevention and treatment of these illnesses.
- **Families and Consumers:** Any successful changes will require the active and meaningful involvement of people with mental illness and their families at all levels.
- **Quality of Care and Access:** The lack of access and the poorer quality of care received by minorities is well documented. Any transformation of the mental health system must address the myriad barriers to accessing treatment and must make a concerted effort of improving the quality of treatment provided to diverse communities.

In smaller workgroups, participants discussed what has already been successful in addressing these priority issues, what realistic efforts could further be made, and what these organizations could do together to implement the identified action steps. The result was a list of action items for each priority area. Action items range from identifying best practices in multicultural mental health treatment to partnering among organizations on the creation of a new awareness and education campaign.

Without a doubt, the most important outcome of the meeting was the strong bond created among organizations and the spirit of collaboration and unity that developed during the session. Participants underscored the urgent need for collaboration in order to accomplish much-needed changes in the nation's mental health system. The group made a commitment to work together on the creation of the action plan and to officially support the plan and its implementation. During the following months, NAMI and this cadre of organizations will work together to finalize a joint plan to be released this fall.

Creating a National Advocacy Plan: The Summit's Town Hall Meeting

Moderated by Fred Sandoval, the first vice-president of the NAMI National Board of Directors, and Dr. Sergio Aguilar Gaxiola, Chairman of the Board of Directors of the National Mental Health Association, the Town Hall Meeting was a motivational, inspiring, and expressive end to the Summit. The meeting brought Summit attendees and leaders in the mental health community together in order to create a nationwide action plan to address mental health disparities and culturally competent care in minority communities.

Participants in the Summit's Town Hall Meeting showed respect for each other as they voiced their ideas for a national advocacy plan.

The meeting began with a presentation of the results from the discussion during the Multicultural Partners Meeting held Thursday, June 29. Using the four priority areas identified by the Partners, Summit participants then helped to craft a national advocacy plan through a suggestion box and the Town Hall discussion.

Approximately 100 advocates participated in this important meeting. All attending were encouraged to voice their ideas, with an enforced rule of focusing on specific action items and suggestions rather than complaints. A diverse group of participants shared their comments and suggestions resulting on what one attendee called a "feast of ideas." Over 50 action items for multicultural advocacy were shared. Below are some highlights of this list:

- Build nationwide partnerships
- Create a central repository with information for minorities in all areas
- Provide more multicultural action and information at both the state and local affiliate levels
- Develop advocacy and information for biracial and bicultural minorities
- Reach out to high schools and community colleges with youth conferences, providing youth with education about the workforce in the mental health field
- Create a report card on cultural competence to maximize and control grants
- Promote the role of Family-to-Family more aggressively for all ethnic minorities
- Consider the minority populations of rural areas
- Focus on clinical supervisors to promote cultural competence regulations in professional licensing
- Provide database of culturally competent providers

The outcomes of the Town Hall meeting will help lead to the drafting of a national action plan to address disparities in mental health care. Through the development of the national advocacy plan, the Multicultural Summit was able to take active steps not only to recognize minority mental health issues, but also to specifically address them. As emphasized by Fred Sandoval, first vice-president of the NAMI national board for 2006-2007, "Our movement includes multicultural action — we need to reach out to communities that were too often ignored or overlooked, until the US Surgeon General's Report not long ago. These communities have unique perspectives and unique needs."

Attendees were encouraged to continue discussion from the Summit in their local affiliates, sharing ideas with local boards. The implementation of this action plan with a unified approach is a step toward eliminating disparities in mental health care for minority communities. Many participants commented that the Town Hall Meeting was a much-needed session and an inspiring end to the Summit.

The Action Plan will be released this Fall. Check *www.nami.org/multicultural* for updates.

NAMI Tennessee's Executive Director Reflects on the Summit and Her State's Efforts

By Marin Swesey, NAMI Multicultural Action Center

NAMI Tennessee executive director, Sita Diehl, who attended the Multicultural Strategic Summit, shared her thoughts on the Multicultural Strategic Summit as well as news about NAMI–TN's own multicultural efforts. In attending the Summit, she was particularly interested in gaining a wider frame of reference for thinking about mental health in a truly multicultural environment. Sita's expectations for the Summit perfectly matched her experience. Below are excerpts from our conversation.

On attending the Summit

The Summit offered a broad experience in cultural conceptions of mental illness. I found Dr. Teresa Chapa from the Office of Minority Health to be an effective speaker, since she gave a professional perspective in a warm and open manner. I greatly appreciated the anecdote shared by Augusta Reimer of NAMI Alaska concerning her mother's shame in being an Alaska Native, making a valuable point to consider how feeling shameful about one's culture may affect mental health. This made me think about the way minority cultures can be suppressed within the dominant culture.

On NAMI TN's efforts

African American outreach efforts initially made in education and working in churches and community centers did not work. Effective outreach takes place when you participate within the community, *listening* rather than providing answers. For this reason, our African American Outreach Committee is made up of community members who talk within the community to find out what is needed. It was important to have a presence in the community, and after that presence was established, we saw a boost in attendance at programs and presentations.

It is not a matter of who looks like the target community; it is who thinks like the community. Individuals like NAMI-TN's Clarence Jordan, who translates psychiatric information into appropriate terms for the African American community, are most successful in communicating.

A new focus for our state is finding how to assist the Tennessee's American Indian community. Though Tennessee is not known for having a high concentration of the AI population in the US, there is still a powerful presence of Native American culture, such that individuals become caught by a cultural divide. It is important to consider time-honored ways of conceptualizing mental illness within these communities. Thankfully, Ron Morton, a psychologist and member of the Cherokee tribe, is helping us engage this community. He is in communication with tribal leaders in North Carolina, who will contribute to the upcoming state convention.

The NAMI-TN Strategic Plan 2007-2009 supports further outreach efforts. Specific plans for the AI outreach will be announced at the state convention, September 22 and 23 in Gatlinburg, TN. I see Tennessee's multicultural outreach efforts as a piece of music: there is already a melody, but to develop a richer chord, American Indian and Latino outreach are needed.

For more information, visit NAMI-TN's Web site at *www.namitn.org*

Avanzando multiculturalmente

por Martha Silva, Directora de NAMI NJ en Español

En realidad no sé quien tuvo la maravillosa idea de titular a nuestra primera revista de NAMI en Español, con el nombre de AVANZAMOS**,** pero sí quedaba alguna duda el nombre le viene como el viejo proverbio "como anillo al dedo".

Si, quedó demostrado en la pasada convención en Washington junio 28 a julio 2 que el Centro Multicultural está AVANZANDO a todo dar. Para esos que no tuvieron la oportunidad de estar con nosotros, solo les quisiera mencionar algunas de mis observaciones.

No creo que haya quedado alguna duda en comprender que significa multicultural, pues toda nuestra raza hispana, afro-americana y de otros países estaban bien representadas, no sólo por nuestra ciudadanía, sino por el caluroso ambiente creado entre todos los presentes, como siempre, parecía que nos conocíamos de toda una vida!

El plan trazado fue muy estratégico, se nos preparó con todo tipo de información por los presentadores invitados, desde los puntos estadísticos y necesarios para combatir las diferencias, hasta los mas sencillos, y después se nos dio la oportunidad a todos para preguntas, comentarios y hasta desacuerdos, en verdad la información nos dio impulso e ideas de cómo cada uno de nosotros podemos AVANZAR y que se está haciendo para ello.

El día sábado en la reunión de la Cumbre, todos pudimos dejar plasmado nuestro plan de ACCION, exponiendo todas nuestras necesidades para avanzar positivamente hacia un futuro mejor, defendiendo y apoyando a nuestros hermanos que sufren de incapacidades mentales.

Multicultural Progress

By Martha Silva, Director NAMI NJ en Español Program

I really don't know who had the marvelous idea of giving NAMI's first Spanish-language newsletter its title, ***AVANZAMOS*** ("moving forward"), but without a doubt, the name is a perfect fit.

The Multicultural Action Center is *ADVANCING*, as was demonstrated during the NAMI 2006 National Convention held in Washington, D.C., June 28 to July 2. For those who did not have the opportunity to attend the Summit, I want to share some of my observations.

I do not believe that there has been any question of understanding the significance of "multicultural"- all of our cultural communities, Hispanics, African-Americans, and those from other countries were well represented, not only by members of our communities, but also by the warm environment created among all those present. As always, it seemed that we had known each other our whole lives.

The outlined plan was strategic. The presenters prepared a wealth of valuable information, including statistics and other necessary information, to overcome objections, even minor ones. We were given the opportunity to ask questions, make comments, and even state our differences and issues. The information gave us inspiration and ideas as to how each one of us can *ADVANCE,* as well as knowledge of what is already being done.

At Saturday's final meeting, we were able to leave with our Plan of Action already taking shape, explaining all our needs to positively advance toward a better future, and defending and supporting all who suffer from mental illness.

National Survey Finds Depression Costs Nearly Tripled for Individuals with Limited Access to Care

Individuals suffering from depression with limited access to treatment incurred an average of nearly three times the annual out-of-pocket costs for medication, psychotherapy and other treatment costs incurred by individuals with less restricted access ($4,312 vs. $1,496), according to a new survey. Credit card debt and other negative social consequences attributable to depression further contributed more than $13,500 in out-of-pocket costs. However, the survey results reveal that the costs of depression are not just financial, but social, given that as few as one-third of those with limited access to treatment reported being satisfied in either their job or relationship with a spouse or partner.

Among the 662 respondents who participated in the national survey, those with limited access to treatment were more than four times as likely to quit their job (27 percent vs. 6 percent) and twice as likely to be fired from their job (20 percent vs. 10 percent) because of their depression.

This survey, sponsored by NAMI and funded by Wyeth Pharmaceuticals, is part of a nationwide effort to examine access to mental health services for those living with depression in five large bellwether states (California, Florida, New York, Ohio and Texas).

For more information visit *www.nami.org*.

12th Annual Latino Behavioral Health Conference
Los Angeles, CA, September 19-21, 2006

The 12th Annual Latino Behavioral Health Institute Conference will take place at the Universal Hilton in Los Angeles on September 19, 20, and 21. LBHI anticipates over 1,100 participants, including consumers, family members researchers, and service providers, representing many of our nation's states. The theme of the conference—"Innovation, Intervention & Education in Latino Behavioral Health"—resonates with the transformation efforts of behavioral health systems taking place across the country. Additionally, the theme is consistent with the variety of the 50+ workshops on lifespan topics of mental health, substance abuse, and co-occurring disorders.

Services, training, administration and planning are among the many further topics to which workshops are devoted. The 12th Annual LBHI Conference will feature three plenary speakers; Westly Clark, M.D., J.D., M.P.H., CAS, FASAM Director of CSAT; Roberto Jiminez, M.D., Texas Minority Leadership Program; and Cristina Jos, Ph.D. of the Latino Access Program in Orange County, CA. Since its inception, LBHI has hosted a Who's Who of Latino Behavioral Health, and this year's presenters will again include nationally known practitioners, researchers, family members, and advocates for the consumer world.

Please visit *www.lbhi.org* for program, registration, and for product display opportunities.