

Many Voices –One Goal

Mental Health: A Public Health Issue

August 22, 2008

Objective: *Create an opportunity to respond to information that has been presented throughout the day in an effort to create some tangible activities that agencies, providers and communities can work on collectively.*

Assignment: *Create at least three (3) recommendations/solutions that can be carried out that will improve health/ mental health of Populations of Color & American Indians and the quality of services/care received by cultural communities throughout Minnesota. Use the following questions only as “food for thought” to guide your brainstorming session.*

1. What would you like to see happen in the area of policy that would have a positive impact/improve the well-being including health and mental health of Populations of Color and American Indians?
2. Is community education part of the solution to address mental health issues in our communities? If it is, what are some of the steps to take?
3. How has funding impacted the ability to provide quality services? How can that be improved?
4. What type of data is missing? How can it be collected? How would that improve the type of care provided to Populations of Color and American Indians?

Seven individual groups discussed the following four questions. The results of the group discussions are included in Community Recommendations.

Community Recommendations

POLICY

- Government and non-governmental agencies create cultural competency by using the expertise of Communities of Color and American Indians
- Require state to provide health plans, rate services and make the information available online for Communities of Color and American Indians
- Designated way to identify health providers of color
- Parity of mental health for Populations of Color and American Indians
- Insurance companies' flexibility
- Managed care vs. managed cost for coverage for mental health services for Populations of Color and American Indians
- Preventive care and early intervention
- Address mental health specific to cultural communities
- Examine why people are not receiving services
- Mental health should be considered equally important as physical health
- Civic engagement for Populations of Color and American Indians to understand the impact of policy change
 - 1) get information to the Communities of Color
 - 2) create outreach programs
 - 3) use Community Health Workers (CHW) & Community Mental Health Workers (CMHW)
 - 4) mass media project/marketing to Populations of Color and American Indians /appealing to communities
- Spend money on frontend mental health services i.e., prevention
- All schools need to expand mental health services (currently, school administrators don't want notes written or diagnosis or referral made because the school is liable for payment of services)
- Need more Populations of Color and American Indians in licensed psychology programs
- Expand payment for services to include different kinds of services such as the services provided by Community Health workers , outreach workers, educators, not only licensed psychologists
- Remove number of clinic visit limits from insurance plan guidelines for mental health treatment
- Funds towards mental health promotion and prevention
- Educate and train primary physicians and first responders (police) to respond appropriately to mental health emergencies
- Early prevention service
- Consider culturally appropriate evidence-based models – build intentional practice, engage communities
- Build connections/partnerships/collaboration with sovereign nations for enhanced child mental health services
- Public health team approach to early intervention
- Education to broader communities

- Teach and reward juvenile justice system for recognizing mental health issues
- Promote early intervention and prevention
- Collaboration of systems for mental health prevention/promotion
- Comprehensive case management
- Address barriers to services i.e., transportation, insurance and interpreters
- Community wellness center for mental health and public health services
- Need independent evaluator to track impact of policy to measure unintended consequences
- Pursue demonstration funds

COMMUNITY EDUCATION

- Community education/peer support/public health marketing
- Information made more available to faith-based communities
- More education for faith-based communities
- Collaborate with community education (places which serve Communities of Color and American Indians to give information on mental health)
- More holistic approaches -- involve families, schools, health and mental health providers—they should talk together
- Continuum of care /while protecting the clients' privacy
- Populations of Color and American Indians are needed in social work, licensed psychology & mental health
- More Community Health Workers with mental health focus
- When working with Populations of Color and American Indians, seek approval from elders, Shaman, leaders out of respect of the culture
- Bi-directional education – teach mental health providers about cultural norms
- Develop a new language to talk about mental health in Communities of Color and American Indians
- Parent-to-parent teaching (Community – specific)
- Utilize limited cultural resources to build upon communication pathways in the specific community
- Establish community forums/outreach stakeholder group

- Education
 - 1) challenge professionals
 - 2) culturally competent curriculum
 - 3) community-based organizations
- Look to the Populations of Color and American Indian resource centers
- Address stigma – normal may be offensive to those with diagnosed mental health condition
- How to engage ALL kids, don't make it optional; make it part of health science curriculum/classroom project on culture
- Populations of Color and American Indians need to tell more of their stories
- Educate communities especially new immigrants about what mental health and public health services are available (i.e. CLUES)

- Educate communities about the use of emergency room
- To avoid emergency room use, do not limit reimbursement for standard treatment visits in the clinic
- Quality interpreters with cultural understanding and experience/standardize (often interpreter doesn't know language well enough then provider may get offended when patient complains)
- Treatment – limited to 15 min sessions, not conducive to building relationships
- More holistic approach to increase money for language services; use social service model instead of medical model
- Primary prevention especially with kids: how to keep one's culture & still be "American"
- Don't assume people want racial matching (may be more comfortable with provider of other culture)
- Promote wellness and strengthening families
- Early identification
- Educate young children in schools about well-being/mental health and equip them with coping skills (also, educate school personnel)
- Use cultural interpreter
- Use bi-lingual and bi-cultural service providers

FUNDING

- Reinforce best practices in mental health services through evaluation and payment
- Provide fund on mental health services to 3 million Minnesota school children
- Provide Populations of Color and American Indians with scholarships to become mental health providers
- Reduce co-pays and lower deductibles
- In spite of the specific requirement in grant proposals, agencies need to think "outside the box" to serve Populations of Color and American Indians
- Home visits to assess mental health in foster homes
- "Blended funding" from DHS & MDH for schools, etc.
- Be creative to support positions/professionals to build the cultural support
- Adopt universal health care and emergency mental health the services currently not covered by insurance
- Fund more community specific health care centers
- More equitable distribution of funds and support across community groups
- More qualitative approach for funding (use people from the communities)
- Make funds available for prevention work (use research funding for prevention work)
- Specific to mental health: enhance EHDI grants at OMMH

DATA COLLECTION

- Evaluation plan built into state funding so data can be used to assure more funds

- Identify gaps where we need data
- Need help with evaluation, data collection
- Tracking trends
- Sharing data
- Data lacking: adult mental health and specific data of Populations of Color and American Indians
- Collecting data from multiple agencies/organizations
- Community involvement in data collection and research
- Collect data on ethnic specific groups
- Document when services are terminated. Any outcomes? Any trends?