NAMI
The Nation's Voice on Mental Illness

MULTICULTURAL PARTNER COALITION

MULTICULTURAL ACTION CENTER

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NAMI Greater Milwaukee Partners with Hmong Community After Tragic Event

NAMI Greater Milwaukee showed an outpouring of support and solidarity for the local Hmong community after a police shooting that took the life of Milwaukee Hmong resident Tou Yang, who had a mental illness. The shooting brought anger to the surface on a variety of issues where members of the Hmong community felt they had been discriminated against by Milwaukee police officers who are either unable or unwilling to navigate the city's ethnic and cultural diversity. As a result, members of the Hmong community organized events to make their voices heard.

At the first event, a march through the city followed by a rally, members of NAMI and the Hmong community presented a proclamation demanding plans to:

- Strengthen the training protocols for all members of the Milwaukee police department to seek peaceful resolution before using weapons
- Strengthen the use of community resources before resorting to violence
- Stop police discrimination and police brutality against individuals who are members of minority groups
- Strengthen protocols for safer resolution of incidents involving people with mental illnesses.

"We implore and demand them to seek peaceful resolution before reaching for their guns, to seek community resources before taking brutal action, and to clear their hearts and minds of hatred so that individuals from minority groups and those who are mentally ill will not be the targets of police brutality," said Lo Neng Kiatoukaysy, executive director of the Hmong American Friendship Association.

A community meeting was held as a follow-up to the rally, were 200 people were present to hear the Police Chief address the previous demands made. The Executive Director of NAMI Greater Milwaukee, Kathleen Leffler, spoke at the meeting. She reiterated Kiatoukaysy's demands for justice and challenged the city officials to take the steps necessary to ensure this sort of event does not happen again.

For more information, contact Lo Neng Kiatoukaysy at (414) 344-6575, ext. 222 or loneng@hmongamer.org

Welcome to our newest Multicultural Partners:

The Center for Capacity Building on Minorities with Disabilities Research
The Association of Hispanic Mental Health Professionals
ANEMAC

May is Asian Pacific Heritage Month

NAMI is proud to promote awareness of and appreciation for the important contributions of Asian Americans and Pacific Islanders in the United States.

According to the 2001 Surgeon General Report's on Culture Race and Ethnicity, Asian Americans and Pacific Islanders have the lowest rate of mental health care use among all groups, regardless of gender, age, and geographic location.

Asian Americans and Pacific Islanders face formidable barriers receiving mental health treatment. The stigma of mental illness is especially strong for these communities, and many primary care providers unknowingly reinforce stigma by failing to ask about mood changes and personal stresses. In addition, Asian and Pacific Islander consumers may have difficulty achieving a diagnosis due to somatic symptoms and language barriers.

NAMI's Multicultural Action Center will sponsor an Asian American and Pacific Islander Mental Health Symposium this June. See page 6 for more information.

Welcome to New Coalition Partners

The **Center for Capacity Building on Minorities with Disabilities Research (CBMDR)** works to increase the capacity of community-based organizations and State Vocational Rehabilitation Agencies by documenting the impact of their programs and developing culturally competent services. The Center's mission is to promote positive rehabilitation outcomes for minority individuals with disabilities at the national level. To learn more about CBMDR, go to page 4.

The **Association of Hispanic Mental Health Professionals** works to define, assess, and analyze the mental health needs of Hispanics in the City and State of New York; to formulate and recommend and advocate for policies that represent the best interest of Hispanic consumers and providers; and to provide information and consultation to other organizations on Hispanic mental health issues.

La Alianza Nacional para los Enfermedades Mentales from Chihuahua, Mexico is a leader in Family to Family Education and community outreach and advocacy work.

New From CSWE Publications

The Color of Social Policy

Edited by King E. Davis and Tricia B. Bent-Goodley

This painstakingly well-documented text researches multiple centuries of social policies aimed at the control of people of color in the United States from the earliest years of the republic to the present day. Beginning with the U.S. colonial period, three chapters provide the historical context for understanding the nature of early decision-making processes that have created a racially divided country. These historical analyses of national and state legislation, executive orders, and court decisions trace the clear link between past and present social policies, as they inform social workers engaged in contemporary efforts toward more equitable social policies.

Speaking to fundamental policy matters confronting all human services professions, nine contributing authors discuss specific dimensions of social policy formation wherein race is clearly identified as a key component for evaluating the underlying political motivations and subsequent effects of policies on individuals of color. The authors share a common goal to eradicate the barriers to a democratic society by demonstrating through empirical analysis the undermining effects of discrimination on democratic values and instiutions. Included are a multitude of cases in point to educate students across diverse backgrounds how the formation, implementation, and proliferation of discriminatory social policies is their responsibility to address through knowledge, unity of purpose, and collective action.

To order this book, call 703-683-8080 or visit online www.cswe.com

Multicultural Partner Coalition Members:

Action for Mental Illness (India)

Alianza Nacional por las Enfermedades Mentales (Mexico)

Alianza Nacional de Salud Mental (Mexico)

Alianza Para la Depresión (Spain)

American Psychiatric Association

American Society of Hispanic Psychiatry

APOIAR (Brazil)

Asian Community Mental Health Services

Asociación Argentina de Ayuda a la Persona que Padece de Esquizofrenia y su Familia (APEF)

Asociación Maníaco Depresivos (Colombia)

Asociación Salvadoreña de Familiares y Amigos de Pacientes Esquizofrenicos (El Salvador)

Coalition Partner Updates

Richmond Fellowship Develops Culturally Competent Community Mental Health Service in the Cook Islands

By, Gerry Walmisley, Director, Richmond Fellowship

The Cook Islands include 15 islands scattered across the central Pacific Ocean with a total population of 19,000 people. The largest island, Rarotonga, is where Gerry Walmisley and his associates at the Richmond Fellowship of New Zealand set out to explore the impact of a small project on the mental health of the wider community.

As with all mental health practices, cultural understanding was integral to the success of the project. Each of the Cook Islands possesses a unique history and culture evident through language and customs, and, in this case, through perceptions of mental illness. There are three types of sickness: *Maki tangata,* sicknesses caused in the ordinary world; *maki tupapaku,* sicknesses caused by ancestral spirits; and *maki tapiri,* or spiritual possession. Traditionally, the latter two illnesses required treatment by the local healer, or *ta'unga,* who was seen as the only one who could remove the supernatural cause of the illness.

On the Richmond Fellowship's first visits to Rarotonga, they found mental illness was treated by a mixture of Western and traditional medicines. Mental health services in the hospital was limited to a three-bed ward which was never used due to lack of staffing. Many people with mental illnesses ended up in prison or with family members who would become caregivers. Western medicine availability was sporadic and no effort was made to ensure compliance.

After a series of preliminary visits over three years, the Richmond Fellowship realized the approach to treat the mental health needs of the Cook Islanders had to be multi-faceted and both educational and treatment focused. Three areas were defined for the project: community support and education; diagnosis, assessment and treatment; and follow-up and family work. A key factor in the project's success was identifying a capable local nurse to fulfill the program goals and a local physician who agreed to run a weekly clinic. As the nurse met with local groups and families in the villages to discuss mental health and mental illness, the service became better known and extended its community education activities into the area of drug and alcohol abuse and family support.

The project has had a profound effect on the overall approach to psychiatric illness on Rarotonga. With the nurse and doctor team, a number of people are now on appropriate regimes of medication and compliance is ensured. *Ta'unga* are becoming increasingly involved in the treatment of intra-familial conflict and have acknowledged their limitations when it comes to treating people with acute mental disorders.

The Richmond Fellowship's work in the Cook Islands demonstrates the success of a culturally competent, structured program that focuses on community development and education as well as treatment and support. The project demonstrates the importance in working with local personnel and coordination with key community groups and leaders to achieve local ownership; an important lesson not only for international projects but also local outreach efforts everywhere. For more information, visit www.richmondnz.org

Multicultural Partner Coalition Members

Black Psychiatrists of America

Center for Capacity Building for Minorities with Disabilities Research

Center for Psychiatric Rehabilitation (Boston University)

Circles of Care Evaluation Technical Assistance Center

District of Columbia Department of Mental Health

Federación Columbiana Para la Salud Mental (Colombia)

Fundación Contener (Argentina)

Fundación Costarr para Personas con Ezquizofrenia (FUCOPEZ) (Paraguay)

Fundación Luz y Vida (Paraguay)

Health Watch Information and Promotion Services, Inc.

INGENIUM (Mexico)

Center for Capacity Building on Minorities with Disabilities Research

By, Fabricio Balcazar, PhD., Director

The CBMDR utilizes participatory research methodologies to promote organizational change. Center staff conducts participatory research and demonstration projects in collaboration with interested agencies, engages in active dissemination efforts, and provides state-of-the-art training and technical assistance on cultural competence to professionals and researchers in the field.

Presently, there is a limited understanding of the relationship between minority and disability status and how it affects an individual's access to quality rehabilitation, technical training or independent living services that will result in competitive employment and increased independence. In addition, community-based organizations are under increased pressure from funders to use research methods to improve the quality of the services they can provide. The Center uses a *participatory program evaluation* model, which actively involves the consumers and agency staff in implementing and evaluating change efforts to address critical needs and improve services. From this perspective, participating agencies develop their capacity for effectively using consumer input and program data to identify research questions and methods to improve services.

In addition, we propose research projects to examine various aspects of theory, methodology, measurement, and dissemination of information involving the study of underrepresented minorities with disabilities. Specifically, we propose to study issues related to racial identity and cultural mistrust in service provision to minority populations; to review the cultural and linguistical appropriateness (Spanish only) of commonly used evaluation instruments in Vocational Rehabilitation certification; to develop standards for culturally competent and linguistically appropriate research; and to identify preferred strategies for the dissemination of research findings and other relevant information to researchers and services providers. The research initiatives will include both quantitative and qualitative methodologies. Partnerships with universities, state Vocational Rehabilitation agencies, and community-based organizations will maximize the outreach efforts and long-lasting effect of the center. The Center will develop specific techniques for ensuring that the information is disseminated in accessible formats to all stakeholders.

We plan to implement a comprehensive dissemination and technical assistance plan that includes:

1.) A national conference on the state-of-the-art on community based research, services, and supports for ethnic minorities with disabilities with relevant strands and networking sessions for all interested stakeholders;
2.) Development and maintenance of the Center web page with capability for list-serve communication, questions and answers, and dissemination of information;
3.) The development and appropriate dissemination of instructional guides on best practices for research involving underrepresented minority populations and research standards for CC and LA research.

For more information, please visit www.uic.edu/orgs/empower

Multicultural Partner Coalition Members

International Association of Psychological Rehabilitation Services

Latino Behavioral Health Institute

Malaysian Mental Health Association (Malaysia)

Massachusetts Mental Health Services Program for Youth

NAMI India

National Asian American Pacific Islander Mental Health Association

National Council of La Raza

National Latino Behavioral Health Association

National Medical Association

National Organization of People of Color Against Suicide

National Youth Advocacy Coalition

New Jersey Asian Association for Human Services, Inc.

Underserved Populations in Mental Health Care

By, Dr. Antonio Abad
Chair, Underserved Populations Subcommittee
Committee on Mental Health, Mental Retardation and Developmental Disabilities
The Mental Hygiene Task Force of the New York State Assembly

Underserved populations are those in which a significant portion of its members, who require services for mental disabilities, do not receive any form of treatment or experience significant obstacles to receiving adequate comprehensive services. According to the U.S. Center for Disease Control and Prevention, it is estimated that less than half of the adults, one third of children, and a quarter of the geriatric population with mental illnesses receive the services they require. This impacts the economic costs associated with the use of high cost emergency/crisis health services, financial costs and lost productivity to family members and affected individuals, and diminished quality of life of affected individuals and their significant others.

There exist a number of groups of people, who, because of difficult circumstances or conditions, are at special risk of being affected by the burden of mental problems. These groups include: persons living in poverty, children and adolescents experiencing disruptive nurturing and living conditions, persons traumatized by violence in various forms, recent immigrants, and members of various ethnic groups. Many persons subject to these disadvantaged situations share sociological markets such as unemployment, social disintegration, unmet housing needs, stigmatization and co-morbidity with medical, addition, and developmental conditions.

A wide range of barriers to seeking mental health care has been identified in the mental health literature (U.S. Department of Health and Human Services, 2001). These barriers can be identified into several dimensions:

- **System barriers** include fragmented care and the lack of adequate integration of the mental health system with the education, housing, primary care, adult and juvenile justice, and adult and child welfare systems.
- **Community-centered barriers**, include the stigma of mental illness and a lack of familiarity with the mental health system and/or fear of the system.
- **Provider barriers**, which are evident when providers are poorly trained in providing ethno-culturally competent services and fail to properly engage their patients in treatment
- **Person-centered barriers** include lack of recognition of mental health problems, and lack of education to know where to go for treatment and/or that treatment works.
- **Cultural and Linguistic barriers** impact the ability of people to identify and access services for mental illness
- **Immigration-related barriers,** which are evident as immigrants are less than half as likely to receive health insurance coverage through their employers, and few understand their rights to mental health care, include counseling and treatment services

We can no longer afford to ignore underserved populations and barriers to care. Policy and legislation must be enacted to ensure equal access to treatment for all peoples.

Multicultural Partner Coalition Members

New Jersey Mental Health Institute

New Vision Consumer Services

Richmond Fellowship (New Zealand)

Samaritans Nepal

Self Reliance Foundation

Student National Medical Association

The Alliance for the Mentally Ill of R.O.C (Taiwan)

South African Anxiety and Depression Group

West Virgina Substance Abuse Coalition

Voz Pro Salud Mental (Mexico)

Zenkaren

Congratulations to INGENIUM and Voz Pro Salud Mental for expanding their services and inaugurating their new office in Mexico, City on March 31, 2005!

Upcoming Mental Health Diversity Events

Latino Behavioral Health Summit

Save the date for the 1st Latino Behavioral Health Summit, "Building Sustainable Behavioral Health Initiatives in the Latino Community", November 2-3, 2005 in Pokagon State Park, Angola, Indiana. The goals of the summit are to increase knowledge and understanding of culturally appropriate behavioral health services for Latinos and increase linkages among the Latino community and community social service agencies in order to decrease barriers to service delivery. Overall, the conference hopes to facilitate awareness of existing behavioral health initiatives and breaking down of services barriers. For more information about the summit, please www.nec.org or contact Gilberto Pérez at 260-894-7179 or gperez@nec.org.

STAR Center Teleconference Call Series

The STAR (Support Technical Assistance Resource) Center will sponsor 2 toll-free calls that will explore the role of employment on the journey to wellness, with a special emphasis on the experiences of, as well as challenges and opportunities for, members of the Latino Community. Panelists will share their personal experiences, describing the contributions that working has made on their continuing recovery, and recommending resources and best practices. After the presentations, callers will have an opportunity to ask questions and offer their perspectives. The call will be held in Spanish on April 21st at 7:00pm EST and in English on April 28th at 7:00pm EST. For more information about the calls and the STAR Center, please visit their website at www.consumerstar.org or call toll free (866)537-STAR.

Multicultural Action Center Sponsors Events at NAMI National Convention

NAMI: On the Frontier of Recovery
Transforming the Mental Health System in America
NAMI ★ 2005
ANNUAL CONVENTION
June 18-21 • Austin, Texas

As part of NAMI's continued commitment to addressing mental illness for all Americans, the Multicultural Action Center will sponsor a series of events at the NAMI National Convention in Austin, TX this June. For more information on any of these events, please contact MACenter@nami.org or call 703-524-7600.

The **Asian American and Pacific Islander Mental Health Symposium** on June 19th will bring together Asian American and Pacific Islander mental health leaders to share their knowledge, information and resources about mental health issues that affect these communities. It will also provide other mental health professionals and organizations the opportunity to learn more about Asian American communities and how to engage them in a culturally competent manner.

"Spirituality and Faith in Communities of Color: A Family Perspective" will bring together African American faith community leaders and families to discuss the role of faith and religion in the treatment and acceptance of mental illness. The goals of the track are to educate and build trust in faith communities, address stigma and shame, and speak to the role of the faith community in healing. This track will be held on June 20th from 2:45-6:30PM.

"Salud Mental: Una Realidad Posible" specifically organized for Latino NAMI members, will highlight the important work Latino leaders are doing in the field and sharing information for others to take back to their respective communities. The track will also be a networking opportunity to learn about outreach strategies and programming ideas that have been proven successful. This track will be held on June 20th from 9:30AM-1:30PM.