Targeted Change through a Cultural Lens: Reaching Diverse Native Communities to Reduce Stigma

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California’s Mental Health Movement

- Prop. 63/ The Mental Health Services Act (MHSA)
- 2004 Voter-Approved Initiative that provides an average of $1 Billion in annual funds to support community-based mental health services
- Seeks transformation from a system driven by crisis to one that focuses on prevention, early intervention, wellness and recovery, and reducing disparities
The California Mental Health Services Authority developed a plan to implement statewide strategies for California’s population.
Social Marketing

• Marketing that affects positive social change and creates movements out of common interests
• Utilize formative research to better understand consumers
  – Uncover the unique approaches that will effectively motivate behavior change
• Continually evaluate campaign effectiveness
  – Quantitative research helps guide the evolution of messaging and campaign development over time
Each Mind Matters

- EMM is a platform for building a movement and provides a simple way to tell the story about increasing mental wellness in California

- Highlights the collective work to increase mental wellness
Lifespan Approach

**Parent & Caregivers (Age 0-8)**
- Educate parents and caregivers to provide stigma-free environment
- Outreach to local parent bloggers with customized SDR messaging in English and Spanish
- Latino family forums to encourage open dialogue

**Tweens (Age 9-13)**
- Early intervention with adolescents to prevent formation of stigma
- Fill key gaps in knowledge and debunk myths through website, school-based performances, take-home materials and advertising/education campaigns

**Transition-Age Youth (Age 14-24)**
- Mobilize age group to seek and provide online support within their peer group
  - ReachOutHere.com (English-language) and BuscaApoyo.com (Spanish-language) to access online forums for peer support and to engage as peer-supporters
- Targeted messaging to adults with influence over people with mental health challenges
- Provide credible, local, targeted and continuous contact with people with mental health challenges
- Reinforce hope, recovery and resilience

**Adults/Influencers (Age 25+)**
- Targeted messaging to adults with influence over people with mental health challenges
- Provide credible, local, targeted and continuous contact with people with mental health challenges
- Reinforce hope, recovery and resilience
Diverse Audiences

- **African American**
  - Faith-based initiative that creates Mental Health Friendly Communities through training and outreach

- **Asian & Pacific Islander**
  - Grassroots PR outreach activities to reach Hmong, Cambodian, Laotian, and Mien adults

- **Latino**
  - Bring together key influencers to network, raise awareness and collaborate as change agents on the issue of SDR

- **LGBTQ**
  - Partner with Gay-Straight Alliance (GSA) Network to introduce and extend SDR messages to LGBTQI youth and allies

- **Native American**
  - Develop a culturally relevant outreach campaign guided by input from Native American Advisory Committee and community leaders
What is Native Communities of Care?

- Mini-grant program
- Open to tribes, government agencies and CBOs that serve Native communities
- Required to utilize Native Communities of Care messaging in new or existing program or event
- Community-led programming
Community Leaders

Native Advisory Council
- Kurt Schweigman, MPH, Suicide Prevention Advisor
- Janet King, Native American Health Center
- Renda Dionne Madrigal, Ph.D., Native Child and Family Services
- Raymond J. Naylor-Hunter, American Indian Education Center
- Carrie L. Johnson, United American Indian Involvement
- Art Martinez, Ph.D., Clinical Psychologist
- Liz Lara O’Rourke, United Indian Health Services

Community Partners
- Paul Tupaz
- Dean Hoaglin

Youth Involvement
- Center for Multicultural Cooperation
Background and Research

- The early formation of the SDR movement
- 56 member advisory team
- Many populations experience discrimination without a mental health diagnoses
- Need for different SDR messaging
  - Build on cultural strength
Native Communities of Care brings together California’s American Indian & Alaska Native Wellness Movement.

- We are Tribes and American Indian organizations working together to support behavioral health and wellness for mind, body, and spirit.
- We are Native Americans refusing to stay silent while untreated mental illness takes an unnecessary toll on our families and communities.
- Native Communities of Care is for everyone because mental wellness is for all of us.
- Together, we are creating Native Communities of Care across California.
Native Communities of Care Messaging

Our Community, Our People

- Native American tribes and organizations are communities that care.
- One in four American adults lives with a diagnosable mental illness in a given year. The National Indian Health Board recognizes behavioral health as a top 3 AI/AN healthy priority¹.
- Native Americans have come together in the past to overcome trauma and are uniting again to ensure each Native person is on a path to wellness.
- Fear of judgment, isolation and discrimination throw many Native Americans off their path to wellness, preventing them from getting the help they need and the support they deserve.
- All people deserve wellness and health.

¹Source: AI/AN Behavioral Health Issues and Efforts: A Briefing Book, Indian Health Service, pg.17
Native Communities of Care is restoring the path to wellness.

- **We are taking unprecedented steps**, which are community-specific and culturally appropriate, to break through barriers of mental health stigma and discrimination for Native Americans.

- **These local programs and grassroots efforts** are conceived, designed and implemented at the local level to reach California tribes and American Indian communities with targeted solutions.

- **Native American communities are a priority**, because every person, family and community can benefit from improved mental wellness.
Program Elements

- Tools and Resources
- Summits
  - Introductory Summit
  - Sustainability Summit
- Mini-Grant Program
  - 14 Grantees
- Cultural Competency Trainings
- Evaluation
Program Elements

- Native Communities of Care Toolkit
- Technical assistance
  - Creative Services
  - Cultural Competency
- Summits
- Cultural Competency Trainings
  - Partner with County Behavioral Health Departments
Grant Program

• Grant Requirements
  – Tribe, County, CBO
  – Incorporate Native Communities of Care messaging into new or existing program

• Grant Review Process
  – Multi-discipline reviewers
  – Diversity of projects
Grant Program
21 Counties Served

- Los Angeles
- Lake
- Mendocino
- Sonoma
- Alameda
- Santa Barbara
- Fresno
- Santa Clara
- Sacramento
- San Francisco
- San Diego
- Contra Costa
- Shasta
- Riverside
- San Bernardino
- Orange
- Kern
- Calaveras
- Mariposa
- Trinity
- Tuolumne
Grantee Spotlight

Our member clinics have sites in Oakland, San Francisco, Richmond, San Diego, San Jose, Fresno, Sacramento, and San Diego, serving over 116,000 patients per year and serving a constituency of 31,548 American Indian individuals

Indigenist Coping Model (Walters, 2002)
Grantee Spotlight

- Community Talking Circle & Photo Shoot
- Digital and Print Posters
  - Website,
  - Social media
  - Clinic lobbies
  - Visit rooms
  - Tribal offices
  - County offices
Results

• 21 counties served
• More than 5,100 people reached
• $70,000 invested back into the community

“A lot of youth were able to attend our event and see that they have a caring community around them that will not make them feel like an outcast for asking for help with mental health issues”

The technical support piece of the grant was an invaluable component. We would be interested in continuing utilizing the Technical Support staff to provide training on those subjects throughout the year.
QUESTIONS?

Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).