Best Practices to Reduce Disparities in Mental Health

October 24, 2018
Mental Health Disparities

Likely has had serious psychological distress in the past year:

- **Latino**: 7%
- **African American**: 8.5%
- **Asian**: 6.50%
- **American Indian/Alaska Native**: 6.30%
- **Native Hawaiian/Pacific Islander**: 5.90%
- **Two or More Races**: 13.70%
- **White**: 13.50%

CHIS, 2016
Mental Health Disparities

Likely has had serious psychological distress during the past year:

- Straight/Heterosexual: 8%
- Gay, lesbian, homosexual: 13%
- Bisexual: 26%
- Cisgender: 8%
- Transgender/Gender Nonconforming: 30%

CHIS, 2016
Mental Health Disparities

CHIS, 2016
Mental Health Disparities

CHIS, 2016
About the CRDP

- Project established in 2009 with funding from the Mental Health Services Act (Prop 63)
- Currently operates under the Office of Health Equity at the California Department of Public Health
- Focuses on achieving mental health equity for 5 population groups: African American, Asian and Pacific Islander, Latino, Native American, and LGBTQ
Phase I: Strategic Plan to Reduce Mental Health Disparities

• Purpose: *Provide community-driven direction to transform California’s public mental health system and reduce disparities in racial, ethnic, and LGBTQ communities*
  - Identify culturally and linguistically appropriate strategies to improve access, services, and outcomes for unserved, underserved, and inappropriately served populations
  - Provide guidance for implementing CRDP Phase II

• Four overarching themes, 5 goals, and 27 strategies
• Synthesis of population reports
• Extensive vetting (CRDP partners, town halls and public comment period, state partners)
A True Community Effort

• 324 SPW/advisory group members
• 103 focus groups with 2,011 participants
• 4,575 survey participants
• Dozens of interviews
• Hundreds of regional meetings before, during, and after development of the population reports
• 35-day public comment period, including 5 town hall meetings with over 300 participants
• Over 800 comments collected
• Over 7,000 participants!
Four Overarching Themes

• Cultural and linguistic competence
• Capacity building
• Data collection
• Social and environmental determinants of health
Phase 2: Community Defined Evidence Practices

• Designed to build on and implement the recommendations of the Strategic Plan

• Focuses on demonstrating the effectiveness of population-specific mental health interventions

• Funded 35 nonprofit organizations to conduct and evaluate programs in order to demonstrated the effectiveness of Community Defined Evidence Practices
Community Defined Evidence Practices

- Defined as a **set of bottom-up practices derived from a community’s ideas of illness and healing or positive attributes of cultural or traditional practices.**
- The practice has been used by the targeted community, which has determined it to yield positive results through community consensus.
- Can include a range of culturally tailored treatment approaches or support. These services are often culture-specific practices that are supported by community experience but may not yet be recognized or funded by the public mental health system.
“Reducing Isolation through Support and Empowerment”

The Center for Sexual and Gender Diversity
Bakersfield, CA

Jan Hefner
“Shifa for Today”
Muslim American Society: Social Services Foundation
Sacramento, CA

Gulshan Yusufzai
Thank you!

Questions?
Kern County, California
+ LGBTQ+ Population Hub
+ Estimated 37,000 LGBTQ+ persons in Kern County
  • 16,000 bisexual+
  • 15,000 lesbian and gay
  • 3,000 transgender
Implementation Pilot Project CDEP – Safe Space
Support Workshops
Explore your identity and orientation among supportive friends and facilitators.

Cultural Competency Trainings
What does LGBTQ+ mean? Trainings for businesses, care providers, law enforcement, and schools to better understand LGBTQ+ persons and provide affirming services.

One-on-one Counseling
Rediscover well-being, restore life balance, and find hope. Confidential sessions with Center counselors at our private Annex offices, available to LGBTQ+ persons and loved ones.

Affirming and Inclusive Events
Our calendar is chock-full of a variety of activities to help you enjoy your community.
OUR ORGANIZATION

+ Founded in 2011

+ Two locations:
  - Community Center (The Center) in downtown Bakersfield.
  - Administrative offices (The Annex) four miles away.

+ Staff:
  - First staff hired September 2016 with funding from CRDP.
  - Four employees – two full-time and two part-time.
  - Our newest employee starts November 2018 and will be traveling throughout the county.
PERSONS SERVED THROUGH CRDP

- Counseling Clients – 100
- Support Workshops – 117 unique individuals
- Cultural Competency Trainings – 848 persons trained
- Visitors to The Center – 2000+ per year
Local Core Measures

- 58% “often” feel isolated from their family. 61% “some of the time” feel isolated from friends.

- A majority of respondents agree or strongly agree that they have positive attitudes about being LGB and about their gender identity.

- 81% of respondents believe that, in the next five to 10 years, their overall quality of life will get “much and somewhat better”.

- More than 90% of respondents feel The Center staff treat them with respect and respect their race, ethnicity, gender identity, and sexual orientation.
COMPONENT DATA

+ 1:1 Advocacy

  • 64% of respondents reported low and very low self-esteem
  • A majority of respondents agree or strongly agree that they have positive attitudes about being LGB and about their gender identity.

+ Bi+ Workshops

  • More than half of respondents are “as out as they want to be” to their family and at work, but not to their friends.

+ Gender Rebels

  • 90% of participants said that the workshop helped them better understand the ways gender identity, gender expression, biological sex, sexual attraction, and romantic attraction are different.

+ LGBTQ+ Outreach

  • 78% of respondents said the training taught them how to better use gender inclusive language.
Shifa for Today is an early intervention program that aims to reduce trauma, anxiety, depression, and suicidal thoughts among South Asian Muslim (SAM) adults by developing a culturally competent mental health workforce, increasing access and utilization of mental health services, increasing social support, and decreasing psychological distress. SAMs trace their ancestry to Afghanistan, Bangladesh, Bhutan, India, Iran, the Maldives, Nepal, Pakistan, and Sri Lanka.

**PROGRAM COMPONENTS**

- Peer Counselor Training Curriculum Development
- TrainingPeer Counselors
- Individual Peer Counseling Sessions with SAMs

**KEY STRATEGIES**

- Faith-based approaches rooted in Islamic traditional concepts and culturally-sensitive approaches
- One-on-one with non-judgmental approach, developing trust and rapport and having confidentiality and sensitivity
- Honoring family context and cultural considerations in an ethical manner when they promote healthy family relationships and dynamics
- Providing counseling in the native language of the clients/consumers
- Using flexible practices to accommodate the diverse prevention and early intervention mental health needs of clients/consumers

**LANGUAGES**

- URDU
- PASHTO
- DARI
- SACRAMENTO

**KEY OUTCOMES**

- Reduce psychological distress and improve hopefulness and recovery by increasing functioning, social support, empowerment, and accessing and utilizing mental health services
- Identify clients/consumers' inherent and acquired strengths and develop and maintain a healthy life after counseling
- Develop skills to cope with the political climate of religious discrimination and bigotry, and immigration issues
- Develop and maintain support systems - including religious organizations and networks outside of the immediate family system

**CONTACTS**

Staff Contacts:
Gulshan Yusufzai
Executive Director
gyusufzai@yahoo.com
Maseh Stanikzai
Lead Peer Counselor
www.masssf-sac.org
Local Evaluator:
Stanford Muslims and Mental Health Laboratory

**POPULATION SERVED**

South Asian Muslims (SAMs)

**LANGUAGES SERVED**

- URDU
- PASHTO
- DARI

**POPULATION SERVED**

South Asian Muslims (SAMs)

**KEY OUTCOMES**

- Reduce psychological distress and improve hopefulness and recovery by increasing functioning, social support, empowerment, and accessing and utilizing mental health services
- Identify clients/consumers' inherent and acquired strengths and develop and maintain a healthy life after counseling
- Develop skills to cope with the political climate of religious discrimination and bigotry, and immigration issues
- Develop and maintain support systems - including religious organizations and networks outside of the immediate family system

**CONTACTS**

Staff Contacts:
Gulshan Yusufzai
Executive Director
gyusufzai@yahoo.com
Maseh Stanikzai
Lead Peer Counselor
www.masssf-sac.org
Local Evaluator:
Stanford Muslims and Mental Health Laboratory

**POPULATION SERVED**

South Asian Muslims (SAMs)

**LANGUAGES SERVED**

- URDU
- PASHTO
- DARI

**POPULATION SERVED**

South Asian Muslims (SAMs)

**KEY OUTCOMES**

- Reduce psychological distress and improve hopefulness and recovery by increasing functioning, social support, empowerment, and accessing and utilizing mental health services
- Identify clients/consumers' inherent and acquired strengths and develop and maintain a healthy life after counseling
- Develop skills to cope with the political climate of religious discrimination and bigotry, and immigration issues
- Develop and maintain support systems - including religious organizations and networks outside of the immediate family system

**CONTACTS**

Staff Contacts:
Gulshan Yusufzai
Executive Director
gyusufzai@yahoo.com
Maseh Stanikzai
Lead Peer Counselor
www.masssf-sac.org
Local Evaluator:
Stanford Muslims and Mental Health Laboratory

**POPULATION SERVED**

South Asian Muslims (SAMs)

**LANGUAGES SERVED**

- URDU
- PASHTO
- DARI

**POPULATION SERVED**

South Asian Muslims (SAMs)

**KEY OUTCOMES**

- Reduce psychological distress and improve hopefulness and recovery by increasing functioning, social support, empowerment, and accessing and utilizing mental health services
- Identify clients/consumers' inherent and acquired strengths and develop and maintain a healthy life after counseling
- Develop skills to cope with the political climate of religious discrimination and bigotry, and immigration issues
- Develop and maintain support systems - including religious organizations and networks outside of the immediate family system

**CONTACTS**

Staff Contacts:
Gulshan Yusufzai
Executive Director
gyusufzai@yahoo.com
Maseh Stanikzai
Lead Peer Counselor
www.masssf-sac.org
Local Evaluator:
Stanford Muslims and Mental Health Laboratory

**POPULATION SERVED**

South Asian Muslims (SAMs)

**LANGUAGES SERVED**

- URDU
- PASHTO
- DARI

**POPULATION SERVED**

South Asian Muslims (SAMs)

**KEY OUTCOMES**

- Reduce psychological distress and improve hopefulness and recovery by increasing functioning, social support, empowerment, and accessing and utilizing mental health services
- Identify clients/consumers' inherent and acquired strengths and develop and maintain a healthy life after counseling
- Develop skills to cope with the political climate of religious discrimination and bigotry, and immigration issues
- Develop and maintain support systems - including religious organizations and networks outside of the immediate family system

**CONTACTS**

Staff Contacts:
Gulshan Yusufzai
Executive Director
gyusufzai@yahoo.com
Maseh Stanikzai
Lead Peer Counselor
www.masssf-sac.org
Local Evaluator:
Stanford Muslims and Mental Health Laboratory

**POPULATION SERVED**

South Asian Muslims (SAMs)

**LANGUAGES SERVED**

- URDU
- PASHTO
- DARI

**POPULATION SERVED**

South Asian Muslims (SAMs)

**KEY OUTCOMES**

- Reduce psychological distress and improve hopefulness and recovery by increasing functioning, social support, empowerment, and accessing and utilizing mental health services
- Identify clients/consumers' inherent and acquired strengths and develop and maintain a healthy life after counseling
- Develop skills to cope with the political climate of religious discrimination and bigotry, and immigration issues
- Develop and maintain support systems - including religious organizations and networks outside of the immediate family system

**CONTACTS**

Staff Contacts:
Gulshan Yusufzai
Executive Director
gyusufzai@yahoo.com
Maseh Stanikzai
Lead Peer Counselor
www.masssf-sac.org
Local Evaluator:
Stanford Muslims and Mental Health Laboratory

**POPULATION SERVED**

South Asian Muslims (SAMs)

**LANGUAGES SERVED**

- URDU
- PASHTO
- DARI

**POPULATION SERVED**

South Asian Muslims (SAMs)

**KEY OUTCOMES**

- Reduce psychological distress and improve hopefulness and recovery by increasing functioning, social support, empowerment, and accessing and utilizing mental health services
- Identify clients/consumers' inherent and acquired strengths and develop and maintain a healthy life after counseling
- Develop skills to cope with the political climate of religious discrimination and bigotry, and immigration issues
- Develop and maintain support systems - including religious organizations and networks outside of the immediate family system

**CONTACTS**

Staff Contacts:
Gulshan Yusufzai
Executive Director
gyusufzai@yahoo.com
Maseh Stanikzai
Lead Peer Counselor
www.masssf-sac.org
Local Evaluator:
Stanford Muslims and Mental Health Laboratory

**POPULATION SERVED**

South Asian Muslims (SAMs)

**LANGUAGES SERVED**

- URDU
- PASHTO
- DARI

**POPULATION SERVED**

South Asian Muslims (SAMs)

**KEY OUTCOMES**

- Reduce psychological distress and improve hopefulness and recovery by increasing functioning, social support, empowerment, and accessing and utilizing mental health services
- Identify clients/consumers' inherent and acquired strengths and develop and maintain a healthy life after counseling
- Develop skills to cope with the political climate of religious discrimination and bigotry, and immigration issues
- Develop and maintain support systems - including religious organizations and networks outside of the immediate family system

**CONTACTS**

Staff Contacts:
Gulshan Yusufzai
Executive Director
gyusufzai@yahoo.com
Maseh Stanikzai
Lead Peer Counselor
www.masssf-sac.org
Local Evaluator:
Stanford Muslims and Mental Health Laboratory

**POPULATION SERVED**

South Asian Muslims (SAMs)

**LANGUAGES SERVED**

- URDU
- PASHTO
- DARI

**POPULATION SERVED**

South Asian Muslims (SAMs)

**KEY OUTCOMES**

- Reduce psychological distress and improve hopefulness and recovery by increasing functioning, social support, empowerment, and accessing and utilizing mental health services
- Identify clients/consumers' inherent and acquired strengths and develop and maintain a healthy life after counseling
- Develop skills to cope with the political climate of religious discrimination and bigotry, and immigration issues
- Develop and maintain support systems - including religious organizations and networks outside of the immediate family system

**CONTACTS**

Staff Contacts:
Gulshan Yusufzai
Executive Director
gyusufzai@yahoo.com
Maseh Stanikzai
Lead Peer Counselor
www.masssf-sac.org
Local Evaluator:
Stanford Muslims and Mental Health Laboratory

**POPULATION SERVED**

South Asian Muslims (SAMs)

**LANGUAGES SERVED**

- URDU
- PASHTO
- DARI

**POPULATION SERVED**

South Asian Muslims (SAMs)

**KEY OUTCOMES**

- Reduce psychological distress and improve hopefulness and recovery by increasing functioning, social support, empowerment, and accessing and utilizing mental health services
- Identify clients/consumers' inherent and acquired strengths and develop and maintain a healthy life after counseling
- Develop skills to cope with the political climate of religious discrimination and bigotry, and immigration issues
- Develop and maintain support systems - including religious organizations and networks outside of the immediate family system

**CONTACTS**

Staff Contacts:
Gulshan Yusufzai
Executive Director
gyusufzai@yahoo.com
Maseh Stanikzai
Lead Peer Counselor
www.masssf-sac.org
Local Evaluator:
Stanford Muslims and Mental Health Laboratory
The California Reducing Disparities Project (CRDP) is a statewide prevention and early intervention effort to reduce mental health disparities in underserved communities—African Americans; Asian and Pacific Islanders; Latinos; Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ); and Native American/Alaska Native. Phase 2 focuses on providing funding to implement practices and strategies identified in order to demonstrate community-defined evidence to reduce mental health disparities.

**Asian & Pacific Islander (API) Population**

**CRDP API Pilot Projects**

- Hmong Cultural Center of Butte County (Oroville)
- Muslim American Society - Social Services Foundation (Sacramento)
- East Bay Asian Youth Center (Sacramento)
- Asian American Recovery Services (San Mateo County)
- Cambodian Association of America (Long Beach & Santa Ana) with: United Cambodian Community, Khmer Parents Association, Families in Good Health, & The Cambodian Family
- Korean Community Services (Orange County) with Southland Integrated Services
- Fresno Center for New Americans (Fresno, Merced & San Joaquin Counties) with Lao Family of Merced & Lao Family of Stockton

SSG serves as the Technical Assistance Provider (TAP) for the CRDP API implementation pilot projects.

The SSG Research & Evaluation Team’s core philosophy focuses on matching technical expertise with deep community engagement. They recognize the strength that community members bring to research and evaluation as experts of their own communities. The organization seeks to involve them throughout the research process, not only as research subjects, but also as researchers who are involved in all aspects of the research process. They seek to combine knowledge gained from research with action steps that lead to positive community change.