Addressing Barriers to Mental Health Services for African-American Populations in San Diego County

June 24, 2010

Breaking Down Barriers Program

Mental Health America of San Diego County
www.mhasd.org
Addressing Barriers to Mental Health Services for the
African-American Populations in San Diego County

Barriers and Recommendations for Improvements

**Background and Process:**

On June 24, 2010 the Breaking Down Barriers program assembled a focus group to discuss the challenges to access of mental health services for the African-Americans who reside in San Diego County. Though there are many organizations that provide mental health services there isn’t a comprehensive plan in place that addresses this population’s mental health needs. The group included service providers and consumers who engaged in various discussions that identified several issues affecting the African-American communities in San Diego County.

The group was assembled by the Breaking Down Barriers Program of Mental Health America and facilitated by Current Change Consulting. This report contains short and long-term recommendations that can be a reference point for designing services; changing policies, paradigms and systems that are both more comprehensive and more culturally appropriate to meet the needs of the African-American community within San Diego County. This report brings together the wisdom of a diverse group of stakeholders including mental health service providers, support programs and consumers of mental health services in San Diego County. (A participant roster is included in Appendix A.) The report recommendations focus on the system changes needed in order to provide culturally appropriate services to the African-American population residing in San Diego County. It is important to note that the group participants felt strongly about the need for change in how mental health services have been provided to the African-American population residing in San Diego County. Addressing some issues will require the collaboration of a diverse group of service providers including: County Mental Health Services, Primary Care providers both public and private, and public safety and social service providers in the non-profit sector, in order to improve the network of support for all the African-American community with mental and other behavioral health challenges.

The group worked with the following purpose in mind:

**Purpose of the Meeting:**

1. To identify the strengths that are supportive of the access to mental health services for the African-American communities within San Diego County;
2. To organize the group’s wisdom about barriers and challenges to optimal mental health services for the African-American community in the San Diego region – barriers both within and outside of the community;
3. To prepare short term and long term recommendations to bring awareness of the barriers and to understand what actions could be taken to improve mental health support systems for African-American individuals;
4. To ensure the recommendations are thorough, relevant and focused on solutions;
5. To create a diverse collaborative group that will commit their skills to work on the recommendations that will improve the quality of mental health services African-Americans within San Diego County receive;

This document is informed by three types of input. During the three hour meeting, on June 24, 2010 and a follow-up one and half hour meeting on September 16, 2010 participants painted a picture of the mental health issues affecting the African-American community. These groups provided the majority of the strategies and recommendations contained herein. These recommendations were assembled into a draft report and then the focus group participants had the opportunity to provide further input and editing. These efforts yielded the current, revised set of recommendations. Appendix A provides a roster of participants at both the June 24th and September 16th meetings and a full roster of the focus group that helped to edit the report and recommendations.

**Strengths within the African-American Community**

The focus group participants identified several factors that are going well in support of access to mental health services for the African-American communities within San Diego County. The group focused on building on these strengths and identifying gaps and barriers to comprehensive services. Participants noted that there were currently such supportive initiatives within the African-American Communities as Introductions to Mental Health in the African-American Communities workshops; Formation of African-American led and centered mental health support groups; Increased outreach efforts to bring awareness to mental health as it relates to African-Americans; African-American Cultural Awareness Trainings provided to Mental Health Service Providers of other ethnic backgrounds. A service provider and an African-American psychologist indicated that within the past few months, she has engaged in several conversations with other ethnic service providers that identified the strengths in service provision as well as the gaps to mental health services for the African-American community. She stated that there were, “Serious conversations to bring mental illness out of the shadows.” She said these “serious discussions” included topics such as “collaboration across the sectors, especially grassroots advocacy efforts to engage the community and reduce the stigma related to mental health.” She was hopeful and excited about the movement to make changes because it included “interest in collaboration between behavioral health/primary care providers [and] integration of services.” Based on the comments from the focus group participants, there seems to be a lot of momentum within the African-American population and the mental health community to make changes. One example of changes happening within the community was a comment that an African-American service provider shared, she said that a child in her program was connecting mental wellness as a process of healing the “soul and the brain.” This comment is an example of how youth within the community are shifting their view of mental health to a less stigmatizing perspective. This group identified and wanted to focus on the following strengths in the African-American community:

1. African-Americans have the support of their families, community members and Faith leaders;
2. African-Americans possess qualities that help uplift themselves and their communities and strive for change such as cultural pride and resiliency to overcome life’s challenges;

3. The Faith-based organizations within the African-American communities are supportive of mental health provision through prayer and spirituality;

4. The family and chosen families of the African-American population garner support through understanding that “it takes a village” to build a supportive community which includes: parent-youth partnerships, the wisdom of seniors, extended and intergenerational families, youth energy, as well as having concern for others and being hard workers and self-sacrificing for the wellbeing of their families;

5. There are existing mental health responsive programs and systems that are currently supporting mental health access for the African-Americans communities within San Diego County that encompasses a diverse service array. These services include support for peers in recovery with mental health challenges, independent living houses, acceptance of traditional and non-traditional expanded life needs that are included in treatment plans, wellness programming models, adult, older adult, transitional age youth and intergenerational mental health services and self-help groups;

6. The group participants identified the following organizations and institutional structures that are supporting access to mental health for San Diego County’s African-American communities. Those organizations and structures include but are not limited to: the San Diego School of Creative Performing Arts (SDSCPA); schools such as O’Farrell, Lincoln, Morse, and Valencia Park among others; Mental Health Services Act (Prop 63) programs and funding; The Palavra Tree; South East Alano Club; Southeast County Mental Health Clinic; Neighborhood House Association’s Project Enable Program; San Diego Association of Black Social Workers; San Ysidro Health Center/Comprehensive Health Center; Family Health Centers of San Diego; San Diego Black Nurses Association; San Diego Black Health Associates; TranscenDance, youth arts project in City Heights; Harmonious Solutions, Inc.; Harmonium; San Diego Police Department PERT team; San Diego Association of Black Psychologists and My Community Huddle.

The group shared a couple of examples that demonstrate some non-traditional coping mechanisms being utilized within the African-American communities to address mental health issues. A mother shared that early in her child’s life she educated her neighbors about the mental health issues her son had. As a result of this mother’s efforts of sharing what is usually considered shameful the family gained more support. The mother explained his behavior and her neighbors were able to support the development of her son. As a result of his upbringing and support, he is now flourishing in college.
Another service provider shared that their agency provides opportunities for employment to their clients. She stated that once on the road to recovery clients who have paranoid schizophrenia are provided the opportunity to return to the workforce as employees of a mall kiosk. These participants live in a group home and once they are ready, they have the support to become employees and move forward in their lives. For all the strengths that African-American communities behold and that were shared, there are barriers and challenges that keep some from accessing mental health services.

Delineated below are the challenges and barriers that the community faces with access.

**Barriers to Mental Health Services in San Diego County**

The following list of barriers to mental health services for the African-American community in San Diego County is not comprehensive. These sections and comments provide a reference point for understanding the diversity of the African-American population and how it is not adequately served by mental health services. The overarching theme that rose from the meeting was clarifying that providing mental health services to the diverse African-American community is multi-facetted. While some of these barriers could apply to other populations, the focus is on African-Americans who reside in San Diego County. The group defined barriers and challenges to mean the following: barriers are the physical challenges to access, policies restrictions etc., where challenges are barriers that are intangible. The following list reflects the sentiments of the group.

**Challenges**

**The Affects of History and Access to Mental Health Services**

The history of African-Americans and its implications for mental health in the United States is extensive. What have resulted are systems of white supremacy, systematic economic exclusion (slavery), persistent systematic racism, scientific racism and deliberate destruction of blacks and mistrust of the physical and mental health professions. (The operational definition the group used for racism was the following: the use of power by one group to exploit another). In the United States, such powers have been exercised by the white population towards the black population.) Further, scientific racism is a term used to understand the “traumatic impact of enslavement and oppression on Africans and their descendents” supported by scientific psychiatric medical observations and disorders. (Rush, 1812, p.41) In 1851, a Louisiana physician, Dr. Samuel Cartwright, identified a mental disorder, *Drapetomania* that caused slaves to run away and advised slave owners to use whippings as a therapeutic intervention. (Cartwright, 1860)

Such heinous medical experimentations as the Tuskegee Syphilis study in the 1930’s and the Psychosurgical lobotomies performed on African-American inmates and mental patients during the 1960’s to control violent behavior exemplifies the abuse, neglect and medical mistreatments of African-Americans. (Mason, 1973) What has resulted are stigmas and mistrust of the medical and mental health systems that lead to untreated or inappropriate, non-culturally relevant treatment of mental health issues within African-Americans communities.

All of these structural challenges are currently in place and affect the appropriate access to services and mental health service delivery to African-Americans. The challenge of course is acknowledging and recognizing that these oppressive systems exist and then understanding the root causes in order to
rectify the psychological damage. Of course there isn’t a lot of awareness, among all populations, of the history or the systems that help deny access to basic rights but more in-depth is the understanding that these systems have “destroyed the capacity for security” and in this case it limits the access to mental health services for the African-American community. A focus group participant stated that in order to address these structures, it is necessary to first fix these systems of oppression before tackling the issue of breaking down barriers for African-Americans to appropriately access mental health services.

Consequences of these systems of oppression are the binding beliefs that individuals internalize. The group spoke of people who internalize oppression and racism and end up with diminished self-worth. It is possible for mental health service providers to ignore the history that African Americans have experienced and misinterpret some of the signs and symptoms they display that may lead to misdiagnosis. The challenge of course is that providers are not addressing such historically rooted causes of psychological distress and therefore are not meeting the complete mental health needs of those African-American clients they serve. The group stated, these systems of oppression and racism still affect African-American communities and may be some of the reasons African-Americans are reluctant to access services or discontinue treatment shortly after they begin. (For more information on African-American histories in mental health see, Jackson, Vanessa. In Our Own Voices: African American Stories of Oppression, Survival and Recovery in Mental Health Systems part 3 of the “It’s About Time: Discovering, Recovering and Celebrating Psychiatric Consumer/Survivor History.”)

Stigma and Fear

The Stigma of Mental Illness is pervasive within the African-American communities. Overcoming the stigma, fear and shame associated with having a mental illness has been attributed as reasons why African-Americans are reluctant to access mental health services. Additionally, cultural and spiritual norms sometimes originating from family or the church dictate how African-Americans address mental health. Sometimes within these traditional beliefs is the understanding that those with mental illness do not need professional help, thus contributing to the denial of illness and need of support. The group also indicated that the African-American culture embraces the idea that “they are a people of strength” who have survived historical trauma and therefore are capable of coping with mental health challenges themselves.

To seek professional help would be seen as a sign of weakness, a character flaw. For some, the shame and fear of rejection from their peers, community and/or faith leaders deter them from seeking help. Often the fear of being labeled as “special” or “crazy” supersedes their need to seek help; therefore they suffer silently with the condition.

The media further perpetuates the stigma associated with mental illness by portraying it negatively. The group felt that there were not enough African-American spokespersons who speak out about their experiences with mental illness and how they get help. This perspective affects how families and communities deal and cope with mental illness. A service provider stated that a paradigm shift is needed among clients, therapists and society to move towards healthier perspectives of mental illness.

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Defining and Understanding of Mental Illness
Sometimes the challenge African-Americans have with addressing mental illness is the lack of an operational definition of mental illness and how it’s detected. Sometimes the lack of awareness of the signs and symptoms of a mental illness could attribute to rigid thinking and ignorance. Ultimately what these issues speak to are parents, families and communities who are not trained or prepared to cope with mental health issues and often don’t have the support to cope. Because community members don’t have easy access to healthy lifestyle resources, general mental health resources (psychological education of mental health literacy), medication or care management or information to attain resources; there is misinformation about mental health that the community has to contend with. What results from lack of understanding are families who don’t have “acceptance of [the] situation” or a “commitment to the [solve the] problem.”

A service provider stated that it is challenging working with families that do not truly understand the root of mental illness nor do they comprehend the path for recovery. She said that one parent in particular was giving her child medication as if it were “candy” to take care of his problems versus understanding the effects and the regiment needed for the drugs to work effectively. The challenge with this family was that the service provider could not figure out how to reach them and help further educate them on the process.

Having a Reputation of Mistrust and Consequences of Trusting Social Service Providers
One of the hardest challenges to overcome is the general reputation social service and mental health providers have attained. Given the historical trauma African-Americans have endured as a result of the abuse and mistreatment from the medical and psychiatric profession, it should come as no surprise that fear of maltreatment remains a barrier to accessing mental health services.

Some in the African-American communities have come to “distrust [the] system,” are suspicious and fear “getting in trouble” which will result in having their children taken away if they acknowledge that they are dealing with mental health issues. Closely tied to this perspective is fear of defamation of character and attaining the label of a “bad parent” by social and mental health service providers. Also some African-Americans mistrust non-culturally related therapists, often concluding that there will be a general lack of understanding of what they are going through. One participant added that in this instance, an African-American woman seeking services from a Caucasian therapist would believe “that the lady will understand things from a white middle class perspective”. Further, the participant noted that the therapist would not be able to provide the culturally relevant therapeutic intervention that is necessary for the African-American client to recover from her mental health problems. The group also added that the African-American culture dictates that “what happens in the home, stays in the home” It is this sort of thinking that has caused a paranoid self-protectiveness amongst African-Americans. Another participant added that their lack of trust for mental health and social service providers lead many African-Americans to seek help from their pastors, despite their pastors lack of awareness of mental illness, its treatment and the recovery process.
**Barriers**

**Insufficient Funding and its Consequences**

Insufficient funding for the African-American communities within San Diego County has affected service provisions in many ways. The lack of funding affects San Diego County’s African-American communities in the following ways: limited outreach programs designed to educate the African-American communities about mental health; insufficient number of culturally appropriate mental health services available in the communities where African-Americans reside; lack of services that included mental health, social services and faith-based services; limited African-American mental health providers, doctors and psychiatrists to serve these communities; limited age appropriate services; and not enough support groups. Insufficient funding also affects the cost of mental health services for the consumer. Some African-Americans in San Diego County are financially incapable of accessing mental health services due to lack of insurance or an inability to pay the cost share of specialty services, like mental health. It is for this reason that some African-Americans suffer silently or turn to alternative coping mechanisms, such as drugs and alcohol to cope with mental health challenges. Some African-Americans utilize the emergency room as a point of service when faced with a mental health crisis. The group added that budget cuts have decreased the existing mental health services for these communities creating more of a barrier to mental health access.

**Providing Culturally Compassionate and Respectful Services**

Lack of cultural compassion and sensitivity affects this community at multiple levels. A service provider mentioned that consumers of mental health services comment on how they are treated by professionals. She stated that some providers display professional arrogance which creates further distance with clients. This sort of treatment does not create a safe space for consumers and makes it hard to continue to access mental health support. While the perception of service providers may be that they are doing their best within the systems where they work and have the best of intentions, many in this population believe that service providers don’t have the necessary tools to understand the African-American culture. This situation is further compounded by the possibility that an individual could have a service provider who operates from unexamined personal biases of racism, sexism and heterosexism; and also operates within a system of institutional racism and has an ethnocentric perspective. These biases are often not malicious; rather, it is the result of unexamined or entrenched systems operating in American culture. All people need assistance in unlearning
racism and systems of oppression and service providers are no different. Engaging in discussions and education in this area will also positively affect individual’s views of service providers.

There are many challenges and barriers to mental health the African-American community contends with. A service provider mentioned the issue of the effects on the individual and the built environment. The premise of the built environment operates under the umbrella that individuals will make healthy choices when they live in healthy environments. For many years, social service providers have focused on making individuals change their behavior in order to make more positive life choices. What studies are indicating is that personal choices are easily trumped by the built environment. The comment was made that there are “too many liquor stores [and] inadequate transportation.” If a family does not live in an environment where it is easy to attain resources, some negative choices will be made. This thought process leads to a complete paradigm change when dealing with communities. It’s not about an individual; it’s about changing the system, where social and economic exclusion dictates where many African-American reside and the environment that serves them.

**Recommendations for Improvements**

The group would like to propose the following Recommendations of Improvements for Service Providers to incorporate when working with African-American families:

1. **Address African-Americans from the position of strength versus deficit;**
2. **Support mental health programs that care for the whole family, as this is where the process of recovery will begin for African-Americans with a mental health diagnosis;**
3. **Increase access to preventative mental health services at an early age**
4. **Expand the understanding and definition of mental wellness versus mental illness, through outreach and education;**
5. **Include spiritual support when creating treatment plans, as African-Americans rely heavily upon their faith in the recovery process of any illness**

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6. Serve people in less restrictive modalities, such as home counseling, faith based counseling, and group style therapies
7. Ensure that African-Americans are included in the decision making of their treatment plans
8. Learn and understand the African-American culture and ways in which the population responds to mental health problems which will therefore decrease the rate of misdiagnosis;
9. Welcome clients in environments where there are African-American professionals and health related paraprofessionals;
10. Ensure that the mental health literature is culturally appropriate;
11. Create more educational opportunities to train on topics of mental health in the African-American community, topics to include: anti-systemic racism, personal racist biases and other issues that affect the African-American community;
12. Create more culturally specific venues where community members can access and learn about mental health

These recommendations represent the sentiments of the focus groups stakeholders, acknowledging that there is a gap between current circumstances and optimal mental health services for the African-American Community. Steps can be taken, however, to move toward those optimal circumstances, while keeping the bigger picture in mind. Each of these recommendations identifies a broad theme for improving mental health services for the African-American population, followed by specific short term and long term strategies to address that issue.

**Goal One: Increase capacity for individuals from the African-American community to become cultural brokers for mental health.**

**Discussion:** Due to the history and development of the African-American community it is evident that not all are being served by the current mental health system. It was stated that there are disconnections in service provision, where providers are lacking cultural awareness and therefore are not incorporating that knowledge into treatment. It was identified by the group that more cultural brokers (individuals who can bridge the gap between the community and the mental health system) are needed who understand the African-American culture and could educate the services providers with the knowledge necessary to provide culturally appropriate and “compassionate” services. These cultural brokers are individuals, who are culturally sensitive, represent the diversity of the culture and who could also come from and/or physically represent the community. Participants felt that cultural brokers are key components in reducing barriers to access of mental health services for the African-American communities.

**Short Term Recommendations:**

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1. Evaluate research that supports the efficacy of cultural brokers programming models
2. Identify the programs and services that currently utilize cultural brokers programming models
3. Determine how the current cultural broker programs are operated and funded
4. Identify the requirements to become a cultural broker
5. Identify organizations, programs and institutions that these cultural brokers would be effective in increasing African-American utilization of services

Long Term Recommendations:

1. Develop outreach strategies for encouraging individuals from African-American communities to become cultural brokers
2. Design a cultural broker curriculum to train service providers and mental health organizations that serve African-Americans
3. Identify key community members that may serve as cultural brokers
4. Collaborate with the programs and services that are currently utilizing cultural brokers to increase capacity to include mental health and African-American communities

Evidence of success or movement toward success:

1. Increase use of cultural brokers program modeling for mental health services.
2. Increase in funding to provide cultural brokers services
3. Increase in the numbers of culture trainings attended by the services providers who provide services to African-Americans
4. Increase in the number of service providers reporting that they have a better understanding about the African-American culture and provide feedback as to how they can incorporate that knowledge into therapeutic interventions
5. Provide feedback to service providers

Goal Two: Increase capacity for individuals from the African-American communities to become Mental Health Service Providers.
Discussion: African-Americans make up only 2% of the psychiatrists and psychologists in the U.S. workforce. The group discussed the need for more African-American mental health providers. A group participant stated that she felt that more African-Americans would feel safer seeking mental health services from someone who is also African-American. While cultural brokers can serve as a liaison to other ethnic providers, having access to an African-American mental health service provider would alleviate the cultural barrier that sometimes deter individuals from seeking mental health services.

Short Term Recommendations:

1. Develop strategies to reach out to local middle and high schools to educate students about the mental health profession
2. Build relationships with workforce education entities
3. Establish programs where African-American Mental Health Professionals attend career days at schools to showcase the mental health profession and serve as a cultural role model
4. Encourage individuals within the faith communities to enter higher education to become formal mental health professionals

Long Term Recommendations:

1. Create leadership and mentoring programs that support individuals from the African-American communities to enter higher education
2. Create groups that will lobby and advocate for funding and policy changes that support African-Americans entering the mental health field

Evidence of success or movement toward success:

1. Increase in the number of African-American mental health professionals participating in career days at schools and other educational venues
2. Increase in funding sources to support individuals from African-American communities seeking degrees in the mental health field
3. Increase in the number of African-Americans enrolled in mental health degree programs

Goal Three: Service providers will administer culturally appropriate mental health treatment to meet the needs of the African-Americans they serve.
Discussion: The group stated that there is a lack of culturally appropriate, compassionate, sensitive community mental health services provided. A provider stated that she felt the strategies used in a therapeutic setting to help African-Americans cope with a mental illness are not culturally rooted. Another provider stated that there are insufficient culturally relevant interventions that incorporate cultural and spiritual rituals. The following recommendations speak to the necessary changes providers can make to ensure that they are effective when working with African-American communities.

**Short Term Recommendations:**

1. Utilize cultural brokers to bridge the gap in mental health services to the African-Americans they serve
2. Enhance existing programs to emphasize mental wellness including the mind, body and soul
3. Ensure that the service facilities have African-American artwork, mental wellness literature and African-American staff to create a more warm and welcoming atmosphere
4. Require providers to attend required training programs to increase awareness and sensitivity to the African-American culture

**Long Term Recommendations:**

1. Integrate spirituality into prevention programs
2. Increase the number of African-American centered mental health programs
3. Design programs that integrate best practices that incorporate: systems change and paradigm shifts, that document concrete baselines in order to track and measure performance
4. Continue ongoing trainings to mental health services providers to be culturally aware and ensure that they are aware cognizant of unexamined personal racist biases
5. Incorporate house calls and other non-traditional technological treatment settings into mental health programming models. In-home services have proven to be an effective strategy because it eliminates the transportation and childcare barriers to treatment many in the African-American communities have
6. Design strategies that create opportunities that involve community and culturally based ideologies (An example of this is designing programs that are multi-generational where youth and seniors are paired.)
Evidence of success or movement toward success:

1. Increase in the numbers of African-American cultural awareness trainings and certifications service providers report attending
2. Increase in the number of African-Americans receiving mental health services.
3. Increase in the use of cultural brokers that can bridge the gap between the community and mental health service providers
4. Increase numbers of African-Americans providing mental health services
5. Increase in the number of African-American clients receiving services in non-traditional settings
6. Increase in numbers of African-Americans who report that they are satisfied with mental health services that they are receiving
7. Increase in the retention rate of the African-American clients served

Goal Four: Service providers will have venues to further collaborate and engage in dialog to improve service provision to African-Americans.

Discussion: Though there are many social services providers and community groups that collaborate, there is the perception that not enough agencies are working together to provide adequate mental health support to the African-American community. Further collaboration would allow for advocacy and understanding of what needs are arising for the community.

Short Term Recommendations:

1. Identify programs that currently provide mental health services to the African-American communities
2. Create safe environments to facilitate conversations and advocate for community needs
3. Create venues where mental health providers and faith leaders can connect and collaborate
4. Increase outreach to faith-based organizations
5. Attend church health fairs to disseminate culturally relevant mental health information
6. Identify churches with health units
7. Build and increase relationships with pastors and faith leaders
8. Create an African-American mental health collaborative group that will commit their skills to work on recommendations from this report to improve the quality of mental health services African-Americans receive within San Diego County
9. Creating forums to educate communities on African-American mental health matters

**Long Term Recommendations:**

1. Hold town hall meetings to bring awareness of mental health issues and to further expand integration
2. Identify what faith based mental health models exists and increase capacity
3. Expand health units within the identified churches to include mental health and physical health
4. Build and increase relationships with pastors and faith leaders
5. Establish African-American mental health collaborative group to organize and host an annual conference with the central theme of African-Americans and mental health

**Evidence of success or movement toward success:**

1. Increase in churches with health units that include mental health
2. Increase in African-American venues where mental health literature can be distributed
3. Annual conferences will be held to educate and bring awareness to mental health as it relates to African-Americans
4. Faith leaders acknowledge that they are more open to discussing mental health with their congregations and provide services within the church
5. African-American consumers report that spirituality was a part of their treatment plans

**Goal Five:** African-American communities will be educated on Mental Health issues.

*Discussion:* The lack of awareness and stigma associated with mental illness is another challenge many in African-American communities face. Mental health literacy is necessary to help African-Americans recognize the signs and symptoms of mental illnesses and promote help seeking behaviors. Engaging and educating African-American communities on mental health issues would help reduce the stigmas and emphasis the importance of accessing appropriate treatment. The group felt that there are not enough programs that promote mental wellness within African-American communities.
**Short Term Recommendations:**

1. Strategically design mental health awareness campaigns specifically targeted to African-Americans
2. Collaborate with peer liaison programs to enhance peer led African-American outreach initiatives
3. Inform community of mental health issues by increasing outreach efforts through cultural brokers

**Long Term Recommendations:**

1. Identify existing African-American mental health literacy programs and build capacity
2. Create programs that increase community involvement and awareness of mental health services and issues
3. Integrate culturally relevant mental health education into all future prevention and early intervention programming

**Evidence of success or movement toward success:**

1. Increase in the number African-American peer-led outreach initiatives
2. Increase in use and seeking of mental health services by the African-American community
3. Increase in African-Americans reporting that they feel comfortable talking about mental illness
4. Increase in the number of African-Americans reporting that they are more knowledgeable about mental health problems and know where to seek services if the need arises

**Conclusion**

These recommendations are a start to the more in-depth dialogue that needs to happen within the mental health service providers, consumers and the African-American community. The group felt that there were some service providers missing from the table and felt that further analysis and dialog was needed. A potential next step suggested was reconvening the group and vetting this document with more individuals connected to providing mental health services to this population. Part of the plan through the Breaking Down Barriers program is to create an advisory group that will help to tackle these barriers to access. By coming together to discuss these initial barriers, issues, hopeful moments and potential solutions, the Breaking Down Barriers focus group hopes to increase the dialogue about positive changes in mental and behavioral health services for the African-American population, in San Diego County.
Appendix A

Breaking Down Barriers participants in the June 24, 2010 and September 16, 2010 focus groups. (This group provided the core input for this document.)

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<thead>
<tr>
<th>NAME</th>
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<th>AGENCY</th>
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<tbody>
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<td>Elizabeth Bustos</td>
<td>Director of Strategic Business Development</td>
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<td>Stephanie Clark</td>
<td>Petty Officer</td>
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<td>Lisa Covington</td>
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<td>Debra Dean, Ph.D.</td>
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<td>Lottie Harris, R.N.</td>
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<td>Clovis M. Honore’</td>
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<td>Musa Kaleem</td>
<td>Peer Liaison</td>
<td>Recovery Innovation of California</td>
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<td>Tukufu Kalonjo</td>
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<td>Shannon Kellogg</td>
<td>Regional Manager</td>
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<td>Clifford Lambert</td>
<td>Co-Founder</td>
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<td>Melinda Lambert</td>
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<td>Shearl Lambert</td>
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<td>The Grandparents Connection</td>
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<td>La Rita Le Gardy</td>
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<td>Karin Lettau, M.S., CRC</td>
<td>Peer Liaison Team Lead</td>
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<td>Toya Lockett</td>
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<td>Carlos Lolin, B.S.</td>
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<td>United States Navy</td>
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<td>Tondra Lolin, B.A.</td>
<td>African-American Communities Outreach Services Coordinator</td>
<td>Mental Health America of San Diego County</td>
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<td>Rosa Ana Lozada, L.C.S.W.</td>
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<tr>
<td>Janet Madison</td>
<td>Family Youth Partnership Program</td>
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<tr>
<td>Delia Morris</td>
<td>Adult Protective Service II</td>
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<td>Caryn Pass, M.S.</td>
<td>Marriage &amp; Family Therapist Intern</td>
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<td>Rasheedah Rashada</td>
<td>Student</td>
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<td>Cassandra Rogers, B.S.</td>
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<tr>
<td>Carmen Samuels</td>
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<td>Paul Simms, M.P.H.</td>
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<td>Ann Steward</td>
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<td>Fran Story</td>
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<td>Michael Taylor</td>
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<tr>
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<td>Renee Whiteeyes, M.A.</td>
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Appendix B

About Breaking Down Barriers

In November of 2004, the California voters approved Proposition 63, now called the Mental Health Services Act (MHSA), to provide funding for a comprehensive and community-based mental health system for uninsured/underinsured clients who would otherwise remain un-served or underserved. Mental Health America of San Diego County was awarded the Breaking Down Barriers contract in September of 2006.

Breaking Down Barriers purpose is to increase access to mental health services for un-served and underserved persons from culturally diverse populations who have a severe mental illness. The term “culturally diverse” here refers to both ethnic and non-ethnic cultural groups. The former group includes Latinos, Native Americans, Asian Americans, peoples from the Pacific Islands, African-Americans, Africans, Alaskan Natives and other historically un-served and underserved groups. The latter group includes – but is not limited to lesbian, gay, bisexual, transgender, transitional age youth, older adults, Veterans and those with disabilities (blind and vision impaired, deaf and hard of hearing or otherwise physically challenged).

For more information contact:

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www.mhasd.org
About Mental Health America of San Diego County

For more than a century, Mental Health America formerly Mental Health Association, the country’s leading nonprofit organization dedicated to helping ALL people live mentally healthier lives, has been addressing all aspects of mental health and mental illness. As one of the 320 affiliates nationwide, the Mental Health Association in San Diego County, now Mental Health America of San Diego County, has worked to improve the mental health of all San Diegans, especially those with mental disorders through advocacy, education, research and services. The work of Mental Health America of San Diego County has resulted in positive change. We have educated our community about mental illness and reduced barriers to treatment and services. As a result of our efforts, many San Diegans with mental disorders have sought care and now enjoy fulfilling and productive lives. Mental Health America of San Diego County’s mission and response to these issues are to educate the public about ways to preserve and strengthen its mental health, to advocate for access to effective care, to bring an end to discrimination against people with mental and addictive disorders, to foster innovation in research, practice, service and policy and to provide support to individuals and families living with mental health and substance abuse problems. We invite all San Diegans to join our movement. Our Bringing Wellness Home Campaign will enable Mental Health America of San Diego County to share our message, achieve our mission and help San Diegans live healthier lives.

Our message is simple. Good mental health is fundamental to the health and well being of every person and to our community as a whole. The good news is we have the knowledge and experience now about what works for good mental health. We have effective treatments that better control the symptoms of mental illness. We have community programs that help people recover, develop long term resilience and get back to their lives.

For more information contact:

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