

# AFRICAN AMERICAN CONSUMER AND FAMILY MEMBER ENGAGEMENT IN THE MENTAL HEALTH SYSTEM



“WHY ARE AFRICAN AMERICANS NOT PARTICIPATING IN OPPORTUNITIES TO ADVOCATE ON BEHALF OF THEMSELVES AND THEIR FAMILY MEMBERS WITHIN THE BEHAVIORAL HEALTH SYSTEM?”



FOCUS GROUPS IN:  
**CLEVELAND**  
**CINCINNATI**  
**COLUMBUS**  
**TOLEDO**  
**PORTSMOUTH**



Department of  
Mental Health

Ted Strickland, Governor  
Sandra Stephenson, Director

CONSULTING PARTNER



**DECEMBER**  
**2009**



# African American Consumer and Family Member Engagement In The Mental Health System

## Project Summary Report



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Last year parent advocates from across the state in partnership with the Ohio Department of Mental Health (ODMH) and NAMI Ohio, convened the Minority Community Recruitment Initiative (MCRI). This initiative was formed in the spirit of developing a culturally competent system to determine whether there are proportionately enough minority advocates within the mental health system to support minority parents. This effort began as a means to respond to specific issues of how African Americans perceive advocacy within the mental health system.

The “*Research on African American Consumer and Family Member Involvement in the Mental Health System*” guide was developed as the outcome of African American focus groups which occurred in five different regions of Ohio. Consumers and family members were invited to participate in the focus groups. To obtain feedback from a larger pool of families, a survey was disseminated. We believe the findings within the guide offer new insights and strategies that can help advocacy based organizations, boards, and provider agencies develop new approaches to engaging African Americans.

MCRI may be working in the near future to identify similar projects to support other underserved populations. We invite you to explore this resource and share its findings with other system partners to help promote collaboration, resiliency, and recovery-oriented culture in the delivery of mental health services.

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NAMI Ohio

Sandy Stephenson, Director  
Ohio Department of Mental Health



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# African American Consumer and Family Member Engagement In The Mental Health System

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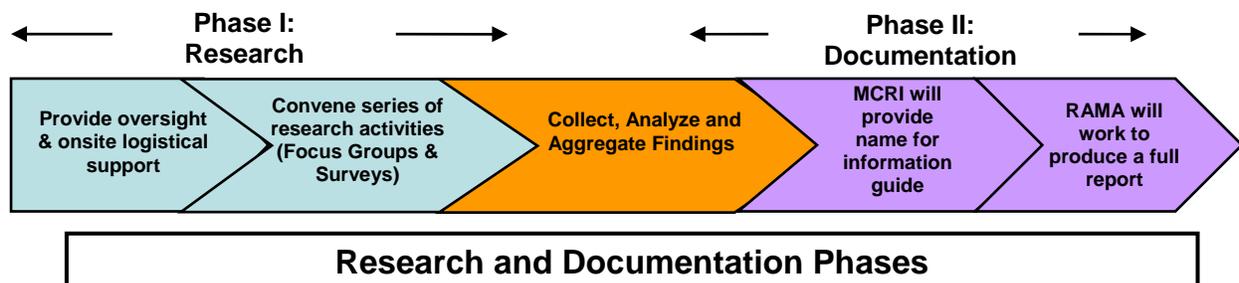
### ABOUT MINORITY COMMUNITY RECRUITMENT INITIATIVE

The Minority Community Recruitment Initiative (MCRI) is a workgroup of parent advocates assembled from across the state of Ohio to ensure that minority children, families, and adults have information, support and a voice in the behavioral healthcare system. MCRI was convened by the Ohio Department of Mental Health in partnership with NAMI Ohio to determine if there are proportionately enough minority parent advocates within the system to support minority families.

This project was designed to solicit input from African American parents, consumers, and potential advocates not currently engaged in the mental health system. It's designed to measure attitudes, motivations, social and socio-economic factors that encourage or deter African Americans from participating in advocacy and engagement within the behavioral healthcare system. MCRI may be working in the near future to identify similar projects to support other underserved populations.

### PROCESS OVERVIEW

The process for gathering data included two phases. The major tasks are outlined below.



The process was designed to address several learning questions that include the following:

1. Why are cultural and ethnic minorities not participating in opportunities to advocate on behalf of their family members within the mental health system?
2. What do people from culturally and ethnically diverse communities believe needs to happen for minorities to participate?
3. What motivates minorities to engage the mental health system?
4. What strategies are necessary to recruit advocates from culturally and ethnically diverse communities?
5. How can we use this information to increase both minority involvement and minority linkages to service coordination?
6. What strategies and best practices exist to continually engage minority consumers in advocacy?



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### **Research Methodology**

The first part of the process included the selection of African American consumers and family members to participate in 10 regional focus groups. The regions targeted include northeast (Cleveland), northwest, (Toledo), central (Columbus), southwest (Dayton/Cincinnati), and southeast (Portsmouth) Ohio. Most of the cities targeted were selected because of an existing high urban area African American population. However, southeast Ohio was selected to gain insight from African Americans living in a rural region of the state.

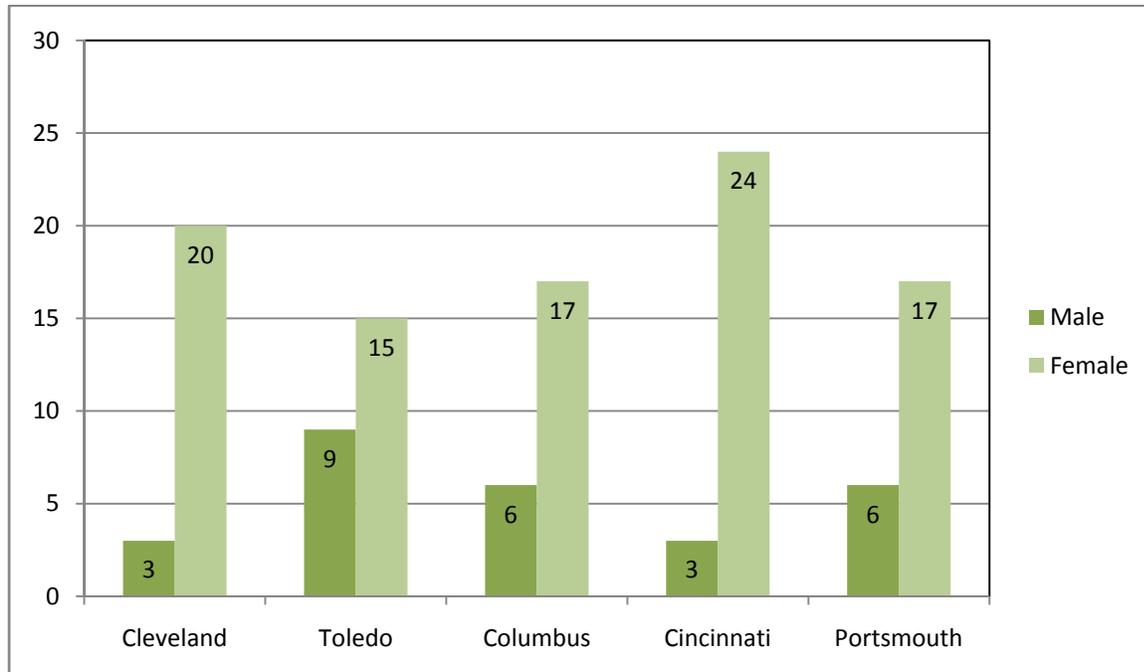
Up to 24 participants were recruited for each of the regional focus groups. Most participants received a \$50 gift card as incentive to participate. The number of those that participated by city are captured in the chart below

### **MCRI Regional Focus Group Participation**

	<b>Number of Focus Group Participants</b>
Northeast (Cleveland)	23
Northwest (Toledo)	24
Central (Columbus)	23
Southwest (Cincinnati)	27
Southeast (Portsmouth)	26
<b>Total Participants</b>	<b>123</b>

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**Focus Group Participation by Gender**



**Focus Group Emerging Themes**

Several questions were utilized to capture input from each of the 5 participating regions. The same questions were used to facilitate each focus group. The results from the focus groups revealed some similarities in responses. However, each region provided interesting insights reflecting the needs of the local community. The findings from the focus groups provide great strategies for developing new approaches to engage the community. The following section includes a listing of the questions used during the focus groups and a summary of the responses provided by group participants.

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#### **Focus Group Summary Overview of Emerging Themes**

**1. As you hear the word “Advocacy” how would you explain what that means? What activities or images come to mind?**

- Speaking up or providing representation for ourselves or others
- The presence of supportive services to help people
- Requesting or providing information and resources to assist a person or group
- Educating, Empowering and Informing
- Raising pertinent issues for ourselves and our families
- Active listening and reacting to what is heard
- Serving as a liaison, mediator, or representative
- Connecting with likeminded individuals to support a cause; networking
- Meeting an unmet need

**2. Are you aware of any ways that you can “advocate” within the local mental health system?**

- **Distribution of behavioral health information and resources:** Participants believe many African American groups and individuals are willing, if asked, to distribute materials through various methods (i.e. word of mouth, printed materials, multimedia, and use of technology).
- **Attending or hosting meetings among various constituencies** (e.g. faith-based, civic associations, cultural groups, etc.)
- **Referring people to needed behavioral health services:** Participants believe if the public is better oriented on mental illness and its warning signs they may be more willing to refer the individuals they observe for treatment.
- **Support local behavioral health care capacity within supportive services:** Participants believe support services and emergency responders should build capacity to effectively provide crisis intervention for a person with mental illness. They also believe routine training should be mandatory for various public services (i.e. hospitals, social services, police and fire, etc.).

#### *Interesting Idea*

*“Sometimes advocacy is simple stuff. A video to explain to people the effects of their medication would be a great way to advocate and help people.”*

*~Toledo Participant*

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**Focus Group Summary  
Overview of Emerging Themes**

3. As you think about your own experience with the mental health system, are there any reasons why you think African Americans might not want to serve as advocates or volunteers?

***Interesting Insight***  
***“Privacy laws kept me from getting info about my grandkids sexual abuse background because I was not their legal guardian...I was the one taking care of them while their mom was having her issues.”***  
 ~Cleveland Participant

- **Lack of knowledge about existing advocacy services and ways to provide advocacy:** Participants cited lack of awareness about advocacy opportunities. Many have been advocating for their loved one or themselves but may not identify their activities as such.

- **Prohibition from Laws and Administrative Processes:** Current laws and administrative restrictions sometimes don't allow families or advocates to intervene when necessary because they may not be the primary caregiver. Many are often not privy to their family member's treatment history.

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- **Distrust of mental health providers:** Many negative stories emerge about overmedication, misdiagnosis, ill-treatment of African American consumers, or lack of respect regarding local mental health providers, state hospitals, or county bureaucracy. The distrust of the system makes African Americans less likely to engage in advocacy activities outside of those that directly benefit them or their family member.
- **Wide-spread stigma issues:** Stigma issues were cited repeatedly and were suggested to be more of an issue among African Americans. Stigma also encourages a “don't ask, don't tell” mentality among some consumers and families receiving services.
- **No Compelling Need to Advocate:** Participants suggest that many consumers and families do not understand the urgency about the need to advocate for African Americans and others in the mental health system. The community still needs more education on why advocacy is necessary and training on the issues advocates typically address.

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#### **Focus Group Summary Overview of Emerging Themes**

- **Lack of cultural competence and cultural sensitivity:** Participants consistently suggested that many providers do not feel welcomed or appreciated when receiving services. An approach to their treatment and recovery that considers and values their culture was desired.
  - **No financial incentives:** Many potential advocates are struggling financially and therefore would not have the time to volunteer even if motivated to do so without compensation. Few, if any, per focus group knew that some paid advocate positions existed.
  - **Transportation Challenges:** Volunteer and meeting opportunities must be held in convenient locations within the African American community for better accessibility.
  - **Participant Comfort:** Some participants are not comfortable in raising their issues within the walls of a mental health agency/provider. In many cases, the issues that need to be addressed directly impact the agency where they receive services. It is suggested that providers who desire volunteers or advocates consider alternative “neutral” locations for some of their meetings and activities.
  - **Lack of Current African American Advocates:** Participants believe the low representation of African American advocates limits capacity to retain and attract new advocates. African American advocates must be given the opportunity to “tell their story” and be more visible within the mental health system.
4. **As an African American, talk about any differences you see in why you might need or want to advocate (or serve as a representative/volunteer) compared with other races or groups.**
- **Disparities in treatment and service delivery:** Participants believe that the disproportionate number of African Americans, who are misdiagnosed, dually diagnosed, and those who may be denied or delayed treatment supports need more advocates.

*Interesting Insight*  
***“Mental illness doesn’t discriminate, so in an effort to see change we need opportunities to share {experiences} with each other and raise awareness.”***

*~Portsmouth Participant*

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#### **Focus Group Summary Overview of Emerging Themes**

- **Avoid mislabeling and stereotyping by providers or systems:** Participants cited many examples of mislabeling among African Americans. The issues range from labeling as “bad kids” within the schools systems to instances where law enforcement assumes that if a person has a mental illness they must also be labeled a drug user. Participants believe that advocates can be helpful in increasing the competence of agencies and systems on African American culture. They also believe that advocates can serve as allies for both the system and family members experiencing mental illness.
- **Assist in “mainstreaming” the language and issues:** Participants believe that in many cases advocates can be helpful in navigating the language and jargon of the mental health system. Intervening issues like educational and literacy levels, socio-economic status, and the person’s stage of recovery sometimes make consumers and families unable to understand some aspects of their treatment or medications. Advocates are suggested to play a “tutoring” role for consumers and families in understanding their care.

#### *Interesting Insight*

***“Mental Health has been negatively presented to African Americans. We need to tell the other side of the story.”***

*~Columbus Participant*

- **Lack of African American providers in the system:** Participants believe the lack of African American service providers and Africentric treatment modalities underscores their need to advocate in comparison with other communities. Their premise is that many African American providers may understand their behavior from both a clinical and cultural perspective and that this joint understanding is linked to their receiving better, more appropriate care.

#### **5. We recognize that sometimes the mental health system’s outreach to**

**African American (and minorities) families is somewhat lacking. Can you suggest to us any ways we should contact you about advocacy or volunteer opportunities?**

**Utilize broad marketing outlets:** T.V., radio, newsletters, Internet, canvassing to homes and social spaces (i.e. beauty shops, coffee shops, etc.) school and community meetings, flyers, information hotline, information fairs, etc.

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#### **Focus Group Summary Overview of Emerging Themes**

**Use local “star power” to advertise:** Participants feel that guest speakers who would grab the attention of minorities would be very beneficial to recruit advocates and reinforce positive messages about mental health. These “local heroes” might be musicians, artists, athletes, actors, or elected officials/community leaders. Also suggested was the idea of setting up booths at local sporting events or having speakers on mental health during half-time shows.

- **Set up community support groups:** Participants feel that support groups within their local recreation center, doctor’s office, or schools serve as a benefit to reaching out to them about volunteer opportunities.

**6. What things can be done immediately (and also long term) that can help us recruit more African American representatives (advocates) into the mental health system?**

- **Present advocacy opportunities at city meetings/hearings:** Some participants feel that these methods can be used to recruit advocates because many people view or go to these events to discuss community problems.
- **Community newsletters, local TV shows (news), local radio ads, mailings:** Participants believe this is a good method of recruitment since most people tune into local media outlets for entertainment and to obtain insights on current events.
- **Explain the need for advocates in local communities:** Advocacy opportunities should be advertised in hospitals, schools, churches, recreation centers, and other community places. These methods are important because most consumers and/or family members are engaged in at least one of these venues, but may not be aware of any need for African American advocates.
- **Hold community events geared towards recruitment:** Several participants suggested that recruitment should be tied to other types of social or celebratory events that already exist or are created for recruitment purposes. In addition to enjoying this time with family and friends, such events provide the community with opportunities to receive information and sign up for advocacy trainings.

*Interesting Idea*

**“Get a major business or company involved. Everybody knows that Wendy’s is for adoption and McDonalds supports ill children. Who is for Mental illness?”**

*~Cincinnati Participant*



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#### **Focus Group Summary Overview of Emerging Themes**

- **Dedicate funds to advocacy by integrating it into administrative budgets:** The need for advocacy is believed to be important enough to warrant its inclusion into the administrative budget of mental health providers and agencies rather than funded through “soft money”/grants.
  - **Develop a certification process for advocates:** Participants suggested a certification or training program that develops a pipeline of advocates into these roles. For many potential advocates, it is believed that the “certification” is a valuable incentive for participation.
7. **What incentives can we offer, that might encourage more minorities to participate in advocacy or volunteer roles?**
- **Financial incentives:** Offer gifts cards, paid positions, stipends, bus passes, free training/certification to encourage persons to become advocates and volunteers.
  - **Recognition at special events:** Advocates should be recognized for their important role in facilitating consumers’ recovery. Opportunities like the Multiethnic Advocates for Cultural Competence (MACC) award ceremony, social events, and sporting activities were among the things suggested for recognition activities.
  - **Class credits or certification:** Participants feel that if they were working towards some type of credits and/or advocate certification, then it would be more beneficial and attractive to them.
  - **Treatment Options:** Participants suggested that in exchange for advocacy services, one incentive might be discounted or free treatment services for themselves or a loved one. This “barter” type system may allow for some “optional”, yet necessary treatment to be obtained by the consumer.
  - **Access to decision makers:** The ability to interact with and have influence with agency and provider decision makers was cited as a key incentive. Ideally, this interaction will allow the consumer or family member to raise pertinent issues that may deal with some of the systemic barriers confronting minority consumers.



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#### **MCRI CONSUMER AND FAMILY SURVEY**

The second part of the process included the development and dissemination of a survey to the target population. The survey was designed to enhance data captured through focus group input to further measure the following:

- Why are African Americans underrepresented in advocacy?
- What resources are needed to help African Americans engage the system?
- Why are African Americans not engaging the system as advocates?
- What are ways to contact African Americans about advocacy or volunteer opportunities?
- What additional resources are needed to encourage advocacy?

The survey consisted mostly of qualitative questions to encourage the completion of it quickly. It was distributed via the internet and through hard copy form.

The survey was completed by 17 respondents. Although this number is not a representative sample of the target population, we are encouraged that the themes observed in the survey data support the findings obtained through the focus groups. Due to low responses, surveys were made available beyond the deadline. There are likely several reasons for the low response rate. Additionally, low agency survey distribution may be attributed to competing priorities and lack of incentives.

#### **Survey Respondents Quick Facts**

- The responses came from participants in the following cities: Columbus, Cincinnati, Cleveland, Macedonia, Portsmouth, Toledo, Piqua and Xenia.
- Gender of Respondents: 81% (13) are female and 19% (3) are male.
- Participants were asked to give their race. Of respondents who answered the question, 94% (16) are African American, 6% (1) are White.
- Participants were asked if they were currently involved in a Consumer Advocacy Organization or program. Respondents cited 65% (11) No, 35% (6) Yes.



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<b>MCRI Consumer and Family Survey Overview of Results</b>		
Question	Survey Results	Comments/Insights
Tell us how you are involved with the mental health system in Ohio.	<ul style="list-style-type: none"> <li>• <b>47.1% (8)</b> – Consumer</li> <li>• <b>47.1% (8)</b> – Parent/Guardian of consumer</li> <li>• <b>47.1% (8)</b> Consumer Advocate</li> <li>• <b>17.6% (3)</b> - Non-Parental Family Member of Consumer</li> </ul>	<p><i>*Respondents could fit into multiple categories in this question.</i></p>
Are you currently involved in a Consumer Advocacy organization or Program?	<ul style="list-style-type: none"> <li>• <b>65% (11)</b> No</li> <li>• <b>35% (6)</b> Yes</li> </ul>	
I believe the BEST way to advocate for Mental Health in my community is:	<ul style="list-style-type: none"> <li>• <b>41% (7)</b> Share access to resources</li> <li>• <b>35% (6)</b> Share my experiences with others.</li> <li>• <b>12% (2)</b> Serve as a Rep. for a mental health consumer</li> <li>• <b>6% (1)</b> Bring more attention to mental health issues in my community</li> <li>• <b>6% (1)</b> Other</li> <li>• <b>0% (0)</b> Volunteer/Serve on Agency Boards or Community</li> </ul>	<p>Interestingly none of the respondents cited “Volunteer with the mental health agency/Serve on an agency board or committee” as a best way to advocate. This may speak to a mindset that some consumers and families do not understand the value of having strong representation in decision making capacities like board membership or formal advocacy roles. This was also a subtle theme of some of the focus groups as well.</p> <p>The theme of “Share my experiences with others” also connects to a focus group theme where participants believed they could best advocate locally by sharing their experiences about the mental health system which resulted in both positive and negative outcomes.</p>
I believe African Americans are underrepresented as advocates in the mental health system because of the:	<ul style="list-style-type: none"> <li>• <b>41% (7)</b> Lack of other African American advocates/providers.</li> <li>• <b>23% (4)</b> Lack of access to resources &amp; information</li> <li>• <b>18% (3)</b> Shame/embarrassment (stigma about mental illness)</li> <li>• <b>12% (2)</b> Other</li> <li>• <b>6% (1)</b> Mental health providers don’t encourage advocacy activities</li> </ul>	<p>A interesting insight was a respondent’s open-ended response below:</p> <p><i>“Advocacy for those with mental illnesses takes an exorbitant amount of time, energy, and patience. Would-be advocates may be struggling to balance work, and family time and could just be mentally exhausted trying to go through the constant emotional ups and downs with family members and be too worn out to do more.”</i></p>



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MCRI Consumer and Family Survey Overview of Results		
Question	Survey Results	Comments/Insights
<p>I would suggest the following ways to contact African Americans about advocacy or volunteer opportunities.</p>	<ul style="list-style-type: none"> <li>• <b>58.8% (10)</b> Faith-based/church organizations</li> <li>• <b>52.3% (9)</b> Electronic media (radio, TV, etc.)</li> <li>• <b>35.3% (6)</b> Utilize celebrities to endorse mental health causes and share information</li> <li>• <b>35.3% (6)</b> Distribution of mental health resources at community/ recreational facilities</li> <li>• <b>29.4% (5)</b> Print media (newspaper, etc.)</li> <li>• <b>23.5% (4)</b> Other</li> </ul>	<p>Survey responses as well as focus group data suggest that both traditional and non-traditional methods of outreach should be used to contact A-A about advocacy opportunities. Among the highest rated response were through “faith-based/church organizations” and through “electronic media (radio, TV, internet).”</p> <p><i>*Respondents could fit into multiple categories in this question.</i></p>
<p>The most important message that African Americans need to know about mental illness is:</p>	<ul style="list-style-type: none"> <li>• <b>64% (11)</b> Help and resources are available/Don’t suffer in silence</li> <li>• <b>12% (2)</b> Mental illness is treatable</li> <li>• <b>6% (1)</b> Mental illness does not discriminate/Can affect anyone</li> <li>• <b>6% (1)</b> Too much stress can affect a person’s mental health</li> <li>• <b>6% (1)</b> We are consumers, not patients and clients (use positive language)</li> <li>• <b>6% (1)</b> Other</li> </ul>	<p>Overwhelmingly respondents cited “Help and resources are available/don’t suffer in silence” as a key message that needs to be communicated. Additionally, the following open-ended response was suggested; “<i>Mental Illness is treatable and there are available resources.</i>”</p> <p>The highest rated response is supported by anecdotal information obtained during the focus groups which highlighted the strong feelings of isolation and loneliness that often accompanies the onset of mental illness for families and individuals. In some cases, consumers or families believe that they are alone in their suffering and that others don’t understand what they’re going through.</p>
<p>What things can be done to recruit more African American representatives/ advocates in mental health?</p>	<ul style="list-style-type: none"> <li>• <b>76.5% (13)</b> Highlight need for African</li> <li>• <b>58.8%(10)</b> Training/Seminars</li> <li>• <b>58.8% (10)</b> Create job opportunities</li> <li>• <b>47.1% (8)</b> Highlight success stories of recovery</li> <li>• <b>29.4% (5)</b> Utilize existing volunteer programs (Vista, etc.)</li> <li>• American advocates</li> <li>• <b>5.9% (1)</b> Other</li> </ul>	<p>Many focus group participants also believed that the lack of awareness regarding the need for more African American advocates may be impacting why they are not stepping forward. Building capacity of minorities to understand advocacy roles and how they can become involved is also supported by the data derived from regional focus group participants.</p> <p><i>*Respondents could fit into multiple categories in this question.</i></p>



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<b>MCRI Consumer and Family Survey Overview of Results</b>		
Question	Survey Results	Comments/Insights
African American advocates should work on the following priorities within the mental health system:	<ul style="list-style-type: none"> <li>• <b>76.5% (13)</b> Highlight need for African American advocates</li> <li>• <b>58.8% (10)</b> Create job opportunities</li> <li>• <b>58.8 (10)</b> Training/Seminars</li> <li>• <b>47.1% (8)</b> Highlight success stories of recovery</li> <li>• <b>29.4% (5)</b> Utilize existing volunteer programs (Vista, etc.)</li> <li>• <b>5.9% (1)</b> Other</li> </ul>	<p>The majority of respondents (76.5%) suggested that African American advocates should work on highlighting the need for more advocates of color in the mental health system. Among the open-ended suggestions from respondents was that current advocates should work on ensuring equity in treatment and ensuring that African Americans are not treated differently when he/she comes in the door to receive services.</p> <p><i>*Respondents could fit into multiple categories in this question.</i></p>
What resources do you think are needed to help African Americans engage the mental health system as advocates?	<ul style="list-style-type: none"> <li>• <b>88.2 % (15)</b> Advocacy Training</li> <li>• <b>70.6 % (12)</b> Transportation</li> <li>• <b>70.6% (12)</b> Financial Incentives/ Stipends</li> <li>• <b>64.7% (11)</b> Peer Support</li> <li>• <b>58.8% (10)</b> Child Care Assistance</li> </ul>	<p>The majority of respondents suggested “Advocacy Training” as more essential to helping to build the capacity of African Americans to serve as advocates over more intuitive choices like “financial incentives/stipends” and “Transportation.” This supports a focus group theme which suggest that training and educational opportunities are seen as a key incentive for encouraging more African Americans to serve as advocates.</p> <p><i>*Respondents could fit into multiple categories in this question.</i></p>



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#### **Documentation Phase**

The data received from focus groups and surveys were analyzed and aggregated for presentation in this report. The recommendations below were developed to support the emerging themes identified during this phase. In addition, the MCRI workgroup provided a name for the information guide that reflected the content of the research and focus of this project.

#### **Recommendations**

The emerging themes presented in this guide provide practical approaches for engaging the African American community and provide insight on why African Americans are not engaging the system as advocates. To obtain an optimal level of success however, the feedback received in this project should be utilized in tandem with an overall approach to promote cultural competency as a service delivery priority. This process requires moving beyond cultural sensitivity and awareness to embrace a broader process to build cross-cultural capacity to address the needs of culturally and linguistically diverse populations. It is a long-term effort developed over time through training, experience, guidance, and self-evaluation to move organizations along a continuum so that the needs of consumers are more adequately addressed. The following are goals that can help begin this process.

- 1.) **Goal:** Emphasize cultural competency as a service delivery priority.

**Strategy:** Implement culturally and linguistically appropriate concepts.

**Action:** Incorporate cultural competence into organizational mission/vision statements, policy and procedures, staff training and development, and performance evaluations. Other actions should include making sure staff and board composition is representative of the population being served; and making available interpreter services and translated materials for consumers with limited English proficiency.

**Rationale:** The delivery of quality person-centered services begins with utilizing cross-cultural skills to build individual, organizational, and systems competency. According to Goode, some of the benefits of cultural and linguistic competence include:

- Higher quality and effectiveness of care
- Better health outcomes and well-being
- Higher effectiveness of patient-provider communication
- An increase in provider knowledge and skills
- An increase in patient and provider satisfaction

The Multiethnic Advocates for Cultural Competence (MACC), ODMH's statewide experts on cultural competence, specializes in providing technical assistance to aid behavioral health Boards, providers, and other stakeholders in their efforts to become more culturally competent. MACC is a great resource skilled in providing resources to help move organizations along the cultural competence continuum.



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- 2.) **Goal:** Seek to understand the population being served.

**Strategy:** Identify tools and resources to learn more about diverse cultures and populations living within the service area.

**Action:** Utilize the U.S. Census Bureau and other data collection sources available at the state and county level (e.g. Ohio Department of Mental Health, Ohio Department of Development, think tanks & consortiums, colleges and universities, etc.) to identify population estimates and socio-economic data. Also, participate in trainings to learn more about the traditions, values, and beliefs of the local and regional population.

**Rationale:** Data provides detailed information about the existing population and also can be a major identifier of disparities and its disproportionate impact on specific populations. Data can also be a good indicator to determine which populations are more at risk for service utilization. Knowledge of the cultural norms of diverse populations helps equip organizations and systems with information needed to tailor service delivery and outreach based on the needs of the local area.

- 3.) **Goal:** Expand outreach efforts through community networks.

**Strategy:** Build relationships with local civic associations, community development corporations, faith-based institutions (e.g. church, mosque, temple, etc.), and peer organizations to establish a link with the community.

**Action:** Share mental health and provider service information in the preferred language of the community and collaborate with the community to identify the most plausible strategies to promote advocacy and behavioral health services. Also, learn who the trusted messengers are in the community.

**Rationale:** Community networks are informal systems that provide a great outlet to share information about local services to consumers and family members. This system offers a direct link to families, thus offering the most practical means to promote advocacy and anti-stigma campaigns. Community networks are also great resources to learn more about the most effective way to consider the traditions, values, and beliefs when developing and delivering services to the community.

To learn more about available opportunities to receive cultural competence training or technical assistance visit MACC at [www.maccinc.net](http://www.maccinc.net). To find out more about advocacy training being offered through the Parent Advocacy Connection, contact NAMI Ohio (<http://www.namiohio.org/>).



## *African American Consumer and Family Member Engagement In The Mental Health System*

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### *Project Summary Report*

#### **Recommendations**

A brochure based on the findings of this report and a resource inventory of advocates located within the state, can be obtained by contacting ODMH: attention Jamoya Cox (614) [728-5687/jamoya.cox@mh.ohio.gov](mailto:728-5687/jamoya.cox@mh.ohio.gov).

#### **References**

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