



A Right to Heal: Mental Health in Diverse Communities



California Pan-Ethnic
HEALTH NETWORK



Fresno Interdenominational
Refugee Ministries

Listening and Learning

WHY?

To improve California's failing public behavioral health system, voters passed the Mental Health Services Act, 2004 (MHSA) to fund multiple initiatives including:

1. Community Services and Supports
2. Prevention and Early Intervention
3. Testing of Innovative Programs

In 2020, the Mental Health Services Oversight and Accountability Commission (MHSOAC) contracted CPEHN (California Pan-Ethnic Health Network) for 3 years to engage and uplift diverse voices to influence what local programs and services are funded in their communities. Year 1 and Year 2 accomplishments can be found [here](#).

HOW?

Listening sessions with diverse racial and ethnic communities enables CPEHN to amplify the voices of historically marginalized communities whose needs and wishes have been overlooked or assumed.

At the local level, Fresno Interdenominational Refugee Ministries (FIRM) collaborated with CPEHN and its statewide partner the Southeast Asia Resource Action Center (SEARAC) to facilitate a listening session with the Laotian Community of Fresno. A total of 83 individuals attended with 63 people participating in 7 small group discussions. Most groups included people ages 35 years and older with one group composed of older adults. The majority of participants had been living in the U.S. for > 10 years and ~25% were primarily Lao-speaking.

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WHAT?

3 Themes Heard From the Laotian Community of Fresno

1

Intergenerational Community

2

Many barriers to care

3

Community-based organizations like FIRM need more funding



INTERGENERATIONAL COMMUNITY

Elders who experienced trauma prior to immigrating have different mental health needs compared to younger generations who are facing different stressors. Stigma is common - *"I feel like it's hard for people to accept they don't have control over their feelings or situation and that they may be seen as weak."* Older community members conveyed how they were scared to speak up and uncomfortable expressing themselves. That even if they knew of services, they were hesitant to seek help. While the value of family encouragement and support was broadly expressed, youth also noted *"I believe it is a generational thing too, it's that tough love that you should just get over it."*

MANY BARRIERS TO CARE

The Laotian community experiences many barriers to care, including isolation from support systems and cost, because the community is already worried about paying for food and utility bills. A lack of transportation along with the absence of not only culturally aware services at all levels, but language accessibility prevent care. Phone lines to providers of insurance and health education materials are needed in preferred languages to access care - *"Laotians and Cambodians have been overlooked in the healthcare system."* Navigating the mental health system is complicated. People without advocates or educated children to help them slip through the cracks.

COMMUNITY-BASED ORGANIZATIONS LIKE FIRM NEED MORE FUNDING

Trust, privacy, and confidentiality are important when seeking care. The Laotian community lacks trust in government services and care is hit or miss. For youth, there can be distrust with family generational divides and a lack of representative providers. The Laotian community trusts FIRM to provide services, champion community-based solutions, and to help them navigate the healthcare system - *"they do so in our language."* The social gatherings and youth activities FIRM sponsors are a valuable source of support.

ສະບາຍດີ *Thank You!*



THESE 3 THEMES IDENTIFY CHALLENGES, BUT ALSO SUGGEST SOLUTIONS

These difficulties are far from insurmountable. Tailoring services by age group is not new, language accessibility is a communication minimum, and reducing health insurance and healthcare costs benefit us all. FIRM is a powerful example of a community-based organization meeting the needs of their community, with assistance from their statewide partner SEARAC.

For more information on the work of SEARAC in mental health in California including community and policy factsheets (available in 5 Southeast Asian languages) visit SEARAC.org.

WHAT'S NEXT?

This is a historic opportunity to translate what we've learned into action. While A Right to Heal as a project is ending, it has paved the way for MHSA community program planning to *reflect the cultural, ethnic, and racial diversity of mental health consumers* moving forward by continuing to listen to and support local communities in their advocacy for their mental health.

For more about CPEHN's work mobilizing communities of color to advocate for public policies that advance health equity and improve health outcomes, visit www.cpehn.org.