

DRAFT—MULTICULTURAL ISSUES DIALOGUE SESSION

ALTERNATIVES 2001

PHILADELPHIA, PENNSYLVANIA

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Session 1: August 23, 2001

Orientation to issue:

Failure by mental health professionals to be sensitive to communication styles, religious beliefs, and familial relationships that are different from those in their own culture has often resulted in misdiagnosis as well as other destructive practices. Consequently, it is critical that mental health service providers acquire skills in cultural competence.

Geographic Participation:

The multicultural dialogue session was a rich representation of national diversity. Participants were representative of Alabama, Alaska, the Apache Nation, California, the Eagle Clan, Florida, Maryland, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, and Washington.

Demographic participation:

Participants spoke of the impact of cultural diversity as it relates to their positions as administrators, peer support counselors, a psychiatric rehabilitation, educator, and operations manager, an executive director of mental health services, a quality assurance team member, a client coalition, a consumer center director and a consumer affairs consultant.

In the spirit of continuity, the session began with a review of the Multicultural Issues Plank developed at the National Summit of Mental Health Consumers and Survivors held in Portland, Ore., in August 1000. The first comment after review of the Multicultural Issues Plank addressed the concern that the plank does not clearly and forcefully state that the foundation of cultural diversity must be rooted in the respect for and the human dignity of all.

Each of the issues and action plans was reviewed and discussed:

- 1. Managed care needs to develop and increase the number of services and providers with diverse (e.g., African American, Latino, Asian, and Native American) backgrounds.**

Discussion Highlights

- In order for managed care agencies to even begin to address the needs of the consumers to whom they provide services, multicultural training must be

implemented and be ongoing. Training developed specifically for crisis intervention particularly in reference to the law enforcement agents is essential to the safety of our most vulnerable members/consumers.

- Our existing mental health system has been negatively impacted by inadequate knowledge of culture. Due to a lack of cultural education of clinicians, the expression of beliefs intrinsic to many cultures has resulted in misdiagnosis of many survivors. Many have suffered as the result of cultural ignorance.
- Another training need that was addressed was the need for culturally sensitive resource identification for referral and continuity of care.
- We must heal ourselves as we see fit in reference to ethnopharmacology.

2. Develop a central clearinghouse for diverse populations in order to make information and services accessible. Should have email and Internet capabilities.

Discussion Highlights:

- Information was shared about upcoming opportunities for funding. For example, Russell Pierce is spearheading hearings on Federal Block Grant funds for multicultural issues in Washington DC.
- There is a need for technical support, e.g., email for survivors to increase access to services.

3. Fifty percent of conference scholarships should go to persons with diverse backgrounds. Panelists at the conference should come from diverse backgrounds.

Discussion Highlights:

- This goal has been achieved at Alternatives 2001, as many participants were attending on scholarships.

4. Develop a national anti-stigma campaign dealing with issues facing people of color who have mental illness.

Discussion Highlights:

- Speakers' Bureaus should make concerted efforts to engage speakers who reflect diversity.

5. Develop support networks with outreach to communities and families.

Discussion Highlights:

- Significant energy was spent addressing cultural perceptions in regard to sexual minorities. Specifically, the exclusion on non-biological "family members" in the treatment and recovery process of consumers/survivors was discussed.
- The lack of openness to culture reinforces hidden culture and ethnicity.
- There is often diversity within a subculture. Effort must be made to take an inclusive approach to culture.
- Gay and lesbian providers must be included in the cultural platform.
- Gay and lesbian issues have cultural implications.

- We must remain focused on a holistic approach to treatment through training those agencies involved in crisis intervention.
- We must support the recognition of non-biological families.
- Homeless people present an emerging subculture.
- Enculturation is critical to the well-being of a society.
- Enculturation is tied to the land of the of the culture and enriches the fabric of community.
- The maintenance of ethnocentricity is not an affront to the larger culture. It is an opportunity for diversity and cultural enrichment.

6. Sovereignty developed outside the state or country mental health system, specifically when dealing with Alaska Natives.

Discussion Highlights

- People of Alaskan, Native American and other tribes have the right to govern themselves from the cultural perspective of government that promotes family values.
- In summation, cultural diversity has far-reaching implications beyond the superficial issues of color and class. Cultural diversity must be addressed in issues of ethnopharmacology, and the use of compounds natural to a culture. The significance of cultural diversity is apparent and supported by research that suggest that culture is a determining factor in treatment options and decision-making concerning continued care. Culture of the perception of one's culture is often (in some instances on a subliminal level) the determining factor in service provision. Culture is the ancestral underpinning of life. In order to see others clearly, we must be willing to open ourselves to cultural self-acceptance. Culture is the lens through which we view the world.

Session 2 – August 24, 2001

Geographic Participation:

Participants were representative of California, Florida, Massachusetts, Nevada, New York, and Washington.

Demographic Participation:

Participants were representative of the following: Clinical counselor, consumer rights advocate, protection and advocacy, peer self-help, partnership counsel, peer advocate, Village Integrated Program.

Feedback on Issues and Action Plan

- Preconceptions strongly/wrongly influence behavior. There is often an association that people experiencing mental illness are violent and argumentative.
- The language of the plank is an effort to address the racism of crisis mismanagement.
- More advocacy for funding and services and a better use of resources is needed.
- A request was made to have a panel of people representing diverse cultures so the participants can use the opportunity to learn about the culture
- Safe spaces need to be created.
- Persistence!
- Language: “Empowerment” is meaningless in some sectors. What does it mean? What does “feminism” mean? People use words but they don’t always apply.
- Intelligent and articulate people are needed as leaders.
- How do we speak for the whole group without bias and maintain the group’s integrity?
- Have your facts straight.
- Use language that does not indicate you are speaking for a group, e.g., “In my experience...”
- In regard to gay and lesbian issues, some religions say homosexuality is all wrong, so how can you change your tune if it’s what you grew up learning? Religion is protected, but not gay and lesbian rights.
- If you speak about God and spirituality, then people think you are crazy.
- Don’t assume too much: people may not know better. People are products of their environment and of what they’re taught.
- Acceptance is important.
- People need to express themselves freely to have the freedom to maintain their values and belief systems.
- Agree to disagree.
- Be compassionate and understanding.
- Rid ourselves of division and attempt to live in harmony.
- Embrace people to end the cycle of (of discrimination and prejudice).
- Each time a person speaks is an opportunity to learn. If it is to be, it’s up to us.
- Literature that speaks to the cultural experience: “The Fixer,” by Bernard Malamud; and “Invisible Man,” by Ralph Ellison.
- Cultural bias restricts access to services.
- Coming from a similar culture does not mean you have had the same cultural experience.