

Symposium on Health Disparities in Male Depression

Mental Healthcare Policy

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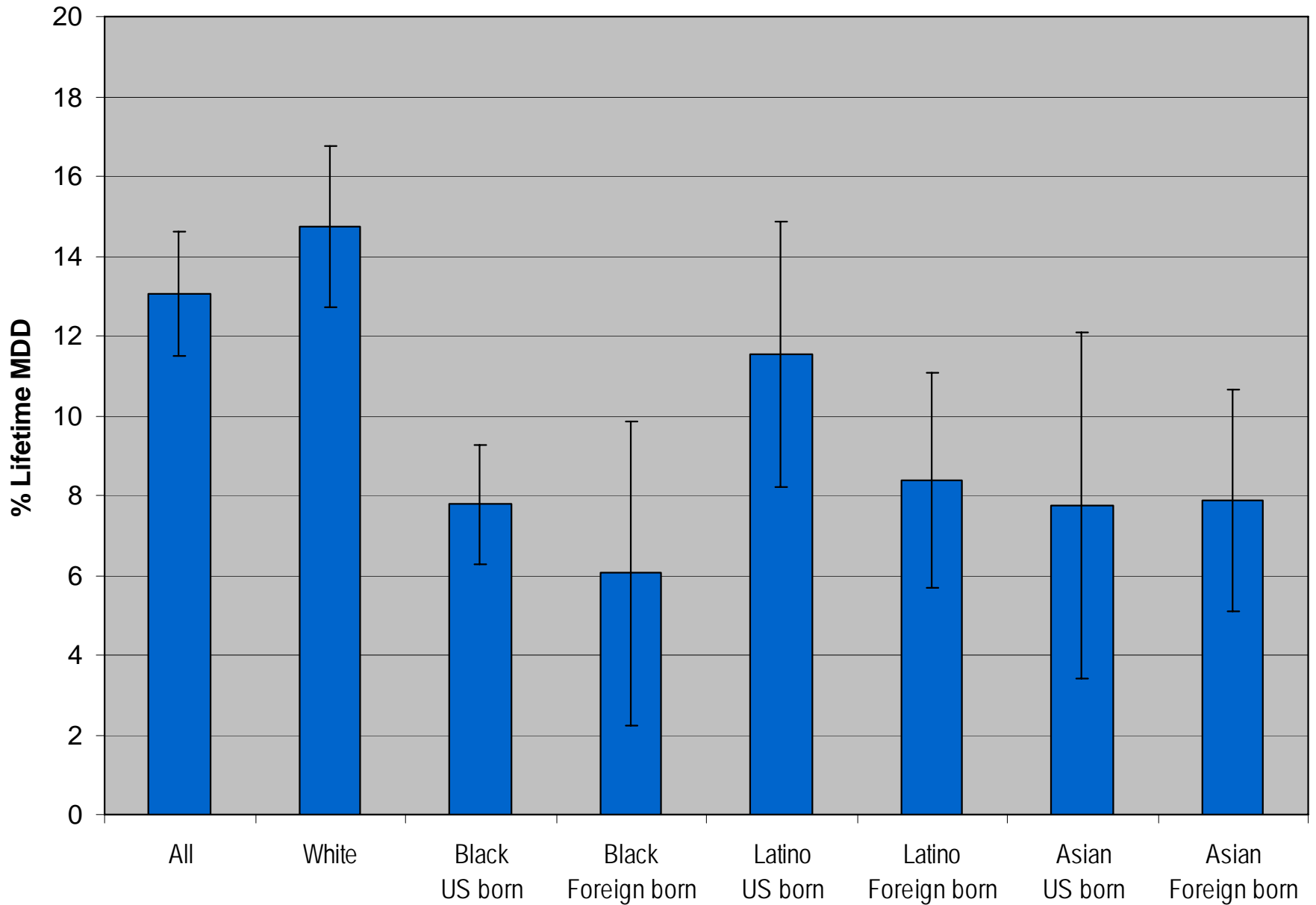
Critical Ingredients in the Policy-Making Process

- Evidence
 - Gaps
 - Disconnects
- Brokerage
 - informal communication networks,
 - formal coalitions of interest groups,
 - political parties
- Effective communication strategies

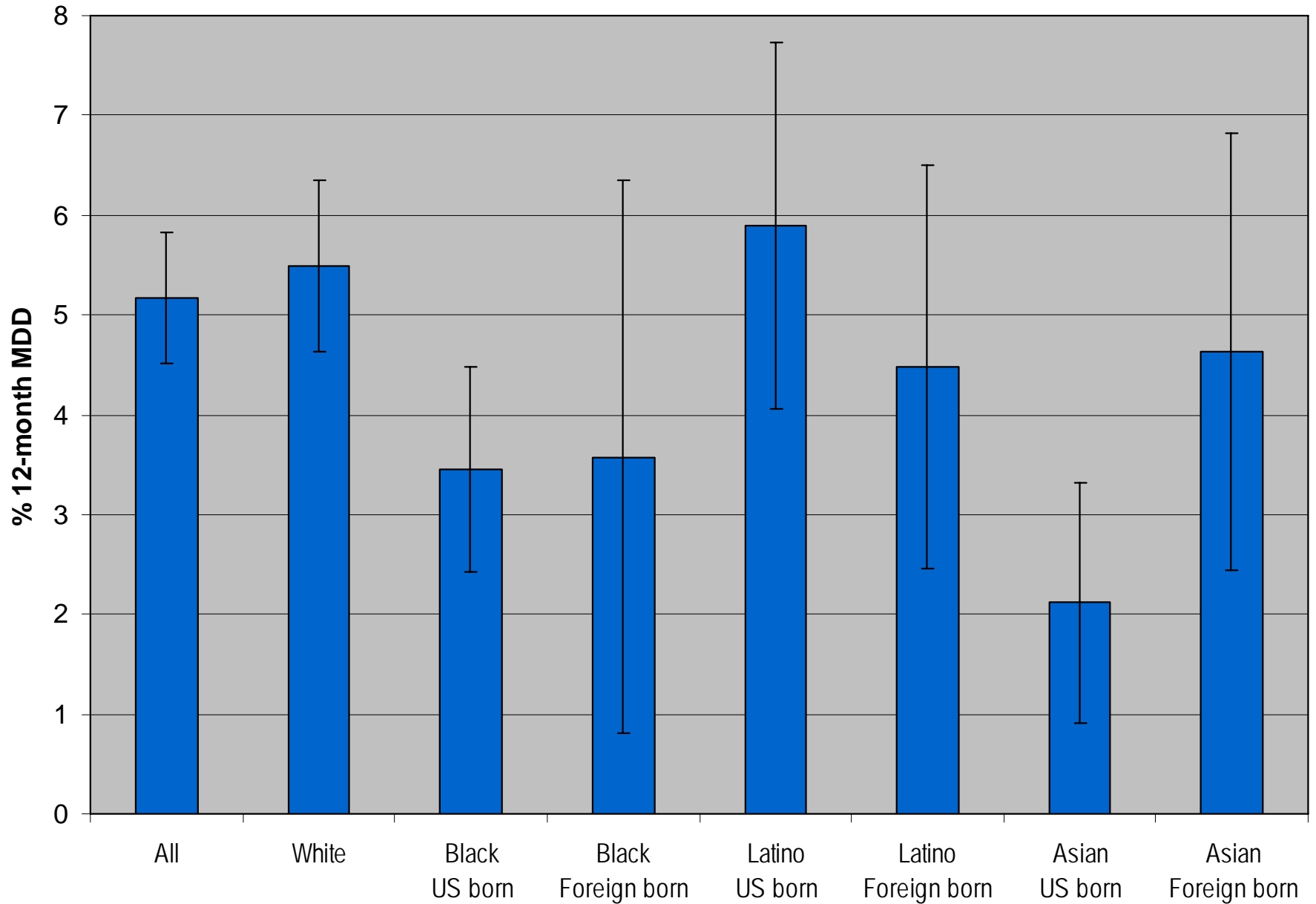
CPES Sample Size for Males (Age 18-95)

	Total N	# Lifetime MDD	# 12m MDD
White	2,098	438	164
Black, US born	1,563	141	63
Black, Foreign born	446	23	11
Latino, US born	586	90	47
Latino, Foreign born	833	84	40
Asian, US born	234	23	9
Asian, Foreign born	800	59	31
TOTAL Males	6,560	858	365

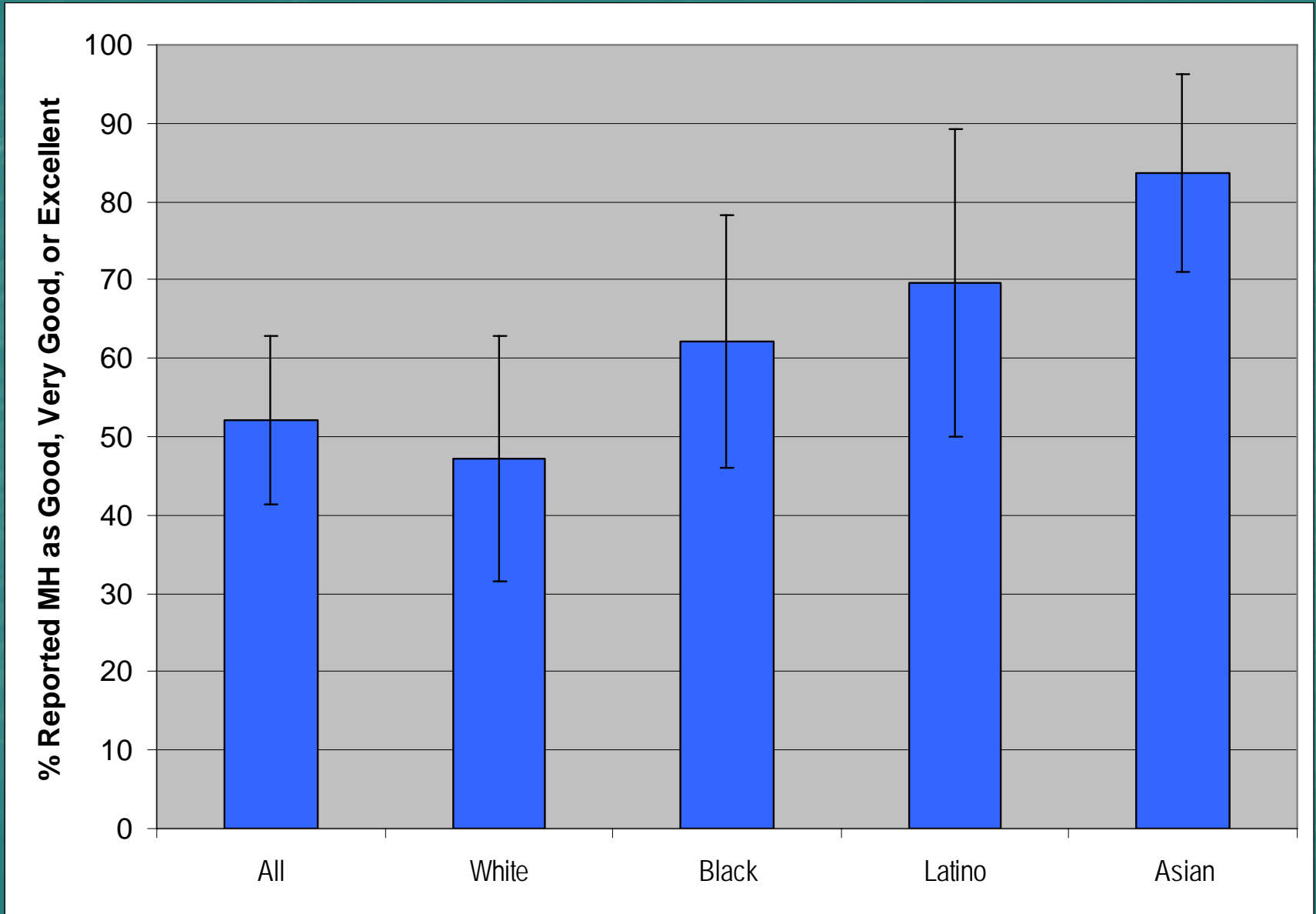
Lifetime Prevalence of MDD in Men



12-month Prevalence of MDD in Men

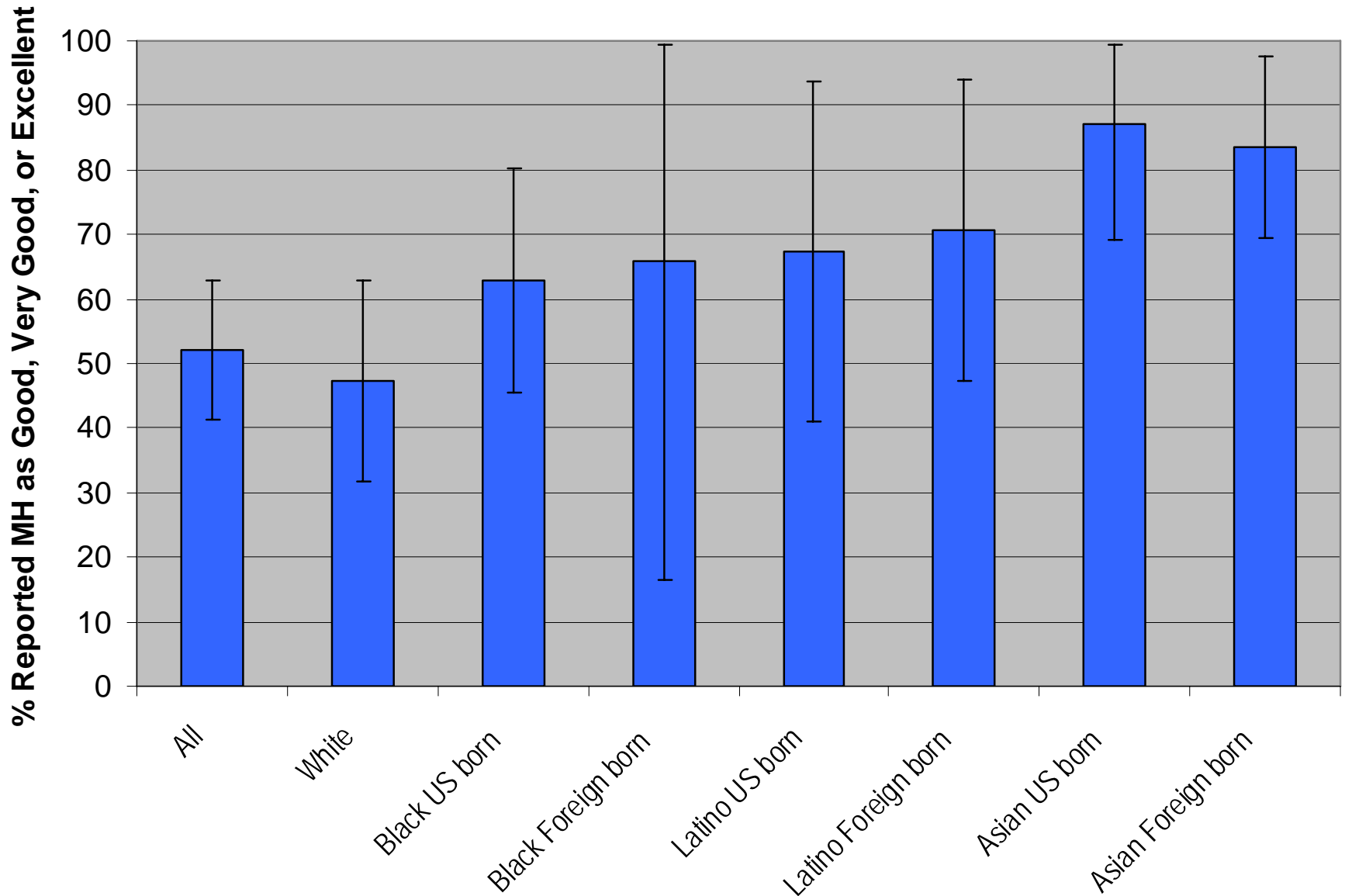


Self-reported MH good, very good, or excellent for men with 12-month MDD



p = 0.04 overall differences Age adjusted Total N = 216 (since it was only asked of 22% of NCS-R sample)

Self-reported MH good, very good, or excellent for men with 12-month MDD



p = 0.08 overall differences Age adjusted Total N = 216 (since it was only asked of 22% of NCS-R sample)

We have been very successful in documenting disparities, but we haven't been very successful in reducing disparities

Hasnain-Wynia, 2007

Words of Wisdom

“The most basic of all human needs is the need to understand and be understood. The best way to understand people is to listen to them.”

—RALPH NICHOLS

Words of Wisdom

“Go in search of people. Begin with what they know. Build on what they have”

Chinese proverb



Mental Health Services Act (MHSA)

Collaborating with Underserved Communities: Addressing Prevention and Early Intervention Needs Through Community Participation

Interagency Agreement

between

California Department of Mental Health

and

UC Davis Center for Reducing Health Disparities

Mental Health Services Act (MHSA)

- Proposition 63— a California voters' ballot initiative (grassroots effort)
- Passed by majority vote on November 2, 2004
- Became effective as statute -- Mental Health Services Act (MHSA) on January 1, 2005
- 1% tax on personal income in excess of \$1M to support public mental health system

[http://www.dmh.ca.gov/mhsa/.](http://www.dmh.ca.gov/mhsa/)

MHSA Content

- Expand mental health services
 - Recovery/wellness
 - Stakeholder involvement
 - Focus on unserved and underserved
- Five components
 - Community Services and Supports
 - Education and Training
 - Capital/Technology
 - Prevention/Early Intervention (PEI)
 - Innovation

State Administered Projects

- Suicide Prevention
- Stigma and Discrimination Reduction
- Student Mental Health Initiative
- Ethnically and Culturally Specific Programs and Intervention
- Training, Technical Assistance and Capacity Building
- Statewide Evaluation

MHSA and Disparities

- Reduction of disparities in mental health and access to mental health care are central goals of the MHSA.
- Expansion of mental health services with a focus on underserved populations.
- How do we do it?
 - What are the problems that underserved communities experience and report?
 - How can mental health services better address the needs of underserved communities?

Learning How to Reduce Disparities

- We need direct input from underserved communities.
- Not an easy task. Underserved communities may be:
 - Unaware of potential benefits.
 - Not ready to participate in policy process.
 - Suspicious and distrustful of mental health services.

Working with Underserved Communities

Principles of Community Engagement:

- Community engagement processes are about personal and local relationships that should be:
 - Participatory
 - Cooperative
 - Conducive to learning from each other
 - Encourage community development and capacity building
 - Empowering
 - Aimed at identifying assets, strengths, resources within communities

Steps in Outreach and Engagement

1. Identify specific underserved communities;
2. Interview key informants to focus on specific needs within communities;
3. Work with “cultural brokers” or community health representatives to develop outreach strategies;
4. Conduct focus groups with community members about needs, concerns, assets, etc.;
5. Provide feedback to communities about the impact of the information collected on policy and services.

Key THEMES from Interviews and Focus Groups

- Lack of access
- Shame and discrimination
- Mistrust of health systems
- Exposure to trauma
- Poverty
- Social isolation
- Linguistic barriers
- Lack of housing

Specific Mental Health Concerns Expressed

- Depression (including post-partum)
- Suicide
- Anxiety (PTSD)
- Family violence, family disruption
- Parenting issues
- Comorbid physical and mental health problems (i.e. depression related to chronic health problems)
- Cultural beliefs around mental health problems shape expression of symptoms and willingness to seek services

Depression

“Instead of helping, it actually destroy them, because many doctors do not take the time to really look deep down what the patient is facing. Many times, the cause of headache, anxiety or depression is not caused by viruses or diseases. It actually is caused by social anxiety and depression due to job, housing, education, or language issue. Therefore, by taking medication, actually is not helping but destroying their mental process. I believe that it doesn't matter what the patient has reported to the doctor, the doctor should really take the time to learn or do some research on what is going on with that individual patients' life. Does his/her culture plays a role or contributes to the issue or illness.”

Hmong Community Leader

Depression

“Hmong’s men are stronger and more talented, therefore, it is easier for men to find and hold a job than women. Beside, men don’t bear and nurture children as women do, therefore, women face more challenges and difficulties including social pressure and depression. In addition, for Hmong culture, men go out and socialize more often than women and they have more experience. Therefore, they are better to manage or control themselves than women in term of dealing and handling stresses and depressive symptoms both physically and emotionally. As of the result, more women need help than men. And they are more vulnerable when facing emotion, stresses or mental illnesses. Women are less in mental toughness.”

Hmong Community Leader

Depression

“Maybe...extending the age requirement to provide services for the youth as far as the mental health issues to like 24....We got to go out by 18, you know. I mean maybe we can still get some type of treatment if it's more severe, you know, the depression is more severe. You know maybe we can be able to still get those services to the age of 24...”

Foster Youth

Release of the UCD CRHD-DMH Report

BUILDING PARTNERSHIPS:

**KEY CONSIDERATIONS WHEN ENGAGING UNDERSERVED
COMMUNITIES UNDER THE MHSA**

A Joint Project Between

The UC Davis Center for Reducing Health Disparities (CRHD)*

and

The California Department of Mental Health

Release of the UCD CRHD-DMH Report

BUILDING PARTNERSHIPS: KEY CONSIDERATIONS WHEN ENGAGING UNDERSERVED COMMUNITIES UNDER THE MHSA

Purpose of the Report:

- Introduce guiding principles of community engagement with underserved communities;
- Outline some guiding questions to assist counties in their MHSA community outreach and stakeholder processes;
- Suggest specific strategies that Counties Mental Health departments might employ to nurture sustained and equitable partnerships with communities.

Key Considerations in Conducting Community Outreach and Engagement

1. Pay attention to histories of marginalization and mistrust;
2. Have transparent discussions of power;
3. Build on community strengths and local knowledge;
4. Encourage cooperation;
5. Identify opportunities for co-learning;
6. Make important efforts towards sustainability, systems development, and capacity building;
7. Make important efforts to protect the well-being, interests, and rights of communities.

Strengthening the Community Input Process

- Outreach and engagement takes time and long-term investment in communication and building trust.
 - How do we maintain relationships of trust with underserved communities over time?
 - How can we make community engagement an integral part of ongoing policy processes?

Develop a Communication Strategy Including Use of the Media

- Evidence is usually only one ingredient in the policy-making process. Stakeholders also need to develop effective communication strategies.
- Such strategies could include:
 - Use of experiences of communities in creating stories about successful programs and initiatives
 - Reinforcing the need for communities to be involved in partnership
 - Mobilizing stakeholders for intersectoral action and community involvement
 - Developing provocative statements which can highlight the costs of doing nothing
 - Working with and training journalists to promote public health messages (including use of graphics and photographs to translate research into plain language).

Formulating Mental Health Policy: Some Key Questions

- Does the policy promote the development of community-based care?
- Are services comprehensive and integrated into primary health care?
- Does the policy encourage partnerships between individuals, families and health professionals?
- Does the policy promote the empowerment of individuals, families and communities?
- Does the policy create a system that respects, protects and fulfils the human rights of people with mental disorders?

Formulating Mental Health Policy: Some Key Questions

- Are evidence-based practices utilized wherever possible?
- Is there an adequate supply of appropriately trained service providers to ensure that the policy can be implemented?
- Does the policy create a system that is responsive to the needs of underserved and vulnerable populations?
- Is adequate attention paid to strategies for prevention and promotion?
- Does the policy foster intersectoral links between the mental health and other sectors?

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