



The Science of Outreach: Taking NAMI Beyond White America

NAMI Multicultural Leadership Conference

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Presented by

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NAMI Board of Directors

Taking NAMI Beyond White America



- I. Laying the Groundwork
- II. Outreach Strategy
- III. Coalition = Results

Laying the Groundwork



- Board Discussions: *from wish to resolution*
- Strategic Plans
- Weaving Goal into Fabric of the Organization
- Publications
- Funding: Successes, Failures and Risk

Guiding Principles



- Incorporate those directly affected by project at the **START** of dialogue and community building
- Avoidance of the issue of mental illness (diagnosis)
- Do the research, why is it a problem
- Promotions that reach intended audience
- Build on existing community strengths

Barriers and a Learning Curve



But we didn't know all that when we started, and therein lies a story . . .

- We were talking about how support and education “should” be delivered.

Be advised:

there are strong storms on the horizon

Recovery from Addiction and From Mental Illness: Shared and Contrasting Lessons

William White, MA, Michael Boyle, MA, and David Loveland, PhD.

In Ruth Ralph and Pat Corrigan, Eds. *Recovery in Mental Illness:
Broadening our understanding of wellness* .

Washington DC: American Psychological Association.

A qualitative shift is occurring in the conceptual foundation and design of behavioral health services. Grassroots advocacy movements and a growing body of longitudinal research are challenging mental health and addiction treatment service providers to re-focus their services toward the goal and processes of long-term recovery. In the mental health field, the “ex-patients’ survivor” movement of the 1970s (Chamberlin, 1978) was followed by new “consumer” voices in the 1980s (Deegan, 1988; Unzicker, 1989) and the christening of the 1990s as the “decade of recovery” (Anthony, 1993).

1. Addiction recovery for historically disempowered peoples (groups that have suffered physical/cultural assault, enslavement, economic exploitation and oppression) must be offered within a framework of hope for a community as well as the individual and family. Such frameworks have been particularly evident with Native American and African American communities who still suffer the effects of such oppression (e.g, African Americans represent 15% of illicit drug users, but more than 60% of drug-offenders entering prison; 1 in 20 African American men over age 18 is under the control of the criminal justice system, US Department of Justice, 2000; substance-involved African American women are 10 times more likely to be reported to child welfare agencies for prenatal drug exposure than their White counterparts, Neuspiel, 1996). In such communities, abstinence-based cultural and religious revitalization movements have long provided a shared pathway of addiction recovery and community survival and renewal (Coyhis & White, 2002; Williams & Laird, 1992). When Native American leaders proclaim that “the community is the treatment center,” they point out the inextricable link between personal recovery and the broader health of the community in which that recovery is nested (*The Red Road to Wellbriety*, 2002). Such proclamations simultaneously provide hope to individuals and hope for the future of a people.

Cultural Competency of the Organization



Demonstrate behaviors, attitudes, policies and structures that enables effective work cross culturally:

- value diversity,
- conduct self-assessment,
- manage the dynamics of difference,
- adapt to diversity in the cultural contexts of the communities we serve.

A Very Dirty Mind!

A male teacher in a girls' school asked the science class, "Who can tell me what part of the human body expands to 10 times its usual size when stimulated? Mary, can you tell me?"

Mary blushed furiously as she stood up.

She said, "Sir, how dare you ask such a question? I will complain to my parents, who will complain to the principal."

The male teacher was taken aback at first by Mary's reaction. Then, as understanding dawned on him, he called for another pupil, this time a volunteer. Lily put up her hand.

"Yes, Lily?"

"Sir, the correct answer is the iris of the eye."

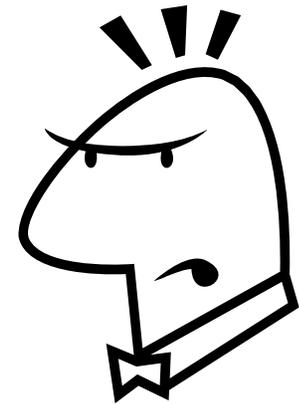
"Very good. Thanks, Lily," said the male teacher.

He then turned to the 1st girl, "Well, Mary, I have 3 things to tell you:

"First, you have NOT done your homework.

"Second, you have a DIRTY mind.

"And thirdly, I fear one day you are going to be sadly disappointed!"

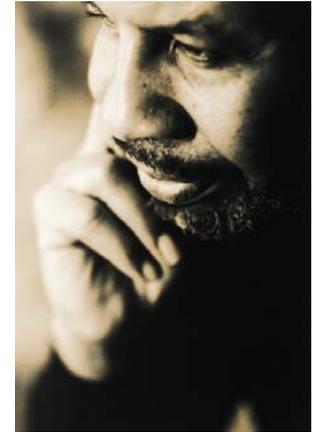


Essential Factors for Creating Change



- The ability to listen
- Ongoing feedback and analysis
- Adaptability
- Patience and abundant energy
- Remember it's not personal
- Sharing power

Benefits of Involving Grassroots Organizations



- Promote ownership
- They are the best architects of solutions
- Build local leadership
- Create positive norms – anti-stigma in the community
- Promote community involvement and increased membership

Outreach Strategy: Building Coalition



- **Networking**; information exchange health fairs, workshops, presentations etc.
- **Coordination**; working others, Mental Health America, Consumer Association, NAACP, Higher Education, Department of Health, Department of Corrections
- **Collaboration**; resource sharing with faith based organizations, coalitions, others

Outcomes in Tennessee



- 1,400 contacts
- 3 classes - African Americans majority
- 3 radio broadcasts
- 33% of State convention African American
- Stage set for Native American outreach in coming year

Four Approaches to Sustainability



- Establish formal Outreach Committee
- Critical mass – core group
- Finding resources to sustain the effort
- Community ownership/capacity building

“Be the change that you wish to create in the world.”

--- M. Gandhi



A Family Guide to Mental Health: What You Need to Know



***The Tennessee Department
of Mental Health and
Developmental Disabilities
Invites You to Attend
A Funding Presentation
to the
Memphis Faith Community
for
Improvement of Health
and Mental Health
Monday, March 10, 2008
9:30 a.m.
The Healing Center
3885 Tchulahoma Road
Memphis, TN 38118***