



**Save the Date! June 28-July 2, 2006
NAMI to Address Disparities at National Convention**

During the last four years at the NAMI National Convention, the Multicultural Action Center has hosted multicultural mental health symposia to highlight mental health issues in communities of color. These events brought together more than 600 people to discuss mental health issues in African American, Asian American and Pacific Islander, American Indian, and Latino/Hispanic communities. One recurrent theme stood out among all others: All four communities faced significant barriers to mental health treatment and often times received treatment of lesser quality.

At the NAMI 2006 National Convention, the Multicultural Action Center will sponsor the Eliminating Disparities: Multicultural Strategic Summit. The summit will bring together advocates from across the nation to address the current disparities in mental health care and present viable solutions to address the myriad of barriers to access and quality of treatment. The goals of the summit are to:

- Draw national attention to the existence of disparities in mental health care for multicultural communities;
- Create national partnerships and a common strategy among mental health and minority organizations in order to confront the mental health care crisis faced by diverse communities; and
- Draft a report and recommendation to be used as an advocacy tool at state and national levels.

The summit will take place June 28 to July 2, 2006 in Washington, D.C. Throughout the convention, the summit will feature problem-solving sessions, policy and research briefings, a program track and workshops to address issues specific to each of the four previously identified multicultural communities, and a summit plenary session where nationally recognized researchers, policymakers, and advocates will discuss disparities in mental health for communities of color and offer a vision for change. Additionally, there will be a special meeting of the Multicultural Partner Coalition to draft a cohesive advocacy plan.

Workshop proposals are currently being accepted. To download the workshop proposal form, or for more information about the summit, please visit www.nami.org/summit or e-mail MACenter@nami.org.

We look forward to seeing you in Washington, D.C.!

**Avanzamos!
“Juntos por la salud mental”**

NAMI is pleased to announce its upcoming Spanish-language newsletter, **Avanzamos!** This quarterly publication will include:

- News from NAMI states and affiliates,
- Research and policy updates specific to Latino issues,
- Educational resources,
- Personal stories, and more.

The newsletter is free of charge. Postage payment is required for orders over 10 copies. To order hard copies, please visit www.nami.org/store. To sign up for the electronic version, please visit www.nami.org/subscribe.

Please pass along information about this resource to your networks—help us show the Spanish-speaking community that it is not alone..

Multicultural Mental Health Milestones 2005: A Year in Review

As 2005 draws to a close, we want to take this opportunity to highlight some of the important accomplishments NAMI and our partners have achieved in addressing multicultural mental health issues. From calls to action in meetings with policymakers and key stakeholders to national media campaigns and educational opportunities, together we have made important strides to ensure equal treatment and the elimination of mental health service disparities for racial and ethnic groups.

- American Psychiatric Association Action Roundtable on Racial and Ethnic Disparities in Mental Health Care: Twenty-nine organizations attended this ground-breaking event to develop an agenda for collective action for the elimination of mental health care disparities.
- National Minority Health Month Foundation: NAMI was represented at many of this foundation's events, ensuring that mental health was included in the agenda to eliminate disparities across the entire healthcare system.
- First Mexico Consumer and Family Conference: INGENIUM Monterrey facilitated the first meeting to bring regional mental health organizations together and take the first steps to become a national organization using NAMI's Family-to-Family Education Program in Mexico.
- ADS Center conference calls: This year, SAMHSA's ADS Center National Teleconference Training Series focused on stigma in communities of color. NAMI was happy to provide presenters and resources for these calls.
- Psychline: NAMI has contributed articles to this bilingual behavioral-health research quarterly, informing the Spanish-speaking public about mental illness.
- Salud Mental: This newspaper in Spanish was founded this year, truly an important milestone in bilingual mental health services for the Latino community.
- Univisión Specials: NAMI collaborated with the Spanish cable network, Univisión, in their "Salud es vida; Enterate!" campaign, to provide consumers, family members, and mental health professionals to be interviewed about their experiences with mental illness on specials about depression, bipolar disorder and schizophrenia, and adolescent suicide.
- Asian American Pacific Islander Mental Health Symposium: At NAMI's 2005 convention in Austin, TX, the Multicultural Action Center hosted the AAPI Mental Health Symposium, bringing together leading researchers, organizations, consumers, and family members to present mental health information specific to this ethnic group.

These are just a few examples of the many efforts to address such important issues. NAMI is thankful for our collaboration with our Partner Coalition and other organizations and looks forward to more opportunities to do such work in the future.

Multicultural Partner Coalition Members

- Action for Mental Illness (India)
- Alianza Nacional por las Enfermedades Mentales (Mexico)
- Alianza Nacional de Salud Mental (Mexico)
- Alianza Para la Depresión (Spain)
- American Psychiatric Association
- American Society of Hispanic Psychiatry
- APOIAR (Brazil)
- Asian Community Mental Health Services
- Asociación Argentina de Ayuda a la Persona que Padece de Esquizofrenia y su Familia (APEF)
- Asociación Maníaco Depresivos (Colombia)
- Asociación Salvadoreña de Familiares y Amigos de Pacientes Esquizofrenicos (El Salvador)

Resources on Mental Health in Gay, Lesbian, Bisexual, and Transgender Communities Now on NAMI Web Site

In recent months, NAMI has received a significant influx of requests for information about mental health issues in gay, lesbian, bisexual, and transgender (GLBT) communities. In response, a new resource section was created as part of the Multicultural Action Center Web site. What follows is a brief summary of the considerations mental health care providers and consumers should take into account when interacting with this community.

As with all people diagnosed with serious mental illness, GLBT people face discrimination and stigma. At the same time, they also confront the same stereotypes and hostility faced by GLBT people. Thus, many GLBT consumers feel the challenge of having two very oppressed, discriminated-against identities.

Often times, GLBT people face the most disrespect towards their sexual identities in mental health care treatment facilities themselves. In fact, until as recently as 1973, homosexuality was considered a psychiatric illness according to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM). Mental health care providers are often uneducated regarding issues and concerns important to GLBT consumers, which can lead to inadequate treatment and unprofessional interactions. When GLBT consumers are clinically counseled and treated from an assumed heterosexual perspective, they may receive treatment for their mental illness, but not as a whole person.

Many GLBT consumers also face rejection and ridicule from other consumers. To protect themselves from peer intolerance, GLBT consumers may have to remain silent about details of their lives in group discussion, edit stories, and manage their identity so as not to reveal their sexuality. This severely hinders the recovery process, especially if the consumer constantly fears harassment in the treatment facility.

Culturally competent care is extremely important for all racial and ethnic groups, and the GLBT community is no exception. Service providers do not need to be GLBT themselves, but must not be homophobic. They must be aware of common prejudices, many of which come from historical, invalid assumptions within mental health professions and society. As with all clients, mental health professionals must treat GLBT consumers as individuals and with the utmost respect for their unique situations, as well as to create an environment that is conducive to recovery.

Please visit www.nami.org/multicultural for more information about mental health issues in gay, lesbian, bisexual, and transgender communities. Any additional information on the topic is welcome. Please e-mail comments and suggestions to MACenter@nami.org.

Source: "Raising Issues: Lesbian, Gay, Bisexual and Transgender People Receiving Services in the Public Mental Health System. Alicia Lucksted, PhD. November 2004.

Multicultural Partner Coalition Members:

Black Psychiatrists of America

Center for Capacity Building for Minorities with Disabilities Research

Center for Psychiatric Rehabilitation (Boston University)

CHADD

Circles of Care Evaluation Technical Assistance Center

District of Columbia Department of Mental Health

Federación Colombiana Para la Salud Mental (Colombia)

Fundación Contener (Argentina)

Fundación Costarr para Personas con Esquizofrenia (FUCOPEZ) (Paraguay)

Fundación Luz y Vida (Paraguay)

Health Watch Information and Promotion Services, Inc.

INGENIUM (Mexico)

Inaugural Latino Behavioral Health Summit: An Impressive First Step By Gilberto Perez, Northeastern Center

The Latino Behavioral Health Summit was held on November 2-3, 2005, in Angola, Indiana. The theme of the summit, "Creating Sustainable Mental Health Initiatives in the Latino Community," was relevant to all sectors of the community. The conference facilitated the introduction of existing mental health resources and initiatives to reduce barriers to mental health care for Latinos. There were also opportunities to share success stories and challenges of providing mental health services and prevention programs to Latinos.

Dr. Sergio Aguilar-Gaxiola, M.D, Ph.D., was the keynote speaker. Aguilar-Gaxiola presented data from his research with the Latino community in California. He explained that the majority of Latinos cannot access mental health treatment because they do not know such services exist, the services are too far away, they do not have the transportation to access the services, and there is a lack of bilingual service providers. Aguilar-Gaxiola's research also revealed that Latinos who are born in the United States have a higher rate of mental illness than foreign-born Latinos. Aguilar-Gaxiola and his colleagues have theorized that immigrants to the U.S. have strengths and resources from their host cultures that help them remain mentally healthy. Aguilar-Gaxiola presented many recommendations to services providers to the Latino community; most importantly, culturally and linguistically appropriate services and education campaigns.

Workshop sessions included presentations by the Latino Behavioral Health Institute, NAMI, Notre Dame University, Center for Nonviolence, Autonomous University of Mexico, the Northeastern Center, and more. Participants represented various community agencies: health centers, court officials, community workers, therapists, mental health centers, representatives of Congress, local schools and police, and others. More than 110 people attended the conference.

The summit was an initiative that brought together many service providers and people interested in the emotional well-being of Latinos. The presenters all spoke of "concientización," or raising awareness, of the work that still needs to be done. They challenged the participants to take what they learned from the conference and transform it into action, and to look for creative ways to implement sustainable mental health initiatives with the goal of promoting social change. The dialogue will continue!

Editor's Note: *This event was especially significant because it addressed mental health care for Latinos in a Midwest, traditionally non-Latino state. The Northeastern Center and other organizing groups recognized that the fastest Latino growth in the U.S. is in the rural areas of the country, and they deserve special praise for their proactive efforts to address the topic in a culturally appropriate manner. May there be many events like this in the future!*

Multicultural Partner Coalition Members

International Association of
Psychological Rehabilitation
Services

Latino Behavioral Health
Institute

Malaysian Mental Health
Association
(Malaysia)

Massachusetts Mental Health
Services Program for Youth

NAMI India

National Asian American
Pacific Islander Mental Health
Association

National Council of La Raza

National Latino Behavioral
Health Association

National Medical
Association

National Organization of
People of Color Against
Suicide

National Youth
Advocacy Coalition

New Jersey Asian
Association for Human
Services, Inc.

Fifteen Years After Caracas: Regional Conference on Mental Health Reform

In November 1990, Latin American countries signed the Caracas Declaration to protect the human and civil rights of people with mental illness and to restructure psychiatric care of local health systems.

This month, the Pan American Health Organization and the Brazilian government hosted a regional conference on mental health reform to celebrate the 15th anniversary of the Caracas Declaration. The main objective of this event, held in Brasilia from November 7-9, was to analyze the current situation of mental health reform in the Americas. Mental health directors of different countries, psychiatrists who have led the community psychiatry in their countries, researchers, and advocates participated in this important event. Carla Hammeken from Voz Pro Salud Mental (Cuernavaca, Mexico) presented at the event and highlighted the wonderful work taking place in Mexico and the important role that NAMI's Family-to-Family program has had in strengthening this and other Mexican organizations.

Majose Carrasco represented NAMI at this important event and had the opportunity to discuss the importance of consumer and family participation with the attendees. NAMI currently works with organizations in Mexico, El Salvador, Costa Rica, Colombia, Argentina, Paraguay, and Brazil. We hope to expand our work with these and other Latin American countries in order to strengthen the consumer and family movement in the Americas.

NAMI Huntsville Sponsors Training for African American Faith Leaders

By Ruth Karr, NAMI Huntsville

On October 17, 2005, NAMI Huntsville (Alabama) hosted a conference for local African American clergy entitled, "The Role of the Church When Mental Illness Invades a Family." The goals of the conference were to:

- Provide information to clergy and other church leaders as to how to respond when African Americans turn to them for help when mental illness invades their families;
- Explore the roles of the church *and* of the family—for when a loved one suffers, so does the family;
- Guide clergy through the range of serious mental illness symptoms and treatment so that they may empathize and provide spiritual comfort, advice, and referral to treatment resources;
- Provide information and resource material for referral purposes; and
- Help clergy realize that *when we reach out to those in need, we are truly serving God.*

Seventy African American pastors were invited to the four-hour conference, which included presentations from the municipal court judge, a mother of someone with mental illness, a psychiatrist, a reverend, and a mental health service provider.

Many congratulations to NAMI Huntsville for hosting such an important and timely event. For more information about the conference, please e-mail RuthKarr@aol.com.

Multicultural Partner Coalition Members

New Jersey Mental Health Institute

New Vision Consumer Services

Richmond Fellowship (New Zealand)

Samaritans Nepal

Self Reliance Foundation

Student National Medical Association

The Alliance for the Mentally Ill of R.O.C (Taiwan)

Thessalian Association of Mental Health-Care - Rehabilitation (Greece)

South African Anxiety and Depression Group

West Virginia Substance Abuse Coalition

Voz Pro Salud Mental (Mexico)

Zenkaren (Japan)

NAMI Goes “Multi” in Tennessee: One Year’s Journey Towards Diversity

By Amy Lynch

Nobody knew if mostly white NAMI Tennessee could throw off years of unintentional but engrained segregation to include African Americans at every level of the organization and in significant numbers.

Operations Officer Clarence Jordan describes the diversity efforts at NAMI Tennessee as change that started at the board level when the affiliate deliberately brought in several African American members. “They put a goal in the strategic plan that says NAMI Tennessee will be the voice for and serve the needs of the state’s diverse communities,” says Jordan. “The only question,” he adds with a chuckle, “was how we’d get that done.”

“Our core strategy was to become a part of the natural landscape,” says Jordan. That meant going into the churches, the recognized authority in the black community, and talking with pastors. It meant seeking out the other natural collaborators who speak to the health of the African American community, including NAACP, Urban League, the Southern Christian Leadership Conference, veterans groups, fraternities and sororities, and AARP. As the months passed, Jordan showed up with his NAMI display at health fairs and community events. He talked with people from all walks of life, in their own language.

That language had to span cultural differences, taking into account nuances and belief systems, such as the tendency among African Americans to discount their own pain or to try to pray away the illness. That language had to span the huge gap between a mostly white treatment system and people deeply distrustful of the medical establishment. On the other hand, says Jordan, NAMI had certain things going in its favor. “When we talk about recovery at NAMI, we emphasize family support,” says Jordan. “That’s right in line with the emphasis on family in the African American community. In the long run, we may find that NAMI is a better fit for African American families than it is for anybody.”

At the same time that Jordan and NAMI Tennessee Executive Director Sita Diehl were meeting with groups across the state, NAMI Tennessee’s local affiliate leaders and regional coordinators were making efforts to contact local African American congregations and let them know that NAMI was there for families. Meanwhile, the NAMI staff worked to emphasize inclusiveness in the messages and images the organization used on its Web site, published in its newsletter, and released to media.

All Diehl, Jordan, the board and the staff could do was keep talking, keep trying—and start working toward the state’s annual convention last September. They had chosen the theme “Because We’re Family” and set the convention for Jackson in the western end of the state where the African American population was largest. Workshops and speakers were chosen with diversity in mind. On that day Sita Diehl looked out over an assembly of 365 where nearly 25 percent were people of color; and within that contingent, she saw diversity, too. “I knew we’d be able to speak as a community from our individual differences, not just between cultures,” she says. “Suddenly it hit me. We had created a sea change in the conversation.”

Reflecting on this breakthrough year in the state organization, Diehl credits determination. “We weren’t just wishing. For many years Tennessee had wished it would happen, but this year we found a firm determination within the board, the staff, and the greater membership.”

That determination changed things for NAMI Tennessee. Today it is an organization with clearer vision, having glimpsed where it is going and who it wants to be.

For more information, please contact Amy Lynch at alynch@namitn.org.