



Recovery for All

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A joint publication of the Multicultural Action Center and the STAR Center

A Merging of Two Natural Partners

It is NAMI's commitment to diverse communities that prompted the organization to create two centers focused on these communities: the Multicultural Action Center and the Support, Technical Assistance, and Recovery (STAR) Center. Both centers work tirelessly in their respective areas of focus and often work together to advance multicultural mental health and recovery. It is in this spirit of furthering this natural collaboration that the centers have decided to combine their newsletters into a joint publication that will offer timely information and updates on their activities, resource development, and projects surrounding multicultural issues in mental health and recovery. Provided below are brief descriptions of both centers:

Multicultural Action Center: NAMI created this center in response to the lack of access to quality mental health treatment and the disparities in quality of care for multicultural communities. The center focuses attention on system reform to ensure access to culturally competent services and treatment for *all* Americans and works particularly to help and support families of color who are dealing with mental illness. Among many other activities, the center has organized a series of multicultural mental health symposia and developed an extensive list of community-specific informational materials and outreach manuals. It hosts the NAMI Multicultural Partners Coalition and Taskforce, works closely with many organizations to advance multicultural mental health, and provides technical assistance and support to NAMI state offices and affiliates. For more information visit www.nami.org/multicultural.

STAR Center: The STAR Center provides support, technical assistance, and resources to help consumer-operated and consumer-helper programs meet the needs of under-served populations. Consumer-operated programs are administratively controlled and operated by people with mental illness. The center offers a broad array of technical assistance to consumer-operated and peer-run programs, leadership trainings, national teleconferences, and consumer scholarships for attendance to the annual Alternatives Conference. Focusing on cultural competence in service delivery, the STAR Center aims to nationally identify culturally competent consumer-operated programs as part of the Consumer Operated Service Identifier (COSI) Project, and an online Cultural Resource Directory. The STAR Center is a grant program funded by the Center for Mental Health Services (CMHS), Substance Abuse Mental Health Services Administration, U.S. (SAMHSA), Department of Health and Human Services (HHS). For more information visit www.consumerstar.org.

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In this issue we highlight the new supportive partnership between the NAMI Multicultural Action Center and the STAR Center, featuring stories and announcements of shared interest.

For more information on:

The activities of the Multicultural Action Center, visit www.nami.org/multicultural

The activities of the STAR Center, visit www.consumerstar.org

Important Announcement:

The joint Multicultural Action Center and STAR Center newsletter is now only available in an electronic format! This is the last issue that will be widely distributed through our existing listservs. To continue receiving this publication, simply go to www.nami.org/subscribe, sign in to your NAMI account, and check the box next to *Recovery for All*. Hard copies are available upon request through the STAR Center: call toll free 866 537-STAR (7827) .

NAMI accounts are free, and signing up is quick and easy. Feel free to contact us at MACenter@nami.org for assistance.

Message from the STAR Center



STAR Center Director, Jim McNulty

It is a real pleasure to be writing this introduction to the combined Multicultural Action Center/STAR Center newsletter. The opportunity to do so represents something that is unique, at least in my experience. I'm pleased to be returning to NAMI, an organization that I've been involved with for many years. At the same time, I'm embarking on a new phase of my career, which ironically brings me back full circle to the earliest part of my life.

I know quite a few people in NAMI, but most are not aware that the earliest years of my life were spent in Central and South America, and that I didn't live in the United States until my early 20s. My early life was spent as a person who was part of a linguistic and ethnic minority in the countries where I lived. Later, when mental illness began to strongly manifest itself in my life, having lived as a stranger in a strange land actually was of assistance to me. I certainly took nothing in my environment for granted, and was able to navigate the difficult channels of the mental healthcare system more easily because the seeming unpredictability of the system was in many ways very similar to dealing with the requirements of bureaucracies and societies in those foreign countries where I lived.

In my younger days, when we returned to the United States for visits, I was confronted with the ugly reality of racial segregation. As a young child, I remember visiting a doctor's office that had a waiting room that was divided down the middle – there was no visible line, but the division was clear with one half of the room having substantially better furniture than the other half. The town had drinking fountains that were marked "white only", and the language that white people used in referring to African-Americans was jarring to my ear. The entire issue of race relations, coming to it as I did, with no background or context to understand it, was bizarre and capricious beyond anything in my experience in Latin America.

We are at a stage in history where the United States is moving towards becoming a truly multicultural, multiethnic, multi-colored society. This fact is a commonplace, yet far too little time, attention and resources are focused on the health needs of our minority populations in this country. Even fewer are focused on the mental health behavior health needs of these groups. As someone who has spent years learning and living recovery, and as someone who spent years as part of the consumer and family movement promoting peer education and support, I am eager to bring the experiences and skills I have developed in this area to help move cultural competence to a new level, that of cultural fluency. Cultural competence is an essential component of a healthy society, as well as healthcare treatment in virtually any healthcare system. But it is not sufficient to aim at competence; what is truly needed is fluency – the ability to speak and interact with multiple ethnic and cultural groups in a culturally competent way, maintaining a posture of respect toward all cultures and backgrounds, without favoring any particular group or culture.

While the STAR Center focuses on recovery and consumer and consumer-driven care, and the Multicultural Action Center works with consumers, families and professional organizations within and outside of the NAMI community on mental health disparities issues, both strive toward cultural competence in mental health service delivery. Combining the efforts and resources of these centers and enhancing collaboration is an essential ingredient in moving us towards cultural competence and cultural fluency in the mental health system. And it's important to make this move, not just because it's the right thing to do, but also because it also makes sense in terms of economics. It is rare in life to have the chance to do the right thing, but to do the right thing and have it be the most economically efficient action is an extraordinary opportunity.

Jim McNulty comes to the STAR Center from Magellan Health Care, where he was the Director of Consumer and Recovery Services. Prior to that, he was the Director of Consumer and Family Affairs for the RI Division of Behavioral Healthcare. Jim Served on the NAMI National Board of Directors for six years, and was Board President from 2001-2003. Jim also served on the Consumer Council for many years, stepping down as Vice-Chair of the Executive Committee upon joining NAMI. Jim has been a NAMI volunteer and member for many years.

Announcing NAMI National 2007 Inclusion Grant Recipients

On November 20, 2006, NAMI National announced three major grant programs – membership, opportunity, and inclusion grants – totaling \$810,000. This funding is to provide national support to address two major areas of concern to NAMI, membership and inclusion, and to additionally increase general organizational capacity.

The Inclusion Grants will help NAMI state organizations and local affiliates build best practices for reaching out to multicultural populations and consumers. The intention of this grant program is to support both new and existing initiatives for increasing and strengthening diversity within NAMI. Award recipients will work with the Multicultural Action Center, which will provide cultural competence trainings and technical support.

We congratulate all the Inclusion Grant recipients, and we are very proud to highlight a handful of their initiatives below.

NAMI San Diego

The “NAMI San Diego Mental Health Advocates On-Site Satellite” program targets two San Diego County Latino communities. The goal is to bring NAMI signature programs, support, education, and referrals into the community through culturally specific outreach.



NAMI Urban Los Angeles

The establishment of the Bebe Moore Campbell Family Wellness and Resource Center, a consumer-run wellness center, has just begun. Grant monies will facilitate the center’s support and education priorities.

NAMI New Jersey

A documentary presentation will be developed featuring the experiences of consumers and family members from the Latino, African American, South Asian, and Chinese communities. This documentary will be used as an outreach tool as well as a cultural-competence training tool for mental health agencies and local organizations around the state.



NAMI Greater Cleveland

Grant funding will support various needs of the affiliate’s Multicultural Outreach Program for 2007. Plans include dissemination of resource materials, support and education programs for both African American and Latino communities, community cultural competence education, and internal capacity-building.



(Continued on page 4)

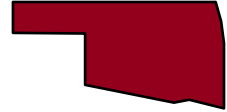
Congratulations to the NAMI National 2007 Inclusion Grant Recipients!

- NAMI Sacramento
- NAMI San Diego
- NAMI Urban Los Angeles
- NAMI Palm Beach County
- NAMI Georgia
- NAMI Boise
- NAMI Maine
- NAMI Howard County, MD
- NAMI Lansing, Inc.
- NAMI St. Louis
- NAMI New Jersey
- NAMI-Cibola/McKinley in collaboration with NAMI-New Mexico
- NAMI Queens Nassau
- NAMI Greater Cleveland
- NAMI Oklahoma
- NAMI Rhode Island
- NAMI Greenville
- NAMI Memphis
- NAMI Tennessee in collaboration with NAMI Knoxville
- NAMI Texas in collaboration with NAMI Houston and NAMI San Antonio
- NAMI PA, Montgomery County
- NAMI New York State, Inc.

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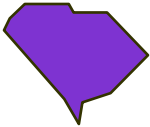
NAMI Oklahoma

Efforts will emphasize culturally appropriate models of mental illness addressing mind, body, and spirit in the development of a "NAMI Oklahoma Resource Toolkit" tailored to Native American families and consumers.



NAMI Greenville (SC)

NAMI Greenville will conduct prison outreach for families of inmates with mental illness in the Greenville County Detention Center. The affiliate will provide information about mental illness and available services within the prison as well as advocate for the incarcerated family member to receive proper evaluation, treatment, and medication. The ultimate goal is to provide support to reduce recidivism for these inmates upon their release.



NAMI Memphis

The goal of NAMI Memphis is to increase African American membership to more appropriately reflect the community and allow for a more representative voice. NAMI Memphis will strengthen existing key partnerships to create a unified outreach approach and showcase NAMI as a viable option for support and care. This effort will include the establishment of African American support groups and customized educational resources.

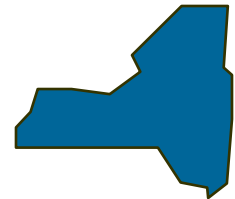


NAMI Texas; NAMI Metropolitan Houston; NAMI San Antonio

This collaborative will expand its already successful faith-based activities in the Houston and San Antonio areas as a means of reaching out to Hispanic/Latino and African American faith communities and increasing culturally diverse NAMI membership.

NAMI New York State

NAMI New York State aims to expand the Multicultural Outreach Task Force model efforts to new areas of the state by partnering with local affiliates, conducting multicultural orientation workshops, and providing technical assistance, materials, and funding.



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

We are proud to offer a new booklet for the African American community. Personal stories and quotes in "A Family Guide to Mental Health: What you Need to Know" provide important information on mental illness and how it affects the family in an accessible tone. The colorful resource carries the messages that you are not alone, recovery is possible, and identifies where to find more information, and where to seek help.

"A Family Guide to Mental Health: What you Need to Know" is available at low cost through the NAMI Bookstore at www.nami.org/store.

Preview the booklet at www.nami.org/mac/familyguide.

New NAMI GLBT Leaders Group Formed

Recognizing the unique needs of the gay, lesbian, bisexual, and transgender (GLBT) community, MAC has convened a new NAMI GLBT Leaders Group to address mental health issues specifically related to this community. The group will function similarly to the existing leaders' groups and will play an advisory role to the Multicultural Action Center. The GLBT Leaders Group is an exciting new endeavor for the center. We will rely on it to advise us about what activities, resources, and issues to consider for implementation to address the needs of those in the GLBT community with mental illness.

The Multicultural Action Center's advisory groups are made up of leaders devoted to helping shape NAMI into an inclusive organization by acknowledging and supporting the needs of diverse communities. These groups bring together experienced individuals from across the country and from all areas of the organization. Furthermore, the groups provide a venue for communication and information-sharing among diverse NAMI leaders through regular meetings via conference call.

The first GLBT Leaders Group call had wonderful contributions from truly expert and enthusiastic participants. Discussion during this call focused primarily on how the group would function and what participants were interested in pursuing. Several participants shared their personal experiences and noted a lack of support and resources available in their areas. While there is generally greater availability of support and resources in major urban areas, there is more needed everywhere. Participants also noted that it is important to include information to empower others to claim their identity as people who are a part of the GLBT community and who have a mental illness (a message that these individuals are not alone) and changes need to spread to all corners of the nation to develop GLBT support in *all* communities.

Many of those on the call praised Alternatives 2006 as an example of an inclusive and progressive conference that convened a GLBT caucus. This group issued a proclamation to SAMHSA to further include and consider GLBT issues in publications such as the suicide prevention plan. With collaborative efforts and further support, advancement like this can be encouraged with a stronger voice, involvement in state and local planning, and via other venues. Another example given was of efforts to include GLBT in New York state documents for funding, programming, and research through testimonies presented to county and state officials. The testimonies garnered enough interest to form a planning committee.

The call concluded with participants suggesting efforts to foster GLBT support and acceptance throughout NAMI. The group plans to identify and engage areas of NAMI that need to be considerate and inclusive of GLBT issues and to approach them with feedback and data. All the major topics discussed with the GLBT Leaders Group will be shared with the NAMI Board of Directors.

The NAMI National Convention (San Diego, June 20-24) will include workshops on general mental health issues and recovery in the GLBT community and a special listening session for invitees from NAMI and other organizations to discuss the mental health needs of this community, share resources, and plan for further collaboration. The GLBT Leaders Group will assist the Multicultural Action Center in planning and offering suggestions for these workshops and listening session.

If you know anyone who would like to join this growing advisory group or have any resources to share on the mental health needs of the GLBT community, please contact us at MACenter@nami.org. Descriptions of all of the Multicultural Action Center's advisory groups are available at www.nami.org/multicultural, which will soon include summaries of previous conference calls.

NAMI's African American Leaders Travel to Los Angeles



Members of this NAMI advisory group on African American issues met in Los Angeles for the Fifth Annual African American Mental Health Conference held February 15. This conference was sponsored by the County of Los Angeles Department of Mental Health and focused on "best practices in providing culturally competent mental health services to persons of African heritage." The African American Leaders Group used their time together to plan upcoming activities and strategies for helping NAMI better support the mental health needs of African American communities across the country.

NAMI Urban Los Angeles graciously hosted the group's planning meeting on February 14th at their Leimert Park offices. Attendees included representatives of the African American Leaders Group, members of NAMI Urban LA, the Los Angeles Depression and Bipolar Support Alliance, and local consumers and families.

The meeting focused on the following topics:

- ◆ the progress that has been made since the group began in 2004;
- ◆ NAMI short- and long-term goals for increased community inclusion;
- ◆ how this leaders group can foster/guide this change; and
- ◆ who should be involved/engaged (NAMI leadership and others).

Attendees agreed that NAMI has improved at the national level in terms of including racial/ethnic communities in governance, staffing, and policy-making. However, despite such efforts at the national level, much work remains to be done at local affiliate levels to break through the barriers to greater involvement by and within the African American community. The assembled group considered the composition and efforts of NAMI Urban LA as a model that would be useful to address these issues in other areas with comparable populations. Such a model would be intended to support building the climate of trust needed when working with African Americans, whose interactions with the mental health system have not been positive and have not resulted in more active participation or assumption of leadership in consumer activities such as those envisioned in the NAMI strategic plan.

Consensus statements from the discussion:

- ◆ African American consumers must be recognized as a group with unique and specific needs and must be included in the "network" of service-delivery systems including support services, education, and outreach.
- ◆ Services to African American consumers must be consistent with what works in the African American community and should include identified best practices that lead to evidence-based practices.
- ◆ NAMI should continue working with other mental health organizations to encourage development and dissemination of consumer-focused approaches.
- ◆ NAMI must include African American stakeholders in the general community to promote improved understanding of mental illness in the African American community

The second part of the planning meeting, held the next day, focused on identifying action items based on the above statements. The Multicultural Action Center looks forward to collaborating further with those who traveled to LA for this initial planning and with other members of the African American Leaders Group to shape these objectives into a work plan for next year.

Contact MACenter@nami.org for more information on the African American Leaders Group and other NAMI multicultural leaders groups.

George Leon: A Story of Recovery

My name is George Leon. I have schizophrenia. I was born in Tucson, AZ, in 1963 to my parents George and Esther Leon. Also, I have a sister named Esther and two brothers, Mark, and Alex. I graduated in 1982 from Palo Verde High School in Tucson, and shortly afterwards I joined the United States Navy. For three of the six years I served, I was stationed on an aircraft carrier, *USS Constellation* (CV-64). After serving in the Navy, I moved back to Tucson to live with my seventeen-year-old brother, Alex, and worked full time while attending Pima Community College. Everything was going well until one day I woke up hearing voices (things) knowing others didn't hear. At the age of 23 I was hospitalized for a month, leading to a diagnosis of schizophrenia.



George Leon

Schizophrenia brought many difficulties to my life; one was the constant hearing of voices and delusion. After the diagnosis and the difficulties that came with it, I decided to move in with my parents. Years went by and I was in denial of my mental illness, and I didn't want to take my medication. I think the two reasons I couldn't accept my mental illness were stigma and the serious side effects of my medication early into the treatment. While I was being treated in a psychiatric ward is when I accepted the mental illness. I sat down and began to realize that this was something more than I could control myself. I realized that it's acceptable to be ill. After leaving the hospital I began to listen to my psychiatrist and started taking my medication and began attending a day program. I enrolled myself in a double-blind study.

The medication early on in my treatment made me very restless, and I developed tardive dyskinesia. After the double-blind study I began to respond to treatment, and I was doing well. After attending the day program for a year at the V.A. hospital, I began to volunteer at the National Alliance on Mental Illness of Southern Arizona in Tucson.

I was trained to present my story about my mental illness and began to do In Our Own Voice (IOOV) presentations. The presentations helped me cope with mental illness.



A therapist told me how to balance things I do to cope with mental illness day-to-day and weekly by spreading them out evenly throughout the week. Also, I learned that there are five components to coping with a mental illness every day - spiritual, emotional, physical, recreational, and socialization. I began a habit of constructing routines, getting up at the same time or going to bed at the same time, taking walks, going to a shopping mall or even exotic car shows and to baseball games and high school football games as well. I also try to find new activities to put into my day.

Some of my successes are graduating from a community college in social services and obtaining a diploma in auto-body repair. I worked in the field as an auto-body repairman for a while. I have also become the IOOV coordinator for my local NAMI affiliate. Going to Peer to Peer was another success because I found a new way to cope - by being mindful with my mental illness - and I learned how to prevent relapse. Some of the hopes I have are to get married and live a healthy life with my mental illness. Overall, learning to be honest with myself was one of the things I did to accept, get into treatment, learn how to cope and be successful with my mental illness. I learned to find the balance in life with activities, by not doing too much of one thing, and not enough of the other. Also I learned to spread it out in my life. They say that life is about finding the balance, and having a mental illness does not mean that your life is over. Recovery is always possible.

This story is also featured in the Invierno 2007 issue of Avanzamos, NAMI's quarterly Spanish-language newsletter. Visit www.nami.org/avanzamos to view all issues electronically and find subscription information.

Announcements

New Resource:

New Blog on Disparities and Cultural Issues in Access to Care

The Research & Training Center for Children's Mental Health at the University of South Florida has made available a blog to provide a forum for discussion about mental health disparities and cultural competency. Created by the co-investigators of the Center's Accessibility Study, the blog will also share information from the study for utilization in practice and planning with the ultimate goal of reducing mental health disparities for children and families of diverse communities. To participate, log on to www.culturalaccesstocare.fmhi.net.

Upcoming Events:

Shining Lights: Outstanding Leaders for a Brighter Future for Hispanics Awards Dinner



The National Resource Center for Hispanic Mental Health will hold an awards dinner on March 22, 2007. This dinner is to honor 10 outstanding individual leaders and organizations who have demonstrated a genuine commitment to creating a brighter future for Hispanics. Proceeds from the dinner will benefit activities of the National Resource Center for Hispanic Mental Health, which plays a key role in addressing the nationwide lack of availability of, access to, and the provision of quality mental health services for Hispanics. For more information, contact Henry Acosta at hacosta@njmhi.org or visit www.nrchmh.org.

TERROS Third Annual Cesar Chavez Behavioral Health Conference

The third annual Cesar Chavez Behavioral Health Conference, "Crossing Cultures, Achieving Wellness: Policy, Practice, and Passion in Working with Multicultural Communities" will be held March 30 at Arizona State University. The conference includes cross-cultural concurrent presentations including: cultural adaptation of evidence-based practices, working with interpreters in a mental health setting, Native American issues, Asian/Pacific Islander culture, GLBT, racism, working with minority sex offenders, and the impact of disabilities. This free event is sponsored by Arizona State University, TERROS, and ValueOptions of Arizona. For more information, visit www.azcouncil.com.

Save the Date!

The National Association of Puerto Rican Hispanic Social Workers and the Stony Brook University School of Social Welfare will host the biannual conference "The Diversity and Strengths of the Latino Family" on June 8, 2007. Visit NAPRHSW.org for more information.

Community Collaborations and Connections: Asian American Psychological Association Annual Convention

Mark your calendar now! The AAPA 2007 annual convention will be held Thursday and Friday, August 16-17, in San Francisco. For the first time, AAPA will hold a two-day conference with the theme "Community Collaborations and Connections." The conference will explore research, practice, and advocacy issues related to connections and collaborations between Asian American psychology and Asian American communities. AAPA recently put out a call for proposals, which are due by March 26. For more information, visit www.aapaonline.org.

Alternatives 2007 Spanning the Recovery Movement: Consumer Control & Choice

From www.alternatives2007.org:

The recovery movement in the mental health system symbolizes both the triumph of the past and the anticipation of the future. The movement stands as a reminder for consumers, survivors, and ex-patients that they can emerge with beauty and wonder. Both those who have gone before and those who will follow after are witnesses to the expansive power and promise of innovative change. Save the date: October 10-14, St. Louis, Missouri.

