Governor's Task Force on Mental Health

DRAFT CULTURAL LENS OVERVIEW DRAFT 9/8/16

I. Using a Cultural Lens to Improve Services and Supports and Reduce Mental Health Disparities: Overview

A. Introduction

The Task Force members have been energized by the "outside the box" thinking presented by culturally-diverse recipients, family members, and providers of mental health services. Some of the messages that the Task Force has heard from these panels include:

- Minnesota's mental health system is currently based in an individualized medical culture that many people find confusing and poorly-aligned with their own values and intuitions about health.
- Cultural background and individual histories influence a person's understanding of what the medical model calls "mental illness" and the willingness or ability to form trusting therapeutic relationships.
- Toxic stress and trauma are barriers to achieving wellbeing and they can lead to self-medication, addiction, and mental illnesses if people are not supported to work through them in ways that are personally and culturally meaningful for them.
- Treatment should combine the best of western medical interventions with a full range of healing modalities that are culturally relevant to the person.
- Responses to trauma are sometimes interpreted as bad behaviors or symptoms of mental illnesses when it could be more useful to see them as rational responses to untenable life conditions. For example, focusing on an individual child's "resilience" in the face of crushing poverty, danger, or trauma is to mis-identify what needs to change. Children need support, but it's the social conditions—not the children—that are problematic.
- Evidence Based Practices are often developed within the Western medical model and they need to be flexible to accommodate the individual and cultural practices of the people being served. Evidence gathered within a particular cultural group might not be very instructive when applied to another cultural group.
- Public funds should be used to establish and communicate practice-based evidence about culturally-relevant practices.
- There is a great deal of invisible "emotional labor" going on in communities to support people dealing with trauma. We need to figure out how to support this labor. For example, cultural navigators and cultural healers should be paid members of treatment teams when appropriate for the person. This can be crucial for the person's engagement in the healing process.
- We need more programs to support healers—the secondary trauma can lead to burnout and loss of crucial expertise.
- Existing rules or guidelines about cultural competency and language accessibility need to be enforced. Some "culturally competent" providers are not really very culturally competent and there is little oversight or review.

B. Possible Approach for the Cultural Lens Formulation Team

The comments in the previous section indicate that applying a cultural lens to Minnesota's mental health system could lead the Task Force to develop recommendations on multiple levels:

- Make sure that existing rules about culturally-competent care and language accessibility are enforced.
- Define and support the development of more culturally-responsive mental health activities and services within all seven functions of the mental health continuum of care.
- Increase the availability of culturally-responsive and culturally-specific services across the state (e.g., by supporting training for mental health providers from many cultural backgrounds). This would require special attention to collaboration with American Indian tribes whose unique relationship with county, state, and federal governments creates both challenges and opportunities for increasing access to culturally-specific care for tribal members.
- Learn more about how culture is intertwined with our understanding of mental wellbeing and mental illness by considering multiple culture's understanding of these concepts/experiences. Understand how the medical model of mental illness fits within various cultures, and what is highlighted and downplayed by the medical model.
- Develop expanded definitions of wellbeing, mental health, and mental illnesses that would be more responsive to individuals' cultural backgrounds and self-understandings.
- Based on these definitions, paint a vision for a transformed mental health system that could be culturally-responsive and person-centered and that could reduce disparities. Lay out the range of roles for people in such a transformed system.
- Suggest concrete steps that could be taken to move toward this visions (e.g., by funding cultural healers through formal mechanisms like Medicaid reimbursement).

In order to consider making recommendations in these areas, the Task Force would probably need something like the following:

- An overview of culturally-informed services, programs, and models from other states, counties, and SAMHSA.
- An overview of what culturally-informed work is already going on in Minnesota in relation to mental health care and what is being planned for implementation.
- A list of policy/issues areas that the Formulation Team has identified for further development into possible recommendations. We picture that this would be a list of 5-10 items. The Task Force could then choose which of these items that the Formulation Team would work on further in order to develop options for recommendations.