



"A George Hills Company Administered JPA"

STAKEHOLDER INPUT FOR PREVENTION AND EARLY INTERVENTION STATEWIDE PROGRAMS

STIGMA AND DISCRIMINATION REDUCTION

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Identify from the State Strategic Plans the Priority of Recommended Actions to be implemented (Strategic Plan for Stigma and Discrimination Reduction, pages 41 to 52): *(MHSOAC requires that CalMHSA obtain your priority ranking from the list of recommended actions for each of the three Statewide PEI programs. CalMHSA may not be able to implement all of the recommended actions listed. And, it is unlikely that the recommended actions can be implemented at the same time. It is very important, therefore, that each stakeholder input submission include your rank order priorities for those recommended actions which you would like to see addressed first, second, third, fourth, etc.?)*

Priority #1 Please See Attached

Priority #2 _____

Priority #3 _____

Priority #4 _____

And so on....

ADDITIONAL
COMMENTS:

Please See Attached

REMHDCO's Recommendations for Priorities for
PEI Statewide Project on

ELIMINATION OF STIGMA AND DISCRIMINATION

Priorities:

1. REMHDCO recommends the following points in Strategic Direction 1 as our priorities: **1.6, 1.7, 1.4, 1.1, 1.5, and 1.8**
2. For the second priority, REMHDCO recommends: **2.3**
3. For the third priority, REMHDCO recommends the following in Strategic Direction 4: **4.1, 4.3, 4.2, and 4.4**

Additional Comments:

- REMHDCO had several members on the advisory team for the development of the PEI Statewide Stigma and Discrimination strategic plan. REMHDCO members were to contribute to the discussion by giving voice to the role discrimination played in the lives of people from cultures different from the mainstream. This discrimination historic and current often times sets the stage for the development of mental illness. This discrimination is sometime perpetrated on whole populations. Surgeon General David Satcher refers to this discrimination as legalized discrimination.

The topic of Stigma and Discrimination was a good forum to bring attention to the matter of a person being healthy in their development with the protective factors from their family culture but sometimes loosing that sense of health by being exposed and having to conform to the majority culture. This phenomenon was pointed out in the recent PBS series Unnatural Causes where people from cultures different from the mainstream suffered from worsening health the longer they were disconnected from their culture of origin. Embedded in the majority culture is a propensity to declare individuals that do not reflect the norms and values of the majority culture as unhealthy or as mentally ill. There is an article that speaks to this issue (that did not make it into the

reference section) called: ***“Bigotry as Mental Illness or Just another Norm” - 1/15/00 New York Times by Emily Eakin***

Others advisory team members voiced similar viewpoints of the dominate culture needs to be examined in its role of declaring behaviors from individuals and sometime whole populations as sick when the respective cultures of these individuals did not describe these behaviors as sick. In fact some of the norms of the mainstream culture may even be undesirable by other cultures and declared as sick or unhealthy. The symptoms of a racist person mirror the symptoms of several diagnoses in the DSM but racism has not been declared a mental disorder.

These viewpoints were not reflected well in the final Stigma and Discrimination plan report. However, **REMHDCO urges that these viewpoints be strongly considered in developing any plans or RFP regarding the Statewide PEI Stigma and Discrimination Project.**

- For the three PEI Statewide Projects administered by CalMHSA, it is not yet known who will be on the selection committees for either finalizing the RFP's, or on the committee awarding the proposals. REMHDCO urges that **experts in the area of cultural competence and reducing disparities** be on all these groups not only as advisors, but as “voting members”.
- For the three PEI Statewide Projects administered by CalMHSA, RFP's should be written in a way that community-based organizations (CBO's), especially ethnic community based organizations (ECBO's) are able to submit proposals on a level-playing field with counties and the large non-profit providers. If this is not possible, then RFP's should strongly encourage that ECBO's be subcontracted for their services. Ensure eligibility of community-based organizations (CBOs) that have not historically been contracted to conduct evaluation work, especially of promising practices with statewide impact.
- While committing to evidence-based practices will help move us toward ensuring quality of care, it must be acknowledged that few practices have been studied in people of color and that many highly valuable community practices have yet to be studied. **REMHDCO advocates that the RFP's**

NOT limit practices to those that are evidence based. Rather we should aim to help communities to study their programs through research-based technical assistance programs and not preclude their participation through an 'evidence-based practice' requirement. Many ECBOs, especially in underserved communities, implement successful community interventions in mental outreach, education, engagement, and recovery that are not elevated to evidence-based status. As the promising practices of CBOs are tested and proven on paper for their efficacy, so will the incentive to further fund community-based interventions increase. This in turn, will add to the widening of access to care and elimination of disparities.