



"A George Hills Company Administered JPA"

STAKEHOLDER INPUT FOR PREVENTION AND EARLY INTERVENTION STATEWIDE PROGRAMS

**SUICIDE PREVENTION**

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Identify from the State Strategic Plans the Priority of Recommended Actions to be implemented (Strategic Plan for Suicide Prevention, pages 52 to 60): *(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 Recommended Priorities for  
PEI Statewide Project on

**SUICIDE PREVENTION**

**Priorities (In Rank Order):**

**1.13** Develop and promote programs that appropriately reduce or eliminate service gaps for historically underserved racial and ethnic groups and other at-risk populations.

**1.11** Deliver services that reflect integration among systems providing crisis intervention, including health, mental health, aging and long-term care, social services, first responders, and hotlines. Establish formal partnerships that foster communication and coordinated service delivery among providers from different systems.

**4.3** Identify or develop methodologies for evaluating suicide prevention interventions, including community-based participatory research methods, and provide training and technical assistance on program evaluation of promising community models to build their evidence base. Use an inclusive process that considers cultural approaches, such as traditional healing practices and measures that are relevant to target communities.

**3.5** Disseminate and promote models for suicide prevention education for community gatekeepers.

**4.2** Test and adapt evidence-based practices as necessary for effectiveness in a variety of community settings and among diverse population groups.

**3.9** Promote and provide suicide prevention education for community gatekeepers.

- Foster the development of peer support programs. (This was in a box on the last page of the Executive Summary under Strategic Direction 3.)

Additional Comment:

- 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.)
- **Translations** While major state MHSA project documents should have an executive summary in English, REMHDCO advocates at least that executive summary should be translated into multiple languages so that underserved and unserved groups can use it to explain what is happening to non-English speakers and/or English learners.

In addition, all RFP's should at least have an executive summary translated into multiple languages. This would be useful for recruiting non-English speaking participants into committees, focus groups, etc.

- The concept of threshold languages may appear to have face validity. However if it is applied across the board without thought or accommodations, many underserved populations will remain in underserved. While language is an important component of identity and should not be ignored, another component is important. That is faith. Let us take the example of the Muslim American community.

Muslims, some of whom are indigenous and some of whom are immigrants, refugees, and asylees, are working to developing their Muslim-American identity and that of their children. Identity development is recognized internally as a priority by the community itself. The stigma associated with being Muslim in American society has been clearly demonstrated in repeated questions to candidate and president Obama about his faith. The one answer that would clearly have eliminated him from contention was "I am a Muslim." It is unacceptable by many non-Muslim Americans for a Muslim to be president, something not true other faiths anymore. Repeated public opinion polls demonstrate

widespread prejudice against Muslims. Muslim identity is stigmatized externally by the non-Muslim Americans society.

The Muslim community is an example of a group whose members have a shared self- identity. This identity is defined within the group explicitly in statements of faith and religious practices. We will call this the religious culture of Muslims, which the Muslim chooses to in degrees of harmony and dysfunctionally with the ethnic culture of any one Muslim.

The Muslim community is an example of a group whose members are stigmatized as all having certain attributes, among which are terrorist, liar, enemy, traitor, violent, untrustworthy, and more. Few mental health professionals have any firsthand knowledge of the Muslim community, much less of any individual Muslims.

Muslims are aware of this and therefore the few who overcome the stigma within their community seek out Muslim providers-but those who are far away from the own community! So now we have established that Muslims are a group living in our nation which cannot be defined by language alone. What happens if services are targeted towards threshold language populations? Many marginalized groups, such as Muslims will not be reached. They speak many languages, but not often any single language at the threshold level within one single county. In total they may outnumber other groups but will remain marginalized in the MHSA process if they are not considered as a group.

Native Americans and LGBTQ are two other groups which can be analyzed similarly, although faith may not be the differentiating component of identity which must be considered in designing services to reach them.

**Therefore, if a project adopts the approach of only soliciting proposals which target threshold languages in a county or the state, it must allow for sub-contracting so that a group which is linguistically and culturally competent.**