



A Right to Heal: Mental Health in Diverse Communities



California Pan-Ethnic
HEALTH NETWORK



Listening and Learning

WHY?

To improve California's failing public behavioral health system, voters passed the Mental Health Services Act, 2004 (MHSA) to fund multiple initiatives including:

1. Community Services and Supports
2. Prevention and Early Intervention
3. Testing of Innovative Programs

In 2020, the Mental Health Services Oversight and Accountability Commission (MHSOAC) contracted CPEHN (California Pan-Ethnic Health Network) for 3 years to engage and uplift diverse voices to influence what local programs and services are funded in their communities. Year 1 and Year 2 accomplishments can be found [here](#).

HOW?

Listening sessions with diverse racial and ethnic communities enables CPEHN to amplify the voices of historically marginalized communities whose needs and wishes have been overlooked or assumed.

At the local level, the Mixteco Indígena Community Organizing Project (MICOP) collaborated with CPEHN as its statewide partner to facilitate a listening session with the Indigenous community of Oxnard in the County of Ventura. California is home to an estimated 170,000 indigenous migrants from the Mexican states of Oaxaca, Guerrero, and Michoacán, including Mixtecs, Zapotecs, and Purépechas. These Indigenous populations face unique challenges including language barriers, as they often only speak their native pre-Hispanic Indigenous languages. They also have deep-rooted and unique cultural practices and beliefs that often create barriers and isolate them from other Latino populations.

74

Indigenous community members attended the listening session

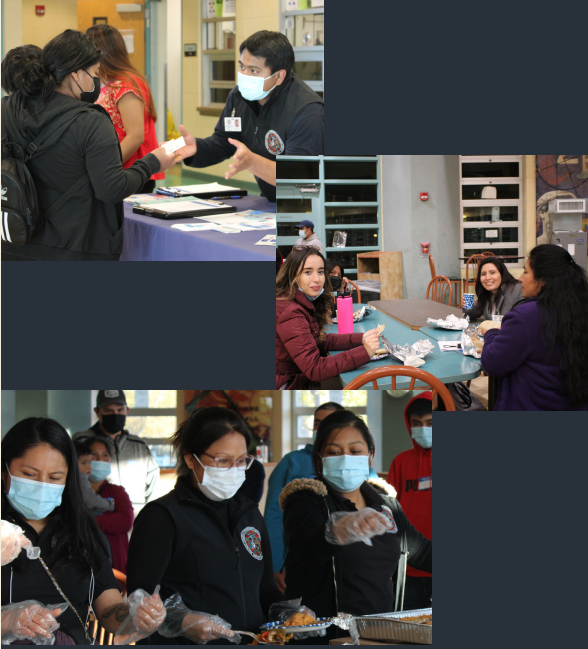
8

Small groups were formed for discussion

38

Average age of individuals in attendance

The majority of listening session participants spoke Mixteco, but Zapoteco, Spanish, and English were also spoken. Dialogue was centered around (1) understanding the community's mental health needs, (2) experience with the mental health system, (3) mental health stigma, (4) youth mental health, (5) parent's mental health, and (6) culture.



WHAT?

3 Themes Heard From California's Indigenous Migrant Community of the Central Coast

1

We have a lot of worries and fear

2

There are many barriers to accessing mental health services, beginning with "We don't know where to go for help."

3

Sometimes, we need help talking with our children

WE HAVE A LOT OF WORRIES AND FEAR

About losing our jobs if we take time off, the cost of rent and health care appointments, not being able to find work, and our children.

"The truth is very stressful because sometimes it is preferable to go to work when you feel bad for fear of the doctor's costs and sometimes the disease worsens; we also do not seek help for fear of being fired from our jobs."

THERE ARE MANY BARRIERS TO ACCESSING MENTAL HEALTH SERVICES BEGINNING WITH "WE DON'T KNOW WHERE TO GO FOR HELP."

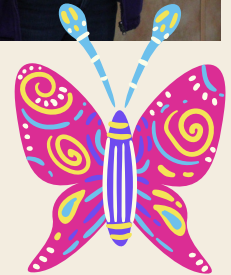
Language, cost, time (especially missing work), waitlists, transportation, and stigma (embarrassment, shame, fear of criticism) are additional barriers to care.

"We need those interpretation services a lot, because sometimes we can answer a yes or a no, but we cannot share our concerns."

SOMETIMES, WE NEED HELP TALKING WITH OUR CHILDREN

We want to support our children, but we don't always know how. We don't have time for ourselves. Bullying, social media and unhealthy friendships are all concerns as well as the negative impact on grades and school attendance. We see the positives of a supportive school environment including sports and activities.

"Working with a counselor at school has helped my child a lot."



THESE RESULTS REINFORCE THE ROLE OF SCHOOLS AS A SUPPORT SYSTEM FOR STUDENTS AND THEIR PARENTS

Especially given the pressures and fears faced by a community that experiences tremendous language and financial barriers.

Community members vision for mental health services included readily available:

- Trusted counselors to share emotions and "calm our stress" for individuals and couples
- Parks for walking
- Safe spaces for community, family and faith to connect, including gathering spots for older adults
- Classes for understanding stress, anxiety and practicing self-care
- Opportunities to volunteer and learn a new job skill



Continued support from organizations like MICOP that can provide education to the community to advocate for themselves was also expressed.

WHAT'S NEXT?

This is a historic opportunity to translate what we've learned into action. While A Right to Heal as a project is ending, it has paved the way for MHSA community program planning to *reflect the cultural, ethnic, and racial diversity of mental health consumers* moving forward by continuing to listen to and support local communities in their advocacy for their mental health.

For more about CPEHN's work mobilizing communities of color to advocate for public policies that advance health equity and improve health outcomes, visit www.cpehn.org.