

Welcome to MHA and the Cultural Equity Task Force (formally the Ethnic, Racial and Cultural Diversity Committee). The committee was formed in 1997 to encourage dialog and noteworthy discussions on raising awareness of diversity and cultural identities of our consumers of services. This focus also applies to the diversity and cultural lens of our staff members.

The mission statement of this newly formed committee is as follows:

The mission of the Cultural Equity Task Force is to collaboratively address issues relative to consumer and staff diversity, i.e. racism and all forms of oppression and discrimination within the Mental Health Association of Rockland County, Inc. We will develop, implement and monitor practices, procedures and recommend policies to the President/CEO that will enable the agency to become and remain culturally competent and serve the diverse populations of Rockland County.

We encourage all staff members to engage others in a dialog relative to the mission statement and participate in all mandatory staff trainings conducted by this committee.

The committee was formed in response to a recognized need by the agency to reflect the ever expanding diverse population of both staff and consumers. The belief of the committee is that we need to make use of all resources in a diverse community and to bring to bear those resources to best serve the consumer. IT is important that MHA see each person has their own histories and many may have experienced traumas and that all people do not experience traumas in the same manner. The importance of that factor can never be overlooked and MHA is aware of the culturally experienced histories of each of its clientele.

Presently there are four mandatory staff training that you will be required to attend during your employment her at MHA.

Phase 1

Phase II

Phase III

“IN OUR OWN VOICE” Consumers of mental health service speak out.

As part of MHA’s commitment to providing appropriate cultural sensitive services, the agency has encouraged all supervising and program directors to attend specific trainings outside the agency conducted by The People’s Institute for Survival and beyond.

ABOUT THE PEOPLE’S INSTITUTE FOR SURVIVAL AND BEYOND

Founded in the 1980’s in partnership with Civil Rights champion Ann Braden, C.T. Vivian, Jim Dunn and others, the People’s Institute analysis is rooted and has been refined through lessons of decades of anti-racist community organizing. After over 40 years of organizing and training. The Institute is still considered one of the most relevant and practical anti-racist training programs in the country. The 2002 Aspen Institute Survey “Training for Racial Equity and inclusion, an in-depth review and comparison of 10 top ranked anti-racism programs from across the United States, identified The People’s Institute for exemplary practice in transforming individuals, group dynamics and social structures.

www.aspeninstitute.org/sites/default/files/cOntent/docs/rcc/training.pdf

As further commitment to the overall perspective of Cultural Competency, sensitivity to individual's personal world views, the agency also use as a resource the National Mental Health Association guide and principles set by the National Board of Directors established based on The Task Force on Diversity of 1998. The Board was charged with developing recommendations for a diversity initiative for the entire NMHA movement to be considered at the Boards June 1999 meeting. What exactly is "diversity" and why should NMHA bother?

GUIDING PRINCIPLES FOR NMHA AND ITS AFFILIATE NETWORK

1. Principal of Cultural Competence

Cultural competence includes attaining the knowledge, skills and attitudes to enable administrators and practitioners within NMHA and its affiliate network to provide effective care for diverse population, (i.e. to work within the person's values and reality conditions). Recovery and rehabilitation are more likely to occur where MHA staffs and volunteers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers from underserved or underrepresented groups, their families and communities. Cultural competence acknowledges and incorporates variance in normative acceptable behaviors, beliefs, and values in:

- Determining an individual's mental wellness/illness, and,
- Incorporating those variables into assessment and treatment

2. Principle of Advocacy

Advocacy for victory over mental illness with and for consumers and families including those from underserved communities is at the core of the MHA movement. Advances in treatment and the consumer empowerment movement have resulted in NMHA standing beside consumers in their search for dignity and appropriate services. The consumer statement "Nothing about us without us", is a guiding principle of our advocacy work. It represents our inclusion of consumers and families of underrepresented groups,

3. Principle of Education

NMHA and its affiliates believe, as our founder Clifford Beers did, that broad-based education about mental health and mental illness is essential to reduce stigma. Mental health education must include information on cultural differences that influence specific groups regarding treatment and symptom tolerance. MHAs will support education of professionals to increase their cultural competence in working with underrepresented groups

4. Principle of Prevention

MHAs seek to provide community education programs about mental illnesses and the risk factors associated with specific disorders to increase the capacity of families to provide healthy environments and to identify early warning signs of mental health problems. Early problem

identification and intervention can prevent the exacerbation and reduce the disabling effects of mental illness.

5. Principle of Consumer-Driven System of Care

A consumer-driven system of care promotes consumer and family as the most important participants in the activities of MHAs. Whenever possible and appropriate, these activities adapt self-help concepts from an individual's culture, taking into account the significant role that family members play in the life of consumers from specific racial/ethnic groups.

6. Principle of Community-Based System of Care

A community-based system of care includes a full continuum of care. The focus is on including familiar and valued community resources from diverse cultures, investing in early intervention and preventative efforts, and treating the consumer in the least restrictive environment possible.

7. Principle of Natural Support

Natural community support and culturally competence practices are viewed as an integral part of service activities that contribute to desired outcomes. Traditional healing practices are used when relevant and possible; and family is defined by function rather than bloodlines.

8. Principle of Sovereign Nation Status

MHAs working with American Indians shall acknowledge the right of those sovereign nations and urban Indians to participate in the process of defining culturally competent activities and services.

9. Principle of Collaboration and Empowerment

MHAs will support consumers from diverse groups in their desire to collaborate with service systems to determine their course of treatment. The greater the extent of this collaboration, the better the chance of recovery and long-term functioning.

10. Principle of Holism

MHAs will support the value of holistic or alternative approaches to health care and implement these in their work, policies and standards, recognizing their importance to diverse groups.

11. Principle of Feedback

MHAs will provide legitimate opportunities for feedback from diverse groups in order to enhance desired outcomes of their activities. Where such opportunities for feedback are absent, there is a greater likelihood that services will not be congruent with the needs of consumers and will result in lower levels of customer satisfaction. If such opportunities are missed, MHA's then miss the chance to make culturally specific corrections in their work.

12. Principle of Access

MHAs will make their agencies and activities accessible to consumers of multiple diverse groups without regard to income. Where services and facilities are geographically, psychological and culturally accessible, chances are increased that consumers will respond positively to treatment.

13. Principle of Quality

The more emphasis that MHAs place on ensuring continuous quality, culturally competent services to consumers from diverse groups, the greater the likelihood that relapse will be prevented.

14. Principles of Outcomes

Consumers from diverse groups and their families evaluate services on the basis of actual outcomes relative to the problems that stimulated their help seeking. The greater the extent to which MHAs measure these outcomes in comparison with the expectations of consumers, the higher the degree of consumer satisfaction.

Phase 1; Foundations in Diversity and Cultural Understanding and Celebrating “Diversity”.

- a) Cultural of Origin and its importance in Customs, beliefs, personal philosophy and behavior. How we adjust our personal lens based on our experiences throughout life and that impact on our relationships and, work.
- b) Race Construct in America and who has the advantages of “legitimate” access to resources.
- c) Self-Identified Group and how different cultural beliefs impact mental health treatment services and modalities.

Phase II; “White Privilege” and its impact on how we see the world, each other and how we interact with folks from different cultures, specifically “people of color”. We also learned how “white privilege” and “institutional racism” effects our clients of color as well as neighbors, friends and coworkers. The training helped folks view close up advantages inherent in “white privilege” and the disadvantage for those groups outside of this reality.

Phase III; Asking Questions: A Cultural Assessment Tool This Work Shop focuses on the “interviewing process” and will help folks acquire a better sense of the importance of individuals “cultural identity” inherent in each person we serve here at MHA. A. through the “In-Take process, get as comprehensive idea of who the client is, what is culture of origin, belief systems, religion, resources and familiar connections as well as a better sense of how the clients culture can have a significant role in the care and treatment process.

The Mental Health Association of Rockland County (MHA) seeks to provide quality and equitable care for all people. We recognize the crucial role culture plays in achieving this goal, and strive to incorporate the following beliefs and practices into our work:

The Importance of Culture

The MHA understands that culture is the lifeblood of a people – for it defines their humanity. Intrinsic to each individual has a cultural/ethnic identity, which shapes their beliefs, behaviors and social needs. It is these individuals that make up the rich tapestry of our community.

The Role Culture Plays in Service Delivery

As part of that understanding we seek to acknowledge and respect our clients' varied cultural identities, including but not limited to nationality, race, language, religious beliefs, sexual orientation, and disability, and strive to understand how these identities shape client beliefs of health and well-being. We then attempt to incorporate those beliefs into our service delivery. It is only by doing so that the MHA can hope to attain the highest possible level of cultural competency.

Increasing our Awareness & Knowledge Base

We are cognizant that any organization's efforts to providing culturally competent care are a continual work in progress. As such, we have a **strong commitment** to continuous learning, discussion and constructive debate via both organizational and informal relationships with our local community, New York State and the country. Further, the agency embraces the notion that people of all cultures can be supported in being successful and that "Recovery Is Possible". That philosophy is a hallmark of the Agency.

The following gives a snapshot of specific past and present endeavors:

Formation of a Cultural Competency Committee to respond to a recognized need by the agency to reflect the ever-expanding diverse population of both staff and consumers. The Committee develops, implements and monitors agency practices and procedures and recommends policies to the President/CEO that will enable the agency to become and remain culturally competent.

Cultural competency trainings are done on an ongoing basis for staff, board members, volunteers and interns. Training protocols include:

- the race construct in the United States and White Privilege
- cultural barriers to good treatment and tools to overcome them
- health care disparities in the United States
- Concerted efforts to align ourselves with the following anti-racist training organizations who are currently engaged in a national, regional and local effort to bring this analysis to schools, social work institutions, corporate America and other health-related agencies.

The People's Institute for Survival and Beyond: The People's Institute is a premier national and international organization that provides its trademark Undoing Racism workshops both here and abroad to agency executives, corporate CEOs, teachers, health care professionals, clergy and all other disciplines and interested entities who believe in an equitable society free of racial, sexual and all other forms of oppression.

AntiRacist Alliance: The AntiRacist Alliance is an organized collective of human service practitioners and educators dedicated to bringing the analysis to higher education social work programs in the NYC metropolitan area. The Alliance has developed in-house teaching protocols on both the undergraduate and graduate level which have become an integral part of social work degree curricula.

Volunteer Counseling Services of Rockland County: VCS' Community Change Project is dedicated to the dismantling of racism throughout the Rockland community and for more than a decade has provided subsidized training opportunities for people who work and live in Rockland. This organization provides, "Train The Trainer" opportunities to organizations interested in dismantling racism and all forms of oppression in our local institutions and public facilities.