The transformation of Traditional Mental Health Service Delivery in multicultural society in California, USA, that can be replicated globally

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The State of California has transformed the approach and method of delivery of mental health services from misunderstood and not accessible, to as basic a human right as food, shelter, and safety. I believe this policy can be replicated globally for the benefit of all. This article highlights the challenges of immigrant and ethnic populations in our system of care and points out the paradoxical challenges of funding scarcity in California; one of the richest places in the world. The article describes how the passage of Mental Health Services Act (MHSA) by California voters created a new funding source, based on a 1% tax over a $1,000,000 income to be designated for use by the State Department of Mental Health. As a result, new and innovative opportunities were generated to transform mental health services delivery to promote human rights and justice in society. Also, the passage of the act created a space for reducing stigma and disparity. Among the many transformations of Mental Health Services Act (MHSA) is adopting the principal of “inclusion by design” for the development of an effective workforce to address cultural and linguistic needs of people in all age groups and of diverse ethnic populations. Mental Health Services Act (MHSA) also created the possibility of a healthy and safe environment through Prevention and Early Intervention plans and programs in order to illustrate that health is not the absence of illness. A diagram of Mental Health Services Act illustrates the program’s scope including, promoting health and mental health through outreach and engagement on a global level for the entire community, using Prevention and Early Intervention strategies to proactively respond to risk factors, and Community Support Services for severely mentally HE populations. This article also presents the Institute for Multicultural Counseling and Education Services, a multicultural institute specializing in mental health treatment and social services, both in prevention and intervention level for providing services to unserved and underserved ethnic populations in Los Angeles County. The article outlines how the vision, mission and values of the organization has been improved by the transformed method of service delivery and supported economically to expand beyond the traditional method to provide much needed services to diverse ethnic communities.

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Introduction
It is the basic human right of everyone to have food, shelter, safety and access to health care (physical and mental). In a healthy and just society, people have equal access to resources for these basic human needs. However, as we all know, our world has not exactly been a safe and just place for everyone.

Fortunately there are many non-governmental organizations working towards creating that safe and just place. Many of them came to the annual DPI/NGO conference on “Reaffirming Human Rights for All: The Universal Declaration at 60” held at UNESCO in Paris in September, 2008. Non governmental organizations are the pioneer groups in advocating for human rights and contributing to the health and justice in society.

The Institute for Multicultural Counseling and Education Services Inc. (IMCES) is one of the NGOs established in 1989 with this same vision. What needs to be framed in our 20 years of services to the community includes: promoting health, resiliency and providing mental health and social services to all ethnically and culturally diverse communities. It is especially important to target those ethnic groups who may not have an equal opportunity to access main stream resources, such as emigrants from around the world including, but not limited to, Eastern European and Middle Eastern groups. Our organization is known for this valuable and unique service. Our professional multicultural staff represents many faces and voices of diverse ethnic groups including Persian, Arminian, Russian, Georgian, Arab, Jewish, Latino, Korean, Spanish and others.

We provide services to old and new emigrants, those who came to this country either by choice or force. Being American is accepting America for the “colorful tapestry” it is. The foundation of America – the promised land of opportunity – was built on the principles that promote and provide safety, equality, and “liberty and justice for all”.

All of us as immigrants are fascinated and touched by the beautiful poem on the Statue of Liberty at Ellis Island that says: “…Give me your tired, your poor,…”

Although there is no doubt about the depth, integrity, and sympathy of those statements for immigrants, we are faced with other facts around us which cannot be ignored.

The Intelligence Report, a publication of Southern Poverty Law Center, with the mission of “promoting tolerance, fighting hate, seeking justice”, reported that there are more than 800 hate groups and more than 500 hate sites trying to attract youth for hate movements. In fact, these activities increased by 40% since the year 2000. Their target population is immigrants, blacks, and other non-white ethnic groups.

The editor of the Intelligence Report, Mark Potok, puts two opposing opinions of two Americans to make a point. He says, “Franklin Roosevelt declared that ‘Americanism is not…a matter of race and ancestry’”. On the other hand, Mr Buchanan declares the opposite is true, “…No where on this earth can one find a multicultural, multilingual, multiethnic nation that is not at risk. Democracy is not enough. Equality is not enough”. Buchanan claims that our forefather’s vision of America was one of “Shared ties of blood, soil, and memory”.

Some of us, who are from ethnically diverse groups, may feel a strong association between this phrase and that of Nazi ideas of “blood and soil”.

The analysis of this report manifests that our diversities are not honored and the spirit of our unity is not encouraged. This also means that the field is not even for all
of us to walk on and for everyone to have access to basic resources. However, I must say, regardless of all the documented inequality and injustice which may be based on freedom of expression or limited view of executive or legislative order, still the American Legal Bench System is the most reliable system in the world to protect human rights.

However, in reality, the legal system’s job is designed to work on an intervention level, not on a prevention level, which we need in order to deal with these issues in a fundamental level. One may ask; who is responsible to level this uneven ground?

The responsibility lies on us as individuals and on community leaders. I would like to propose that we do not wait for another revolution, or for God to send a messiah/messenger, or for a politician to take the initiative. I would like to see us take the matter in to our own hands on the community level and even on the personal level, as limited as that may be to facilitate change in a doable, practical, and preventative way.

In 1989, based on my direct observation and assessment of our multicultural community needs, I established IMCES, The Institute for Multicultural Counseling and Educational Services, Inc. The mission, values and structures were: Exposure to any form of violence or poverty is against the basis of human rights. Equal access to health and mental health services in our society is the human right of everyone. Our commitment is to level the ground for everyone to walk on. Our mission is to promote health and resiliency among under represented ethnic groups by providing health, mental health, and social services to underserved and unserved ethnic groups.

A significant part of our service to community is reflected in the 1970s, when refugees began showing up in Los Angeles, many suffering the tragic mental and emotional after effects of armed conflict: post traumatic stress syndrome, anxieties, depression, and other mental illnesses associated with children and families witnessing the horror of war.

Many of the people arriving in Los Angeles did not have enough financial or emotional stability, nor did they have the knowledge of where to go to find public or private mental health services. Since I started IMCES, I have been tireless in my efforts, working closely with the Department of Mental Health, the Department of Social Services, and the Department of Child and Family Services in Los Angeles County to provide funding to assure these people are not forgotten.

Today, IMCES serves free of charge, mental health, supportive and legal services to all age groups of underserved ethnic groups of our target population. Our professional staff specifically includes; psychiatrists, nurses, psychologists, marriage family therapists, (MFT), social workers, case managers, resource specialists and supportive staff who are multilingual/multicultural, and who provide services in a variety of languages including Farsi, Arabic, Hebrew, Russian, Armenian, Georgian, and Spanish among others.

The types of services and programs include prevention and early intervention services in addition to a recovery model of services for the severely mentally ill population. For prevention on the universal level and in order to raise awareness and provide education and intervention, we make special efforts to develop what we call Community Engagement Activities. This means that we deliver presentations at churches, synagogues, mosques, and other places of worship. We develop partnerships with community agencies to reduce disparity and stigma. We develop and disseminate periodic Public Service Announcements (PSAs) through ethnic radio, TV, and printed materials.
At IMCES, we believe that any form of violence is against human rights. We have free domestic violence supportive programs and offer free legal services to battered spouses in crisis. In addition we provide treatment for domestic violence perpetrators. For child abuse cases; we focus on parent education in different languages. We provide early intervention and prevention with the family through our Family Preservation and “Wraparounds” programs. The Family Preservation program is designed to prevent the family from falling apart based on child abuse reports, which usually causes the separation of children from family. We receive the referral when the risk factor is not high enough to remove the child to foster care. Our staff works with the family in their own home to help children reach their age appropriate functioning level and to help their parents become more responsive and responsible care givers.

Our “Wraparounds” program is designed to reach bicultural at risk transitional age youth who are at risk of long-term jail or hospitalization. A team of three multicultural staff; a parent partner, a family specialist and a facilitator wraparound the youth and family to deal with the issues at home, at school, and in the field, to assure a successful transition to adulthood.

Also, as part of early intervention services, we provide a series of skill building groups to increase protective factors to those who may have exhibited some signs of risk factors in either local schools, shelters, or other community-based agencies.

We also provide “Life Skills Training and Counseling” which covers these areas:

- Social Responsibility Training
- Drug and Alcohol Education
- Prevocational/Vocational Training
- Emotional Management Skill/Anger Management
- Parenting Skills Development
- Mediation Counseling.

Our intervention services include both those based on the traditional mental health model and also those that comply with the new Mental Health Services Act (August, 2008).

With regards to Mental Health Services, IMCES is dedicated to a transformation of the Mental Health delivery system to reach unserved and underserved ethnic populations in Los Angeles County. IMCES uses a “Whatever it takes” approach to help people with serious mental illness to achieve their individual recovery goals and to live successfully in the community. The recovery process includes improvement in mental health and quality of life in the areas of employment, education, meaningful relationships and independence.

The transformation of mental health services delivery in California of the IMCES model can be replicated globally. Los Angeles County in California is one of the most populated counties in the US with over 10,000,000 people. The Department of Mental Health in LA County is the largest in the United States and serves 250,000 people.

LA County is considered as a microcosm of the world, especially since it is the home of many diverse ethnic, cultural, and immigrant populations. LA, like many large cities and countries in the world, has been challenged with limited resources, unstable, old funding streams and homelessness, while paradoxically the city is also known as one of the richest places in the world, being home to Hollywood stars and wealthy business people.
California State Senator, Sen. Darrell Stienberg saw a potential solution to the age-old problem of income disparity. In 2004, his Proposition 63 required a one percent tax on California millionaires to be directly designated to the State Department of Mental Health. This was approved by California voters and developed into the Mental Health Services Act (MHSA).

The new MHSA funding source created tremendous opportunities for transforming mental health services delivery based on a humanistic approach to promote human rights and justice in society. This transformation created many opportunities for reducing disparity in more ways than one, including underserved ethnic, multicultural groups.

The first humanistic and democratic approach was to include the layers of community members as stakeholders in the planning process. Stakeholders included:

- Clients and family members
- Ethnic communities
- Community mental health providers
- Schools
- Primary care providers
- Law enforcement
- Other county human services departments
- Hospitals
- Academic institutions
- Unions.

As one of the delegates involved in the planning process which started in 2004, I am grateful for the opportunity to watch many meaningful programs unfold and develop in a democratic strategic manner before my very eyes with the participation of community members.

The Scope and Depth of Transformation and Change in Mental Health Services

Mental Health Services Act

Spectrum of services

The scope and depth of transformation and change in mental health service delivery is clearly depicted in the MHSA spectrum of services, as shown in Figure 1. The figure is a diagram of the MHSA.

Community service and support (CSS)

As shown in Figure 1, CSS includes providing treatment and recovery to the severely mentally ill population. In addition to providing treatment for known disorders, this segment is based on the recovery model to promote meaningful life style, in spite of severe illness and encourage resiliency and develop peer community support system. The focus is to facilitate “Wellness”. As the spectrum indicates, the MHSA programs not only focus on the CSS by providing treatment and recovery to severely ill, unserved, underserved, inappropriately served ethnic, cultural populations, but also develop layers of preventions and early intervention (PEI) programs to contribute to the health and resiliency and protective factors in the communities. I believe that
since health is not an absence of illness, development of PEI projects is necessary to create a safe, healthy, and just society.

Strategies of prevention and early intervention

In the context of mental health, prevention promotes a state of well-being which includes a mind set that is equipped with positive thinking, which in turn leads to emotional development and social skill. Also, prevention includes reducing risk factors, building protective factors and support to promote a healthy environment. The intent is to create a socially just, supportive, and healthy environment where individuals are capable of successfully facing the changing and challenging circumstances of daily life. The prevention segment of the diagram includes programs and services on universal and selective levels. Both of these are provided prior to diagnosis for mental illness.

Prevention on the Universal Level targets the general public or the entire population. The services on this level include culturally and ethnically appropriate outreach and engagement strategies.

Prevention on the Selective Level includes subgroups whose risk of developing mental illness is higher than average.

Programs and services on this level include a series of skill-building trainings to build on individual or families’ protective factors and support. These activities are based on community-wide health promotion approaches.

Early Intervention is one of the most significant, effective, and humane programs in the MHSA. Providers and professionals in mental health services strongly believe that reaching individuals and families who are experiencing the onset of serious psychiatric illness is the most financially cost-effective and humanistically pain-preventing method. However, our traditional health care system is not designed to reach this population. In traditional mental health service delivery, clinicians focus on illness and providing interventions and remedy at the point when individuals are at risk of losing their health, home, relationship and daily function. Obviously, interventions at this level are necessary, but sometimes they are too late, and too costly, which causes tremendous suffering.
Early intervention is designed to prevent the problems from getting worse and to avoid the need for more intensive treatment or services. Intervention on this level is short-term (less than one year), with low-intensity, aimed at improving the condition in a measurable way in its early manifestations.

The target group for prevention and early intervention include underserved cultural populations, children and youth in stressed families, children and youth at risk for school failure, and children and youth at risk of experiencing juvenile justice involvement, as well as children who are exposed to traumatic conditions, such as grief isolation, and loss.

What is being transformed in Mental Health Services Delivery

The attitude and methodology of change in mental health services delivery requires these approaches:

- Adaptation to the principle of inclusions by design. The overarching goal of the MHSA is to reduce disparities experienced by specific racial, ethnic, and cultural groups, including all those ranging from unserved, underserved, and inappropriately served ethnic cultural populations.
- A “Whatever it takes” approach.
- Recognition of all ethnic groups, including Eastern European, and Middle Eastern and other groups which have been historically unserved and invisible.
- Expanding the need for services from severe mental illness to the need for prevention and early intervention.
- Reducing stigma and discrimination in all levels of community, especially those affecting individuals with mental health problems and illness. Increasing public knowledge of the signs of suicide risk and appropriate action to prevent suicide.
- Expanding client eligibility to include un-insured and un-insurable groups.
- Focusing on the concepts of wellness, resiliency and recovery.
- Workforce development, including the recruitment of mental health professionals from all ethnic groups to meet the needs of target population.
- Availability on constant (24-hours and 7-days-a-week) basis to respond to crises.

Finally, based on my observation and direct involvement, I believe that the Mental Health Services Act brought an opportunity for community involvement in addition to revolutionary and innovative thinking and actions in to our mental health service delivery in California and specifically in Los Angeles. As a result, many success stories indicate that hundreds of unserved, underserved people’s lives have changed to “Wellness”. In this way, they are more able to achieve their basic human rights.

I am hopeful and confident that this new development in LosAngeles, California can be replicated globally around the world.

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References


