



University of
New Hampshire
Institute on Disability

Promoting Culturally Responsive Healthcare: All Means All

JoAnne Malloy, Talmira Hill, Anna Adachi-Mejia

Presenters



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Thank You

Consulting Partners

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Thank You



Funders & Collaborators

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Endowment for Health
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Shirley Tomlinson, Community Engagement and Outreach Specialist

Thank You



Participants:

We especially acknowledge the ***Providers, Individuals, & Family Members*** who shared their perspectives and experiences as part of this project, as well as ***Partner Organizations***.

Workshop Objectives



1. Understand the primary issues in engaging in behavioral healthcare as identified by families and youth who are from the Black, Hispanic/Latinx/a, LGBTQ, and disability communities.

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2. Understand the challenges behavioral health providers from non-traditional communities face as they try to be included in the "Mainstream" provider system.
3. Discuss possible strategies for developing an inclusive behavioral healthcare system.

When was a time that you felt welcomed or included?



When was a time that you felt welcomed or included?

How did you know that you were having that experience (words, feeling, environment)?

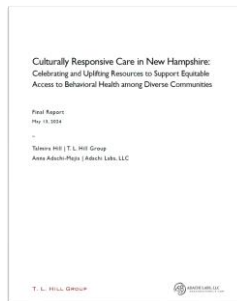
What contributed to the feeling of being welcomed/included?



Report

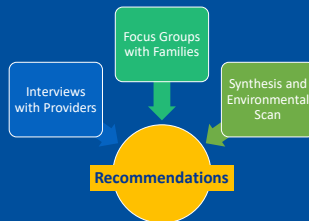
Culturally Responsive Care in New Hampshire:

Celebrating and uplifting resources to support equitable access to behavioral health among diverse communities



Project Overview

May 2023 – May 2024



Acknowledging...

Uniqueness of experience

Intersectionality

Shared experiences

Evolution of language over time



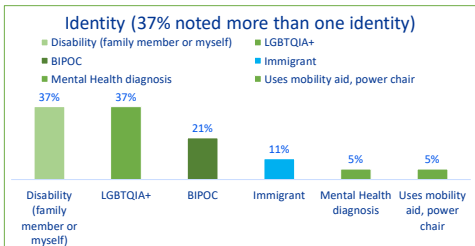
12 PROVIDER INTERVIEWS

Identities	Roles	Clients Served
<ul style="list-style-type: none"> African American Latine/o/a/x Immigrant/Refugee Disability LGBTQIA+ White Cisgender 	<ul style="list-style-type: none"> Community Health Workers (e.g., Nashua, Manchester) Private Practitioners State Level Agency Representatives (e.g., NAMI NH) 	<ul style="list-style-type: none"> BIPOC LGBTQIA+ Disabilities (e.g., UNH) Rural (e.g., Claremont)

Most interviewees have been in practice for 15+ years.
The ones who have been in practice for <5 years bring the greatest diversity in terms of identity.



19 FOCUS GROUP PARTICIPANTS



Key Finding: Awareness

Individuals and Families	Providers
Individuals and parents have no idea where or how to begin the search for resources, nor are they aware of the range of types of resources available.	People don't know about the services that we offer, they do not think to access mental health services, and some demonize needing mental health care.



Awareness

Individuals and Families

"Trying to find advocacy for my son when I needed help. The only help I could find she charged \$500...but I didn't know I could get it for free."

"Until we were in the system, we didn't know it existed, or how broken it was. Until you are in it, you don't understand it."



Awareness

Providers

"I am here to give voice to my clients and reduce suffering."

"We haven't made [behavioral health issues] normal...if you had cancer and you shared that, you could have a cooler at your door for the next four months for dinner. But ...would you feel safe enough to say that you had a behavioral health issue? ...And would then people respond the same way we respond to someone [who] had cancer?"



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Key Finding: Language

Individuals and Families	Providers
Consider what the experience is actually like for the individual and family.	Consider what adequate support is actually like for a provider for whom English is not their first language. Provide interpreters for providers, not just for clients.



Language

Individuals and Families

"Due to autism, [it's been difficult.]...It's hard to find people who work in this field; they're not trained to work with adults who have autism. They might get CPR or other training, but they're not trained to work with people who have autism. Yelling, using idioms he doesn't understand, sarcasm – that makes it difficult for him to like his life."



The need for clear communication

Individuals and Families

*"We need an easier way to access what is available. It almost needs to be an 'If ..., then ...' format.
STEP #1. IF THIS IS WHERE YOU'RE AT, THEN DO THIS.
STEP #2. Once you move out of the first step, then go to step #2.
...we have to let people know what it is we offer."*



Language

Providers

"If you're allowing an English-speaking person to use an interpreter to work with somebody, why aren't you allowing a non-English speaking person to use an interpreter to work with an English-speaking person? ...they're not [only] here for the clients, they're here for all of us to communicate."



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Key Finding: Bridging the Gap is Ongoing

Individuals and Families	Providers
Keep asking us about our experiences...conversations with us, the individuals and families who are accessing care, are essential for providers and systems to learn.	Formal training is needed, but it is not enough. Our colleagues and bosses need to talk with us without othering us.



Bridging the Gap is Ongoing

Individuals and Families

“Doing what you’re doing right now - talking to the people who’ve lived through it in the state...I have a master’s degree and financially capable of getting my daughter what she needs, and if it’s this hard for me, I can’t imagine how difficult it’s been.”



Bridging the Gap is Ongoing

Providers

“I was definitely treated like an outsider. I was often treated like I was invisible, often talked over.”

“Staff members and people who are supervisors [are] not realizing that racism exists, not realizing the weight.”



Key Finding: Bridging the Gap is Ongoing

Individuals and Families

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Providers

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Additional Themes: Individuals & Families



WAIT TIMES: Wait times for accessing behavioral and mental health care in New Hampshire are excessive and possibly the most egregious failure of the system.

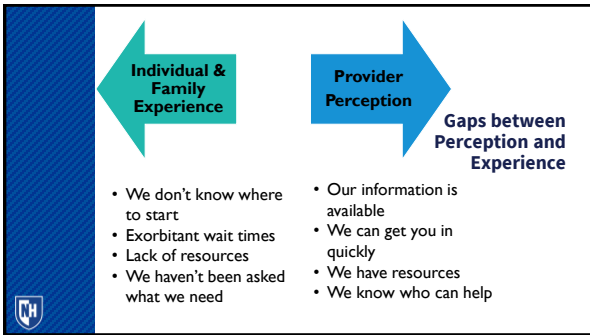
RESOURCES: NH has few resources for behavioral and mental health. Families drive hours, often out of state, to access care for children and teens.

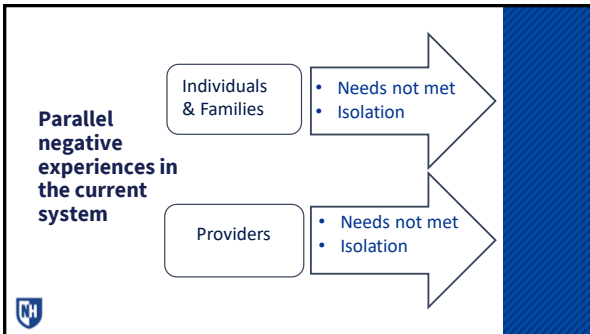
Additional Themes: Providers



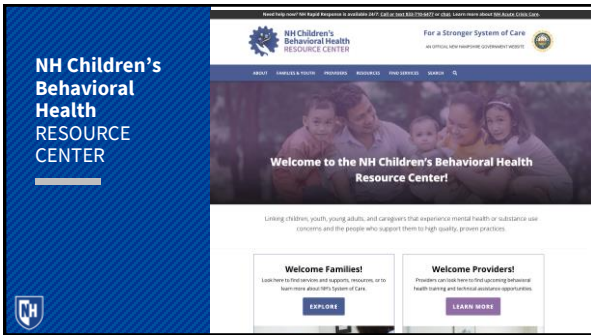
WE ARE A RESOURCE: We speak multiple languages. We have a wide range of skills. Celebrate us rather than minimize us.

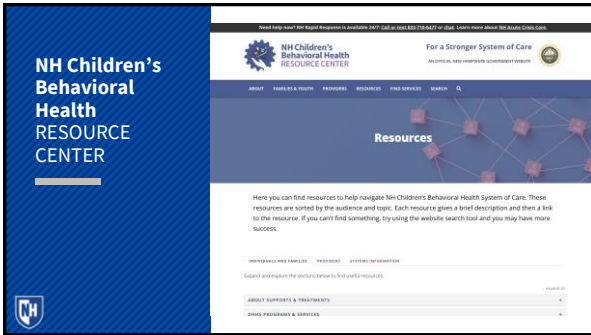
WE ARE HUMAN TOO: We can relate, with similar lived experiences. We need self-care. And we have been treated badly by the system, our bosses, our colleagues, and the people we are trying to help.

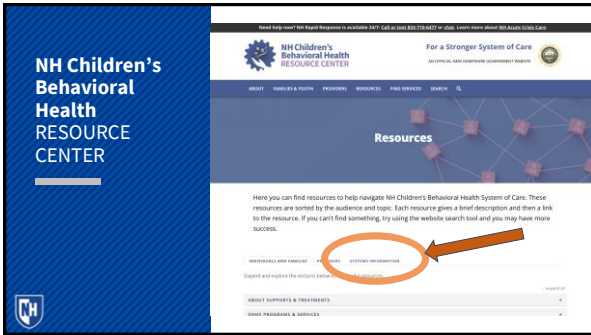


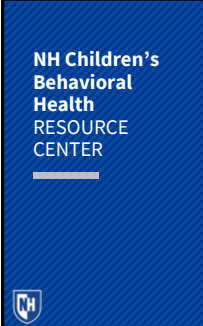


Where do we go from here









NH Children's Behavioral Health RESOURCE CENTER

Need help? Visit NH's Request Response to available 24/7 CCR or call 603.733.0277 or chat. Learn more about NH State Child Care.

For a Stronger System of Care
 MEDICAL, NEW HAMPSHIRE GOVERNMENT SERVICES

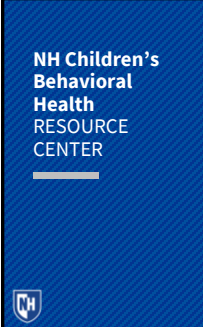
HOME | ABOUT US & HISTORY | PROGRAMS | RESOURCES | FIND SERVICES | REQUEST | 911

Here you can find resources to help navigate NH Children's Behavioral Health System of Care. These resources are sorted by the audience and topic. Each resource gives a brief description and then a link to the resource. If you can't find something, try using the website search tool and you may have more success.

INTERESTED AND RELATED | PROVISIONS | SYSTEM INFORMATION

These are in-depth resources that are policy specific or information but not primarily focused on providing or linking to services.

- Culturally Responsive Care in NH Report (2021) PDF**
 A resource designed to enhance the capacity of New Hampshire's behavioral health workforce to be more responsive to the needs of all populations.
- 2021-2023 State Health Plan**
 Information about number of abuse, neglect, and parent/guardian calls and substantiated cases.
- NH Children's Behavioral Health Care Coordination (PDF)**
 Developed by a team representing families, providers, clinicians, and state administrators in the child's mental health space, this document has been used for onboarding new staff, annual evaluations, and in the design of training for behavioral health staff.
- Non-Substantiated Family Risk Status in Child Protection Case (PDF)**
 Description of federal policy requiring states to provide a voluntary option to obtain services and supports in child abuse and neglect cases.
- Recognizing and Treating Child Traumatic Stress - LAMHISA**
 Learn about the signs of traumatic stress in response to children, treatment options, and how families and caregivers can help.
- SAMHSA Practical Guide for Implementing a Trauma-Informed Approach (PDF)**
 Describes the definition of trauma, impacts on individuals, and what providers can do to be trauma informed.



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Your Reflections

Feedback Form

Recommended next steps



Recommended Action Steps for Individuals and Families



1. Heighten everyone's awareness of resources.
2. Offer step-by-step guidance for accessing resources.
3. Improve the quality of NH's behavioral healthcare system.
4. Learn from and apply successful practices from other states.
5. Ask us about our experiences.

Recommended Action Steps for Providers



1. Widen the pipeline.
2. Lead the way.
3. Cultivate a culture of inclusion.
4. Integrate more effective approaches.
5. Let's talk.

Presenters



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