Wisconsin Mental Health Forums Toolkit

Strategies to Better Serve Diverse & Marginalized Groups in the Behavioral Health Systems

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Introduction

First, Do No Harm

Caregivers naturally strive to help and understand those they serve, yet it is impossible to fully grasp another person's perspective. Consequently, individuals often fill in gaps with assumptions based on their own experiences. This can result in unintentional harm to the person being served. After engaging with a culturally unaware service provider, a person needing services may:

- feel more alone and misunderstood than before receiving service;
- lack hope that appropriate services are available;
- give up on seeking services that could lead to improved mental and physical health;
- continue to experience the social and economic inequities closely related to marginalization in our society, including in housing, education, wealth, and employment.

> A culturally inappropriate experience with a mental health service provider may cause more harm than good to a person seeking help.

The directives "Do no harm" (non-maleficence) and "Do good" (beneficence) are the foundational principles within the helping professions (**Jiggins & Asempa, 2016**). Mental health service providers are required to make difficult ethical decisions daily and sometimes hourly based on complex circumstances over which they have no control, including their own personal social and cultural backgrounds, as well as those of whom they strive to help.

Mental Health Forums

This toolkit is based on the Wisconsin Mental Health Forums, a training series launched in the fall of 2023 and winter of 2024 designed to address disparities within Wisconsin's Behavioral Health System and support service providers who serve minoritized populations.

Forum speakers shared their expertise and led discussions on equity, racial justice, trauma, cultural and linguistic sensitivity, and support for the LGBTQ+ community. Attendees included service providers from the fields of behavioral health, vocational rehabilitation, and social work.

Goal of Toolkit

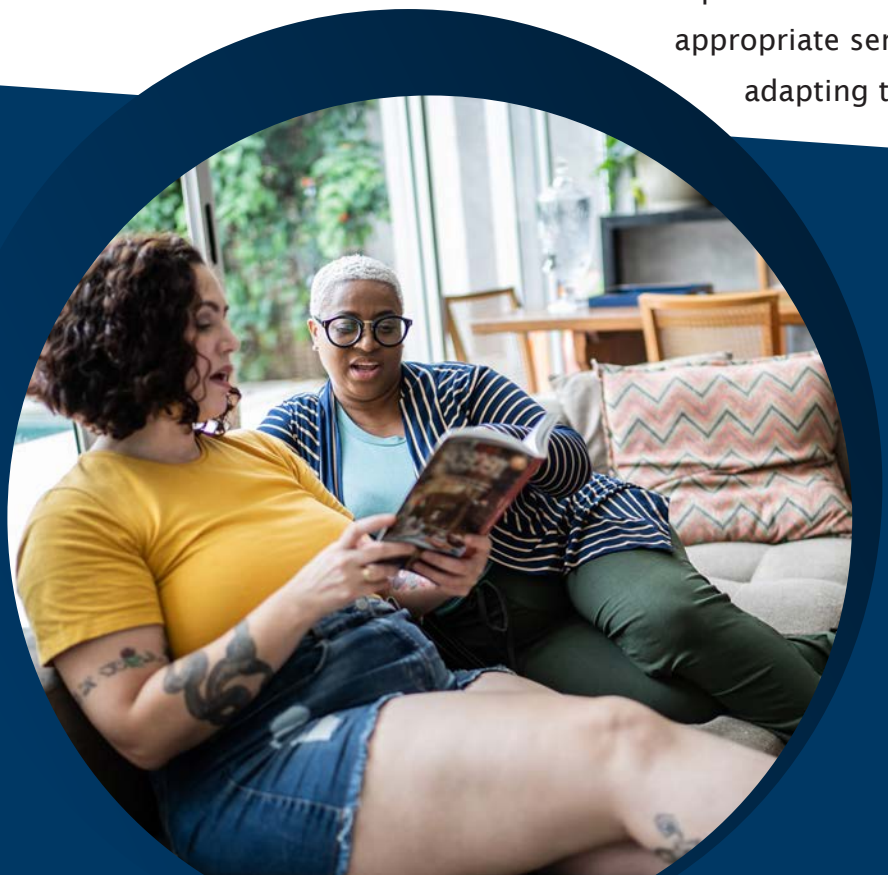
The primary goal of this toolkit is to give service providers strategies and resources to serve historically underserved people appropriately and effectively.

To achieve this goal, this toolkit is designed to provide service providers with:

- Information that leads to greater awareness of specific populations' history with health system inequity, cultural considerations, and treatment preferences.
- Tools and resources to increase service provider's ability to apply cultural humility to person-centered care.

It is essential not to perceive the Wisconsin Mental Health Forums or this toolkit as diagnostic tools for specific populations.

While navigating this toolkit, you may encounter unfamiliar information and wish for deeper or more thorough information, which is great! To help you on your journey, each section includes resources for your continued learning and to share as potential supports for those you serve. Keep in mind that best practices are always evolving, and applying culturally appropriate services is a life-long journey of learning and adapting to new knowledge.



Each individual is unique, and the primary goal of providing service remains consistent: to assist the person in front of you, irrespective of their background, ability, or race.

History of Inequity in Behavioral Health Systems

A growing body of research shows that centuries of racism in the United States has had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships, and plays. It has created inequities in access to a range of social and economic benefits such as housing, education, wealth, and employment.

Historically, people in marginalized communities have been negatively affected by prejudice and discrimination in behavioral health systems. The result of historic systemic inequities includes misdiagnoses, inadequate treatment, or treatment without informed consent. As a result, there may be increased mistrust of mental health professionals.

Lack of Representation Among Service Providers

Within the behavioral health system, a lack of representation of marginalized communities exacerbates existing problems. In 2015, only 14% of psychologists in the U.S. workforce were from minority groups (5% Asian, 5% Hispanic, 4% Black/African-American, and 1% multiracial or other), contrasting significantly with the diverse U.S. population (**American Psychological Association**). This disparity can lead many service providers to unknowingly or deliberately rely on **bias**, which is an inclination or preference that interferes with impartial judgment in their work. Bias can impact providers' effectiveness in serving all communities.

Culturally aware and equitable service options are crucial in mental health. When underserved communities have access to culturally aware providers who understand their lived experiences and the systemic challenges they face, the distrust built upon centuries of racism and ineffective services can begin to dismantle.

What Do Culturally Appropriate Services Look Like?

Mental health is often inseparable from unique identity markers: It can be impacted by gender, sexuality, age, religion, and other factors, each bringing distinct life stressors.

Culturally appropriate services address various dimensions of identity, including race, ethnicity, gender identity, sexuality, and culture, during the service provision process. Recognizing that everyone has unique experiences of discrimination and oppression, service providers should consider these experiences when delivering care.

> It is important to understand that individual identities are not the issue. The problem lies within systems whose power results in discrimination, oppression, and lack of appropriate service options.

Cultural Humility

Culturally appropriate services are rooted in cultural humility, an attitude of openness and respect towards other cultures. This attitude acknowledges two truths: limitations in our own knowledge and the need for lifelong learning and understanding.

At its core, cultural humility means letting go of assumptions based solely on cultural background. It requires active listening, open-ended questioning, and creating space for individuals to share their unique perspectives and lived experiences. This collaborative process builds trustworthy relationships where the individual is the expert in their narrative—not researchers, instructors, or even well-intended advocates.

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Recognize Intersectional Concerns

A person who is experiencing mental illness and is from a marginalized community is facing both the individual hardships of bias toward people with mental illness and discrimination based on unique differences, such as the color of their skin, gender identity, or disability status. The intersection of these experiences creates a distinctive form of marginalization, resulting in unique challenges to receiving equitable treatment and achieving a desired quality of life.

These unique challenges are called intersectional complications and are often a factor in food and housing insecurity, foster care system placement, increased rates of incarceration, and other difficult and often traumatic circumstances.

Providers who recognize these circumstances as resulting from intersectional complications may be more prepared to deliver culturally appropriate services and supports, including trauma-informed care.

Best Practice Approaches to Service

Examine Your Bias

We all form biases: unconscious shortcuts our brains use to navigate the constant information overload. While these mental patterns served us well in our evolutionary past, applying them as universal truths in today's diverse world can create unintentional bias and perpetuate inequalities.

Bias is an inclination or preference that interferes with impartial judgment, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Bias can be either conscious or unconscious:

Conscious, or explicit, bias, refers to the attitudes or beliefs someone knowingly holds. People with conscious biases are aware of their attitudes or beliefs and express them directly.

Unconscious bias, or implicit association/bias, refers to unintentional or automatic mental associations an individual makes. These biases operate outside of a person's awareness and may not directly correlate with their beliefs and values. Unconscious bias is expressed indirectly since it seeps into a person's attitudes and behaviors, causing them to make assumptions based on limited information to fill in gaps and make decisions (SAMHSA).

The good news is that we can gain control of these biases! By acknowledging their existence and seeking to understand their potential impact, we can choose to approach situations with openness and critical thinking, allowing for different perspectives and ultimately, fairer interactions.

In addition to simply recognizing our biases, we can actively address them by:

- **Seeking out diverse perspectives:** Expose yourself to viewpoints and experiences different from your own through interactions, media, and books.
- **Practicing self-reflection:** Regularly question your assumptions and examine how your background and experiences might influence your biases.
- **Engaging in open dialogue:** Have genuine conversations with individuals from different backgrounds to challenge your preconceived notions.
- **Seeking feedback:** Ask trusted friends, colleagues, or mentors for honest feedback about your potential biases.
- **Holding yourself accountable:** Be willing to consider that you may have a bias and determine how you can address this in case it negatively affects your behavior or decision-making.

By implementing these strategies, we can move beyond being aware of our biases and actively work towards mitigating their negative influence, creating a more inclusive and equitable world for everyone.

What are your biases? These resources can help you explore your unconscious assumptions about others:

- **Implicit Association Test (IAT) - Harvard Office for Equity, Diversity, Inclusion & Belonging:** The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report. The IAT may be especially interesting if it shows that you have an implicit attitude that you did not know about.
- **Recognizing and Overcoming Bias – Vocational Rehabilitation Technical Assistance Center for Quality Employment (TACQE):** This on-demand training outlines a general framework for working through unconscious assumptions about others and provides resources to delve deeper into reasons and solutions for bias.

Apply Trauma-Informed Care

Trauma-informed practices provide a model to reduce the stigma that often surrounds mental and behavioral health disorders like depression, substance use, chronic disease, and other effects of trauma. It is rooted in the ability to understand or share the feelings of others (**Wisconsin Department of Health Services (DHS)**.

Providing trauma-informed care involves realizing the role that trauma has played in people's health, behaviors, and relationships and then providing services and support in ways that uplift and do not blame the person in need. Trauma-informed practices are ways to understand and show care to people who live with, or are affected by, toxic stress and trauma (**DHS**).

> "… amassing an understanding of all the cultural contexts one's patients might come from is a daunting task, and it is complicated by the impossibility of fully understanding a cultural perspective that is not one's own. For this reason, trauma-informed care can be enhanced by adopting an attitude of cultural humility." (**Ranjbar et al., 2020**)

Explore these resources to learn how to integrate trauma-informed care into your services:

- **Stress & Trauma Toolkit for Treating Historically Marginalized Populations in a Changing Political and Social Environment - American Psychiatric Association:** Toolkit to help providers understand the unique circumstances facing historically marginalized populations, and the impact that the current sociopolitical climate in the United States has on their mental health.
- **Integrated Behavioral Health Care for Transgender and Gender Diverse People: An Affirming, Harm Reduction, and Trauma Responsive Approach - National LGBTQIA+ Health Education Center:** Explores how integrated behavioral health care can address barriers and health inequities experienced by transgender and gender diverse (TGD) people.
- **Trauma-Informed Care Training – TACQE:** On-demand training on how to identify what trauma looks like in people and tips for applying trauma-informed when providing services.
- **Resilient Wisconsin: Trauma-Informed Care Practices:** Guiding principles for implementing trauma-informed practices.

Advocate for Organizational Change

Individual service providers within larger institutions, agencies, and offices face a complex challenge: **delivering culturally appropriate services even when the surrounding system may unknowingly promote biases against marginalized communities**. These systems sometimes prescribe rigid service approaches that hinder efforts to adapt to an individual's unique circumstances. To truly offer equitable care, individual providers often need to critically examine and adjust their own practices and approaches, while simultaneously advocating for and potentially even initiating systemic changes within their organizations.

As you adapt your service approach to include culturally aware practices, actively consider how your organization's values and structures influence your treatment strategies. Reflect on the broader impact your choices might have on the entire agency. Remember, cultural competency is a continuous learning process.

These resources may be useful as you deepen your understanding and commitment to equitable service provision:

- **Anti-Racism Toolkit - American Counseling Association:** A primer on how we all can work together to ensure a more inclusive and equitable society.
- **TIP 59 Cultural Competence Guide – Substance Abuse and Mental Health Services Administration:** Treatment Improvement Protocol that extensively examines cultural competence, providing an in-depth guide on terms, actions, and practices when working with marginalized communities.
- **National Culturally and Linguistically Appropriate Services (CLAS) Standards Guide – Centers for Medicare & Medicaid Services:** Implementation toolkit for CLAS standards. Provides practical examples of CLAS that can be adapted by health care organizations.

To truly offer equitable care, individual providers often need to critically examine and adjust their own practices and approaches, while simultaneously advocating for and potentially even initiating systemic changes within their organizations.

Consider Practical Suggestions for Providing Services to People from Diverse and Marginalized Groups

The following suggestions for providing services to people from diverse and marginalized communities are based on presentations delivered by the speakers that led sessions for the Wisconsin Mental Health Forum series:

Conduct Self-Examination and Address Implicit Bias

Encourage self-reflection and acknowledge how personal biases and systems of oppression impact care.

- Acknowledge mistakes, offer apologies, and learn. Take responsibility for mistakes, offer sincere apologies, and commit to continuous learning and growth.
- Encourage fellow clinicians to conduct intersectional self-examination to address biases and stereotypes consciously.

"Recognize and challenge implicit bias. It's unconscious. We have these biases that have been taught to us since we were born." - *Dr. Christine Coleman, Ph.D, LMFT*

Educate Yourself on Inclusive Mental Health

Continuously learn about culturally responsive approaches, diverse experiences, and mental health stigma to enhance client-centered care.

- Commit to continuous learning, adaptation, and education about diversity. Encourage ongoing education and adaptation regarding evolving language and societal attitudes.
- Promote education on diverse cultural practices and mental health stigma to enhance client-centered care.

"This is cross-cultural, but particularly in marginalized communities there is stigma around especially Western mental health practices, which we as clinicians have to continuously be thinking about. How do we meet people where they are?" - *Dr. Christine Coleman, Ph.D., LMFT*

"Remember there are histories of institutions that are rooted in racism... you're taking a bold stance to come into an institution that was never designed for you in the first place, and you're trying to make change. But you feel that immense pressure to show up..." - *Dr. Christine Coleman, Ph.D., LMFT*

Acknowledge Systemic Racism and Promote Well-being

Acknowledge and address systemic barriers experienced by marginalized communities, including imposter syndrome and trauma, to promote mental health and healing.

- Recognize and mitigate the impact of **microaggressions** on mental health by addressing systemic racism and creating inclusive environments.
- Acknowledge and address trauma's interconnectedness and effects to promote healing and well-being.
- Push for inclusive terms and diagnoses in diagnostic manuals to improve diagnostic accuracy and inclusivity.
- Encourage marginalized individuals to prioritize their mental health, develop positive racial identities, and engage in self-care practices.

"Most importantly for you is to ask the deaf individual what they want. Don't make assumptions, because each and every one of them is different. Ask them what they need. I would say I need an American Sign Language interpreter. Some may say, I need a certified deaf interpreter. Or perhaps a deaf blind person may say they need an interpreter who is skilled in tactile interpreting. So it's important for you to ask the deaf person what their wish is." - *Lisa Demmon, BS*

Ensure Language Accessibility and Respectful Communication

Use preferred pronouns and language, prioritize communication clarity, and provide culturally and linguistically appropriate services (**CLAS standards**).

- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Foster Continuous Learning and Transparency

Implement clear conflict resolution processes, partner with community organizations, and promote transparency in implementing CLAS standards.

- Emphasize continuous improvement and accountability in healthcare organizations through goal-setting, assessments, and demographic data collection.
- Develop conflict and grievance resolution processes within organizations and foster partnerships with community organizations to address diverse needs.
- Promote transparency and awareness of CLAS Standards implementation efforts through effective communication strategies.
- Engage stakeholders, constituents, and the public to highlight successes and address areas for improvement in CLAS Standards implementation.

Respect Gender Identity and Sexual Orientation

Educate practitioners on LGBTQ+ issues, continuously learn about evolving terminology and societal attitudes, and respect individual choices and privacy regarding gender affirmation.

- Educate practitioners to distinguish between Gender Identity and Sexual Orientation and stay informed about LGBTQ+ issues.
- Ask individuals about their needs and pronouns. Familiarize yourself with cultural references and engage in proactive communication to understand individual needs.
- Use sensitivity when asking for and recording preferred name and put policies in place to manage for conflicts or concerns around using legal names.
- Respect privacy, confidentiality, and individual choices in gender affirmation. Prioritize privacy, obtain consent before disclosing LGBTQ+ identities, and respect diverse paths to gender affirmation.

"The more informed people are, the more likely they are to raise things, and the organization should be ready and available to do that and have a process and a procedure that helps people get their needs met in the least harmful way." - *Harold Gates, MSSW, CISW, HS-BCP*

"Don't out individuals without their consent to an employer, family member, and/or other provider... And since you all are often working with folks who are experiencing some type of disability or have a diagnosis of some sort, I know you're not disclosing that diagnosis without any type of release of information. Think about somebody's LGBTQ+ identity in the same way if that person is not out, don't."
- DJ Ralston, M.A.

Create Inclusive Environments

Cultivate welcoming spaces through inclusive practices in intake forms, signage, and language usage, while respecting privacy and obtaining consent regarding personal identities.

- Implement inclusive organizational policies and provide comprehensive training: Develop and enforce policies respecting chosen names and pronouns and provide comprehensive training for staff at least annually.
- Support staff participation in external training and provide training on intervention strategies to address bullying or misgendering.
- Include statements from LGBTQ+ persons and/or testimony of lived experience in their training(s).

"We often hear people talk about creating 'safe spaces'. Well, I've got news for you - you can't create a safe space. The only person who can determine whether a space is safe or not is the individual, which means our participant. We might think the space we have made is safe, but if the individual that we're creating for doesn't think it is, then it's not really a safe space. The best we can do, and this is really important, the best we can do is to create a welcoming space."

- DJ Ralston, M.A.

Diverse and Marginalized Groups in Behavioral Health Systems

BIPOC Communities: Recognize Mental Health Disparities

Economic, social, educational, and physical health disparities faced by black, indigenous, and people of color (BIPOC) individuals have gained significant attention in recent years. However, the impact of systemic inequities on their mental well-being remains less explored.

As a behavioral health care practitioner, you may intuitively understand this connection, but the scarcity of research and publications explicitly addressing the mental health needs and treatment options for members of the Black community presents challenges to identifying most effective approaches to treatment.

Historically, studies, research, and conclusions have often been based on scenarios with White patients, creating a knowledge gap. Despite this gap in knowledge, the available data paints a stark picture:

- **Economic Insecurity:** Approximately 27% of African Americans live below the poverty line, compared to around 11% of non-Hispanic whites, according to the National Center for Health Statistics.

  Black and African Americans living below the poverty line are twice as likely to report serious psychological distress compared to those living above twice the poverty line.

- **Racial Inequality in the Justice System:** The Prison Policy Initiative reports that Black individuals represent 13% of the general population but make up 40% of the prison population.

  More than 25% of people in jail "meet the threshold for serious psychological distress and nearly half had been told by a mental health professional that they have a mental illness" according to the Bureau of Justice Statistics.

- **Lack of Cultural Representation in Healthcare Systems:** Even when mental health rises in priority, systemic inequities still hinder access to quality care.

  Research suggests that Black individuals often feel more comfortable with Black providers, yet **less than 2% of American Psychology Association members are Black or African American**. This lack of cultural representation can deter people from seeking help due to concerns about cultural competence.

- **Racial Trauma:** Historical traumas such as slavery, **Jim Crow**, and **medical racism** has deeply affected the Black community, leading to a justified mistrust of healthcare systems.

  New research reveals decades of rationalization and denial of abuse by white Americans have exacerbated this mistrust, complicating effective caregiving.

Community Strengths and Preferences

Applying cultural humility to support and service delivery requires acknowledging and harnessing the strengths of a community. Systemic inequities not only create external barriers but also shape internal community perspectives toward mental health care (**Ward et al, 2013**).

Understanding these perspectives is crucial, but avoiding unconscious biases and generalizations is equally important. Research suggests that BIPOC communities may:

- **Hold reservations about discussing mental health openly** due to stigma and concerns about behavioral healthcare professionals (**Ward et al, 2013**). While open to seeking professional help, fear of judgment can hinder treatment accessibility.
- **Draw strength from communalism, spiritual expression, and collective action**, which can be valuable resources for addressing mental health challenges. Competent care involves recognizing and collaboratively leveraging these community strengths (**Journal of Black Psychology 2020, Vol. 46(1) 55 –89**).

Strategies for Providing Services to People in BIPOC Communities

One way to move more deeply into practice as a culturally competent service provider is by examining your own experiences, beliefs, and biases. Here are some suggestions for building cultural competence:

- **Examine Assumptions**

  The following questions and suggestions were selected in reference to some of the support and service concerns raised within BIPOC communities:

  1. How would you describe your beliefs about the patient/client power dynamic? How do you think your clients would describe this dynamic?
  2. Think of a time when you made an assumption about a client and then discovered that assumption was incorrect. What did you learn? What words would you use to describe that experience?

- **Practice Effective and Compassionate Communication**

  Consider these questions when communicating with a person from a marginalized community:

  1. What steps do you usually take to help put clients at ease? What signals do you look for to make sure those steps are having the intended effect?
  2. Think about your assumptions around timing, schedules, and availability. When meeting with a client, talk with them about ways you can match their scheduling needs.

- **Explore Sources of Bias**

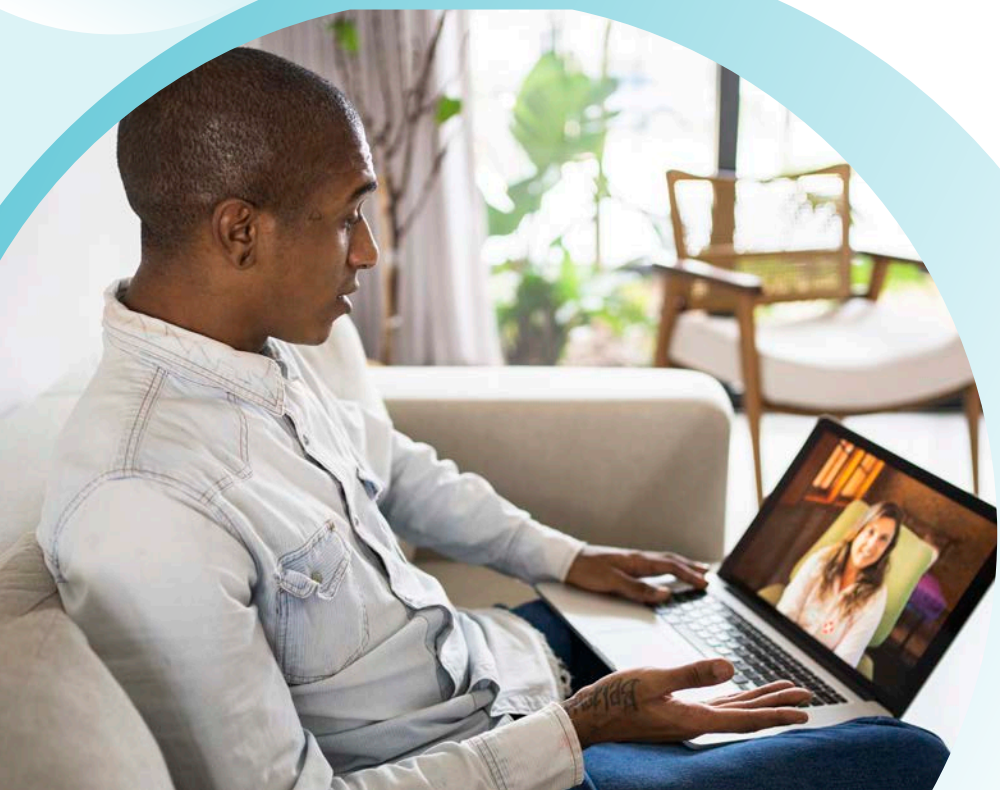
  Being aware of our bias can help us recognize when we may need to think about someone or something from a different perspective. What are your biases?

Further Explore Your Bias

Commit to Learning

To help you better practice cultural humility in your services for Black and African Americans, we encourage you to explore and share these resources:

- **Reimagining Mental Health for Communities of Color – American Psychological Association:** Stories of practitioners who are moving beyond Western forms of therapy and conceptualization to incorporate a larger understanding of systemic inequities and their impact on people individually, collectively, structurally, and multi-generationally.
- **How Some Therapists are Helping Patients Heal by Tackling Structural Racism – National Public Radio:** Article about a growing movement of counselors hoping to transform the practice of therapy, to make it more accessible and relevant to people of color.
- **Safe Black Space:** Video training series on racial stress and trauma, as well as a trauma toolkit.
- **Best Practices in Outreach - Center for Parent Information and Resources:** Outreach resources for hard-to-reach families. Populations include Hispanic and African American, Native American, and General Multicultural.



Native and Indigenous Communities: Understand Systemic Inequities

The U.S. government guaranteed the health, safety, and welfare of tribal nations in exchange for millions of acres of tribal lands through treaties established in the U.S. between 1774 and 1832. Today, geography is intricately linked to the resulting systemic inequities affecting Native peoples, according to the **National Alliance on Mental Illness**. The trauma inflicted by European colonization continues to shape where Native and Indigenous people live, as well as the social and systemic supports they were promised.

Forced displacement, systematic dispossession, and targeted assimilation policies have historically decimated Native populations across the continent, resulting in their concentrated presence in the Western and Midwest regions of the U.S. today (**Walls & Whitbeck, 2013**). The effects of these injustices, including poverty, cultural fragmentation, and deep-seated trauma, permeate Native communities, impacting individuals directly or indirectly.

To offer culturally competent services that acknowledge our shared legacy of systemic inequity, service providers should consider the following when working with Native and Indigenous peoples:

- **Wide Range of Diversity Within Larger Community:** It's crucial to remember that Tribal groups are incredibly diverse in history, lineage, and language.

  The **U.S. government recognizes 574 Native tribes**, and over **200 indigenous languages are spoken by Native/Indigenous people** in the United States. This rich diversity must be considered when providing culturally appropriate services.

- **Complex Jurisdictional Health System:** The Indian Health Service (IHS), a federally funded agency dedicated to Indigenous health care, is primarily located on reservations. However, **most Native individuals (87%) live in urban, suburban, and rural areas outside of reservations**.

  This geographical lack of proximity creates a significant challenge: while dedicated service providers with expertise in Native culture may exist, many Native patients are unable to access their care.

- **Economic Insecurity and Lack of Adequate Services:** Despite comprising only 1.3% of the U.S. population, **Native peoples experience poverty at nearly twice the national rate**. High unemployment and low medical care coverage further limit their access to quality services.

  Approximately **42% of Native people rely on public coverage or Medicaid for healthcare**, highlighting the need for comprehensive and culturally competent care options.

Community Strengths and Perceptions

Despite the wide range of diversity among Tribes, certain attitudes and practices around health care and mental health are often shared within Native communities. Recognizing and leveraging the unique culture and preferences of each individual is essential when providing supports and services to Native and Indigenous persons. Research indicates Native and Indigenous communities may:

- **Approach health care holistically:** The distinction between physical health and mental well-being is less pronounced among Native peoples (**Koithan & Farrell, 2010**). Seeking care for any pain, discomfort, or trauma, regardless of its source or impact, is considered essential.

  However, for non-Native practitioners, this holistic approach can be confusing when navigating diagnosis and treatment within non-Native care systems.

- **Prefer spiritual and traditional healers when seeking treatment for mental distress outside of Indian Health Services** (**APA**)**:** This preference may challenge definitions of “treatment” or “care” for non-Native practitioners who are not accustomed to recognizing or respecting these healers.

However, it's crucial to acknowledge and incorporate this preference when gathering case histories.

- **Consider mental health through a communal lens, lending respect and responsibility to both the person and their family and Tribe:** Practicing cultural humility when caring for members of Native American Tribal communities requires recognizing that their sense of identity is deeply interconnected with their family and community.

  This means we may need to "counterintuitively" look beyond the individual and consider the broader web of relationships that support them.

Strategies for Providing Services to People from within Native American and Indigenous Communities

To recognize and leverage the unique culture and preferences of each individual when providing supports and services to Native and Indigenous persons, consider these strategies: building empathy through examining assumptions, communicating with compassion, exploring sources of bias, and making a commitment to learning.

- **Examine Assumptions**

  The following questions and strategies were selected based on support and service concerns raised within Native and Indigenous communities.

  1. Is your office or place of work located within driving distance of tribal lands? What do you know about Indigenous history in your region?
  2. How do you manage the tension between achieving a goal (gathering information, completing a form, etc.) and maintaining a thoughtful presence? What are some ways you can bring balance between those to your client interactions?

- **Practice Effective and Compassionate Communication**

  Consider these questions when communicating with a person from a marginalized community:

  1. Practice active listening, being especially mindful of techniques around paying attention to non-verbal cues, avoiding interruption, and minimizing distractions.
  2. When reviewing case histories with a client, consider asking them to share any experiences that were helpful or healing, being careful to emphasize that it does not need to have been in a clinical setting.

- **Explore Sources of Bias**
  Being aware of our bias can help us recognize when we may need to think about someone or something from a different perspective. What are your biases?

Further Explore Your Bias

Commit to Learning

To help you better practice cultural humility in your services for Native and Indigenous people, we encourage you to explore and share these resources:

- **Tribal Training and Technical Assistance Center - SAMHSA:** Offers technical assistance on mental and substance use disorders, suicide prevention, and mental health promotion using the Strategic Cultural Framework.
- **One Sky Center - The American Native National Resource Center for Health, Education, and Research:** Identifies evidence-based and best practices around mental health and substance abuse prevention proven to work in Indian Country.
- **Center for Medicare and Medicaid Services (CMS) Division of Tribal Affairs:** Works closely with Tribe and Community leaders to enable access to culturally competent healthcare to eligible CMS beneficiaries in Indian Country.
- **Best Practices in Outreach - Center for Parent Information and Resources:** Outreach resources for hard-to-reach families.

Hispanic Communities: Understand Mental Healthcare Challenges

Hispanic people are the most populous minority demographic in the U.S. Their rich and complex history is full of paradox: both settler (in the Southwest) and immigrant; considered a demographic not a race, but still subject to racism; often bilingual, but frequently not. Although 62% of Hispanic people in the U.S. have Mexican roots, Hispanic people living in the country come from throughout South America, Central America, Cuba, and Puerto Rico (Pew Research Center). Although culturally diverse within the population, many Hispanic people share common bonds and inequities:

- **Cultural bonds of language and religion:** As descendants of Spanish colonial states, language and religion form a common bond among this diverse population.

  While 75% of all Hispanic people in the U.S. say they are conversational in Spanish, a much smaller percentage of U.S. born Hispanic people say the same – with only 57% saying they feel comfortable carrying on a conversation in Spanish.

  And although rates of religiosity are falling across all U.S. demographics, the Catholic church remains an important influence on Hispanic Americans, with 43% identifying as Catholic.

- **Varied access to healthcare:** Access to healthcare for Hispanic people in America lies across a vast spectrum from excellent to dismal. Recent immigrants have the most limited access to care, where they must confront an administratively complex tangle of government providers, nonprofit services, and private clinics – each of which contains their own administrative complexities.

  Language barriers, legal status, and lack of information conspire to keep this vulnerable group from obtaining needed care.

  The picture is quite different for Hispanic people who are either citizens, on the path to citizenship, or have long-held stable residency. Language can still be a barrier, but healthcare is more available and more frequently administered by community hospitals and doctor clinics.

However, health care coverage remains a challenge for Hispanic people throughout the U.S. **Eighteen percent of Hispanic people in the U.S. have no health care coverage, and that number spikes to an astonishing 34% for people of Guatemalan and 40% for people of Honduran origin**.

- **Increase in untreated serious mental illness:** While reporting lower incidences of mental health disorders overall than other demographic populations, **younger Hispanic people are experiencing an increase in serious mental illness, rising from 4% to 6.4% in ages 18-25**.

  Unfortunately, that increase does not translate to significantly higher rates of interventions or treatment. In 2018, 57% of young adults with serious mental illness did not receive treatment. The numbers aren't much better for adults ages 26-49, where **39% of those with serious conditions did not receive treatment**.

  Likewise, substance use disorders in Hispanic people are severely undertreated. A shocking 90% of Hispanic people over the age of 12 with a substance use disorder have not been treated for it.

Community Strengths and Perceptions

Bridging the gap between Hispanic communities and mental health services requires acknowledging both the unique strengths and complex perceptions within these communities. While the wider stigma surrounding mental illness undoubtedly exists, Hispanic communities often experience it in nuanced ways. By considering the following factors, service providers and community leaders can build culturally competent approaches that honor strengths while addressing challenges:

- **Familismo: the strength of community and family bonds:** Stigma, the shadow that plagues nearly every person in America confronting mental illness, is not unknown among Hispanic people. But the forms it takes may be particular to this group.

  Familismo, the system of family obligations, supports, and role models in Hispanic culture can present tradeoffs; on the one hand, tight family bonds are a precursor to better mental health - on the other, worries about disrupting community well-being can prevent individuals from seeking needed help (**Villatoro et al., 2014**).

- **Stigma arising from beliefs around religious experience:** While there is evidence to suggest that religious experiences and explanations contribute to resolving mental health issues, labeling mental health crises as signs of sinful or demonic trespasses can be a deterrent to accepting treatment.

  However, progressive-minded church leaders in Hispanic communities have made important headway in reducing stigma around mental illness. In many communities the church may serve as a helpful ally in the effort to promote and sustain mental health (Caplan, 2019).

- **Primary care providers may be the first point of contact:** Whether because of avoiding stigma or simply out of practicality, primary care providers are often the first point of contact when an individual is ready to seek treatment. In research on mental health care seeking in this population, 10% of respondents said they would go first to a primary care provider, with only 5% saying they would first contact a mental health specialist.

- **Focus on physical symptoms:** Observers have noted that Hispanic patients will focus on physical symptoms during doctor visits and either avoid or discount psychiatric issues.

  Interestingly, Hispanic children and adolescents are dramatically less likely to receive medication for disorders like attention deficit hyperactivity disorder (ADHD) and depression – use of anti-depressants among adolescents in this population is half that of the average and the same is true of stimulants for children diagnosed with ADHD. Whether this is a result of under-treatment or because of attitudes about medical interventions is not totally clear (American Psychological Association).

Strategies for Providing Services to People from Hispanic Backgrounds

To address the challenges as well as honor the strengths of marginalized people in Hispanic communities, consider these strategies: building empathy through examining assumptions, communicating with compassion, exploring sources of bias, and making a commitment to learning.

- **Examine Assumptions**

  The following questions and suggestions were selected in reference to support and service concerns raised within Hispanic communities:

  1. What do terms like “independence” and “self-sufficiency” mean to you? In what ways are these concepts useful and in what ways might they be harmful or disruptive?

  2. What is the immigration picture in your community? If your community is experiencing or anticipating a growing immigrant population, think about how you can prepare for serving this population.

- **Practice Effective and Compassionate Communication**
  Consider these questions when communicating with a person from a marginalized community:

  1. What resources are available at your workplace, agency, or office to support English language learners? Depending on need, you may consider advocating for translation services or actively hiring bilingual staff members.

  2. Develop standards at your office or workplace for properly pronouncing a client's name. Use these same practices when learning the names that are important to your client.

- **Explore Sources of Bias**
  Being aware of our bias can help us recognize when we may need to think about someone or something from a different perspective. What are your biases?

Further Explore Your Bias

Commit to Learning

Among the communities you'll learn about in this toolkit, Hispanic people come from one of the most diverse sets of backgrounds and community history. Here we present resources that take that diversity into account while recognizing the cultural commonalities that connect this community:

- **Mental Health Toolkit: Latino Mental Health - Ad Council:** Bilingual toolkit with social media graphics, conversation guides, and other tools to encourage conversations about emotional well-being.
- **Mental Health Services for Latino Youth: Bridging Culture and Evidence – National Council of LaRaza:** Report outlining the key elements recommended by Latino mental and behavioral health experts to improve the quality of mental health services for Latino youth.
- **Supporting Mental Health of Immigrant Communities – Mental Health America:** Overview of mental health issues in immigrant communities, including protective factors influencing mental health outcomes for undocumented immigrants.
- **Resources for the Latinx Community - Dr. Christine Coleman:** Books, documentaries, and articles about the Latinx experience.
- **Best Practices in Outreach - Center for Parent Information and Resources:** Outreach resources for hard-to-reach families. Populations include Hispanic and African American, Native American, and General Multicultural.

Hmong People: Be Aware of Complex Immigrant Experiences

In Wisconsin, Hmong is the third most common language after English and Spanish. A minority population originating from Asia, Hmong people maintain a strong community identity. Although distinct in culture, **Hmong people share demographic characteristics with Asian, Pacific Islander, and Desi Americans (APIDAs)**.

To maintain our commitment to drawing on data from recognized institutions like the National Institutes of Health, we followed common practice among Hmong researchers and drew from the larger APIDA demographic data pool when developing this toolkit.

As the f**astest growing minority group in the U.S.**, APIDAs are representative of a hugely diverse group of people. Composed of both multi-generational citizens and recent immigrants, people of APIDA descent may exist between worlds – with language, customs, and community drawing from the full range of immigrant experience. Although diverse, people from this population often share these experiences:

- **Barriers caused by language and customs:** Language is a particularly important facet of immigrant life, with **30.9% of Asian Americans reporting that they do not speak English fluently**.

  Language and custom barriers can hinder access to culturally appropriate mental health care, leading to increased anxiety and depression, especially for immigrants and refugees (**Spencer et al., 2010**).

- **Concerns with legal status:** Immigration greatly informs the picture of life as an Asian American. Undocumented Asians in America represent **14% of all undocumented immigrants in the country**; at 10.5 million people they exist in a liminal state of anxiety and uncertainty around their status and security.

- **Experiences of trauma:** Further complicating the picture is the likelihood of trauma experienced by recent immigrants, resulting from home-country unrest and/or difficulties in the transition to a foreign environment (Cai & Lee, 2022).
- **Rising mental health concerns:** Mental health concerns are rising among APIDAs, with younger Asian Americans experiencing the most notable increase in issues like substance abuse, anxiety, depression, and suicidal ideation.

  Cases of serious mental illness rose significantly in Asian American-Pacific Islander (AAPI)* young people in the decade between 2008 and 2018, rising from 2.9% to 5.6% of reported instances.
- **Reluctance to seek out mental health services:** Taboo, stigma, and lack of familiarity with models of Western medicine contribute to a notable reluctance to seek out mental health services (Spencer et al., 2010). AAPIs are considered the least likely racial group to turn to mental health care professionals for help and are three times less likely to request care than white citizens.

**Please note that we occasionally reference research that uses the acronym AAPI and use that acronym to maintain accuracy.*

Community Strengths and Preferences

Caregivers and service providers working with people of APIDA heritage may achieve more positive outcomes by considering the cultural context in which many people of Asian descent address mental health and wellbeing challenges:

- **Social and community bonds as support:** While taboos exist against discussing mental health with others, strong social and community bonds form the basis of support for individuals experiencing distress (Spencer et al., 2010).
- **Bilingual services and culturally tailored therapies:** In cases of serious mental illness when professional care is sought, providers can help ease anxiety around stigma through bilingual services and culturally tailored therapies.

Strategies for Providing Services to People from APIDA Backgrounds

It's vital to consider the unique and complex cultural and social experiences of Hmong people. When providing supports and services, consider these strategies: building empathy through examining assumptions, communicating with compassion, exploring sources of bias, and making a commitment to learning.

- **Examine Assumptions**

  The following questions and suggestions were selected in reference to support and service concerns raised within APIDA communities:

  1. We have seen how stigma and taboos are common deterrents to seeking mental health treatment across populations. What kinds of stigma or taboos are you aware of in your personal and professional life? How are those taboos intended to protect community well-being? How might they create individual distress?

  2. Health practices developed in Western cultures tend to have more rigid cause and effect explanations for ailments. Let your clients be your guide when trying to identify sources of stress and trauma. Using trauma-informed care to explore "what happened to you?" instead of "what is wrong with you?" can empower people to draw connections that may not be obvious and help paint a clearer picture of their situation.

- **Practice Effective and Compassionate Communication**

  Consider these strategies for supporting good communication techniques when working with people in a marginalized community:

  1. Look for guidance from your **local or regional health office** on language and translation recommendations. For instance, many states and local municipalities have a **Language Access Plan** in place to support services for English language learners.

  2. Consider modifying therapeutic modalities to better reflect the worldview of your client. Research suggests that Cognitive Behavioral Therapy, compared with other traditional western psychotherapies, **is an effective psychological treatment for Asian American patients**.

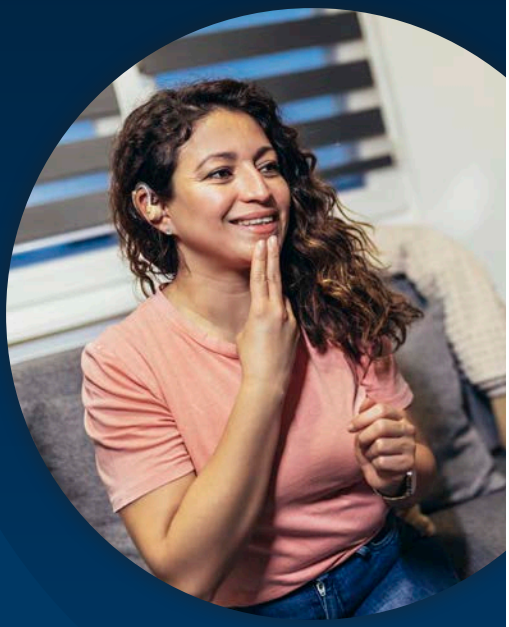
- **Explore Sources of Bias**
  Being aware of our bias can help us recognize when we may need to think about someone or something from a different perspective. What are your biases?

Further Explore Your Bias

Commit to Learning

To help you better provide culturally appropriate services to people from AIPDA communities, we encourage you to explore and share these resources:

- **Fact Sheets – Asian American Journal of Psychology:** Annual fact sheets on mental health issues facing Asian American and Pacific Islander populations.
- **The Asian American with Disabilities Resource Guide - Asian Americans with Disabilities Initiative:** Created to combat ableism within the disabled Asian American community through first person testimonials, comprehensive peer-reviewed research, and briefs from AADI events.
- **Asian American / Pacific Islander Communities and Mental Health – Mental Health America:** Information and resources related to mental health and treatment provision for Asian American / Pacific Islanders.
- **Hmong Friendship:** Mental health, drug abuse, and community outreach resources to support the Hmong population.
- **Hmong Mental Health Podcast:** Four therapists address questions and combat stigma around seeking treatment for mental health issues.



Deaf Community: Provide Equitable Care

Another underserved and often misunderstood population included as part of the Mental Health Forums is people who are deaf or hard of hearing. One key reason is that the community itself identifies as **a cultural and linguistic minority, with a unique history and representation**.

Deaf people exist at the intersection of being labeled as a disabled population and as a linguistically distinct community. Consequently, hearing people often lack familiarity with the systemic inequities faced by the Deaf community.

Approximately **11 million individuals in the U.S. identify as deaf or experiencing severe hearing loss**, and this number **increases to 48 million** when considering people with any degree of hearing impairment. Every person's experience with hearing loss is unique, impacting how they communicate their need for accommodations. However, all people with hearing loss face a system that lacks adequate training, resources, and experience to meet their needs (**Jacob et al., 2022**).

Research indicates deaf and hard of hearing people may experience:

- **Limited access to healthcare and poor health literacy:** Living with hearing loss presents various challenges, with accessing healthcare being a particularly common but lesser-known difficulty.

  Research indicates that deaf individuals are seven times more likely to have poor health literacy compared to hearing individuals, hindering access to healthcare, and leading to issues like misdiagnoses and lower treatment adherence (**McKee et al., 2022**).

- **High rates of depression and anxiety:** The challenges of health literacy become more pronounced when addressing mental health concerns, particularly given the high rates of depression and anxiety among deaf individuals (Kushalnagar et al., 2019).

  Congenital, environmental, and educational factors contribute to rates of mental health disorders for deaf signers that are nearly twice that of the hearing population, often exacerbated by isolation, communication barriers, and lack of culturally competent therapists (Fellinger et al., 2012).

Community Strengths and Perceptions

Deaf and hard of hearing people have the right to "effective, equitable, comprehensible, and respectful quality care", and practitioners have a responsibility to provide such care. Keep these community strengths and perceptions in mind when providing service to a member of the Deaf and hard of hearing community:

- **Identification with Deaf community and culture:** Advocates for the deaf and hard of hearing have observed that those experiencing hearing loss may closely identify with the Deaf community and culture, viewing it as a significant aspect of their identity, while others may not see themselves as part of the community.

- **Positive outcomes when communication needs are accommodated:** Advocates like the National Association of the Deaf (NAD) assert that the deaf and hard of hearing are a linguistic minority deserving of care that accommodates their communication needs.

  When appropriate care is provided, research has shown improvements in treatment adherence, more regular engagement with care providers, and overall satisfaction with clinical experiences (McKee et al., 2015).

- **Limited access to representative service providers:** Limited opportunities exist for deaf people to become medical professionals.

  Bias against deaf clinicians' ability to practice independently, coupled with a dearth of clinical environments dedicated to the needs of the population, further impedes deaf patients' access to providers with first-hand experience, according to the Association of American Medical Colleges.

  Some regions, such as Minnesota, South Carolina, and Alabama, have addressed this issue by establishing behavioral health services specifically for deaf people within their state health programs.

- **Improved outcomes through tailored services:** There's a growing recognition that implementing care regimens and settings specifically tailored for deaf individuals can significantly improve outcomes for deaf and hard of hearing patients.

  For example, including deaf Community Health Workers in care planning processes has been shown to increase health literacy and treatment adherence rates (McKee et al., 2015).

- **Innovative care pioneered by deaf practitioners:** Deaf and hard of hearing practitioners not only provide greater comfort to deaf patients but also possess the capacity to imagine effective solutions and treatments that go beyond standard practices for hearing individuals.

  For instance, deaf practitioners have pioneered the introduction of telehealth options for the hard of hearing community. With more channels available for deaf and signing healthcare professionals to reach deaf people, individuals now have greater opportunities to receive appropriate care.

Strategies for Providing Services to People Who are Deaf and Hard of Hearing

The Deaf community faces unique system inequities resulting from identifying as both a cultural and linguistic minority. When providing services and supports, consider these strategies: building empathy through examining assumptions, communicating with compassion, exploring sources of bias, and making a commitment to learning.

- **Examine Assumptions**

  The following questions and suggestions were selected in reference to support and service concerns raised within Deaf communities:

  1. Limited access to learning through casual communication in social settings ('incidental learning') contributes to low health literacy among deaf individuals.

     Think about how you rely on incidental learning and the information you absorb through your senses and how that is different from information that you've intentionally gathered or had directed to you – imagine how your understanding would change if you didn't have the same access to that information.

2. How would you rate your office, workplace, or agency on its ability to meet the needs of deaf or hard of hearing people? Are supports available and easy to access? Do those supports go beyond acknowledging communication differences to recognizing the inequities and unique experiences common to deaf and hard of hearing individuals?

- **Practice Effective and Compassionate Communication**

  Consider these questions when communicating with a person from a marginalized community:

  1. It is easy to think of "translation" as simply exchanging one language for another, but we all know that spoken language contains tone, style, accent, and slang – complexities that transmit important information alongside the words we use.

     When working with translators – either spoken or ASL – ask them to describe their tone and style; likewise, check in with clients to see if they are comfortable with the translator's approach.

  2. Ask deaf and hard of hearing clients if they have experience with or preferences for technology that can support your interactions. Telehealth, virtual meetings, instant messaging, and specialized software can all be useful – but only if the client expresses a desire to use those tools.

- **Explore Sources of Bias**

  Being aware of our bias can help us recognize when we may need to think about someone or something from a different perspective. What are your biases?

Further Explore Your Bias

Commit to Learning

To help you better practice cultural humility in your services for those who are deaf or hard of hearing, we encourage you to explore and share these resources:

- **Culturally and Linguistically Appropriate Services Standards (HHS):** Provides standardized guide for following CLAS Standards. Includes a checklist to track progress and an easy-to-follow step-by-step program.
- **Communication Access Real-Time Translation (CART) – Wisconsin Department of Health Services:** Information and resources for accessing CART services.
- **HealthBridges** – Resources for providers who are serving persons who are deaf, deafblind, and hard of hearing in the health care setting.
- **National Deaf Center on Postsecondary Outcomes (NDC):** Resources to support deaf people prepare for college and careers. Includes online training, evidence-based practices, and research and data.

LGBTQ+ Individuals: Recognize Need for Affirming Healthcare Spaces

In the U.S., 7.1% of the adult population identifies as lesbian, gay, bisexual, or transgender, a figure that has risen steadily in recent decades, fueled by younger generations increasingly rejecting the stigma associated with coming out.

Despite this growing visibility, historical factors rooted in secrecy and shame continue to fuel inequities that negatively impact the health and well-being of LGBTQ+ persons.

These disparities manifest in multiple ways, including limited access to healthcare, greater vulnerability to social isolation and ostracism, and fewer employment opportunities compared to their non-LGBTQ+ counterparts.

- **Discrimination leads to health disparities:** Research indicates that LGBTQ+ individuals experience health disparities due to societal stigma, discrimination, and the denial of their civil and human rights, with discrimination against LGBTQ+ individuals linked to elevated rates of psychiatric disorders, substance abuse, and suicide.

  Transgender people are acutely aware of healthcare inequities, with 22% saying they avoid doctor visits and healthcare services due to fears they will be discriminated against.

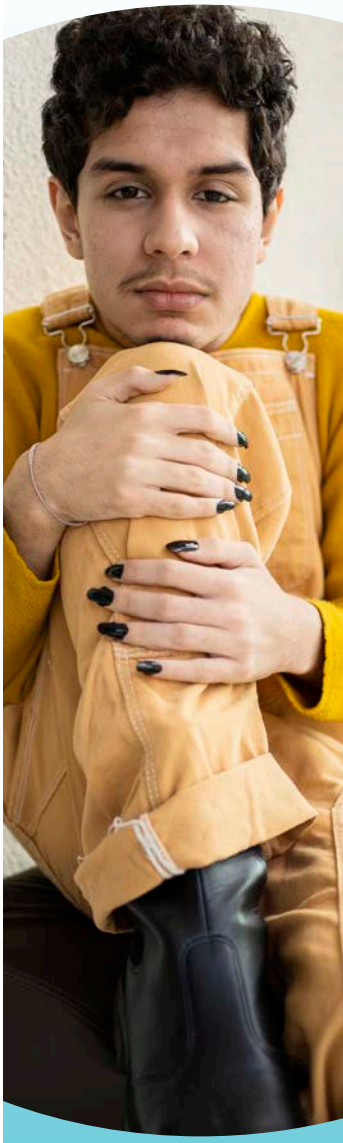
  One disturbing statistic notes that 8% of LGBTQ+ people report being denied care outright, with that number shooting up to 27% for trans individuals.

- **Harms of social isolation and ostracism:** Members of the LGBTQ+ community are disproportionately subjected to the harms of social isolation and ostracism. Because we are fundamentally social beings, these forms of cruelty have a particular impact on mental well-being.

Data on discrimination paints a grim picture with **57% of LGBTQ+ people saying that they or an LGBTQ+ friend or family member have been threatened or non-sexually harassed; and an appalling 51% report experiencing violence because of their sexuality or gender identity**.

- **Fewer opportunities for quality employment:** Discrimination, experienced both in social settings and healthcare environments, exacerbates the pain of social isolation and negatively impacts the quality of life for LGBTQ+ individuals. **Greater than half of those surveyed said they have fewer employment opportunities and are paid less than non-LGBTQ people**.
- **High rates of depression and suicidal ideation among young people:** Impacts on mental health in the LGBTQ+ community have been fairly well-documented, with young people in particular being a population of concern.

  As a demographic, teenagers experience a range of mental health challenges, but those concerns increase dramatically among LGBTQ+ youth who have **rates of depression at six times that of non-LGBTQ+ teens. Rates of suicidal ideation are higher in LGBTQ+ adolescents, who are four times as likely to attempt suicide**.



Community Strengths and Perceptions

An emerging awareness among health care and service providers about ethical transgressions and their detrimental effects on the LGBTQ+ population has led to improved standards of care and rules against discrimination.

The Joint Commission, the accreditation body that oversees certification for most US healthcare facilities, requires hospitals to prohibit discrimination based on sexual orientation, gender identity, and gender expression to obtain certification. However, discrimination persists. Research indicates people from the LGBTQ+ populations may:

- **Experience "soft" bias from service providers:** Sometimes in care settings a "softer" form of bias can impede quality care, with providers either consciously or unconsciously shying away from addressing sexuality **(Sabin et al., 2015)**.

  While the health and mental health concerns of LGBTQ+ people in no way are exclusively related to sexuality, bias on the part of a provider can limit opportunity for open dialogue and contribute to a reluctance to seek care from facilities that do not explicitly state their support for LGBTQ+ individuals.

- **Find support from "chosen family":** The concept of "chosen family" has special relevance in the LGBTQ+ community. Because so many in the LGBTQ+ community have experienced rejection in their primary or biological families, the community places emphasis on the support and caring that can be found from other LGBTQ+ people and allies.

  The experience of chosen family can be especially powerful in a clinic or care setting where individuals can recognize caregivers who share both the positive associations of LGBTQ+ life and the challenges from outside the community.

Strategies for Providing Services to People from the LGBTQ+ Community

As we've illustrated, research shows that LGBTQ+ individuals face inequities that negatively impact their health and well-being, including limited access to healthcare, greater vulnerability to social isolation and ostracism, and fewer employment opportunities. As you provide services to people in this population, consider these strategies: building empathy through examining assumptions, communicating with compassion, exploring sources of bias, and making a commitment to learning.

- **Examine Assumptions**

  The following questions and suggestions were selected in reference to support and service concerns raised within LGBTQ+ community:

  1. Think about the messages around gender and sexuality that you were taught or lived with as a young person. How have they changed, if they have changed at all?
  2. Over the last decade we have seen states, regions, and municipalities move to different poles on the spectrum of LGBTQ+ acceptance and support. In general, how would you describe your local and regional community's attitude about LGBTQ+ issues and concerns? How does that community attitude impact your LGBTQ+ clients?

- **Practice Effective and Compassionate Communication**

  Consider these questions when communicating with a person from this marginalized community:

1. Given the highly polarized landscape confronting LGBTQ+ people today, it is vital that care providers signal clearly their acceptance of and concern for LGBTQ+ people. From small gestures like sharing your pronouns to larger overtures such as making an explicitly affirming statement in your published materials (print and online), these signs will help let LGBTQ+ individuals know they are in a welcoming space.

2. Discussing family can raise uncomfortable feelings for anyone, but it is particularly important to exercise caution when working with LGBTQ+ individuals for whom family acceptance is not a given. Open the conversation by asking "who is important to you and where do you feel supported?" instead of directly asking about family relationships.

- **Explore Sources of Bias**
  Being aware of our bias can help us recognize when we may need to think about someone or something from a different perspective. What are your biases?

Further Explore Your Bias

Commit to Learning

To help you better practice cultural humility in your services for those in the LGBTQ+ community, we encourage you to explore and share these resources:

- **Do Ask, Do Tell – The Fenway Institute:** Provides specific sexual orientation and gender identity questions which have been shown to work with diverse patient populations served by community health centers.
- **How to Support LGBTQ Victims and Survivors of Sexual Violence - The Trevor Project:** Learn about ways to show your support for survivors within the LGBTQ community.
- **A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children – SAMHSA:** Information and resources to help practitioners in health and social service systems implement best practices to engage and help families and caregivers support their lesbian, gay, bisexual, and transgender (LGBT) children.

Conclusion

"I think we have to own the fears that we have of each other, and then, in some practical way, some daily way, figure out how to see people differently than the way we were brought up to."
-Alice Walker

Thank you for spending time with this Toolkit, and above all for your dedication to providing inclusive mental health services to those in need. The journey toward cultural competence and humility requires a commitment to ongoing learning, reflection, and action from service providers and organizations alike – we hope the information you've learned here will help you on that journey.

Through initiatives like the Wisconsin Mental Health Forums and the development of this toolkit, ERI and our partners are working to equip service providers with the knowledge and resources needed to deliver equitable care. By recognizing the historical inequities embedded within behavioral health systems, understanding the impact of bias, embracing trauma-informed practices, and advocating for organizational change, service providers can work towards dismantling barriers and fostering trust within marginalized communities.

It is essential to acknowledge that cultural competence is not a static destination but rather a continual process of growth and adaptation. By embracing cultural humility and remaining open to diverse perspectives and experiences, service providers can create environments that honor the unique identities and lived experiences of those they serve.

Ultimately, the goal of culturally appropriate mental health services is to empower individuals to seek support, navigate challenges, and embark on their journey towards healing and well-being. By prioritizing inclusivity, we can uphold the ethical principles central to behavioral health professions while promoting equity, dignity, and resilience within all communities.

Mental Health Toolkit: Acknowledgements

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Equity and Racial Justice in Mental Health Service Provision
Frederick Harris, Founder and Clinical Director of NBCC

Intersection of Race, Trauma, and Mental Health
Dr. Christine Coleman, Founder and CEO of POC Thriving

Assuring Culturally and Linguistically Appropriate Services
Harold Gates, President and Co-founder of the Midwest Center for Cultural Competence, and featuring Lisa Demmon, Community Program Coordinator for Deaf Inspire, LLC

Words and Actions Matter: Creating Welcoming and Affirming Environments for LGBTQ+ Individuals
DJ Ralston, M.A., Senior Technical Assistance (TA) & Research Analyst. George Washington University (GWU) Center for Rehabilitation Counseling Research and Education

The Ethics of Advancing Mental Health Equity
Dr. Christine Coleman, founder of POC Thriving

Nurturing Success: The Crucial Role of Personal and Professional Self-Care
Dr. Christine Coleman, founder of POC Thriving

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