

### ***3rd Annual African Mental Health Summit***

On July 8<sup>th</sup>, 2017, project staff and conference participants at the summit engaged in a lively conversation around person and family-centered practices in a session called: *Promoting Person-Centered Practices: A Holistic Perspective in Wellness and Recovery*. In addition, staff were able to benefit from hearing from a variety of engaging speakers and presenters on culturally specific approaches that work for underserved African, immigrant, and indigenous communities in Minnesota. Project staff shared the definition of person-centered practices and the Five Effects of Person-Centered Practice directly from the Minnesota Olmstead Plan Person-Centered Informed Choice and Transition Protocols. Initial staff thinking on how these translate to the mental health community was shared as well. From there, participants were encouraged to provide their insight into how these work from their unique view in terms of improving practices.

Below are some of the comments, themes, and recommendations from the group that we took away from this experience, captured in participants own words below.

#### *What does make sense:*

- "Simple everyday language, simple goal plans."
- "Ask the client what their goals are and what they need to be utilizing within their community to meet their needs and attain goals (social workers, occupational therapists, interpreters, faith-based leaders, etc.)."
- "Including families [in the process]."

#### *What doesn't make sense:*

- "Is 'effects' the right word? [definitional] language could be simplified. There is a lot of social work language."
- "[Making meaningful choices] assumes that [each] person knows what choices are available."
- "Using the term[s] 'power... self... individual... person-centered... not necessarily central or part of all cultural worldviews.'" "Making choices is such a Western concept!" "Shared power implies the professional has most power."
- "Misunderstanding of American mental health, i.e., wanting a cure."
- "Many of our evidence based practices *haven't* been validated with our minority cultural communities." "What about evidence-informed?"

#### *During the African Mental Health Summit, we acknowledge what we heard and observed in sessions:*

- Services and supports must be unassuming – each person, family, culture and community knows best what they need to recover from mental illness. (cultural *humbleness*)
- To be an effective provider you must acknowledge the capacity and potential that already exists in individual and communities.
- Each of us, as people, providers, service-users must know ourselves to heal ourselves and each other, including the richness and value of our unique heritage. African Americans and other non-European heritage groups have been denied this opportunity systematically in our Eurocentric culture. Healing must be inclusive of racial and ethnic healing and acknowledgement of disparities and inequities.
- The African community, all communities are rich in spirit, resilience, and resolve.