

Person and Family-Centered Practices in Mental Health and Co-Occurring Disorders

Co-Creation Group Summary

Date: January 9th, 2018, Session C

Location: Duluth, Minnesota (Accend Services)

Number of Community Participants: 19 participants

Summary of Roles and Identities:

Of the 19 participants, two participants chose not to share identities/roles formally. Nine of the participants identified as mental health professionals and 1 as family. Six Identified as service users of adult mental health services and none as services users of Children's mental health services. Eleven identified as primarily European-American heritage and 2 identified as blended heritage. A total of six did not identify heritage. One participant affiliated with the LGBTQA community and one described themselves as a worker and user of psychiatric systems and hospitals from childhood through adulthood. Participants used or delivered all of the identified professional and community roles. In addition, they identified as having roles as peer specialists and WRAP (Wellness Recovery Action Plan) facilitators. Participants additionally identified as having filled all identified community roles and completing a variety of volunteer roles in the community, among them a local NAMI board.

Major themes of each area:

Project Vision Statement:

The project vision statement at this session was: (1.03.18)

Person and family-centered practices honor and support people's abilities, strengths, and personal power. Each individual, family, and community has the ability to co-create a path to health, wellness, recovery, and resilience. These practices are rooted in cultural humility. Professional supporters engage these practices to help the person in the context of their current circumstances, preferred life choices, family/family of choice, and other natural supporters.

Below are some themes of conversations/response:

Participants noticed:

- Positive and strengths-based
- Practices that go to where people are

- Includes the person in treatment planning
- Cultural humility and reflecting people in the community
- Family of choice
- The amount of support that should be there
- “preferred life choices”

Participants were excited about:

- co-creating a path to health, wellness and resilience
- choosing and participating in their path
- professional supporters taking this role with support
- client in the center
- working in the context of the person’s current circumstances
- something to strive for

Participants wanted more clarity on:

- the word “help” (*these practices to help the person*)
- how this [statement] will be interpreted in a practical way
- applying outside of the “mental health system” so that other systems work too (police, education)
- keeping people from falling through the cracks
- how to be specific about cultural humility – in training and in definitions
- addressing mental health stigma barriers

Participants wanted us to consider:

- people may choose paths that don’t lead to wellness or recovery
- barriers to obtaining goals, such as the legal system
- we need to listen to people’s goals
- we need to prioritize goals and know how to help people reach them in a real way

Cultural Humility:

The project working draft definition of cultural humility at this session was: (draft 1.8.18)

Cultural humility acknowledges that culture & worldview influence all things and exert a powerful force on behaviors and beliefs. It acknowledges that the current human service systems are built on Western European cultural norms and American patterns of inequity. It acknowledges that the current system often views people as being separate, broken, and needing to be fixed.

Cultural humility, rejects these views. It makes a commitment to lifelong learning about self and others. It includes a commitment to equalize power imbalances in our work, systems, and communities. It commits to co-creation of communities where all are included, valued, and share in power.

Participants noticed:

- People are being isolated from their communities
- Takes commitment
- The current system view of people as being broken
- The last sentence of the first paragraph
- Some people also literally live in isolation (high rises)
- Need for lifelong learning

Participants were excited about:

- A commitment to equalizing the power imbalance – seeing possible solutions
- Creating communities
- Lifelong learning about self and others
- Acknowledging the current system views people as separate, broken, needing to be fixed
- Equality for everyone
- Current system is rejected
- Using the term “commitment” means being on board to do the work to get there

Participants wanted more clarity on/saw as challenge:

- Systems need to respond & adjust faster & work together
- Political roles and systems also need to acknowledge culture for it to carry weight in human services
- Culture is a difficult idea: to understand what it means and how to address cultural issues
- Difficult without teaching/learning/training for people involved
- Clarify power imbalances and how to equalize
- Requires a perfect world without stigma, class
- Challenge for people with white privilege

Participants wanted us to consider:

- Culture is more than ethnicity (poverty, incarceration, generation, military status, etc.)
- Political system needs to be more educated about the people in Minnesota
- Western European culture has value
- Is this different from cultural competency?
- Some people may/may not be using public help
- More of a solution in the wording
- Communication/collaboration/understanding to realize this
- Education on cultural humility

Training Ranking: (top 5 with an *)

Training Area 1: *Setting a Common Vision in Minnesota* a total of 17 votes distributed this way:

2- 1A Why is It Important to Understand & Apply Person & Family-Centered Practices?

- 1- 1B What Does It Mean to Be Person & Family-Centered? (Defining)
- 5- 1C Defining & Describing the Difference Between These Practices & What We are Doing Now
- *8- 1D What Will Have to Happen to Achieve this Vision?

Training Area 2: Meeting the Needs of Minnesota's Diverse Communities a total of 25 votes distributed this way:

- 3 - 2A Who Makes Up Minnesota?
- 5- 2B Definitions & Approaches of Cultural Humility
- *10- 2C Values, Beliefs, Needs & Strengths in Key Communities as Related to MH & COD
- 5- 2D How to Identify & Enhance Resources

Training Area 3: Enhancing Professional & Organizational Practices a total of 36 votes distributed this way:

- 5-3A Valuing & Supporting Professionals
- 5- 3B Working with the Resources Available Today
- *7- 3C Approaching Rights and Choices
- *8- 3D Supporting Relationships & Social Roles
- *11- 3E Being Active in System Change

Quotes:

"How do you address culture and mental health stigma?"

"It [human service systems for mental health] is working, but it's not working for everybody. That's the concern I have."

"To be able to honor/support people's abilities means learning to be able to advocate for each other. We [as a society] have been trained to express our own needs."

"We have a lot to learn from each other in co-creation. I learn so much listening to the people I work with, offers me more than education. The current system denies people their respect/who they are."

"People fall through the cracks. Many can't get the help they need."

"What does cultural humility look like in practice? How can I show cultural humility without cultural competence?"

"We need to honor paths that are not health or wellness-oriented as well."

"Other natural supporters need to be recognized (or found)."