

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

## Co-Creation Group Summary

**Date:** January 12<sup>th</sup>, 2018, Session E

**Location:** Minneapolis, Minnesota (Touchstone Mental Health)

**Number of Community Participants:** 17 participants

### **Summary of Roles and Identities:**

Of the 17 participants, eight of the participants identified as mental health professionals/practitioners and 2 as family. Seven identified as services users of adult mental health services and none as services users of children's mental health services. Three (3) identified as indigenous/American Indian heritage, 8 identified as primarily European-American heritage, 6 identified as primarily African, and 3 identified as blended heritage. One (1) identified as Hispanic. One (1) participant additionally identified as a military veteran. Participants used or delivered all of the identified professional roles identified and all community roles except faith leader. One person identified as having used inpatient mental health services. One (1) identified as having lived in public housing for the past 5 years, one as a NAMI-MN Volunteer, and others said they had used other unspecified mental health services and unspecified community roles.

### **Major themes of each area:**

### **Project Vision Statement:**

The project vision statement at this session was: (1.11.18)

*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 that includes health, wellness, recovery, and resilience. Person and family-centered practices are rooted in cultural humility. Professional supporters engage these practices to co-create unique paths with each person in the context of their current circumstances, preferred life choices, family/family of choice and/or other natural supporters. Professional supporters also engage them in their organizations and communities in order to create and sustain positive changes toward these practices.*

Below are some themes of conversations/response:

*Participants noticed:*

- *Honors & supports a person's abilities: reflects resilience and not weakness. This is needed.*
- *These are reflecting the tenets of social work*

- *Working together and not making decisions for someone*
- *Outlines the roles of professionals, gives them some direction. They are supporters. They work together.*
- *The message is positive and looks at the strengths in people, looks at health and wellness*
- *People are honored by co-creating individual paths, understanding and reflecting preferred life choices are a positive thing*
- *Family-centered practices: the person and the community around them (the people in their life) are a part of the picture and are being considered*

*Participants were excited about:*

- *Informed choice: people's life choice are in their hands and unique circumstances*
- *Focus on the professional as a supporter helping the person reach their goals*
- *The language reflects empowerment. Power is more balanced between person and supporter through collaboration*
- *Working together to help a person reach their vision for a healthy life*
- *It's not one size fits all and acknowledges that people are unique & individual*
- *Recognizing paths of people and their families, letting them reach their goals*
- *Empowering to honor and recognize people's ability and support it, has potential for people's lives*
- *Positive message and seeking positive changes for the person*
- *Belief in the ability that a person has ability to create a path of health and recovery*
- *Addresses the relationship of the "client" and the "provider"*

*Participants wanted more clarity on:*

- *Definition of cultural humility for this vision*
- *Helping people make informed choices, that's a necessary part of collaboration*
- *No further clarity needed*
- *Engagement—is it too much? This could be a challenge for people who use services to have professionals be too involved*
- *What are the best ways to create the sustained positive changes, what should be done?*
- *Definition of "natural support"*

*Participants wanted us to consider:*

- *Plain language. Simple sentences and words*
- *Other institutions, medical field come from disease model which is a challenge*
- *Informed choice and where to help—how much the person understands of the choices they make/consequences, and how much can the professional help*
- *Adding that the professional will engage as much as the person supported needs/wants*
- *Using creativity in engagement*
- *Defining the term "practices"*

## Cultural Humility:

The project working draft definition of cultural humility at this session was: (draft 1.11.18)

*Culture, cultural identity, and worldview are multidimensional. They are influenced by aspects such as language, ethnicity, and heritage; family and community norms; personal attributes such as gender, age, race, abilities, sexual orientation, and gender identity; and personal experiences such as others' responses to personal attributes, economic status, military service, education, trauma-experiences, and geography. Cultural humility acknowledges that culture influences all things, exerts a powerful force on behaviors and beliefs, and that all people, communities, organizations, and systems are cultural carriers whether they are conscious of this or not.*

*Cultural humility acknowledges that the current human service systems perpetuate a limited, mostly Western European set of cultural norms and American patterns of inequity. Cultural humility acknowledges that the current systems emerged from and are still influenced by a perspective of people and families in these systems 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 represented in power.*

### *Participants noticed:*

- *All people are cultural carriers, whether or not they are aware. This way, people can be unaware of racism. Culture is a powerful force on behaviors and beliefs whether they are conscious or not*
- *Commitment to co-creation where all are represented in power*
- *Cultural humility acknowledges that culture influences all things*
- *Standards and practices of Western Europe put on all people, they have affected eligibility and don't support family systems. Western European standards are defining what is acceptable and success.*
- *Acknowledges experiences of trauma*
- *Viewing people as separate and broken, needing fixing leads to stigma and leads away from resilience. This was a new perspective.*
- *Lifelong learning is not quick and recovery is not quick. Lifelong learning is about self and others.*
- *All are included, valued, represented in power*
- *This is a long definition of cultural identity*
- *Disagree that the system is based on families and individuals being broken*

### *Participants were excited about:*

- *Inspired by commitment to equalize power imbalances*

- *Rejecting the Western view of people as separate, broken, needing to be fixed. This is not necessarily what's best for other cultures. It also often views other cultures as broken.*
- *Commitment to change from the past viewpoints in the mental health system, co-create and share power*
- *Possibility in the idea of helping people understand what hasn't been working*
- *Mention of trauma experiences as a part of personal experiences*
- *Acknowledges resilience without mentioning it*
- *Lifelong learning that keeps evolving, not something that happens one time*
- *Acknowledges that our current human services needs a cultural boost and more integration*
- *Culture is a powerful force with many dimensions (including cultural identity and worldview) whether or not we realize*
- *This is a detailed explanation of cultural humility*
- *Shows understanding that different cultures have different beliefs and behaviors. Norms vary widely across families.*

*Participants wanted more clarity on:*

- *Western European set of cultural norms and American patterns of inequity could use more clarity*
- *Unsure why Western European is called out*
- *Wordy, too long. This should be written in more common language.*

*Participants wanted us to consider:*

- *Plain language, don't use sentences, simpler reading level, simpler words*
- *Religion and atheism also a part of culture*
- *For People of Color: additional layers of mental health stigma. For example, black/African American people and prayer. Sometimes mental health stigma comes out when people are told to pray it away, go to church to fix their challenges*
- *Putting down minorities is a problem in Minnesota*
- *It's too much information to take in, too long, and is taking a lot of readings to understand*
- *Go into situations with an open mind and desire to learn more. Don't assume anything.*
- *Wordy and hard to follow*
- *How to incorporate language everyone will understand so they can give insightful feedback*

Training Ranking: (top 5 with an \*)

Training Area 1: *Setting a Common Vision in Minnesota* a total of 15 votes distributed this way:

- 1- 1A Why is It Important to Understand & Apply Person & Family-Centered Practices?
- 3- 1B What Does It Mean to Be Person & Family-Centered? (Defining)

4- 1C Defining & Describing the Difference Between These Practices & What We are Doing Now

7- 1D What Will Have to Happen to Achieve this Vision?

Training Area 2: Meeting the Needs of Minnesota's Diverse Communities a total of 23 votes distributed this way:

2 - 2A Who Makes Up Minnesota?

4- 2B Definitions & Approaches of Cultural Humility

\*12- 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 42 votes distributed this way:

\*11-3A Valuing & Supporting Professionals

\*9- 3B Working with the Resources Available Today

4- 3C Approaching Rights and Choices

\*10- 3D Supporting Relationships & Social Roles

\*8- 3E Being Active in System Change

Quotes:

*“What if people don't want to engage?”*

*“Empowering (people) to be a more active and equal part of their treatment/recovery and creating their direction would also include accountability and responsibility. To continue to learn from and continue to grow and make the best life decisions possible.”*

*“All must be represented and have a voice!”*

*“Lifelong learning is not a quick fix, not a one time fix. Recovery is also lifelong for the majority.”*

*“I believe we learn more everyday and part of that means we grow as people everyday. So we must be open to learn.”*

*“Trauma must be acknowledged in the recovery process.”*

*“I like the use of the word commitment and lifelong. This [Culture's influence on mental health services] isn't something that will be fixed and just go away. Lifelong process.”*