

**Addressing Barriers to Mental Health Services  
for Native American/Alaska Native populations  
in the San Diego County**



**July 9, 2009**

**Mental Health America of San Diego County  
[www.mhasd.org](http://www.mhasd.org)**

# **Addressing Barriers to Mental Health Services for Native American/Alaska Native populations in the San Diego County**

## **Barriers and Recommendations for Improvements**

### ***Background and Process:***

On March 17, 2009, Mental Health America's Breaking Down Barriers program, see Appendix B, assembled a group to discuss the challenges to access of mental health services for the Native American and Alaska Natives who reside in San Diego County. Though there are many organizations that provide mental health services there isn't a comprehensive plan in place at the county level that addresses this population's mental health needs.

The group would like to see services that aim to:

- Provide services to the individual in treatment, their family, and Tribal community,
- address cultural issues specific to each tribe,
- provide services that are Tribal specific and are culturally competent,
- take care of the patient as a whole human being by addressing issues related to the mind, body and spirit
- combine the best practices for treatment from western and traditional Native American medicine

The group was assembled by the Breaking Down Barriers Program and facilitated by Current Change Consulting. This report contains clear short and long-term recommendations that can be a reference point for designing services that are both more comprehensive and more culturally appropriate to meet the needs of Native American/Alaska Natives and their communities in the San Diego region. This report brings together the wisdom of a diverse group of stakeholders including mental health service providers and some representatives from the tribes in San Diego County. (A participant roster is included in Appendix A.) The report recommendations focus on the systems needed in order to provide culturally competent services to Native American/Alaska Natives. It is important to note that some of the group participants felt strongly about the need for change for how mental health services have been provided to the Native American/Alaska Native population. Some issues will require collaboration of County Mental Health Services, the medical system, public safety and social service providers in the non-profit sector in order to improve the network of support for all Native American/Alaska Natives with mental and other behavioral health challenges.

The group worked with the following purpose in mind:

### **Purpose of the Meeting:**

- 1) To organize the group's wisdom about barriers to optimize mental health services for urban and rural Native Americans/Alaska Native in the San Diego region – barriers both within and outside of the community.

- 2) To prepare a concise set of short term and long term recommendations for the County to bring awareness of the barriers and to help them see clearly what actions could be taken to improve mental health support systems for Native Americans/Alaska Natives.
- 3) To ensure the recommendations focus on solutions, rather than problems alone and to ensure that the scope of recommendations is thorough and relevant to the needs of Native Americans/Alaska Native and their families.
- 4) To recommit our skills and passions, as a diverse collaborative group, as we work toward improving the quality of Native American's/Alaska Native's lives and the quality of community life.

This document is informed by two types of input. During a three and one-half hour meeting, participants provided the majority of the strategies and recommendations contained herein. These recommendations were assembled into a draft report and then the focus group participants had the opportunity to provide further input and editing. These efforts yielded the current, revised set of recommendations. Appendix A provides a roster of participants at the March 17 meeting.

The focus group participants identified *several factors that currently support mental health services*. The group focused on building on these strengths and identifying gaps and barriers to comprehensive services. These strengths are:

- Some Native American/Alaska Native communities are flourishing and have demonstrated self-sufficiency.
- Some families and Native American/Alaska Native communities are coming together to support individuals dealing with mental health issues.
- The County has adopted the policy to address co-occurring disorders by providing a broad range of services and networking with other service providers.
- There are a few programs that educate on Native American/Alaska Native's history and how that affects the population's perspective of government based service providers. This knowledge can help further support the process of delivering culturally competent services to this population.
- Medical and non-medical mental health services are generally accepted as a means to enhance personal and community well being, consequently, there are waiting lists with some service providers of patients who want mental health services.
- Western medicine practitioners are coming to accept traditional Native American/Alaska Native medicine as an acceptable form of treatment for mental health
- Networking and collaboration is increasing among service providers.

## ***Barriers to Mental Health Services in San Diego County***

The following list of barriers to mental health services for Native American/Alaska Natives communities in San Diego County is not comprehensive. These categories and comments provide a reference point for understanding Native American/Alaska Natives are not adequately served by mental health services. While some of these barriers could apply to other populations, the focus is on Native American/Alaska Natives who reside in San Diego County.

### **Lack of Services and Consistency of Care**

The focus group indicated that within San Diego County, Native American/Alaska Native populations don't have access to the necessary services to adequately address mental health issues. One of the most challenging issues is not being able to retain experienced mental health professionals in the community. Consequently the population only has access to therapists who are newly graduated and are not familiar with the Native American/Alaskan Native population. Some of these therapists stay for a short period of time while they are receiving government subsidies to pay back their students loans. The community acknowledges that the pay is not enough for an individual to support themselves. The consequence for the community is that there isn't consistency with the individuals that are providing mental health services. The Tribal communities can't retain therapists who get to know and build a relationship of trust with or could provide consistency of care their clients.

There is a tremendous shortage of therapists and service providers. In the urban region of San Diego there are one and a half therapists available to serve the entire population of 45,000 Native American/Alaskan Native individuals. Within law enforcement, when a person is taken in for an emergency psychiatric evaluation, they can be held in medical custody for 72 hours. The challenge is that once an individual is released there isn't a system in place to provide follow-up care. In some cases an individual may need to wait 6 weeks for an appointment.

In some instances mental health services are available yet they are not enough to support the high demand. For example, a service provider in East County provides support to the Native American/Alaska Native community. In one week they only have funding to support 7 individuals who may need emergency/walk-in mental health services.

Members of the group stated that a network of care that addresses multiple traumas is also an issue that mental health services have not been able to address. The services available are not enough to support individuals who may be dealing with multiple traumas. Individuals needing mental health services are usually dealing with concurrent issues and having a network of care makes a difference in their eventual healing. Compounded by not having a large network of care, are medical regulations that limit who can prescribe medication. The access to a psychiatrist who can prescribe psychotropic drugs is limited, so access to the drugs themselves and ongoing treatment remains limited.

### **Culturally Competent Services**

The Native American/Alaskan Natives in San Diego County are accustomed to working with mental health providers who do not have knowledge and understanding of their community's history. Some service providers don't have an understanding of the historical trauma the community has been through and the many "disruptions of life ways" that have been experienced. On a fundamental level some service providers don't have an understanding of the familial structures, traditional living arrangements--multiple generations living in the same household and the deference given to elders who may speak on the behalf of the family.

In providing culturally competent services, it's important to acknowledge that the Native American/Alaska Native culture runs along a continuum that includes traditional ways to individuals who live and straddle between their traditional families and dominant, mainstream culture, (American norms) and those who are completely disconnected to their Native American roots. Service providers must have some cultural understanding of the specific tribes in the area, in addition to having an understanding of the historical circumstances that have influenced modern Tribal and non-Tribal living. Culturally competent service providers emerge from this understanding and from a respect for the familial and community circumstances in which each individual lives.

When addressing cultural competency and Tribal specific needs, it must also be acknowledged that formal mental health training and licensing proceeds from a set of theories and standpoints that may be at odds with Tribal cultures. For example, a counselor who is trained in normative American mental health practice might think it inappropriate to share his/her own experiences with a client. For many Native American/Alaska Natives, the practice of setting boundaries in this way might seem inauthentic and could impede care. At a minimum, an acknowledgement of this cultural clash would allow the various norms and values to be discussed and worked with, toward a foundation of mutual respect.

### **Mistrust of County and Government Services**

Whether justified in every instance or not, it must be acknowledged that fear limits some individual's abilities to connect with mental health services. Some Native American/Alaska Natives do not seek assistance because of fear of what actions are going to result from the information that is shared and how it may, negatively, affect the community. This fear can impact whole families and communities. Any government services – including county services - have a generally poor community image. The community mistrusts entities that seek to "take over" and fix problems rather than work as a team to resolve issues. This model is especially prevalent in medical interventions and among staff who must count contacts and justify time spent. This needs to be acknowledged and worked with in honest ways that acknowledge the different life experiences of Native American and Alaska Natives. Positive PR alone is not the solution. As mentioned in the last paragraph, broken trust is a real historical issue and service providers must find a way to acknowledge the historical context in which providers and community members alike are operating.

## **Educating Native American/Alaska Native Community on Mental Health Issues**

Not having knowledge and understanding of mental health issues at times affects the population negatively. The Native American/Alaska Native community works as a collective. It was noted that within some tribes, if an individual engages in behaviors that are not congruent with the groups norms they may be asked to leave, or are otherwise banished from the community. This includes the risk of having their livelihood revoked. It has been acknowledged that individuals dealing with mental health issues are more likely to be asked to leave the community because their behavior is not understood. Educating the community on mental health issues would help create a broader network of support for individuals dealing with these issues. This may also lead to the understanding that seeking mental health services is human help – a form of assistance with a human, rather than an institutional face.

### ***Recommendations for Improvements***

The following recommendations focus on five broad areas of importance:

1. Increase and provide culturally competent and tribe specific services for Native American/Alaska Native populations.
2. County staff and service providers demonstrate and understand that there are unique Tribal groups with their own distinctive characteristics.
3. Understanding the frame of reference for the community is that of a collective. Mental Health healing for this population, is an issue that works as a collective process more than on an individual level.
4. Educate Native American/Alaska Native populations on mental health issues.
5. Draw Native American/Alaska Native populations into Mental and Behavioral Health Careers.
6. Coordinate funding streams in order to maintain continuity of care and increase provider longevity in their positions.

These recommendations take into account that there is a gap between current circumstances and optimal mental health services for Native American/Alaska Native Community. Steps can be taken, however, to move toward those optimal circumstances, while keeping the bigger picture in mind. Each of these recommendations identifies a broad theme for improving mental health services for Native American/Alaska Native Community, followed by specific short term and long term activities to address that issue.

It is noteworthy that these recommendations do not focus heavily on improving the image of county services and increasing trust in county services specifically, though these are vital longer term goals. More immediately, however, services themselves need to become more accessible and available, so that a climate of mutual respect is possible.

## **Goal One: Provide the necessary mental health services in order to support individuals with a holistic network of care**

*Discussion:* The services need to provide a holistic network of care for individuals needing mental health services. The challenge is that there aren't enough providers for all who need services nor are they networked to each other. The following strategies suggest ways for the county and service providers to collaborate. The goal in all cases is for them to work together more seamlessly where possible.

### **Short Term Recommendations:**

1. Create crisis teams that respond to mental health emergencies immediately and who have a system for follow-up care for patients.
2. Create case management crisis teams and networks of organizations that respond to immediate emergencies that would provide resources such as food and housing, in order to stabilize a family. The goal would be to stabilize the family to then move to addressing their mental health issues.
3. Design a forum and create systems where service providers can meet regularly to discuss cases, network and learn of all the services they can provide the community. This strategy would strengthen the network of care by learning of the resources available.
4. Create a process where transportation to and from appointments could be easily facilitated for the urban and rural populations.
5. Create a program that facilitates transitioning from rural to urban services and vice versa.
6. Work together to educate law-enforcement agencies on how to address matters in a culturally competent manner.
7. Combine traditional Native American medicine with western medicine to treat individuals holistically, by supporting the body, mind and spirit, thus a merger of physical health and mental health.

### **Long Term Recommendations:**

1. Encourage Native American/Alaskan Native Communities into Mental and Behavioral Health Careers in order to provide Tribal specific services and bridge some of the gaps and increase cultural competence of service providers.
2. Address and support mental health providers so they are more likely to stay in their jobs and remain in the communities.
3. Create a forum to address mental health access for the prison population and upon release facilitate common readjustment and underemployment issues.
4. Increase in satisfaction of the therapists available because they are culturally competent, have become part of the fabric of the community and can make a good living at their job, as reported by community and therapists.

### **Evidence of success or movement toward success:**

1. Decrease of services needed for drug and alcohol related issues, as reported by mental health service providers.
2. Decrease in waiting list of patients waiting for treatment as reported by therapists.
3. Increase in youth entering and graduating from mental health related fields as evidenced by service providers.
4. Increased usage of traditional Native American medicine as an accepted form of treatment for mental health as evidenced by increase in referrals between traditional practitioners and western service providers.

### **Goal Two: Service providers are trained and administer treatment in culturally competent manners**

*Discussion:* While the perception of service providers may be that they are doing their best within the systems where they work and have the best of intentions, many in this population believe that service providers don't have the necessary tools to understand their culture. This is evidenced by service providers not knowing the fundamentals of the Native American/Alaska Native populations' familial structures and culture. This situation is further compounded by the possibility that an individual could work with a service provider who operates from unexamined personal racism, who operates within a system of institutional racism and has an ethnocentric perspective. This racism is often not malicious; rather, it is the result of unexamined or entrenched systems operating in American culture. All people need assistance in unlearning racism and systems of oppression and service providers are no different. Engaging in discussions and education in this area will also positively affect individual's views of service providers. There is a deep belief in the Native American/Alaska Native community that change and learning is a collaborative process. As quoted by the group, "If you come to help us, go away, but if you come to work with us then let us begin."

### **Short Term Recommendations:**

1. Gather the necessary agents to design a culturally competent and Tribal specific curriculum for service providers that address the Native American/Alaska Native population.
2. Work with law-enforcement to include cultural competence education as part of their academy training before they join the community.

### **Long Term Recommendations**

1. Create a climate of continual learning among service providers in which taboo concepts such as personal and institutional racism and ethnocentrism can be discussed.
2. Create an environment where Native American/Alaska Native values are considered just as important as Western American dominant/mainstream culture values.

3. Teach all service providers who work with the population of Native American/Alaska Native ways of life and have these values respected. This philosophy asks that a service provider consider the individual “whole” rather than flawed.
4. Teach all students at the university level, of Native American/Alaska Native ways of life and have these values be respected.
5. Teach healing models to mental health service providers that emphasize the collective frame of reference versus individual.
6. Teach mental health service providers why the Native American/Alaska Native Community is less likely to follow western therapeutic norms.

**Evidence of success or movement toward success:**

1. Increase in use and acceptance of mental health services as evidence by community and service providers.
2. Increase in reports that service providers who exhibit culturally competent behaviors are trusted by community members.

**Goal Three: Educate community on the value of seeking mental health services**

*Discussion:* Though mental health services are considered an acceptable resource within the Native American/Alaska Native Community, some members of the community don't understand how to identify mental illness and how it affects individuals. It's important to educate the community in understanding the value of mental health resources and outline what the process will look like for an individual, their family and community when they seek treatment. Due to the history of mistrust between the Native American/Alaska Native Community and government provided services, it is important to delineate what will be done with the information that is disclosed. Within the community it is necessary to establish trusting relationships with mental health service providers in order to build upon the understanding that mental health services are there to support well-being not disrupt family life.

**Short Term Recommendations:**

1. Teach the Native American/Alaska Native Community of how mental health services are helpful to the community. For example, mental health professionals could meet with the family before the therapeutic process begins to explain some of the changes that may occur. Another possibility could include mental health professionals introducing their services to the community before they are needed.
2. Create an environment where traditional Native American medicine, is an accepted form of treatment for the population, this can create a bridge to the best practices of western medicine.

## **Long Term Recommendations**

1. Create environments where mental health professionals don't purport to have all the answers but are willing to "walk with" the client to figure out the journey together. This recommendation operates under the premise that both therapist and client have much to learn and teach each other.
2. Broaden western therapeutic practices that state therapists are not to share who they are with the client in order to remain objective. In the Native American/Alaska Native Community, being authentic is essential to building a good relationship.

## **Evidence of success or movement toward success:**

1. Increase in collaboration between service providers and community, as they work together to solve issues.
2. Increase in mutual respect with county service providers as reported by community members and service providers.

## **Goal Four: Create systems where clients who are dealing with multiple-traumas have the necessary network of care**

*Discussion:* Most individuals in need of mental health services are dealing with multiple traumas and currently, the network of care is not wide enough to deal with these clients. Part of the process is educating the community on how to identify individuals with intersectional issues and also educating individuals, families and communities on what is considered "normal" behavior. For example, some families need to understand teaching that violence, incest and alcoholism are not normative behaviors that every family has to cope with.

## **Short Term Recommendations:**

1. Teach the Native American/Alaska Native Community of the process of treatment for specific traumas and then unfolding the many layers that are present that compound healing.
2. Create a forum where service providers can present client cases in order to share best practices and learn from the process. This strategy would increase communication among service providers and increase resources for the client. Within this strategy the foundation would be built where a comprehensive network of care would be created.

## **Long Term Recommendations**

1. Create more networking and educational forums for service providers in order to better connect and work collaboratively with law enforcement, the court system and child protective services.

2. Increase the number of mental health service providers and reduce caseloads so they may increase their number of learning hours.

**Evidence of success or movement toward success:**

1. Increase in collaboration between service providers and population, as they work together to solve issues.
2. Increase in referrals to mental health services as communities' knowledge of mental health issues increases, as reported by mental health service providers.

**Goal Five: Provide services specific to rural and urban Native American/Alaska Native Community**

*Discussion:* Rural and urban Native American/Alaska Native Communities have much in common yet there are issues that affect one population over the other. It would be helpful to educate the community and service providers on the history of how and why Native Tribes transitioned from urban to rural environments, and vice versa.

**Short Term Recommendations:**

1. Provide options for alternative forms of receiving treatment. Once a relationship is established, patients could benefit from "Telemedicine," a method of providing treatment via-teleconferencing (for rural and urban populations).

**Long Term Recommendations**

1. Address homelessness and its connection to possible mental health conditions in the urban and rural Native American/Alaskan Native communities.

**Evidence of success or movement toward success:**

1. Existence and evaluation of "telemedicine" services are established in a few locations in the county.
2. A documented increase in the number of homeless Native American/Alaskan Native individuals seeking Mental Health services.

**Goal Six: Provide a network of funding where services are sustained in order to maintain a continuity of services**

*Discussion:* The Native American/Alaska Native Communities could benefit from funding that provides programs that focus on prevention education and early interventions and that integrate the best practices from traditional and western medicine. Most funding is centered on providing mental health services after issues are entrenched. In order to create a holistic network of care funds are needed to increase the number of mental health service providers to the community.

### **Short Term Recommendations:**

1. Increase networking of service providers in order to learn of different funding sources and increase creativity in order to service more people.
2. Once networking structures are put in place service providers can work as a collective in seeking collaborative funding.

### **Long Term Recommendations**

1. Funding sources: government grants, and foundations, should loosen criteria of who is considered eligible to receive treatment. The restrictions result in excluding some individuals because they don't fit the criteria exactly.
2. Create systems where service providers can provide documentation that they work with the Native American/Alaskan Native communities.
3. Encourage and support mental health service providers who already service the Native community to seek additional funding.

### **Evidence of success or movement toward success:**

1. More collaborative efforts in seeking funds to provide mental health services that will benefit Native American/Alaskan Natives in the urban and rural communities in San Diego County.
2. More access to funds for established Native American/Alaskan Native providers of mental health services to the rural and urban Tribal communities in San Diego County.
3. Other mental health organizations/branches/clinics would need to collaborate with the consortium (Indian Health Council, Inc., Southern Indian Health Council, Inc., Sycuan Dental/Medical Center and the San Diego American Indian Health Center), as these providers are already servicing the population and are always open to organizations that can provide mental health services to increase the numbers of individuals who are seeking help outside the consortium.

### ***Conclusion***

These recommendations are a start to the more in-depth dialogue that needs to happen within the County Mental Health Service, the Native American/Alaska Native Community and mental health service providers. By coming together to discuss these initial barriers, issues, hopeful moments and potential solutions, the Breaking Down Barriers focus group hopes to increase the dialogue about positive changes in mental and behavioral health services for the Native American/Alaska Native populations, in San Diego County.

## Appendix A

Breaking Down Barriers participants in the March 17, 2009 focus group.  
(This group provided the core input for this document.)

#	NAME	TRIBE/ORGANIZATION
1	Celeste Rodriguez	SCTCA Urban TANF
2	Eleanor Miller	Southern Indian Health Clinic, Inc.
3	Robert Brown	Viejas Indian School
4	Paula Maness, Ph.D.	Southern Indian Health Clinic, Inc.
5	Joyce Fike, Ph.D.	Southern Indian Health Clinic, Inc.
6	Perse Hooper	SCTCA Tribal TANF
7	Janice Barnes	SCTCA Tribal TANF – Manzanita
8	Terri Cousins	Jamul Indian Village -
9	Louis Guassac	Mesa Grande Band of Mission Indians - Tribal Member
10	Christopher Scott	San Diego American Indian Health Clinic
11	Candice Lee	SCTCA Urban TANF
12	Shirley Murphy	TASPAN Consulting
13	Bernice Paipa	La Posta Band of Mission Indians
14	Germaine Omish-Guachena	Rincon Band/SHNWC Inc.
15	Robert White	H.H.S.A. Indian Spec. Unit - County of San Diego
16	Harry Paul Cuero, Jr.	Campo Kumeyaay Nation
17	Nancy Cuero	Campo Kumeyaay Nation
18	Kerm Shipp	Campo Kumeyaay Nation
19	Debbie Cuero	Campo Kumeyaay Community Member
20	Janice Cuero	Campo Kumeyaay Nation
21	Eric LaChappa	La Posta Band of Mission Indians
22	Helen Fields	Southern Indian Health Clinic, Inc.
23	Peggy Beers	Mental Health America
24	Tondra Lolin	Mental Health America
25	Wendy Schlater	Mental Health America
26	Racquel Morrison	Mental Health America
27	Councilman Tim Bactad	Viejas Band of Kumeyaay Indians
28	Councilwoman Virgina Christman	Viejas Band of Kumeyaay Indians
29	Tina Estrada	Viejas Band of Kumeyaay Indians - Asst. to Councilman Bactad
30	Reyna Beasley	Viejas Band of Kumeyaay Indians - Asst. to Councilwoman Christman

Current Change Consulting  
Irasema Garcia, Facilitator & Report Author  
619.410.0822  
igarcia@currentchange.com  
[www.currentchange.com](http://www.currentchange.com)

## ***Mental Health America of San Diego County***

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Sherri Petro - *VPI Strategies*

Andrew Poat - *San Diego Regional Economic Development Corporation*

Cherie Lee Traylor, LCSW - *Kaiser Permanente*

#### ***Chief Executive Officer***

Scott A. Suckow

## Appendix B

### *About Breaking Down Barriers*

In November of 2004, the California voters approved Proposition 63, now called the Mental Health Services Act (MHSA), to provide funding for a comprehensive and community-based mental health system for uninsured/underinsured clients who would otherwise remain un-served or underserved. Mental Health America of San Diego County was awarded the Breaking Down Barriers contract in September of 2006.

Breaking Down Barriers purpose is to increase access to mental health services for un-served and underserved persons from culturally diverse populations who have a severe mental illness. The term “culturally diverse” here refers to both ethnic and non-ethnic cultural groups. The former group includes Latinos, Native Americans, and Asian Americans, peoples from the Pacific Islands, African Americans and other historically un-served and underserved groups. The latter group includes – but is not limited to – gay, lesbian, bi-sexual, trans-gendered persons, transitional age youth, older adults, Veterans and Their Families and groups with disabilities (blind and vision impaired, deaf and hard of hearing, physically challenged).

**For more information contact:**

**Margaret (Peggy) Beers, M.Ed, M.L.S.**  
Vice President of Programs  
Mental Health America of San Diego County  
4069 30<sup>th</sup> Street, San Diego, CA 92104  
619-543-0412 ext. 110 or [pbeers@mhasd.org](mailto:pbeers@mhasd.org)

**Racquel S. Morrison**  
Outreach Services Coordinator  
Native American Communities - Rural  
Breaking Down Barriers Program  
Mental Health America of San Diego County  
4069 30<sup>th</sup> Street, San Diego, CA 92104  
619-543-0412 ext. 215 or [rmorrison@mhasd.org](mailto:rmorrison@mhasd.org)

**Renee White Eyes**  
Outreach Services Coordinator  
Native American Communities - Urban  
Breaking Down Barriers Program  
Mental Health America of San Diego County  
4069 30<sup>th</sup> Street, San Diego, CA 92104  
619-543-0412 ext. 103 or [rwhiteeyes@mhasd.org](mailto:rwhiteeyes@mhasd.org)

## ***About Mental Health America of San Diego County***

For a century, Mental Health America, the country's leading nonprofit organization dedicated to helping ALL people live mentally healthier lives, has been addressing all aspects of mental health and mental illness. As one of the 320 affiliates nationwide Mental Health America of San Diego County, has worked to improve the mental health of all San Diegans, especially those with mental disorders through advocacy, education, research and services. The work of MHA of San Diego County has resulted in positive change. We have educated our community about mental illness and reduced barriers to treatment and services. As a result of our efforts, many San Diegans with mental disorders have sought care and now enjoy fulfilling and productive lives.

Mental Health America of San Diego County's mission and response to these issues are to educate the public about ways to preserve and strengthen its mental health, to advocate for access to effective care, to bring an end to discrimination against people with mental and addictive disorders, to foster innovation in research, practice, service and policy and to provide support to individuals and families living with mental health and substance abuse problems. We invite all San Diegans to join our movement. Our *Bringing Wellness Home Campaign* will enable Mental Health America of San Diego County to share our message, achieve our mission and help San Diegans live healthier lives.

Our message is simple. Good mental health is fundamental to the health and well being of every person and to our community as a whole. The good news is we have the knowledge and experience now about what works for good mental health. We have effective treatments that better control the symptoms of mental illness. We have community programs that help people recover, develop long term resilience and get back to their lives.

### **For more information contact:**

Mental Health America of San Diego County  
4069 30th Street, San Diego CA 92104  
*Phone:* 619-543-0412  
*Fax:* 619-285-1938  
*Website:* [www.mhasd.org](http://www.mhasd.org)