

JULY-DECEMBER 2017

CULTURAL COMPETENCE newsletter



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Mission



Dear Reader, am delighted to introduce this new Cultural Competence newsletter. The Cultural Competence Committee (CCC) intends to make it a regular publication and use it to keep you informed with news and developments related to the County of San Luis Obispo Behavioral Health Department Cultural Competence Committee and its work. In this and future editions, we will be reporting information regarding mental health and the efforts made to ensure culturally and linguistically competent services and programs in our community. We shall also include details of the current committee members, and specific topics related to mental health as it applies to cultural competence. The Cultural Competence Committee was formed in 1996 and it currently consists of staff members from various programs of the Behavioral Health Department as well as community partners. The CCC continues to assess, advise, implement, and monitor policies and practices which assure effective services are provided in cross-cultural situations. The committee members,

representing diverse cultural backgrounds and other special interests, will continue to provide input and insight in order to make the next Cultural Competence Plan an active document, which will inform the County's mental health system for years to come.

As the new fiscal year continues to unravel, we are excited to announce that we will be working closely with community partners and experts to launch trainings in the upcoming year. Our first training will focus on trans-youth and mental wellness and it will consist of two sessions covering information pertinent to mental health, youth, and physical health. As we move forward, we can't wait to share more information and the work we do to better serve our community.

Sincerely,

Nestor Veloz-Passalacqua, M.P.P.

Cultural Competence &
Ethnic Services Manager

Committee MEMBERS:

Nestor is originally from Peru and moved to the U.S. in 2004. He has traveled through South America, Europe, and Asia and has had the opportunity to fully engage culturally and linguistically. He earned his bachelor's degree in Ethnic Studies from Cal Poly-SLO in 2011, and his Master of Public Policy in 2016. He has worked closely with the Latino population in the educational and health service fields. He is currently the Administrative Service Officer for the Prevention & Early Intervention division, and the new Ethnic Services Manager and currently appointed Cultural Competence Coordinator.

Nestor believes that cultural competence is an important framework that allows to build culturally and linguistically appropriate services and programs that responds to a community various backgrounds and needs. Nestor envisions cultural competence as an active and ever-evolving influential component for public and private organization to engage their community through activities, workshops, and events based from integrative and informed decision making.



Nestor Veloz-Passalacqua
Cultural Competence & Ethnic Services
Manager



Maria Troy
RN, BS, MPA

Maria was born in Mexico, immigrated to the U.S. at age 11. Fluent in Spanish and English. Retired from Atascadero State Hospital after 24 years working as a Psychiatric Registered Nurse and as a Nurse Instructor. Volunteer with the Promotores, a program of the Center for Family Strengthening in San Luis Obispo County.

I believe that Cultural Competence is important for the effectiveness of the way that services are provided in our community. The Promotores function as a liaison between the Latino community and resources available to them of which they may not be aware due to barriers such as: language, legal residency status, unfamiliarity with the health care system, lack of medical insurance, cultural beliefs regarding mental health, and health in general.

I believe in a humanistic, inclusive model of treatment and advocacy for consumers as well as a supportive helpful milieu for clinicians. As Editor of the Central Coast Psychological Association newsletter (up to 50 pages quarterly since 2012) we achieved the outstanding newsletter award of 2017. I am a member of the California Psychological Association (CPA) which has a progressive stance to societal issues. Their latest magazine addresses the role

of gender and CPA has been on the forefront of LGBT rights for many years. In the past I held positions in the Alameda County Chapter and now the San Luis Obispo Chapter. I am a 2018 candidate for a Director at Large position for CPA.

A past team leader in community mental health, adjunct instructor at Antioch West in 1990s, staff psychologist in the Dept. of Corrections, contract psychologist at various non-profits for children and adults , victims and perpetrators of sexual assault, and deprivation, neurologically disabled young adults, California Dept. of Disability Evaluations (for over 25 years) , I am currently in private practice. In the 1970s and 80s I worked with refugees from SE Asia: the Hmong peoples, political refugees from Afghanistan and with African American families in foster and relative care due to the crack cocaine epidemic. Currently there is a wave of political refugees and I am in the process of further writing on the experiences of an 89 year old survivor of the Nazi invasion of what is now a Ukrainian country.

The American Psychological Association, of which I have Life Member status, made egregious mistakes in supporting and designing a torture regimen of individuals at Abu Graib prison. I believe we must learn from this and take a forward stand to ensure that clinicians are serving the public well. In my long career I have observed many instances of patient neglect, mistreatment, and abuse. Populations have often been African American, Hispanic, LTBG as well as economically deprived persons across all races. I helped arrange training of staff through the Patients Right Dept.; in a county mental health program in the late 1980s to better serve LGBT clients as a result of a crisis case I was working with. I believe I have stood up for the clients when I have seen these abuses at cost to myself of retaliation, feelings of alienation and emotional distress also that I am willing to address my own lack of knowledge /competence in a clinical or personal area.

I carry all these experiences into my daily work. As a member of the Cultural Competence Committee in San Luis Obispo County I address with the members ways to engage and serve diverse cultures, race, and gender identifications with trauma -informed quality mental health treatment. I believe to not do so is to collude with mediocre care. I am proud to have the opportunity to meet with San Luis Obispo County Behavioral Health team as they are consumer driven reaching for quality in their service delivery. E.g. The Promotores system is a competent and humane way to help Spanish speaking consumers in this county.

Taking on another culture through a 38 year marriage I encountered not only the experience of being a forward professional woman in a patriarchal society but also the differences of living in another cultural reality. Through the latter I again learnt of the inadequacy of a private/insurance mental health system that is not acculturated to a European male dominated society and I have written on this experience.



Marne Ann Trevisano
Ed.D. Ph.D. Psychologist

Lisa Huet, LCSW, is a full-time Program Supervisor at Family Care Network Inc. as well as a part time instructor at Cuesta College. Lisa has lived in San Luis Obispo, California for the past 34 years. She has worked in many different fields before deciding to resume her education and become a Social Worker. She began by attending Cuesta College part time, and later transferred to Cal Poly where she completed a Bachelor of Science in Psychology. She then attended a Masters Degree Program in Social Welfare at UC Berkeley. While at Cal Poly, Lisa worked for the Department of Social Services in San Luis Obispo County as a Parent Educator. While at UC Berkeley, she completed fieldwork in Hospital settings, first at Kaiser San Francisco, and then at Lucile Packard Hospital for Children in Palo Alto. After graduation, she continued to work at DSS and soon was introduced to Family Care Network Inc. and hired as a Social Worker and Therapist there. She was promoted to Supervisor in 2005. She really enjoys seeing the success that clients and family served through this agency experience, and she continues to appreciate each new challenge as they present themselves. At this agency, Lisa is also responsible for several trainings, including Cultural Competency and Diversity, a topic that passionate her. Twelve years ago, Lisa became licensed as a Clinical Social Worker (LCSW). Around this time, she also worked for Hospice Partners in San Luis Obispo for about a year, and began to teach at Cuesta College as well. Lisa loves to teach, travel, exercise, be in nature, explore museum, and listen to and play music.



Lisa Huet
Wrap Program Supervisor



Amber Trigueros
M.H. Therapist IV

Amber Trigueros is bicultural by heritage of African-American and Mexican lineage. She has had the honor of traveling extensively in Argentina, Africa, Mexico and Canada. Amber has been an enthusiastic member of the cultural competence committee as she believes building culturally and linguistically competent staff will lend itself to providing first class treatment to the under-served within the community.

Amber Trigueros is a Licensed Marriage and Family Therapist who has enjoyed working as a clinician in various programs within the Health Agency of San Luis Obispo County. She graduated from San Diego State University, with a Bachelor of Arts in Psychology and minor in Africana Studies. She attended Pepperdine University and completed a Masters of Arts in Clinical Psychology with a Specialization in Marriage and Family Therapy. She has a wealth of experience offering drug alcohol services and mental health treatment to youth and adults. She commenced her career with the Health Agency of San Luis Obispo County in 2008 within the Mental Health Services Act, Full Service Partnership Program. She presently is working in the Managed Care Department for both Drug and Alcohol and Mental Health Services.

Dr. Jay Bettergarcia, PhD, is a Counseling Psychologist and an Assistant Professor in the Psychology and Child Development Department at California Polytechnic State University, San Luis Obispo. Dr. Bettergarcia's research explores internalized stigma and minority stress as it pertains to LGBTQ

mental health and wellness, evidence-based models for diversity training, and affirming therapy with transgender and non-binary clients. Dr. Bettergarcia has worked in community mental health for a number of years. Currently, Dr. Bettergarcia is working with a group of students and community partners on the Queer C.A.R.E.S. Project (Community Action, Research, Education, & Support) to identify barriers and improve access to affirming mental health services for LGBTQ+ youth and adults across San Luis Obispo County.

I believe cultural competence means that providers are able to thoughtfully and respectfully assist and support individuals while acknowledging and truly valuing the clients' diverse constellations of identities. Our ability to support the mental health needs of our communities requires that we are aware of our own biases, knowledgeable about communities that are different from our own, and that we have the skills necessary to provide these services. Our communities deserve nothing less!



Dr. Jay BetterGarcia

Director of the Queer Community Action



Leah DeRose
M.H. Therapist IV

I graduated from California State University, Chico with my Bachelors and Masters in Psychology. After graduating, I began working for Glenn County as a therapist and was there for four years before moving to San Luis Obispo. I was hired as the Juvenile Hall therapist for San Luis Obispo County and then accepted the position as Patients' Rights Advocate less than a year later, in August 2014. I have been in this position for three years now and have enjoyed learning the Patients' Rights Advocate role, as well as continuing to develop and grow it. Recently I became the Patients' Rights Advocate for Drug and Alcohol Services and am enjoying the opportunity to develop this new program. I also opened my private practice a little over a year ago and enjoy working with college students and young professionals in reducing anxiety and depression.

I am married with three girls and enjoy the beach, bike riding, reading, hiking and spending time with friends and family. We recently bought a fixer upper home and as a family are excited to renovate it. We have goats, chickens and cats and dogs, which have kept us busy, if we weren't already!

Laura Gabriela Zarate is an Executive Assistant for Jeff Hamm, Director of the Health Agency and for Anne Robin, Administrator for Behavioral Health. She has worked for San Luis Obispo County for 15 years. Laura was born in Guadalajara Jalisco, Mexico and was brought to the US when she was 8 years old. Her father who is now retired, was a farm worker for 20 years and her mother worked as a seamstress in a sports-clothing factory. Laura is proud to have both Nationalities and is fluent in both English and Spanish. Enjoys helping the Spanish-Speaking community as well as translating documents into Spanish. Thanks to her background, Laura understands the difficulties and challenges the migrant community faces daily as well as the stigma around Mental Illness in the Hispanic community.



Laura Gabriella Zarate
Health Agency Secretary



Monica Reyes
Staff Support

Monica is a 1st generation college student at Cal Poly. Before beginning her college career, Monica lived abroad for a year. Immersing herself in different cultures such as Dutch and Polish, Monica thrives in sharing and learning about different cultures.

Cultural Competence is important in order for a community to work cohesively. Understanding the needs of different groups within the community is the first step to providing the resources and information to the community as a whole.

Ellen has identified as a community organizer from an early age, inspired first in the '70s by Ralph Nader, Bella Abzug and the first Earth Day. In 1994, Ellen moved to San Luis Obispo to work as its first County Franchise Administrator, providing consumer protection involving cable television and solid waste services. She also helped establish the county's first off-leash dog park as well as the Coastal Alliance on Plant Expansion, which spotlighted the proposed Morro Bay Power Plant enlargement's adverse impact on the national estuary and air quality.

Spurred by the passage of Proposition 8, Ellen turned her attention to full-federal equality for the LGBTQ community. Recently returned to the Central Coast after a decade away, Ellen is focused on LGBTQ work, seeking to enhance communication, coordination and collaboration among San Luis Obispo area queer groups. She serves as a member of the San Luis Obispo Police and Community Together initiative (The PACT) and advocates for the LGBTQ community's integration into the County's mental health services.



Ellen Sturtz
GALA Volunteer

Why Cultural Competency Is Important

In order for us to engage in creating a better community for all, we must make sure we are including all of us. This often means getting out of our comfort zone, and learning more about the most vulnerable amongst us. When we are employed through a government agency, non-profit organization or business, we have a special responsibility to serve all in the best way possible. Cultural Competency helps make this happen.



Kiana Shelton
ACSW Therapist IV

Kiana Shelton is an Associate Clinical Social Worker with the Health Agency of San Luis Obispo serving as a Mental Health Therapist. Kiana received the Diversity Leadership scholarship at Concordia University, Irvine, where she was responsible for coordinating programs throughout the year that celebrated diversity. After she received her BA in Psychology/Anthropology; Kiana received the California Title IV-E Stipend for graduate school.

During her time at California State University, Dominguez Hills, Kiana served on the Critical Race Theory committee; which focused on obtaining research and advocating for ethnically diverse representation among employees in settings that serve the public. Kiana Shelton also enjoys educating

the community through the visual arts as a painter and member of the San Diego Social Workers; a collective of social artists who seek to create literacy, understanding and inspire solidarity within youth and communities through education and creative arts.

Other Members:

Kim Mott, Program Supervisor Drug and Alcohol

Jill Rietjens, LMFT Mental Health Program Supervisor

Anne Robin, LMFT Behavioral Health Administrator

Bonita Thomas, PAAT Member, Peer Advisory and Advocate Team

Frank Warren, M.P.P. Division Manager, Prevention & Outreach Behavioral Health Department

Suicide and Aging

Marne Ann Trevisano - Ed.D. Ph.D. Psychologist

Angels come in all places not just on the Cultural Competence Committee who contacted me with condolences when my husband John died. Another angel I met was a presenter at a conference on suicide given by the Central Coast Psychological Association in conjunction with Transitions Mental Health 6 months after my husband's death. I continue to see this psychotherapist. It saddened me that I was a psychologist feeling I needed to be around persons familiar with suicide. (I had gone to Hospice in SLO immediately following John's death for 10 sessions they were going to run a group but wanted to serve younger survivors. I could not readily go to a group for widows at the Hospice in my community as I had already referred several of my clients there.)

My grown married children came to the open house after my husband died and my daughter who lives in Illinois stayed a week which is the last time she has come to visit. Her husband travels most of each week; she works from home and has two school aged children. My son came out from the Bay Area and said he would help but lives 4 hours away working up to 6 days a week.

When raising children I was busy working as a psychologist and teaching evenings at a local college. There was joy, energy, and hope during the 1960s when John, my Sicilian husband, fought to have Hispanic and African American applicants

to be employed in the adult and juvenile services of Contra Costa County also with union fights for proper wages. Earlier he had been involved with rights for farmworkers. We kept moving south out of concern for poor urban schools in Oakland for our son, but found that moving to safer schools and better areas did not fix the family issues. A Sicilian man does not readily engage in family therapy as sharing of personal matters is not culturally acceptable. John was also involved in Gay rights standing in front of the Atascadero Post Office in about 2006 when there was a push for acceptance of Gay marriage. Therapists, I saw and who he would reluctantly see, did not understand the culture from which he came and the importance of the 'Bella Figura' which meant one always was supposed to have a sociable countenance and hide one's feelings. Just like sheep in Scotland learn over generations to know their own boundaries, even without walls, a Sicilian had to learn to hide his truth from others due to the many island invaders who had to be adjusted to. Life raced by as my husband had a chronic heart disease and was unable to work. Finances were a struggle as we dealt with a grown child with chemical dependency issues and the care of his child. I put off retirement and still work part time. Eventually we had some time and at my husband's wish took a cruise in 2011 taking our grandson along at which time a growth was removed from John's back, in 2014 another growth on his rib

cage turned out to me a recurrence of melanoma which John knew had a very bad prognosis.

Yesterday I met with a psychiatrist I was interviewing for an article in the newsletter I write, and he talked of giving oneself up to a higher goal: To meditate and engage in mindfulness practices. I agree with him as certainly focusing only on one's losses is painful. Meaningful work, social involvement and love do help with aging. However I believe attachment to another may be the only truth and solace. Sexuality continues throughout the lifespan. The table below does not address sexuality which I believe is a major factor in adult adjustment and one that I am addressing for the older client in my practice. E.g. Effects of medication on sexuality and education about sexuality in general. Essentially life is always in process, relationship is a fundamental need and there is never a time one can give up; when one's life is complete.

Table: Suicide in Older Adults

- Depressed older adults, tend to use health services at high rates, engage in poorer health behaviors, and evidence what is known as "excess disability."
- Older adults have the highest rates of suicide of any age group, and this is particularly pronounced among men. Some late-life problems that can result in depression and anxiety include coping with physical health problems, caring for a spouse with dementia or a physical disability, grieving the death of loved ones, and managing conflict with family members.
- Specific factors in domains of psychiatric illness, social connectedness of the older person with his or her family, friends, and community, physical illness and functional capacity appear to influence risk for suicide. They in turn operate against a backdrop of individual's culture, personality, and neurobiological milieu.
- Psychiatric illness is present in from 71% to 97% of suicides, with affective disorder being the most common. In particular, major depression is most closely associated.
- Psychiatric illness, physical ill health and functional impairments contribute to risk for suicide in later life. Studies have consistently found that individuals with malignancies (other than common skin cancers) are at approximately 2 times greater risk for suicide than those without. Other diverse conditions such as HIV/AIDS, epilepsy, Huntington's disease and multiple sclerosis, renal and peptic ulcer disease, heart and lung diseases, spinal cord injury and systemic lupus erythematosus have also been found to be associated with increased suicide risk in some studies. Risks for suicide associated with these conditions are in the range of 1.5 to 4 times higher.
- Perceived health status may ultimately prove to have greater salience to late life suicide and

its prevention than objective measures, just as has been observed in association with natural death and all-cause mortality.

- Frontal executive function may be particularly pertinent to suicidal behavior in older adulthood because of its role in effective management of stressful circumstances. Social connectedness as a buffer that serves to reduce suicide risk. Indeed, the Centers for Disease Control has identified as a key strategy for preventing suicidal behavior at all ages "the promotion and strengthening of connectedness at personal, family, and community levels"
- The Interpersonal Theory of Suicide articulated by Joiner and colleagues offers one way of understanding the relationship of social connectedness with suicide. It proposes that there are two proximal causes of the desire for suicide -- thwarted belongingness and perceived burdensomeness -- with a particularly dangerous level of suicidal desire resulting from the simultaneous presence of both factors. In the presence of an acquired capability for suicide (e.g., prior experience with pain or well developed "need to belong reflected in indices of social isolation that have been empirically linked with late life suicide such as living alone, loss of spouse, loneliness, and low social support.
- Spirituality and religiousness have been cited as protective factors against the development of the depression and suicidality a relationship that might also be understood as a function of connectedness at a spiritual or instrumental level (e.g., support provided to an isolated elder by their faith community.)
- As well, differences in suicide risk as a function of gender and race/ethnicity with aging might be understood in part by the stronger ties to supportive others that woman and some minority communities have capacity to establish relative to men and white race groups

in general.

- Genetically mediated abnormalities in central nervous system processes predispose individuals to act impulsively and aggressively in the face of dysphoria, hopelessness, and emergent suicidal ideation in the depressed state. Furthermore, they suggest a possibility that age-related changes in these systems may further account for the rise in suicide rates in later life, particularly if these differences were shown to be more pronounced in men than women.
- The older population's tendency to use more immediately lethal means with greater planning and determination the implications are clear: interventions to prevent the development of the suicidal state are especially critical in this age group.
- Collaborative care delivered by primary care providers informed by mental health expertise has shown promise as an indicated preventive intervention, although its effect in reducing suicide among elderly men remains to be determined.
- Consideration must be given to universal preventive approaches such as restricting access to highly lethal means by at-risk elders and changing attitudes and biases that inhibit older adults from accessing effective and affordable mental health care
- Cognitive activity prolongs life. About 16% of the population over 65 is employed.

Adapted from Psychiat Clin NorthAm.2011 June; 34(2):451-468 and American Psychological Association article on Aging. Sept. 2009

Can '13 Reasons Why' Help Latino Families Talk About Mental Health?

BY KELLY CARRION

A hit show about a young woman's suicide has generated buzz over whether it glamorizes the ending of a life or helps foster healthy discussions on mental health. One thing Latinos agree on: It has gotten the conversation going.

The popular Netflix series '13 Reasons Why' announced Sunday it was returning for a second season. The show has stirred controversy among mental health professionals and several school districts around the country have warned parents about the effects that such an impactful show can have on children and teens. Topics such as mental illness, suicide, and depression, which are at the center of the '13 Reasons Why' series, are generally becoming less of a taboo. But in many Latino homes, families don't openly talk about these topics.

"In my family, we don't discuss mental health and suicide as often as we should, it is viewed as a stigma in the Latino culture," said Maggie Fuentes, a recent college graduate from Denver, Colorado, who has seen the series. "Oftentimes we perceive mental health as something negative and usually something that you don't talk about," said Fuentes.

Compared to white and black high school students, Latinos reported more suicide attempts, including those resulting in injury or overdoses, and higher incidences of thinking or planning an attempt, according to a 2015 Centers for Disease Control (CDC) report. Latinas in grades 9-12 had reported significantly higher suicide attempts than black and white teen girls.

'13 Reasons Why' centers on a high school aged girl named Hannah. She is a teenage girl who encounters several instances of bullying which eventually lead her to commit suicide. But, before she dies, Hannah leaves 13 tapes with the reasons

why she decided to end her life. "I thought it was a good series because it really gave us adults and professionals a glimpse inside the world of what teens struggle with today," said Dr. Ingrid Diaz, a New Jersey-based clinical psychologist who works with Latino adolescents and children.

Other professionals feel that the show is troubling because it does not provide a different option.

"Since the show is already here, it has to be used as a teachable moment," said Dr. Tami Benton, associate professor of psychiatry in the Perelman School of Medicine at the University of Pennsylvania. "Unfortunately, it glamorizes suicide and makes it seem as if there isn't any other option, and that is really a problem."

The actress Selena Gomez, one of the show's executive producers, told the Associated Press that the show hued very close to the book on which it's based — "a beautifully tragic, complicated yet suspenseful story and I think that's what we wanted to do."

Does the show resonate with Latinos?

Lulu Guerrero, 25, is an actress who lives in New York City. She has watched the series and believes it's important for people to see it. While she doesn't think the show "glamorizes" suicide, she thinks the plot simplifies the situation.

"I don't agree with the story's build, like Hannah blaming everyone for her suicide. I don't think [suicide] is as black and white as the show makes it out to be," she said.

When it comes to her own experience, Guerrero says her family was very open about discussing mental illness.

"When I started showing signs of depression at the age of 13, my parents took the necessary steps to get me help as soon as possible. I was

very vocal and showing of my emotions and what I was going through, so I was lucky to have had such involved parents who reacted quickly. Not everyone is so lucky, as you learn from the show," she said. Does the

Juan Jaramillo, a student from Boston, Massachusetts, thinks mental health was stigmatized while he was growing up and was not discussed in his household.

"To be honest, I wish every Latino household should watch this show," said the Colombia native. "People need to watch this show because it's raw and the emotions it evokes can really put into perspective why mental health is so important and why we shouldn't discourage our youth from seeking a professional and getting the tools to get better," he said.

"In our culture, we are brought up thinking those tools don't even exist," said Jaramillo.

Navigating two worlds

Diaz says that many Latino teens in the U.S. live a dual experience which sometimes can make acceptance among their peers harder. She cites her own experience as a young pre-teen and not being able to do things that are seen as normal in the mainstream, such as sleepovers.

This dual existence of trying to fit in two different worlds, such as having immigrant parents and also trying to adapt to the mainstream culture, can cause struggles among teens who want to feel accepted, "a disparity in acceptance in the mainstream experience," said Diaz, who talks about these issues when she travels around the country and does suicide assessment training.

Diaz sees this struggle among Latina girls more so than boys; in general Hispanic young men are generally given more freedom to blend in.

Dr. Luis H. Zayas, PhD, the Dean and Robert Lee Sutherland Chair in Mental Health and Social Policy at the University of Texas at Austin is the author of the book *Latinas Attempting Suicide: When Cultures, Families and Daughters Collide*. It focuses on why young Latinas have reported

higher rates of suicide attempts.

Zayas says that apart from a teen's individual development, clashes between cultures at home (whether they come from a first, second or third generation immigrant family) and family dynamics come into play.

"Sometimes immigrant families have more restrictions for their daughters," said Zayas, "such as how a lady should act, how she should be more family-oriented and she also might have more restrictions than her male siblings."

In his research, Zayas also found that peers were not as large an influence on teens and their suicide attempts compared to their white counterparts.

Though '13 Reasons Why' is centered on a group of teenagers and their experiences, it might not be the same experiences that some young Latinas are facing.

"We have to ask the question whether Latinas can identify with the show and whether the character's life story resonated with the 'average' Latina experience in the U.S., which also has a lot of different factors," said Zayas.

Opening up, getting help

The takeaway from shows like '13 Reasons Why,' say experts, is that parents should have an open dialogue with their children about mental health.

"I watched the series with my 14-year-old daughter. I saw it as an educational moment about pivotal experiences in a teenager's life," said Diaz. "Parents are afraid of the taboo and about talking about it because it can give them 'ideas,' but the truth is that children already know about this from social media and their friends, but they should know that they can come and talk to you about it, that you [parents] are a resource to them. They should know that suicide is never the answer."

Zayas says children should understand where their parents are coming from, and why they were raised the way they were, and parents should understand what it's like for their own children.

"It's about them trying to understand each other's perspectives. It's about building bridges," he said.

Diaz says there is a stigma across all races and nationalities — including many Latino households — that problems or mental health issues should be only handled inside the family.

And Latinos who are very religious, especially immigrants, may not feel comfortable talking openly about mental illness. According to Diaz, many prefer to rely on their clergy before seeking professional help so they are not seen as 'lacking faith.'

But issues surrounding mental health are legitimate medical issues.

"I think human beings are spiritual, physical and emotional. You have to combine all three aspects of that when you are healing, not just one," said Diaz.

Teens and adults, say experts like Diaz and Zayas, should not be afraid to seek help.

In New York City, the organization Comunilife began a program called 'Life is Precious,' that helps prevent suicide in young Latinas by providing counseling, academic support and therapy. In 2016, they helped 189 Latinas in the New York City area get access to their services.

In response to the outpouring of opinions and concerns surrounding the show, Netflix announced it would add more content warnings to the series. It also created a site, 13ReasonsWhy.info, "a global resource center that provides information about professional organizations that support help around the serious matters addressed in the show," according to their press release.

If a teen or adult is experiencing suicidal thoughts, they should reach out to a health care professional, especially one with which they are comfortable. If no one is available, anyone can call the National Suicide Prevention Lifeline at 1-800-273-TALK, which is open 24 hours, seven days a week.

Suicide Prevention and LGBTQ Communities

BY DR. JAY BETTERGARCIA

Imagine that half of our lesbian, gay, bisexual, and transgender (LGBT) youth have seriously considered ending their life— unfortunately, you wouldn't be far off. In San Luis Obispo County, 48% of our LGBT youth reported having seriously considered attempting suicide in the past 12 months (California Healthy Kids Survey, 2015). That translates to approximately 570 San Luis Obispo county middle and high school LGBT youth who are seriously considering ending their life.

We've known for quite some time that LGBT youth across the country are struggling with higher rates of mental illness, substance abuse, suicidal ideation and this is usually attributed to the additional stress, social stigma, and discrimination one faces as a sexual or gender minority in this county (Meyer, 2012). With the most recent slew of anti-LGBT events, policies, and legal actions at the local, national, federal levels, it is not difficult to imagine how our queer and questioning youth and adults might feel increased levels of fear, anxiety, depression, hopelessness, and yes, suicidal ideation. LGBT people might even feel as though they are not welcome in our schools, workplaces, places of worship, or even our society at large—and we need this to change!

Unfortunately, we also know LGBT people don't always feel comfortable seeking community support or mental health services. How well are we serving the mental health and wellness needs of our LGBT community? How does one of the "happiest cities in the America" fair when it comes to supporting, including, and truly valuing our LGBT youth, adults, and aging community members? A 2003 study conducted with San Luis Obispo county LGBT community members found barriers to mental health care included fear

of being mistreated by providers and insufficient services, specifically transgender services, youth services, and support groups (Growing Together Initiative: Focus Group Project, 2003).

In San Luis Obispo county, LGBT community members have identified supportive mental health services and youth services as two of the most important service needs (Growing Together Initiative: Community Survey Report, 2015). However, San Luis Obispo county currently has no mental health programs directly addressing the unique needs of local LGBT communities in a comprehensive manner. Though some programs may support the needs of sub-populations within the LGBT community, it is unclear how well these programs are serving local LGBT populations and whether or not LGBT individuals face additional barriers to seeking mental health services in San Luis Obispo County, specifically.

So, what can you do? How can we change the health outcomes for our LGBT community members, so people feel and believe their sexual orientation or gender identity will not only be tolerated, but truly valued? And how can we make our agencies and programs truly inclusive?

- Start by looking inward and consider how your implicit biases and stereotypes get in the ways of supporting and serving our diverse communities.
- Consider how you can speak up and speak out against homophobia and transphobia with families, neighbors, staff, employees, and co-workers.
- Explore what your organization is doing to support the needs of LGBT staff, clients, and students. How can you move forward and do more?

- You may want to consider revising your intake forms to be inclusive and include space for people to indicate their sexual orientation, gender identity, and pronouns.
- You might also start to purposefully collect data about the sexual orientation and gender identities of the people you are serving and see what the data tells you.
- You might consider advertising services in a more inclusive way or starting new groups for LGBT community members.
- Perhaps you've changed all your single-stall restrooms to all-gender restrooms in accordance with California's AB1732? Wonderful! If not, consider doing so ASAP –that law went into effect March 1, 2017.

Perhaps what you and your staff really need is additional training about best practices for working with transgender and non-binary people? ...people with bisexual, pansexual, or asexual identities? ... the experiences of homeless, aging, or (dis)abled LGBT people? Luckily, there are several resources available to help on this front (see the resource list below)! When we think about cultural competence or cultural humility, we need to know we're never done learning and we can't stop challenging ourselves and others to know better and do better.

And as community and society, we must not forget that all oppression is connected—racism, sexism, ableism, classism, eurocentrism, and ageism are all inextricably connected to heterosexism

and cissexism. We have to be willing to see how racism plays a role in the number of trans women of color who are killed each year. We need to look at the ways poor, (dis)abled, and aging LGBT people might not always feel welcome at Pride festivals. As Audre Lorde once said, "There is no such thing as a single-issue struggle because we don't live single issue lives." We have to consider the intersections of all of these identities if we truly want to work toward cultural competence and cultural humility among services providers. And although sexual and gender minorities face higher rates of victimization, distress, and suicide attempts, people in the LGBT community are also fiercely resilient. LGBT people and communities are resilient because we've had to be. In the face of stigma, oppression, and anti-LGBT laws, we, as a community, have fought for our right to be treated with dignity and respect— and we continue to fight hard for civil rights. Family support, community support, and activism can go a long way toward helping LGBT youth and adults feel welcomed, valued, and empowered. We cannot do it alone and we need straight and cisgender allies to help change the hearts and minds of those who just don't yet understand love is love, sex and gender don't have to match, and gender can be fluid.

So, what about the 570 LGBT youth who are seriously considering suicide?

How can we, as a community of providers who care about the health, safety, wellbeing of vulnerable populations— How can we wrap around those who are struggling?

How can we support those who might be reluctant to reach out for support?

How can outreach be targeted toward segments of the community like youth, transgender people, and older adults, who might feel left out and ostracized?

How do we engage peer-to-peer support in data-driven and evidence-based ways?

How can we incorporate cultural humility trainings into the foundation and framework of our organizations to ensure that services are delivered in culturally competent ways?

These are the conversations agencies, schools, and businesses need to have if we are going to think seriously about ameliorating the mental and

48%

Percentage of San Luis Obispo County LGBTQ middle school and high school students who seriously consider suicide, compared to 14% of their heterosexual peers.*

HOW CAN YOU HELP AVERT THIS CRISIS?

Guarantee all youth—especially LGBTQ identified youth—have caring and supportive adults to speak with and mentor them.

Encourage your local schools to create environments that are safe, supportive and inclusive of all.

Implement policies, develop programs, and devote resources to promote health equity among LGBTQ youth.

Create opportunities for LGBTQ youth to engage in meaningful participation in schools and communities

Contact Central Coast Coalition for Inclusive Schools to get involved. Find us on Facebook and at: www.CentralCoastInclusiveSchools.org

IF YOU NEED IMMEDIATE HELP

Please reach out to either of these 24/7 hotlines:
The Trevor Project 866-488-7386
or SLO Hotline 800-783-0607

PRIDE

Not always a party for San Luis Obispo County LGBTQ youth

*2015 California Healthy Kids Survey results for San Luis Obispo County of LGBT students who seriously considered suicide in the last 12 months.

physical health disparities that exist for LGBT communities.

To create positive social change, there are several organizations working to make San Luis Obispo county more inclusive around mental health services. In particular, Dr. John Elfers, co-chair of the Central Coast Coalition for Inclusive Schools (CCC4IS); Ellen Sturtz, Activist and GALA Volunteer; and Dr. Jay Bettergarcia, director of the Queer Community Action, Research, Education, and Support (Q.C.A.R.E.S.) program at Cal Poly, San Luis Obispo have been working together to collect data about LGBT mental health and wellness, community connectedness, barriers to care, and people's experience of mental health services on the central coast.

Our goal is to create innovative LGBT-focused wellness programs to meet the needs of the community and to support existing programs to become more culturally competent via training initiatives and creative programming. We are committed to these efforts and we call on all community members to consider the ways in which they are actively supporting the needs of our LGBT community. How can you make a change? What difference can you make in the lives of our LGBT youth? Older adults? Transgender employees? For many in our communities, it has been a matter of life and death. We cannot afford another queer life lost to suicide or senseless violence- it is time to move our communities forward, together.

Committee Member Spotlight

**AWARD
WINNING**
DR. MARNE
A. TREVISANO

Marne A. Trevisano was raised in England and emigrated to the United States of America in the mid 1960's. In her time here, she has had many accomplishments in her life, not only as a psychologist but as a writer as well. Dr. Trevisano has her own psychology practice, is the editor of the Central Coast Psychological Association Newsletter, and is also a member of the California Psychological Association.

Dr. Trevisano has volunteered at the YMCA. Always wanting to help community members and aware of prejudice held against people of color, she made her clinic in Richmond, California available to those who were underserved or who were simply too poor. Dr. Trevisano has continued her practice since moving to the central coast.

Since 2013, Dr. Trevisano has held the editorial position at the Central Coast. Through her writing in the Central Coast Psychological Association Newsletter, Dr. Trevisano has brought light to many various social issues in different communities and brought unique people's stories to life. She enjoys getting to know people of various backgrounds. Finding what makes them unique, and writes about their story. A member of the California Psychological Association has let her also shed light on progressive stance to societal issues.

The passion Dr. Trevisano has for writing was recently awarded. A Fulbright Scholar Dr. Sari Dworkin submitted three of Dr. Trevisano's newsletters and hers was selected out of 20 other chapter newsletters. She earned the California Psychological Association Award for Outstanding Chapter Newsletter 2017 at the California Psychological Association Convention.

“It was
their achievement
through me.”

This award was received as a great fulfillment for Dr. Trevisano. The award reflected goals set by her family, especially her father, and her own values as well.

A current project of hers is focusing on the wave of political refugees. Dr. Trevisano is writing on the experiences of an 89 year old survivor of the Nazi invasion of what is now a Ukrainian country.

Dr. Trevisano is a community member who strives to bring awareness on cultural and social issues within the psychological world and within her own community in San Luis Obispo. The work and insight she brings to the Cultural Competence Committee helps us become more aware of the needs of the great population.

FOR MORE INFORMATION
Please consider
The following resources

Mental Health Services

SAN LUIS OBISPO YOUTH 0-5
MARTHA'S PLACE CHILDREN'S
ASSESSMENT CENTER
2925 MCMILLAN AVE,
SAN LUIS OBISPO, CA 93401
(805)781-4948

SAN LUIS OBISPO YOUTH
1989 VICENTE,
SAN LUIS OBISPO, CA 93401
(805)781-4179

SAN LUIS OBISPO ADULTS
2178 JOHNSON AVE,
SAN LUIS OBISPO, CA 93401
(805)781-4700

**SAN LUIS OBISPO PSYCHIATRIC HEALTH
FACILITY**
2178 JOHNSON AVE,
SAN LUIS OBISPO, CA 93401
(805)781-4711

ATASCADERO YOUTH & ADULTS
5575 HOSPITAL DRIVE,
ATASCADERO, CA 93422
(805)461-6060

ARROYO GRANDE ADULTS
1650 GRAND AVE,
ARROYO GRANDE, CA 93420
(805)474-2154

ARROYO GRANDE YOUTH
345 S. HALCYON,
ARROYO GRANDE, CA 93420
(805)473-7060

Drug & Alcohol Services

SAN LUIS OBISPO ADULTS
2180 JOHNSON AVE,
SAN LUIS OBISPO, CA 93401
(805)781-4275

SAN LUIS OBISPO YOUTH
277 SOUTH ST. SUITE T,
SAN LUIS OBISPO, CA 93401
(805)781-4754

PASO ROBLES ADULTS & YOUTH
1763 RAMADA DRIVE,
PASO ROBLES, CA 93446
(805)226-3200

ATASCADERO YOUTH & ADULTS
5575 HOSPITAL DRIVE
ATASCADERO, CA 93422
(805)461-6080

PREVENTION & OUTREACH
277 SOUTH ST. SUITE T,
SAN LUIS OBISPO, CA 93401
(805)781-4754

More Resources in The Community

TRANZ OF THE CENTRAL COAST
(805)242-3821
SAN LUIS OBISPO AND NORTH
COUNTY SUPPORT GROUPS
WWW.TRANZCENTRALCOAST.ORG/

ACCESS SUPPORT CENTER
1320 NIPOMO ST.
SAN LUIS OBISPO, CA 93401
(805)781-3660

**RISE | RESPECT. INSPIRE.
SUPPORT. EMPOWER.**
LGBTQ HEALTHY RELATION-
SHIPS SUPPORT GROUP
(805)226-6791

**GAY AND LESBIAN ALLIANCE (GALA) OF THE
CENTRAL COAST**
(805)541-4252

Dates To Remember

January

- National Stalking Awareness Month
- Mental Wellness Month
- National Drug Facts Week (Jan.23-29)

February

- African American History Month
- Ethnic Equality Month
- International Boost Self-Esteem Month
- Teen dating violence awareness month
- American Heart Month
- Eating disorders Awareness and Screening Week (Feb. 25-Mar 3)
- National School Counseling Week
- National School Counseling Week (Feb. 5-8)
- Random Acts of Kindness Week (Feb.11-17)

March

- National Nutrition Month
- Employee Spirit Month
- Developmental Disabilities Awareness Month
- Self-injury Awareness Day (SIAD) (Mar. 1)
- National Sleep Awareness Week (Mar. 4-11)
- Brain Awareness Week (Mar. 12-18)
- World Bipolar Day (Mar.30)

Happy Holidays

Masaya Pista Opisya

Forhe Feiertage

Felices Fiestas

Glade feriedage

Jiérì Kuàilè

Boas Festas

Cultural Competence Committee



Behavioral Health
Department

Health Agency