

Strategies for Behavioral Health Equity: Leaving No One Behind!

Several of our CCSI staff participated in the [2019 New York State Office of Mental Health Symposium](#) in Albany, NY this month, which focused on concrete action steps to ensure behavioral health equity for all New Yorkers. If you did not have the chance to attend, here are some key themes and take-aways we learned from the speakers over the two-day conference:

- **Everyone deserves an opportunity for mental health and wellness.** Behavioral health is a right, not a privilege, and all individuals need access to high quality behavioral health treatment. Health inequities are avoidable, often caused by preventable issues like structural racism, and provider discrimination and stigma. Each of us needs to ensure we are doing everything we can to give the best possible care to all. Acknowledging and accepting cultural differences leads to transformation, which improves individuals' engagement in treatment, resulting in more positive health outcomes.
- **Social Determinants of Health (SDOH) impact health disparities and inequities.** Our health begins where we live, work, play and worship. Studies have shown that our zip code may be more important in our overall health than our genetic code. Unlike most physical health conditions, mental illnesses are not only created in part by social determinants, but also lead to social determinants that worsen course and outcomes. With the behavioral health service system moving to a value-based model where providers will be reimbursed based on outcomes, this gives us further motivation to better understand the effects of the SDOH on behavioral health, and what we can do to intervene. For example, food insecurity was one SDOH discussed more in-depth in one session, with the speaker encouraging us to administer a one- or two-item food insecurity screening at all initial assessments in order to better identify and link individuals with resources.
- **Demographic and outcomes data must be utilized to drive mental health equity.** Multiple speakers across various sessions talked about the importance of collecting and stratifying data through demographic variables, to reveal the current state and to use it to monitor improvement in outcomes. Whether an organization is hoping to diversify their workforce or to ensure that all patient groups are achieving equitable outcomes, data gives us the information we need to better understand what works and what doesn't work for different groups.
- **Tools are available to help individuals, systems, and organizations improve services, resulting in more equitable health outcomes for all.**
 - Administering the [DSM-5 Cultural Formation Interview \(CFI\)](#) during diagnostic evaluations helps health professionals gather and organize culturally relevant clinical information. The CFI should be used with everyone accessing services, regardless of their culture, to help health professionals better understand the individual's story, learn his or her vocabulary, and most importantly, allow for the opportunity to gain a better understanding of the lived experiences of the individual. By asking the right questions, we can better build the relationship needed to know how the individual views the context in which his or her ailments developed.
 - CCSI's [Cultural Competence and Health Literacy Organizational Assessment](#) is a self-assessment process used to help organizations transform and improve internal and external customer service delivery to culturally diverse populations. This includes specific strategies that address cross-cultural areas of strength and those that require improvement to engender the enhancement of staff attitudes and practices, and organizational policies, procedures, supports, and structures.

- Complete the [online IAT Harvard Implicit Bias tool](#) to learn more about your biases as an individual. Having this insight allows us to transform any implicit preferences we want to change by focusing on strategies that can help us: 1) deny implicit biases the chance to operate, and 2) compensate for our implicit preferences.
- **We all have a role in reducing disparities.** By taking an honest look inward at ourselves, we can identify the changes we need to make in ourselves first before we can go about changing an organization. We makeup the system, so it's on us to own it. We can start with the first step which is the desire to want to make a change. We cannot stop there however, as that won't be enough to actually see any transformation. Step 2 involves the realization that we need to do better to ensure all individuals have equitable and desirable outcomes. Step 3 is then taking concrete action towards making change.
 - **We must learn Cultural Humility.** As a critical part of creating culturally competent environments, we should never assume we know how other individuals are feeling or think that we know all about their cultures. We might believe we know the "right" choice for someone else, but we can only see life through our own perspective, which may not be the best fit for the individual we are interacting with. Oftentimes, individuals' choices are limited due to stigma, discrimination and racism, or other life circumstances, creating barriers that make them challenged to define and manifest their best outcomes. We need to practice humility and be humble, allowing individuals to teach us, so we can continue to always learn and grow. By accepting this, we can ask the right questions, actively listen and learn about how individuals view themselves and their issues. A display of respect is when providers establish that individuals should define what exemplary service looks like for them; providers should not assume to know what is best for an individual.
 - **Be an advocate.** Research shows that being an advocate is good for your health. Advocates are less likely to internalize stigma, which makes them less susceptible to the negative health outcomes often associated with it.
 - **Examine existing policies and procedures, modifying those that negatively impact individuals receiving services.** Because policies and practices drive the quality of services we provide, they need to be examined through a cultural competence and health equity lens to identify how they could be having a negative impact, and then modified as needed. Looking beyond just organizational and mental health policies is essential, as all social and economic policies have the potential to create barriers to opportunity for some groups.
 - **Diversify your workforce to be more representative of individuals served.** There is an underrepresentation of people of color and immigrants in the behavioral health field, and organizations must employ workers that represent those receiving services. Individuals need to see themselves represented in the staff they work with. By using intentional strategies, such as recruiting staff from new and different network groups, organizations can diversify their workforce. Furthermore, organizations need to situate their internal structures and environment to accommodate their diverse staff, creating equitable career opportunities where they feel supported to be successful in their activities and roles.

[Click here to view handouts from the OMH Symposium.](#)