
*Cultural
Competency
Toolkit*

CHAPTER **5**



**The Consumer
Involvement Project**

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Executive Summary

Discrimination against people with mental illness is rampant in New Mexico, but few consumers in the state are involved in self-help, advocacy and empowerment activities. NAMI-New Mexico (NAMI-NM) proposed to encourage consumer participation throughout the state by offering a series of workshops at seven different sites. In these workshops, participants would determine what consumer-run efforts they wished to undertake in their own regions. NAMI-NM would then provide continuing technical assistance as participants launched these initiatives.

Project Goals

- To offer consumer empowerment workshops at seven sites across New Mexico.
- To encourage workshop participants to start local empowerment projects.
- To provide follow-up technical assistance for these projects.

Introduction

Mental health services in New Mexico have historically promoted “learned helplessness,” and although some programs are beginning to shift their basic approach to empowerment models, there is a tremendous need to replicate these programs across the state. New Mexico lacks basic mental health services, and consumers often wait two to three years to qualify for disability benefits and, therefore, for Medicaid. Only a handful of consumers have involved themselves in a decision making-capacity across the state.

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The impact of managed care on behavioral health services in New Mexico is basically unknown, due to lack of data from behavioral health organizations, but it is generally understood to have been short on service and long on profit. Several providers have closed their doors, case management services are in short supply, and there appears to be a pattern of denied hospitalizations. Advocates for mental health services are focused more on maintaining existing services, and less on expanding or assessing the quality of services.

Public forums

Results of public forums held among six regional clusters of communities indicate that discrimination against people with a mental illness is rampant in New Mexico. Sparse and non-existent services, refusal by insurance companies to pay for necessary medical needs,



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refusal by employers to hire persons with a mental illness, and reluctance by landlords to rent to people with mental illness are manifestations of this prejudice.

Out of the six clusters, only two had short-term, acute psychiatric facilities for people in crisis. Las Vegas Medical Center is the only long term, psychiatric facility for the entire state; and its purpose is misunderstood by many. In addition to the confusion about who benefits from the services in Las Vegas, clients and family members have complained about difficulty

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in gaining access to the facility, the numbers of persons turned away, and the expense involved—including the transportation costs and time needed to travel there and back.

In the forums, the expressed need for education about mental illness, treatment, recovery and how to access available services was unanimous.

By increasing efforts in these two areas, people believed that other concerns such as housing, employment, transportation and education would be addressed.

The need for ongoing support by the Department of Health and NAMI-NM to develop consumer and family groups was prioritized, as was a central clearinghouse for statewide information and contacts. The clearinghouse was also needed to help provide a safety net for people in crisis, as well as to offer information to providers, clergy, first responders and other community service providers.

More individuals in New Mexico are in jail, (20,200), than are in treatment (20,000). Just one in eight children and one in four adults with mental illness are receiving treatment.

Demographic profile

There are 1.6 million people in New Mexico. Most of the state is rural, and some counties are categorized as frontier due to their sparse population. The New Mexico Department of Health estimates that there are 88,000 adults and 44,000 children who have severe, chronic mental illness in New Mexico.

Project Sites

- Alamogordo
- Albuquerque
- Farmington
- Gallup
- Las Cruces
- Roswell
- Santa Fe

Sadly, more individuals in New Mexico are in jail, (20,200), than are in treatment (20,000). Just one in eight children and one in four adults with mental illness are receiving treatment. Although the number of persons who are uninsured who have mental illness is not known, one in four of the population statewide lacks health insurance. Thirty of 33 counties in New Mexico are medically underserved.

Poverty rates are equally high - one in three children lives in poverty in New Mexico, and one in four adults. The percentage of persons with mental illness who live in poverty is unknown. The rate, however, is no doubt high due to the forced state of poverty that persons must live in who receive disability benefits.



Transportation and lack of medical services are barriers for most people in the state. There are no effective public transportation systems in New Mexico, with the exceptions of limited safe ride services and of minimal bus service in Albuquerque.

With the largest Hispanic/Latino population in the United States (38 percent), 28 Native American pueblos (nine percent), a small African American population (three percent), and a broadly dispersed population of Anglos (50 percent), New Mexico offers a culturally diverse pool of committed individuals who can work together for change.

NAMI-NM works to improve the lives of the over 200,000 citizens in the state who either live with mental illness or who share in the burdens imposed by these diseases.

Program Plan

Through its Consumer Involvement Project, NAMI-NM proposed to stimulate consumer involvement and advocacy across the state by offering a series of consumer empowerment workshops. The workshops would take place at seven sites across the state, and would encourage participants to launch

local advocacy projects and consumer services. Once these projects were launched, the Consumer Involvement Project would continue to provide ongoing technical assistance.

Organizational Overview

NAMI-NM is a chapter of the national organization, National Alliance for the Mentally Ill. According to its mission, “advocacy, education and information,” NAMI-NM works to improve the lives of the over 200,000 citizens in the state who either live with mental illness or who, as family members and caregivers, share in the burdens imposed by these diseases. NAMI-NM works closely with state agencies and state legislators to develop policies that will enhance the well-being of people with mental illness.

NAMI-NM has a twelve-person board with members from across the state. Seven members are women and five are men, and three members are mental health consumers. Ages range from the early twenties to the mid-seventies, and one member of the board is Hispanic while another member is African American.

NAMI-NM collaborates regularly with a network of 14 NAMI affiliates in New Mexico. Affiliates conduct regular, ongoing support groups and periodic educational meetings. The Family-to-Family program is a twelve-week education course offered to families free of charge. Through the anti-stigma project, NAMI provides public education to community-based groups, businesses, and the criminal justice community. In addition, NAMI trains treatment guardians, judges and physicians in 13 judicial districts on types of illnesses, appropriate treatment, ethics and confidentiality. NAMI also administers jail diversion programs in Albuquerque and in Dona Ana County.

Implementation

The Consumer Involvement Project started with a series of one, two or three workshops offered to consumers at seven different sites across the state of New Mexico. Workshops were advertised through the local media, and Tom Lane, the project director, also contacted local service agencies so that they could invite their clients to participate.

Altogether, some 150 consumers of various ethnicities across the state attended trainings, and materials were provided both in English and in Spanish.

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Says Tom Lane, “we would go into the community, present an overview of what consumer

involvement could look like — from drop-in centers to newsletters to becoming involved in advocacy — and then we would encourage people to launch projects on their own.”

The next phase of the project entailed providing technical assistance and guidance to consumers as they took Lane up on the challenge to get involved. In many cases, trainees decided to become involved with existing organizations. Various trainees joined local NAMI affiliates and other consumer supporter organizations. Some participants joined state Regional Advisory Committees, and one consumer joined the state Protection and Advocacy Agency’s Advisory Council.

Other sites actually launched projects. In Albuquerque and in Las Cruces, members of the Consumer Involvement Project started consumer-run drop-in centers. Another site, as of this writing, is attempting to establish a warm-line. In Farmington, a group produced a video in a Native American language.

Lane also encouraged consumers to network with existing organizations for assistance in project development and management.

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Project Partners

- The Counseling Center
- Counseling Associates
- Life-Link, providing housing support
- New Mexico State Behavioral Health Services
- New Mexico State Division of Vocational Rehabilitation
- Pathways, a psychosocial rehabilitation program
- Santa Fe Community Guidance
- St. Martin’s, providing services to the homeless
- University of New Mexico Mental Health Center



Discussion and Conclusion

Launching the Consumer Involvement Project entailed a great deal of “proactive outreach,” according to Lane. New Mexico is a largely rural state, and the project director logged in “many, many miles” travelling from one project site to another.

In particular, Lane describes the effort to reach the Native American community as “a challenge...Native providers are on reservations and they can be hard to reach.” Nonetheless, Native American consumers did attend the trainings, and the project was also able to include a Native speaking hotline in its resource list.

Although New Mexico’s Consumer Involvement Project reached out to the state’s Native American and Hispanic/Latino communities, the main focus group of the project, ultimately, were individuals with mental illness. Cultural competency need not extend merely to peoples of various ethnicities. The term applies equally well to consumers of mental health services.

Speaking as a consumer, Lane says that the project was “a nice opportunity for me to shift from receiving services to offering services. It was a big part of my own recovery to shift roles in this way.”

Although the Consumer Involvement Project, *per se*, will finish at the end of this grant cycle, it has nonetheless enabled many other consumers to begin to make this shift from receiving services to providing assistance to others in need. Most importantly, the projects initiated at each of the seven sites, thanks to the guidance provided by the Consumer Involvement Project, will continue to serve New Mexico’s consumer population.

Cultural competency need not extend merely to peoples of various ethnicities. The term applies equally well to consumers of mental health services.

Additional Resources

Publications

(Hispanic/Latino Americans)

Augenbraum, Harold et al. *Growing Up Latino: Memoirs and Stories*. Boston: Houghton Mifflin. 1993.

Garcia, Jorge and Zea, Maria (editors). *Psychological Interventions and Research With Latino Populations*. Boston: Allyn and Bacon. 1997.

Olmos, Edward (editor). *Americanos: Latino Life in the United States*. Boston: Little, Brown. 1999.

Padilla, Felix. *Latino Ethnic Consciousness: The Case of Mexican Americans and Puerto Ricans in Chicago*. Notre Dame, Indiana: University of Notre Dame Press. 1985.

(Native Americans)

French, Laurence Armand. *Counseling American Indians*. Lanham, Maryland: University Press of America. 1997.

Herring, Roger. *Counseling With Native American Indians and Alaska Natives: Strategies for Helping Professionals*. Thousand Oaks, California: Sage Publications. 1999.

Kelso, Dianne. *Bibliography of North American Indian Mental Health*. Westport, Connecticut: Greenwood Press. 1981.

Narduzzi, James. *Mental Health Among Elderly Native Americans (Garland Studies on the Elderly in America)*. New York: Garland Publishers. 1994.

O'Neil, Theresa. *Disciplined Hearts: History, Identity, and Depression in an American Indian Community*. Berkeley, California: University of California Press. 1996.

Organizations

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