WORKING TOWARD CULTURAL COMPETENCE THROUGH FAMILY INVOLVEMENT

Nearly five years ago my friends called me to ask if I was applying for the newly created position for a parent in the Children’s Mental Health Division at the Minnesota Department of Human Services. I had no such plans. Being the “mom” at this level of government seemed daunting. Would anyone listen? Would I understand what they were doing? Would I make a difference for children like my son or would I be the biggest token parent in my state? Since then I have learned that every caregiver who becomes involved makes a difference—not just for his or her own child and family, but also for all the others who have not yet raised their voices.

There was no research proving that a parent working inside government makes a difference. At the time, only two states had a caregiver representative working at the state level. Our state’s Children’s Mental Health Director simply knew it was the right thing to do. She had a vision of a culturally competent and family driven system of care. A parent of color in her office just made sense.

Now we know it makes a difference when the perspective of caregivers is included. People are more accountable when families are there to hear and contribute to the process. Decisions made by governmental bodies, county boards and directors, collaboratives, and service providers are not necessarily the same decisions when the perspective of caregivers is included. These decisions more accurately reflect and are sensitive to the preferences and needs of children and their families. Professionals need to include the family perspective in their work. From state level task forces to county advisory committees, parents are making a difference in places where they only dreamed of being a short while ago.

Cultural competence goes hand in hand with family involvement. Services are culturally appropriate when mental health providers respond knowledgeably to the unique needs and strengths of the individual family.

The Children’s Mental Health Division of the Minnesota Department of Human Services has made significant strides toward a culturally competent, family driven system of care. We are writing both clinical and organizational guidelines which weave together cultural competence and family centered care. We have helped culturally specific providers form a Specialty Provider Network for mutual support and increased visibility and influence. The Children’s Mental Health Division has also made a serious commitment to developing parent leaders across Minnesota. In September 2000, 117 parent leaders met to discuss the direction of family involvement. It was the first meeting of parent leaders in Minnesota and the second such meeting in the country. Many parents continued to meet monthly, dragging their crockpots to central Minnesota, to discuss how they could connect and empower other parents. They created the Minnesota Parent Leadership Network, set up an electronic mail group to facilitate communication and elected a culturally diverse Advisory Committee. Based on their work and guidance, the Children’s Mental Health Division granted $175,000 to a statewide parent organization to connect, support and train parent leaders. A significant emphasis is placed on connecting, expanding and developing leadership in communities of color.

Throughout the coming year parent leaders will have many opportunities to meet regionally for support and training. Parent leaders support each other through an egroup, and a web site is currently under construction. Computers for parent leaders are being sought. Training is being provided to administrators and service providers to give them the skills they need to collaborate more effectively with parents.

Members of the advisory committee of the Minnesota Parent Leadership Network sit on the board of the Specialty Provider Network to enable each network to help strengthen the efforts of the other. One parent leader recently said that because of her participation in the network: “I will never feel alone again.” Parent leaders are ending the isolation families experience. They are expanding parents’ knowledge and their ability to face the challenges of raising their children, and they are influencing policy and services.
In a recent survey of parent leaders, parents indicated they feel more empowered, have better knowledge of the mental health system, know they are making a difference, and appreciate that their contributions are being validated and valued.

Meeting the needs of a child and family means understanding the culture of that family and the impact it has on how they raise their child with a mental health disorder. The family themselves can best tell providers about their culture. Meaningful involvement of parents and children of diverse cultures will ensure that the system of care will appropriately serve children from each of its various communities. Family members who participate in making the children’s mental health system change are leaders who deserve training and support to be knowledgeable and strong.

The days of only inviting parents to a meeting are past. This alone does not create a meaningful parent voice. Children’s mental health leaders must represent all the children affected by mental health disorders and they must be prepared and empowered to do the important work ahead of them. The work of family involvement and cultural competency must be done together. It is indivisible.

Amelia Ortega, Parent Liaison with the Children’s Mental Health Division, Minnesota Department of Human Services in St. Paul, MN, is the parent of a son with schizoaffective disorder.

Tovarich Bourne, Representative to the African American community on the Advisory Committee of the MN Parent Leadership Network, is the parent of a child with a mental health disorder.

Carolyn Strnad is the mother of seven. Her daughter has bipolar disorder. Carolyn sits on the Clay County Local Advisory Council for Children’s Mental Health.

Sheila Rojas, Family Advocate, has done extensive work with the Latino community.

Sunday Olayinka, Program Consultant with the Children’s Mental Health Division, MN Department of Human Services, is in charge of its annual mental health conference.

Walkers in the first annual Walk for Children’s Mental Health in Duluth, Minnesota, June 2001
Participants in the Minnesota Parent Leadership Advisory Committee

The Minnesota Parent Leadership Network has provided me with courage, self-esteem, and the wisdom to know that I can make a difference. They recognized in me something I never knew was in me. They are builders of new leaders. Now it is my turn to build someone else. My goal is to reach the African American community and let them know: You can accomplish anything. To do this, you must conceive (put it in your mind), believe (know that it can be done) and then receive (accept the reward of making a difference).

I once battled with depression. I did not believe in myself. I was afraid to say what I was thinking or feeling. My depression became worse after I found out I had a child with mental health issues.

After my child had been hospitalized five times, I was introduced to an individual who not only helped me get services for my child, but began to support and encourage me as I learned to express my thoughts and feelings. She recognized something in me. I began going to trainings and workshops. The skills I learned at a workshop on facilitation helped me to start my own parent support group, which landed me with the Minnesota Parent Leadership Network.

—Tovarich Bourne St. Paul, Minnesota Minnesota Parent Leadership Advisory committee Representative to the African American community

As a parent leader and representative of one of the most rural areas of our state, my most important job will be to connect families and to support them in their struggles to raise a child with a mental health disorder in an atmosphere where stigma is a persistent and difficult barrier to overcome. In small towns, where everyone knows your business and discusses it over coffee, shame and blame are huge obstacles for families. As parent leaders this then becomes a twofold problem. Support from other families walking the same path is a key element in surviving the struggle. We know that input from parents is crucial to refining systems to better serve children and families. The culture in rural areas gets in the way of parent-to-parent support and blocks the participation of families at the policy table.

Because of my involvement with the Parent Leadership Network, I was invited to sit on a state task force for children’s mental health system reform. This gave me the chance to share first hand with policy makers the struggles families face in the rural area. Without my involvement as a parent leader I would not have had this opportunity. I am pleased the recommendations reflect the input of our parent voices at the table.

—Carolyn Strnad Moorhead, Minnesota Minnesota Parent Leadership Advisory Committee Representative to Region 2, Northwest area of Minnesota

Chicanos Latinos Unidos en Servicio (CLUES) is an agency that provides services for the Hispanic community in Minnesota. We belong to the Specialty Provider Network, and we work with parents to help support and empower them. One of our Programs is Familia Nueva, a support group for parents who have children with severe emotional disorders. After three years of receiving training and leadership skills, some parents have become great advocates for other parents who are facing similar difficulties. Parents helping other parents has made a very important difference in the access that Hispanic families have to services, such as special education. The moral support and advocacy that some parents give to others have helped families to face the challenges of their life with hope and positive expectations about their future.

—Sheila Rojas Family Advocate Chicanos Latinos Unidos en Servicio

Having a parent liaison in our division has certainly made a huge difference in how we address parent involvement. Her influence has resulted in changes in our focus and priority for parent issues. The consistent input and reminders of the significance of the parent voice in our system of care have dramatically enriched our statewide case management training. Many more parents are now involved as trainers and, overall, our training has become more culturally competent and family-driven.

—Sunday Olayinka Program Consultant Children’s Mental Health Division Minnesota Department of Human Services