# A Mental Health Equity Framework to Eliminate Racial and Ethnic Disparities in Orange County

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Increase availability and awareness of services in underserved communities | • Limited community outreach, engagement, mental health education, health navigation support, language accessibility, and transportation  
• Fear due to stigma, lack of trust, immigration status, social exclusion and economic hardship  
• Lack of awareness and knowledge about the mental health system, resources, treatments, program eligibility and availability of services | • Provide programs, mental health campaigns and screenings in community access points and co-locate services to expand integration of the system of care, especially in underserved geographic areas and hard to reach communities.  
• Allow for flexibility, creativity and innovative approaches as well as culturally defined strategies and research to improve access to hard to reach communities and to reduce stigma.  
• Invest in community health care navigators to remove organizational and systemic barriers by providing mental health education; intensive case management and peer support; teaching consumers to advocate for themselves and understand the complex health care system and coordinating services. |
| **Quality** |  |
| Services must be meaningful, beneficial and effective for ethnic communities | • Lack of workforce recruitment and preparation to increase bilingual, bicultural and culturally responsive mental health providers  
• Lack of culturally and linguistically appropriate treatment, interventions, prevention services and crisis support  
• Not enough programs exist to reduce wait time for services and address unmet needs | • Provide ongoing cultural competency trainings on topics such as implicit bias, cultural humility, cultural norms and religious faiths to ensure a culturally responsive approach and sensitivity that also considers the social determinants of health.  
• Create and sustain culturally and linguistically inclusive services through workforce development and quality improvement programs to improve retention and outcomes.  
• Develop an infrastructure of ongoing community assessment to identify and address needs that involve community engagement of specific populations to have a voice in developing priorities, solutions and service delivery practices. |
| **Equity** |  |
| Ensure adequate support so all can attain their highest level of mental health | • Resources often go to organizations not equipped, trusted or connected to underserved populations  
• Program policies sometimes further perpetuate isolation in vulnerable communities, devalue the strengths of ethnic communities and push ethnic communities away from services. | • Invest in population specific organizations to strengthen their capacity and develop mechanisms that create community partnerships to outreach and provide access to services, increase protective factors and reduce disparities.  
• Ensure safety, privacy and sensitivity in the collection of demographic information that informs and reshapes policies, evaluations and programs geared towards eliminating mental health disparities. |

---

*Developed by Illana Soto Weity, Executive Director of MECCA and informed by the Equity, Access, and Quality of Behavioral Health Services in Orange County Community Forum held 2017 in collaboration with the California Pan Ethnic Health Network with input from community members, staff and Executive Directors from MECCA collaborative agencies and research support provided by Fabiola Arroyo and Dr. Miguel Gallardo from Pepperdine University.*