

[Music]

Female VO:

The Substance Abuse and Mental Health Services Administration present – *The Road to Recovery*. This program aims to raise awareness about mental and substance use disorders, highlight the effectiveness of treatment and recovery services, and show that people can, and do, recover. Today's program is *The Road to Recovery – Recovery Among Diverse Populations*.

Ivette Torres, Associate Director for Consumer Affairs – Center for Substance Abuse Treatment. Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services.

Ivette:

Hello, I'm Ivette Torres and welcome to another edition of the Road to Recovery. Today we'll be talking about recovery among diverse populations. Joining us in our panel today are Lawrence Medina, President and Chief Executive Officer of Zia Community Services, Inc., Ranchos Dataus, New Mexico; Devin Reaves, Certified Recovery Specialist, Philadelphia, Pennsylvania; Rosslyn Holliday Moore, Public Health Analyst, Office of Behavioral Health Equity, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland; Dr. DJ Ida, Executive Director of the National Asian American Pacific Islander Mental Health Association, Denver, Colorado.

Roslyn, what is the impact of mental and/or substance use disorder on individuals and families in a culturally diverse community and why can it be particularly challenging for members of diverse communities to deal with these disorders?

Roslyn:

Ivette, that question really brings us to a point of understanding the data in context, and when we look at numbers, sometimes we forget that culture and language make a significant difference in how people understand health and understand what can be helpful. So when you talk about impact, you really want to think about what are the differential ways in which we experience life and how do we better understand ways in which we can align opportunities for engaging partners across our racial and ethnic groups to support recovery and wellness.

Ivette:

Very good. Lawrence, how are people from diverse communities affected by behavioral health disparities?

Lawrence:

Well, one of the biggest things, and I know in New Mexico is access to treatment is a big issue. You know, real basic, especially in poorer states where there's not

a lot of resource, the lack of detox centers, treatment centers, and I think some other challenges that we see is through public funded treatment we're seeing a lot of court mandated people that are mandated to go to treatment and we're dealing with coerced treatment and I see that a need to, you know, how do we address access to treatment, and then also bridging the gap between treatment and long term recovery.

Ivette: Devin.

Devin:

Yeah. I think that we also must look at the correlation between the criminal justice system and access to mental health care. A lot of our large urban centers, the larger provider of mental health services in those cities are the criminal justice system. We have this criminalization of mental health and I think that it's important that we create and kind of lift up specialty programs like mental health courts, drug courts, because when you combine being kind of poor, from an impoverished background with a mental health, it's almost a life sentence and we want to really disrupt that because those factors together make it worse than maybe some other communities face.

Ivette:

Let's expand on that, DJ. What does it mean to have a life sentence? Let's talk about some of the real impact to an individual who's culturally diverse and to the family.

DJ:

I'd like to pick up on the access and then follow up on that because access for many different populations whenever they say the way that you eliminate health disparities or better services, it's access and for many communities they don't have access so they end up in the criminal system or they end up not getting services at all. So this continues on generation after generation and these are the kinds of issues where there really are long term affects. Sometimes it's not really visible but they're very much there and the impact the way our children are raised and just the ongoing mental health issues and substance use issues that we're seeing.

Ivette:

Roslyn, let's expand more....

Roslyn:

I was just about to jump in there because I think the point around access is one that we've taken very seriously at SAMHSA and we've framed our work around access, use and outcomes intentionally because we know that when we are talking about access, it's not just the geography, it's also making sure that we have access to services that are designed to respect and support the cultural framework that people bring, and that we also want to make sure that in terms of

availability, that the menu of services and treatment options are aligned with the frameworks that people will accept the most.

Ivette:

But Lawrence, getting back to the whole issue of what the family is experiencing and what is the generational impact.

Lawrence:

Good question. It can be very difficult to ask for help for whatever reason; pride, you know, the stigma with addiction or mental health and it's a lack of awareness and education amongst Latinos that it's okay to ask for help. And also that families are being educated on it's not good to enable your child and how do you administer tough love and what type of interventions can be done. And I just think overall when you're seeing three or four generations lost due to addiction, I think we have to work diligently to raise awareness about this.

Ivette:

Devin, does that sound familiar in the African American community in your own experience?

Devin:

Absolutely. As a man that's blessed to be in recovery, my grandfather lost his family due to his substance use disorder. My father lost his family due to a substance use disorder and luckily I was able to get into recovery almost ten years ago and now that my young daughter will never know a father that uses and misuses substances, and her trajectory growing up will be so much better because I'm going to be there.

Ivette:

We'll be right back.

[Music]

Male VO:

My family and friends are always with me, no matter where I may be. Sharing stories from home helps me sustain my recovery from my mental and substance use disorder. Join the voices for recovery: our families, our stories, our recovery!

Female VO:

For confidential information on mental and substance use disorders including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health & Human Services.

Female VO: Ivette Torres.

Ivette:

Welcome back, Rosslyn, we've been talking about what affects the families and everything but let's talk gender differences. Are there gender differences in these culturally diverse communities in terms of how one approaches the issues related to substance use and mental health issues?

Rosslyn:

I think the real opportunity when we're talking about gender is to understand perceptions that people bring to the table. So very often families will have ideas about the roles that men and women have and that children grow up experiencing that. But at the end of the day, we really want to make sure that our treatment protocols are set up to be appropriate and to not get caught in the stereotypes and not buy into what we know is not the true perception but really the opportunity for engaging people and to see the opportunities for really promoting their wellness.

Ivette:

And Lawrence, in terms of gender differences there are statistics currently that show that Latino women are really increasing their substance use. Has that been your experience?

Lawrence:

Most definitely. You know, just a year and a half ago we opened up a women's transitional living program and it was shocking to see more women being incarcerated, and what's scary is that in the public system you see more male substance abuse treatment that they're built around for male and you see a lack of female programs and I think that's a major concern and we've seen this and especially when you get into women that are pregnant now with the opioid epidemic and how do you address that or women with children-

Ivette:

DJ, let's talk positive in terms of what one can do within a culturally diverse community to draw on cultural aspects to support the various pathways to recovery.

DJ:

I think it's probably one of the most positive things that we can do is really turning to the culture and asking the community what works for you. Many of us were trained in ways that aren't necessarily bad but don't work for communities, so it really is a very positive thing we ask the community what works for you. And when we look at recovery whether it's in the mental health arena, particularly in the mental health arena, for many of our communities have been either disenfranchised or they just feel like they don't have any reason or any sense of competence. So instead of doing some of the traditional ways that we've been trained in this country, you go back to the community and you ask, what can you do, what do you enjoy doing? And when we do that, that's part of the healing

process is to give them something that feels comfortable, that feels normal and that isn't necessarily recognized by our ways of doing things such as talk therapy.

Ivette:

Has that been your experience, Devin, as an African American? Talk to me about your recovery journey.

Devin:

Sure. I think that recovery is really a personal process and it's changed over time. What helped me maintain my abstinence and my recovery in the first couple of years really looks a lot different now. One of the big parts of my recovery now is being active in my church and I think especially in the black community that's so important. Traditionally, the black church has been the community, the extended family, for African Americans in this country and we need pastors to be at the pulpit talking about mental health, talking about drugs and then also have to have the substance use recovery ministry where men and women can come in and talk to their peers and get that peer support.

Ivette: Ross.

Roslyn:

All the panels have talked about ways in which the community and the knowledge in the community rises up to be helpful, and SAMHSA has supported a network for that reason of community-based organizations where we are acknowledging the value of the indigenous knowledge and the ways in which communities are solving problems and supporting people that live there, to organize it in a way that it's available for the entire country and to lift that science or those practices up so that everyone can have access to it.

Ivette:

Lawrence, from the native side, talk to us about what works within the native community to get them to a place where they accept recovery.

Lawrence:

One of the things we looked at is how we could collaborate with elders from different tribes to be able to communicate properly or speak the same language, not necessarily by language but that there's this connection or identification. And also, when you get into other types of non-traditional treatments such as sweat lodge, you know, that setting up that allows these individuals to participate in their traditions, I think that really helps and the sky's the limit because there's many pathways to recovery. There's not just one and I think that is a good way to reach out to Native Americans by this identification and connecting and kind of pointing them in the right direction.

Ivette:

DJ, I don't want to leave out the Asian community. Very quickly, what is the best approach to take if someone is working with the Asian Pacific Islander community?

DJ:

The first thing is to recognize the huge diversity among the Asian Americans. There is no such one thing, so a 5th generation Japanese-American who is biracial is very, very different from a 1st generation Bhutanese or Cambodian refugee, and yet we all check off the Asian American box. So that's the first thing is just knowing who you're talking to and who you're talking with. Then the other thing is going out to the community. The faith base really is a good place to be but it's wherever the community congregates and, again, I'd like to go back to what Lawrence was saying is that when you begin to incorporate either cultural values, cultural practices, that's really a good way to bring back something that's very common and normal to them but it's something they can own and they feel very comfortable with.

Ivette:

Very good, and when we come back I want to begin to deal with the roles that individuals and family members play within the culturally diverse community in addressing these issues. We'll be right back.

[Music]

Female VO:

The MOMS Program, which stands for Maternal Outreach and Mitigation Services, is a program in Naytahwaush, Minnesota that focuses on providing holistic services for pregnant women in a supportive environment to deal with the medical and emotional problems caused by addictions to drugs such as prescription opiates or heroin.

Female VO:

Julie Williams, Program Manager – MOMS Program. Naytahwaush, Minnesota.

Julie:

We're here in Naytahwaush Minnesota on the White Earth Reservation. The MOMS Program kind of took off 2 years ago, we just seen a lot of heroin use, we knew that it was a problem especially with pregnant women because they were scared to go into the doctor or get help or even see a doctor for OB appointments because they were scared that they would get their babies taken away. We really knew that even though they were using, these moms loved their babies.

Female VO:

JoAnne Riegert, Mental Health Professional – MOMS Program. Naytahwaush, Minnesota.

Joanne:

The MOMs program is an inclusive and holistic program for each individual and their families that enter into the program, so here in the program we look at mental health, we look at substance abuse, we look at culture, we look at spirituality.

Female VO: Julie Williams.

Julie:

We offer intensive outpatient, we offer suboxone treatment for the moms so they don't have to go through withdrawals, we offer help with day care so that they can attend group, we offer mental health services, everything wrapped up right here that they don't have to go anywhere else.

Female VO:

Donovan, MOMS Program graduate.

Donovan:

The program made you feel like you belonged there and you just didn't want to go home because it felt like this was home and no other treatment program was ever like that.

Female VO: Joanne Riegert.

Joanne:

If we just treat the mother, we are missing the bigger picture and so allowing the spouses to be part of it.

Female VO: Julie Williams.

Julie:

It's a family and we want to keep that family whole, keep them together, and why not bring them into treatment together, and that has been hugely successful.

Female VO:

Lucas, MOMS Program graduate.

Lucas:

The MOMS program helped me, first of all they helped me become sober and then they helped me with getting my children back, they helped me with getting my own place, they helped me with getting a job, they helped me with finding myself again through the culture, they introduced me back into the community as a nice healthy father that's got it together now.

[Music]

Male VO:

It takes many hands to build a healthy life. Recovery from mental and substance use disorders is possible with the support of my community. Join the voices for recovery: visible, vocal, valuable!

Female VO:

For confidential information on mental and substance use disorders including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health & Human Services.

Female VO: Ivette Torres.

Ivette:

Welcome back. Devin, let's start with you. Let's talk about individuals and families as they're beginning their recovery journeys and why it's important for them to understand that there are many pathways to recovery.

Devin:

I think this is the first thing I want to highlight is that recovery is a family process. We want to get away from this idea of the identified patient that needs to do all the changing and then the parents just keep doing what they're doing. My experience over four or five years as a clinician is that when both parts of the family enter the recovery process, the outcomes are so much better.

Ivette: Lawrence.

Lawrence:

Addiction is a family disease and it should be treated as, and I think when it comes to dysfunction within families, one could be getting sober, they're clean, and family members are not but how do we address the dysfunction and I think that's so important that they get help as well.

Ivette:

Devin.

Devin:

We think so much in America about this nuclear family; mom, dad, kids, what have you. A lot of times when I'm doing initial sessions, I want to bring in grandparents, aunts, uncles, because a lot of that dysfunction will exist in the nuclear family and there will be the animosity back and forth. And leaning on the matriarch of the family is so important in so many different cultures and I think that's something that the average clinician is just not thinking about, especially not in diverse communities.

Ivette:

Ross. How important is the whole concept of holistic and keeping a mindset on the wellness for the whole individual in the recovery process?

Rossllyn:

It sets the tone. It is the foundation of how we move forward and I think now it's also one that we're recognizing that as public health 3.0 becomes more of a reality—

Ivette:

And what is that public health 3.0?

Rossllyn:

It means everybody is a part of the solution; that it's not one stop that you go to, that everyone that touches a life has a role and that is a critical change, I think, in not only just the focus of wellness but importing wellness as a priority no matter where you land.

Ivette:

DJ?

DJ:

When you have a holistic approach, when you don't separate the mind, the body and the spirit, that's more of a traditional way that really goes back to our cultures, all of our cultures. We don't split the mind and the body. That's a very foreign way of looking at things. It also is a way to not talk about the mental health diagnosis or problem. So when you heal the body, you heal the spirit, you heal the heart and vice versa, so you can heal the entire person in ways—you stay away from the negative or the problematic—

Ivette:

Or the labeling.

DJ:

Absolutely.

Ivette:

Devin, talk to us about medication-assisted therapy and we're trying to get away from that medication-assisted because some people think that that is moving from one substance to another, which is not the case. So how can we introduce that whole notion? Do you include medication treatment for substance use disorders?

Devin:

Absolutely. Sometimes I like to use the term medically-assisted recovery and I think, again, for a person any combination of recovery tools, it's like I have my

tool belt, right. On Sunday's I like to go to church, I like to sing, I like to meditate, I like to play videogames, I like to hold my daughter, I like to go to 12-step meetings, and I can grab all these different tools and use them to get through life and to thrive in life and it's not my place, even as a professional, to tell you which tools to use and to not use. I want to put the bucket of tools in front of you and say, what makes sense to you? And that's where we need to get professionals, too, where they're not saying I'm the expert, but where they're looking to the client saying, you're the expert of you. And that's such an important transition that we need to make both in current clinicians in the field but also in the next generation.

Ivette:

Very good and when we come back we're going to talk more about the tools on how to address these issues in diverse communities. We'll be right back.

[Music]

Male VO:

For more information on **National Recovery Month**, to find out how to get involved or to locate an event near you. Visit the **Recovery Month** website at Recoverymonth.gov.

[Music]

Female VO: Ivette Torres.

Ivette:

Welcome back. Lawrence, let's start with you. For those starting out on a recovery journey, what resources are available to introduce them to the concept and help them find their pathways?

Lawrence:

Well, I'll give you a good example like the women's program, Sangre De Cristo House in New Mexico for women- a women's transitional living program that also we integrated substance abuse and mental health treatment. It was tailored gender-specific and also that a mother could bring a child with them or there was a pregnant woman and so being able to have access that a woman and a child have access to services is I think so important. Then the type of programming such as in addition to substance abuse and treatment but like pre-employment and getting them ready if they need to get their GED. It's preparing them so when they're released and they go back to their respective communities that it's not that we just treat substance abuse but it's the whole mind, body and spirit to prepare them.

Ivette: DJ.

DJ:

One of the partners that's really important—again, going back to the community—is that as we're training the workforce, it's to really understand the power of the community and what they have to offer. So it's training para professionals and to recognize that they give you access to the community. And so one of the programs that we've developed is Achieving Whole Health Program and it's really training para professionals to talk about the mind, the body and spirit into a whole health approach and using them to be able to do outreach.

Ivette:

Devin, what should our communities be aware of when we're looking at these issues and how should we be approaching it as communities?

Devin:

I think a lot of times people talk about community-based organizations where we're hiring people from that community, we're servicing this kind of niche in the community, but I really think a lot about transitioning to like grassroots organizations. So finding leaders inside of the community, giving them the knowledge, the skills to open their own organization, to provide their own services and let them drive that 100%. And when we start elevating grassroots programs and grassroots social service delivery where we're giving them the education they need and really guiding them, we're gonna see a whole new level.

Ivette:

Very good. Ross, talk to me about more resources that we may have within SAMSA to address all of these issues that we've been talking about.

Roslyn:

Well, there are two things I want to push in a hard way. One, building on the engagement of community-based organizations. So everyone I'm hoping will join the National Network to Eliminate Disparities in Behavioral Health. It's one stop but it gets you training, it gets you exposure to peers, it gets a way in which people can be connected to the science. And then the other is, of course, my website, SAMHSA's Office of Behavioral Health Equity has a site that coordinates all of the resources within SAMHSA. It links to all of our centers and offices in a way that people can access data, they can access best practice information, toolkits, ways in which whether you're working with specific populations or in a general way wanting to learn more about the cultural linguistic support that you can extend. This is a way in which we can make it happen.

Ivette:

And we're just about the time where I'm going to allow you about a minute each to give us your final thoughts, and I'm gonna start with Lawrence.

Lawrence:

Thank you. As a person in long term recovery, Latino, I came from hurting and then in recovery allowed me to begin healing, and I hope today and others that we can come to a place that we're helping others. So thank you so much for having me here.

Ivette:

Wonderful. Ross.

Roslyn:

So I want to draw on the words of Maya Angelo. When you know better, you do better. And at this point we have data, we have practice, we have opportunities through policy that we can do better because we are leveraging knowledge that's both from within the community and beyond. So that is a point of encouragement, an opportunity that I want to extend.

Ivette:

Along with all the wonderful information that you've offered. DJ.

DJ:

I think probably over the last 15, 20 years the biggest change is one, the focus in recovery wellness, but equally and probably more important is the focus on culture and language because for our communities it's so critical. They begin to look at other world views, other ways of doing things, other ways of healing.

Ivette:

Devin

Devin:

As a person in recovery, I want to remember that my place is to first and foremost take care of myself and take care of my family and then take care of my community. And I think that what I want to leave other professionals a message of is that don't be afraid to have these hard conversations about race. In 2017, it can be really hard to do that, and that's okay. You don't have to know everything but you ask, how do you see yourself? Is Latino the correct word or is it not the correct word? How would you like to be identified? Do these boxes I'm asking you to check make sense? And if we start at that place of deference and respect, we're on the path.

Ivette:

How do we begin to really dispel the discriminatory way that we look at getting treatment within these communities?

Devin:

We need more people of prominence to really say that it's okay to seek recovery. I also think we need to elevate the things that SAMHSA does. SAMHSA does

such an excellent job with **Recovery Month**. We're visible, we're vocal and we're valuable. I love it.

Ivette:

And I'm so glad that you mentioned recovery month because I want to remind our audience that September is **National Recovery Month**. You can go to recoverymonth.gov and get information about the observance. We encourage you to take a look at all the tools that we have so that you can create your own events and you can engage your entire community in this observance. It makes a difference. I want to thank you for being here. It's been a great show.

[Music]

Male VO:

To listen to this program or other programs in the *Road to Recovery* series, visit the website at recoverymonth.gov.

[Music]

Female VO:

Every September, **National Recovery Month** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's **Recovery Month** observance, the free online **Recovery Month** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's **Recovery Month** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the **Recovery Month** website at recoverymonth.gov, or call 1-800-662-HELP.

[Music]