

# Behavioral Health Inputs from Community

## November 2024

### Background

Our December 11 [Community Collaborative](#) meeting will have a focus on DOH and its role in behavioral health. The landscape of state support for behavioral health is complex – DOH, DSHS and Health Care Authority all manage pieces – and insufficient, leaving significant gaps remaining for Community-Based Organizations and others to fill. To help frame and guide the conversation, we are interested in getting input from you, our community partners, on the issues facing your community. [See example we put together for our recent nutrition discussion](#).

### What Does Behavioral Health Mean to You?

Behavior health is indeed a broad term that is an enormous source of concern, frustration and misunderstanding. Therefore, it is now and has been a tragedy in our disability/access/elderly communities nationwide to have it be so difficult to refer resources and budget in a meaningful way!

Behavioral health is a comprehensive term that includes the connection between a person's behaviors, thoughts, emotions, and overall well-being. It goes beyond mental illness and focuses on promoting optimal psychological functioning and overall wellness.

I believe it's a combination of mental and emotional health that impacts your overall well-being, which is affected by various external and internal factors. I believe good behavioral health is when you feel your physical, mental, emotional, and social health is all balanced.

Behavioral health, specifically in parts of the AANHPI community, is impacted because of traditional beliefs, morals, and religious customs. With behavioral health, reaching folks who are hesitant on having these conversations is done through representation. It is not translated well into many cultures, often seen as an illness, and it is perpetuated by the longstanding values and languages that are passed down. The Asia Pacific Cultural Center is fortunate to have a Mental Health Program that reciprocates the need to show face and highlight the difficult conversations people need to have, especially for the younger generation. We work with AANHPI-identifying therapists who recognize the stories and values of our cultures, because they have those lived experiences with them to have empathy and understanding.

### What factors in your community are impacting behavioral health issues?

People who have disabilities and/or also come from marginalized communities/populations are always at a disadvantage due to cultural and access barriers. In the disability and AFN community there is another barrier to resources and treatment/intervention and that of course is the sections 504 and 508 of the rehab act compliance issue.

Tia Moua (reflecting on Hmong-American, Asian/Asian American, and Spokane communities):

- In the Asian community, internal factors may include feelings of shame or guilt involved in asking for help and fear or shame related to bringing up mental health issues. Also, many mental illnesses are not addressed enough in our Asian communities, such as the prevalence of PTSD, anxiety, bipolar disorder and depression. The "Model Minority" myth causes people to think Asians do not experience racism and erases the fact that we experience mental health issues, health disparities, housing issues, job discrimination, and more. Thus, when an Asian person does not "succeed naturally" in the way that the "Model Minority" myth causes people to expect them to, like not being naturally intelligent and good at math, they often feel like a failure, and feel trapped and isolated thinking they should not ask for help.
- External factors may include racism, misogyny, white supremacy, capitalism, discrimination, domestic violence and other forms of violence, lack of healthy relationships or lack of feeling connected to a support system, environmental racism, homelessness, stress from lack of affordable housing, lack of affordable childcare, lack of paid parental leave, and the stigma around mental health in the Asian community. Also, the lack of culturally competent-care and culturally-relevant education can create negative behavioral health.

Several factors in the Hispanic communities can significantly impact behavioral health issues:

**Immigration Status** - Immigration status can create stress, anxiety, and uncertainty for individuals and families. Undocumented immigrants may face constant fear of deportation, limited access to healthcare services, and social isolation. Many immigrants flee situations of extreme violence in their home countries, which already generates high levels of stress before beginning their journey. During the journey, they may face physical, psychological, and sexual violence, as well as inhumane conditions in detention centers.

**Family Separation:** When people are arriving from other countries and leaving families behind in their home country.

**Discrimination and Stigma:** Once in the United States, immigrants face cultural and linguistic discrimination, which exacerbates stress and hinders integration. Untreated trauma can manifest in disorders such as Post-Traumatic Stress Disorder (PTSD), depression, and anxiety. Symptoms include nightmares, insomnia, unexplained physical pain, and drastic changes in behavior

**Seasonal Jobs.** Communities with a high prevalence of seasonal employment may experience increased mental health challenges. The instability and financial stress associated with seasonal work can lead to anxiety, depression, and substance abuse issues.

**Language Barriers.** It difficult to navigate a system where the language is not your primary language.

**Cultural Differences.** A mental health system that differs from one's cultural expectations or norms can create barriers to seeking and receiving appropriate care.

**Political Environment.** Divisive political climates can increase stress, anxiety, and social tension within communities, potentially exacerbating existing mental health issues.

**Sense of Belonging.** A strong sense of belonging is crucial for mental health. Communities lacking social cohesion or support networks may see higher rates of isolation, depression, and anxiety.

**Healthcare Availability.** Limited access to mental health services, particularly in rural or underserved areas, can significantly impact a community's overall behavioral health.

Behavioral health issues in the Tri-Cities region, specifically Benton and Franklin Counties, are deeply influenced by systemic inequities and the unique demographics of the area. These factors disproportionately impact Black, Latino, and other People of Color in underserved communities:

- **Economic Disparities** - Benton and Franklin Counties have significant economic divides. While parts of the Tri-Cities (Richland) are economically thriving, many communities, particularly in Pasco and East Kennewick, and East Pasco face poverty rates exceeding 20%. Latino residents, who make up over 50% of Franklin County's population, and Black residents in the region often face higher unemployment and limited access to stable housing and food security. These economic challenges contribute to chronic stress, anxiety, and depression among affected populations.
- **Access to Behavioral Health Services** - Behavioral health services in Tri-Cities are limited, particularly for communities of color. For example, in Franklin County, where the population is over 60% Latino, language barriers and a lack of culturally competent providers prevent many from seeking mental health care. Additionally, rural and underserved neighborhoods experience healthcare deserts, making it difficult for residents to access timely and affordable treatment for behavioral health conditions.
- **Trauma and Environmental Stressors** - Our region's agricultural economy heavily relies on migrant and seasonal workers, many of whom are Latino. These workers face grueling conditions, wage instability, and limited access to healthcare, leading to higher rates of untreated mental health issues. Furthermore, systemic racism and discrimination—whether through policing, employment, or education—add layers of trauma that disproportionately affect Black and Latino residents.

**If there's one thing you would like to offer your community in the area of behavioral health, what would it be?**

Having continued public education regarding behavior health as a simple fact of the human life experience is lacking. How we go about informing the community/public is more art than broadcast quantity. Having thoughtful discussion and receiving feedback from actual community members about how they receive information is effectively can help.

If there's one thing I would like to offer the Hispanic community in the area of behavioral health, it would be a profound sense of belonging through the establishment of diverse support groups. These groups would be designed to cater to the unique needs of different age demographics and specific mental health challenges, fostering an inclusive environment where everyone feels valued and understood.

To address the lack of education and literacy on mental/behavioral health, you have to go to the churches and faith based institutions because they hold a heavy influence of belief. These are places where people feel safe and retain their values from.

From Tia: I know it says one thing but I have a few ideas haha:

- We need more translated mental health resources and translated domestic violence support hotlines to adequately support our Asian communities in particular who often have shame, fear, and stigma attached to getting support for these issues.
- Also, not being able to find a job due to limited English proficiency (LEP) and language discrimination is another issue our Asian community has specifically discussed facing. One Asian business owner shared with me that not being able to find a job due to his LEP caused depression in her father from not being able a lack of sense of purpose. These resources could be posted up at places where Asian communities frequent, such as Asian grocery stores/markets, Asian restaurants, Asian businesses, and Asian churches or temples. *We should remember that language should NOT be a barrier to receiving quality care and to living a healthy, thriving life.*
- Overall, from the five Reimagine Spokane workshops I hosted in October (with 150+ Spokane community members total), as well as from outreach to 150+ Asian businesses, churches, and this year, it seems like our community members want to see more communal services and activities that increase connection, belonging, safety, and trust. They also want to see more community gardens, more walkable streets, and affordable transportation. Also, they wish for more buildings to be built with community connection in mind, such as building more ADA accessible units and multi-family housing units. Universal healthcare is another main priority, as well as extending parental leave and making childcare free or more affordable. In addition, it appears that our community needs increased education on intergenerational trauma and the ways that manifests in people's lives. They also want our community to create an easier process to transfer credits/degrees from another country. Another community need is to give land back to Indigenous people and give more rights and resources to Indigenous communities. Increasing language access is another priority, specifically creating more translated emergency service messaging and increasing language access in public spaces, homeless shelters, and government buildings.

**Are you familiar with the state's 988 suicide and crisis lifeline? What information do you need to share this with the communities you serve?**

We received a mix of responses with about half of community members being at least somewhat aware and others not aware of 988. Here are some of their questions:

- I would like to know if they can refer me to local, culturally, and linguistically appropriate mental health resources.
- If they have Connections to community-based organizations serving migrant populations
- What is the process like once someone calls 988? Will the police be contacted? How do we ensure the safety of our Asian and other BIPOC communities who often are disproportionately harmed or killed by police who respond to mental health crises calls?
- What support services are available in other Asian languages? Is a translator available to serve Asian communities?
- What are some graphics and other resources we can use and share in English and translated into languages (i.e. Korean, Karen, Vietnamese, Hmong, Mandarin, Thai, Japanese, Arabic, Dari and Pashto)? I believe we would need some graphics which are visually accessible and translated into multiple languages in order to effectively serve our community.

## **Recent Community Inputs re: Behavioral Health**

### **[Mural Board related to Behavioral Health Decision Package - June 2024](#)**

#### **Results from Survey on Legislative Proposals**

#### **Priorities Raised in Thought Partner Meetings**

- Young people self-harm and suicidal ideation. Our kids are crying for help. Need more Health Resources in schools. Counselors are often let go first.
- Address the importance of mental behavioral and emotional health and underserved populations. promote cultural and language appropriate listening sessions, educational workshops, and have collaboration with DOH to drive a messaging campaign that illuminates awareness through 2025 and Beyond.
- 988 crisis line should be expanded throughout the State including State carceral facilities by January 2025.
- Mental health infrastructure inside schools and carceral Facilities that are Community led by January 2026.
- The mental well being language is very important due to a sense in some communities that you should just focus on the religion and just go read either the Bible or Quran – mental health may scare away the target audience.
- Equity Institute conducted research on mental wellbeing with Spanish speaking elders, and we use mental strength because there is a reluctance or fear of being crazy, something's wrong with me or my family. It's something my team is really really focused on.

#### **Issues Raised in Carceral Health Equity Meetings**

- UCSF's AMEND program, rebranded as the Washington Way, was at pains to point out the average life expectancy of a Corrections Officer in the US is 60 years old, due to the hazards, stress and power structure of the job. A C-O works an 8-hour shift and goes home to their family; we're here 24 hours a day for years to decades. Mental health is up to 1 hr/mo with a provider that can't/won't help you so calling that "healthcare" is a truly sick and twisted attempt to sweep our mental health under the rug.

- They're not addressing our traumas that may cause us to act sick
- We want more tools/manpower on site to support this
- People need help, and if they don't get it before they're released, they're coming back.
- Prolonged inaccess to care

From a Health Commons Project Partner working with the Black / African diaspora community  
"[Our success was] destigmatizing mental health in the African community. This success was such an honor to hold space for in our communities. Speaking on mental health is not typical in most African cultures, so having it be a focal point of our project was a very bold and powerful step. In this, we are empowering youth AND adults to express their emotions and unpack a mental load in ways they were never taught before. This is a change that not only affects the people involved in our project, but also their family line to come. This showed us that the work that we do is powerful beyond our imagination, and it encourages us to continue to improve the lives of community members by highlighting and uplifting mental health, even before a crisis hits.."

See: "Systemic Barriers to Accessing Quality and Culturally Relevant Care" pp.38-39 in the [State Health Report](#).

### **Resources**

According to the [2024 State of Mental Health in America Report](#) Washington has relatively high access to care but also has among the highest prevalence of mental illness and substance use among both youth and adults.