

COMMISSION ON THE STATUS OF WOMEN
Mental Health Work Group Roundtable
July 19, 2021

Voices from the Lived Life Experience Workgroup

What are some of the misconceptions about Mental Health

Mental Health doesn't discriminate - just like a diagnosis of cancer it can appear or go into remission.

Some myths are that we are scary or violent. I am a loving mother and have never been violent in fact a victim of violence. These misconceptions are simply untrue.

Some think mental health passes on to another generation- not always but sometimes intergenerational trauma is real.

General public thinks you can't recover from mental health challenges, but with the right conditions and treatment, you can recover and become a positive citizen in the community or role models.

Some of the damaging stigma maybe in ourselves; by limiting our own beliefs we may be impeding our own recovery.

People think mentally challenged people are lazy. Usually they are heavily medicated or have brain fog. E.g like people with flu can't do much, doesn't mean they are lazy.

What positive experiences did you have? What worked?

I believe education is the key to any recovery path including mental health. It's better to learn how to fish than to serve fish. I took the CSM Free counseling class, it's free and it helped me learn many tools. I attended a mental health awareness session in May 2015 and there found my passion - participating in many initiatives and agencies. But found something missing and found the one stop shop mental health center for women.

Trauma to Triumph was created to show that you can heal. Everyone talked about our own unexpected struggle. Men and Women attended. From there the idea for a one stop women's center came about. Helps remove stigma and offer other services to heal.

How can CSW help/assist you? What would you like to see us do to support you?

We would like more opportunities in women's history month.

More opportunities for living experience people to be able to speak.

We are looking to build peer certification, maybe you can support that.

With Peer Specialist certificate, one can help the individual or family through the challenging aspects of identifying services or resources to navigate the mental health world.

As recovery occurs, the goal is for each person to become a peer specialist and give back.

This will enable us to extend to all and not just the people who receive full service care.

One of the things most important to me is mental health for African Americans - through a personal experience I found I couldn't get the care I needed (without insurance at the county hospital). Finding an African American woman psychiatrist and I went for 10 years.

So, resourcing is a barrier - finding the right minority doctors to help treat.

Financing is another barrier - need the county to have minority doctors to help.

Another barrier is that while there are hospitals there are very few services for minor to moderate mental health issues, especially for those without insurance.

Without this, we let the mental health escalate until it reaches a visit to the ER.

There should be a trauma survivor checklist as part of every step of the process otherwise some domestic violence victims just fall through the cracks.

Getting over the barrier of lack of mental health practitioners with language or ethnicity diversity.

County system more primary care doctors so that one single primary care doctor doesn't have absolute power over the person, so that there are more Doctors whose opinions matter

Family Support is another area of focus where we don't do a great job of the role in the recovery of kids and adult clients. Often bridges are burnt because of symptoms and we need to be more trained to be tolerant and understand treatment options. Also we need to focus on the recovery model in place for all levels of mental health, not just the most significant ones.

Another Area is estranged families who are in damaged relationships due to their mental health which in turn also impedes their recovery; one needs to identify a model that works.

How can we help in Transition? What works?

Transition is hard since there is a fear of losing health insurance for medication, so many hesitate to transition back due to lack of insurance in jobs risking recovery

A one woman shop including day care and other support functions for women will help make transition easier

Transitions are harder when one lives on SSI or SSDI; earning may make you ineligible and there are so many rules it's hard to navigate.

Transition is hard as they don't encourage you to work if you are on SSDI drugs, and if you make a bit of money they cut you off and for those who need the drugs sometimes it's better to not work.

There are personnel who can help transition people and this is with California Clubhouse who can make the details available but most social workers, peer support workers don't have it and this needs to be more available,

No one should worry about becoming homeless just because they want to work; which is how benefits sometimes work now.

What can the San Mateo Community Do for you?

Why isn't there a Women's center - just like there is a Pride center?

It will allow women with mental health challenges a place to be yourself and talk about women things and challenges would be great to have a women's center

Would be great to have a women version of CareSolace

A women's center will help women recover - for all women from all walks of life

It can become a work center for women for the day (e.g: child care, elder care, etc) that offers employment opportunities for women

To: San Mateo County Commission on the Status of Women

From: Susan Kokores, Maya Lis Tussing, Ann Girard

Date: July 27, 2021

Subject: Economic Empowerment Team Update

- Presentation to Supervisor Carole Groom
 - August 10, 2021
 - Entire EE Team (Including Bharathi Chinnakotla, and Carolina Nugent) to present early findings re 3 areas of interest and concern: Early Learning and Childcare, Business Practices and Procurement, and Financial Health and Wellness.
 - We will ask Supervisor Groom for her input and suggestions for experts in her network that we could consult for additional information.
 - We will indicate our plans for keeping her informed and involved, for including some of our findings as subject matter for RISE 2022 and our plans to eventually report to the entire Board of Supervisors.

- Present results of presentation to CSW at September CSW meeting.

To: San Mateo County Commission on the Status of Women
From: Tanya Beat, Director
Date: July 22, 2021
Subject: Status of recent events/projects

Women's Equality Day (WED) Networking Event

- Thursday, August 26, 5:00-6:30pm
- San Mateo Garden Center (Beresford Park); 605 Parkside Way, San Mateo
- <https://sanmateogardencenter.org>
- Indoor space: food, projection screen, tables for CSW, WICG, WCLN
- Outdoor space: check-in table, wine, cocktail tables, podium with mic
- Joint effort from everyone to help:
 - Prepare schwag to give to all attendees and raffle tickets
 - Set up (3:00pm)
 - Break down (6:30pm)
 - Decorations
 - Wine table
 - Greeters

Domestic Violence Council

- New CEO of Community Overcoming Relationship Abuse (CORA), Karen Ferguson, PhD
- Standing Committees: DV Awareness Committee and Legal Process Committee.
- New committee created: Policy & Legislation Committee
- Lethality Assessment presentation: when a consistently used lethality assessment is done at intake (usually by law enforcement, CORA, Keller Center), it significantly reduces the chance of the survivor being killed by the perpetrator in the future.
- Next DVC meeting: October 28, 3-4:30pm and in-person
- Next DVAC meeting: September 10, 10:30am
- Next Legal Process Cmte meeting: October 14, 1:15pm
- All links and agendas to meeting is on: <https://dvc.smcgov.org/2021-meetings>
- Barbara Hammerman Award Nominations are now open. Deadline is August 19.
Nomination Form: <https://dvc.smcgov.org/blog/2021-07-12/2021-barbara-hammerman-award-application-now-open>