

**Promoting
Mental Health
in Los Angeles County**

It Takes a Community

What is Mental Health Promotion?

Positive Mental Health

Strengthening Families and Communities

Widening the Circle of Compassion and Leadership



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About Dr. Chan

Sam Chan is a clinical psychologist and District Chief with the Los Angeles County Department of Mental Health. During his tenure at DMH, he has administered many countywide programs and initiatives that promote systems transformation through interagency collaboration; community capacity building; program, policy, and workforce development; and public education. He previously held senior administrative and faculty positions at the California School of Professional Psychology, Childrens Hospital Los Angeles, the USC School of Medicine, and the UCLA Department of Psychiatry. He has directed numerous advocacy, leadership, and community-based initiatives for culturally/linguistically diverse populations and immigrant families. Recognized for his expertise in diversity issues, Dr. Chan has taught related graduate courses and administered several statewide and national training projects. He has authored numerous publications, produced video programs, and

given keynote presentations at international conferences. He continues to be a voice for public-private sector partnerships advocating family and community strengthening and governmental transformation. He has assumed multiple leadership roles with the Children's Council of Los Angeles County since its inception and was also Chairperson of the LA County Interagency Operations Group for several terms. He currently Chairs the Executive Committee of the Los Angeles Partnership for Early Childhood Investment.

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Introduction

We are the ancestors of our future happiness and well-being.

The paraphrased words of poet David Whyte are presented as an invitation for all of us to join in creating “fields of belonging” where “healing environments and healthy groups, families, communities, and organizations... cultivate healthy individuals who in return contribute their best selves to the group.”¹ This collective endeavor involves intentional communities where members are “nurtured and valued, where information flows freely, where there is healthy interaction among all groups, and where institutions support the growth and development of all.”²

Among the more prominent community institutions in Southern California is the Los Angeles County Department of Mental Health (DMH), the largest public mental health system in the country. As DMH celebrates its 50th anniversary this year, it is also in the fifth year of implementing approved plans supported through the Mental Health Services Act (MHSA)—regarded by many as the most significant mental health legislation in California over the last 20–30 years. This significance is attributed in part to its provision for new and innovative services and the Prevention and Early Intervention (PEI) component. As the second largest MHSA component, PEI originated from a vision that all Californians share responsibility for promoting strong mental health and resiliency among individuals in their many diverse communities and for supporting individuals in accessing mental health services without fear of stigma or discrimination. Prevention and early intervention approaches are tools for empowerment and social justice that emphasize holistic and integrated approaches to mental health. According to the PEI Plan, Los Angeles County has budgeted over \$100 million to support initial implementation

of an array of “evidence-based practices, promising practices, and community-defined evidence practices.”³

The mission of LA County DMH is to enrich lives through partnerships designed to strengthen the community’s capacity to support recovery and resiliency. MHSA has significantly expanded the partnerships and capacity of the mental health system in Los Angeles in a historic way as DMH continues to work closely with diverse groups of community stakeholders. However, amid an infusion of new MHSA funding and the promise of fulfilling the DMH vision, many stakeholders who expected a dramatic expansion of mental health services now struggle to understand why existing services are being reduced.

In their recent *Emerging Lessons Report*, Ott and Pinard described an “adaptive dilemma” and the implications of unmet need. LA as well as other county mental health departments throughout the state have indeed experienced annual budget shortfalls that have resulted in substantial reductions in services. The onset of a worldwide recession has contributed to shrinking county budgets and projected continuing declines in both federal and state revenues, including MHSA funds. In fact, county departments now face the most severe funding curtailments in over a decade. Moreover, while the public mental health system struggles with budget shortfalls, the numbers of people struggling with mental health issues are increasing significantly. The *Emerging Lessons Report* noted:

What has worked in the past to avoid significant deterioration in mental health services and outcomes will not be enough now, not even close. County Departments, no matter how

efficient and effective, can never serve all people who struggle with mental health issues in a county. The gap is too large, even when limited only to people who struggle with serious and persistent mental illness. *This was true even before the most recent budget cuts*; it is simply more true now.

The implication of this reality is that many people who struggle with mental and behavioral health issues who are not receiving services are getting their needs met in other ways. This shift in perspective invites an exploration of what communities are *already* doing—without county-funded services—to meet the needs of people with mental and behavioral health challenges. Learning how to support and extend these community efforts could provide a cost-effective way for improving outcomes of community wellbeing across the county. When leaders accept the premise that the Department faces an *adaptive dilemma*, and acknowledge that many people are getting their needs met without Department services, they can more easily embrace the...perspective...that the department is not, and cannot be, the principal source of action to promote mental and behavioral wellbeing for most people in the county.

This shift in perception leads to another: namely, that families and communities have primary responsibility for the health and wellbeing of their members, not county departments. From this perspective, the role of county departments can evolve to include: (1) strengthening the ability of communities to promote the health and wellbeing of their members *independent of services*; and (2) providing bridge services to people who do not have natural communities of support, or whose needs

are beyond the capacity of their families or communities to meet, while helping to establish or strengthen their ties to natural communities of support.

Focusing on how to promote communities acting on their behalf, independent of services, is a dramatic departure from how departments have functioned over the past twenty or more years [and requires shifting away from a “system-centric” or “service-centric” perspective]. Departments have traditionally focused on delivering discrete units of service to (fewer and fewer) individuals with mental illness. Moreover, county-funded programs rarely focus on or track how quickly people can transition out of services into more natural communities of support.

[The changes in perception and perspective entail] developing a different understanding of community and community capacity-building, understanding the current reality as an adaptive dilemma, confronting the implications of unmet need, and understanding the roles of communities and departments differently. [They] provide the foundation for a commitment to community capacity-building...and require substantial leadership from both the Department and community leaders.⁴

The movement from shifts in perception to corresponding shifts in action will further require proactive engagement with many “learning and doing” partners. The sections to follow focus on the key elements and selected players who have joined in building a movement to promote positive mental health and wellness in Los Angeles County. Together they are evolving a “collective wisdom” that will emerge over time in relationship to immediate needs and larger visions.⁵

What is Mental Health Promotion?

Better to cover the fish than chase the cat.

The wisdom of this ancient Japanese proverb embodies the notion of *prevention*. This is especially true when considering the formative years of young people. Ashley Montague noted that “Children are what they have lived and will become the kind of human being they have experienced.”

The experiences of children occur over time within the web of their interactions—with families, schools, health and other child service systems, and the neighborhoods and communities in which they live. This fact undergirds the *public health* approach to children’s mental health.⁶ It is a view recognizing the interrelatedness of mental health and physical health that focuses on prevention and promotes mental health across the lifespan; identifies risks that may contribute to illness or disability, as well as protective factors that protect against the development of illness or disability and limit its severity; provides people with knowledge and skills to maintain optimal health and well-being; and brings together individuals, communities, and a variety of systems (health, human services, schools, etc.) to work collaboratively toward better mental health for all.

Within the public health context has developed the concept of *mental health promotion*. This effort aims to improve well-being by creating supportive living conditions and environments that foster connectedness between people, strength in recovery from illness, and competence and resilience in individuals and communities. Mental health promotion can be distinguished from prevention of mental disorders by the former’s focus on healthy outcomes. This goal entails not just enhancement of health but also the optimization of health and the enhancement of overall life quality, including social and economic productivity.

As stated by the World Health Organization (WHO), “There is no health without mental health.” Mental health is an indivisible part of general health. When members of the general public hear the term *mental health*, however, they typically think *mental illness*. The belief or perception of mental health as equivalent to the absence of problems or mental disorders must be changed. WHO defines mental health as a “state of [complete physical, mental, spiritual, and social] well-being in which each person is able to realize [one’s] abilities, can cope with the normal stresses of life, and can work productively and fruitfully and make a contribution to [one’s] community.”⁷ As asserted in the *Melbourne Charter*, mental health is essential for the well-being and optimal functioning of individuals, families, communities, and societies. It is a fundamental right of every human being, without discrimination.⁸

A public health approach also addresses determinants of health and mental health. They include “risk and protective factors” that contribute to the health status of specific populations. Particularly, the social, economic, physical, and geographic environments of children affect their vulnerability to mental health problems.⁹ Although interacting biological and psychological factors can contribute to mental health disorders, we find that identified behavior, learning, and emotional problems experienced by most children stem from sociocultural and economic factors. Such problems can often be countered through promotion of the following: (1) protective factors that enhance the child’s social and emotional development, relationship skills, and problem solving among family members and caregivers, and (2) related policies and programs in multiple systems, including early care and education, schools, primary health care, mental health care, juvenile justice, child welfare, and substance abuse.^{10 11} However, beyond “systems, supports, and services,” mental health and well-being are everyone’s concern and responsibility.

Positive Mental Health

Positive mental health is key to a child's healthy development from birth.

This was the message of *Children's Mental Health Awareness Day 2010*, which was the annual event's first focus on early childhood. This attention came a full 10 years after the publication of the landmark *Surgeon General's Report on Mental Health* – the first and most comprehensive report ever produced on mental health in the United States.¹² The subsequent 2000 Surgeon General's Conference on Children's Mental Health adopted an overarching vision: "Fostering social and emotional health in children as part of healthy child development must be a national priority."¹³

That same year, the link between children's mental health, brain development, and early environments was forged with a profoundly influential book, *From Neurons to Neighborhoods: The Science of Early Childhood Development*.¹⁴ It was the culminating publication of the "Decade of the Brain" and a scientific revolution in mental health research that provided a deeper understanding of the brain and its effect on human behavior and development.

Despite the proliferation of such research, positive mental health is still an evolving concept and has received scientific attention only recently. Most definitions identify two underlying dimensions: *feeling well* (a subjective sense of pleasure, happiness, or emotional satisfaction) and *doing well* (psychosocial functioning and strength). In the world of infant and early childhood mental health research, a "neurorelational framework" has emerged, and the metaphor for classifying individual and interpersonal ways of relating is the "head, heart, and hand" rubric. The head is oriented toward the use of thoughts and *thinking*. The heart

"Fostering social and emotional health in children as part of a healthy child development must be a national priority."¹³

is oriented toward the use of emotions and *feeling*, and the hand is oriented toward the use of actions and *doing*.¹⁵

These ways of relating to oneself (intrapersonal) and others (interpersonal) and "being in the world" apply to the developing infant and young child as well as the parent and caregivers. They are further conceptualized by Dan Siegel's "triangle of wellbeing," which entails neural integration, empathic relationships, and a coherent mind. He noted that "neural integration from internal or interpersonal attunement sets the stage for coherence and empathy to be established in a person's life." Among his list of corresponding functions of the prefrontal cortex of the brain are the following: attuned communication, emotional balance, empathy, and insight (or self-knowing awareness). While these concepts can be highly detailed and complex, they are rooted in the emerging science of the neurobiology of interpersonal relationships, or the "neurobiology of we." Embedded in this process of achieving relational well-being and positive mental health is interpersonal attunement and mindfulness, a fundamental characteristic of secure attachment between children and their parents or caregivers.¹⁶

The evolving science of positive mental health has both informed and been accompanied by growing numbers of population-based strategies, models, programs, and resources designed to foster optimal socio-emotional development and learning in children and to support emotionally healthy and nurturing families. Among the more prominent and nationally recognized programs that serve young children, parents, and families are the Nurse Family Partnership program, the Strengthening Families initiative (Center for the Study of Social Policy), and the Center on the Social Emotional Foundations for Early Learning (CSEFEL). These evidence-based programs and resources have been developed and applied through home visitation and in early care and education settings. They are enhanced by other resources such as Bright Futures in Practice, the California Preschool Learning Foundations in Socio-Emotional Development, the Collaborative for Academic, Social, and Emotional Learning (CASEL), the Search Institute's 40 Developmental Assets, and the National Center for Mental Health Promotion and Youth Violence Prevention's Project LAUNCH and Safe Schools/Healthy Students initiatives.

Together, these are among the best and most promising larger-scale approaches to promote positive mental health in a developmental context through infancy, early childhood, middle childhood, and adolescence. They further engage many fields and disciplines, including early care and education, education (beyond preschool), mental health, primary care, maternal and child health, child welfare, juvenile justice, and law enforcement. They thus serve as key elements of comprehensive, community-based mental health systems for children and youth.

It Takes a Community

Raising children with care

Raising children to care

Creating a community of care

In 2007, the Los Angeles County Department of Mental Health (DMH) Birth to Five Program received funding from the Quality and Productivity Commission to create a curriculum to prevent the formation of mental health stigma in preschool age children. DMH partnered with the Center for Nonviolent Education and Parenting to develop **It Takes a Community**—a program for parents, caregivers, and early education providers designed to promote social-emotional intelligence. The ITC curriculum was based on well-documented evidence that children raised with compassion, caring, and empathy will themselves view the world and treat others with similar kindness and empathy. If provided with the tools for successfully interacting with others, preschool age children can develop positive self-identity and related social and emotional skills during the critical developmental period in which stigma, prejudice, and attitudes about difference are typically formed.

The previously described advances in the science of brain development have reinforced the significance of “critical periods” and why the early years of life present a unique opportunity to lay the foundation for healthy development. It is a time of both great growth and vulnerability. In fact, the child’s brain undergoes 90% of its growth and forms its core structure (100 billion neurons and hundreds of trillions of connections) during infancy and early childhood; this includes critical neural pathways for thinking, language, emotional regulation, and interpersonal relationships – and relationships are the best way to make changes in the brain and stimulate brain development.¹⁷ “The infant

"Human beings are hardwired to be interdependent... Humankind would not have endured and cannot continue without the capacity to form rewarding, nurturing, and enduring relationships." ¹⁹

is embedded in relationships with others who provide the nutrition for both physical and psychological growth."¹⁸

As Bruce Perry has noted in his many presentations on relational neurobiology, “Human beings are hardwired to be interdependent...Humankind would not have endured and cannot continue without the capacity to form rewarding, nurturing, and enduring relationships. We survive because we can love. And we love because we can empathize.”¹⁹ The origins of love and empathy are in children’s developing brains, which respond to familiar and nurturing caregivers who signal safety. However, when humans encounter unfamiliar persons in different situations, the general default response of the brain is defensive. These contrasting signals and responses are reflected in the words of Albert Einstein: “Every person in the world must make a major decision in their lifetime: Do I live in a friendly universe, or do I live in a hostile universe?”

The challenge for ITC was to incorporate these human patterns of behavior, the science of brain development, and the “language of

connection” into the job of “peoplemaking.” The goal was to provide an experience that addressed these questions: How do we promote understanding and appreciation of difference and reduce the natural tendency for the brain to signal threat or potential danger? How do we raise children with care, to care, and to “harbor a deep sense of security and trust in themselves and the world”?²⁰

The ITC participants’ learning journey included the following areas of focus: build “emotional literacy” as well as social and emotional intelligence in children; explore the core of nonviolent parenting and how “love grows brains”; and learn about the roots of understanding, empathy, and compassion by addressing the needs for connection and meaning. In addition to coining the phrase “It Takes a Community,” the author also identified three critical needs that must be met if we are to raise caring and trusting children: (1) the need for unconditional **L**ove, (2) the need to be **U**nderstood, and (3) the need to be **V**alued for one’s unique gifts and to make meaningful contributions (feeling good is not as important as feeling you can do good). We all need **LUV**.

Given the profound depth of experience, wisdom, passion, authenticity, and skill of our partners from CNVEP (including Executive Director, Ruth Beaglehole) and all who supported and participated in ITC, the program was successfully implemented for groups of Spanish-speaking parents as well as teachers, caregivers, and supervisors at PACE Head Start and for community child care providers. Evaluation of the ITC pilot program and curriculum and their impact on participants demonstrated increased emotional and mental health literacy, improved parenting skills and family functioning, and enhanced social support and community connectedness.

The experiential activities and practical applications of ITC concepts and principles

were effectively supplemented with bilingual curriculum materials that were researched and developed by CNVEP lead trainers and ITC staff and consultants. They further collaborated in developing a video program, entitled *The Art of Peoplemaking*, to reinforce the importance of empathy in early childhood development. It included real families spontaneously modeling day-to-day examples of empathetic parenting in response to challenging situations with their children. This broadcast-quality DVD was produced by Cause & Affect (a social change agency, whose executive director was responsible for the social action campaign accompanying Al Gore’s Academy Award-winning documentary, *An Inconvenient Truth*). Beyond producing *The Art of Peoplemaking* for the ITC project, Cause & Affect identified elements of a broader social impact strategy that included “branding” the ITC philosophy and model and setting the foundation for DMH and its partners to participate in a larger public education media campaign.

Cause & Affect was subsequently selected as the lead contractor (in collaboration with Vulcan Productions, WGBH Boston, the Substance Abuse and Mental Health Services Administration (SAMHSA), and partners such as John Gottman’s Relationship Research Institute at the University of Washington) to launch a multiplatform campaign, called “This Emotional Life.” The groundbreaking project is designed to present current research findings, information, and personal stories and profiles of individuals addressing emotional well-being. It includes the production of a 6-hour, three-part television series, which aired on PBS in January 2010. The series was organized around the following themes: improving social relationships (*Families, Friends, and Lovers*); resolving mental health issues such as depression, anxiety, and PTSD (*Facing Our Fears*); and the search for happiness (*Rethinking Happiness*). The project succeeded in reaching several million households through both on-air

programming and a website (<http://www.pbs.org/thisemotionallife/>) providing access to additional media, educational events, information, and resources regarding mental health and emotional well-being. The project also included an innovative partnership with Meetup.com, the online social networking tool that allows people to “go online to go offline,” where individuals can join others with similar interests for face-to-face meetings and outings in their community by using Meetup.com’s website to self-organize.

The project further produced multimedia tool kits in the following areas: *Military Re-integration*, for families to assist veterans and military personnel with the transition period after deployment, and *Early Attachment*, created for parents to provide information about how the first year of life is critical in developing healthy and secure attachments. Representatives from DMH-administered programs (such as ITC and the SAMHSA-funded **Project ABC**²¹) and an array of community partners (such as the Magnolia Place Network and First 5 LA Best Start LA programs) have assisted in the development and distribution of the *Early Attachment* toolkit, including targeted outreach to Spanish-speaking communities.

In the context of LA County’s world-renowned ethnic and linguistic community diversity, a critical feature of the ITC programs for parents and child care providers is that they were pioneered in Latino communities and embrace the cultural-linguistic backgrounds and gifts of participants. This is a core organizing principle of Asset-Based Community Development, and getting it right is a process with a steep learning curve or big arc.

The previously described “system- or service-centric” perspective does not support genuine community capacity building. This perspective is typically biased toward professionalism, which includes an emphasis on specialized knowledge and skills in serving at-risk and

high-risk populations with often overwhelming needs. Services and supports for those meeting the “criteria” may be necessary but insufficient. As a unique DMH-administered mental health promotion and social change program, ITC parted company with such approaches and the project was further transitioned to the next phase of community engagement.

It Takes a Community was adopted by the Magnolia Place Community Initiative in 2008 as a core working philosophy to guide how public institutional partners, community-based organizations, and individuals can operate within communities. The Magnolia Place Initiative’s vision, mission, and goals are further rooted in the Strengthening Families Protective Factors framework. Within this framework, ITC serves to enhance social connections by offering a conscious reflective approach to communication through empathetic practices. Relationships among members of the Magnolia Place Initiative are guided by a *power-with* rather than a *power-over* paradigm that fosters interdependence, creativity, and dynamic community change. Practicing the ITC philosophy, recognizing family members’ strengths, and responding to their needs ultimately contributes to better outcomes for the Magnolia Place community relative to four key goal areas: nurturing parents, school readiness, economic stability, and health and well-being.

Strengthening Families and Communities

'Big Tents' and 'Deep Dives'

Over the past 20 years, the critical need for collaborative work in support of children, youth, and families in LA County has resulted in continuously expanding and rotating partnerships among public-private sector representatives and networks. The broader common goals have centered around service integration, systems transformation, workforce-program-policy development, and regional (Service Planning Area or SPA-level) as well as neighborhood-based community capacity building. While many county-driven collaboratives are subject to legal-legislative mandates, sociopolitical forces, and/or prevailing economic conditions and budget climates, several “learning and doing” collaboratives have embraced effective community change and logic models. In the process of their growth and development, many such collaboratives have created “big tents” (under which many diverse stakeholders are invited to participate). They have also elected to focus on geographically well-defined communities and neighborhoods and implementation of place-based initiatives that entail “deep dives” through the use of comprehensive but focused community-building approaches.

The successful collaboratives have committed to various communities’ capacity to “act on their own behalf” to promote the well-being of their members, with ongoing support of “anchor agencies,” “institutional partners,” and longer-term funders. While ongoing public-private funding has been a significant component of the mix, “social capital” has become the real glue money. It is the increasingly popular term for the economic value associated with people’s connections with and trust in one another and their capacity to form and utilize networks of those contacts. It can be seen as

a measure of society’s ability to move beyond “us versus them” and see most people as “us,” and worthy of trust. Among the types of social capital are *Bonding social capital* (involving relationships with one’s family and tribe) and *Bridging social capital* (referring to the connections and trust outside these boundaries).²²

The expansion of social capital is fueled by the power of social networks. This is a particularly hot area of current research. In their analysis of the Framingham Heart Study (which followed 15,000 people for more than 50 years to discern the causes of heart disease), Christakis and Fowler found that in a social network, happiness spreads among people up to three degrees removed from one another (a friend of a friend’s friend). However, smoking, drinking, and loneliness showed similar patterns.²³ Through our propensity to mirror one another, even people we don’t know can affect our behavior because they affect what our friends do.²⁴ Moreover, as the communication revolution brings together more diverse people in increasingly more expansive and varied social networks, we begin to appreciate concepts such as *transitivity*, *network weaving*, *the power of weak ties*, and *working wikily*.

While the LA County collaboratives continue to build networks for change, they are also proactively engaged in mental health promotion at the group or community level. In the earlier section on Positive Mental Health, Siegel’s “triangle of wellbeing” when applied to individuals includes neural integration, empathic relationships, and a coherent mind. He also notes that entry through any window of opportunity to promote one of these factors will serve to enhance the others. In community collaboratives, or other intentional groups,

neural integration might be viewed as systems or collective resource integration, empathic relationships extended into social networks, and a coherent mind that can translate into a theory of change or logic model adopted by the group. This is where the art of applying “complexity science” (the science of the 21st century) can be useful to leaders who wish to strengthen their relationships with others.²⁵ One of the most attractive features of this field is that it validates value-based leadership ideals such as openness, diversity, and integrity. It also is dynamic, developmental, and nonlinear and describes how systems actually behave rather than how they should behave.²⁶ And finally, *complexity* does not mean complicated. *Complicated* is sending a rocket to the moon. *Complex* is raising a child.²⁷

Now let’s take a brief look at some collaboratives (including funders) with big tents that are engaged in the complex business of helping families raise young children, by doing deep community dives. Among those that have emerged and/or continue to transform are entities that have incorporated a Strengthening Families and Communities framework as well as a focus on children aged prenatal or birth to 5 years, which includes the following:

Magnolia Place Community Network and Initiative

The mission of the Magnolia Place Network is to unite the county, city, and community to strengthen individual, family, and neighborhood protective factors by increasing social connectedness, community mobilization, and access to needed supports and services. The Network consists of approximately 70 organizations, including the faith community, parent associations, nonprofits, government agencies, advocacy groups, schools, and other community institutions. Together they are members of

the MP Community Initiative, which builds neighborhood resiliency by supporting families to create change in partnership with CBOs, government, and philanthropy. The MP “community” consists of nearly 100,000 residents living in the 5-square-mile 500-block area surrounding West Adams, Pico Union, and the North Figueroa Corridor. The goal of the Initiative is that children, particularly the youngest living in the neighborhoods, succeed at unprecedented levels in the education, health, and quality of nurturing they receive from their families.

Children’s Council of Los Angeles County

The Children’s Council of Los Angeles County was created in 1991 as the Los Angeles County Children’s Planning Council by the County Board of Supervisors. The Council’s formation was the outcome of a public advocacy process involving neighborhood residents and community-based organizations across the county who made the compelling case for a regionalized and planned system of county service provision for children and families, and for an investment in CBOs serving children and families, which would ensure more equitable access to resources for low-income populations. The Planning Council subsequently participated in the development of a countywide infrastructure that has enabled public, private, and community organizations to work together to improve conditions for the county’s children and families.

The Planning Council restructured in 2008, becoming the Children’s Council of Los Angeles County. The Council revised its mission and membership (becoming a 501(c)(3)-organizing body for community-based nonprofit organizations) to better reflect its role as broker and champion for children, youth, and families across our region’s varied and diverse neighborhoods. It has positioned its county, city, school, and community leaders to

do what is needed now to improve the quality of life throughout Los Angeles County. This includes designing and delivering services and supports that consumers want (as opposed to those that various agencies unilaterally decide are necessary) and, even more important, partnering with communities to enable them to create safe, healthy, nurturing, and, ideally, self-sufficient neighborhoods for their residents. The Children’s Council has successfully secured operational and subgrantee relationships with eight subgrantee anchor agencies (well-established community nonprofits serving the respective SPA in which they are each located) and replicated the Neighborhood Action Council (NAC) model of relationship-based organizing on a countywide basis. There are 112 currently active NACs in LA County.

The Council continues to implement a Community Level Change Model of Relationship Based Organizing that builds on the strengths and assets of individuals rather than on needs and services. While the Council has historically addressed the needs of children and youth throughout LA County, it is now a grantee of First 5 LA and focusing on establishing a regional network of neighborhood groups with selected “Best Start LA” communities.

LA Partnership for Early Childhood Investment

The Partnership is a place-based collaborative of over 35 members that includes some of the country’s largest private foundations, a number of family foundations, and leading private- and public-sector funders of early childhood development issues, programs, and services. The Partnership supports and promotes the lifelong health and well-being of children, aged prenatal to 5. It is currently focusing its efforts on supporting Strengthening Families initiatives, leveraging state and federal

investments for prenatal-to-5 programs in LA County, and building support for prenatal-to-5 investment in the business sector. It employs the three primary strategies of Education and Learning, Policy and Advocacy, and Community Research and Investment.

First 5 LA

With its 6-year strategic plan, First 5 LA joins a movement of public and private funders who are transitioning from initiative-based grant making to a place-based approach and focus on long-term change. The Place-Based Approach Plan will be implemented through the two primary mechanisms of Family Strengthening and Community Capacity Building but will also include a countywide approach when dealing with countywide systems, such as health and human services departments, economic systems, policy environments, and public will. The Community Capacity Building framework includes activities to build capacity in the areas of community engagement, leadership, infrastructure, and investment.

Widening the Circle of Compassion and Leadership

There is no *them*. There is only *us*.

The inspirational words of Father Greg Boyle remind us that as individuals and as members of many different communities, we have much work to do to “widen our circle of compassion.” If we were to imagine a future where no one stands outside the circle, then we may have eliminated one form of poverty. Among many communal cultures and collectivist societies, *poverty* is defined as “being alone.” Regardless of the degree to which a given culture or its members selectively value interdependence, social relationships remain universally the best predictor of happiness – a fact that is not lost on the Kingdom of Bhutan, where the country’s wealth is measured in terms of “gross national happiness” (GNH) and social and community vitality are considered major contributors.

The growing scientific evidence supports that we are fundamentally an empathic species.²⁸ “Empathy – fully expressed in a community of nurturing interdependent people – promotes health, creativity, intelligence, and productivity.”²⁹ This process fulfills the vision of It Takes a Community, which begins with raising empathic children – or should begin even sooner by caring for pregnant women and young mothers. We ultimately realize that our mental health and wellness is inextricably linked to that of all others. A deep regard for our connectedness will contribute to cocreative power.³⁰ As we expand the circle of compassion, we must also learn to take the time to stand in it and reflect on who we are with, what we are standing for, and then stand in awe of others we have joined. Father Greg would say, “Our job is to make others’ souls feel their worth.” In fact, John McNight, founder of the Asset-Based Community Development movement, speaks of everyone’s

unique gifts and how they are underused; he claims these are the three most important words someone can hear: “**I need you.**” We must also continue to promote our mutual mental health by “knowing our own minds as well as embracing the inner world and minds of others with kindness and compassion.”³¹

As our **hearts** expand (Are you feeling the **LUV?**), we must use our **heads** by thinking about and considering what practices, programs, and social policies might influence the expressions of empathy, and then do something (using our **hands**) about implementing them. The current U.S. social and political environment leads one to question whether we do indeed live in a hostile (vs. friendly) universe. Welcome to the world of emerging realities: increasing isolation (a full quarter of Americans have no one to confide in); exploding prison populations (we house a quarter of the world’s prisoners)³²; rampant, in-your-face rage and hostility in the political arena of gladiators (vs. statesmen/women); and public ridicule of a standing President who believes in global empathy. As Catherine Bond (our well-known colleague in the LA County mental health world) would ask: “Is it a sign of wellness to be adjusted to a sick society?” (she calls it “saneism”). Perhaps Maya Angelou got it right when she claimed, “Courage is the most important of all virtues, because without courage you can’t practice any other virtue consistently.”

In addition to courage, the “essential role of leadership” must continue to be “how to foster a commitment to ongoing relationship building.”³¹ As viewed by the authors of *The Art of Powerful Questions*:

The leadership challenges of the next 20 years are likely to revolve around the art of engaging and energizing networks rather than solely managing hierarchies as in the past. Successful leaders will be those who see organizations as living networks of conversation and collective meaning-making through which members create new knowledge and bring forth the future. They will understand how to operate in networks that are both internal and external to their organization.

- How many leaders today know how to frame strategic questions that open the space for thinking about possibilities rather than solving problems?
- How many leaders are comfortable with not knowing and can constructively help others bring forth their collective knowledge?
- How many leaders can engage their workers in discovering the “big questions” that lie at the heart of their organization’s future?

In a volatile and uncertain environment, one of the strongest steps leaders can take is to assist their organizations in discovering the right questions at the right time. One of their key responsibilities is creating infrastructures for dialogue and engagement that encourage others at all levels to develop insightful questions and to search for innovative paths forward. Leaders also need to consider reward systems that provide incentives for members to work across organizational boundaries to discover those challenging lines of inquiry that create common focus and new knowledge.³³

The closing question from this author:

It Takes a Community - How will you strengthen yours?

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