

# Presenter Disclosure

## 15th Annual Conference on Advancing School Mental Health

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- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

# Innovations and Cultural Adaptations: Some Key Lessons for Effective School Mental Health Programs



# Objectives

- **Objective One: Participants will be able to describe at least three challenges with offering mental health services in schools to immigrant and refugee children.**
- **Objective Two: Participants will be able to discuss at least two cultural adaptations one might make to school mental health interventions to make them culturally responsive.**
- **Objective Three: Participants will be able to identify resources available to assist them in creating culturally responsive interventions in schools**

# Why are we talking about mental health services for immigrant and refugee students?



# Dramatically changing demographics

- In 2000, over 31 million individuals in the US were foreign-born (an increase of 57% since 1990)
- According to the 2000 Census, 1 of every 5 children in the US is an immigrant or child of immigrants
- Over 2 million refugees have resettled in the US in the past 30 years (large number being under 18 years old)
- 19% of children 5-17 speak a foreign language at home and 5% of all children have difficulty speaking English

**Sources:** US Census Bureau, 2007 American Community Survey (ACS) and analyses by the Migration Policy Institute, MPI Data Hub: Migration Facts, Stats and Maps.



These changing demographics are also changing the face of our schools and students— what are the challenges in your program?

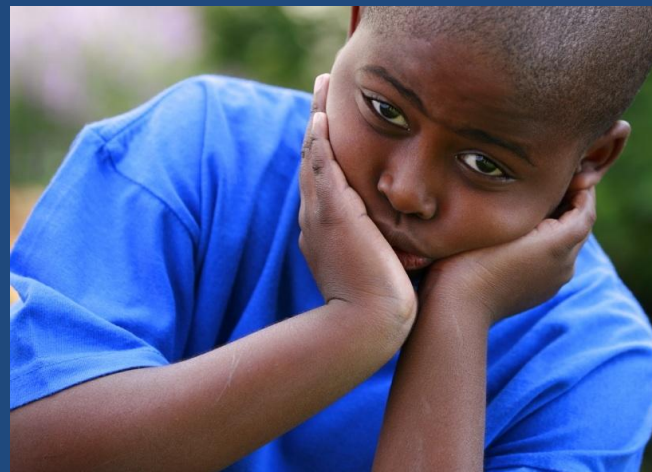


# What are some of the challenges faced by immigrant and refugee families?

- Pre-migration, migration, and post-migration exposure to traumatic events
- Stigma related to seeking mental health care
- Higher rates of poverty rates for children in immigrant and refugee families

# Challenges - continued

- Many small cultural communities
- Linguistic access
- Political climate
- Different healing beliefs and practices
- Adaptation of interventions to school settings
- Intervention adaptation to multicultural populations
- Service Silos
- Project sustainability







# Caring Across Communities

**Addressing Mental Health Needs of Diverse Children and Youth**

# Robert Wood Johnson Foundation Caring Across Communities Program

- 15 grantees serving an immigrant or refugee-dense community
- Building on the combined strengths of a community partnership
- Utilizing a school base
- Reducing barriers to care created by language and cultural difference

# Sites Funded by RWJF Caring Across Communities grant

- Asian American Recovery Services in Santa Clara City, CA Immigrant group - Vietnamese
- Children's Hospital of Boston, Boston, MA - Somali
- Children's Crisis Treatment Center in Philadelphia, PA - West African: Liberia, Sierra Leone, Guinea, Ivory Coast



- Village Family Service Program in Fargo, ND - Somali, Sudanese, Bosnian, Liberian
- World Relief Chicago Chicago, IL - Vietnamese, Cambodian, Hmong, Somali, Bosnian, Liberian, Mexican
- Duke University in Durham, NC - Mexican
- Family Service Association of Bucks County in Warminster, PA - Liberian, Indian, Caribbean, Mexican



- Imperial County Office of Ed,  
Imperial City, CA - Mexican
- LA Unified School District Los  
Angeles, CA - Mexican, El  
Salvadorian, Central  
American, Korean
- Los Angeles Child Guidance  
Center in Los Angeles, C –  
Mexican
- Minneapolis Public Schools  
Minneapolis, MN - Somali,  
Liberian, Oromo, Latino
- New York Univ. School of  
Medicine, NY, NY - Afro-  
Caribbean



- Portland Public Schools, Portland, ME - Acholi, Arabic, Khmer, Nuer, Serbo-Croatian, Somali, Vietnamese
- Santa Cruz Community Counseling Center, Santa Cruz, CA - Mexican migrant workers
- The University of North Carolina at Chapel Hill in Chapel Hill, NC - Mexican





# Comparative Case Study Addressed Three Key Questions

- What are the challenges experienced by refugee and immigrant children?
- What are the necessary components of comprehensive mental health services for refugee and immigrant children?
- How can partnerships between schools and community agencies work most effectively to implement comprehensive mental health services?



# Method

- Selected 5 diverse sites
- Conducted in-depth interviews with all stakeholders except children
- Did not try to assess whether the programs improved the mental health of the students and their families



# Case Study Participants

Type of Participant	Number
Program directors	6
Teachers & principals	13
Immigrant parents (Mexican)	13
Refugee parents	12
CAC mental health providers	12
Other CAC staff	14
Staff from partner organizations	22
<b>Total</b>	<b>91</b>

# What did we learn?



# Challenges Faced by Refugee & Immigrant Children & Families

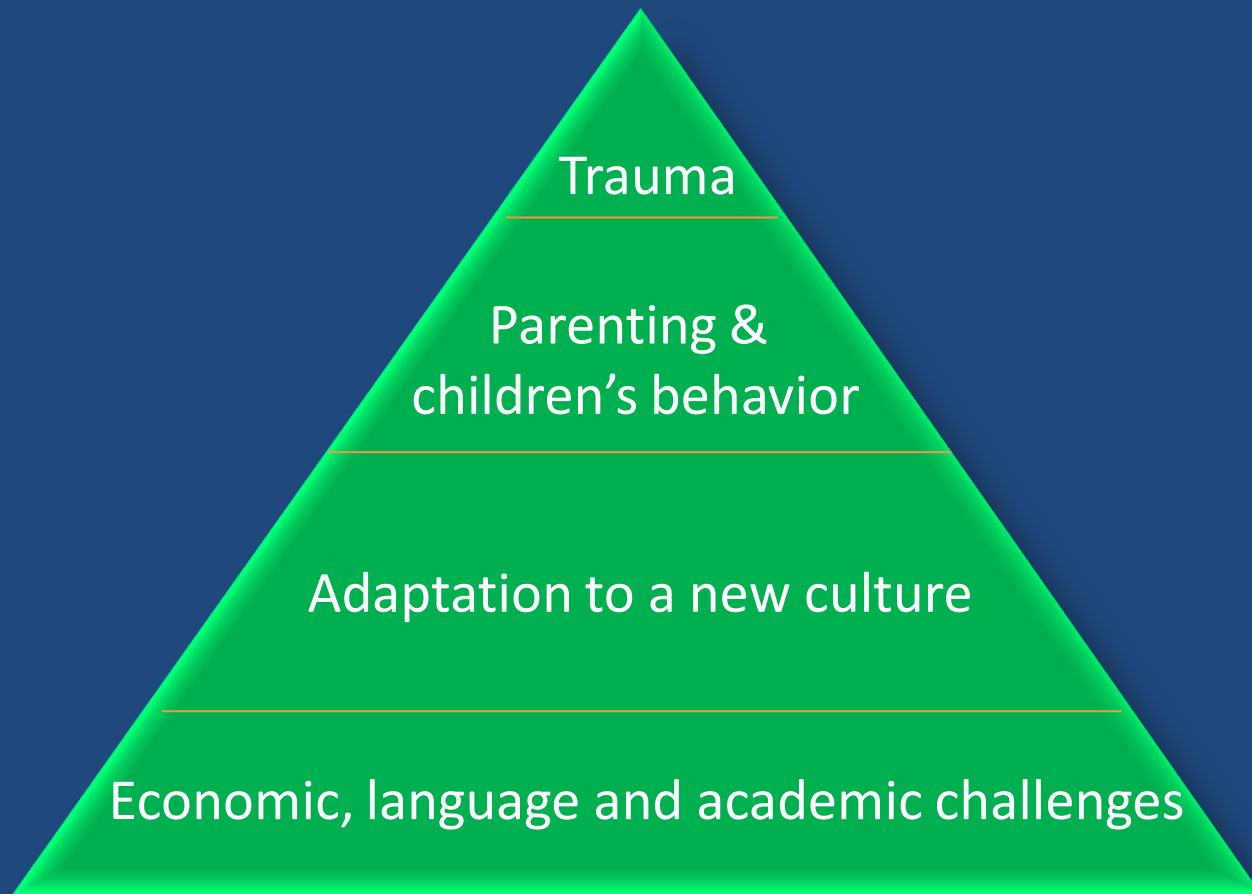
Parents: What are some of the challenges children and families in your community face?



Service Providers: How would you describe the community(ies) that the CAC program serves?

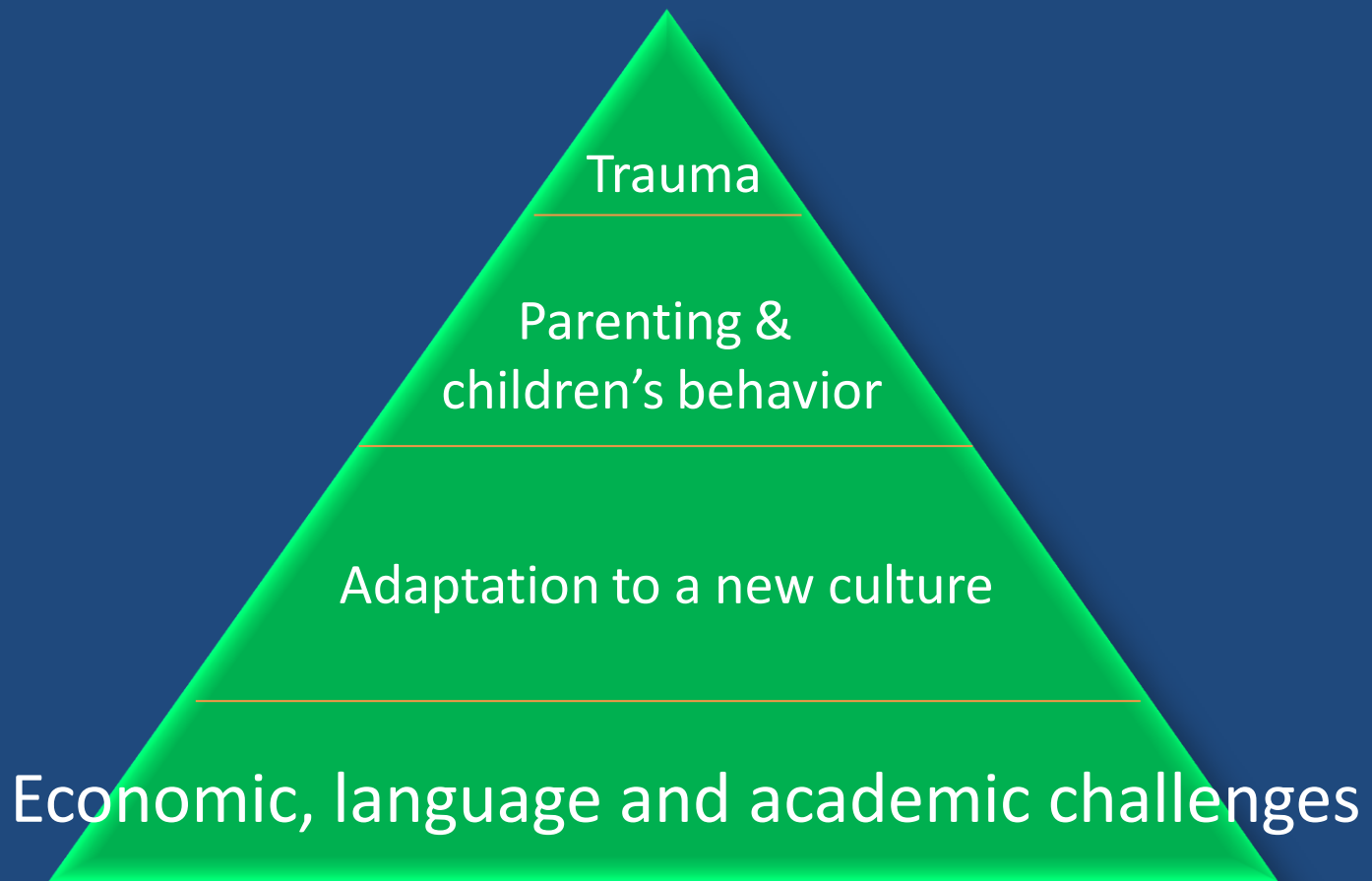
- What kinds of experiences have you seen among the children and families?
- What needs or concerns have community members presented?
- What needs or concerns have school staff presented?

# Hierarchy of Challenges Facing Immigrants and Refugees





# Hierarchy of Challenges Facing Immigrants and Refugees



# Economics as a Source of Distress

*Teacher of immigrant children:*

That's the biggest problem: facing the poverty. And like I said, poverty then disseminates to *other* areas and causes other problems— ... Because there's no money, you know, frustration, depression, the child acting out because of the situation; the parents don't know how to handle it, they don't know how to parent because they're used to other situations. And now they're confined to one little space.



# Academic Challenges

- Misfit between academic preparation and grade level
- Academic performance as source of distress
- Distress as a source of poor academic performance (not as common)

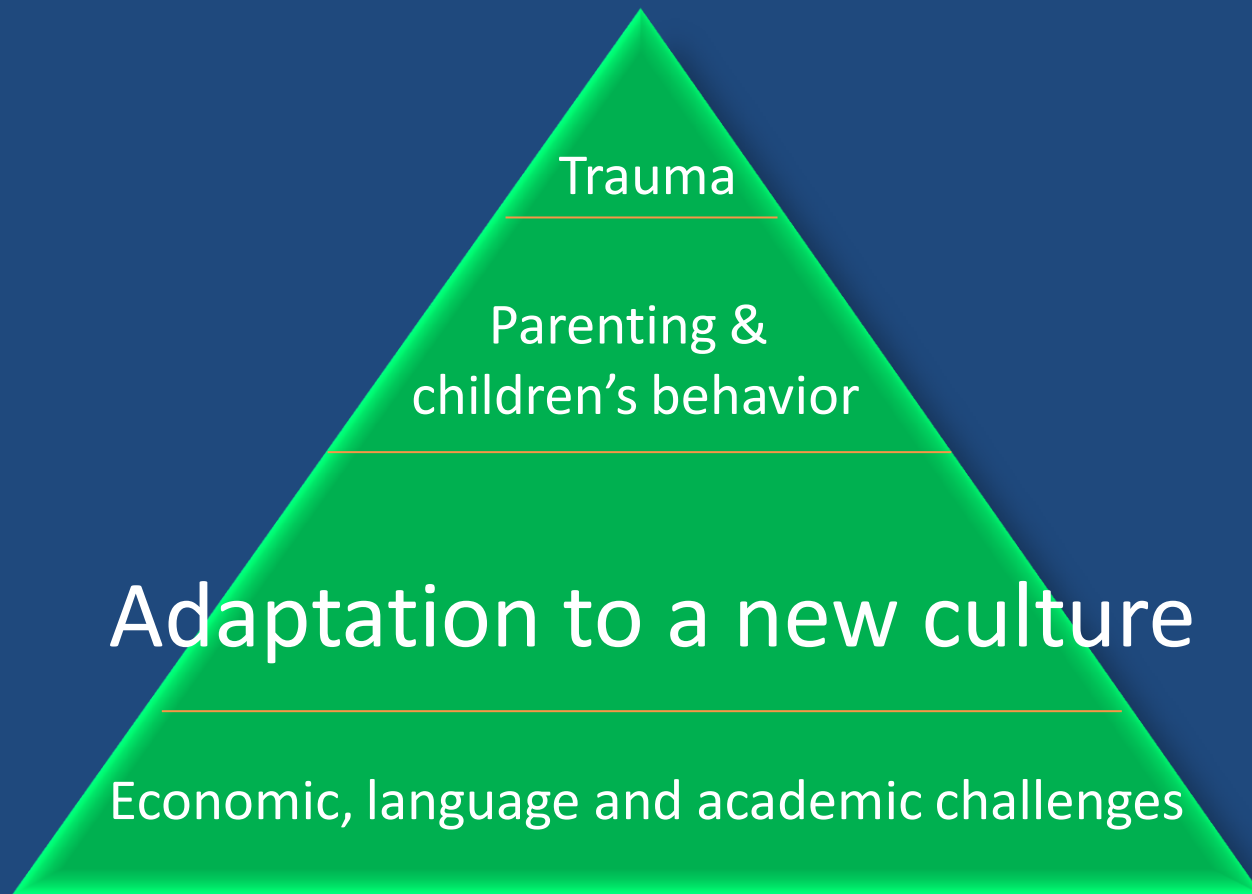


# Language Barriers



Make everything more difficult—this challenge affects every domain of their lives, particularly for the refugees.

# Hierarchy of Challenges Facing Immigrants and Refugees





# Adapting to a New Culture

*Refugee parent:*

The bus took the children so I did not go. I was afraid they would not return, so I left the house around eight and come back around three all the time looking to find the school.



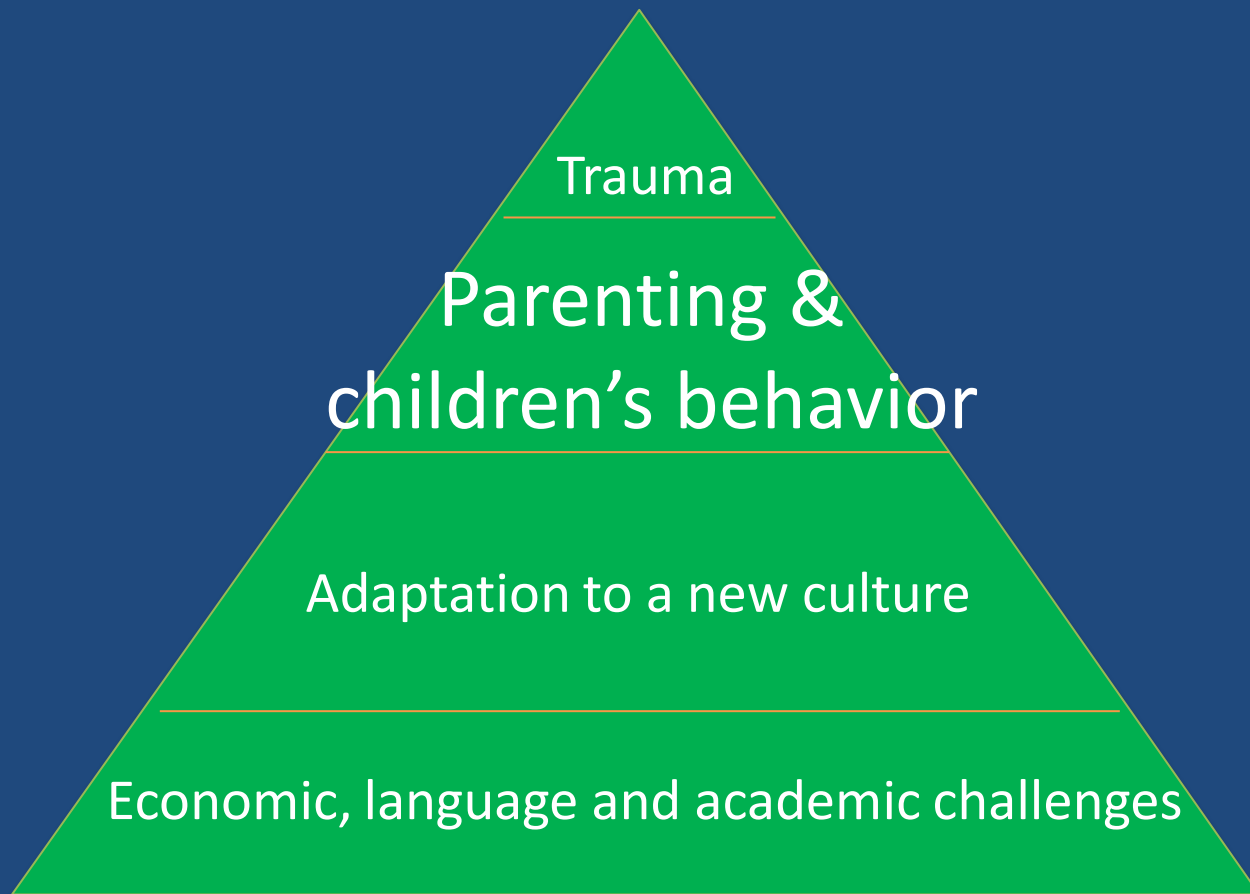


# Adapting to a New Culture

*Mental health provider for refugee students:*

...there are behaviors or tendencies they have that when they are in school are behaviors that are considered inappropriate.... The need becomes, OK, almost socializing children into the school culture, you know... “What I should I eat, I shouldn’t touch, ... I should do my homework.” But I guess they haven’t internalized it yet. So it’s just doing things that help them begin to learn to be able to do those things.

# Hierarchy of Challenges Facing Immigrants and Refugees



# Child Behavior: Bullying & Racial Tension

*Mental health provider for high school immigrant students:*

There was a lot of tension between the refugee group and the newly arrived [immigrants]. And so what was happening was they would be saying stuff to each other like: “Oh you need to go back to where you’re from.” It got kind of hostile.

# Parenting Challenges:

## Parent-School Interactions

- Parents understood that U.S. schools had different requirements for parental involvement but were not always clear on the expectations, and did not always find those expectations comfortable.
- School staff misinterpreted lack of parental involvement as disinterest in children's education.

# Parenting Challenges: Parent-School Interactions

*Refugee parent:*

I would tell them children in Africa [are] not like children in America here. Because there if I send my son to school, the teacher there is the one that is responsible for that child. He can beat him, do everything. ... If my child becomes sick in the school, it is the teacher there. He will take care of the child there...



# Parenting Challenges: Differences in Parenting Practices

- Rights granted children
- Discipline practices
- Children learning to “work the system” to their parents’ disadvantage





# Parenting Challenges: Differences in Parenting Practices

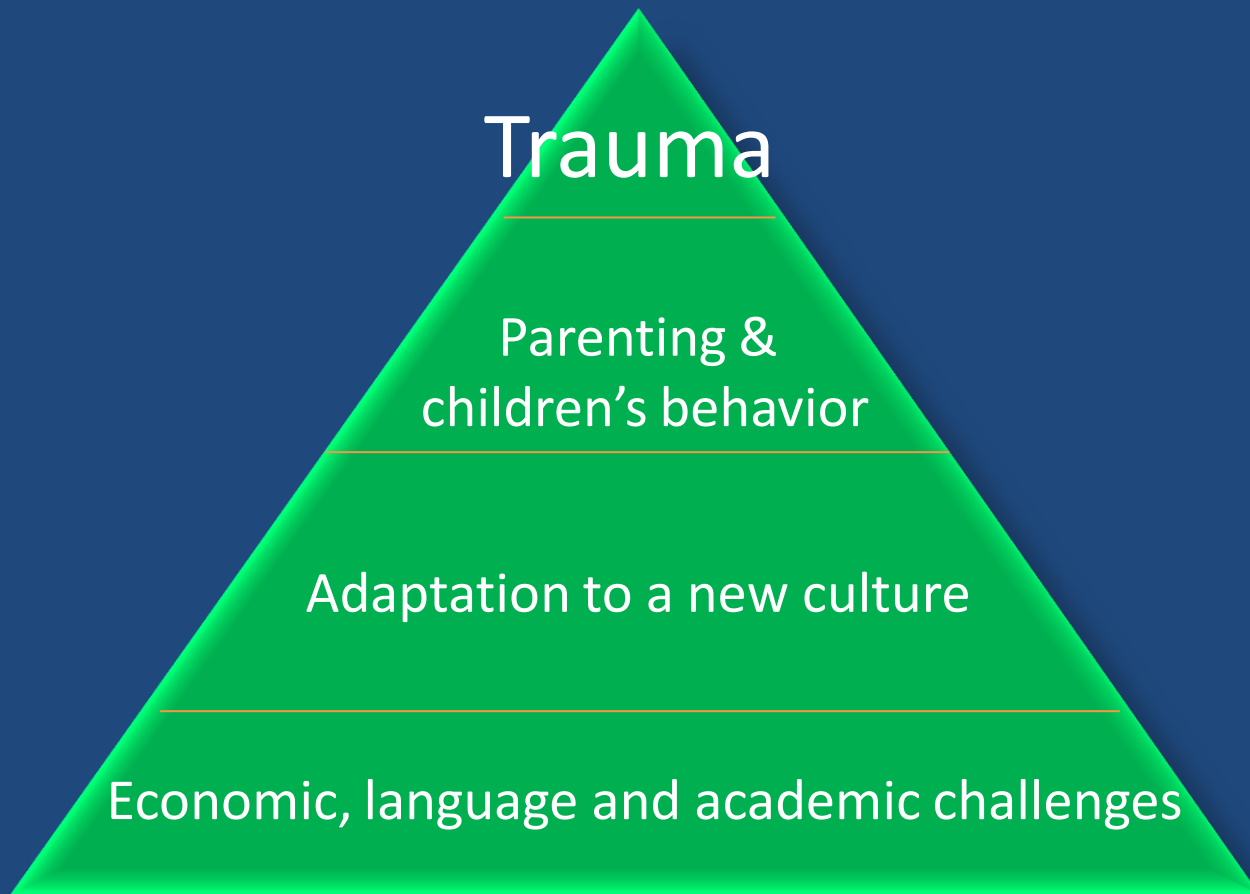
## *Social worker for refugee students:*

Many of them are just dismayed that we're not controlling what the kids wear. They're coming from homogeneous populations where ... they managed whether the girls were wearing the veil or not, how long was their hair, were they touching boys or not touching boys, you know all of that. And so I would say that a big adjustment piece for them is that they come just really feeling at a disadvantage with kids getting all these powers and rights in the United States, and as parents we feel at a loss.

# Emotional Challenges

- Refugee and immigrant families face the same issues with family functioning that affect all groups:
  - family violence
  - substance abuse
  - divorce and separation
  - emotional abuse
- These are exacerbated by being depleted from poverty and cultural adaptation, particularly differential adaptation within the family.

# Hierarchy of Challenges Facing Immigrants and Refugees



# Traumatic Events

*Mental health provider for immigrants:*

During the crossing, yeah. They were held up at gun point in the desert and they didn't get robbed specifically, but they took stuff from other people. So they were lucky. And the student just talked to me about how he and his mom had walked for like eight days just nonstop. And he was just really tired and he was really scared.

*Mental health provider, immigrants:*

An older brother, sixteen years old, was shot in our community.

# Challenges: Stigma about Mental Illness and Mental Health Services

- Only seen as a challenge or problem by mental health providers, not by parents (unless they had participated in CAC trainings).
- Parents did not conceptually distinguish mental health problems from other types of problems (unless they had been trained to do so).



# Hierarchy of Challenges



- Economic, language, and academic challenges are the most urgent and serious according to the majority of respondents in all categories.
- The more challenges a family experiences, the less capacity they have to cope.
- Challenges at lower levels of the hierarchy cause problems at the higher levels.

# Necessary Components of Comprehensive Mental Health Services

## Program Staff and Partners were asked:

What are necessary components of comprehensive mental health services for the refugee and immigrant children you serve?

## Parents were asked:

- In what ways have people at your child's school successfully helped and supported you and members of your community? What did they do?
- Are there any supports and services that you would like to see offered that are not?



# Necessary Components of School-Linked Comprehensive Mental Health Services For Immigrant and Refugee Families



# Component 1: Family Engagement

- The foundation of all services

*Program director:*

Part one is some effective community and family engagement approach. We have a couple levels of what we're doing, but you have to deal with engagement first or the services you're providing are gonna reach this teeny, teeny, tiny subset of people.

# Strategies for Family Engagement

The programs that successfully engaged parents structured their program such that mental health providers worked *hand in hand* with *family liaisons* whom the families trusted and whose specific task was to help families navigate a new culture, interpretation, academic and economic resources.



# Strategies for Family Engagement

- Home visits by or with cultural brokers
- High visibility in the school by trusted person – greeting the bus, front office, parent center, etc.
- Presence of services in the schools, if accompanied by high visibility by trusted person

# Family Engagement

## *Family liaison for refugee students:*

It's unconventional how I do it. [laughs] It's for me it's always the community and I'm not outside of the community, I'm inside the community. So, I don't work nine to five. I work seven days a week. How? The mosque need organizing event, I'm part of organizers. If there's a wedding happening, I'm part of organizing that wedding. ... Also, we have a monthly tea party that I hold in my office. The women just gather because they don't know where to go. They don't have a place to go, so I am in that place. ... So for me to be there where the community [is] at, not sitting in my office and waiting for the clients to come to me...

# Necessary Components of School-Linked Comprehensive Mental Health Services For Immigrant and Refugee Families



# Component 2. Basic Needs

*Program Director:*

I think you need to recognize and deal with the fact that some very concrete stressors that sometimes are tripped over in the case management territory are part of the treatment. I mean, if you take care of some of those things, then the problems are gonna go away, and so we really need to integrate. Just, as a field, we need to own it, you know. Getting food on the table is related to the functioning of the child, and so we need to be working on those things, so concrete needs are real, and also part of that engagement process.

*Continued next slide*



## *Program director, cont.*

If you don't do that, then why, if you're not someone the family can go to when they have a concrete need like, "My kid needs shoes," why are you someone they would go to for a really high-level, personal need, like, "My child is breaking down at night and I'm worried about them killing themselves." It's just, it doesn't make sense that you wouldn't be a helper at the different levels. You've gotta do that.



# When Programs Don't Invest in Basic Needs & Family Engagement

*Mental health provider, immigrant students:*

I would say I was with one family that's really high needs that was referred from DSS [Department of Social Services].... It took a year to break down that barrier finally, and we've been in school for over a year, and it took that long to break down that barrier. So that's hard. Maybe it would have broken down faster if it, I mean, I don't know, I don't know that for sure. But maybe it would have been easier taking care of physical needs as well as emotional needs.

# Necessary Components of School-Linked Comprehensive Mental Health Services For Immigrant and Refugee Families



# Component 3. Assistance with Adapting to a New Culture

*Program Director:*

The next level up [after addressing basic needs] I would say is working in the schools, so we have groups for kids. Again, these are not stigmatized groups, they are not mental health groups, they're groups for all the [refugee] kids in the English Language Learner classrooms. We run them once a week, and it's very supportive and fun and we target some of the stressors that we know are risk factors, like acculturative stress, things like that, really helping kids.

# Keys to Cultural Adaptation

- Cultural adaptation happens at two levels:
  - Immigrants and refugees
  - Schools, partner agencies
- Cultural brokers at two levels
  - With community (ideally of family's culture)
  - With school (ideally of school culture)



# Assistance with Cultural Adaptation

- Formal
  - Groups for kids
  - Classes for parents
  - Supports for teachers and principal
- Informal
  - In-home visits
  - Supports for teachers and principals

# Necessary Components of School-Linked Comprehensive Mental Health Services For Immigrant and Refugee Families





# Component 4. Emotional & Behavioral Supports

- Trauma-informed individual and group counseling and therapy
- Support groups
- Individual behavior plans
- Conflict resolution skills coaching relationship skills coaching
- Mentoring
- Non-traditional individual and group therapies such as narrative methods, play therapy, and cinema therapy.

# Emotional & Behavioral Supports



- The terms therapy or counseling can imply a joint understanding between client and therapist that mental health services are being delivered.
- Successful programs found a way to manage informed consent (including IRB for research) without stigmatizing their children or the services.

# Two participants describing the same treatment model

- *Refugee parent.* The program had asked me and [staff person's name] comes to my home every week. My son used to fight a lot.
- *Program director:* The treatment model is about what we call a trauma system, and by that I mean there's two parts to what we need to think about. One is a traumatized child who's unable to regulate their emotional state, and the second is a social environment where a system of care either can't help a child maintain that emotion regulation or is actually triggering the child and leading to them becoming dysregulated.

# Findings on Partnerships

- 5 actions that maximized effective collaboration between partners
  - Focus resources
  - Share resources
  - Develop a shared vision
  - Support teachers
  - Allocate resources to coordination



# Advice from the Field: Basic Principles



- Hierarchy of services needs to match hierarchy of needs
- Integrate mental health into a larger infrastructure that addresses basic needs and cultural adaptation.
- Cultural brokers are essential
- Partnerships are essential

# Conclusion

*Mental health provider serving refugee students:*

If someone wants to do a mental health service program for [refugee] kids, they have to understand you are not starting with that. You're starting with this incredible infrastructure that you build and the mental health services can fit inside of that. But if we had just set out to do mental health services for these kids, nobody would have ever come and we wouldn't have had anybody get anything out of it. ... But so much of the funding is targeted toward this little tiny room in the specific mental health services, which in isolation does nothing without that infrastructure.



Questions?