Presenters and Disclosure

Lisa Belanger, MSN, NP
Donna Behrens, R.N., M.P.H.
Center for Health & Health Care in Schools,
George Washington University School of Public Health & Health Services,

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

No relationships to disclose

The Center for Health and Health Care in Schools
In Search of New Models of Healing
The Role of Schools in Immigrant and Refugee Health

National School-Based Health Care Convention
July 2010
Objectives

• Participants will be able to describe at least three challenges with offering mental health services in schools to immigrant and refugee children.

• Participants will be able to discuss at least two cultural adaptations one might make to school mental health interventions to make them culturally responsive.

• Participants will be able to identify resources available to assist them in creating culturally responsive interventions in schools.
Why are we talking about new models of healing?
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.
Why is this an issue – we are waiting on the newest census data, but here is what the 2000 census told us about the demographics of our country and our children here is the US…

Foreign Born Population and Foreign Born as % of Total US Population, 1850 - 2007

Source: Migration Policy Institute, 2007
Ten Source Countries with the Largest Populations in the United States as Percentages of the Total Foreign-born Population: 1960

- Canada: 10%
- United Kingdom: 9%
- Germany: 10%
- Poland: 8%
- Soviet Union: 7%
- Mexico: 6%
- Ireland: 3%
- Austria: 3%
- Hungary: 3%
- All other Countries: 28%
10 Source Countries with Largest Populations in US as Percentages of Total Foreign-Born Population 2007

- Mexico 31%
- All other countries 42%
- Philippines 4%
- India 4%
- China* 4%
- Dominican Republic 2%
- Canada 2%
- Cuba 3%
- Korea 3%
- El Salvador 3%
- Vietnam 3%
### Table 4. Rank of States by Percentage of Population Made Up of Immigrants

<table>
<thead>
<tr>
<th>State</th>
<th>Percent Immigrants</th>
<th>State</th>
<th>Percent Immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calif.</td>
<td>25.9</td>
<td>27) Ga.</td>
<td>4.4</td>
</tr>
<tr>
<td>N.Y.</td>
<td>19.6</td>
<td>28) Alaska</td>
<td>4.2</td>
</tr>
<tr>
<td>Fla.</td>
<td>18.4</td>
<td>29) Iowa</td>
<td>3.9</td>
</tr>
<tr>
<td>Hawaii</td>
<td>16.1</td>
<td>30) N.H.</td>
<td>3.9</td>
</tr>
<tr>
<td>Nev.</td>
<td>15.2</td>
<td>31) Neb.</td>
<td>3.7</td>
</tr>
<tr>
<td>N.J.</td>
<td>14.9</td>
<td>32) Wisc.</td>
<td>3.6</td>
</tr>
<tr>
<td>Ariz.</td>
<td>12.9</td>
<td>33) Vt.</td>
<td>3.5</td>
</tr>
<tr>
<td>Mass.</td>
<td>12.4</td>
<td>34) Okla.</td>
<td>3.2</td>
</tr>
<tr>
<td>Texas</td>
<td>12.2</td>
<td>35) Mo.</td>
<td>3.0</td>
</tr>
<tr>
<td>D.C.</td>
<td>10.6</td>
<td>36) Penn.</td>
<td>2.9</td>
</tr>
<tr>
<td>Colo.</td>
<td>9.8</td>
<td>37) La.</td>
<td>2.6</td>
</tr>
<tr>
<td>Ill.</td>
<td>9.5</td>
<td>38) Ohio</td>
<td>2.5</td>
</tr>
<tr>
<td>Md.</td>
<td>9.0</td>
<td>39) Ky.</td>
<td>2.5</td>
</tr>
<tr>
<td>Conn.</td>
<td>8.8</td>
<td>40) Ind.</td>
<td>2.4</td>
</tr>
<tr>
<td>R.I.</td>
<td>7.8</td>
<td>41) Maine</td>
<td>2.2</td>
</tr>
<tr>
<td>Ore.</td>
<td>7.8</td>
<td>42) Ark.</td>
<td>1.8</td>
</tr>
<tr>
<td>Va.</td>
<td>7.7</td>
<td>43) Tenn.</td>
<td>1.8</td>
</tr>
<tr>
<td>Wash.</td>
<td>7.4</td>
<td>44) Ala.</td>
<td>1.6</td>
</tr>
<tr>
<td>N.M.</td>
<td>5.8</td>
<td>45) S.C.</td>
<td>1.6</td>
</tr>
<tr>
<td>Kan.</td>
<td>5.7</td>
<td>46) N.D.</td>
<td>1.5</td>
</tr>
<tr>
<td>Utah</td>
<td>5.5</td>
<td>47) S.D.</td>
<td>1.4</td>
</tr>
<tr>
<td>Idaho</td>
<td>5.3</td>
<td>48) Wyo.</td>
<td>1.0</td>
</tr>
<tr>
<td>Mich.</td>
<td>5.1</td>
<td>49) Miss.</td>
<td>0.9</td>
</tr>
<tr>
<td>Minn.</td>
<td>5.0</td>
<td>50) W.Va.</td>
<td>0.9</td>
</tr>
<tr>
<td>Del.</td>
<td>4.7</td>
<td>51) Mont.</td>
<td>0.8</td>
</tr>
<tr>
<td>N.C.</td>
<td>4.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Portland Demographics

- City Population ~ 64,000
- Total Student Body ~7,000 – 25% minorities
- 75 different countries represented
- >60 languages
- 6 SBHCS: 4-64% minorities
These changing demographics are also changing the face of our schools – 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.
• Giving up control
Caring Across Communities

Addressing Mental Health Needs of Diverse Children and Youth
Caring Across Communities
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
Evaluation Addressed Three Key Questions

• What are the challenges experienced by the children and families the CAC program served?
• What are the necessary components of comprehensive mental health services for refugee and immigrant children?
• How can partnerships between schools and multiple community agencies work most effectively to implement the necessary components of comprehensive mental health services?
Evaluation Method

• Cross site evaluation of 5 of the 15 sites
• Qualitative evaluation that included site visits and in depth interviews with program leaders, staff, school staff, staff from partnering agencies and parents of students participating in the programs
• Did NOT assess whether the programs improved the mental health of the students and their families
What did we learn from the evaluation?
Economic, language and academic challenges

Adaptation to a new culture

Parenting & children’s behavior

Trauma

Figure 1. Challenges Facing Immigrants and Refugees
Figure 2. Necessary Components of School-Linked Comprehensive Mental Health Services For Immigrant and Refugee Families

- Family Engagement
- Basic Needs
- Support with Adaptation to a new Culture
- Emotional & Behavioral Supports
Adaptation

- Use of cultural brokers as bridge
- Frame services as academic vs mental health intervention
- Recognize faith as fundamental to healing in many cultures
- Incorporate native gestures, words, phrases where able
- Apply evidenced-based practice with flexibility
CAC Evaluation 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
Partnerships
Meaningful Community Partnerships

- Shared vision and goals.
- Clearly defined roles and process for decision making.
- Power-sharing.
- Structure for communication, planning, and evaluation.
- Joint introspection, reflection, and learning.
- Support for each other’s work and invested in each other’s success.
Portland, Maine
Community Providers of MH Services
Refugee Resettlement Center
Children and families
Schools and school-based MH providers
Public Health
Other social service providers
Culturally Responsive Trauma-Informed Program and Activities

Meaningful Community Partnerships

Reflective Consultative Intercultural

CAC Collaborative Steering Committee

Conceptional Framework
LEARN Model

- **L**isten, with empathy and understanding to the student/family’s perception of the problem
- **E**xplain your perception of the problem
- **A**cknowledge and discuss the differences and similarities
- **R**ecommend response or intervention
- **N**egotiate agreement

Advice from the Experts & the Field: Basic Principles

- Strive for cultural competence
- Encourage adaptation
- Hierarchy of Needs
- Infrastructure key to sustainability
- Partnerships are essential
Lessons Learned:

- Seek first to understand, then be understood
- Recognize & acknowledge culturally-bound beliefs
- Surrender control/Embrace ambiguity
- Thoughtful process leads to successful outcomes
- Challenge the norm, seek new models of healing
- Trust is earned and reciprocal

Portland, Maine
The Center for Health and Health Care in Schools

Lisa Belanger, MSN, NP
Donna Behrens, R.N., M.P.H.

Center for Health and Health Care in Schools
2121 K Street, NW, Suite 250
Washington, DC 20037
202-466-3396 (phone)
www.healthinschools.org
www.facebook.com/healthinschools

Department of Prevention and Community Health, School of Public Health and Health Services, The George Washington University