Presenters and Disclosure

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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
Mental Health Services for Immigrant and Refugee Students: Innovations and Cultural Adaptations

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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 2009, the foreign born population in the United States numbered 38.5 million or 12.5% of the population.
- According to the 2000 Census, 1 of every 5 children in the US is an immigrant or child of immigrants.
- In 2009, 74,602 individuals were admitted to the US as refugees.
- 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.
- About 16.9 million children age 17 and under or nearly 24% of this age cohort has at least one immigrant parent.
- In 2008, 21% of children ages 5-17 spoke a language other than English at home.

Sources: US Census Bureau, 2007 American Community Survey (ACS) and analyses by the Migration Policy Institute, MPI Data Hub: Migration Facts, Stats and Maps.
Changing U.S. Populations
Graph reproduced from Center for Immigration Studies, 2008

Figure 1. Number of Immigrants Living in the U.S., 1995-2007

Source: Center for Immigration Studies analysis of March 1995 through 2007 Current Population Surveys (CPS). The CPS does not include persons in group quarters, such as prisons and nursing homes. Figures for 1995 to 1999 have been re-weighted to reflect the larger number of immigrants revealed in the 2000 Census.
These changing demographics are also changing the face of our schools and students—what are the challenges in your program?
Shifts in our Student Population

Student populations becoming more diverse:

• 11% of students are English language learners (ELLs)

• 12% of students have an IEP (NCES, COE, 2010).

• From 1998-2008, % of Hispanic/Latino students doubled: now 22%
Demographic Data

- Fewer than half (49%) of children are from a Caucasian background (U.S. Census Bureau, 2011)
- 124% increase in ELL students from 1979-2003 (NCES, 2005)
- 1 in 5 students speaks a language other than English at home (NCES, 2009)
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
- People with limited English proficiency (LEP) are less likely to seek care and receive needed services
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
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
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

- Trauma
- Parenting & children’s behavior
- Adaptation to a new culture
- Economic, language and academic challenges
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- Trauma
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

Makes everything more difficult—this challenge affects every domain of their lives, particularly for the refugees.
Hierarchy of Challenges Facing Immigrants and Refugees

- Economic, language and academic challenges
- Adaptation to a new culture
- Parenting & children’s behavior
- Trauma
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

- Economic, language and academic challenges
- Adaptation to a new culture
- Parenting & children’s behavior
- Trauma
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: Differences in Parenting Practices

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

- Trauma
- Parenting & children’s behavior
- Adaptation to a new culture
- Economic, language and academic challenges
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

• Sometimes seen as a challenge or problem by mental health providers, not by parents

• Parents did not differentiate mental health problems from other types of problems

• Parents do not always use the same words for mental health problems
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

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

Family Engagement
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.
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 it was to help families with navigating 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
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Family Engagement
Necessary Components of School-Linked Comprehensive Mental Health Services For Immigrant and Refugee Families

Support with Adaptation to a new Culture

Emotional & Behavioral Supports

Basic Needs

Family Engagement
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

Emotional & Behavioral Supports

Support with Adaptation to a new Culture

Basic Needs

Family Engagement
Component 4. 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 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.
Range of 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.
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
Handout with resources and Questions?
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