Strategies to Avoid or Overcome Stigma
Strategy 1: Locate services at school

- Enhanced ability to interact with parents and gain trust

- Allowed services to be provided in the context of school and academic success, rather than a mental health clinic
Mental health provider (cultural broker):

[T]here’s more of a stigma walking into a clinic than, you know, asking for help at the school. So I hear a lot of parents saying that they’re very grateful that we are just here, we’re located physically here.
Strategy 2: Use cultural brokers

Cultural brokers understood both cultures and were **highly accessible** to families and service providers.

- Full-time direct phone access
- Drop-in parent center
- Home visits
Roles of cultural brokers

- Built relationships and trust
- Educated staff about community
- Educated community about mental health services
- Served as liaisons
- Provided mental health care
Strategy 3:

Embed mental health services in a web of other services to assist with basic needs, adaptation to a new culture, and social-emotional support.
Cultural brokers were key actors throughout the stigma reduction process.
Challenges are interrelated, and immigrant and refugee families do not place them in separate silos.
Programs that provided only mental health services required refugee and immigrant families to label their problem as a *mental health* problem.
Program staff member:

...we decided [computer training] would be one of those logical ways to connect with families. It’s not about the mental health of their kids, but it’s just about building connections with families, it’s being known, it’s being around, it’s connecting them to the school. So our Somali staff held, basically, a two-day training for the Somali families. All these families showed up. And, at the end of two days, walked home with laptops. ...and the lines [faded] between, “Help us get a computer in our house,” to “Help our kids and help with my child who’s having emotional problems,” - it’s just, it’s all helping.
Program staff member:

[We] have groups for kids. Again, these are not stigmatized groups, they are not mental health groups, they’re groups for all the Somali 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, but mostly it’s a chance for the kids to really feel like they’re comfortable with our program. Our program is seen as something you want to be in, and then it gives us a window into identifying those kids who need higher level services…
Parents at all three sites began to identify and trust service providers simply as “people who help,” rather than mental health workers.
Strategy 4:

Use non-stigmatizing language
Service providers altered the language they used to describe children’s emotional needs, mental health services, and provider roles.
One site avoided using mental health terminologies from the onset, while the other two adopted new approaches after earlier attempts had frightened and alienated families.
Parent:

[Before] they would send flyers to homes, they would say, “Do you have problems with the mind?” Mental problems. As Latino person, “I am not crazy.” … People do not want to come close… If we continue wording it this way, it’s not going to work. And we have to change from mental to emotional, and that’s when people started [coming].
Partner agency staff/cultural broker:

… If someone comes to me with something that is so abhorrent, so much outside of my cultural context, and says, “I want to do this with your child,” I am not going to sign that [consent form]. If someone came to me and said, ‘you know, we know that there has been war, we know there has been difficulties. This program talks to the kids and helps them so that they can function better in school.’ Even though you are… doing therapy… you use a language that makes sense to the community.
Examples:

One site avoided stigmatizing labels by framing services in terms of promoting children’s education: tutoring, help with homework, and supports to improve classroom behaviors and relationships.

They also used non-stigmatizing titles for staff, including “youth skills mentor” and “cultural mentor.”
None of the parents interviewed at this site explicitly described mental health services when talking about their experiences with the program. Rather, people “in this community,” as one parent put it, simply helped their children adapt to life in America and do better in school.
Parent:

[T]hese people become like another eye to the parent and they can see those things and give report. The school and plus the team of [Program Name] really work together and coordinate and give each other report and always devise ways how we can help [the children] so they don’t get in troubles [and] they can improve in every area…
Recap of Strategies

- Work with cultural brokers
- Base services at schools
- Integrate mental health services with assistance with basic needs, cultural adaption, and social and emotional supports.
- Use non-stigmatizing language
Why Strategies Worked

- Mental health services were integrated into an ecological service model geared towards the whole family and larger community.

- Cultural brokers were key actors in the process of identifying stigma as a barrier to care access and developing strategic responses.

- Building relationships and trust was essential.
Considerations

- The need for openness to learning with and from service communities

- Ways to de-stigmatize *mental illness*, not just mental health services

- Funding requirements based on Western models of diagnosis and care