

20th Annual Conference on Advancing School Mental Health “Getting Jazzed About School Mental Health”

Healthy School Mental Health Transformation:

A Dynamic Culturally Responsive Model

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Objectives

- Have an improved understanding of the “fit” school-based services for addressing AAPI students mental health needs;
- List (at minimum 3) reasons schools and educational institutions serve as important settings for meeting some AAPI mental health needs;
- Acknowledge important cultural characteristics and influences significant for successfully serving AAPI youth and young adults in school settings;
- Describe some (at least 3) culturally competent, responsive and effective mental health practices for AAPI students on campuses;
- Advance by listing (at least 3) research, training, practice and policies essential for addressing AAPI family needs in schools.

AAPI Community Myths

- Mental illness is a Western construct
- AAPI's don't want or even need services
- Mental health problems can be handled within the family
- FACT: mental illness is a global health problem
- FACT: Services are sought & utilized when appropriate care is offered
- FACT: Delaying proper treatment leads to poor health outcomes

Provider Concerns

- AAPI's not responsive to recommendations
- AAPI's not following up on referrals
- Limited AAPI community outreach
- Early AAPI drop out from services
- Stigma toward those in treatment

= **POOR HEALTH OUTCOMES**



Provider Myths



- MYTH: AAPI's are the model minority
FACT: The truth about AAPI's is Bi-modal extremes
- MYTH: AAPI's are one big similar community
FACT: High within group diversity due to historical, cultural, and economic differences

Who are we talking about?

- Which AAPI clients and families do you work with?

18.2 million people

(countries of origin, religion, economic status, languages...)

- How do they SELF identify?



Barriers to Treatment

- Almost half of all AAPI households are linguistically isolated
- Approximately 70 AAPI providers were available for every 100,000 AAPI people
- At least 20% of AAPI's lack health insurance
- Some studies found 90+% of AAPI's utilize indigenous treatment
- Lack of research on treatment approaches and efficacy for API's

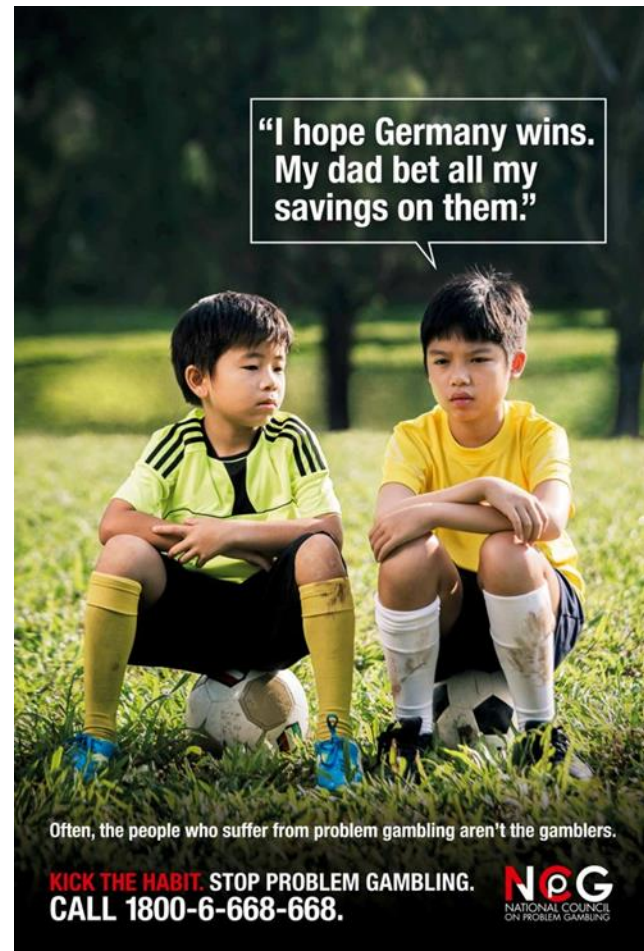
Culturally Responsive Practices

- School may be an ideal setting due to the perceived importance and authority of school
- Relationships, Trust, and accommodations to be prepared in advance



Who are AAPI's in treatment?

- “Paradox” group: high achievement & high emotional distress
- Presentation of symptoms differently than other populations
- Higher severity at the time they do reach professional care



What types of presenting problems?



- Domestic Violence
- Substance Abuse
- Gambling Addiction
- Mood Disorders
- Post Traumatic Stress
- Adjustment Disorders
- Micro-aggressive Stress
- Immigration or acculturation stress

School Scenario

- “Penny” was a Chinese-American 6th grader who had been feeling depressed, anxious, and learned to self-cut from friends. Her parents initially refused school counseling due to worries about stigma & missing class time.
- After consultation with administrator whom they respected, and being offered translation and information -their fears abated and parents consented to school based treatment for Penny.

Reaching families and caregivers

- Bridges to Behavioral Health
- Mandarin Parenting Workshops

How might parenting workshops be tailored to your school population?



Bi-cultural Parenting Workshops

- Emphasis on normalization
- Validation of specific community challenges
- Psycho-education in languages and formats appropriate to audience
- Title of workshop
- Establishment of respect and trust
- Presenter preparation for specific topics of interest/need
- Real life examples and stories

School Scenario

- 6 year old “Mark Miyasato” disrupts his classroom daily. He can’t focus, doesn’t make eye contact, is moody, argumentative, screams during transitions, and can’t play well with others. His teacher & principal recommend Mark undergo a formal assessment and see a counselor.
- Mark’s parents refuse. They hope he will ‘grow out of it.’ They are terrified he will be negatively labeled by the school forever.

Model Transparent Communication

- State intent honestly
- Acknowledge differences plainly
- Invite transparency
- Accept the “not knowing”
- Check for understanding
- Create alternative avenues for feedback



School scenario

- The SRO and principal at middle school was shocked when Pilipina American, straight-A student Meg attacked her Dad at home with a kitchen knife. The family appeared “picture perfect” to outsiders.
- In counseling it was revealed the family had suffered quietly from generations of mental illness – and never sought treatment.

Peer resources

- Peer Resource Model:
at MSJH the peer resource student team is 90+% Asian American. Students create events and use media and social media to raise awareness about mental health maintenance and provide support.



School Scenario

- A high school with a high AAPI student body was reeling from the suicide of a popular 11th grader. Gossip among the students was that her parents “treated her like crap and drove her to it with their obsession over grades.”
- None of the administration and counselors were AAPI. They utilized Fremont YFS and community supports to assist with crisis response as well as plan prevention activities.

Holistic Supports

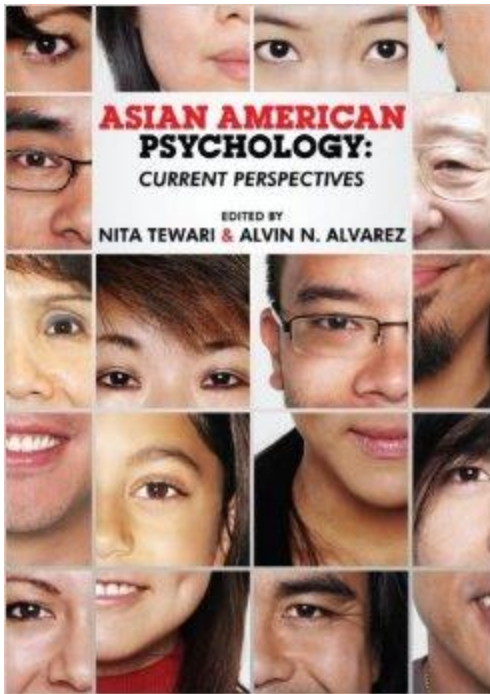
- Work with client supports-such as holistic healers, extended family, community groups
- Prepare your consultation network **in advance**
- Develop Sources & Prepare Resources
- Expertise from families
- Treat your experts as valuable and equal



School Health Center Scenario

- 11 year old Phung has been coming to school looking fatigued & sad for weeks. She has long dark bruises on her arm. Her teacher is alarmed and consulted with the Vietnamese speaking counseling intern.
- The intern helped facilitate a call home where they learned that Phung had been “coined” & “cupped” due to feeling ill last night. They assessed the family and learned that they were stressed due to a grandmother with dementia at home, and no one in the family has health insurance.
- The school linked Phung’s family to case management support and caregiver support.

Resources



- Cultivate local resources
- Utilize interpreters and community liaisons
- Read up on current research and current events
- AAPA is on fb and twitter
- NAMI has educational materials in multiple languages

SYSTEMS Change

- Family
- Community
- School District
- Providers
- County
- State
- Research and evaluations
- ...and beyond!



THANK YOU

More resources are
available

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Additional Addendum materials if
time allows

AAPI situations for discussion

- Have you worked with a “parachute kid”?
- Is it helpful or not helpful to use the metaphor of physical illness “like diabetes” to describe a mental health condition to a Chinese family?
- Is it “normal” for a 13 year old to co-sleep with mom?
- How to deal with a Cambodian parent who daily calls her child derogatory names?
- How to understand when a parent refuses consent for a seriously ill child?

Intersectionality

- At the most basic level, intersectional awareness encourages us to ask and consider how our approaches address and engage constituent members who are in fact constituents of other social groups as well.
- How do debates across constituencies sound different when it is recognized that each community contains members of the other(s)?
- James is a 3rd generation American who's parents are on city council and boards and also leaders in the Pilipino church
- Miki was adopted by Caucasian parents from China when she was 2, she is star high school athlete
- Kate is a pansexual "ABC" in the BDSM community
- Vikram is a software engineer with mild Asperger's syndrome who immigrated from Chennai when he was 21
- Fred is a bi-racial Korean/Argentine student born in Chile who has lived in 3 countries