

BUILDING PARTNERSHIPS:
CONVERSATIONS WITH LATINA/O
AND ASIAN-AMERICAN PARENT
ADVOCATES ABOUT MENTAL HEALTH
NEEDS AND COMMUNITY STRENGTHS

UC DAVIS
CENTER FOR REDUCING HEALTH DISPARITIES

UCDAVIS
HEALTH SYSTEM



AUTHORS

Cristiana Giordano, PhD
Katherine Elliott, PhD, MPH
William M. Sribney, MS
Natalia Deeb-Sossa, PhD
Marbella Sala
Sergio Aguilar-Gaxiola, MD, PhD

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This project conducted by the UC Davis Center for Reducing Health Disparities (CRHD) in collaboration with the California Department of Mental Health represents an effort to reach out, to engage, and collect community voices that have previously not been heard. Through this project, CRHD developed relationships with historically unserved and underserved communities, community-based agencies, and a group of dedicated and passionate community advocates who are serving and understand the needs of these communities. The willingness of these participants to share their perspective was based on the trust that was established and the belief that their message would be presented to mental health decision-makers. We are appreciative and grateful to the individuals and communities for sharing their time and wisdom and hope that they find their voices well represented in this report.

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COMMUNITY ENGAGEMENT WITH LATINA/O AND ASIAN-AMERICAN PARENT ADVOCATES

The UC Davis Center for Reducing Health Disparities (CRHD) works on building relationships with communities, conducting research, and working with policy makers to improve the health of underserved groups in California. In 2006, the CRHD launched a project to reach out to communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial community engagement meetings with school-based Latina/o and Asian-American parent advocates from the Parent Institute for Quality Education in Riverside and San Bernardino Counties. Their voices provide descriptions of the needs of children, youths, and families in these communities and their struggles and accomplishments as members of immigrant communities. Their experiences and insight provide invaluable guidance for developing Prevention and Early Intervention (PEI) programs and improving mental health services for children, youths, and families in these communities.

THE MENTAL HEALTH SERVICES ACT

In November 2004, California voters passed Proposition 63, which on January 1, 2005 became state law entitled the Mental Health Services Act (MHSA). The purpose of the MHSA is to provide increased funding to support mental health programs for children, youth, adults, older adults, and families, especially for persons from communities who were not served or not effectively served in the past.

The ultimate goal of the MHSA is to create in California a culturally competent mental health care system that addresses prevention of mental illness, provides early intervention services for those in need, uses state-of-the-art treatment to promote recovery and wellness for persons with mental illness, and eliminates disparities in mental health care across socioeconomic and racial/ethnic groups.

THE MHSA AND COMMUNITIES

The MHSA has created the expectation of a comprehensive planning process within the public mental health system that includes California's most vulnerable populations: the ethnically diverse; the Lesbian, Gay, Bisexual, Transgendered, and Questioning community; the poor; the uninsured; and the geographically isolated. Ethnic and minority communities, clients, family members, community-based agencies, providers, and other stakeholders in the mental health system are encouraged to become key partners in the decision-making process so that the mental health system is successfully transformed to better serve all persons and all communities in the state.

To build a foundation for ongoing outreach and engagement with historically underserved communities, we reached out to develop relationships with Latina/o and Asian-American parents in Riverside and San Bernardino Counties through the Parent Institute for Quality Education. The findings in this report are a summary of information obtained through focus groups held with these parents. Three focus groups were conducted in Spanish with predominantly Spanish-speaking Latina/o parent advocates, and three focus groups were conducted in English with Asian-American parent advocates, predominantly English-speaking Latina/o parent advocates, and school personnel.



WHAT ARE LATINA/O AND ASIAN-AMERICAN PARENTS' GREATEST CONCERNS ABOUT MENTAL HEALTH?

The participants in our focus groups shared their concerns about drug and alcohol abuse, suicide, anxiety, stress, and conditions related to low self-esteem. For many participants, the anxiety experienced by the youth was often the root of more serious mental health conditions. Parent advocates suggested that parents are often unaware of the youth's level of anxiety as they transition from middle school to high school, or as they enter the job market. Many felt that the lack of communication between generations caused misunderstanding and a general disconnection within families. In order to address the issue of anxiety, participants spoke about the importance of creating awareness of mental health issues among both youth and parents, and of supporting youth during their school years and their search for employment.

For many participants, drug and alcohol use was a major problem among the youth. Abuse of drugs and alcohol was seen as a substitute for a strong relationship with parents and supportive social connections at school. The lack of support and connection with school and parents was also seen as contributing to the low self-esteem and high stress levels experienced by youth in their communities. Parent advocates spoke about the importance of promoting self-confidence in the youth and developing a sense of trust between youths and their parents and other persons of their parents' generation, such as teachers and other school personnel.

Another prominent issue raised by parent advocates was the prevalence of suicide in their communities. Participants expressed their concerns about the lack of guidance that youth experience, both at home and at school. The lack of healthy role models combined with the difficulties of adolescence often result in a sense of despair and inability to cope with life's challenges.

There is nobody there to care. There is nobody there when they come home to say, "How was your day? I love you." They don't have the support. So you do have suicide because nobody is there. We all need someone. We need someone to validate us, no matter what age we are.

Parent Advocate*

On suicide, almost every month we have cases in different schools, but people don't talk about it, they don't know. Just recently in [name of school] that school has a lot of history of suicide of kids, but nobody knows unless you work in there Parents don't know, the school doesn't make it public. And I think it's a big, big issue We can't prevent these kids from committing suicide.

School-based Counselor

A lot of students, come to me, "I am stressed. I can't deal with it." And at the same time that comes with self-esteem [problems]. They don't feel that they are capable.

School-based Counselor

All of a sudden this kid turns 12 or 13, and he doesn't want to eat. He doesn't want to make his bed, he insults his parents, and the parents don't know how to deal with it. What's going on? My kid is rebelling and they don't understand These are the adolescent years ... and that's when you find mental issues in their home.

Parent Advocate

*Quotes identified as "Parent Advocate" come from focus groups conducted in English with Latina/o and Asian-American parent advocates.



Something else that happens in our community and especially among new immigrants, they have very low wages and in order to survive they have to have 2 or 3 jobs. So that leads to not enough attention for the children. The television is in charge. The game, the games. So really, it is also a socioeconomic situation.

Latina/o Parent Advocate*

Children come home and find themselves, as they say in English, "the empty nest." ... So they come home and, wow, I am alone and for many hours. At times even into the night even when they go to bed, they are alone. So when dad comes there is no communication. They barely know each other because they see each other maybe briefly on weekends.

Latina/o Parent Advocate

They ignore [mental illness]. What else can they do? ... They go about their life like nothing happened. Then they have to deal with it at home. They don't seek professional help. They don't know which route to take ... and what happens? It develops into a worse situation at home and goes on like a disease.

Parent Advocate

Many parents get depressed. Many parents make this into a big situation because of the language barrier. And also the culture. Our culture is totally different from the one in this country and this is also a problem for us Latinos.

Latina/o Parent Advocate

We as parents transmit all of those tensions to our children. All of those fears. What will happen tomorrow if I lose my job, the inflation, the economic situation? These times of war are difficult situations for many parents.

Latina/o Parent Advocate

*Quotes identified as "Latina/o Parent Advocate" come from focus groups conducted in Spanish with Latina/o parent advocates.

WHAT CONDITIONS AFFECT MENTAL HEALTH IN THEIR COMMUNITIES?

Parents discussed social conditions such as poverty and financial stress which contribute to mental illness in their communities. Participants reported that many parents in their communities work more than one job and the amount of time they have to spend with their children is limited. Often when they are at home, they are emotionally overwhelmed, tired, and busy taking care of household chores. Because of the lack of time and energy they have to devote to their family, many parents in these communities experience a sense of disconnection with their children and this leads to further mental health stresses for both the parents and their children.

For immigrant families, the disconnection between parents and children is exacerbated by cultural differences. Many immigrant children adopt new values and customs while growing up in the US, while parents maintain the values of their culture of origin. Participants reported that the ensuing cultural differences create friction in families and make it difficult for parents and children to relate to one another.

In addition to creating intergenerational friction, immigration and cultural adjustment also affect the mental health of parents. Parent advocates suggested that many immigrant parents suffer from depression and stress related to difficulties obtaining employment and navigating systems in English. Furthermore, many parents miss their homelands and grieve the loss of the close family relationships that they had in their country of origin. Participants suggested that these emotional difficulties are transmitted to the children.



WHAT ARE THE CHALLENGES FOR THESE COMMUNITIES IN RECEIVING SERVICES?

For school-based parent advocates, obtaining mental health services for students and their families is a major challenge. Many advocates reported that parents often approach them seeking help for their children with mental illness, but they are unable to connect these children with services. Often the difficulty accessing care is related to the scarcity of services available in the community. Parent advocates talked about the lack of resources in schools to manage the mental health conditions of students and the diminishing services available in their communities. Even when services are available, parents are unable to obtain treatment for their children because they are unable to afford it, they lack insurance and transportation, they cannot take time off work, or there are lengthy waiting periods. Many parents who are undocumented immigrants are reluctant to seek help because they fear detection by immigration officials.

Parent advocates also reported that parents and school personnel lack an awareness and understanding of mental illness. Because of this, parents are reluctant to intervene on behalf of their children with mental illness and schools are often unresponsive to warning signs. Some parents also fear that their children will be labeled as “crazy” if they seek mental health services. This stigma contributes to parents’ unwillingness to get help. As a consequence, mental health conditions often escalate to crisis proportions before they are addressed.

A lot of anxiety in teenagers. Completely ignored even from parents. ... When you talk to counselors about this, they always refer you to a place where you have to wait probably six months to have the first visit to discuss the issue, or maybe just to fill out papers, and teenagers that suffer from anxiety and depressive symptoms cannot wait six months.

Parent Advocate

I feel very sad that people have the trust to come tell us their problems, and I not having the solution. OK, I can send her to the school psychologist, but the school does not pay attention to them. It does not provide the help that they truly need.

Latina/o Parent Advocate

At times we advise parents to go and see the counselor or teacher, and they say that they can't because they will be fired from work. They don't know that they have rights, that they have a right to ask for time to go to school, and find out what's happening with their children.

Latina/o Parent Advocate

All of a sudden the referrals [for mental health care]. ... One is in Los Angeles. One is in Bakersfield. You can see ... how ridiculous it is. These people, you know what their transportation is? A stroller, that's all they got. ... They're shutting down the only places that they have available that was close by to them. It's disappear, there's no money.

Parent Advocate

Schools don't have the resources, counselors they don't want to take charge of [youth at risk of suicide]. They send you somewhere else, people cannot financially afford the cost, and basically we don't have the mental health services available for school kids, especially teenagers.

Parent Advocate



You are going to have to find non-traditional organizations like the Parent Institute where communities have established a trust. They established a trust in you and that is why you can go.

Parent Advocate

The system has established a hotline. There they have both languages. Most of the hotline services are free, and they do help. There are many institutions that are providing eight therapy sessions completely free to families and children.

Latina/o Parent Advocate

The group of [name] is comprised in its majority by people who enjoy working with the community ... and we have as a philosophy to create an environment of trust. ... I think that when someone approaches parents with the intention of serving them, they feel it and they feel closeness.

Latina/o Parent Advocate

[A program] that I think that will work for you is the Promotoras program or the Promotores program because I worked with them for years. We work in the City of Montclair here in San Bernardino, and the program in five years grew from 30 ladies that were leaders in the community to 205. And they are people from the community, lay workers, and they got thousands of people trained.

Parent Advocate



WHAT ARE THE COMMUNITIES' STRENGTHS AND ASSETS?

When asked about strengths and assets of their communities, parent advocates identified the importance of trust and support that members of the communities express for each other, and that teachers convey to the youth. They recognized that communities often achieve goals faster than institutions. Participants talked about support groups for parents to orient them in their parenting, to encourage them to be involved in the education of their children, to strengthen family bonds, and to inform them about mental health. For parent advocates, support within the neighborhood and the school environment is a fundamental asset.

Participants also stressed the importance of community-based organizations, faith-based organizations, school-based mental health services for youth, and other social services as resources to which people resort in case of need. In particular, they talked about organizations and services that provide parents and youth with forms of counseling, listening, and psychological support. These services range from hotlines to free of charge therapy sessions, community-based organizations, and programs for promotoras and promotores.



WAYS TO PREVENT MENTAL ILLNESS

Participants talked about the importance of educating parents about mental health and drug and alcohol abuse prevention. Being able to recognize the causes of mental illness is considered crucial in order to detect mental health conditions at an early stage, and to prevent mental illness. Creating more awareness about drug and alcohol abuse can teach parents to approach these issues with youth. Education for both parents and youth was one of the most important recommendations made by the community of parent advocates. They also suggested that information be provided to parents in their primary language through the school or community-based organizations.

Strengthening the family bond plays a key role in prevention. In order to do so, it is necessary to provide youth with healthy role models, and to support parents in their parenting. Participants talked about the lack of communication between parents and youth as disruptive. They pointed out the importance of listening and paying attention to the needs of their children in order to provide them with a supportive environment in which to grow up. When parents understand their children's concerns about school and employment, they will also relate to the feelings of depression and anxiety experienced by their children. Moreover, advocates talked about creating support groups for parents in order to increase their involvement in mental health care and in their children's interactions with teachers and counselors.

Parent advocates strongly recommended the creation of vocational centers to help youth develop their skills and find fulfilling employment. Programs that help youth get ahead, such as professional skills training and employment assistance, were seen as critical in preventing violence and drug and alcohol abuse. Encouraging youth and providing them with love and support were considered important assets from which they could greatly benefit.

Parent advocates also suggested that mental health care providers and schools promote a sense of trust within the community and support culturally and linguistically appropriate services. They recommended the creation of programs for promotoras and promotores, the training of providers in cultural competence, and a thorough outreach to the community that addresses linguistic, economic, and transportation barriers.

I noticed that the making fun of him was affecting him a lot. ... He would come home everyday crying and he was already 11 years old. ... [Therapy] helped my son a lot. At first, I did not want to when they told me about a psychologist. I got scared. Why does my son need therapy from a psychologist? I mean, others are bothering him. The ones that need it are those that are bothering him. And the teacher says, no, it is so that he can learn to accept himself. So that what others say does not bother him. And they did give it to him for several months. It did help him. He is very well now.

Latina/o Parent

Our program ... teaches about what is normal and what is not in adolescents. ... I think that parents can be at home, but they have no clue about what a mental problem is. They don't ... look for help, so the problem gets worse, and every day the problem ends in a tragedy.

Parent Advocate

You start with the whole family. There is a program that is called Strengthening Families Program, which you separate ... the kids, you separate the parents. In the third hour, you eat together at a dinner and put them together. That is strengthening the family. ... Attack the disease from the root on both, not just treat the kids or the youth, or the adults.

Parent Advocate

Maybe having a support group at the school where they can feel comfortable knowing that they [get] some advice. A lot of parents don't have communication with their teachers or their counselors, or know exactly how they can [get] help. ... Because a lot of parents, they do not get involved.

Parent Advocate

The outreach has to be a one-on-one. ... And [you must overcome] all the barriers and all the excuses that they will have. I don't have child care; we provide child care. I don't understand English; we provide it in your language. I don't know how to read; it is okay, we are going to be talking about the material and we are going to explain [it to] you. ... That is always the thing that will get them to participate.

Parent Advocate



BUILDING PARTNERSHIPS: NEXT STEPS

The UC Davis CRHD embarked on the Building Partnerships project to provide a way for the voices of our communities to be heard by policymakers. It was our intent to gather these voices in a way that honors the stories of suffering and pain and the cultural values, beliefs, and practices that form the rich fabric of our many diverse communities.

We hope that the stories shared by community members will have a lasting impact on mental health care in California. In this project, we have:

- Worked with policy makers at state and county levels, informing them of the results of our project and advocating for changes in policy that address the needs of underserved communities.
- Worked with many of the communities who participated in this project to facilitate their involvement in county and state level decision-making processes.
- Collaborated with communities to identify opportunities to build, develop, and obtain funding for programs that stem directly from needs identified in our project.
- Developed a guide to the community engagement process that can be used by county mental health agencies, with this project as an example to be followed.

Moving forward, the CRHD plans to continue this work, connecting communities with county and state mental health policy processes to increase their voice and presence in decision making, policy development, and implementation.

We welcome greater involvement of parent advocates and other members of the Asian American and Latina/o communities in our work, and encourage you to contact us with your feedback and ideas, and to let us tell you about additional steps that can be taken to increase your community's role in the future development of California's mental health care systems.



PROJECT STAFF

Sergio Aguilar-Gaxiola, MD, PhD

Project Director
Director, UC Davis Center for Reducing Health
Disparities

Natalia Debb-Sossa, PhD

Assistant Professor of Sociology, UC Davis

Katherine Elliott, PhD, MPH

Project Manager, Northern California Region
UC Davis Center for Reducing Health Disparities

Cristiana Giordano, PhD

Postdoctoral Scholar
UC Davis Center for Reducing Health Disparities

Kimberly Reynolds

Assistant to the Director
UC Davis Center for Reducing Health Disparities

Marbella Sala

Director of Operations
UC Davis Center for Reducing Health Disparities

William M. Sribney, MS

Third Way Statistics

STATE PARTNERS

Nichole Davis

Analyst, Prevention and Early Intervention
California Department of Mental Health

Rachel Guerrero, LCSW

Chief, Office of Multicultural Services
California Department of Mental Health


Vincent Herrera

Staff Mental Health Specialist
State Level Programs
California Department of Mental Health

Barbara Marquez

Mental Health Program Supervisor, Prevention
and Early Intervention
California Department of Mental Health





The UC Davis Center for Reducing Health Disparities takes a multidisciplinary, collaborative approach to address inequities in health access and quality of care. We focus particularly on reaching out to unserved and underserved populations in California and beyond. Medical researchers, clinicians, social scientists, community providers, community-based organizations, and community members work together to design and implement our community engaged research and community outreach and engagement activities.

In 2006, the CRHD launched a project to reach out to historically unserved or underserved communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial conversations with school-based parent advocates from the Asian American and Latina/o communities in California.

Center for Reducing Health Disparities
2921 Stockton Blvd., Suite 1400
Sacramento, California 95817
PHONE: (916) 703-9211
FAX: (916) 703-9116
E-MAIL: marbella.sala@ucdmc.ucdavis.edu