Creating Culturally Competent Collaborative Mental Health Education Programs

for Hispanic School Communities

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Presentation Outline

- Introductions
- Research on Adolescent Mental Health
- The Changing Student Demographic Landscape
- The Need for Culturally Competent Collaborative Mental Health Programs
- Strategies for Creating Culturally Competent Collaborative Programs
- Key Findings from Hispanic Parents and Family Members
- Practical Strategies for Implementing Collaborative Mental Health Education Programs in School Communities
- Where’s Waldo
- Successful Evidence-Based Programs for your community
Please briefly state your:

Name
Role/organization

Typical or Troubled?
Getting to Know You….

- Goals for the year?
- Biggest challenges?
- Opportunities?
Mission of APF

- To advance public understanding that mental illnesses are real and can be effectively treated.
- Established 1991—Diverse Board of Directors
- Charitable Subsidiary of APA
- Raise Funds and Awareness
- Conduct Public Education & Outreach Programs
- Patient, Family and Community Focused
Approximately 1/3 of adolescents with major depressive disorder also suffer from another mental disorder.

False
Count from one to five.......
Mental Illness in U.S. Children

- 15 million (20%) of youngsters age 9-17 have diagnosable psychiatric disorders with at least minimum impairment
- One in 10 children & adolescents suffer from a mental illness severe enough to cause significant impairment
- Fewer than one in 5 receive needed treatment in any given year - untreated, many teen develop secondary substance abuse

Note that one out of five kids in the pediatrician’s office has an emotional disorder
• 1 in 5 Hispanic teens in the US have considered or attempted suicide - it’s the 3rd leading cause of death, almost double the rate of whites

• About 36% of Latino youth have pervasive feelings of sadness and hopelessness

• One in ten kids have ADHD - biggest increase among teenagers and Hispanics - the rate increased by 53% from 2003 to 2007
Mental Illness in U.S. Adolescents

- Those who develop a mental disorder, **90% have early warning signs by age 15**…….some even earlier
- Anxiety disorders often begin in late childhood, mood disorders in late adolescents, and substance abuse in early 20’s.
- Suicide third leading cause of death among teens 15 to 24 years old. (National Center for Health Statistics)

Unlike most cancers or heart disease, young people with mental disorders suffer disability when they are in the prime of their life. (NIMH)
The diagram illustrates the age of onset for various major mental disorders. The disorders are plotted along a timeline, with their respective ages of onset indicated. The disorders listed include:

- PDD/ Autism
- ADHD
- Anxiety Disorder
- Obsessive Compulsive Disorder
- Substance Abuse
- Anorexia Nervosa
- Major Depressive Disorder
- Bipolar Disorder
- Schizophrenia
- Bulimia Nervosa

The source of the data is DSM-IV, 2000.
The onset age for mental health disorders holds true across cultures, SES, and many countries.
Mental Illness in U.S. Adolescents

Despite effective treatments, there are long delays — sometimes decades — between first onset of symptoms and when people seek and receive treatment (NIMH)
No help = Pain Suffering Failing
HELP =
Better academic achievement
Less substance abuse
Improved chances for their future
Addressing the Changing Student Demographic Landscape
Hispanic School Communities

• Accelerating trend -- minority children become the majority by 2023
• One-fifth of all K-12 students are Hispanic
• Twenty percent of children that start school are Hispanic
  • Miami, Fla: 65% of students
  • New Mexico: 55% of students
  • California: 47%
  • Texas: 44%
  • Arizona: 40%
The need for culturally competent education and resources

- Increase in immigration trends
- Latinos are underrepresented major minority group in health force
- Language Barriers
- Within Latinos, there is a delay in accessing health resources
  - Lack of health insurance (in 2010 30.7% lack health insurance)
  - Tolerate symptoms
  - Some conditions are natural and do not require medical attention
The need for culturally competent education and resources

- In 2050 Latinos will comprise 30% of US population 132.8 million
- Language
- Bicultural and Bilingual
Practical Strategies for Implementing Culturally Competent Collaborative MH Programs

- Have bilingual/Bicultural staff if possible
- Offer materials in Spanish
- Connect with families on a personal level
- Identify a program where you can access parents
- Ask families/clients what they need
- What is the goal you are trying to accomplish?
Strategies for Creating Culturally Competent Collaborative Programs
“Whatever it takes”
Sante Fe-Pyramid of Interventions
Strategies at Santa Fe

- Focus group with teachers
- 2006 Train Staff to discuss referral process
- 2008 Typical or Troubled?
- 2009 Influx of phone calls from parents about their teen’s mental health
- Family Bridges- Psychoeducation Groups on Mental Health
- 2010 ¿Típico o Problemático? School Based
- 2012 ¿Típico o Problemático? Foster Care
Santa Fe - Family Bridges
Santa Fe- Parent Education Day

American Psychiatric Foundation
Advancing public understanding of mental illnesses
Santa Fe- Parent Education Day
IS YOUR TYPICAL... teen or troubled?

9:00 Spanish

10:00 & 11:00 English

M3
Future of ¿Típico o Problemático?

- Parent Education Day
- Brown Bag Lunches for Teachers
- Family Bridges
Evidence-Based Programs for Your Community
Strategies for Creating Culturally Competent Collaborative Mental Health Education Programs

- Literature review
- Identify Hispanic Communities
- What’s available?
- Identify needs
  - Focus groups with parents
  - Test materials
- Analyze information
- Develop programs
- Test, test and revise
Interventions to Reduce the Barriers to Care

- Improve family communication
- Increase awareness of mental health and psychosocial development
- Educate school community and religious personnel about mental disorders in effort to establish a treatment alliance and appropriate referral system
- Improve system for referral
- Encourage the development of child and adolescent mental health policy

Adolescent Mental Health: Caring for children and adolescents with mental disorders: setting WHO directions
World Health Organization, Geneva, 2003 – Similar findings in focus groups in Santa Fe, CA
Strategies for Creating Culturally Competent Collaborative Mental Health Education Programs

- Research
- Enlist school support!
- Speak “their” language
- Invite Parents
- Create environment
- Listen, listen, then listen
- Opportunities:
  - Parent Education Days

Or, use evidence-based programs
Help Me Better Communicate
If I think there's problem
Teen resistant to getting any help
Won't get treatment
Won't talk to me

These Messages Resonate
It's OK to get help
Caring for your child's mental health is as important as their physical health
Típico o Problemático (good title)

Give Me Information on ..... How mental health disorders show up at home How to understand normal teen behavior vs trouble - environment and biology Development of the teen brain ...In my language

Reflect My Values
Focus is on whole family Seek help within family first Acceptance of mental health varies from generation - older less accepting / taboo Strong ties to church/faith

Hispanic Parents Important Issues

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Key Findings from Hispanic Parents

Generational Stigma

Legal Status/Access to Care

Communications

“American” culture

Barriers

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Hispanic Community

- Family focused
- Strong sense of values, religion
- Seeking mental health help can sometimes be difficult – fear, stigma, generational differences
- Many parents understand mental health as important as physical health to ensure overall health and well-being
When do they know?
Típico o Problematico? Program

- **Objective**: Educate parents about teen/adolescent mental health
  - Mental Health
  - Notice, Talk, Act
    - Early warning signs – what it looks like at home
    - How to talk with their child – addressing barriers
    - Why treatment is important
    - Teen brain development
    - How to take action, referral process - refer to treatment

- **Target audiences for education**: Parents -- then teachers, coaches, other school personnel
HELP =
Better academic achievement
Less substance abuse
Improved chances for their future
Hispanic Community

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Steps You Can Take

NOTICE  TALK  ACT
Poor concentration
Withdrawn
Typical?  Troubled?
Typical Teens

• Complex period of rapid change, transition: Brains developing, physically growing, hormones fluctuating

• Social challenges: fitting in, defining identity, competing demands (school, home)

Bottom line: May display alterations of mood, distressing thoughts, anxiety, and impulsive behavior.
• Experiencing more than normal developmental challenges

• Without treatment, more likely to have serious problems:
  • Academic
  • Relationships
  • Employment
What causes mental health disorders?

biology + environment
Environment Stressors
Teen Mental Health Disorders

Mood disorders

Anxiety disorders

Psychotic disorders

Behavioral/disruptive disorders
Teen Mental Health & Substance Abuse
Psychiatrists

Psychologists

Mental Health Counselors
EFFECTIVE TREATMENT

Therapy, Medication
- Sometimes combination works best

No “silver bullet” or quick fix - timeframe depends on:
- Severity of disorder
- Temperament of child
- Family & school support
PROCESS FOR GETTING HELP

PARENT concerned about PROBLEM with TEEN

PARENT- May talk to A FAMILY member and/or CHURCH Leader

PARENT notifies SCHOOL COUNSELOR assigned to student (or CASE MANAGER for special ed students)

SCHOOL COUNSELOR handles problem OR

SCHOOL COUNSELOR provides PARENT w/information on MENTAL HEALTH resources

SCHOOL SOCIAL WORKER or PSYCHOLOGIST or other is engaged if needed

If problem is identified as a behavior/conduct problem, student is sent to ASSISTANT PRINCIPAL

PSYCHOLOGIST
PSYCHIATRIST
SOCIAL WORKER
MH COUNSELOR

STUDENT (and Parent) and SCHOOL COUNSELOR MEET
External Referral Process
Steps Parents Can Take

- Ensure a safe and nurturing environment
- Use assertive discipline
- Have realistic expectations
- Take care of yourself
Steps Parents Can Take

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Talking with your teen

- Observable behaviors
- Start early
- Be positive and have perspective
- Benefits to Help
Role Playing Exercise

How do I talk to my teen if they don’t want help?

Patience
Persistent
Get Support for You

Let’s Practice
It’s ok to ask for help!

• Questions
• Discussion
• Evaluation
Additional Information

BIOLOGY: The Teen Brain

- Embarrassed by parents section
- Ability to remember the lyrics to offensive hip hop song...
- Have no idea...
- Cars, cars, cars, cars, and... oh, yeah, girls...
- Girls are suddenly fascinating section
- Ability to listen to extremely loud base tracks
- School Work (smallest section of the brain)
How does it help?
“Without planning, we are planning to do without.”

“If you want output, you must have input. Planning gets us both.”
Where’s Waldo

Questions to address:

What do you want?
Whose involved?
How did we plan for success?
What will need to happen to feel that your effort was successful?
Typical or Troubled Program Exercise

- What will it take to implement a student mental health program?
- Who would take the “lead?”
- Does this fit with your district or community directive?
- Do you work in a middle/high school/district?
- What schools or school district would get the program?
- Could you schedule this for an In-Service Day? Professional Development day
- Can you assemble a team to deliver the information?
  - Spanish / Bi-Lingual
  - Mental health professional?
  - School counselor/school referral system?
FAQ’s

- **When do I implement the training program?**
  - Allow time for planning, building collaboration, identifying and rehearsing the presentation.
  - **In-service training days are optimal** and often occur in August and January.
  - After school programs or lunch & learns may also be an option.

- **How will the program be evaluated or measured?**
  - APF will measure the program both quantitatively and qualitatively – *the Evaluation Forms (provided).*
FAQ’s

- **How do I get the program materials?**
  - Selected grantees will have complete access to all materials through email

- **Can I customize the materials for local use?**
  - Some of the PPT slides may be customized to your particular situation.
  - Other slides (mostly those containing scientific or medical information) may not be customized.

- **Is the program for high schools or can it be used in middle or elementary schools?**
  - Typical or Troubled?™ can be given in middle schools (teens), but not designed for elementary schools at this point.
Deadline --

RFA www.psychfoundation.org

- APF committee reviews and selects up to 30 applications
- $1000 – 2 to 3 high schools
- $2000 – 4-8 high schools
- Planning and Implementation of program 2013-2014 school year
- In-service/professional development days
- Technical assistance throughout the year
- Evaluations