Schools and Mental Health Project
Supporting the Mental Health of Asian and Pacific Islander Children in
San Joaquin Valley Schools: A Community Forum
Meeting Summary

The Commission sponsored a Community Forum on *Supporting the Mental Health of Asian and Pacific Islander (API) Children in San Joaquin Valley Schools* on October 3, 2018 in Fresno, California. This forum was part of a broader stakeholder outreach strategy for the Commission's project on Schools and Mental Health. This strategy includes engaging with a broad array of stakeholders and members of diverse communities to inform commissioners and to help them develop an action agenda for improving access to services and supports.

The forum was held in Fresno, which is located in the heart of the San Joaquin Valley and is home to one of the largest, urban Southeast Asian refugee communities in the United States. In introducing the forum, Commissioner Reeneta Anthony, a local Fresnan welcomed community members and shared her passion and commitment "to protect and advocate for those unable to advocate for themselves." Commissioner Anthony is also vice-chair of the Commission's Cultural and Linguistic Competence Committee.

The meeting was co-facilitated by Dr. Ya-Shu Liang of Alliant International University. Dr. Liang directs the San Joaquin Valley API Mental Health Project, which is focused on improving mental health literacy, reducing mental health stigma, and improving service utilization among Southeast Asian and other API residents of the Central Valley. Approximately 70 individuals including advocates, educators, community providers, and county mental health professionals attended the meeting.

The meeting was designed to facilitate broad discussion amongst participants around two sets of panel presentations. The first panel centered on the personal stories of three individuals who shared challenges and successes that they, their families, or their friends have experienced accessing appropriate mental health services. The second panel brought together school district and community service providers to highlight emerging strategies and ongoing barriers to reaching children and family members in the API communities of the Central Valley with timely, effective services.

Discussions began with the acknowledgement that the API community is not a monolithic group. There is considerable variation among ethnic subgroups in language, culture, immigration pattern, income, socioeconomic status and educational attainment. For example, Laotian, Hmong, and Cambodian immigrants are more likely than members of other API groups to have come to the United States as refugees, have limited education, and live in poverty.[1] This reality is often obscured by research and data collection on API communities that aggregates across subgroups, and thereby reinforces the "model minority myth." However, disparities do exist within the API community. Children from certain API communities, especially those whose parents or grandparents came to this country as refugees have poorer educational and mental health outcomes. For example, Vietnamese American, Cambodian American, and Lao American

students have lower reading achievement than White American students, whereas some other API subgroups tend to outperform the national averages.[2] When data on API student outcomes are not disaggregated, issues of disparities within and across subgroups remain hidden.[3]

Participants also challenged the common assumption that lower API mental health utilization rates mean that API communities have a lower prevalence of mental health conditions, and thereby less need for services. Prevalence data suggests that mental health needs are equivalent to and in some cases higher than in other racial-ethnic groups.[4] Although the API community is heterogeneous, most subgroups face similar barriers and challenges in access to mental health services, including stigma, lack of mental health awareness and literacy, lack of culturally appropriate services, and language barriers.[5] Schools have an important role to play in overcoming these barriers and challenges, with the help of community partners to strengthen local prevention and early intervention (PEI) strategies that include increased access to services and supports on school campuses.

Key Themes

The following key themes related to API mental health and education were identified from panel presenters and participant discussion during the forum. The themes are organized into two broad categories: barriers and challenges to early identification and treatment and their solutions. Many of the barriers, challenges, and solutions discussed by participants are those that have been identified in other publications.[6]

Barriers to Early Identification and Treatment

Barriers and challenges to early identification and mental health treatment were discussed by panelists and meeting participants, and included the following.

- **"Services Are Not There":** Panelists and meeting participants provided accounts of mental health services not being available or accessible when an API child or youth needed them. A panelist described her experience with her nephew who in elementary school had failing grades. She said the school was unresponsive to the family's concern and request for help. It was not until sixth grade that the child was properly screened and diagnosed by a pediatrician. By this time, the child lagged behind his peers in academic achievement. The aunt asked the question, "Why did it take so long?"

    > **"I wish that my issues were noticed when I was younger because I was an excellent student and had a lot of potential."**
    > **(October 3 meeting panelist and mental health consumer)**

- **Shame and Stigma**: Although panelists and meeting participants said that the new generation of Southeast Asian and other API families were more open to mental health services than previous generations, there is still stigma and shame. Families often are resistant to seek mental health screening and interventions for their children in significant part because of cultural taboos against recognizing and discussing mental illness. API students who are experiencing mental health challenges may not disclose it to their parents out of fear of disappointment and bringing shame to their family. As a Chinese American panelist said, "you are not supposed to tell anyone you are going through it."

Another panelist of Filipino descent, self-described as the "black sheep" in her family because of mental illness, said "shameful things were hidden" while she was growing up. To meet the expectations of their families, there is a tendency for API children and youth to "bottle their feelings" and keep what they are experiencing hidden from their families until there is a crisis.

The shame and stigma around mental health issues in API communities can be intensified when parents set high expectations for their children to be successful.

- **Academic Achievement as the Primary Measure of Student Success**: As noted by meeting participants, high expectations for academic success in API communities can breed competition, stress, and undue worry in students. Such pressures if left unacknowledged or unmitigated can result in mental health challenges in vulnerable students. For some API students, measures of student success such as high grades and good attendance may not be strongly correlated with mental wellness (as is typically the case for other student groups). API students may often appear to be thriving on the surface academically and yet be struggling emotionally and psychologically.

    > **"As API, we feel the need to be perfect students and perfect people."**
    > **(October 3 Meeting panelist talking about the stress they experience)**

- **Existing Models of Outreach and Engagement and Delivering Services***: A representative from the Fresno County Children's Mental Health Division said they often struggled to get API children and families into the clinic and were developing new strategies for outreach and engagement. She noted that the Medi-Cal mental health penetration rate was low for API. Another participant who worked for an agency serving the birth to 5 population said that although her agency conducted outreach and engagement in the community, but rarely received calls from members of the Southeast Asian community seeking advice, help, or services.

    Speakers and meeting participants said that a traditional clinic-based service delivery model was largely ineffective in engaging API children and families and providing them services. Families are unlikely to seek services in unfamiliar, institutionalized settings with people they do not know or trust. One meeting speaker said that even if you can overcome the challenge of getting families in the clinic door, you will often lose them at intake when a complete stranger conducts a lengthy assessment and asks very personal questions.

Opportunities and Solutions

Meeting participants were very passionate about forging solutions to the challenges listed above. The following are some of the solutions that they offered.

- **Build Greater Trust with the API Community:** Relationship building and establishing rapport were identified as key aspects of engaging with API families in the San Joaquin Valley. A meeting participant who worked for a local community-based organization serving the Hmong community said that spending time getting to know clients in their own home can build necessary trust before providing services. She cited a specific example of helping a client wash dishes to better foster that relationship. She said that

over time clients would begin to trust her and open up about health and wellness challenges. Her observation and that of other meeting participants has implications for current models of financing and service delivery and the need to increase outreach and engagement opportunities outside of established institutional spaces (e.g., mental health clinics) to build trust in API communities, especially among refugees.

- **Focus on Wellness and the Whole Child**: Meeting participants emphasized that the term "mental health" does not necessarily reflect the cultural worldview and preferences of people in API communities. Generally speaking, API communities conceive of health more holistically in terms of "wellness." Thus, services and support to API communities must be embedded in the concept of "wellness" and efforts to treat the "whole person" in the context of the community.

- **Increase Mental Health Literacy among API Families and the Community**: There was agreement among meeting participants of the need to increase mental health literacy in API communities and families as a strategy to decrease stigma. One suggestion was incorporating mental health literacy into successful family engagement models in education. Parent University (PU) is an award winning program and family engagement model operated by the Fresno Unified School District to support student achievement. PU engages parents and family members in their child's learning, connects them to community resources, and provides classes/workshops to enhance their knowledge of child development and academic milestones. Programs such as PU help families, especially those with low acculturation levels, learn how to advocate for their child. Mental health training and literacy could be embedded in the core curriculum of PU and offered to parents when their child first enters school and continuously thereafter, especially during times of transition for the child (e.g., attending a new school, entering middle school and high school).

- **Greater Collaboration Between Education and Community Agencies**: Meeting participants agreed on the need for greater collaboration between school districts and local community agencies like The Fresno Center (TFC) that provide cross-cultural expertise and training. These collaborations would enable community partners to learn from each other's challenges and successes, and to replicate what works in API communities. Participants stated that these collaborations should work with families to identify needs in the community and then extend services and supports into the community to be more visible and accessible to families (e.g., neighborhood resource centers). Families are more likely to trust those from community-based organizations that work in their community. Fostering collaboration across systems and agencies to deliver more seamless services would build on that trust and better serve communities.

- **Enhance Prevention and Early Intervention**: Training and engaging parents in discussions about wellness, social emotional learning, and mental health is part of a prevention and early intervention strategy for children. Meeting participants emphasized that a PEI strategy for API children must include support for parents. This support would include addressing the needs of the family so that parents can be optimally prepared to support the development and educational success of their child. An example of a PEI strategy that is rooted in community collaboration is the work of the Central Valley East

Bay Asian Youth Center (EBAYC). EBAYC recently conducted a "door-to-door listening campaign" with families in Fresno. Afterward, EBAYC brought their concerns to school administrators and through these efforts established a collaborative partnership with families and schools to create a Family Learning Center. The Family Learning Center engages families in supporting their children's learning and development by providing learning supports, mentoring, and links to community resources.

- **Safe Spaces on Schools Campuses**: Meeting participants expressed a need to create "safe spaces" for students on school campuses and in classrooms. Safe spaces can be a location on a school campus that students go for help when faced with a problem or concern. As a meeting participant said, sometimes just having a caring person to listen to a student can circumvent a crisis from unfolding. When embedded in a classroom, a safe space is social and emotional learning in practice and is fundamental to a PEI strategy of improving learning and educational success. Safe spaces inside the classroom allow students a break from classroom activities where they can learn to calm down, self-reflect, and manage their feelings.

Next Steps

Information gathered from the October 3 community meeting will be incorporated into the project's final report to be submitted to the Commission in early 2019. During this time, staff will continue to engage with stakeholder and subject matter experts as we develop policy recommendations that address the needs of API children and their families, particularly those from refugee communities.

References

[1] Southeast Asia Resource Action Center (SEARAC). *Why are Southeast Asians Not Going to College?* www.searac.org/wp-content/uploads/2018/04/Increase-Access-to-Higher-Education-Why-Are-Southeast-Asian-Americans-Not-Going-to-College.pdf

[2] Pang, V., Han, P. P. & Pang, J. M. (2011). Asian American and Pacific Islander Students: Equity and the Achievement Gap. *Educational Researcher, 40*, 378-389. 10.3102/0013189X11424222.

[3] California Reducing Disparities Project (2013). *Asian Pacific Islander (API) Population Report: In Our Own Words*. http://crdp.pacificclinics.org/files/resource/2013/04/Report.pdf

[4] California Reducing Disparities Project (2013), *API Population Report*.

[5] California Reducing Disparities Project (2013), *API Population Report*.

[6] California Reducing Disparities Project (2013), *API Population Report*.