


MULTICULTURAL MENTAL HEALTH SERVICES

SERVING REFUGEES, IMMIGRANTS
AND MINORITIES IN OUR COMMUNITY


MULTICULTURAL HEALTH INITIATIVE
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LEARNING OBJECTIVES

- MHI Program and available services through Park Center
 - Mental illness vs. mental health
 - Prevalence of MI
 - Barriers unique to refugees/immigrants
 - Screening for symptoms
 - How and where to refer LEP or language minority clients
 - What can individuals expect from mental health providers?
 - Benefits of MHI and multicultural organizations
 - Coping strategies
 - Resource materials
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MULTICULTURAL HEALTH INITIATIVE

Mission: *Working collaboratively with community agencies to provide quality, neighborhood-based mental health services to the minority and immigrant/refugee members of the Fort Wayne community.*

- Catholic Charities
 - Dept. of Health
 - Ft. Wayne Urban League
 - Neighborhood Health Clinics
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MULTICULTURAL HEALTH INITIATIVE

Goal: *improve access to mental health services for refugees, immigrants, and minorities (Burmese, Latino, other refugees/immigrants and minorities).*

Collaborative venture:

- Center for Nonviolence
- Crime Victim Care of Allen Co.
- HealthVisions
- Language Services Network
- St. Jos. Community Health Foundation

WHAT IS MENTAL HEALTH?

- **Just as important as physical health**
- **Includes how you think, feel, behave**
- **Not simply the absence of mental illness**

Mental Health consists of:

- Feeling good about yourself
- Able to solve problems and overcome challenges
- Able to be a productive member of society
- Ability to build satisfactory relationships and interact with others
- Able to set and achieve goals
- Able to cope with the stresses of daily life

MENTAL HEALTH VS. BEHAVIORAL HEALTH

Mental Health

State of psychological well being – the absence of a mental disorder

W.H.O. describes as “state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

Behavioral Health


Promoting well being by preventing/intervening in sx. of MI or substance use to prevent further deterioration

Behavior implies change is possible thru action (individual or others)

Less stigmatizing

WHAT IS MENTAL ILLNESS?

Mental Illness

- **Mental Disorder or Psychiatric Disorder**
 - **Diagnosis by psychiatrist, psychologist, MD, or mental health counselor (LCSW, LMHC, LMFT) using DSM V (APA) – ICD 10 (WHO)**
 - Diagnosed thru reported or observed collection of symptoms
 - Sx. cause suffering or poor ability to function (poor sleep, appetite, constant worrying, lack of motivation to get out of bed)
 - Single episode or chronic
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WHAT CAUSES MENTAL ILLNESS?

Results from a chemical imbalance in the brain.
Combination of biological, psychological, and environmental factors:

- Biological – genetics, substance use, infections, prenatal damage, brain defects, poor nutrition, lack of sleep, exposure to toxins (lead – aggression, irritability, learning problems)
- Psychological– trauma, abuse (emotional, physical, sexual), neglect,
- Environmental – early loss (death/divorce), substance abuse, dysfunctional family life, social or cultural expectations

MENTAL HEALTH VS. MENTAL ILLNESS

Mental Health Continuum

Mental
Health

Symptoms
(not sleeping, lack
of motivation,
increase in substance use)

M.I.



LIFE STRESSORS - LIFE ON LIFE'S TERMS

Death of loved one

Loss of job

Financial difficulties

Natural Disasters

Health problems/disability and/or pain

Behavior problems with children

Relationship problems/divorce


Victim of crime

Holidays

Changing residence (moving)



COMMON PSYCHIATRIC DISORDERS

- **Depression** – sadness, hopelessness, helplessness, worthlessness, problems with sleep/appetite, isolating, problems concentrating, memory problems
 - **Anxiety** – frequent worrying, catastrophizing, restlessness, insomnia, heart racing, panic attacks
 - **Substance Use Disorder** – frequent substance use, tolerance, withdrawal, interference, using more than intended, unsuccessful efforts to control use, continued use despite problems
 - **Bipolar Disorder** – extreme shifts in mood, energy, functioning , pressured speech – depression/mania
 - **Schizophrenia** – delusions, hallucinations
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PREVALENCE

MI affects 1 in 5 adults in America (Culture of Health, 2014)

MI is the most prevalent health problem in the U.S.
(Cross Cultural Barriers to Mental Health Services in the U.S.)

- 1 in 10 children
- 57.4% of adults – dx MI in lifetime

High burden of mental d/o disproportionately affects communities of color (Culture of Health, 2014)


STRESSORS AND BARRIERS

IMMIGRANTS AND REFUGEES

Unique stressors associated with Immigrants/Refugees

- Migration
- Resettlement
- Communication difficulties
- Differences in family structure
- Loss of support system

Barriers

- Stigma
 - Limited ability to communicate - Language/Culture
 - Little research on diverse populations
 - Access – transportation, interpreters, financial
 - Few providers from diverse backgrounds
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DEFENSE MECHANISMS

Defenses – unconscious, psychological mechanisms designed to reduce anxiety - protective

Denial

Blaming

Minimizing

Rationalizing

Reversing

Lying

Agreeing

Projecting

Repression

Acting Out

Disassociation



TYPES OF MENTAL HEALTH SERVICES AND PROVIDERS

Inpatient Hospitalization

Psychiatric Emergency/Crisis Care – Priority Clinic – 24/7

Partial Hospitalization – Day Treatment

Outpatient Counseling/Therapy – Individual, Family, Group

Substance Abuse Treatment – IOP and OP - Group

Casemanagement – link with comm. resources, skill bldg.

Home Based Services

Group Homes or residential

Psychiatric – medication management

Community peer support (12 step meetings)

Grief Support groups



HOW TO MAKE A REFERRAL

Listen respectfully and support – empower vs. enabling

Determine level of need

- 24 hr. emergency no. 260-471-9440
- Suicidal/psychotic – hospital, Priority Clinic
- Complete MHI referral form – 1 – 2 wks. depending on need/availability

Explain what to expect

- Assessment by a mental health professional (LCSW, LMHC, LMFT)
- Treatment Recommendations
- Treatment Plan
 - Counseling – talk with professional - trained to educate/help cope
 - Medication – psychiatric evaluation and med reviews
 - Casemanagement – care coordination, education, skill building

Crisis Intervention Team – FWPD desk sergeant

BENEFITS OF MHI

Bilingual clinicians

Use professional interpreters

Provide services at multiple locations in the community

Forms translated into Spanish/Burmese

Connected with Park Center

- Priority Clinic
- Crisis unit
- Inpatient unit
- Psychiatric and medical services staff
- Pharmacy
- Employment specialists
- Casemanagers
- Home based services

Substance Abuse Treatment – medication assisted treatment

Psychological testing

Individual, family, group counseling services

MULTICULTURAL ORGANIZATION

Cultural and Proficiency Policy with Language Access Plan

Professional Interpreters

- Face-to-Face
- Telephone

MHI Advisory Committee – consultation with community organizations

Cultural Proficiency Committee

Cultural Staff Trainings

Follow Culturally and Linguistically Appropriate Standards in health care



COPING THROUGH SELF CARE

Do something relaxing that you enjoy (music, nature, reading, crafts)

Deep breathing

Exercise

Yoga

Gratitude list

Positive thinking/attitude- acceptance, gratitude

Spiritual activities – prayer, church activities

Healthy diet – less sugar, caffeine, refined/processed foods

Drink adequate amts. of water

Reach out to others for support

Help someone else

Talk about what's bothering you -trusted friend/family member

Sense of humor

Quiet time

Meditation

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