

CARING ACROSS
COMMUNITIES

BRIEFING KIT



Robert Wood Johnson Foundation

Caring Across Communities:
Addressing the Mental Health Needs of
Children of Immigrants and Refugees

For additional information:



The Center for
Health and Health Care in Schools
George Washington University

2121 K Street, NW, Suite 250
Washington, DC 20037
202-466-3396 fax: 202-466-3467
www.healthinschools.org

Sponsored by a grant from the
Robert Wood Johnson Foundation



Robert Wood Johnson Foundation

TABLE OF CONTENTS



INTRODUCTION

2

Introduction

2

Part A: CARING ACROSS COMMUNITIES IN CONTEXT

3

Fact Sheet 1: Scale and Extent of Children’s Mental Health Issues

3

Fact Sheet 2: Current Children’s Mental Health Delivery System

5

Fact Sheet 3: Caring Across Communities: Overview, Goals and Impact

7

Fact Sheet 4: Caring Across Communities: The Grantees and Their Work

9

Part B: CARING ACROSS COMMUNITIES AT WORK / SUCCESS STORIES

20

Too Afraid to Say “Help” – *Minneapolis Public Schools’ community partner
La Familia Child Guidance Center*

20

A Grab for Attention, A Cry for Help: Maria’s Story – *Los Angeles Child Guidance Clinic*

21

From Fear to Understanding: A Journey Toward Good Mental Health – *Project SHIFA
(Supporting the Health of Immigrant Families and Adolescents)*

23

Escape to Hope: Juan’s Journey to a New Land – *Los Angeles Unified School District*

24

Mustafa’s Miracle – *Project SHIFA (Supporting the Health of Immigrant Families
and Adolescents)*

26

Part C: ADDITIONAL RESOURCES AND INFORMATION

28

Children’s Mental Health Links

28

Immigrant and Refugee Links

29

Caring Across Communities

INTRODUCTION



Introduction

Recognizing the unique mental health challenges facing growing numbers of immigrant and refugee children, the Robert Wood Johnson Foundation (RWJF) launched a national program to reduce emotional and behavioral health problems among school children in low-income, immigrant and refugee families.

The program, *Caring Across Communities: Addressing Mental Health Needs of Diverse Children and Youth*, includes \$4.5 million in grants awarded to 15 projects across the country that will work to bring school-connected mental health services to children in need, particularly those from immigrant and refugee families.

The 15 projects are operated by a partnership involving schools, families, students, mental health agencies and other community organizations to build effective, easily-accessed services for children and youth.

This kit provides an overview of *Caring Across Communities*, the context for its development, fact sheets and stories from the field. The kit can serve as a key resource for creating promotional materials, online information, press kits and more.

PART A: Caring Across Communities in Context

Fact Sheet 1: Scale and Extent of Children's Mental Health Issues



The mental health issues facing children in America are serious:

- Organizations including the Surgeon General's office, the Center for Health and Health Care in Schools and others have indicated that about 15 million children in America have diagnosable emotional or behavioral health disorders ranging from anxiety and depression, to eating disorders, substance abuse, and attention disorders.
- According to the National Adolescent Health Information Center (NAHIC), 20% of adolescents experience significant symptoms of emotional distress and nearly 10% are significantly emotionally impaired. Low-income adolescents are more than twice as likely to have mental health difficulties as their higher-income counterparts.
- Less than 25 percent of children in the United States who need mental health services receive them, according to a 2002 report in the American Journal of Psychiatry.
- Results from the 2005 National Health Interview Survey from the CDC indicate that fewer than 9% of all children aged 12 - 17 have seen any type of mental health professional in the past year.

The consequences for children of immigrant and refugee families are dire:

- According to the U.S. Census Bureau's 2000 report, 11.5 million children in the U.S. live in households with one or more foreign-born parents.
- The children of immigrant and refugee families face the same mental health issues as children born in America, but they can also face additional challenges such as coping with significant trauma, adapting to unfamiliar cultural norms, learning a language that may not be spoken at home, exposure to racism and discrimination, and other major pressures.
- Many immigrant children are fleeing war zones, poverty, or some other damaging domestic pressure. Whatever the cause, the result is that these children are abruptly pulled from everything they have known and relocated to an alien community.
- The Journal of Neuroscience, in 2005, reported that early-childhood traumas, such as those suffered by many immigrant children, can lead to memory problems and declines in cognitive and mental ability later in life.

continued from page 03

- According to the National Center for Children in Poverty (NCCP), about 65 percent of the children of recent immigrants are low income. Poverty is strongly associated with a number of negative health and education outcomes.
- Numerous sources (NCCP, Center for Health and Healthcare in Schools, etc.) report that the children of low-income, recent immigrants are far less likely to utilize public benefits than other children and families.
- Immigrant children, though resilient, are at higher risk for depression, anxiety, lack of self-esteem, social isolation, lack of social integration, and undiagnosed mental health disorders.

For children suffering with unmet mental health issues, the impacts can include:

- Lower academic achievement or dropping out of school
- Behavioral problems
- Substance abuse issues
- Reduced job opportunities and/or difficulty performing job tasks
- Impaired relationships with friends, family, and co-workers
- Isolation from the broader community
- An ongoing need for care and hospitalization

PART A: Caring Across Communities in Context

Fact Sheet 2: Current Approaches to Dealing with Mental Health Issues in Children



The current state of mental health service delivery for children is inadequate:

- According to a June 2004 Kaiser Family Foundation report on health insurance coverage for immigrants, the rate of uninsurance for foreign-born children is 36.8 percent, more than triple the rates for U.S. citizen children.
- A review by Rones and Hoagwood published in 2000 indicates that few children receive mental health services (less than 20%), but of those children that seek help the majority (about 80%) receive that care through schools.
- In January 2009, the U.S. Department of Health and Human Services' Child and Family Services Reviews consistently noted "a lack of available appropriate mental health services for children" during its surveys from 2000 to 2007.
- In addition, the same HHS report stated that "many States lacked mental health service providers in rural areas."

The current service delivery system must change.

- We need to enable schools to provide access to the quality and range of mental health services that today's children require.
- For immigrant and refugee children, we need to develop culturally competent service delivery mechanisms that can address community reluctance and reduce stigma.
- We need to prioritize the mental health needs of our children. Our children—immigrant and native born—are the foundation for prosperous and thriving communities.
- We need to reduce or eliminate the social, economic, and political barriers to implementing an effective mental health service system that properly serves our children.
- More mental health interpreters must be trained to work with non-English speaking youth and families so that language is not a barrier to providing or receiving effective and high-quality care.

Schools can and should play a key role in providing mental health services to children.

- As the single largest provider of mental health services to children, our schools are already striving and struggling to respond to the needs of students. Rather than developing a new service delivery mechanism, we can enhance and expand this system so it can realize its potential.
- Connecting mental health services to the school will mean that support is available to these children when they need it.
- Children are often more comfortable in a school setting because it is a more familiar setting to them.
- To improve schools' ability to serve as the site for delivering mental health services, we should help them partner with community mental health service providers and reduce the burden of additional responsibilities and expense.

PART A: Caring Across Communities in Context

Fact Sheet 3: Caring Across Communities – Overview, Goals and Impact



Caring Across Communities Overview

In 2006 the Robert Wood Johnson Foundation launched an initiative to help meet the mental health needs of immigrant children and youth. Building on strong community-school partnerships, the 15 sites funded through Caring Across Communities: Addressing the Mental Health Needs of Diverse Children and Youth, are helping children and their families make their way in a new country.

The Caring Across Communities initiative focuses on the school as the nexus for the delivery of services. For many children, school is the most stable and consistent environment they know, and is often the place where mental or behavioral problems are first revealed.

Caring Across Communities addresses a serious gap in mental health services for immigrant children and youth.

- Caring Across Communities was established with the stated aim of addressing the mental health needs of underserved children and youth. The program is focused on supporting school-connected mental health services for students who require them.

- Caring Across Communities emphasizes helping the children of immigrant and refugee families overcome the often significant cultural and language barriers to mental health services.
- The 2000 U.S. Census reported that 1 of every 5 children in the United States is a child of immigrants – that is, either a child who is an immigrant or who has at least one immigrant parent. And although most are native born, a report by the Migration Policy Institute states that one in ten children in kindergarten is deemed a Limited English Proficient (LEP) student. Caring Across Communities recognizes the short- and long- term economic and social impacts felt across communities when these children cannot access the mental health services they need.
- As the U.S. Census reported, the foreign-born population of the US numbered 33.5 million in 2003, representing 11.7% of the country's total population at that time. The children in these families are often faced with unique economic, social, and personal hardships associated with the relocation of their families and may lack access to health, mental health, educational, and social services.
- The number of children in our communities classified as immigrant and/or refugee is

continued from page 07

significant. We cannot afford to ignore the issues challenging them, especially when we have an effective approach for improving their potential for future success.

- These benefits can be scaled up to a national influence if the Caring Across Communities model is broadly accepted. While currently focused on the children of immigrant and refugee families, this initiative can help us to better identify and respond to the mental health needs of all children.

With sustained support, Caring Across Communities can continue its success in each of the 15 program sites and in additional communities across the nation.

- Caring Across Communities provides and promotes culturally, developmentally and language-appropriate mental health services in order to address the complex psychosocial issues affecting immigrant and refugee families and their children.
- The program also recognizes that no single organization has all the tools and resources needed to help these children and their families.

- Caring Across Communities grantee sites develop partnerships with community groups, including immigrant and refugee organizations, that can contribute to delivering effective solutions.
- Grantee projects engage schools, community agencies, faith-based groups, families, and others in order to build the supportive environment these children need.
- The work of Caring Across Communities directly benefits our communities by helping our most vulnerable children achieve their potential and grow up to be contributing members of society.
- Communities also benefit because children that have their mental health needs adequately addressed are better able to achieve their potential and contribute to a community's prosperity.
- Healthy, thriving children can grow up with better employment opportunities, helping to break the cycle of poverty that afflicts many immigrant and refugee families.

PART A: Caring Across Communities in Context

Fact Sheet 4: Caring Across Communities – The Grantees and Their Work



Introduction

At fifteen sites across the United States, Caring Across Communities is offering a new approach to mental health care that can build a better future for generations of youth.

Caring Across Communities, funded by the Robert Wood Johnson Foundation, aims to address the mental health needs of underserved children and youth by supporting school-connected mental health services for students. Caring Across Communities currently focuses on the children of immigrant and refugee families.

Through the grant sites, Caring Across Communities provides and promotes accessible approaches to care that are culturally, developmentally and language appropriate to address the complex psychosocial issues affecting immigrant and refugee families. And by engaging schools, community agencies, faith-based groups, families, and others we are beginning to build the supportive environment these children need.

The Caring Across Communities Grant Sites

The Tam An Project at Asian-American Recovery Services, San Jose, CA:

Tan An means inner peace, in Vietnamese. The Tam An project seeks to raise awareness and provide prevention and early intervention services for emotional and behavioral health promotion programs to the nearly 100,000 Vietnamese who live in San Jose by engaging schools, families and communities.

The cultural bias against mental health programs and services is strong within the Vietnamese community and persists, in part, due to the linguistic isolation experienced by many adults. The Tam An project focuses on reducing the stigma that prevents families still living with the trauma of war and forced relocation from addressing the challenges that young Vietnamese struggle with.

The project's three main strategic activities are:

- Weekly radio and newspaper programming for parents and families about mental health.
- An annual community forum that addresses mental wellness issues in the Vietnamese community.

- School-based counseling services for students and weekly psycho-social education for parents at the Morrill Middle School.

More information is available at:

- <http://www.aars-inc.org>
- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Asian-American-Recovery-Services.aspx>

The West African Refugee Program's Tamaa School Training at Children's Crisis Treatment Center, Philadelphia, PA:

The West African Refugee Program, known as the Tamaa Program, was established in response to the significant number of West African refugee children and their families from the countries of Liberia, Sierra Leone, and Guinea that have resettled in Southwest Philadelphia. Prior to their arrival, many of these refugees experienced significant war- and displacement-related trauma, and now struggle with serious acculturation challenges.

Tamaa, a school- and community-based mental health and social service program, includes:

- Trauma- and grief-focused therapy groups.

- School training, which is the focus of CCTC's Caring Across Communities (CAC) funded project.
- Parent/caregiver education and support groups.
- Case management services.
- Community engagement activities for West African children and their families, as well as the larger Southwest Philadelphia community.

With the collaboration of partners, CCTC has developed, implemented, and evaluated a multi-session curriculum (7-8 trainings) that are conducted for school staff (teachers, counselors, administrators, and support staff) at a given school over the course of an academic year. Each year the trainings are tailored and carried out at a different school that has a high concentration of West African students.

More information is available at:

- <http://www.cctckids.org>
- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Childrens-Crisis-Treatment-Center.aspx>

Project SHIFA: Supporting the Health of Immigrant Families and Adolescents at Children’s Hospital, Boston, MA:

Project SHIFA was developed to provide culturally appropriate mental health care for Somali youth and their families. A partnership between the Somali community, and education and mental health systems in the Boston area, Project SHIFA is based out of the Lilla G. Frederick Pilot Middle School in Boston.

Project SHIFA provides services along a continuum of care—from prevention to full intervention for Somali families throughout Boston Public Schools. Somalis are one of the largest groups of refugees resettled in Massachusetts and across the United States. Many Somali youth experienced war and violence prior to resettlement, and continue to face ongoing acculturative and resettlement stress. They also experience mental health problems related to trauma and stress; however, cultural and practical barriers have led to very few of them receiving mental health services.

Project SHIFA consists of three components of prevention and intervention:

- Parent outreach focused on anti-stigma and psycho-education.
- School-based groups for students and trainings for teachers.

- Direct intervention for youth using an empirically-supported model of treatment, Trauma Systems Therapy.

More information is available at:

- <http://www.lgfnet.org/project-shifa>
- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Boston.aspx>

BieneStar at Duke University Division of Community Health, Durham, NC:

Through the BieneStar partnership, the Duke Division of Community Health along with its community partners – El Centro Hispano, Durham Public Schools and the Center for Child and Family Health – brings bilingual mental health services to newly-arrived Latino parents and their children.

The BieneStar project focuses on 3 areas:

- Prevention, through outreach to parents and teachers.
- Early intervention is also offered through outreach programs supported by the project’s bilingual clinical social worker and its bilingual/bicultural health educator.

- Treatment services for Latino children and their families in Durham.

Building on Duke’s network of three elementary school-based health centers, the Bienestar model of school-based mental health care offers a continuum of care that is culturally responsive and fully integrated into the school.

More information is available at:

- <http://communityhealth.mc.duke.edu/clinical/?/bienestar>
- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Duke-Bienestar.aspx>

School Outreach Program at Family Services Association of Bucks County, Langhorne, PA:

A cross-system partnership, the School Outreach program is working to address the mental health needs of underserved West African youth. The School Outreach Program offers school-based mental health services and case management support through a part-time licensed social worker and case manager hired to work with at-risk students of West African background.

Over the last several years, approximately 200 Liberian individuals have settled in Bucks County,

Pennsylvania. Liberian refugees have faced many challenges including little or no formal education, years of disruption, and exposure to traumatic events.

Services are primarily provided to families experiencing a significant number of psychosocial stressors, making crisis management and response a critical service offered through the program. Mental health services also include individual and family therapy, as well as group therapy using the CBITS approach (Cognitive Behavioral Intervention for Trauma in Schools).

More information is available at:

- <http://www.fsabc.org/adolescent/school.html>
- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Family-Service-Association-of-Bucks.aspx>

Projecto Puentes/Bridges Program at Imperial County Office of Education, Student Well-being and Family Resources Department, Imperial County, CA:

Located in southeast California on the U.S. border with Mexico, Imperial County has been a destination for immigrants from Mexico since the 1920's. Approximately 73% of the county's population is Latino. The Projecto Puentes/Bridges Program is a program built on an existing Student Assistant Representative (SAR) program operated by the Imperial County Office of Education and uses group training and ongoing group supervision to train/supervise paraprofessionals who in turn work with at-risk students.

The role of each SAR is to provide support to the school population, interacting with students, teachers, and parents, identifying students in need and referring them for services within the school system or to community-based services. Projecto Puentes program expands the traditional role of the SAR in two area middle schools to include:

- Intensive case management.
- Group interventions.

These additional services reduce the barriers to accessing mental health services and the groups provide an intensive early intervention and

prevention service for new immigrant students and their families.

More information is available at:

- <http://www.icoe.k12.ca.us/ICOE/Departments/SWB/ProgramsServices/ProgramsServices.htm>
- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Imperial-County-Office-of-Education.aspx>

The 3 R's Project at Los Angeles Child Guidance Center, Los Angeles CA:

The 3 R's Project (which refers to Resiliency, Relationships and Recovery) is a partnership that provides increased access to culturally competent, trauma-informed, school-based mental health services for immigrant students and their families. The surrounding community is comprised of a diverse Latino population, primarily Mexican and Central American immigrants. Many are English Language Learners and a significant number are uninsured.

The 3 R's Project provides campus-based services with bi-lingual, bi-cultural staff from the Los Angeles Child Guidance Clinic. These services include:

- A walk-in Clinic for information and application for mental health services or referrals.

- Parent education and teacher training on the impact of trauma in the classroom and in the home/family.
- Direct mental health services, including individual, family and group therapy, utilizing a trauma-informed model of intervention.

One unique intervention has been a cinema-therapy group for clients' parents who migrated to the USA. The approach uses the effect of imagery, plot, music, etc. in films for insight, inspiration, emotional release or relief. This group seeks to help parents explore their own issues related to their migration, so that they can improve the relationships in the home, especially with their children. Additionally, the staff provides training for community-based health promoters on the importance of addressing emerging mental health problems and helping families obtain needed services.

More information is available at:

- <http://www.lacgc.org>
- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Los-Angeles-Child-Guidance-Center.aspx>

The Bienestar Program at Los Angeles Unified School District, Los Angeles, CA:

Los Angeles Unified School District is a very large and diverse school district with a significant number of immigrant and refugee students making up the student body. Within LAUSD, one-third of all children enrolled in school are English Language Learners (ELL). The Bienestar program is a collaboration between schools and organizations within LAUSD and outside partners to address the high levels of post-traumatic stress found among students attending LAUSD.

The Bienestar (Well-being) Program has three key components:

- Reduce trauma symptoms and improve academic outcomes for immigrant students by providing culturally sensitive, trauma informed services.
- Provide trauma specific services: Cognitive Behavior Intervention for Trauma in Schools (CBITS) to identified students.
- Enhance the capacity of school mental health professionals to provide evidence-based practices.

More information is available at:

- <http://www.tsaforschools.org/>
- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/LA-Bienestar.aspx>

School Based Mental Health – Building Cultural Connections and Competence, Minneapolis Public Schools, Minneapolis, MN:

School Based Mental Health-Building Cultural Connections and Competence, supports and extends ongoing efforts in Minneapolis Public Schools to expand school-based mental health services. Immigrant and refugee students account for 24% of the School District’s student population.

Strategies to address barriers and gaps in mental health for the target population include:

- Locating services at school and in the community to increase familiarity and access.
- Working with community and religious leaders to build trust and dialogue with the community.
- Using narrative approaches and story-telling to help students and families process significant life events that impact emotional wellness.

- Group activities that teach life skills that would facilitate the acculturation process.
- School and community groups will be conducted using the Trauma-focused Parenting Coaching approach, an adaptation of “Parenting through Change”.

Minneapolis Public Schools, Hennepin County and community mental health providers collaborate to bring a coordinated continuum of services including crisis intervention, screening, assessment, treatment, consultation and training of school staff, and access to county-funded support and treatment services to students and families in three schools.

More information is available at:

- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Minneapolis-Public-Schools.aspx>

Bridges Program at New York University, New York, NY:

The Bridges program is a prevention program that aims to enhance the well-being of young children attending NYC public schools by providing consultation to teachers and a workshop series to parents of students in first grade.

Consultation includes education on:

- Cultural competence.
- Ethnic socialization.
- Common mental health problems exhibited by young children.

Consultation and training is provided in 5 schools in Brooklyn, NY, a community where the majority of the residents are immigrants from Afro-Caribbean countries. Consultants help teachers implement proactive behavior management techniques, incorporate cultural activities in the classroom, and effectively engage families. Parent workshops are also conducted that focus on the use of strategies to teach children about the unique values and behaviors of their culture of origin and instill pride in their cultural background.

More information is available at:

- <http://www.aboutourkids.org>
- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/NYU.aspx>

Empowerment Across Communities, Portland Public Schools, Portland, ME:

Empowerment Across Communities is increasing mental health access and intercultural connections for immigrant and refugee students who need emotional support. The program is also building the cultural responsiveness of school social workers, teachers, school-based health center staff, and community providers through intensive staff development.

Working closely with immigrant and refugee families, the program empowers them through on-going engagement activities that strengthen families and cultural communities, while student identity support groups welcome and sustain new arrivals.

The diverse program partners collaborate to increase the quality and number of services available to the 1500 students identified as English Language Learners (ELL) in the Portland Public Schools. Empowerment Across Communities enables partners to join together and strengthen their services for the benefit of the target population. The project aims to increase mental health access by training mental health professionals on culturally responsive practices.

More information is available at:

- <http://www.portlandschools.org/schools/multilingual/grants.html>
- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Portland.aspx>

Nuestro Futuro at Santa Cruz Community County Counseling Center, Watsonville, CA:

Nuestro Futuro offers family-centered services that reduce emotional and behavioral problems among predominantly Mexican migrant and immigrant students. Utilizing a multi-site base that includes two community-based agencies the project approach embodies the Mexican cultural value of ‘family first’, supporting both students and their parents.

Nuestro Futuro provides a broad array of prevention and early intervention services, including:

- Weekly “Families Creating Paths to Success” groups involving a project counselor and an academic counselor focused on teaching parents about the school system and the connection between mental health and school success.
- The project provides Newcomer groups for all newly-arrived students. Students are also

referred to the program by teachers or through the school’s multidisciplinary team meetings.

Parents of students being seen individually are invited to bi-weekly support groups, and the Nuestro Futuro counselor also offers individual and family counseling 10 hours a week.

More information is available at:

- <http://www.scccc.org/youth-services/>
- http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Santa_Cruz.aspx

The Explorer’s Program at The Village Family Services Center, Fargo, ND:

The Explorer’s Program serves a diverse school population that includes recently resettled refugees from Somalia, Sudan, Bosnia, Liberia, Iraq and other countries. Many of these students suffer from emotional and behavioral problems stemming from their experiences as refugees.

The Explorer’s Program provides:

- Group and individual narrative therapy to students.
- Mental health screenings for children.

- Education groups in social skills and anger management.
- Playground “coaching” to all students.
- After-school support program for children and families.
- Referrals to community mental health services as needed.

The project is working to improve the overall climate of the schools and ensure that refugee students have access to evidence-based and culturally appropriate therapeutic services and supports. It also assists parents in connecting to community resources for mental health and other support services and to increase their involvement and participation in their children’s school.

More information is available at:

- <http://www.thevillagefamily.org/>
- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/The-Village-Family-Service-Center.aspx>

Creating Confianza at University of North Carolina School of Social Work, Chatham County, NC:

Creating Confianza is a partnership helping children of immigrant families receive more mental health support and assisting teachers and other school staff to work effectively with students. The program operates in rural Chatham County where 1533 out of 7000 students are Latino immigrants or children of immigrants.

Creating Confianza strengthens the emotional well-being of students through:

- School staff training to increase knowledge of the Latino students’ life experiences.
- Parent training on mental health and other issues that concern them.
- Onsite screening of students for mental health issues and referral of those in need of care.

By employing a bilingual/bicultural school-family liaison who is a trained social worker and partnering with a Spanish language mental health agency Creating Confianza has eliminated most language barriers to care.

More information is available at:

- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/UNC.aspx>

Albany Park Refugee and Immigrant Youth Mental Health Project at World Relief-Chicago, Chicago, IL:

The program partnership develops, implements, and is currently evaluating culturally-competent school-based mental health services to refugee and immigrant children in Albany Park. Albany Park Refugee and Immigrant Youth Mental Health Project seeks to facilitate improvements in mood and school functioning using the Child and Adolescent Functional Assessment Scale (CAFAS).

Main program components include:

- Placing mental health providers in two schools to provide services on site to refugee children and their families.
- Teacher training and classroom consultation.
- Training and implementation of evidence-based practices for traumatized youth (Trauma-Focused Cognitive Behavioral Treatment—TF-CBT).

The program also offers assessment, individual and group psychotherapy, case management, parent training, case-centered behavioral consultation, and parent involvement programs. Additionally, enrichment activities, after school programming and a summer camp are offered to participants.

More information is available at:

- <http://chicago1.wr.org>
- <http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/World-Relief-Chicago.aspx>

PART B: Caring Across Communities at Work

Success Stories



Too Afraid to Say “Help” – Minneapolis Public Schools’ community partner La Familia Child Guidance Center

When Eduardo arrived in the first grade at Jefferson Elementary in Minneapolis, his teacher noticed he was shy...very shy. In fact, Eduardo didn’t speak at all for the first week. By the second and third weeks of school, Eduardo’s teacher had heard him mumble only a few words. Even at recess, Eduardo kept to himself, avoiding interaction with other children and refusing offers to be included in play.

A little more than a month into the school year, the teacher began to doubt Eduardo’s language ability and became concerned that he had a significant developmental delay. Eduardo’s promotion to the second grade would depend on him, at least minimally, participating in the class. His teacher suspected he was simply unable to say more than a few words and that he was probably not ready for the first grade.

Fortunately for Eduardo, La Familia Child Guidance Center, the community-based partner of the Minneapolis Public Schools, heard the word “help” even though he couldn’t say it. After reading the teacher’s assessment that Eduardo may be afflicted with mutism, the Center’s School

mental health clinician visited with Eduardo. She discovered that Eduardo was frightened, too frightened to open his mouth.

Eduardo’s family had recently come to the U.S. from Latin America. The journey from his poverty-stricken village to Minneapolis had been difficult and Eduardo had become frightened of nearly everything—including speaking English even though it was being carefully taught to him at home.

The mental health clinician, trained by La Familia Child Guidance Center to work especially with children from different countries, carefully established a therapeutic goal and program that would build Eduardo’s confidence, both as a speaker of English and as a young boy. The clinician worked with Eduardo’s teacher to create incentives for Eduardo to use his English in class, to allow grace for mistakes, and to encourage him to celebrate his Spanish-speaking abilities and cultural assets.

The clinician also used culturally competent therapies, using both Spanish and English, to help Eduardo build a rapport with his teacher and classmates. During class he learned to participate and, during recess, he learned to run and play with his new friends.

As his mental health services progressed through the school year, so did Eduardo. His teacher withdrew her recommendation for special education and Eduardo more than earned his promotion to the second grade. “Eduardo made significant progress,” says his teacher. “I love watching him work to fit in. He wants to achieve his progress on his own in class and is proud he can do it without assistance. He’s become very popular with all the teachers here.”

Eduardo is a smart, capable, articulate boy who almost fell through the cracks. But because of the quick and effective intervention by La Familia Child Guidance Center, he was able to transition from an overwhelmed child—too frightened to speak—to a boisterous and successful little boy.

Each of our children deserves a chance to thrive. Yet, in the communities where they live, learn, work and play, too many of America’s children do not have access to the mental health services they deserve and need. The Robert Wood Johnson Foundation is supporting Caring Across Communities and its partners to address this need by increasing and improving mental health services for all of America’s children. Learn more about the ground level solutions to improving health that helped Eduardo and other children like him at: <http://www.healthinschools.org>.

A Grab for Attention, A Cry for Help: Maria’s Story – Los Angeles Child Guidance Clinic

Maria was in danger of being written off. She had become more noted for her disruptive classroom behavior and her complaining about work than for any of her other traits. Maria would protest loudly when assigned a task, cry inconsolably when she didn’t get what she wanted, and respond with angry outbursts when the teacher resorted to sending her to the principal’s office. Even though she was just in the ninth grade, few of her teachers or administrators thought she would graduate.

Maria came to the U.S. with her parents when she was eight years old. Upon arrival she spoke no English but managed to learn the language well enough to advance through elementary and middle school. Along the way to high school, she became depressed and desperate for attention—even if it meant keeping her classmates from their work. Her fellow students began to dread Maria’s outbursts and, as a result, isolated her, avoiding interaction with her whenever they could. The situation was spiraling out of control.

School administrators spent more time with Maria than just about anyone else. After being sent out of the classroom, Maria would spend long hours in

the principal's office waiting for her mother to be able to leave work and pick her up. Her mother, too, had become desperate and asked the school what they could recommend.

Fortunately for Maria, the school had begun to work with the Los Angeles Child Guidance Clinic, a Caring Across Communities partner dedicated to increasing and improving mental health services for children. Maria began to participate in that organization's 3R's Project, designed to teach struggling youth resiliency, relationships and recovery.

Meeting regularly with a therapist, Maria worked to develop self-regulation skills. She was also referred to a child psychiatrist who recommended to Maria's mother that she could benefit from carefully administered medication to further assist in her self-control. The psychiatrist worked closely with Maria to monitor and assist in her progress.

At the Los Angeles Child Guidance Clinic, a family advocate began to help Maria apply the skills of self-regulation in her classroom performance. At the same time, the advocate worked with Maria's teachers to develop effective interventions that kept Maria focused and the other students working on their own activities. The process also resulted in a better assessment of Maria's

educational needs and she began to receive the special education she required to succeed. It took a special group of people to recognize that Maria was not a bad child, just a young person crying out for the help she needed.

In the months since Maria began this process, she has shown significant progress, has become less depressed and better able to handle school work and relationships. Her sights are set on advancing to the 10th grade and beyond.

But for many children like Maria—students who seem to be more trouble than they're worth—help is not always there. According to the Surgeon General's office, there are approximately 15 million children in America with diagnosable emotional or behavior health disorders. Too often, the last in line to get help are the children that were not born in the United States.

The Robert Wood Johnson Foundation is supporting Caring Across Communities and its partners to address this need by increasing and improving mental health services for all of America's children. This work creates immediate and lasting change where families live, learn, work and play. Learn more about how Los Angeles Child Guidance Clinic finds quality of life solutions for people like Maria as well as the community in which she lives at: <http://www.healthinschools.org>.

From Fear to Understanding: A Journey Toward Good Mental Health – Project SHIFA
(Supporting the Health of Immigrant Families and Adolescents)

When Dalmar and his family arrived in Boston from Somalia, they hoped the stress and trauma of living in a war-torn country would be left behind. But something followed them.

Fourteen-year-old Dalmar enrolled in high school and began the arduous process of adapting to a new home, culture and language—largely on his own. He was intimidated by his classmates and tried to make up for his insecurities by acting tough. He noticed immediately that other students kept their distance from him. Even his teachers seemed unfriendly and unhelpful. Dalmar kept his fears to himself...and quickly began getting into trouble.

After two years in high school, Dalmar had earned just half a credit. He was suspended often for fighting and talking back to teachers. He began picking on other children—including his younger brothers and sisters—and was regularly disruptive in class.

Although school administrators knew Dalmar had experienced the consequences of violence in

Somalia, he wasn't offered mental health services. His family was reluctant to seek help for fear of being perceived as a burden in the community. Even his teachers seemed wary of reaching out to him.

Dalmar was on the verge of expulsion. In an effort to do something for Dalmar, a school counselor turned to Project SHIFA (Supporting the Health of Immigrant Families and Adolescents), a Caring Across Communities partner in Boston that supports a mental health program for children and teens. Project SHIFA, which works directly with the local Somali community, assigned Naima to Dalmar's case. Naima personally understood many of the issues faced by Dalmar and his family.

In her assessment of Dalmar's case, Naima uncovered rumors that had been circulating about him since his arrival; he was trained to be a child soldier in Somalia, he had killed people, and he was still dangerous. None of this was true, but the stigma of the label shackled Dalmar to a destiny that he could not control.

Naima worked with administrators and teachers to debunk the rumor—a lie that many of Dalmar's teachers admitted they believed. Naima also worked to educate the staff and Dalmar's classmates about the reality of life in Somalia, the

challenges faced by refugee families like Dalmar's, and about the cultural differences they must manage. "When Dalmar acted out, I just assumed that the stories about Dalmar were true," says one of Dalmar's teachers. "But having learned about life in Somalia and more about Dalmar, I now know the truth and am not afraid."

In the meantime, Dalmar began counseling. His newly informed teachers started to engage Dalmar more effectively in class. His classmates stopped feeling threatened by him and friendships began to form. Dalmar, in turn, stopped feeling the need to disrupt the class and began to focus on his studies.

The challenges Dalmar faces as a result of the violence he witnessed in Somalia, the fear he still has about being accepted in his school, and the ongoing transition from refugee child to American teenager, will require more therapy. But he has reason to hope for a better future now. Dalmar is not alone in his struggles and, for the first time, he is beginning to think about graduation and beyond.

For Dalmar, a path has emerged toward good mental health and success in his new community. It's up to him to walk the path, but help is there now when he needs it. Dalmar's struggles are not unique to him. Throughout the U.S., many

children who come here from another country face extraordinary stresses and mental health challenges. The Robert Wood Johnson Foundation is supporting Caring Across Communities and its partners to address this need by increasing and improving mental health services for all of America's children. Learn more about the Robert Wood Johnson Foundation sponsored solutions for better health at: <http://www.healthinschools.org>.

Escape to Hope: Juan's Journey to a New Land – Los Angeles Unified School District

When Juan entered America at the age of 16, he expected his uncle to be waiting for him. With his papers in order, he had no reason to believe his journey towards a good education and a successful future would be so difficult. But from the moment Juan approached the immigration officials, nothing went as expected. Juan was held in custody by the INS until his uncle could prove Juan's identity and fulfill other requirements for his release.

Having left his home, his family and friends, and the only community he had ever known, Juan was terrified at his situation. Terrified that he may be sent back – sent back to a grave fate.

Just months before, Juan's brother was murdered by gang members in his home country. His brother's fatal mistake was not joining the gang and refusing to give in to their extortion demands. Juan vowed to keep his brother's convictions but his relatives recognized that in doing so, Juan had signed his own death warrant. Fearing the same fate for Juan as for his beloved brother, his relatives managed to obtain a visa for him. Now he was sitting in a cell, terrified he would be sent back to face the gangs.

Traumatized by his brother's death, detained by the INS and unable to speak English, sixteen-year-old Juan was deeply relieved when, in a few days, his uncle managed his release. His uncle brought him to the Immigrant Student Guidance Assessment and Placement Center for enrollment in the L.A. Unified School District (LAUSD). LAUSD is a partner of Caring Across Communities, a program supported by the Robert Wood Johnson Foundation to increase and improve mental health services for children. This partnership provided just the assistance that Juan needed.

At the Immigrant Center, Juan's uncle got help filling out the necessary forms while Juan received a general health screening. A Spanish-speaking social worker in the program interviewed Juan and his uncle to identify what Juan needed to be successful in high school. Juan was referred

to the Newcomer Program at Belmont High and received follow-up visits from the Center's school psychologist.

Now, two years later, Juan is a junior at Belmont and on his way toward high school graduation. He has received ongoing assistance from LAUSD and has voluntarily participated in a counseling program offered at the school. The program has been especially helpful as Juan deals with his grief over his brother's death and his own feelings of fear. In his group, he has also been able to meet and connect with other young people who have experienced trauma.

Each day Juan is a little less anxious and each day he feels a little more at home in Los Angeles. As his language skills have improved he has expanded his circle of friends and is beginning to find ways to give back to his new community. "I still miss my brother and my parents," Juan says. "But I am glad to be here and to be in school. Not all the youth in my situation get this kind of help. I am fortunate."

Young people like Juan need good mental health care to grow and prosper. You can learn more about Caring Across Communities, the program that is creating lasting change for Juan and others like him, at: <http://www.healthinschools.org>.

Mustafa's Miracle – Project SHIFA (Supporting the Health of Immigrant Families and Adolescents)

Moving to a new community, attending a new school, and making new friends, can be daunting and stressful for any child. But when that child has already experienced significant trauma, when the move to a community means traveling halfway around the world, when new friends and teachers speak a different language, then the challenge of adapting can be overwhelming.

For Mustafa, a sixth grader originally from Somalia, the challenge of adapting to life in Boston was almost too much. Mustafa and his family were victims of Somalia's civil war. In the chaos of violence and displacement, Mustafa was separated from his parents and placed with relatives he barely knew.

Eventually, Mustafa's relatives won refugee status in the U.S. and they joined the Somali community in Boston. Mustafa was suddenly expected to adapt to American schools, cultures and norms with little support and almost no recognition that he had developed the symptoms of Post Traumatic Stress Disorder.

When staff workers from Project SHIFA (Supporting the Health of Immigrant Families

and Adolescents) at Children's Hospital Boston first heard about Mustafa, he had already been labeled a "bad kid." His teachers reported multiple behavioral problems including truancy and fights. His academic performance was below expectations and, in his drive for acceptance, he had begun hanging out with other youth who had behavioral problems.

In their drive to get Mustafa help, staff workers uncovered barriers within his family to getting the mental health services Mustafa needed. Understanding what services were available was the first barrier, but overcoming the stigma associated with mental health problems proved to be the primary block. Project SHIFA formed a Family Stabilization Team to work with Mustafa's family and used the services of a "cultural broker," a Somali counselor who could bridge social and language gaps.

Mustafa began to receive the counseling and therapy he so desperately needed. Project SHIFA workers introduced him to other students who could help him make positive decisions and Mustafa began to form new friendships. He also began to trust his therapist and confide in her about both the traumas in his past as well as the difficulties he was facing in school.

In a matter of months, Mustafa's grades began to improve. He was promoted to 7th grade and he is becoming a model student. He has even started to talk about the future in a new way.

Each of our children deserves to have a chance to succeed in his or her community. Yet, in many communities, America's children still do not have access to quality mental health services to help improve their quality of life. The Robert Wood Johnson Foundation is supporting Caring Across Communities and its partners, such as Project SHIFA, to address this need by increasing and improving mental health services for all America's children. Learn more about how programs like Caring Across Communities create innovative solutions for children like Mustafa at:

<http://www.healthinschools.org>.

PART C: Additional Resources and Information



Children's Mental Health Links:

American Academy of Child and Adolescent Psychiatry

<http://www.aacap.org>

Center for Health and Health Care in Schools

<http://www.healthinschools.org>

Frontier Mental Health Services Resource Network

<http://www.wiche.edu/Mentalhealth/frontier/letter14/letter14.asp>

The Kellogg Foundation

<http://www.wkkf.org/default.aspx?tabid=75&CID=316&NID=61&LanguageID=0>

Maternal and Child Health Library

<http://www.mchlibrary.info/KnowledgePaths/index.html>

Mental Health America

<http://www.mentalhealthamerica.net>

National Adolescent Health Information Center

<http://nahic.ucsf.edu/>

National Center for Children in Poverty (NCCP)

<http://www.nccp.org>

National Center for Cultural Competence

<http://gucchd.georgetown.edu/nccc>

The National Center for Mental Health and Juvenile Justice

<http://www.ncmhjj.com>

National Institute of Mental Health (NIMH)

<http://www.nimh.nih.gov>

National Mental Health and Education Center

<http://www.nasponline.org/families/index.aspx>

Office of the Surgeon General

<http://www.surgeongeneral.gov/topics/cmh/default.htm>

Research and Training Center on Family Support and Children’s Mental Health

<http://www.rtc.pdx.edu/>

The Robert Wood Johnson Foundation Vulnerable Populations Portfolio

<http://www.rwjf.org/vulnerablepopulations/index.jsp>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://mentalhealth.samhsa.gov>

United Parents for Families in Crisis

<http://www.unitedparents.org/>

U.S. Department of Health and Human Services, Children’s Bureau

<http://www.acf.hhs.gov>

Immigrant and Refugee Links:

Bridging Refugee Youth and Children’s Services

<http://www.brycs.org/>

Carnegie Endowment’s International Migration Policy Program

http://www.ceip.org/files/projects/IMP/IMP_Home.ASP

The Cross Cultural Health Care Program

<http://www.xculture.org/>

Grantmakers Concerned with Immigrants and Refugees (GCIR)

<http://www.gcir.org>

Migration Policy Institute

<http://www.migrationpolicy.org/>

National Immigration Law Center (NILC)

www.nilc.org

New Routes to Community Health

<http://newroutes.org/>

Pew Hispanic Center

<http://pewhispanic.org/>

Robert Wood Johnson Foundation Publications on Immigrant and Refugee Children

<http://www.rwjf.org/search/gsa/search.jsp?q=immigrant+refugee&src=sw&x=13&y=9>

Urban Institute

<http://www.urban.org/immigrants>

U.S. Committee for Refugees and Immigrants (USCRI)

<http://www.refugeesusa.org>