“Acknowledging Strategies for Reaching Underserved Student Populations”

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Purpose of Breakout Sessions

- Creating a forum for open sharing
- Fostering an active learning community
- Continuous inclusion of key partners
- Acknowledge CC campus initiatives
- Identify successful strategies, practices
- Identify barriers, challenges, opportunities
- Continue processes of peer support

Foundational Perspectives

- Underserved students representing diversity;
- Understanding culture is integral to mental health and health;
- The significance of mental health capacity building in community colleges;
- Background of disparities, cultural competence initiatives in public and community settings;
- Relevance of cultural competence and cultural, linguistically appropriate services (CLAS);
- Importance of reaching underserved, unserved students and eliminating disparities.

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Foundational Perspectives

- Cultural humility, competence and responsiveness are essential aspects of student centered services including community colleges
- Person-centered student care means understanding the person's culture in context
- Increasing cultural competence, responsiveness means improving the quality (CQI) of care for all students and the community
- Responding to student in community needs as at community colleges takes into account life experiences also for eliminating disparities

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Foundational Perspectives: Definition of Culture…

- Culture: "An integrated pattern of human behavior that includes thought, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group."

  (California State DMH)

- *We <u>all</u> have culture, cultural backgrounds.*

Some perspectives from underserved students…

"**Mental Health on Campus: Student Mental Health Leaders and College Administrators, Counselors, and Faculty in Dialogue" (SAMHSA, 2007):**

*Some participants offered perspectives on the **unique challenges** faced by persons who are members of **minority groups and other special populations . . .***

Special populations have a difficult time getting services. The Office of Lesbian Gay Bisexual Transgender Services and the Office of Multicultural Programming and Services are two portals where some students gain access.

— Administrator, student counseling services

Some perspectives from underserved students…

We offer medical leaves and accommodations for psych issues, but many students do not use them, particularly students of color, even though we have a large percentage of minority counselors.

— University administrator

In Asian and Latino cultures, saving face is an important value—not revealing certain things to extended family. This attitude does not foster discourse about treatment. Stereotyping and lack of cultural competency on the part of caregivers also are barriers to getting help.

— Student mental health activist

Foundational Perspectives

- Community colleges reflect our racial, cultural, linguistic, ethnic, class diversity.
- Mental health and wellness correlates strongly w/positive educational outcomes
- Impact of social insecurity, inadequate. resources, life stress, and malnutrition.
- Stigma and shame to be overcome through multiple strategies, creative planning, outreach.

Foundational Perspectives

- Underserved populations sometimes mirror those in the larger communities at-large
- Campus Based Grants: Populations Served:

Veterans, foster youth, LGBTQ, low-income, low readiness, uninsured, first generation, students in recovery, international students, students with disabilities, victims of assault and violence, African American, Latino, Asian, Native American, previously unserved or underserved.

Areas for Potential Discussion*:

- Individual's Mental Health Care Issues:
  - Health care factors that influence recovery
  - Issues of stigma, discrimination
  - Student control and choice
  - Access to information and supports
  - Pressures related to campus culture
  - Atypical community college resources needed
  - Individual in systems of care challenges

Areas for Potential Discussion*:

- Issues Related to Systems and Contexts:
  - Elimination of stigma and discrimination
  - Issues of responsibility, burden, work stress
  - Policies, rights, liabilities, accommodations
  - Systems level issues that may hinder recovery
  - Resources sometimes stretched, not adequate to meet demands
  - Sometimes reactive to situations not long term vision and sustained effort or systems transformation.

Areas for Potential Discussion*:

- Recommendations for Future Action:
  - Increasing cultural competence.
  - Improving campus culture: 1)breaking down stigma, discrimination 2) increasing dignity, trust, respect, sense of inclusion.
  - Improving access to key MH/health information
  - Utilization of creative effective means of MH engagement that fit current communities.

SAMHSA'S VISION:

- A Nation That Acts On the Knowledge That:
  - Behavioral health is essential to health
  - Prevention works
  - Treatment is effective
  - People recover

A Nation/Community Free of Substance Abuse and Mental Illness and Fully Capable of Addressing Behavioral Health Issues That Arise From Events or Physical Conditions

COMPARE (Part 1). . .

Physical Health

- What It Takes
  - Nutrition
  - Exercise
  - Rest
  - Good Genes
- Reducing Risks
  - Hand-washing
  - Covering cough
  - Protecting virus food-borne illnesses
  - Getting immunizations
  - Taking universal precautions
  - Avoiding unprotected sex

Behavioral Health

- What It Takes
  - Understanding/managing emotions
  - Managing stress
  - Positive social relationships
  - Hope – Spirituality
- Reducing Risks
  - Trauma
  - Chronic stress, esp. in childhood
  - Non-supportive or destructive relationships
  - Uninformed parenting
  - No or limited skills

COMPARE (Part 2). . .

Physical Health

- Recognizing Signs
  - Temperature
  - Cough
  - Fever
  - Pain
  - Avoiding Behaviors That Increase Risks
- Knowing When & How To Get Help
  - Early detection – tests/screening
  - Stop the bleeding and pain
  - Save life first

Behavioral Health

- Recognizing Signs
  - Suicidal thinking
  - Depression and anxiety
  - Post-traumatic stress
  - Substance abuse
  - Underage drinking or inappropriate amounts in adults
- Knowing When & How to Get Help
  - Early detection – screening/brief interventions
  - Stop emotional pain
  - Keep safe – for individual and for community

THERE IS NO HEALTH WITHOUT BEHAVIORAL HEALTH!

"Heal the soul and the body will follow."

Stevenson Kuartei, Minister of Health, Republic of Palau

WE'VE GOT A PROBLEM . . .

- Every day in America:
  - ~ 7,500 adolescents (12-17) drink alcohol for the first time
  - ~ 4,360 use an illicit drug for the first time
  - ~ 3,900 smoke cigarettes for the first time
  - ~ 3,700 use marijuana for the first time and
  - ~ 2,500 abuse pain relievers for the first time
- Young people with major depressive episode are twice as likely to take 1st drink or use drugs the 1st time as those who do not experience a depressive episode
- Suicide is the third leading cause of death among young people; second among NA youth

MENTAL & SUBSTANCE USE DISORDERS CAN BE PREVENTED

- Product of biological, environmental and social factors
- Experiences trigger or exacerbate BH problems
  - Trauma, adverse childhood experiences, disasters and their aftermath, poverty, domestic violence, involvement with the criminal justice or child welfare systems, neighborhood disorganization and family conflict
- Addressing risk factors is effective in reducing likelihood of mental or substance abuse disorders (M/SUDS).
  - Individual, family and community risk and protective factors
- Brain impacts – chronic acute stress in early childhood can lead to:
  - Future health problems (including depression and other BH problems)
  - Damage to hippocampus
  - Smaller physical size of developing brain

EARLY INTERVENTION REDUCES IMPACT

- 1/2 of all lifetime cases of mental illness begin by age 14; 3/4 by age 24
- On average, > 6 years from onset of symptoms of M/SUDs to treatment
- Effective multi-sectoral interventions & treatments exist
- Need treatment & support earlier
  - Screening
  - Brief interventions
  - Coordinated referrals

Culturally Competent Guiding Values & Principles

- Work with natural, informal supports relevant to the students and population to be served and…
- Network within culturally diverse communities (e.g. neighborhood, associations; ethnic, social, and religious organizations; and spiritual leaders and healers).

Culturally Competent Guiding Values & Principles –cont'd

- Family and community are defined differently by different people inc. students all with unique life experiences…
- And may be the primary system of support, social networking and preferred intervention.
- Student consumers with their families are decision makers for services and supports, and can be empowered in the process.

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Cultural competence, as originally conceived, emerged as an issue with public health efforts to make services more responsive to growing ethnically diverse populations in rural and urban areas.

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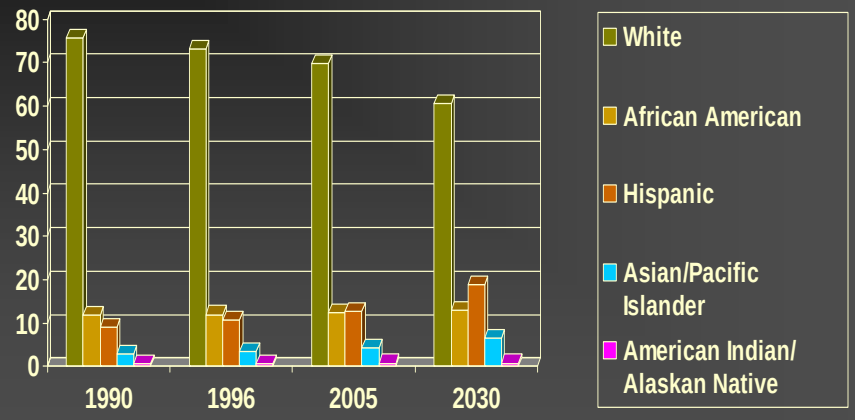
Communication

- When culture-specific health beliefs, assumptions, and behaviors are part of a shared dialogue between provider and student or patient, both communication and delivery of care are more effective.

Improved outcomes

- Comprehensive understanding of the cultural context of language, belief systems, attitudes, help-seeking patterns, and other behavior is critical to *successful outcomes* in mental health services.

Demographic Trends: Increasing Diversity



Source: U.S. Census Bureau

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Disparities Among Cultural, Ethnic, Racial and Linguistic Communities

- Mental Health: Culture, Race and Ethnicity: A Supplement to the Surgeon General's Report on Mental Health (2001, USDHHS www.surgeongeneral.gov/library)
- Striking disparities in
  - Access to care
  - Quality of services
  - Availability of responsive services

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Imperatives: Some Key Findings

- 40% of Hispanic Americans report limited English proficiency yet limited bilingual bicultural providers
- Asian/Pacific Islanders who seek care for mental illness present with more severe illness, perhaps due to stigma
- Disproportionate numbers of African Americans who are homeless, incarcerated, in child welfare, victims of trauma
- Historical trauma of Native Americans and its effects today are insufficiently acknowledged

Mental Health Myths and Facts

- MYTHS AND MISPERCEPTIONS:
- Poorer people are less motivated
- Poor people are mostly minorities
- Programs to help people with limited resources are draining the budget
- Most people with limited resources are stuck long term in this cycle of poverty

Mental Health Myths and Facts

- Health Disparities:

  1) The Institute of Medicine in Unequal Treatment (2003) found that racial/ethnic minorities experience disproportionate health disparities compared with whites.

  2) Mental health services are plagued by disparities in the availability of and access to its services

  3) These disparities are apparent readily through the lenses of racial and cultural diversity, age and gender (US DHHS 2001).

Mental Health Facts (U.S. Surgeon General's Report, 2001)

- African Americans:

  1) May be at higher risk for mental health disorders due to socioeconomic differences.

  2) Tend to be underrepresented in outpatient treatment and overrepresented in inpatient with difficult access to culturally competent services

  3) Higher rates of misdiagnosis compared with whites, mistakes leading to inappropriate meds

  4) Barriers of shame, stigma, past treatment.

Mental Health Facts (U.S. Surgeon General's Report, 2001)

- Asian Americans:

  1) Model minority myth and other subgroup stereotypes may be barriers.

  2) Incidence and prevalence of mental health problems may be equal to others.

  3) Underutilization of services may be due to stigma, shame (loss of face), family.

  4) Access more difficult due to language and cultural proficiency of potential providers.

Mental Health Facts (U.S. Surgeon General's Report, 2001)

- American Indians/Native Americans:

  1) Few epidemiological studies and surveys focusing on mental health

  2) Depression is a significant problem for many American Indian/Native Americans

  3) Higher risk of alcohol abuse and dependence. Higher risk of suicide.

  4) U.S. Veterans higher prevalence rate of PTSD disorders than whites.

  5) Legacy of historical trauma (E. Duran, 2001)

Mental Health Facts (U.S. Surgeon General's Report, 2001)

- Latino/a and Hispanic Americans

  1) Prevalence rates of Mexican-born Latinos similar to general population but…

  2) Prevalence rates for depression and phobias higher in U.S. born Latinos

  3) Limited data available for some Latino subgroups (ex. Cuban, PR, Guatemalan)

  4) Historical and sociocultural factors indicate Latino immigrants have great need of yet limited access to mental health services.

Essential History: Definition

- Cultural Competence Definition:
- "A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals that enable them to work effectively in cross-cultural situations" (Cross et.al., 1989)

Essential History: Five Elements

A culturally competent system of care has several core components (Cross, et al) for serving our un- or under- served student communities:

1. Valuing diversity
2. Continual cultural self-assessment
3. Attending to dynamics of difference
4. Institutional knowledge of culture
5. System adaptation to diversity and change

Some Practical Guidance

- Proviso, disclaimer, another view of cultural competence and serving underserved students…

  "Cultural competence for best serving un- or under- served students on community college campuses is not an end destination…it is the ongoing journey along the way and each time." (Mock, 2002; 2013)

Increasing Cultural Competence and Responsiveness - Questions

- Cultural appropriateness may be the most important factor in accessibility of services
- Rapport building is critical—
  - Does the student feel welcomed, understood?
  - Does he/she think, have confidence that the staff/faculty can understand?
  - Does the staff/faculty understand the cultural barriers that the client might experience?

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Increasing Cultural Competence and Responsiveness - Questions

- Who does the student perceive as a “natural helper” and whom does he/she view as traditional helpers? How are these individuals a part of helping the client?
- What outcomes are important to the student?
- How does the student define his/her family and community? In what ways do they represent support in the situation.

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Transforming Campus Systems for Underserved Students

- Working to become **SMARTER** (Mock, 2002) on a continuous basis.

  Behavioral health care systems must develop continuous strategies that are:

  1) ***S****pecific*
  2) ***M****easurable*
  3) ***A****chievable*
  4) ***R****esults oriented*
  5) ***T****imelined*
  6) ***E****xpected change analyzed*
  7) ***R****epeated cycles of learning*

Transforming Campus Systems for Underserved Students

- Working to develop ongoing multi-level CARE!

  On a personal level, the staff/faculty might have:

  1) *C*ompassion
  *2) A*wareness
  3*) R*espectfulness
  4) *E*mpathy

  for the diverse, multi-faceted aspects of student lives.

Transforming Campus Systems for Underserved Students

- Working to develop ongoing multi-level CARE!

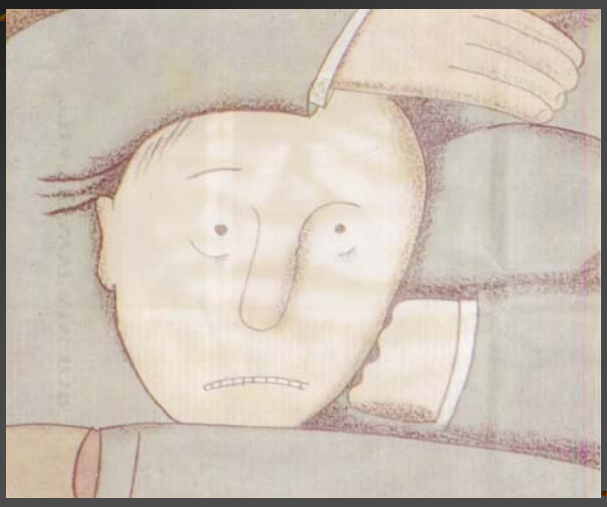
On a professional level, the staff/faculty might have:
1) *C*ompetence culturally
*2) A*ssessing self, colleagues, environment ongoingly
3*) R*esponsiveness
4) *E*ffectiveness
for the diverse, multi-faceted aspects of student lives.

Transforming Campus Systems for Underserved Students

- Working to develop ongoing multi-level CARE!

On a systems, campus-wide level, the staff/faculty might have services that are:
1) *C*oordinated and *C*ommitted towards change.
*2) A*ccountable and *A*ccessible in creative, strength-based ways.
3*) R*eflective of the population being served and *R*esponsible to creative, community involved change for improvement.
4) *E*volving in an ongoing, dynamic way and *E*merging continuously
for the diverse, multi-faceted aspects of student lives.

Providing services from a “box”…



A BOLDER VISION?

- Can we imagine:
  - A generation without one new case of trauma-related mental or substance use disorder?
  - A generation without a death by suicide?
  - A generation without one person being jailed or living without a home because they have an addiction or mental illness?
  - A generation without one youth being bullied or rejected because they are LGBT?
  - A generation in which no one in recovery struggles to find a job?

Reinhold Niebuhr said:

Nothing that is worth doing can be achieved in a lifetime; therefore we must be saved by *hope*.

Community College Mental Health and Health Care Transformation

"The real difficulty in changing the course of any enterprise lies not (just) in developing new ideas but in (perhaps also) escaping old ones."

-John Maynard Keynes-

Thinking in transformative ways!

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