



Blue Cross and Blue Shield of Minnesota

Foundation

Progress report on
**Healthy Together:
Creating Community with
New Americans**

April 17, 2008

Strategies and promising practices shared by Healthy Together grantees at a convening on immigrant mental health and social adjustment

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Foreword

The Blue Cross and Blue Shield of Minnesota Foundation is very pleased to present this report describing promising strategies and lessons emerging from one of our new grant initiatives, *Healthy Together: Creating Community with New Americans*. This program bridges the Foundation's past and current commitments. It builds on our prior grantmaking experience in helping people with unique cultural needs navigate the health care system. At the same time, it contributes to our new purpose: Looking beyond health care today for ideas that create healthier communities tomorrow.

Healthy Together works to reduce health disparities for immigrants¹, focus on social connectedness, build relationships between newcomers and broader communities and, ultimately, improve the health of the entire community. Foundation grants support projects that:

- Address social adjustment and mental health
- Strengthen the capacity of immigrant-led organizations and their attention to health
- Foster exchanges between newcomers and the receiving community

We are committed to broadly sharing what we are learning as we move forward to implement initiatives to help close the health and opportunity gaps that affect too many Minnesotans. This publication, the first in a series of planned reports on the outcomes and lessons of Healthy Together grantmaking, focuses on projects supporting immigrant social adjustment and mental health. Grantees include mental health clinics, social service agencies, community organizations and mutual assistance associations.

We hope you find the work of the organizations described in this report both informative and inspiring. And we encourage you to contact us with questions, comments and suggestions.

Please visit our website at www.bcbsmnfoundation.org under “Explore the Issues” for additional resources on immigrant integration and health, including articles, reports and links to other websites.

Joan Cleary, Vice President

Jocelyn Ancheta, Program Officer

¹In this report, the term “immigrants” encompasses immigrants, refugees and asylees.

“Immigrant integration is a dynamic, two-way process in which newcomers and the receiving society work together to build secure, vibrant and cohesive communities.”

Introduction

Over the past several decades, Minnesota has become home to many thousands of new immigrants. They come from Asia, Africa, Latin America and Eastern Europe, bringing energy, ambition, hope and cultural vitality as they seek to create new lives. These strengths provide cultural and economic benefits to their receiving communities.

According to the U.S. Census 2000, the number of Minnesotans born outside the United States has increased by 130 percent since 1990.

At the same time, new Americans face daunting challenges — learning a new language and a new culture, finding housing and work that can support their families, overcoming isolation and loss, creating a sense of stability and well-being amid the turbulence of resettlement. Minnesota’s communities mirror these challenges as community members and institutions change to incorporate new people, languages and customs.

A new Blue Cross Foundation program

How well both immigrants and receiving communities are able to draw on their strengths and overcome the challenges will affect the health and vitality of the state, now and into the future. Recognizing this, the Blue Cross and Blue Shield of Minnesota Foundation created *Healthy Together: Creating Community with New Americans*, a statewide grantmaking initiative to reduce health disparities for immigrants and improve the health of the entire community.

Immigrant integration is a dynamic, two-way process in which newcomers and the receiving society work together to build secure, vibrant and cohesive communities.
— **Grantmakers Concerned with Immigrants and Refugees**

Studies in immigrant social adjustment indicate that the process of adapting to a new community takes time and is shaped by individual experience and access to social support systems. Although immigrants may benefit from protective factors such as spirituality and strong family support, many face enormous social and economic challenges that expose them to higher levels of stress and disadvantage due to poverty, unemployment, lack of English proficiency, discrimination and trauma associated with the immigrant experience.

The cultural contexts in which people live influence the way they define and experience mental health and mental illness. Cultural factors can influence whether people seek care for their symptoms, what kinds of care they seek and where they seek care — from primary care providers, for example, or from mental health providers, traditional healers and/or family members. Cultural factors can also influence how symptoms are reported as people express them in culturally based ways.

Immigrant communities are diverse and each group has its own history, language, cultural norms and religious beliefs as well as perception of health and illness. The growing diversity challenges the mental health system and its providers to adopt culturally competent approaches to prevention, diagnosis and treatment and to address barriers to appropriate and timely mental health services for members of immigrant communities.

In addition to strengthening the capacity of immigrant-led organizations and fostering exchanges between newcomers and the receiving community, Healthy Together grants promote the mental health and social adjustment of new Americans. Grants support organizations as they seek to:

- Improve access to culturally and linguistically appropriate mental health services and programs to reduce barriers to treatment
- Undertake early detection of mental health problems, especially through community-level programs
- Develop approaches that reduce isolation, strengthen circles of support and improve problem-solving capacity
- Build the capacity of the mental health system to serve immigrants and refugees through partnerships with immigrant-led organizations
- Demonstrate the effective use of community health workers to facilitate healthy social adjustment, social connectedness and access to and use of mental health services

**For a list of Healthy Together grantee programs, visit
www.bcbsmnfoundation.org**

Identifying promising approaches

Shared learning, a central component of all Blue Cross Foundation initiatives, can point the way to effective and promising strategies. On April 17, 2008, the Foundation convened Healthy Together grantees providing mental health and social adjustment services. The goal: to share emerging lessons, tools and approaches for mental health education, assessment and treatment for immigrant populations.

This report summarizes the presentations and discussions of that meeting.

Healthy Together models: Four approaches

Jocelyn Ancheta, Blue Cross Foundation program officer, introduced the Healthy Together convening by calling attendees' attention to the range and depth of cultural competence present in the room. This meeting, Ancheta explained, would provide an opportunity to share expertise and learning and to answer such questions as:

- What is the best way to talk about mental health with groups for whom this is an unfamiliar concept?
- What promising and effective tools and approaches to this work have emerged from your experience?
- How can practices be adapted to suit the cultures of different groups?
- What questions remain to be answered?

The session began with presentations by four Healthy Together grantees providing mental health and social adjustment services to immigrant communities. The grant-supported programs at the four organizations — La Familia Guidance Center, Jewish Family and Children's Service of Minneapolis, the Wilder Foundation and Pillsbury United Communities — serve Latino, Eastern European, Southeast Asian and African communities respectively.

This section summarizes the presentations and programs of these four organizations, while the following section summarizes the group discussions about lessons and promising approaches that followed.

La Familia Guidance Center: Functional family therapy

La Familia Guidance Center (Minneapolis) established in 1995, provides culturally competent mental health services to enhance the quality of life for Latino youth and families. La Familia uses functional family therapy (FFT) to provide treatment to at-risk youth and their families, primarily new immigrants. Using a strengths-based perspective, the FFT approach aims to enhance family communication and support and promote new ways of interacting. In the process, the approach decreases the intense negativity that is often characteristic of families of at-risk youth.

La Familia targets youth between the ages of 11 and 18 at risk for delinquency, violence, conduct disorder, oppositional defiant disorder or disruptive behavior disorder. In addition to parents and teachers, potential referral sources include probation officers, guardians ad litem, social workers and child protection service workers. FFT typically requires 8 to 12 hours of service, with generally no more than 26 hours for the most severe situations.

Functional Family Therapy responds to the needs of Latino children and families by working with the entire family, rather than just the child, and filling a gap in culturally appropriate mental health services. La Familia is the first organization to use FFT with the additional follow-up assistance to families. A 2002 policy brief by the University of Minnesota Children, Youth and Family Consortium noted that 86 percent of Chicano/Latino youth do not receive the mental health services they need.

Since 2002, La Familia has been part of an initiative through Ramsey County Juvenile Corrections to provide FFT to juveniles involved in county correctional services. Support from the Blue Cross Foundation has allowed La Familia to provide FFT to any Latino family with a child age 10 or over, whether or not the child has been involved with correctional services or the family had health care coverage or Medical Assistance.

A three-phase process. During the first phase, Functional Family Therapy engages the family and helps family members escape a focus on the past so energy can be channeled into changing the current situation. In the second phase, the family begins to rebuild relationships to meet the needs of individual members, including the ability to address the needs of vulnerable siblings. In the third phase, the family begins to extend learning to new settings and to access support from schools and other community resources. Depending on needs, a family might make use of chemical health services, individual therapy, Individual Education Plan (IEP) advocacy in the schools, mentoring or spiritual, economic and recreational support and services.

Each phase involves setting goals and addressing risk and protective factors that might include family dynamics such as communication and problem solving, adolescent or parent substance use and school attendance. Ongoing assessment allows families to see how they are progressing. Throughout, therapists incorporate families' values and culture.

Outcomes and training. In use for over 35 years, Functional Family Therapy has been recognized for its high rates of effectiveness by the Office of Juvenile Justice and Delinquency Prevention, the Center for Substance Abuse Prevention, the Centers for Disease Control and Prevention, the U.S. Surgeon General's Report on Youth Violence and others. Clinical trials have demonstrated that Functional Family Therapy is a cost-effective approach that can provide effective treatment and improve family functioning.²

²www.fftinc.com

www.medicine.uiowa.edu/ICMH/evidence/documents/HomeandFamily9-15.pdf

“In use for over 35 years, Functional Family Therapy has been recognized for its high rates of effectiveness by the Office of Juvenile Justice and Delinquency Prevention, the Center for Substance Abuse Prevention, the Centers for Disease Control and Prevention, the U.S. Surgeon General’s Report on Youth Violence and others.”

“The parenting group was the best thing we did. Parents were able to connect with each other.”

The approach also can prevent:

- Further incidence of the presenting problems, reducing the need for more restrictive, higher-cost services
- Adolescents from entering the adult criminal system — evaluation studies document a 25 to 60 percent reduction in recidivism for youth involved in corrections
- Younger siblings from entering the care system

FFT Inc., the parent organization for Functional Family Therapy training, service and research, offers community agencies support for training and implementation. The training process typically takes one year to complete and includes four training sessions of two to three days each and four hours of phone consultation per month with a team of clinicians. One team member receives additional training to become the FFT clinical supervisor.

Adapting the model for La Familia. Sylvia Galvan-Kupke, La Familia’s FFT clinical supervisor, and Marilyn Vigil, project evaluator, discussed a number of ways the Functional Family Therapy model has been adapted for use with La Familia clients. These include:

- **Language.** To facilitate building a strong alliance with families, therapists not only present FFT materials in Spanish, they also use a family’s expressions and ways of talking about needs.
- **Addition of a parenting group.** An innovation introduced by La Familia with grant support, a parenting group enables FFT parents to overcome isolation and connect with one another, receive information about their adopted country’s unfamiliar practices and customs and communicate with mainstream institutions.

“The parenting group was the best thing we did. Parents were able to connect with each other.” — Sylvia Galvan-Kupke, La Familia

- **Connecting families to community resources.** The parenting group provided a convenient means to introduce families to community resources.
- **Adapting program delivery to needs of working families.** La Familia recognizes the full schedules and difficult logistics of many families interested in Functional Family Therapy and will meet with families in the evenings in their homes, if needed. The parenting group is held on Saturdays from 10 a.m. to noon, followed by lunch.
- **Focus on prevention.** La Familia offers Functional Family Therapy to any interested family with a child over 10, rather than applying the program only as an intervention for families with children already involved in the corrections system.

La Familia will continue to provide a means for families to connect with one another after they complete FFT treatment.

Outcome evaluation. Parents and adolescents who completed FFT treatment were surveyed to determine their satisfaction with the services. Parents said their family had been helped by the therapy, citing better communication with their adolescents and better family listening skills as primary outcomes. Parents rated the therapy an average of 4.22 out of 5 points, and adolescent participants rated it 3.9 out of 5. All parents indicated they had recommended La Familia's FFT to friends and family.

Some comments from parents who have completed FFT, as recorded by therapists:

"I have a better relationship with my daughter because I get to spend more time with her, helping her with her homework."

"I know where my children are. I don't have to be calling everywhere to find them. They tell me where they are going."

"My family continues to use anger management techniques and my family relationships are very strong."

"Our family goes out to dinner together. Before, the kids did not want to be seen with us or go anywhere."

Jewish Family and Children's Service of Minneapolis: Russian-Speaking Refugees

Founded in 1910, Jewish Family and Children's Service of Minneapolis (JFCS) provides a variety of services for children, adults, families, the frail elderly, refugees and immigrants and people struggling with poverty, emotional problems and mental and physical disabilities. Since 1977, JFCS has helped to resettle over 4,000 refugees from the former Soviet Union and assisted numerous other newcomers. In earlier years, these immigrants were 90 percent Jewish; now they are primarily other religions or unaffiliated with any religious tradition.

Coordinated Health Services for Russian speakers. The agency's new Coordinated Health Services (CHS) program provides culturally and linguistically appropriate outreach, education and direct services to Russian-speaking immigrants in the greater Minneapolis area, as well as to those who provide services for them. Clients range in age from children to seniors. Many CHS clients come from small villages where they worked on farms or in factories; others are well educated but unable to qualify for or find employment comparable to what they knew in their former homeland. In addition, their experiences in the former Soviet Union, where mental illness generally carried a strong negative stigma and the threat of forced institutionalization, can create a distrust or fear of modern medicine and mental health services.

“Providing linguistically and culturally appropriate information and referral can contribute to feelings of trust and safety...”

The stress of transition to a new and very different culture and language can exacerbate immigrants’ experience of the life challenges facing many families and individuals, and cultural and language barriers make accessing services difficult. CHS works to:

- Provide culturally and linguistically appropriate services to Russian speakers experiencing mental health problems
- Enable Russian-speaking older adults to live independently
- Reduce isolation for Russian speakers through connections to community programs
- Help families and individuals experience increased independence through employment
- Raise awareness among community service professionals of cultural and access barriers for Russian speakers

Additional features of the JFCS model. JFCS representatives Margie Earhart and Natalie Levin described the following features of Jewish Family and Children’s Service’s mental health and social adjustment services for Russian speakers:

- **Access to a variety of services.** As a large social service agency, JFCS can refer clients to senior services, a Russian speaking therapist and a variety of other services that can be accessed in Russian. Similarly, the agency can be alert to mental health and social adjustment needs of clients calling for other reasons, with the agency’s information and referral service acting as the main portal for mental health service. Staff on the “front lines” receive orientation and training on a variety of issues, such as housing, food shelves and citizenship services, so they are better able to recognize and respond to needs.

“A woman called because she needed furniture but she sounded agitated. Our worker asked, ‘How are you doing? Do you need help?’ We found the woman had a 16-year-old daughter who wasn’t adjusting and wouldn’t leave the house.” — Margie Earhart, Jewish Family and Children’s Service

- **Emphasis on feelings of safety.** Providing linguistically and culturally appropriate information and referral can contribute to feelings of trust and safety, something important to clients who may be coming from cultures where they were not able to trust authorities, especially in situations of need.
- **Building on strengths.** Along with speaking the same language and understanding cultural background, a strength-based approach enables therapists to hear clients’ stories and help them reframe their experience, “not as a victim but as a survivor,” according to JFCS therapist Natalie Levin. Levin seeks to empower clients by helping them to recognize their own strengths.
- **Creative community programming.** Mental health programs for Russian-speaking seniors include participant role-playing — in Russian — around common situations, with a moderator facilitating audience discussion of feelings, options and solutions. Such programming “honors what participants

already know,” according to the presenters, and builds feelings of competence and adaptability.

- **Support for cultural competence beyond JFCS.** Through its Coordinated Health Services, JFCS provides workshops to increase the cultural competence of professionals from the medical, mental health, education and social service fields who may come in contact with Russian speakers.

The Wilder Foundation: New Hmong refugees

For over a hundred years, St. Paul’s Amherst H. Wilder Foundation has provided numerous programs for children, youth and families in the Twin Cities east metro area, working to reduce service barriers and cultural disparities. The Wilder Foundation’s work with Minnesota’s newest wave of Hmong refugees, relocated from the Wat Tham Krabok camp in Thailand, builds on Wilder’s 25 years of experience helping to resettle Hmong, Vietnamese, Cambodian and Laotian immigrants and refugees following the Vietnam War. The Southeast Asian Services program, comprised of over 20 bicultural and bilingual staff, combines Western mental health practices with traditional healing methods.

Assessments of mental health needs of Hmong refugees have found that many individuals need help addressing depression, anxiety, post-traumatic stress and developmental or psychological needs resulting from poor nutrition, long-term deprivation and a history of trauma, separation and loss of family members. The challenges of adapting to a new culture and lifestyle bring new stresses, including changing gender and generational roles, language and work issues and social isolation. Research indicated that up to 60 percent of new Hmong arrivals were clinically depressed.

Support groups for Hmong refugees. Under its Southeast Asian Services program Wilder conducts support groups to help Hmong refugees manage stress and develop and maintain social ties. The group sessions blend education, problem-solving skills and emotional support and are designed to help new immigrants rebuild the sense of community lost through the refugee experience.

The program provides assessment and treatment by licensed professionals for clients who need individual or family therapy. Wilder also works with community-based groups to provide English language classes, vocational support and other services that help immigrants adapt to their new lives.

Additional features of the Wilder model. Tony Yang, director of Southeast Asian Services, highlighted the following components and lessons of Wilder’s work with Hmong refugees:

- **Drawing on best practices.** Southeast Asian Services draws on such “best practice” programs as Families and Schools Together, Functional Family Therapy and Parenting Across Cultures. Therapeutic techniques involve clients in identifying treatment objectives and exploring strengths, needs and barriers. For more information on services, visit www.wilder.org/sea.0.html.

“Southeast Asian Services benefits from having people from the same culture provide services to clients.”

- **Importance of cultural competence and language.** Southeast Asian Services benefits from having people from the same culture provide services to clients. Benefiting from a more diverse health care workforce, in the last two years, the program has been able to use licensed Hmong and Cambodian social workers to do diagnostic assessments in clients’ homes, an advantage over earlier years.
- **Getting the word out.** Wilder works to connect with potential clients to ensure that those who need services are able to access them and to correct possible misconceptions. “We needed to get the word out that we’re not sending people to hospitals where they are locked up, but helping them make a healthy transition to life in the United States,” Yang said. Outreach to community centers, schools, family physicians, probation and parole officers, hospitals and ERs can help.

“We know from research that 60 percent of new arrivals are clinically depressed. But waiting rooms can be empty. Where are they going? They may be sitting at home or ending up in the ER.”

— Tony Yang, Southeast Asian Services

- **Developing new approaches to engage men.** Southeast Asian Service has found that programs for the whole family can help to keep men engaged. The Families and Schools Together program has been successful at engaging the whole family and building family identity and cohesiveness. “We provide dinner because the family who worries about dinner won’t come,” Yang explained.
- **Overcoming social isolation.** Social isolation in the Hmong community, especially in the growing elderly population, can be particularly intense and is the largest contributor to depression, Southeast Asian Services has found. The situation is exacerbated by poverty, lack of transportation and limited social occasions. Southeast Asian Services arranges outings such as attendance at sporting events and trips to the state capitol, local parks and museums, apple orchards and the state fair.

Pillsbury United Communities: Community health workers serving the Somali and Oromo communities

Established almost 130 years ago, Pillsbury United Communities (PUC) builds community and provides resources for isolated and low-income individuals and families in Minneapolis, including new immigrants and refugees. The agency’s 200 staff manage six neighborhood centers, two supportive housing projects and programs that include employment and training, child care, after-school activities, citizenship and English classes, health and legal assistance and more.

Mental health in the East African community. Through its Healthy Tuesday initiative, Pillsbury United Communities works to raise awareness about mental health concerns within the East African community in Minneapolis and to facilitate access to culturally and linguistically appropriate mental health prevention, early detection and treatment options. The initiative, based at PUC’s

Brian Coyle Community Center in the Cedar-Riverside neighborhood, uses community health workers (CHWs) drawn from the Oromo and Somali communities to identify community members who may have mental health needs and connect them with appropriate services. In the process, the CHWs help to destigmatize mental health issues.

Following an initial year, the initiative is training 25 community leaders about mental illness and available resources. Anticipated outcomes include:

- Increased awareness about mental health concerns within the Somali and Oromo communities
- Increased knowledge of the mental health resources available
- An increase in the number of Somali and Oromo community members who access services
- An exercise program used by the East African community to increase social connectedness and prevent and manage health conditions

Overcoming barriers through the community health worker model. In addition to the cultural and language adjustments facing most immigrants, East African refugees often have limited education and work experience and carry difficult memories of war, civil strife, economic crisis and loss of family members. Community members may lack awareness of mental health concerns, view them as stigmatized and fear Western mental health treatment practices. All these stresses represent significant barriers to accessing mental health services, which the Healthy Tuesday program is designed to overcome. Amano Dube, adult services manager at Pillsbury United Communities, described several strategies:

- **Embedding mental health in comprehensive health education.** Because of the stigma associated with mental health concerns for many East Africans, the Pillsbury United Communities initiative incorporates mental health in comprehensive health education as part of the Healthy Tuesday program.

“Mentioning mental health is, for us, the last point in the process of providing health services because of cultural stigma and denial. They don’t want to speak about it.” —Amano Dube, Pillsbury United Communities

- **Building trust through culture and language.** Drawing community health workers from the communities they serve creates a sense of trust and willingness to receive information.
- **Providing a fitness program and social gatherings.** The agency’s Fit and Friendly program, which holds meetings twice a week, provides an opportunity for East African community members to engage in healthy aerobic exercise, build conversational English, develop trust and strengthen social connections. In addition to the fitness program, Pillsbury United Communities offers immigrants an opportunity to meet one another, share news from home and build trust with one another and the community health worker.

“We ask a series of questions about life experience and the situation now. They may be living alone, while back home they lived in an extended family. How do they feel about living alone? What do they miss? Leading questions, so we can know what’s going on and see if there’s a mental health issue.”

— Amano Dube, Pillsbury United Communities

- Conducting home visits. Home visits allow community health workers to ask about life skills and see what may be missing in daily life. Visits help to identify clients who need referral for counseling.
- Connecting to other services. Staff can refer clients
 - to a food shelf, for those who need supplemental food,
 - to counseling and a domestic abuse program, for those with family problems and
 - to legal assistance, for those who need help with family reunification and other legal issues.

Healthy Together strategies: What’s working

Participants in the Healthy Together convening discussed strategies they have used in providing mental health services for immigrants and refugees, issues they have encountered in operating their own programs and lessons learned along the way. Highlights of this discussion included:

Promoting mental health and social adjustment

- Focus on approaches that promote mental health and social adjustment as well as on providing treatment for mental health needs.
- Help new immigrants forge social connections and rebuild the sense of community they may have lost by connecting them to others facing similar issues and creating social gatherings.
- Be sensitive to cultural expectations and differences when deciding how to form and connect social and support groups. Parenting groups and gender-separated groups have proved valuable for some communities, while whole-family groups have been better received in others.
- Provide access to community resources for a range of services that can meet needs and reduce stress, including English language classes, vocational support, legal assistance, health services, food programs, parenting groups, youth programs, exercise opportunities and housing assistance. Many organizations are using culturally appropriate “talking circles” as a strategy for reducing isolation and providing support.
- Provide materials, services and counseling in clients’ languages of origin, which helps to build feelings of trust, acceptance and safety.

**Building an alliance [with our clients] is easy
when presenting materials in Spanish.**

- Help immigrants and refugees understand the culture, customs and practices of their adopted country.

Outreach and early detection of mental health needs

- Recognize the potential stressors from immigrants' past and current experiences that may contribute to mental health issues — including trauma, loss, social isolation, language and work issues, poverty and changing gender and generational roles.

Immigration is one of the greatest stresses. Only the loss of a child is greater. But people don't understand what is going on with them. They think they're supposed to be happy that they arrived in a peaceful country. We need to help them understand it is a common thing to feel like that.

- Provide information and education and pursue other means to “normalize” and remove stigma and misconceptions from mental health issues and treatment. A group context can be helpful.
- Target information and education efforts to the larger community as well as to specific cultural communities. For example, conduct community outreach to recruit others who can help to identify clients in need of service, including community centers, schools, family physicians, hospitals, social workers and probation and parole officers.

We're turning around what we think of as point of service. We're going to schools, to community centers. We're trying to normalize what communities think of as mental health and what mental health services are.

- Ensure confidentiality and build trust. Building trust has to happen over time. Sometimes it takes a couple of months, sometimes years.
- CHWs can conduct home visits, identify individuals and families with mental health needs, connect them to appropriate services and help to remove stigma and reluctance to seek treatment.

Recognize the important role that community health workers can play with community members from the same culture.

- Remove cultural and language barriers to participation in counseling and support groups by providing same-sex groups when appropriate and staff, therapists or interpreters who share the same cultural background and language.
- Remove logistical barriers to participation in counseling and support groups by providing transportation, flexible and in-home scheduling options and programs in convenient locations and around meals.
- Avoid using family members as interpreters.

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“Build on clients’ strengths, helping them to reframe their experiences as survivors rather than as victims and to create their own solutions.”

- Be patient — it may take some time for individuals or families to decide to make use of mental health treatment opportunities. Sharing experiences of others and working on other issues can allow time to develop the relationship and build trust.

Families without trust may fire us and then a few years later they’ll come back ... We stay engaged. Even though we close a case, we don’t end the relationship.

Treatment

- Build on clients’ strengths, helping them to reframe their experiences as survivors rather than as victims and to create their own solutions.
- Build on clients’ beliefs and their ways of making sense of things.
- Recognize mind/body connections and focus on symptoms. This may be especially helpful for clients who are unfamiliar or uncomfortable with mental health issues.

We don’t say, you are mentally ill. The experience is real but may be coming from a different cause. Let’s look for something that can help, how you can use breathing, muscle relaxation, changing something in your life or family ... frame it in the larger context and that lets them accept help.

- Consider the cultural context in translating terms and tools. Using diagnostic tools in English, with oral translation as needed, can help to normalize mental health issues as common across many cultures. Using the tools in English says, “This is not something I give to you as an immigrant. Americans have the same problems.”

I found if you do the mental health assessment together, you can say, ‘Yes, that’s not an easy question.’ And then they start talking about it. It helps them to open up.

- When appropriate, work with individuals as part of their families and enhance family support and communication.

We start with the family first and then work toward individuals.

Organizational and community infrastructure

- Strengthen the capacity and connections of immigrant-led and immigrant-serving agencies.
- Ensure multiple entry points to services.
- Train agency staff and community members to recognize and respond to signs of stress and mental health needs so individuals can be identified and referred to appropriate services.

- Provide training and support for front-line workers.

It's also important to provide support for front-line workers because it's a difficult job. Technical and emotional support is important.

- Increase the cultural competence of professionals from the medical, mental health, education and social service fields.
- Support training of bilingual mental health professionals.

“We need more bilingual professionals in the field. Some tools for the mainstream population may not be culturally appropriate. When we have more bilingual professionals, we'll see more changes and more tools.”

- Explore licensing, certification, standards and codes of ethics for medical/mental health interpreters.
- Support the availability of “best practice” programs such as Families and Schools Together and Parenting Across Cultures³
- Weigh the benefits of culture-specific versus multiethnic approaches.

Next steps

While this convening began to explore the challenges and questions of what works to promote social adjustment and mental health among new Americans in Minnesota, the Foundation is also engaged in a longer-term evaluation of the Healthy Together initiative with the Touchstone Center for Collaborative Inquiry. We will further explore, analyze and share outcomes and lessons about fostering healthy social adjustment and culturally competent mental health approaches from the full range of grantees.

About the Foundation

The Blue Cross and Blue Shield of Minnesota Foundation partners with organizations throughout Minnesota on projects that look beyond health care today for ideas that create healthier communities tomorrow. By addressing the key social, economic and environmental factors that determine health — beyond genes, lifestyle and access to health care — we work to improve community health for the long term and close the health gap that affects many Minnesotans.

Additional information about the Foundation and Healthy Together grantees and program approaches can be found at www.bcbsmnfoundation.org.

³ www.wcer.wisc.edu/news/coverStories/lynn_mcdonald_helps.php
www.brycs.org/documents/raisingchildreninnewcountry_web.pdf

Community health workers: Critical links to health

The arrival of immigrants and refugees to Minnesota in record numbers has brought dramatic changes in the state's ethnic and racial populations over the last decade. These changes have emphasized the need to create a bridge between Minnesota's newest residents and the health care system. Without such a link, language and cultural barriers could prevent new Americans and others from accessing the care they require. To meet the needs of their patients, health and human service agencies have increasingly turned to community health workers (CHWs).

As bilingual, bicultural members of the communities they serve, CHWs help patients obtain health coverage, make medical appointments and follow through on treatment recommendations. They improve access to care, increase health care cultural competence, bring greater diversity to the health care workforce, lower system costs and ultimately help reduce health disparities.

Since the beginning of the Healthy Together initiative in 2005, 15 grants have helped strengthen the training and use of CHWs in Minnesota through research, partnerships and an investment of more than \$918,300 — the most recent focus of a longer-term commitment to advancing the sustainable training and use of CHWs in our state. Grant dollars were used fully or partially for outreach, case management, patient education and critical links to health care services. For information on the Foundation's Critical Links CHW program, or to order a free, 30-minute DVD on CHWs, visit www.bcbsmnfoundation.org. The program was coproduced by Twin Cities Public Television.

Understanding the stresses of resettlement

The United Nations Refugee Agency estimated that in 2007 there were 32.8 million refugees, asylum seekers, internally displaced people (those displaced within their native country), returned refugees and stateless people worldwide, including an estimated 25 million children currently uprooted from their homes.¹

In 2006, the United States resettled more than 41,000 refugees and nearly 100,000 refugees were granted U.S. citizenship². In that same year, Minnesota resettled more than 5,300 refugees, the majority of whom were from Somalia, Ethiopia and Liberia.³ Refugees have unique mental health concerns associated with their experiences of war, conflict and the additional stresses of resettlement.⁴

Cheryl Robertson, PhD, MPH, RN, conducts research on refugee family health, stress and coping at the University of Minnesota's School of Nursing. She states

that public health professionals must know, understand and involve the community they are working with. Interventions need to be holistic and reflect community priorities in order to influence the health of resettled populations.⁵

Leaving behind all that is familiar and starting a new life in a new country with a different language and culture produces an immediate family crisis that can have long-term effects. This is true whether a family is coming from Europe, sub-Saharan Africa or Central America. Studies indicate that stress prior to, or subsequent to, forced migration appears to have an independent impact on mental health. These studies suggest that each refugee movement should be examined in its own context and that predictions concerning the course of refugee mental health over time for a given population cannot be generalized.⁶

The Foundation has developed a 30-minute program, “Shared Values: Health & Community,” which highlights successful programs focused on the mental health and social adjustment of immigrants and refugees. To view or order a free copy, visit www.bcbsmnfoundation.org.

¹The United Nations Refugee Agency, Division of Operational Services, Field Information and Coordination Support Section. Global trends: refugees, asylum seekers, returnees, internally displaced and stateless persons. 2007. Available at www.unhcr.org/statistics/STATISTICS/4676a71d4.pdf.

²Ibid.

³Minnesota Department of Health, Minnesota’s Refugee Health Program. Refugee health statistics: primary refugee arrival to Minnesota by initial county of resettlement and country of origin. 2006. Available at: www.health.state.mn.us/divs/idepc/refugee/stats/06yrsum.pdf.

⁴Ibid.

⁵Ibid.

⁶The Center for Leadership Education in Maternal and Child Public Health, School of Public Health, University of Minnesota. Healthy Generations, Vol. 8, Issue 1, Winter 2008. Available at: www.epi.umn.edu/mch/resources/HG_mainpage.shtm#Disaster.

⁷Minnesota Department of Health. Minnesota Refugee Health Provider Guide. 2007. Available at www.health.state.mn.us/divs/idepc/refugee/guide/10mentalhealth.pdf.

Mental health and social adjustment grantees

Amherst H. Wilder Foundation, St. Paul

Bosnian Women's Network, Columbia Heights

Center for Victims of Torture, Minneapolis

Centre for Asians and Pacific Islanders, Minneapolis

Centro Campesino, Owatonna

City of Blackduck

Coalition of African Community Services, Willmar

Community Assistance for Refugees, Mankato

Comunidades Latinas Unidas en Servicio (CLUES),
St. Paul

Confederation of Somali Community in Minnesota,
Minneapolis

Deaf Community Health Worker Project, Minneapolis

Family & Children's Service, Minneapolis

Hmong American Partnership, St. Paul

Iftiin, Marshall

Intercultural Mutual Assistance Association,
Rochester

Jewish Family & Children's Service of Minneapolis

Korean Service Center, Minneapolis

La Familia Guidance Center, St. Paul

Lao Assistance Center of Minnesota, Minneapolis

Lutheran Social Service of Minnesota, Pelican Rapids

Madelia Community Hospital, Madelia

Mental Health Collective, Minneapolis

Minnesota Council of Churches, Minneapolis

Northwest Resources for Families, Maple Grove

Open Cities Health Center, St. Paul

Open Door Health Center, Mankato

Pillsbury United Communities, Minneapolis

Portico Healthnet, St. Paul

Project FINE, Winona

Riverview Place, Fargo, North Dakota

St. David's Child Development and Family Services,
Minnetonka

Vietnamese Social Services of Minnesota, St. Paul

Western Mental Health Center, Marshall

Women's Initiative for Self Empowerment (WISE),
St. Paul



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