YOUTH IN OUR NEIGHBORHOODS ARE SUFFERING:

Behaviorial Health Insights From the Immigrant and Refugee Community With Recommendations for Change From Those With Lived Experience

Spring 2024

Centro Hispano de Frederick
Un Nuevo Amanecer

Asian American Center of Frederick
Enhance. Empower. Enrich.

Nigerians in Frederick

Evangelical Reformed United Church of Christ

Report Provided by the Immigrant & Refugee Coalition of Frederick County, Maryland
With support from Evangelical Reformed United Church of Christ
Based on 8 Listening Sessions Conducted in 2023 with Various Immigrant Cultures in Frederick

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REPORT SNAPSHOT

Presented by: The Immigrant & Refugee Coalition (IRC) – The Asian American Center of Frederick (AACF), Centro Hispano de Frederick (Centro), and The Association of Nigerians in Frederick (NIF), with collaborative support from Evangelical Reformed United Church of Christ (ERUCC)

IRC Vision and Guiding Principle: ***"NOTHING ABOUT ME WITHOUT ME"***

- Services ***FOR*** the I&R community, a target population that is unserved/underserved despite critical need;
- Services ***WITH*** the I&R community included from the onset in identifying issues, priorities, and solutions and proportional representation in oversight and accountability;
- Services ***BY*** or in partnership with trusted community-based organizations that provide a variety of support services specifically for the I&R community; and
- Services utilizing key workers and trainers selected and developed ***FROM*** within the I&R community.

From **8 LISTENING SESSIONS** focused on 11-18 year old Frederick County I&R youth, funded by a grant from The United Church of Christ, conducted from April through August 2023

7 Adult Sessions with 49 participants:

- 18 English and French Speaking African
- 11 English and Spanish Speaking Hispanic
- 7 Burmese
- 7 South Asian
- 6 Chinese

1 **pilot** Youth Session with 14 participants:
13 Hispanic youth and 1 African youth

Findings from the 8 Listening Sessions:

What the diverse I&R Cultures Desire For Their Families:

- to have a good life;
- to be accepted by people in Frederick County;
- to share their culture with others in Frederick County;
- to understand others in Frederick County;
- to become part of the American culture while maintaining their heritage;
- to be seen for who they are (more than stereotypes); and
- to have the same opportunities as white people.

What the diverse I&R Cultures Desire For Their Youth:

- to have a safe environment;
- to have their children become part of American society while cherishing and maintaining their culture at home and in the community;
- to have their children talk to them;
- to help their children process what is happening and their associated feelings;
- to have their youth spend less time on electronic devices; and
- for their children and future generations to be happy and healthy, both physically and mentally.

Inventory of Mental/Behavioral Health Challenges:

- Trauma and Loss
- Racism
- Isolation

Impediments to Addressing Mental/Behavioral Health Needs:

- Inaccessible/Inaccurate Information
- Lack of Mental/Behavioral Health Literacy

Participant Recommendations – 3 Themes:

- Increase understanding of the I&R experience in Frederick County (in general and specifically in the schools);
- Basic support is of significant importance for I&R youth; and
- Expand availability and accessibility of mental/behavioral health resources (in general and specifically in the schools).

REPORT OF BEHAVIORAL HEALTH INSIGHTS FROM THE IMMIGRANT AND REFUGEE COMMUNITY

INTRODUCTION

Immigrant and refugee (I&R) community members are experts relative to their cultures and needs. They can be effective change agents given the "space and time" to voice for themselves.

In fall 2022, the Immigrant & Refugee Coalition (IRC) was formed, comprised of The Asian American Center of Frederick (AACF), The Association of Nigerians in Frederick (NIF) and Centro Hispano de Frederick (Centro), with collaborative support from Evangelical Reformed United Church of Christ (ERUCC). The purpose of the IRC is to advocate for a continuum of culturally competent, linguistically appropriate, trauma-informed behavioral health services for I&R youth and their families in Frederick County, Maryland. This coalition was born out of recognition that the I&R community is impacted by 1) gaps in the continuum of behavioral health services available for residents of Frederick County due to factors such as shortage of providers, and 2) not using available behavioral health and wrap-around services due to lack of awareness of available services as well as a dearth of culturally and linguistically appropriate services.

The IRC chose to start by focusing on addressing the needs of youth ages 11 to 18 years old. The needs are tremendous in this group, and they are at a developmental stage where they are beginning to be able to articulate their thoughts and feelings about behavioral health. This is not equally the case for younger children, and the IRC and other members of the I&R community acknowledge that there are behavioral health issues in children as well. While those children need to be taken care of in a timely manner, too, children under 11 are not the focus of this report and should be considered a priority for future attention.

METHOD

The IRC initiated its work by conducting listening sessions to assess 1) the distinct mental/behavioral health needs of various I&R cultures in the Frederick County I&R community, 2) the extent to which mental/behavioral health resources were available and accessible to them, and 3) how well the resources were meeting their needs, including from a culturally appropriate perspective. These sessions and the resulting report of findings were funded by a Global H.O.P.E. Refugee & Migration Services Booster Grant from The United Church of Christ.

Adopting the principle, "Nothing About Me Without Me," the IRC started by hosting 8 listening sessions. The initial listening sessions included 7 sessions with adults from April to September 2023, as well as a pilot session with youth in August 2023 comprised of youth participants in a summer STEAM class offered by Centro. The seven adult sessions were with the following, hosted separately: Spanish-speaking Hispanic, English-speaking Hispanic, French-speaking African, English-speaking African, South Asian, Burmese, and Chinese. There were 49 total adult participants: 18 English and French Speaking African; 11 English and Spanish Speaking Hispanic; 7 Burmese; 7 South Asian; and 6 Chinese. The pilot Youth Session had 14 participants: 13 Hispanic youth and 1 African youth. Findings from the 2023 sessions informed revised evaluation tools that were used in 6 additional youth listening sessions conducted between January and March 2024 using a grant from Frederick County Government. There is a separate report about those 6 listening sessions.

The 7 adult listening sessions were handled more informally than the pilot Youth listening session, i.e., without registration forms, pre-session surveys or exit forms. The approach used for the adult sessions is described in Appendix B. The pilot Youth listening session did not have a registration form, since participants were part of the STEAM Program, but did utilize pre-session questions and an exit survey. The approach used for the pilot Youth listening session is described in Appendix C.

The IRC wanted to facilitate having the listening session participants feel comfortable speaking up so the decision was made not to record the initial 8 listening sessions. (With permission of the participants, the later 6 listening sessions with youth were recorded.) Notes were taken and a report was prepared for each listening session.

When conducting the listening sessions, the facilitator used the term "mental health" because the IRC expected it to be more familiar to the participants than "behavioral health." Sometimes the terms are used interchangeably. In general, behavioral health is a broader term that refers not only to mental health conditions, but includes substance use disorders, life stressors and crises, and stress-related physical symptoms as well. The responses received from participants in the listening sessions pertained to the broader category, i.e., behavioral health.

WHAT THE I&R COMMUNITY DESIRES

It cannot be overstated how important each group's culture is to them. Immigrants and refugees want to be part of the United States while continuing, enjoying, and sharing their cultures. The adults are proud of their heritage. They want people in Frederick County to understand their cultures (e.g., that Hispanics are friendly and loving; that Africans are passionate, which they recognize is sometimes perceived as aggressive). They are excited about their cultures and want others to experience the same (e.g., have Spring Festival, i.e., the Chinese New Year, be celebrated by everyone).

Parents from the various cultures in the I&R community expressed some desires that they have in common. Relative to themselves and their families, these included the desire:

1. to have a **good life**;
2. to be **accepted** by people in Frederick County;
3. to **share their culture** with others in Frederick County;
4. to **understand others** in Frederick County;
5. to **become part of** the American culture while maintaining their heritage;
6. to be seen for **who they are** (more than stereotypes); and
7. to have the **same opportunities** as white people.

Specifically relative to their young people, the desires that I&R adults have in common include:

1. to have a **safe environment**;
2. to have their children become part of **American society** while cherishing and maintaining their **culture** at home and in the community;
3. to have their children **talk to them**;
4. to help their children **process** what is happening and their associated feelings;
5. to have their youth spend **less time** on electronic devices; and
6. for their children and future generations to be **happy and healthy**, both physically and mentally.

LIFE FOR IMMIGRANTS AND REFUGEES IN FREDERICK COUNTY

Members of the I&R community experience unique challenges relative to their behavioral and mental health. The challenges they experience are often associated with trauma/loss, racism and isolation.

Trauma/Loss

The amount of trauma and loss experienced by the I&R community distinguishes it as a group from others in Frederick (and the US). One participant expressed it as, "losing everything to come here." A youth stated, "Kids are faced with so much trauma that they can't solve it."

"Kids are faced with so much trauma that they can't solve it."

Trauma and loss in five particular ways were mentioned by the listening session participants:

1. journey to the US;
2. leaving family members behind (i.e., nuclear/extended);
3. being silenced about shared traumatic experiences;
4. loss of identity; and
5. multiplicity of traumas and generational trauma.

Getting to Frederick County was traumatic for some members of the I&R community. The journey to the US was primarily an issue for the Hispanic immigrants and refugees. As a member at the youth session communicated, "What happened to us while crossing the border is not okay." Adults shared that the journey to the US can be especially difficult for unaccompanied minors.

"What happened to us while crossing the border is not okay."

There is a tremendous sense of loss when family members have been left behind in the country of origin (e.g., divorced parent, grandparents, cousins). Those who came to the US no longer have close connections with some family members who are important to them. Being here without family members they love is extremely lonely. Sometimes they live with family members in Frederick County, but the family members are not individuals with whom they had a prior relationship.

Those in the I&R community feel silenced about the trauma of coming to America and/or being here. What happens to adults impacts their children (e.g., there is a generational impact of trauma), and the "trickle-down" of trauma compounds it. Nonetheless, youth say I&R adults will not talk about the trauma experienced in their country of origin, the trauma experienced during their journey to the United States, or those they have experienced since arriving in Frederick County. Mental/behavioral health issues due to the way immigrants and refugees came here are dismissed by people in their own culture as well as others in Frederick County (e.g., "You're here, so be grateful and move on"). According to youth, parents see their kids as having more than what they had "back home" so they don't think kids should have problems. Youths' feelings are not validated, even at home.

A loss of identity is experienced by members of the I&R community. There is a loss of, and mourning for, what they left behind in their home country. In order to become part of the American culture, they experience a loss of their culture of origin and their cultural identity which creates grief and identity crisis. When immigrants and refugees, particularly youth, need to become bi-cultural, they don't know how to fit in.

As one adult participant summarized it, "the 11 to 18-year-old immigrants and refugees are adapting to a new country, learning a new language, experiencing intergenerational trauma, and trying to deal with Frederick's view of immigrants and what that means." Another person pointed out that, "In addition to the unique stressors I&R youth experience due to their migrant journey, some are facing remaining stresses associated with the COVID pandemic, domestic violence, substance abuse in the home, and other issues that 11 to18 year olds who are not from the I&R community sometimes face." Thus, struggling with a multiplicity of past and current traumas is common in the I&R community.

"These children have been forced to grow up and assume adult roles...and they are mourning the loss of childhood."

In summary, immigrants and refugees of all ages in Frederick County face unique challenges related to their behavioral health that are being unmet when compared to exclusively American-born households. An adult noted that, "dealing with grief and the loss of their cultural identity manifests itself in a variety of ways as behavioral challenges, including acting out or depression, and suicidal ideation." Another said that, "These children have been forced to grow up and assume adult roles (e.g., child care providers, interpreters, paperwork completers) and they are mourning the loss of childhood." As one youth put it, "trauma can lead to self-harm and suicide."

Racism

The last three sentences of the City of Frederick's Vision Statement, as found in, "CommUNITY 2030, A Ten-Year Strategic Plan for the City of Frederick Maryland," are:

> *"Frederick is rich in the diversity of talents, cultures, and life stories that connect us with each other. All voices are encouraged and respected, fostering one of the most civically engaged cities in America. Steeped in history, Frederick is a progressive, welcoming, and authentically charming city."*

While the City and County of Frederick are rich in a diversity of talents, cultures, and life stories, the participants in the listening sessions consistently described experiencing a Frederick County that differs greatly from that in the City's Vision Statement. The I&R community feels not only disconnected from others in Frederick County, but much worse.

The listening session participants talked about racism in six particular ways:

1. embedded racism;
2. the political climate;
3. profiling based on skin color;
4. bullying due to race/ethnicity, including both
   a. violence (e.g., fighting) and
   b. lack of civility (e.g., racial slurs);
5. lack of consequences, or at least consequences that work, for racism/discrimination; and
6. lack of cultural competency in Frederick (e.g., schools, care providers, citizens).

"Frederick County does not prioritize being welcoming to I&R families, to say the least (for example, information is not translated), which was especially noticeable in how the school system communicated during COVID."

There is embedded racism in our society, even within the I&R community's cultures (e.g., Hispanics born here.) The children feel stressed when their parents experience racism. Adults stated that, "There is so much discrimination in Frederick County that it affects our children's mental health," "Hurtful statements are made about skin color, with the most hurtful about the darkest skin," and "There is a lot of pressure on Black children and they tend to feel inferior, unhappy and left out." Youth said that kids experience racism, and there is a lot of it. "They are hated for something they cannot change." A youth stated, "People tell you to reject a part of yourself, such as a lady in Walmart telling your mom not to speak Spanish."

The I&R community is well-aware of the political climate relative to its members. Social media is graphic and blunt about immigrants and refugees not being welcome. A participant in the youth session said, "The US is actively against me." An adult reported that the constant message is "You're different, you're not welcome, the system doesn't work for you." Those with the same cultural background who were born here "put aside the newcomers so the youth never feel welcome in the schools." A parent said, "Frederick County does not prioritize being welcoming to I&R families, to say the least (for example, information is not translated), which was especially noticeable in how the school system communicated during COVID."

"The US is actively against me."

The immigrants and refugees feel profiled. The youth don't feel welcome at the library or elsewhere in downtown Frederick because they sense that people are thinking, "Immigrants are lazy – stay away from them" and at the shops, "Why are you here – will you buy anything?"

There is a lot of bullying due to race/ethnicity in the schools and elsewhere in the community. As an example of racially motivated violence, a youth mentioned the killing of a teenager at Motel 6. Other youth commented about being scared to go to school due to threatened and actual violence, mostly in middle school ("because middle school students think they are all grown up"). As one form of a lack of civility, several youths mentioned cursing and the use of ethnic slurs (meaning terms designed to insult others on the basis of race, ethnicity or nationality).

Some youth were too uncomfortable to say what some of the slurs were because they considered them too crude to repeat. Another type of lack of civility, mentioned by both adults and youth, is others making fun of something about an individual, such as a strong accent or the person's name. One adult said, "Our names have meaning so we consider it important for people to try to say them; we take it personally when people make fun of our names." Several people noted that their names were a part of their cultural identity and making fun of their names or not making an effort to try to pronounce them correctly, was considered disrespectful and trying to strip them of their identity.

Relative to lack of consequences for racism/discrimination, or at least consequences that work to end it, one adult said, "The schools will take action regarding a particular situation when asked to do so, but the underlying problem is not addressed; for example, a teacher who makes racist remarks no longer makes them to a particular child but continues to teach and make similar remarks to other children."

The I&R community perceives that there is little understanding of and respect for the values, attitudes, beliefs, and mores of their cultures. They do not see appropriate responses to these cultural differences. One adult said, "There is a lack of cultural competency in Frederick; for example, the schools and others don't know how to reach out to us." Another adult said, "No one understands our culture."

Isolation

Participants at the listening sessions talked about 4 factors that most contribute to the sense of isolation experienced by members of the I&R community:

1. not speaking English as their first language;
2. scarcity of social activities;
3. scarcity of trusted Americans to confide in (non-immigrant youth for friends, adults); and
4. feelings of loneliness, shame (e.g., about their culture, mental illness) and/or anxiety.

Language barriers cause feelings of not belonging and can result in isolation. Youth said that kids want to be able to go to someone they can communicate with (i.e., other youth, adults they can confide in, and mental health professionals).

The message comes through that "you are not supposed to be here," so families isolate. Added to that, parents and others in the family work long hours, often precluding the children from participating in social activities that are available and affordable. Sports are competitive, with no option to play for fun. Furthermore, sports are not some youth's most affirming experience (e.g., one adult said "they are not tall for basketball, smart brown guys are not asked to be on the team because they are seen as nerds").

Adults said that children do not talk to their parents about what they are experiencing and their feelings. Youth say that sometimes parents don't have the time to listen, like when they are working multiple jobs. For those parents that listen, they sometimes do not know what to do with the information or the best way to handle the youths' concerns and help without being dismissive of their feelings. One youth said that grown-ups don't want to feel vulnerable and don't want to have difficult conversations. A parent said that I&R children don't know where to go when they are hurting. Youth said that they need to be able to talk but they can't, because they don't think their parents would understand, so they have to "deal with it" as best they can. The youth say there is a lack of people to talk to at school and they can't trust adults. Some youth feel a lack of support from their parents and that other adults fail to come through for them. One youth said, "Kids don't get enough attention from teachers," explaining that "it's hard enough to keep 30 kids alive and there is not enough time to be sure they are learning and healthy."

The adults report that their children spend too much time in their rooms by themselves, use their phones too much, and watch too much television. They also lack opportunities to develop social skills. Adults report that youth who are not socializing face-to-face outside of home are lonely. Youth say that they sometimes feel shame about their culture, are anxious and they lack self-confidence to be able to socialize.

IMPEDIMENTS TO ADDRESSING BEHAVIORAL HEALTH NEEDS

Fundamentally, addressing behavioral health needs requires access to needed information and mental/behavioral health literacy. In Frederick County, the I&R community experiences impediments to accessing information and overcoming mental/behavioral health illiteracy.

Unmet Need for Accessible and Accurate Information

When adult members of the I&R community want to learn about mental/behavioral health and find resources, there are three primary obstacles:

1. they don't know where to find needed information;
2. information is not communicated in their first language; and
3. information is not communicated orally.

Sometimes resources are available but the information about their availability and how to access the resources doesn't get to the community. I&R community members consider it difficult to find needed information and resources. When they find the information, it is almost always in writing posted on a website and in English. Written materials in their own language seem to be scarce. Much of the information would be easier to understand if communicated verbally, but that option doesn't seem to be available.

Without access to needed information from trusted sources, there is fear of even trying to seek help, especially in certain cultures. For example, some say, "We don't want the government to take our kids."

"We don't want the government to take our kids."

Primary Obstacles to Learning About Mental/Behavioral Health and Finding Resources

don't know where to find information

information not communicated in their first language

information not communicated orally

Primary Factors that Interfere with Gaining Mental/Behavioral Health Literacy and Seeking Help

denial the mental illness exists

cultural beliefs/ stigma

unwillingness to discuss mental/behavioral health

Lack of Mental/Behavioral Health Literacy

The I&R community has a nominal understanding of mental/behavioral health, particularly among adults. Three factors that interfere with gaining mental/behavioral health literacy and seeking help are:

1. denial that mental illness exists;
2. cultural beliefs/stigma; and
3. unwillingness to discuss mental/behavioral health.

There is denial in some cultures regarding mental/behavioral health issues. "Issues" among youth are seen as normal in their cultures, whereas here they get elevated to "mental health issues."

Adults tend not to really believe there are mental/behavioral health issues, even when they see them first-hand. Adults don't recognize mental/behavioral health issues in themselves, much less in youth. For example, signs of depression are perceived as laziness; ADHD and autism are not understood at all. Adults in some cultures perceive suicide as being due to a curse, not a mental health issue (although the youth know there was a mental health issue).

Adults said they don't know what is and what is not "mental health," especially since normal behavior may become abnormal behavior. It is not easy for adults to understand or address mental/behavioral health issues. Mental/behavioral health issues are not like other sicknesses that may have more external symptoms.

In some parts of the I&R community, having a mental illness means to them that the person is "crazy." Some people believe that prayer will preclude or eliminate it. Hispanics, as well as some others (e.g., Africans), generally don't believe in therapy, the attitude being, "We're not crazy – we don't need that."

Since mental health issues are not "allowed" in their cultures, the subject was/is "taboo" for many in the community (people don't want to see, hear or talk about it). When mental/behavioral health is discussed in the I&R community, conversations are limited to close family and friends.

There is a tendency to see, or say, that everything is fine. Adults in the I&R community generally don't try to get help for themselves or others.

RECOMMENDATIONS FROM THE LISTENING SESSION PARTICIPANTS

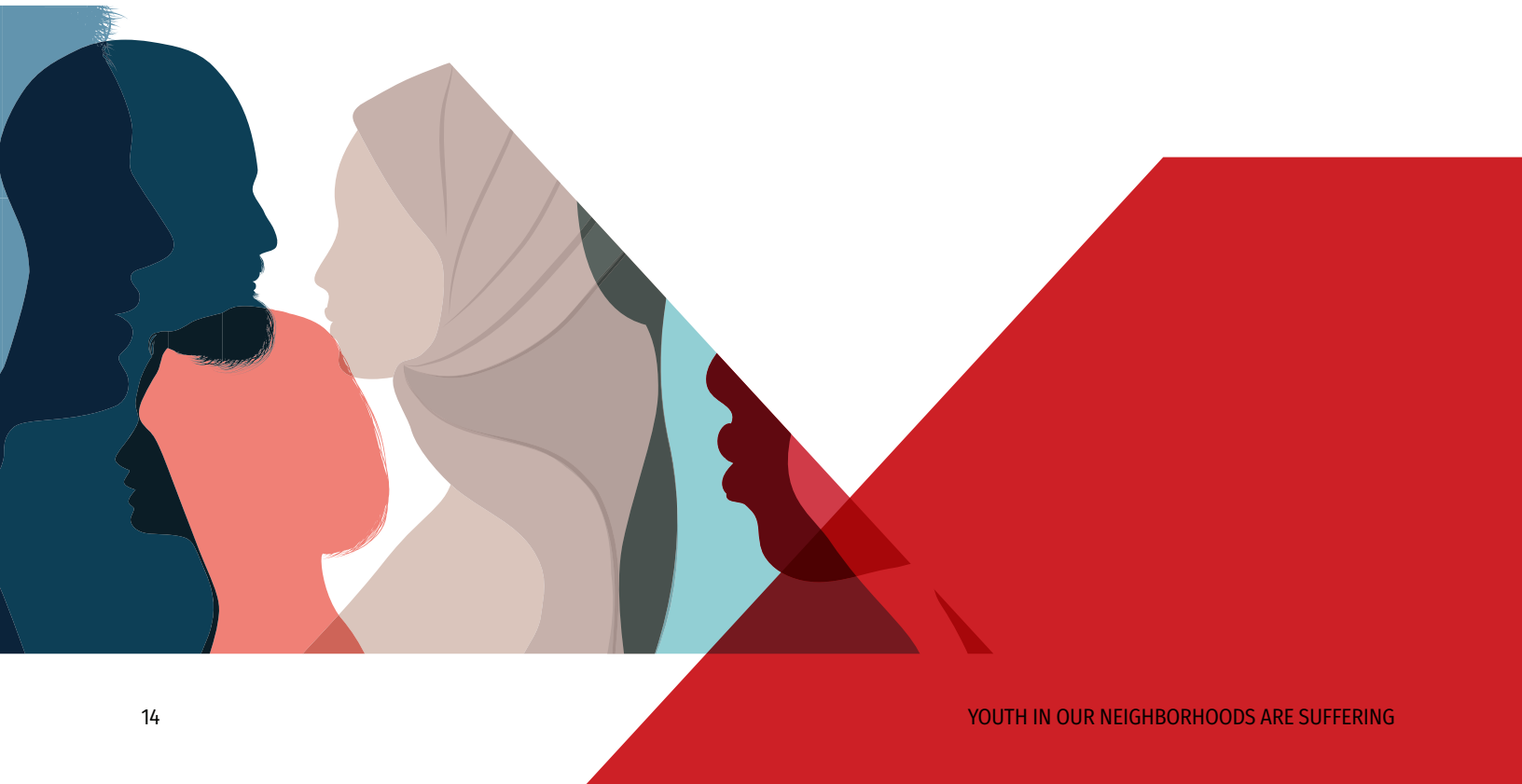
The general recommendations from the listening session participants were:

- Have the listening session leaders take the I&R voices to the top decision-makers;
- Normalize mental/behavioral health issues (e.g., it is just a sickness like any other sickness);
- Find out what worked for others (e.g., via testimonials) and replicate it; and
- Consistently involve the entire family in mental/behavioral health care, including mental/behavioral health literacy development and enhancement.

The specific recommendations from the listening session participants are listed on the following pages. Please note that the recommendations in *red italics* are from the youth listening session.

Participant Recommendations – 3 Themes:

1. Increase understanding of the I&R experience in Frederick County (in general and specifically in the schools);
2. Basic support is of significant importance for I&R youth; and
3. Expand availability and accessibility of mental/behavioral health resources (in general and specifically in the schools).



Suggestions in the words of participants on... Increasing the understanding of the I&R experience

1

Change the unwelcoming environment relative to the I&R community in Frederick County;

Eliminate racism;

Be culturally aware and sensitive;

Stop stereotyping;

Communicate with voice sometimes instead of written word (because many immigrants and refugees don't read English);

Accept the I&R kids as Americans;

Understand and accept people's beliefs;

Facilitate further acceptance through representation;

Reach out to the various cultures, showing that the heritage of each is valued and treasured;

Provide opportunities for interaction with those outside of the various I&R cultures for us to understand each other;

Celebrate Chinese and other cultures (e.g., Spring Festival) throughout the year in the schools and elsewhere; and

Have people who understand the cultures work with I&R children and youth, both at school and outside of school.

School-Specific:

Parents and the school staff need to know about and be committed to using resources/services/approaches to help children succeed (schools are responsible for providing support that is needed for enabling children to succeed);

Enforce the rules (e.g., at school), regardless of the skin color or culture of the violator;

Use "remedies" for racism that work (rule enforcement in the schools is currently ineffective);

Ensure that counselors/advisors understand I&R cultures;

Have the care providers in the schools demonstrate compassion;

Have teachers provide more attention (not jumping to conclusions without trying some other less invasive or drastic approaches - they tend to go for the most severe one);

Tell parents when their children have issues;

Ensure that the children feel safe so they can open up their minds and learn;

No jumping to conclusions by teachers and other school staff;

The schools need to have more minority teachers and other staff to enhance racial identity and cultural diversity (Frederick County is backward);

School staff need to be educated about the cultures of the students, including by people from the cultures (for example, community representatives could be assigned to the schools and/or speak to the teachers and other staff);

Teachers need to identify bullying and act to stop it, as well as inform parents of the children involved (bully and bullied);

Teachers need to be trained in how to resolve conflict;

Teachers need to quit automatically taking the side of the white child, prior to an assessment of the facts, when there is a conflict involving a white child and a black child (e.g., become aware of their conscious and sub-conscious racial and ethnic biases and overcome them);

School staff need to resolve issues at the lowest level (e.g., quit writing up every mistake);

School staff need to use accurate language when describing situations (e.g., don't say "attack" or "violent," but use objective statements of fact instead -- i.e., tone down the language);

Schools need to use approaches such as time out and talking to each other to address situations when feasible, and only use discipline that is fair and appropriate (i.e., no sledgehammers);

Schools need to address underlying issues with teachers and other staff when they are wrong rather than protect them (e.g., hold them accountable and eliminate the problem/preclude recurrence);

Teachers need to understand the children and quit blaming them (e.g., they need to accept that boys are generally high energy children, they should hesitate to use labels such as "autistic," they need to act more like the kind check-out clerks we interact with in Frederick);

Schools need to have "safe zones" where youth, especially children of immigrant parents, can be themselves;

Have representatives of various cultures at all levels in school staff and counselors so that those in schools can understand the cultures;

Get a school uniform so at least the dress is the same for all students, thereby eliminating the economic disparity issue in dress;

Realize that separating the perpetrator and the victim is insufficient and does not work;

Have decisionmakers (e.g., School Board members) go to the schools to talk to the youth;

Given that parents and the school are the first to know what is going on with youth, have synergy between parents and teachers (e.g., discuss the child's self-esteem as well as performance and causes of any issues during parent-teacher conferences);

Parents need to know what their children are being taught in school;

School staff need to be educated about the culture of the students, including by people from the culture;

There need to be professionals in the schools who can advocate within the system on a daily basis for I&R children;

Provide Chinese language classes in the middle and high schools;

Schools need to provide more opportunities for parents to meet with staff (counselors in particular) in groups (e.g., a Chinese Parent Association), not individually, to share about the culture of the students;

There should be targeted group communication between various I&R cultures and the schools;

Counselors/advisors need to understand I&R cultures;

During school there should be panels of experts on various cultures sharing with the students and staff;

There could be a "Culture Night," affirming various cultures in Frederick County;

Older students could reach out to younger students in the same culture to support and affirm them and their culture;

Information needs to get to the parents/guardians;

Schools need to reach out to the I&R families on an on-going basis; and

Develop a school improvement plan.

Suggestions in the words of participants on... Basic Support of Significant Importance for I&R Youth

2

Listen to the youth and their families;

Listen to people without judgment;

Be empathetic;

Respect the privacy of everyone;

Show patience;

Educate families so as to overcome fear of obtaining resources (e.g., Hispanic culture is very fearful about their information going to the government);

Educate families about resources that are available for those in the I&R community;

Ensure that youth have adults in addition to their parents who they can confide in, especially when they don't feel comfortable talking about a concern with their own parents;

Support/train and utilize older people to support children;

Take actions to build the self-esteem of I&R youth;

Create partnerships, i.e., of youth and parents, parents and teachers, parents and administrators;

Involve the children, don't isolate them;

Provide assistance for families with what is daunting paperwork;

Assist in overcoming illiteracy;

Teach English to adults in the I&R community so they can get and keep better jobs;

Provide an activity center for the children;

Enable parents to be able to help with homework because tutoring is expensive (there sometimes is only one way that is acceptable to teachers and it is not what the parents were taught);

Provide leadership training for parents and children;

Provide opportunities for youth to learn skills for the love of the skill;

Offer recreational sports so that youth can play for fun and get to know each other; and

Offer clubs for fun and to get to know each other.

Suggestions in the words of participants on... Expanding availability and accessibility of mental health resources

3

Provide immediate, appropriate care;

Provide help that is readily available (immediate care) and culturally appropriate (someone who understands the culture and can speak the language);

Recognize that the stigma relative to mental health in the cultures of the I&R community goes beyond the stigma in the United States;

Don't refer to the issue, or what the solutions are for, as "mental health" because that will shut down receptivity (even to discussion);

Get non-profits to build a program to teach about mental health without calling it "mental health" (e.g., fold it into addressing basic needs, such as for food and clothing);

Work for a better understanding of what mental health is;

Help people understand that needing and getting help is not bad;

Have trusted immigrant community outreach workers;

Support/train and utilize older I&R people to support children and youth (e.g., create a "Legion of Grandparents");

Start with the adults (e.g., educating them);

Provide information to parents (children's primary resource) so they can help their children;

Assure kids that it's okay to reach out;

Have people familiar with the culture educate those in that culture about mental health and talk about it;

Utilize social media (e.g., videos, commercials) to enhance mental health, especially to reduce the stigma;

Listen with compassion, recognizing that it is critical for those who have mental health challenges;

Do mental health assessments as immigrants come through the door (e.g., school, community center, non-profit), saying that, "we need to know more so we can better serve you;"

Provide a way to ask for help without it being obvious to others what you are doing;

Provide places for children and their families to get emotional help and psychological support (e.g., Family Support Groups);

Tell children to go to police officers about bullying;

Have providers who demonstrate compassion;

Have peer mentors;

Offer affordable clinics with therapists who speak the languages of their clients, with family counselors that are advertised so people know about them and are encouraged to go;

Add more therapists;

Employ social workers who are young adults to relate to (it is necessary to bond and connect so they must be relatable);

Have people kids know and trust available for therapy;

Have more affordable bi-lingual therapists;

Have Spanish-speaking therapists;

Have the providers come to the community;

Provide insurance coverage for immigrants and refugees; and

Provide health care/insurance to Chinese grandparents so they can be with their families in the United States.

School-Based Mental and Behavioral Health:

Have behavioral health information provided by the schools;

Have mental health care workers who are of the same ethnicity and culture as those receiving services, who speak the same language;

Have peer mentors and social workers in the schools as another form of counseling;

Have more school counselors;

Have school counselors who solve problems;

Have more school psychologists and not only for people who already have a diagnosis; and

Put a psychiatrist in every school.

ACTIONABLE STEPS FORWARD

As stated by Jane Gadd in *Special Western News*, June 20, 2022, "Trauma-informed care means knowing how to build trust with people who have experienced violence and loss, and to work with sensitivity for their cultural context."

Frederick County needs an effective trauma-informed, multi-tiered system to support the mental/behavioral health of its I&R community.

The overriding recommendation of the IRC is that all efforts to provide support for the behavioral health of the I&R community involve individuals with lived experience (i.e., people from within the I&R community).

We know that for services to support the I&R community to be most effective, Frederick County must adopt the principle of "Nothing About Me Without Me." It is the key to success.

Adopting "Nothing About Me Without Me" will be *inherently different* from the existing approach to providing mental/behavioral health and wrap-around services in Frederick County. We will know this principle has been adopted when we see mental/behavioral health and wrap-around services that:

- Are designed specifically for the I&R community, a target population that is unserved/underserved despite critical need;
- Include the I&R community from the onset in identifying issues, priorities, and solutions, and count community members as essential and empowered proportional participants in all ongoing services oversight and accountability processes;
- Are provided by community-based organizations that provide a variety of support services specifically for the I&R community; and
- Utilize key workers and trainers who have been selected and developed from within the I&R community.

The specific recommendations of the IRC have been arranged in the following categories:

1. Prevention, Early Identification, and Early Intervention;
2. School-Based Mental/Behavioral Health;
3. Integration of Mental/Behavioral Health into Primary Care;
4. Mental/Behavioral Health Workforce; and
5. Insurance Coverage and Payment.

1 Prevention, Early Identification, and Early Intervention

Increase access to evidence-based prevention, early identification, and early intervention

Recommendations:

1. Proactively provide important mental/behavioral health contact information (e.g., 988, the nationwide phone number to connect with trained crisis counselors; 211, for access to local community services) to the various I&R cultures in their own languages, including a one page sheet that can be photocopied/downloaded onto one's phone.

   Beyond the one-page sheet, more comprehensive information could be provided. For example, the Mental Health Association of Frederick has a "Guide to Mental Health and Community Support Services" that could be provided to the various I&R cultures in their own languages. In addition, hosting community outreach events focused on mental/behavioral health in places where members of the I&R communities congregate, such as churches, local libraries, etc.

2. Provide mental/behavioral health literacy training for parents of I&R youth in their own languages. This training must be culturally competent. Trainers with lived experience would be ideal.

3. Utilize a standardized transcultural mental/behavioral health assessment that includes screening for Adverse Childhood Experiences (ACEs) to ascertain the behavioral health status of all youth in the I&R community:

   a) for newcomers, when they arrive in Frederick County (e.g., start school), and
   b) for those who are here now, by the end of this calendar year.

   Understanding the experiences that families have been through is an important beginning for mental/behavioral health assessment. Professionally recognized assessments for use with I&R communities are used throughout the country, such as the cultural formulation in the Diagnostic and Statistical Manual of Mental Disorders. Also, research has been done on screening for ACEs in immigrant youth; unlike other youth in the United States, they may have experienced ACEs that are unique to their immigration and adaptation to the culture of the U.S.

2 School-Based Mental/Behavioral Health

Expand mental/behavioral health services in schools

Recommendations:

1. Invite adult and youth members of various I&R cultures, in an on-going manner, to share information about their cultures with teachers, administrators, other staff, and students in the Frederick County Public School (FCPS) system.

   The ways for information to be shared could take a variety of forms, some of which were recommended by listening session participants. It is critical that the outreach to the various I&R cultures be continuous, not a one-time occurrence.

2. Adopt one or more Tier 1 evidence-based approach(es) to eliminate racism, including bullying, in the FCPS system.

   For example, "Positive Behavioral Interventions and Supports" (PBIS) is a leading evidence-based framework to enhance behavioral supports in schools nationally. It includes school-wide behavioral expectations taught through direct instruction, rewards for appropriate behavior, a continuum of consequences for problem behavior, and school-wide classroom management practices.

3. Implement a peer mentor program for I&R youth.

   Whereas developing and maintaining a supply of psychiatrists, psychologists, social workers, and other such behavioral health professionals with shared culture will be time-intensive, peers are more readily available and could be trained to augment available care providers.

3 Integration of Mental/Behavioral Health into Primary Care

Integrate mental/behavioral health into pediatric primary care

Recommendation:

Take appropriate steps to have primary care offices/programs be providers of community-based mental/behavioral health care.

Primary care clinicians are points of contact for the I&R community and could screen for mental/behavioral health concerns. Given that a visit to a primary care provider is not obviously for mental/behavioral health, mental health-related stigma may be reduced.

4 Mental/Behavioral Health Workforce

Strengthen the child and adolescent mental/behavioral health workforce

Recommendation:
Take appropriate steps to build a transcultural, trauma-informed health care workforce to address mental/behavioral health needs of the I&R community in Frederick County.

Research has shown that shared lived experience of trauma and/or shared culture between practitioners and patients may reduce stigma and improve understanding as well as improve diagnostics and treatment plans. Members of Frederick County's I&R community have clearly stated the desire for shared culture to enhance willingness to connect with a member of the health workforce, communication between the person in need and the workforce member, and the bonding between the two individuals.

For example, relative to building a provider workforce, Hood College might be a place to start.

For an immediate option, create a targeted population program for the I&R community that utilizes Community Health Workers (CHWs) trained in mental/behavioral health. A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served, in this case the various I&R cultures. CHWs are a Tier 2 evidence-based practice for physical health. The CHWs trained in mental/behavioral health could be certified (or in training to be certified), or they could be trained as CHWs for purposes of this program. The CHWs in this program would reach out to members of the I&R community, provide mental/behavioral health information to them, and make connections on behalf of I&R families for services as appropriate.

5 Insurance Coverage and Payment

Increase mental/behavioral health services coverage and payment for youth and their families

Recommendation:

Provide outreach to the I&R community to assist families in obtaining health insurance coverage for which they are eligible, as well as health services and other available supports (e.g., wrap-around services) for mental/behavioral health.

This is a role that a CHW, as well as others who are trained, could perform. A "cultural peer" CHW, as described above, would be likely to readily relate to the I&R community. Also, working with a CHW would be most likely to overcome the fear in some cultures of asking for and obtaining resources.

CONCLUSION

The insights provided by the listening session participants have provided advocates and others with enhanced understanding of the needs and desires pertaining to mental/behavioral health of various I&R cultures residing in Frederick County. Current and future residents of Frederick County will benefit from the information provided and use it to enhance the system of mental/behavioral health care.

Providing timely, culturally appropriate and acceptable care is not only the right thing to do, but it precludes problems from becoming bigger issues. The costs for everyone are minimized by doing so. Also, when stakeholders center the voices of those with lived experience and work together collectively, decisions can be made and effectively implemented in a cost-efficient manner. This would improve the overall health outcomes and quality of life for recipients of care, and by extension all of Frederick County.

APPENDIX A

Lessons Learned: Perspectives of Contributors From ERUCC

This information reflects lessons learned in the course of designing and hosting the listening sessions. The contributors from ERUCC are sharing these insights for others who may want to host similar sessions.

VISION AND GUIDING PRINCIPLE:

For services to support the I&R community to be most effective, it is imperative to adopt the principle of **"NOTHING ABOUT ME WITHUT ME."** All efforts to provide support for the behavioral health of the I&R community must involve individuals with lived experience (i.e., people from within the I&R community). It is the key to success, including for the Listening Sessions.

You will know this principle has been adopted when you see behavioral health and wrap-around services:

- **FOR** the I&R community, a target population that is unserved/underserved despite critical need;
- **WITH** the I&R community included from the onset in identifying issues, priorities, and solutions and proportional representation in oversight and accountability;
- **BY** or in partnership with trusted community-based organizations that provide a variety of support services specifically for the I&R community; and
- Utilizing key workers and trainers selected and developed **FROM** within the I&R community.

Implications for the Listening Sessions:

1. Those with "lived experience" (in this case, I&R organizations) must lead the effort. That means other entities should be collaborators. In our case, Evangelical Reformed United Church of Christ provided support to the three immigrant organizations in their effort. ERUCC participated fully (e.g., shared ideas; engaged as facilitator, note-taker, grant writer, and report writer) but did not make the final decisions. The role of ERUCC was to support the immigrant organizations in getting behavioral health services for their youth.
2. It is critical to have someone who is trusted by those within the various I&R cultures make the contacts with individuals within those communities, and for there to be continuous involvement of trusted individuals/organizations. We utilized "Cultural Peers" (individuals with lived experience within the specific I&R community from which we were seeking listening session participants) to identify potential participants and reach out to them.

INTENT OF THE LISTENING SESSIONS:

Thought needs to be given in advance to how you plan to use the information gained from the Listening Sessions. In our case, the intent was to learn the views of the various cultures within the I&R community in Fredrick County and to share what was learned with the I&R community as a whole, decisions-makers and other stakeholders in the County. We were not trying to conduct a formal evaluation.

Implications for the Listening Sessions:

1. If you want to produce an article that merits publication in a scientific journal, involve individual(s) with appropriate expertise upfront to ensure there is sufficient rigor in your design.
2. Plan to "model" how you want others to treat the I&R community as you conduct and report about the Listening Sessions (e.g., share the information with the I&R community before sharing it with others; provide final reports in key languages of the I&R community, both verbally and in writing).

CONDUCTING THE LISTENING SESSIONS:

There were several “lessons learned” (or re-learned) as we experienced the Listening Sessions.

Implications for the Listening Sessions:

1. In advance of the Listening Sessions, try to learn about any cultural issues that may impact your plans in anyway (e.g., foods to avoid serving). Plan to be flexible if the unexpected happens, and accept that people appreciate it when they know you are trying to be sensitive to them.
2. Food and gift cards (or other incentives) are critical to communicate warm hospitality and that the expertise that the participants share is valued. Beyond that, both adults and youth (for their siblings) appreciate being able to take home food to share with other family members.
3. During the Listening Session, be careful not to suggest what the participants could/should say or tell them what you know/believe. This is especially challenging if there is a lull in the discussion or you have a group that does not open up as you would like.
4. At some point while participants are present for the Listening Session, provide important mental/behavioral health contact information (e.g., 988, the nationwide phone number to connect with trained crisis counselors; 211, for access to local community services) to the various I&R cultures in their own languages, on a one page sheet that can be photocopied/downloaded onto one’s phone.
5. Have a list of services/resources available in your geographic area that are relevant to mental/behavioral health that can be emailed to participants, and parents of youth participants, after the Listening Session.
6. Be prepared to have someone (e.g., an interpreter, Cultural Peer) intervene on behalf of a youth/adult who expresses something of such concern to you that intervening seems necessary (e.g., to talk to someone at a youth’s school; to connect the person to a care provider).

APPENDIX B

Adult Listening Session Toolkit

ADULT LISTENING SESSION TOOLKIT

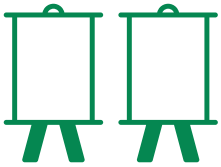
Critical Components

- Adopt the principle, “Nothing About Me Without Me”
- Utilize cultural peers to recruit Listening Session participants
- 5-7 community representatives to participate (“participants”) in each Listening Session, vetted to represent adults with reasonable perspective into youth experiences in their immigrant/refugee community (can be parents, school system employees, faith leaders, etc.)
- 1.5-hour session
- Provision of a meal for participants to enjoy in place and with enough to take home for family (since participants are likely responsible for family meals)
- Incentive to compensate participants for their time and expertise (e.g. gift card)
- Travel assistance
- Childcare as needed

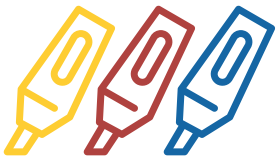
Supplies

Name tags

Pens



2 Easels with pads



Colorful markers for facilitation/scribing

Guide for Notetakers - What are we listening for?

- General ***attitudes***
- Any talk about current ***strategies*** being used for addressing behaviors/circumstances that a practitioner (though not necessarily the participant) would categorize as related to mental/behavioral health [ex: may not be therapy but something like church/faith community, sending child to country of origin, etc.]
- Anything that speaks to ***challenges*** to accessing care or compliance
- Knowledge of ***what’s available*** in the community to address challenges
- Statements that help paint a picture of ***what they would like to see*** by way of support/services in the geographic region

Sample Listening Session Format

Welcome and Gathering 0:00-0:20

Welcome, Intro to Partners and Purpose of Session, Housekeeping (0:00-0:10)

- Introduce facilitator, note-taker(s) and other non-participants in the room; indicate restroom locations; state permission to move as needed; explain incentive gift to be received at the end
- State the total number of listening sessions and the intended use of information shared by participants
- Review Agenda
  - Gathering and Welcome
  - Why We Are Here and How You Can Help
  - Tell Us What You Think
  - Final Thoughts and Next Steps
- Review Norms
  - You are the Expert On You
  - Share As You are Comfortable (no more is required)
  - Be Honest (sharing as much as you can for the benefit of the project)
  - Respect Privacy (we will be taking notes, but no names or identifiers will be revealed)
- Confirm Buy-In

Grounding (0:10-0:20)

- Round Robin Participant Introductions (invite elaboration)
  - Name or Nickname (what you want to be called during this Listening Session)
  - How long have you lived in [geographic region]?
  - "Something in [geographic region] that I wish worked better for me and my community..."
  - "One hope I have for the next generation of my community is...."

Setting the Context: Purpose, Structure, Intent 0:20-0:30

1. We are acknowledging (not asking about) the need for mental/behavioral health services (maybe share some local statistics but most relatable will be anecdotal/contextual stories)
2. Vision – Ex: "We are working as a community partnership to establish a mental/behavioral health program specifically for the immigrant/refugee communities of [geographic area], starting with youth. "This mental/behavioral health program will be: imagined by you, designed by you, created by you, managed by you, and accountable to you."
3. We acknowledge that younger children need assistance as well, but for purposes of this project we are focusing on middle and high school aged youth.
4. Here we will be exploring your vision for what that could be:
   - What do you want for your youth?
   - What obstacles are in the way?
   - How could the people of [geographic region] work together to overcome those obstacles?

Data Gathering 0:30-1:15

These are guiding questions – participants will drive the conversation/exchange and as the facilitator you simply help maintain the guardrails and forward momentum.

- Are there any mental/behavioral health problem(s) among 11 to 18 year olds in your community?
- What is the problem, or are the problems?
- What strategy, or strategies, do people in your community use to address the problem(s)?
- What challenge, or challenges, do people in your community experience in addressing the problem(s), if any?

Closing 1:15-1:30

- Go around and ask each participant to answer: "If you had a superpower to make ONE change in our [geographic area] to help YOUR community have better mental/behavioral health, what would that be?"

APPENDIX C

Youth Listening Session Toolkit

YOUTH LISTENING SESSION TOOLKIT

Critical Components

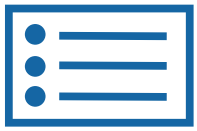
- Adopt the principle, “Nothing About Me Without Me”
- Utilize cultural peers to recruit Listening Session participants
- 5-7 community representatives to participate (“participants”) in each Listening Session, vetted to represent youth with reasonable perspective into youth experiences in their immigrant/refugee community
- Youth in middle and high school, ages 11-18
- Participants must meet pre-determined criteria (e.g. demographics, geography)
- 2-hour session, hard start and hard stop
- Multi-sensory activities and engagement, particularly comforting items given the topic can be triggering/stressful
- Participation incentives (e.g. gift card for session completion, another for completion of evaluation)
- Food/Meal to be served ***after*** session, NOT during (enough to take additional home to share with family)
- Participants in chairs without tables in a u-shape oriented toward the three easels and facilitator
- Note-takers should be outside of the U-shape, on the periphery

Supplies

Name tags

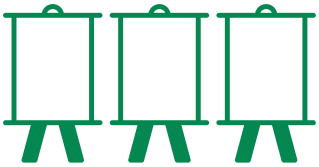
Fine point Sharpies for name tags

Pens for pre-session activity



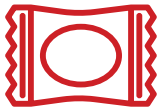
Large, prepared index cards

Colorful sticky dots (colors themselves do not matter)



Three Easels with Pads

Colorful Markers for pre-created easel sheets and scribing



Small packs of Skittles (or alternative, see below)

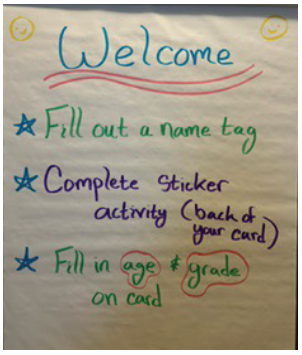
Pre-wrapped comfort item (e.g. small stuffed animal) hidden in larger gift box with accessible lid or gift bag

Example: 32 Piece Mini Plush Animal Toy Set

Pre-session

Write welcome message on a greeting flipchart page:

- Welcome each participant personally and indicate nametags are first name only
- Encourage each to complete both sides of their large index card
    - Front request their name, age, and grade (rising into if summer)
    - On back paste on this sticky-dot pre-session assessment



Pre-Session Assessment	Yes	Somewhat/ Kind Of	No	I don't know
I am confident that I understand what "mental/behavioral health" is.				
I have met someone in MS or HS who has a mental/behavioral health issue (thoughts, feelings, or behavior).				
There are things that make it HARD for youth in my community with a mental/behavioral health issue to get help.				

Proposed Listening Session Format

Meeting Management: 0:00-0:25

- Welcome and Introductions (Team Members, Context, and Purpose) (2 minutes total)
    - Define how participants were selected and what defines them as a group for the next two hours.
    - Affirm that in gratitude for their participation they will receive a gift (incentive) at the end.
    - Confirm that they have freedom to move – if they need to stand or need to use the restroom they do not need to ask.
    - Explain that the facilitator will interact with the participants and the note-taker(s) will generally be silent unless they need specific clarification.

- Agenda and Norms – Require buy-in (head nod, hands, etc.) (3 minutes total)

Define Confidentiality – "Comes from the word "confident." Nothing in this space is a secret; rather we must all agree to be able to have confidence in one another, and that we deserve the confidence of others. We will be respectful of one another's feelings, experiences, and right to privacy. You can have confidence that I [facilitator] and the note-takers will only exceed your expected boundaries if we have reason to believe you, another, or property are in legitimate danger."

- Grounding Activity: Getting to Know You Skittles (15 min total)
  **Make a show of putting the large gift box/bag in the middle of the u-shape but don't explain yourself.*

  - **Step 1:** Hands out small packs of Skittles
    **Note, they are not halal. If necessary, an alternative is to use similarly colored balls or beanbags in a box and have youth blindly reach in to randomly select colors.*
  - **Step 2:** One participant at a time, share first name, grade, and then like "rolling dice," pull 2 skittles (balls/beanbags) from your bag and share those answers. Those hesitant to share based on random selection may choose categories they are comfortable with.

  Getting to Know You Skittles

  RED: If you had to listen to ONE song for the rest of your life, what would it be?

  YELLOW: If you could only eat one food for the rest of your life, what would it be?

  ORANGE: If you could be an animal whenever you chose to, which would you choose?

  PURPLE: If you could have one superpower, what would it be?

  GREEN: If you could live in a TV show, which one would you pick?

- Debrief (5 min with transition)
  "Were there any "wrong" answers? No, just like there are no wrong answers in what we're going to talk about today. There's just whatever are YOUR ideas, insights, stories and even questions – all the things that you have brought into this room with you today. Because YOU are the one and only world expert on your own experiences and perspectives. And because you're here and willing to share them with us, WE are grateful."

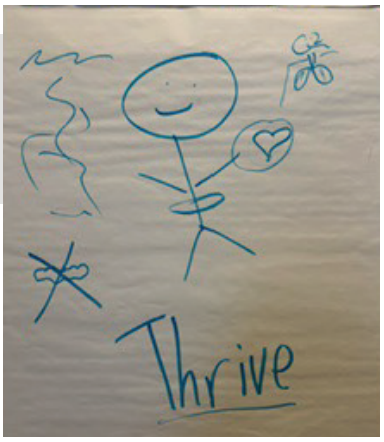
Transition – Pick up and carry large present box/bag to each participant and have them take out one present but hold and not open it.

Context Framing – "Getting on the Same Page" 0:25-0:40

1. Let's think about gifts. It's fun to get gifts, exciting to have anticipation. Feels good to be appreciated and to know that someone thinks you're special.
2. REMEMBER that feeling.
3. Because YOU are a gift! That's what we see when we look at you today – that's how you are making us feel, just by being willing to be with us in this room today.

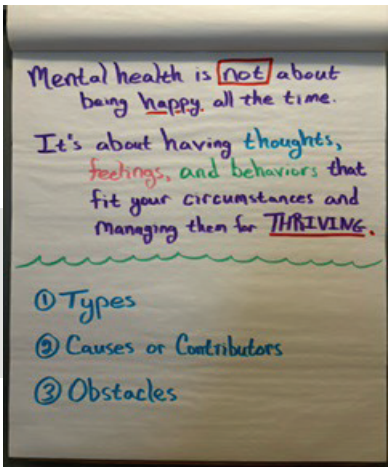
4. So, in return for that feeling go ahead and open your present – it's just a little token of our appreciation. But it's also a reminder, even if it is super small, that you are special, exactly as you are. Sometimes when we are young, or even still physically small compared to a grown up, we can feel like what we have to say gets lost. But you matter, even if you sometimes feel small. You are a gift.
5. And speaking of gifts, you know we ALL – every one of us – got the very same first great gift ever - our bodies. We are what is called "embodied," mean simply we all have bodies. No human being doesn't have one. It's something we all have in common.

Draw Stick Figure – Note: You will draw depictions of "systems" [digestive, immune (see "bug" with X through it), cardio, pulmonary, nervous, etc.], around it



6. And our bodies all run using the same systems (name some or some organs - ask for examples and draw them on the figure. Hint: bad is better for humor.).
7. And when these parts of the body are working well, or are being managed well, we call that HEALTHY.
8. Let's say HEALTHY means parts of the body are working in a way that allows you to THRIVE **[write "Thrive"]. Define THRIVE:** Learning, growing, experiencing, reaching goals, contributing, etc.
9. So that's BODY health – digestive health, heart health, lung health, etc. What then is mental/behavioral health: **Go to flip chart page where you have pre-written "Mental/Behavioral Health" on the top.**
10. We are going to go around the room, and I need each one of you to tell us ONE word or phrase that comes to mind when you hear the term "MENTAL/BEHAVIORAL HEALTH" **[scribe as spoken by the youth]**
11. Wow, this list includes a lot of things: Some are thoughts, some are feelings, and some are behaviors. ALL of these are parts of Mental/Behavioral Health.
12. So, to be Mentally/Behaviorally Healthy has something to do with having thoughts, feelings, and behaviors that help you THRIVE.

Go to pre-written flipchart page: It's not about being happy all the time. It's about having thoughts, feelings, and behaviors that fit your circumstances and managing them in a way that helps you thrive.



Data Gathering: 0:40-1:40

Friends, now we are going to get into it: the reason we're here and why we need your help. Because there are children and youth out there, and certainly also in the [fill in name of their culture] immigrant community, who are struggling with their mental/behavioral health – their thoughts, feelings and behaviors are getting in the way of their being able to thrive. And even when they WANT to get help there are still more things getting in the way – obstacles.

So we're going to ask you about 3 different things:

- ✓ Types of mental/behavioral health issues
- ✓ Causes of, or contributors to, mental/behavioral health issues
- ✓ Obstacles to getting help

Read out the questions below one at a time and scribe as close as possible to what the participant says it, but also trust that the note-takers can capture more details than you can put on the easel pad. Work to gently get each participant to contribute while not monopolizing. Be comfortable with reasonable silent spaces for the introverted processors. Other than to initially clarify what you are asking, do NOT suggest what they could/should say or tell them what you know/believe!

1. What kinds of thoughts, feelings, and behaviors do you see in middle school or high school age kids – and in particular any information about kids in your I&R community – that are holding them back from fully thriving?
2. What might be causing those thoughts, feelings, or behaviors? Remember there are different kinds of things that can cause mental/behavioral health issues: it could be something in the body like a disability or a mental/behavioral health diagnosis, or it could be an event that happened or is happening, like a death of someone important or stress in the family from unemployment, or maybe some awful thing that happened to someone or is currently happening making them feel unsafe.
3. If a youth in your community wants to get help for their mental/behavioral health issue, what kinds of things get in the way?

Closing: 1:40-2:00

Pre-write on a flipchart page, "One change in our [geographic community - e.g., city, county, etc.] to help your cultural community have better mental/behavioral health:"

- Go around circle and ask each to answer: "If you had a superpower to make ONE change in our [geographic region] to help YOUR cultural community have better mental/behavioral health, what would that be?"
- Introduce everyone to the evaluation and explain that when they hand it in, they will get an additional gift.

Questions for Evaluation

Name (optional): _____

Please complete each section below silently and independently.

1. I am confident that I know what mental/behavioral health is (circle one):

Yes Somewhat/Kind of No I don't know

2. I am confident I have met someone in MS or HS who has a mental/behavioral health issue (thoughts, feelings, or behavior).

Yes Somewhat/Kind of No I don't know

3. I believe there are things that make it HARD for youth in my community with a mental/behavioral health issue to get help.

Yes Somewhat/Kind of No I don't know

4. How would you describe your experience in this group today?

_____

_____

_____

5. During today's gathering I enjoyed.....

_____

_____

_____

6. Something I found unenjoyable or unclear was.....

_____

_____

_____

7. Anything else you'd like us to know?

_____

_____

Centro Hispano de Frederick
Un Nuevo Amanecer

Asian American Center of Frederick
Enhance. Empower. Enrich.

Nigerians in Frederick

Evangelical Reformed United Church of Christ

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