MENTAL HEALTH AND RESILIENCE IN AANHPI HEALTH CENTERS SEPTEMBER 19TH, 2017

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Agenda

I. Context: Recent Immigration Policy Changes

II. Asian American & Pacific Islander Mental Health

III. Provider Perspective: Dr. Daryn

IV. Resources

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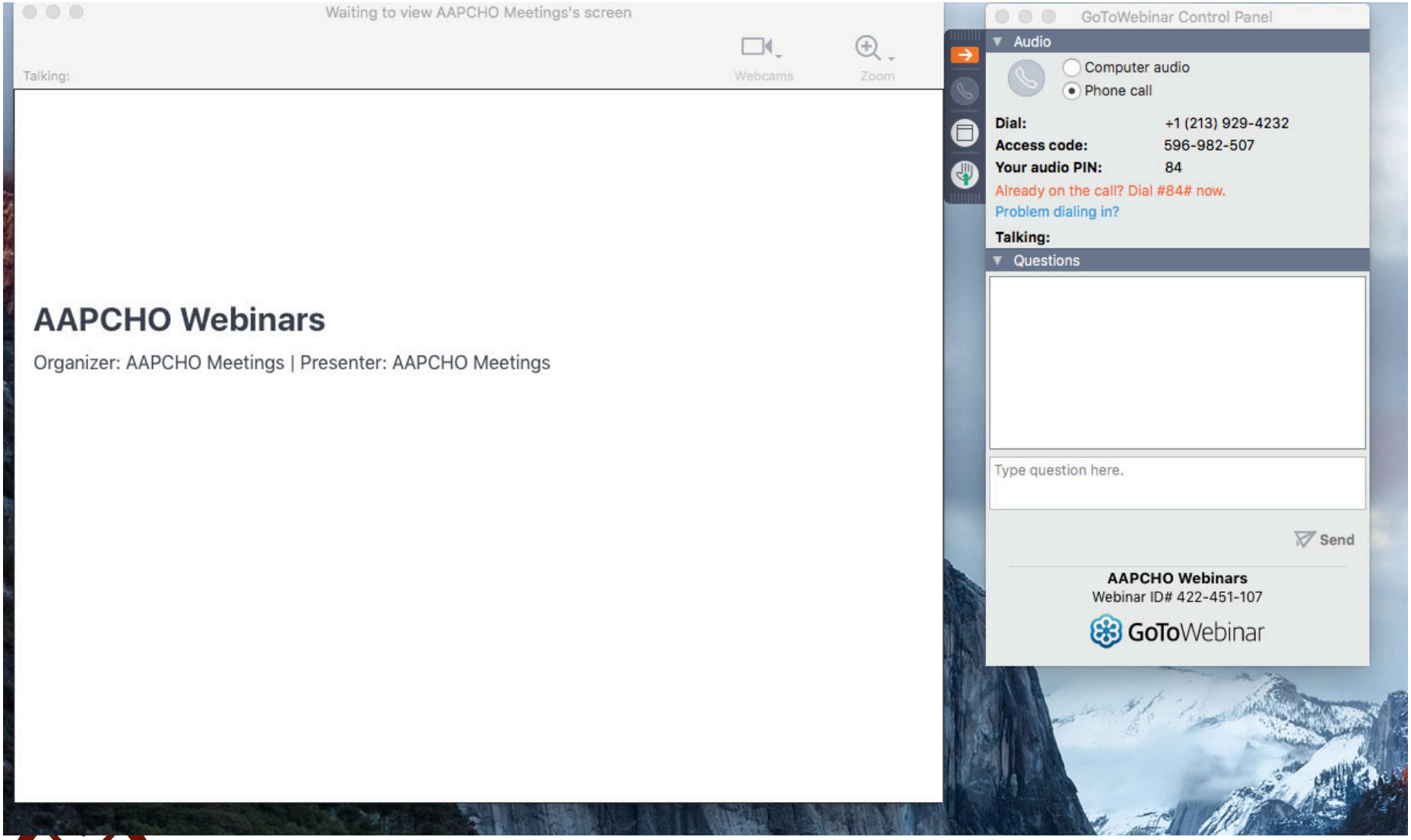
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CONTEXT: IMMIGRATION POLICY CHANGES

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Asian American Immigration Landscape

- 75% of Asian Americans were born abroad
- Represent 30% of the US Immigrant population
- Immigration Processes
  - Family Visas
  - Employment
  - Refugee Status
  - Unauthorized immigration

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Campaign Promises

- DACA would remain safe
- So-called “Criminals*” would be target of enforcement
- Specifically began campaign with border wall promise
- Campaign featured heavily a “Muslim Ban”
- Sanctuary Cities** would be ineligible for federal funds
- Culture of anti-people of color rhetoric

  - *Intentionally misleading and stigmatizing term for persons with any sort of conviction. The lack of clarity as to who was considered “criminal” is also compounded by Obama administration enforcement issues. Many times we’ve seen that persons with very minor infractions are labeled as “criminal” to allow for them to be considered priority for enforcement. This is compounded by the disproportionate impact the criminal justice system has on persons without access to private council, in-language information or a strong safety net.
  - ** Difficult to determine what qualifies as “sanctuary city”, but generally those with policies in place to deprioritize federal immigration enforcement over state and local enforcement needs. Some cities have resolutions, official or unofficial policies, etc.

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Administrative Changes

- Executive Orders:
  - “Enhancing Public Safety in the Interior of the United States”
    - Taking $$ from Sanctuary Cities
    - Funding more immigration officers
    - Starts office for victims of crimes by immigrants
  - “Border Security and Immigration Enforcement Improvement”
    - Funding for border wall between the U.S. and Mexico
    - Funding more Border Patrol agents
  - “Protecting the Nation From Foreign Terrorist Entry Into the United States” (Paused in February, Reissued + paused in March, parts reinstated in June)
    - 90 day suspension of immigrants from six Muslim-majority countries (Libya, Syria, Iran, Sudan, Yemen, and Somalia)
    - Stops all refugee entry for 120 days and lowers overall number

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Administrative Changes

- U.S. Immigrations and Customs Enforcement (ICE)
  - Emboldening: Arresting Dreamer Dany Vargas leaving protest
  - Going after those w minor criminal records: Jeanette Vizguerra
  - More ICE funding

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Administrative Changes

- Announced 6-months to the end of Deferred Action for Childhood Arrivals (DACA) program
  - If DACA recipients' renewal expires before March 5th, MUST renew by October 5th

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Legislative Proposals

- RAISE Act
  - Messaging Bill (unlikely to pass; meant to signify administration's stance)
  - Would cut green cards/Lawful Permanent Residents, enact a strict points-based system based on education and skill level, limit the family-based visa system, and cap the number of admitted refugees at 50,000 per year
- Border Security Funding
  - Trump Administration attempting to persuade to include in appropriations and possible immigration reform legislation with discussions ongoing

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Overall National Temperament

- White Supremacist Organizing
  - Made more visual and without immediate White House condemnation
- Threatening of communities of color
  - Specific targeting of South Asian, Muslim, Sikh and other communities
- Made more difficult for persons who are part of multiple targeted communities (LGBTQ, disability rights community, etc.)

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Mental Health/Resilience Webinar
September 19, 2017

DJ Ida, Ph.D.

Executive Director

NAAPIMHA

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Mental Health and AANHPIS:

AAPIs have the lowest utilization rates for mental health care among all populations

The overall suicide rate for Asian Americans is half that of the general population but AAPI females between the age of 15-24 elevated rates and women over 65 have the highest rates of suicide. U.S. Department of HHS (2001).

The suicide rate for Bhutanese is 21.5 per 100,000 compared to 12.4/100,000 for the general population CDC Suicide ideation among Bhutanese Refugees United States 2009 - 2012

Cambodian suffer acute levels of depression and PTSD as well as high rates of related health issues including diabetes and hypertension Marshal et al J Immigrant Minor Health 2016 Feb; 18(1): 110-117.

Since 9/11 there has been a steady increase in anti-Muslim sentiment and acts of violence

Under Suspicion, Under Attack Xenophobic Political Rhetoric and Hate Violence against South Asian, Muslim, Sikh, Hindu, Middle Eastern, and Arab Communities in the United States South Asian Americans Leading Together Executive Summary 2014

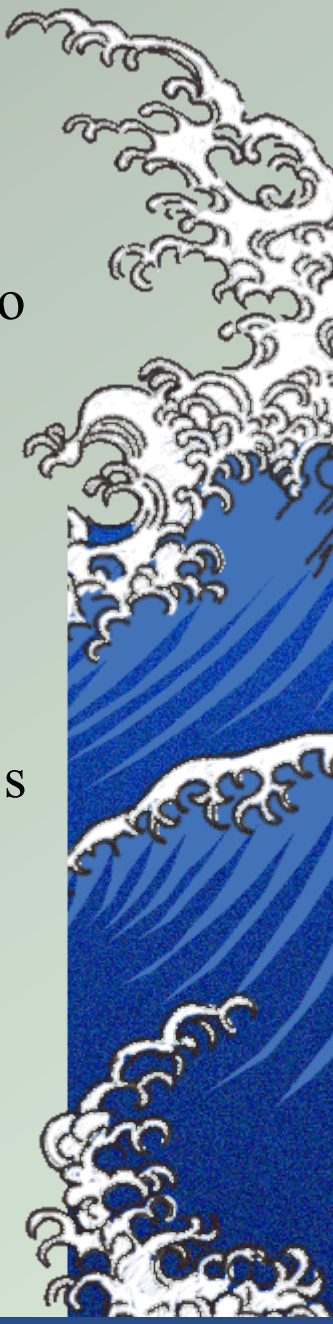
Immigration and hate crimes as mental health issues

Fear of deportation for self or family members can cause people to hesitate seeking help, lack of trust

Anti-immigrant sentiment itself creates tension, depression and can be extremely stressful and traumatic

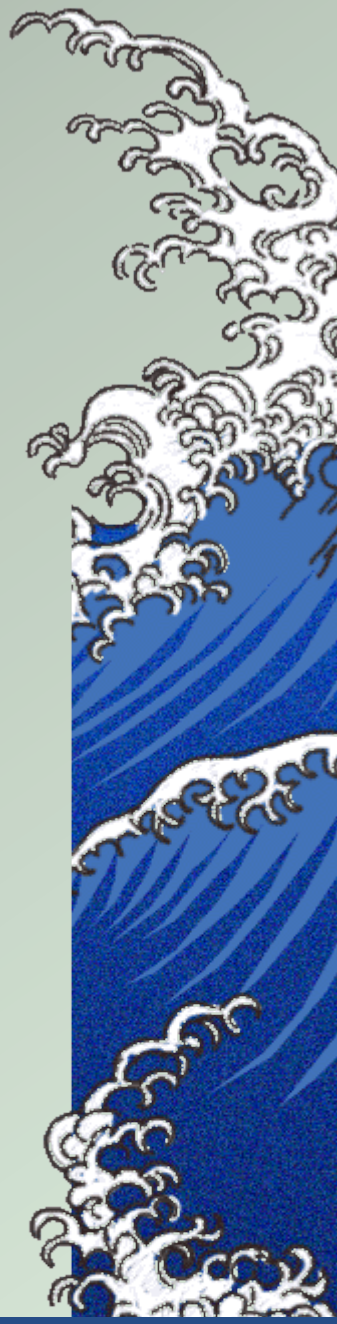
All crimes are painful but hate crimes attack the core of a person's sense of self

Person may have to choose between safety (emotional and/or physical) and openly embracing who they are



Challenges

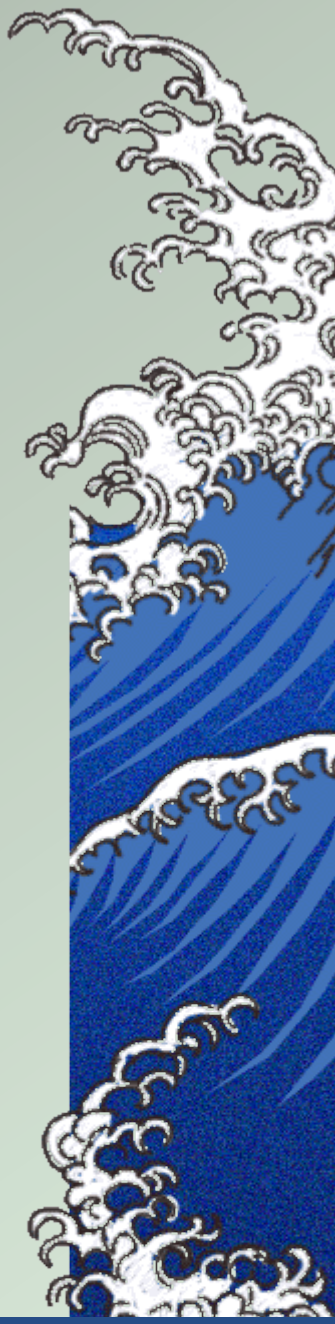
- Stigma and shame associated with mental health
- Cultural differences in definition and understanding of mental health and mental illness
- Narrow definition of mental health that focuses on diagnosis
- Silo approach - Lack of understanding of relationship between mental health and physical health
- Failure to develop appropriate whole health intervention strategies that are strength based and address mental health, physical health and social determinants of health
- Lack of properly trained providers who have cultural and language skills as well as whole health approach
- Inappropriate use of untrained interpreters, including children



Need for Integrated Care

- Research shows a direct correlation between depression and chronic diseases including asthma, arthritis, cardiovascular disease, cancer, diabetes, and obesity,
- People with serious mental health problems die 25 years earlier than the general population.
- Suicide accounts for 30-40% of premature deaths
- 60% - 70% are due to medical conditions such as cardiovascular disease, pulmonary and infectious diseases.

Source: Morbidity/Mortality in People With Serious Mental Illness," National Association of State Mental Health Program Directors (NASMHPD) 2006.



Physical health and behavioral health

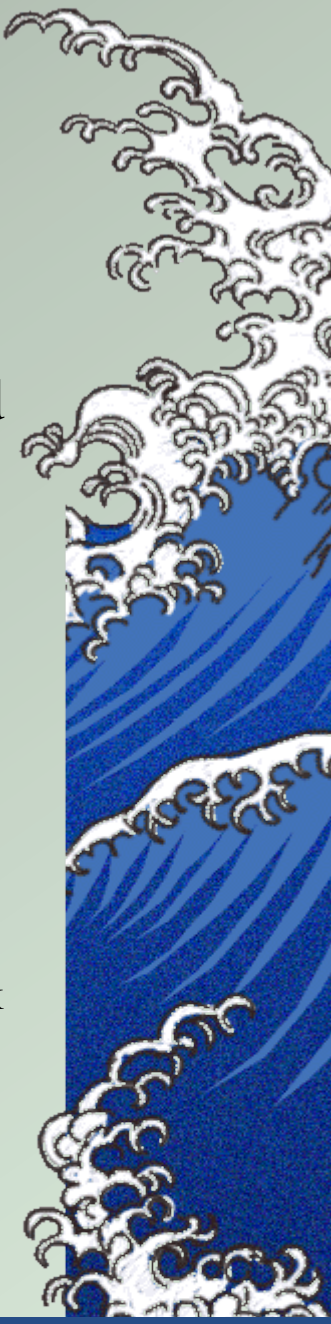
People who are depressed are at greater risk for diabetes, cardiovascular disease, and cancer

Nearly two-thirds of individuals surviving heart attacks reported symptoms of depression

A person who is depressed is less likely to monitor his/her diet, exercise properly or follow their medical regime

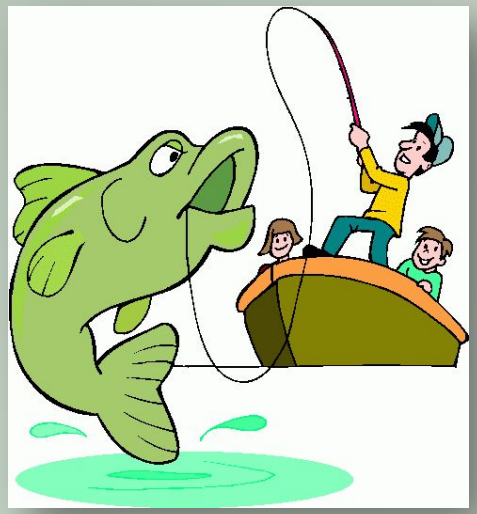
Rates of smoking are 2-4 times higher among people with psychiatric disorders and substance use disorders

American Psychiatric Assoc 2009; Bazelon Center 2005; Butler et al 2008; Milbank Memorial Fund Report 2010



Think outside the box
healing comes in many forms

Ask the community

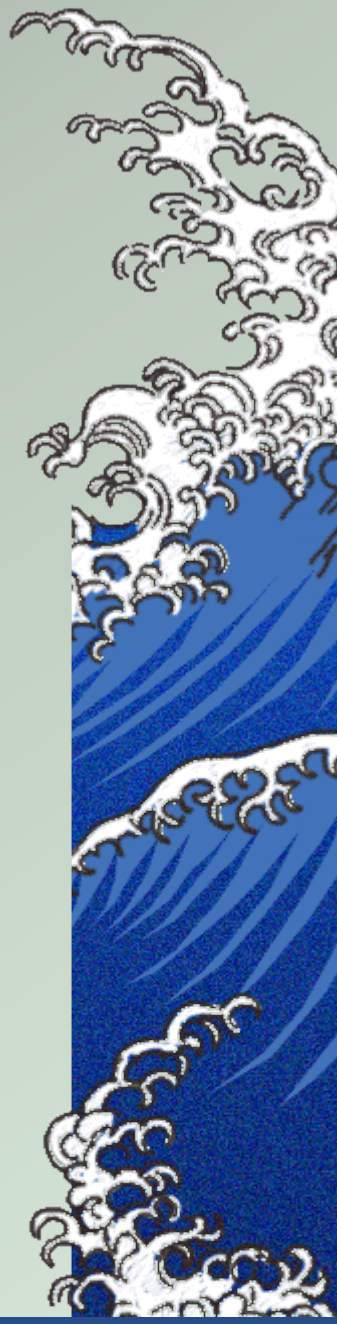


Recommendations

Insure training focuses on integrated care that incorporates a broad, whole health approach that looks at the impact of mental health on the person's overall health

Expand workforce to include bi-lingual paraprofessionals and develop policies and seek resources to adequately compensate them for their services

Implement intervention strategies that go beyond traditional clinical interventions only and include an approach that is determined by the individuals and may/may not incorporate culture

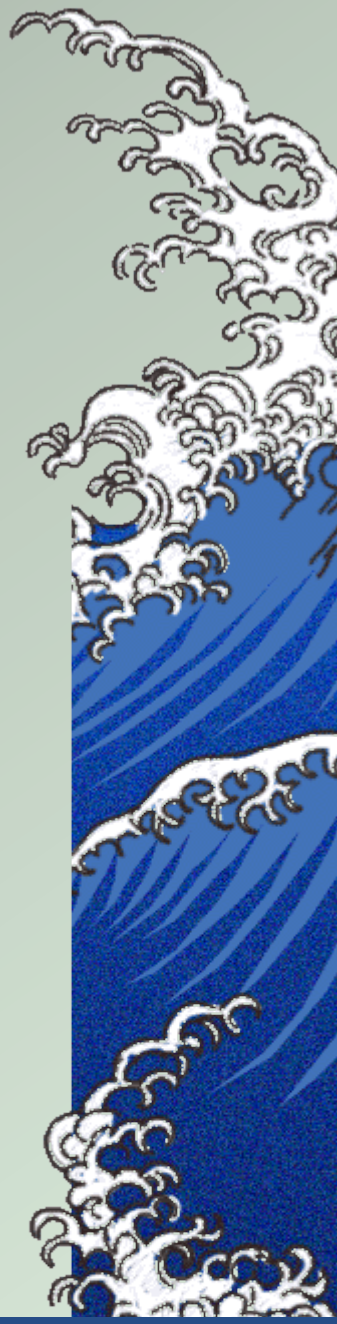


NAAPIMHA
Training Resources

Growing Our Own – providing culturally and linguistically appropriate mental health services

Achieving Whole Health – training community members to make healthy decisions

Friends DO Make A Difference – raising awareness of mental health among college students



CENTER FOR SURVIVORS OF TORTURE (CST)
OPENING A DOOR … TO HOPE AND HEALING

Asian Americans for Community Involvement

Daryn Reicherter , M.D. Psychiatrist

Armina Husic, Senior Program Manager

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement

ABOUT AACI

- Founded in 1973
- Largest AAPI Direct Services Provider in the County
- Federally Qualified Health Center
- 15,000+ clients served/year
- Culturally Competent Care
- Stigma Reduction

OUR MISSION

Our mission is to improve the health, mental health and well-being of individuals, families and the Asian community by:

- ✓Providing an array of **high quality health and human services**.
- ✓Sharing **expertise** about the Asian community's needs and best service delivery practices
- ✓Providing Asian **leadership** in advocating on key health and human services issues

CENTER FOR SURVIVORS OF TORTURE AND NEW REFUGEE

- In 2000, AACI was awarded a federal grant to create a treatment program for survivors of torture, refugees and their families. In 2010, Behavioral Health Department awarded CST to extend services for New Refugees in Santa Clara County.
- **Direct services**
  - Case Management
    - Identifying and linking clients to community resources
  - Psychological counseling
  - Forensic Evaluation and Court Testimony
    - Asylum, Citizenship-N648, Disability
  - Psychiatric treatment
  - **Advocacy**

CENTER FOR SURVIVORS OF TORTURE

- CST's **primary goal** is to support the wellness and recovery of refugees and torture survivors and their families through direct services that address their **medical, psychological, legal, and social service needs**, help them build supportive social networks and engage in productive, meaningful daily activities.

- CST provides services that will improve survivors' overall functioning in the specific life domains:
  - **Health** (physical, psychological),
  - **Productive daily activities** (work, school, leisure), and
  - **Social relationships** (family, friends, support system).

WHAT IS TORTURE?

- "…an act committed by a person acting under the color of law specifically intended to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control." (18 U.S.C. § 2340A)

IDENTIFICATION OF TORTURE SURVIVORS

- Purpose of Torture
  - Cause sense of terror, helplessness, hopelessness, obedience by destroying sense of self.
  - Regarded as bad interrogation technique by most experts, including US Army
  - Real target almost always larger community

IDENTIFICATION OF TORTURE SURVIVORS

- Over 70 countries practice torture on a systematic basis *(Amnesty International)*

- Surveys show that when a refugee group flees a country that practices torture, at least 35% of the refugees are direct victims of torture *(Red Cross/Red Crescent Societies)*

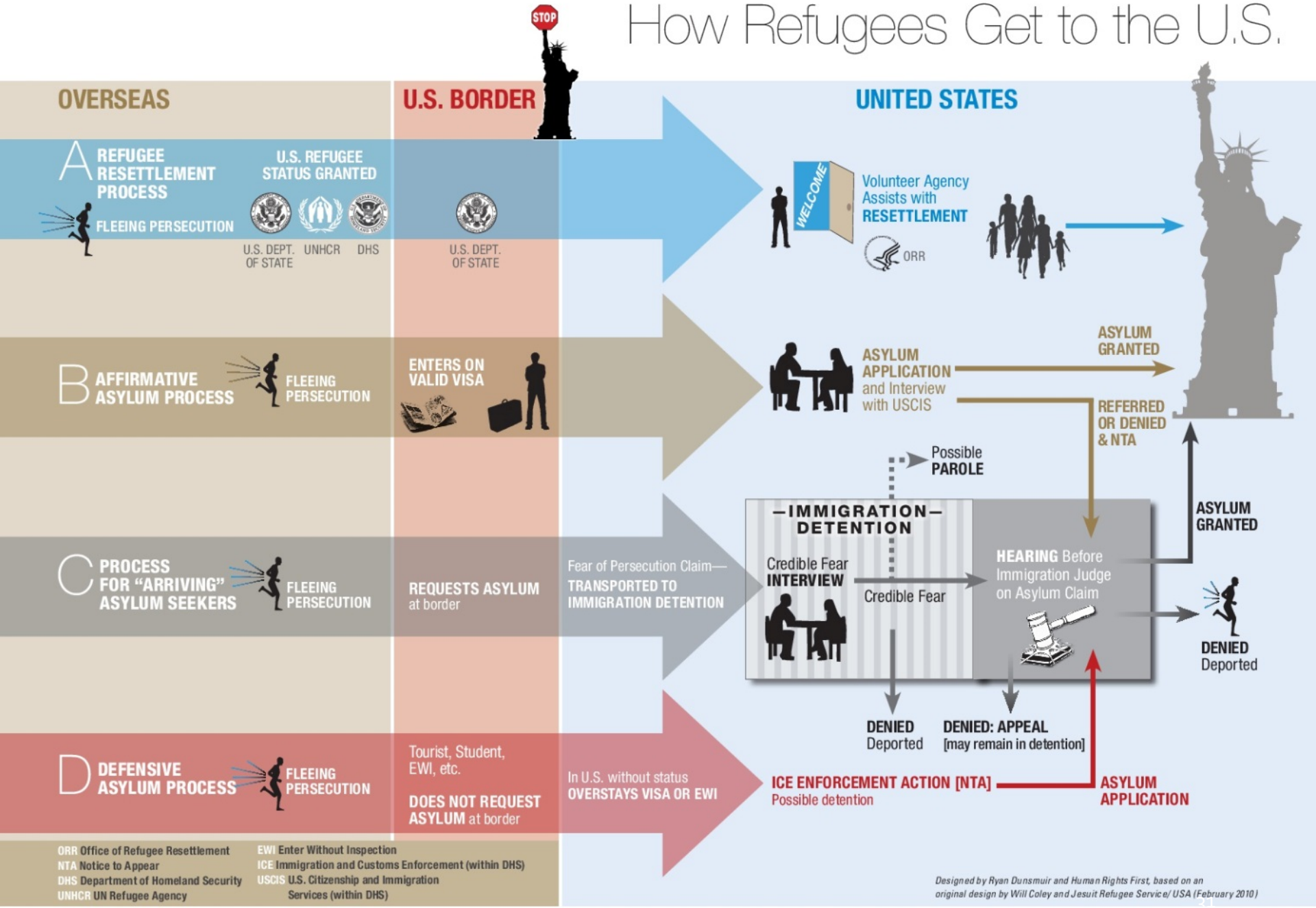
IDENTIFICATION OF TORTURE SURVIVORS

- Approximately 150,000 refugees in Santa Clara County
  - 5-35% are torture survivors *(Piwowarczyk,L., et al, 2000)*
- Approximately 30,000 survivors of torture
- Our research conducted in 2008-2009 suggests approximately 66% primary or secondary survivors
  - Estimated over 500,000 nationally *(Campbell, T.A., 2007)*

WHO ARE SURVIVORS OF TORTURE (SOT)?

- **Men, women, and children of different religions, ethnicities, and cultural backgrounds**
- Resilient people who possess great strength of character and will to survive
- Individuals who have faced grave human rights abuses, and endured severe mental, emotional, and physical suffering
- Torture survivors and their family members affected by torture, regardless of legal status from all countries
  - i.e. Asylum Seekers, Asylees, Refugees, students, Immigrants, US Citizens, etc

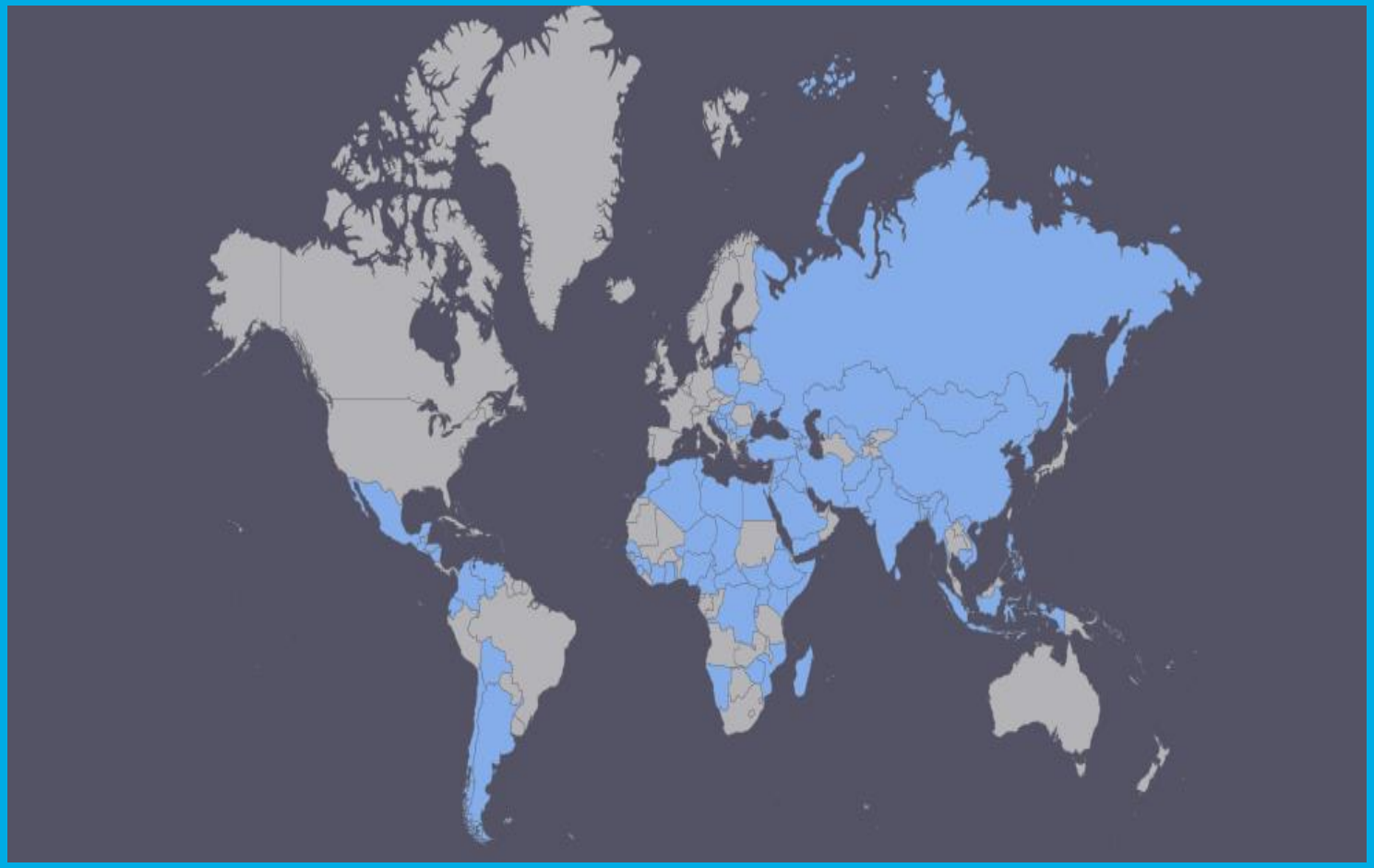
How Refugees Get to the U.S.



ORR Office of Refugee Resettlement
NTA Notice to Appear
DHS Department of Homeland Security
UNHCR UN Refugee Agency
EWI Enter Without Inspection
ICE Immigration and Customs Enforcement (within DHS)
USCIS U.S. Citizenship and Immigration Services (within DHS)

Designed by Ryan Dunsmuir and Human Rights First, based on an original design by Will Coley and Jesuit Refugee Service/ USA (February 2010)

SINCE ITS INCEPTION IN 2000, CST HAS HELPED MORE THAN 2,000 INDIVIDUALS, REFUGEES AND TORTURE SURVIVORS AND THEIR FAMILY MEMBERS FROM OVER 91 COUNTRIES.

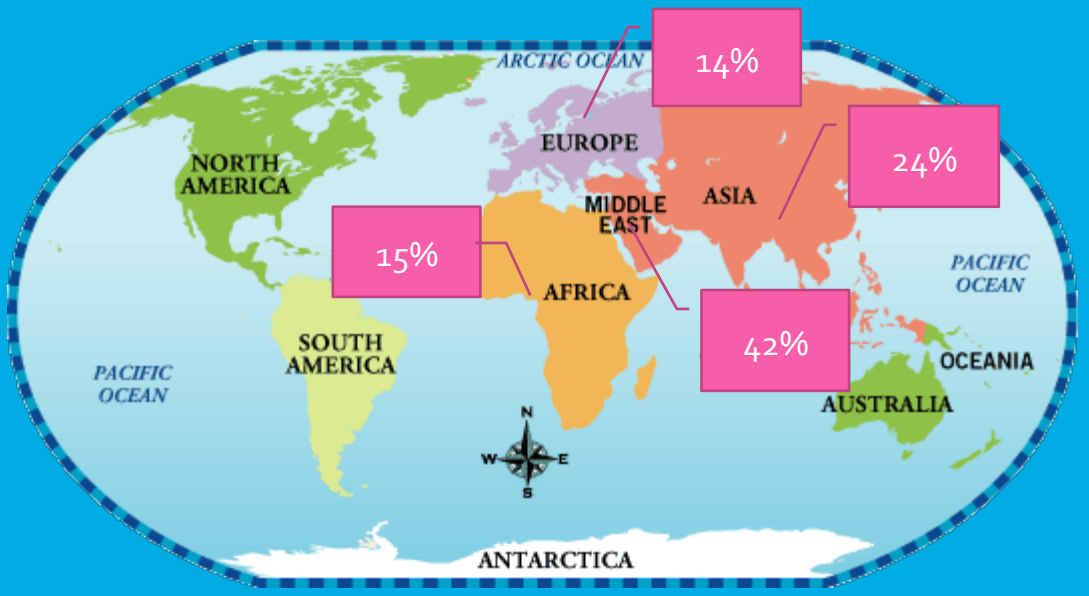


WHO ARE THE SURVIVORS?

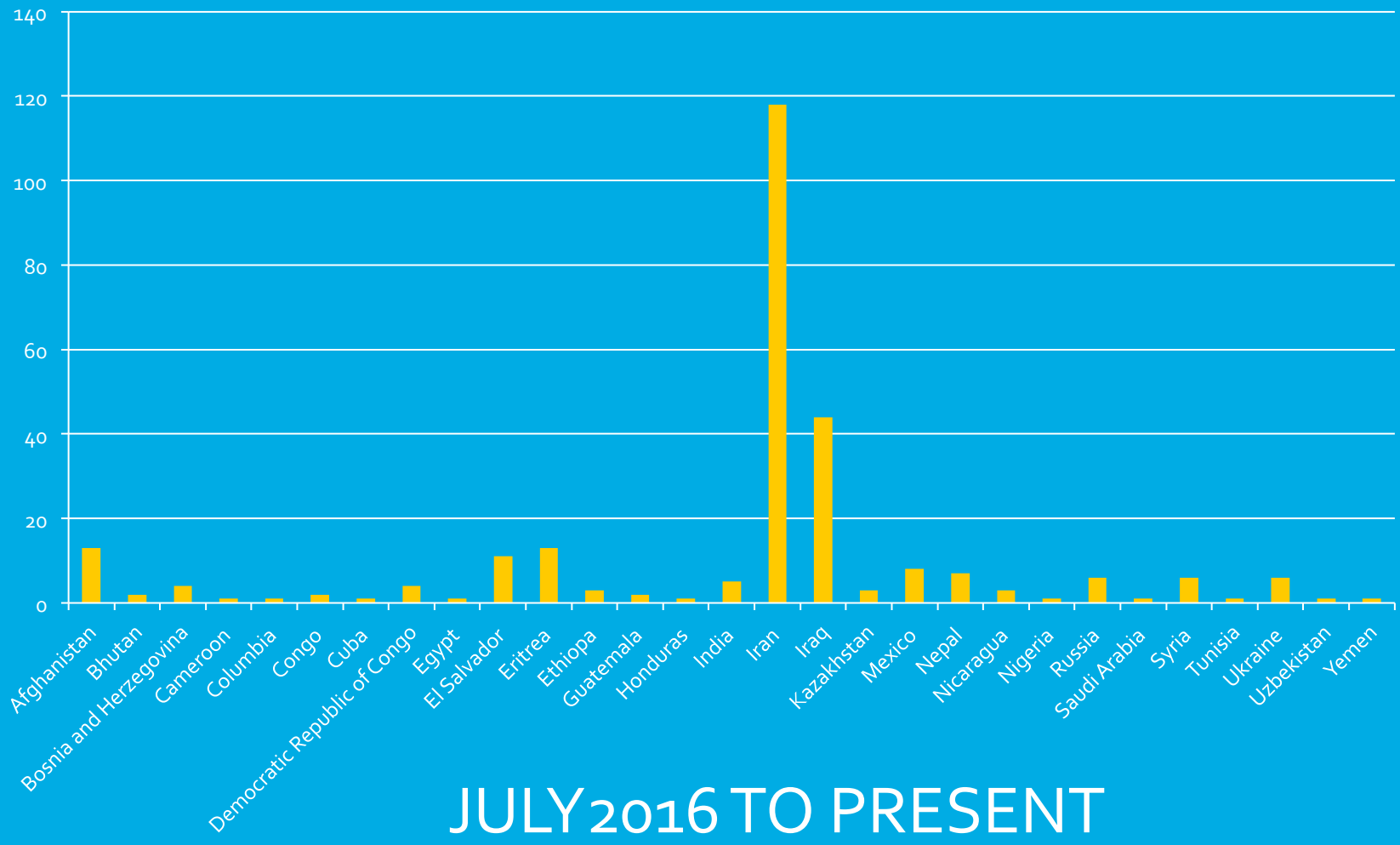
The majority of clients are:

- Adults over 25;
- <10% are children/youth.
- Women (54%)
- Immigration Status
  - 21% asylum seekers,
  - 21% refugees,
  - 6% asylees,
  - 31% legal permanent residents,
  - 21% U.S citizens.

Top Regions of Origin



CST CLIENTS CAME FROM THE FOLLOWING COUNTRIES



JULY 2016 TO PRESENT

SEQUELAE OF TRAUMA

- PTSD
  - **Re-experiencing**
    - Recollections
    - Dreams
    - Feelings
  - **Avoidance** of Trauma Triggers
    - Thoughts, Feelings, Conversations
    - Activities, Places, People
    - Detachment or Restriction of Feelings

SEQUELAE OF TRAUMA

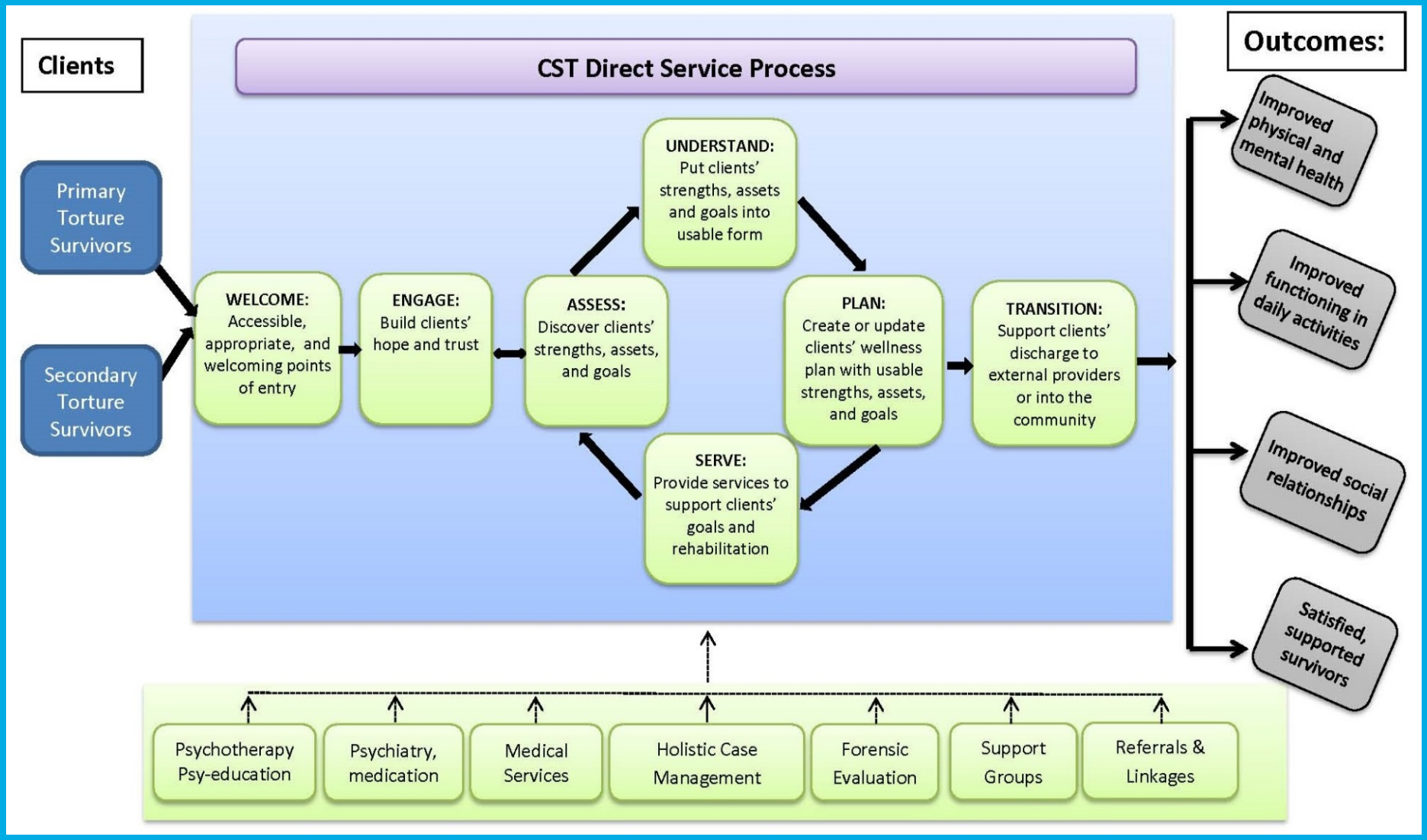
- PTSD
  - Persistent Autonomic **Arousal**
    - Sleep difficulty
    - Irritable/Angry
    - Difficulty Concentrating
    - Hypervigilance
    - Exaggerated Startle

WELLNESS & RECOVERY

- Do Survivors of Torture Recover?
  - Judith Herman stages of Trauma & Recovery
- How do they recover?
  - Achieving Whole Health
  - Mindfulness interventions
- Client centered-immediate needs
- Strengths-based
- Focus on emphatic vs. sympathetic
- Set realistic expectations
- Honesty and trust
- Build bridges of connections
- SAFETY, EMPOWERMENT, ADVOCACY

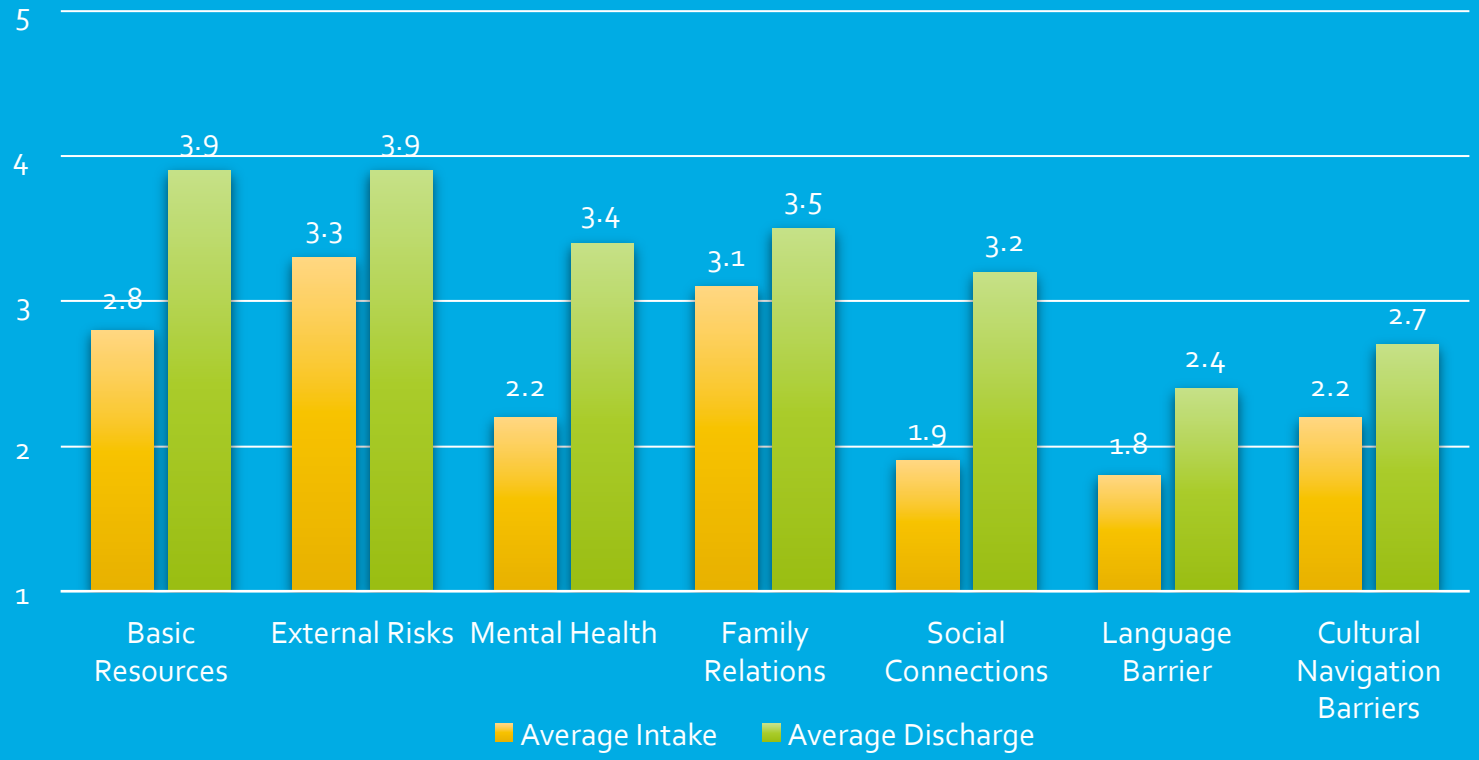
CST- **APPROACH**

- CST takes a **strengths based, trauma informed approach** to provide integrated services that holistically address psychological, medical, legal, vocational and social needs of survivors of torture and refugees.



AVERAGE CAFI-XC SCORES AT INTAKE AND DISCHARGE

(07/01/-09/30/16)



Current Adaptive Functioning Index – Cross-Cultural Version (CAFI-XC)

IMPACT OF SERVICES

Outcome	Outcome Survivors of Torture	Outcome New Refugee
Secured basic resources/ basic needs met	**100%** were able to meet or secure their basic needs.	**96%** were able to meet or secure their basic needs.
Improved Mental Health Functioning	**76%** showed improvement in overall mental health functioning.	**70%** showed improvement in overall mental health functioning.
Improved Social Functioning	**96%** showed improvement in overall social functioning.	**86%** showed improvement in overall social functioning.

CST –ADVOCACY

- International Rehabilitation Council for Torture (IRCT)
- National Consortium of Torture Treatment Programs (NCTTP)
- California Consortium of Torture Treatment Programs (CCTTP)
- California Department of Social Services-Refugee Programs Bureau-DSS-RPB
- Santa Clara County Refugee and Immigrants Forum-SCCRIF

Q&A

Thank You!

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