AMHERST H.
WILDER
FOUNDATION

Social Adjustment Program for Southeast Asian Refugees (SEA)

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PROGRAM GOAL

Address social adjustment and mental health issues of Cambodian, Hmong, Vietnamese and Lao residents in the greater St. Paul metropolitan area in a culturally and linguistically appropriate manner.

Amherst H. Wilder Foundation

SOCIAL ADJUSTMENT PROGRAM FOR SOUTHEAST ASIAN REFUGEES (SEA)

History

In the early 1980s, the Twin Cities area was beginning to experience a large influx of Southeast Asian refugees following the end of the war in Southeast Asia. Many of these individuals and families carried with them trauma and various mental health issues related to the war, the refugee experience, and resettlement in the United States. The State of Minnesota approached the Amherst H. Wilder Foundation, a non-profit health and human service organization in St. Paul, because it had in place an array of existing mental health programs, including training programs for families and community leaders. After numerous discussions with the state and Southeast Asian refugees, the Wilder Foundation developed the Wilder Social Adjustment Program for Refugees.

The program focuses on delivering culturally and linguistically appropriate mental health and related human services to Hmong, Cambodian, Vietnamese, and Laotian adults and youth living in Ramsey County, St. Paul, Minnesota. Ramsey County has a growing population of Southeast Asians. The Hmong population, according to the 2000 Census was 25,000 in St. Paul while the total Asian population in Ramsey County was nearly 45,000. The Hmong are the largest ethnic group in St. Paul and St. Paul also has the largest urban concentration of Hmong in the world. Asian students comprised 30% of the student population in St. Paul Schools for the school year 1999-2000. Listed below are client demographics (from SEA Program Effectiveness Report Analysis Fiscal Year 1998-99).

ETHNICITY	ADULT	YOUTH
Hmong	51%	75%
Cambodian	38%	22%
Vietnamese	10%	3%
Laotian	1%	<1%
Total	455	234

When the SEA program began in 1983, it consisted of 4 Southeast Asian staff members, some of who had experience doing mental health work in refugee camps. Staff received training by a Southeast Asian doctor, a local psychiatrist with experience in Southeast Asian mental health issues, and a healthcare organization that was in the process of incorporating Southeast Asian mental health practices into one of its health clinics. The program was established in the community center of a family public housing complex where many Southeast Asian refugees resided.

Program Strategy and Service Delivery

In accordance with the mission statement of the SEA program, our goal is to provide culturally and linguistically appropriate mental health and social services. The program employs a number of strategies to help us achieve this goal. The first involves employing staff that share a common culture and language with the clients we serve. A second strategy is to meet with clients where they are most comfortable to talk and discuss issues relating to themselves and their family. Many of our services are home, school, and community-based. A third strategy involves a sensitivity to learning about the client's family, clan, place of origin, and the history of their war and refugee experience as well as their subsequent arrival and adjustment to life in the United States. A fourth strategy involves a willingness on the part of staff to answer client questions about the workers' clan affiliation or refugee experience. Finally, many of our clients' first contact with the program is for requests for concrete assistance such as financial, medical or housing needs. These immediate needs are addressed as a priority; after they are addressed, clients are more open to exploration of mental health issues that may be surfacing in their lives. It is necessary for staff to do mental health education, and to take into account the cultural worldview of the client.

Adult clients entering the program are referred from current and former program participants, SEA Mutual Assistance Agencies, inpatient psychiatric units, outpatient medical clinics, domestic court services, county mental health programs, public housing programs, and county child protection services. Typical concerns include severe depression, psychosomatic pain, anxiety, post-traumatic stress disorder (PTSD), and other mental and emotional distress. The assessment is grounded in a cultural and historical context which explores client strengths and concerns across a wide variety of domains (personal, family, community, etc.)

If the initial assessment indicates the need for a psychiatric evaluation, the participant may be scheduled for a psychiatric appointment. Clients for whom isolation or depression is an issue may be referred to a support group offered in the program including gardening groups at Wilder Forest and a Vietnamese citizenship/support group. If the issue is serious or chronic, participants may be referred to a day treatment program. Throughout the process, staff works closely with clients. This includes providing transportation and accompanying them to evaluation appointments, to county offices for social service needs and concerns, to the INS office and to court hearings. Within the last 2 years, the SEA program has developed an adult case management program in cooperation with Ramsey County Mental Health for SEA adults with a diagnosis of serious and persistent mental illness (SPMI). Prior to this, SEA adults with SPMI worked primarily with mainstream providers with little or no knowledge of the client's culture or language. Development of this collaboration has greatly enhanced the accessibility of the local mental health system for SEA adults. At the same time, SEA staff are working closely with the county to identify service gaps and needs.

In addition to programs for adults, the SEA program has a variety of services for youth including school and community-based support groups, individual counseling, youth leadership development, children's case management, early intervention and assessment for youth with mental health issues, and an intensive intervention program for youth with a history of violence coupled with a mental health diagnosis. Common youth concerns presented to staff include intergenerational conflict, school attendance and performance, identity in a new culture, peer pressure and depression.

Over the past several years staff have reported an increase in substance abuse problems with both adults and youth. It is not uncommon for

> "I want to thank you again for helping me to help myself so much. Life is not perfect, but I am glad I am still alive. I thank you with all my heart and soul."
>
> *Adult Client*

traditional Southeast Asian healing remedies to include a combination of alcohol and herbs. This can make both assessment and treatment challenging, as use of alcohol is frequently connected with cultural beliefs and traditions. When clients do need referrals, staff attempts to explain the causes of abuse and how it may be treated in a culturally sensitive manner. While there are some culturally appropriate treatment services locally, including Lao Family Community of Minnesota, in general, culturally and linguistically appropriate assessment and treatment for substance abuse for Southeast Asians is sorely lacking. Staff are currently working with other mainstream and SEA agencies to find creative ways to expand services currently available.

> "The Wilder Foundation saved my daughter's life."
>
> *Parent*
> *Self-Help Support Network Client*

In the fall of 2000, the SEA program secured 2 federal grants through the Substance Abuse and Mental Health Services Administration (SAMHSA) to initiate family strengthening and youth violence prevention programs. With the procurement of these grants, the Wilder Foundation and the SEA program are continuing the initiative to adapt culturally appropriate best practice models in work with youth and families. Both of these projects are being done as part of a community collaboration including St. Paul Schools, United Cambodian Association, and Lao Family Community of Minnesota. The core strategy of the program is to continue the implementation of culturally competent evidence-based best practice models focused on prevention and early intervention with youth and families. The 2 models currently being implemented include Families and Schools Together (FAST) with middle school Hmong youth and their families and Strengthening Multi-Ethnic Families and Communities with Cambodian families.

Cambodian men's group enjoy a camping trip to promote group cohesiveness

Translation and Cultural Sensitivity

Although standards for cultural competency are woven through all of the programs described thus far, translation provides some special challenges. Translation or use of interpreters for program participants is often unnecessary since the majority of the staff is bilingual and bicultural. When participants are referred to mainstream agencies, staff tries to ensure that translators will be available so they will not have to serve in a dual role as both interpreter and counselor. Some mainstream agencies have linguistically and culturally appropriate services and staff refer to these programs whenever possible. However, there is frequently a lack of these types of services and staff end up having to advocate for services and at the same time attempt to serve the multiple needs of their clients.

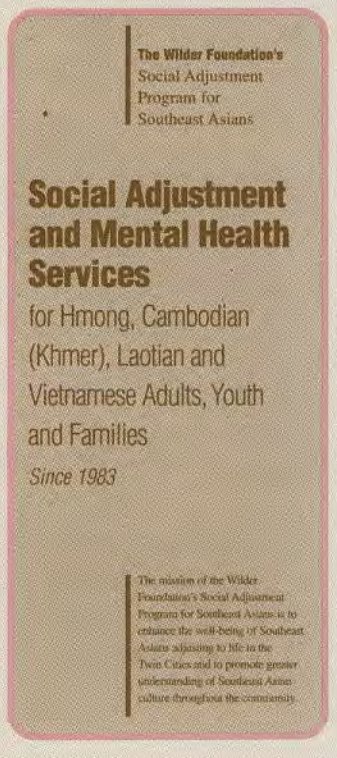
Southeast Asian cultural healing methods and ideas are creatively combined with Western mental health practices. Many Southeast Asians believe that emotional well being is directly tied to spirits that can either harm or protect them. In the Hmong culture elders are called upon to resolve family issues and conflicts. Program staff support participants' use of these cultural healing prac-

tices while providing additional information about Western healing methods such as the link between physical ailments and emotional well being, medication, group and individual therapy, relaxation, and therapeutic activities.

Client and Staff Education

- All staff members are trained in Western mental health practices and supervised by licensed mental health staff.
- All counselors have knowledge of traditional healing methods, such as herbal remedies, spiritual healing, shamanism, soul callers, and spiritual guidance by monks, as well as use of cultural resources to resolve family issues.
- Weekly or bimonthly individual supervision is supplemented with weekly group case consultation.
- Some workers are pursuing formal education in a mental health field. Most staff members possess an undergraduate degree (Human Service Counselor or Social Worker); 2 SEA staff members have masters degrees, 2 others are working toward a MSW degree and 1 SEA staff with a masters degree recently became licensed.
- Staff attends seminars and workshops to increase their knowledge on topics related to their work.
- ESL and citizenship classes are periodically offered for clients.
- Hmong parent and youth partners have received training in the FAST model.
- Some youth clients have participated in youth leadership training.
- Several Cambodian parents are receiving parent leadership training through the Minnesota Association for Children's Mental Health, a statewide organization.

Amherst H. Wilder Foundation
Social Adjustment Program Brochure


The Wilder Foundation's
Social Adjustment
Program for
Southeast Asians

Social Adjustment and Mental Health Services

for Hmong, Cambodian (Khmer), Laotian and Vietnamese Adults, Youth and Families

Since 1983

The mission of the Wilder Foundation's Social Adjustment Program for Southeast Asians is to enhance the well-being of Southeast Asians adjusting to life in the Twin Cities and to promote greater understanding of Southeast Asian culture throughout the community.

Collaboration

The program is involved in a number of formal collaborations including those through the Ramsey Children's Mental Health Collaborative, St. Paul Public Housing, St. Paul Schools, the Minnesota Department of Human Services, United Cambodian Association, and Lao Family Community. Other community partners for mutual client referrals include Hmong American Partnership, Vietnamese Social Services, Women's Association for Hmong and Lao, Lauj Youth Society, and a variety of public and private agencies. Staff attends several coordination service meetings on a regular basis, and meet often with collaborators on specific programs.

Staff also participates in community planning groups such as the Local Collaborative for Children's Mental Health in Ramsey County, networking groups such as the Hmong Service Providers Network, and a newly forming group to explore the expansion of prevention and early intervention programs for SEA youth and families.

Group of Hmong women sew a paj ntaub (quilt), telling each woman's story

Financial Coverage and Managed Care

All services at the Wilder Social Adjustment Program are available at no charge to participants. In order to begin the program, Wilder Foundation monies were supplemented by a grant through Office of Refugee Resettlement. Ongoing funding has come from city, county, state and federal grants and the Wilder Foundation endowment. Both adult and children's case management are billed to medical assistance and the program is looking for ways to expand third party coverage and billing. This is challenging in view of the fact that many services offered are not covered under traditional health plans. These include the youth violence prevention and family strengthening programs as well as support groups. The long-term plan is that all services will become integrated with mainstream funding resources including managed care.

Evaluation and Measurement of Project's Strategy Effectiveness

Programs are evaluated by the Wilder Research Center (WRC) for program effectiveness and participant satisfaction. SEA staff and WRC are continually looking for more effective program evaluation tools that are culturally appropriate, and that have been normed for similar populations. Evaluation of the 2 best practice models is currently underway and will provide important data on outcomes for SEA participants in these 2 models. Evaluation of both of these projects will continue after SAMHSA funding ends. Demographic and service data is gathered on all clients and submitted to senior management and funders on a monthly and annual basis. Mental health status is gathered using the Global Assessment of Functioning (GAF) tool at intake and 6 months later.

A pre- and post-test symptom checklist measures program effectiveness. An annual report of this data is submitted to program and senior management and funders. Fifty percent of the participants are enrolled in the 6-month follow-up sample. Both staff and participants rate the progress at the 6-month follow-up. Results, as reported by program participants, have been favorable and are reported in a later section under Outcomes.

A survey instrument at a post-test 6-month follow-up measures participant satisfaction.

Outcomes

Our 2000-2001 Program Summary indicates that during that time a total of 728 youth and adults were served, with an average of 27 hours per client. Services included group, individual and family contacts.

Evaluation data is available from 1998-1999. Program Effectiveness: At intake, program staff and participants chose "focus of treatment" problems from the symptom checklist. Comparing the average rating of these "focus of treatment" problems at intake and 6 months later, 90% of the adults improved. On the GAF, 72% of adults improved by at least 10 points on the GAF from intake to 6 month later. In the youth program, 97% of the participants showed im-

provement in the "focus of treatment" problems. 88% of the youth improved by at least 10 points on the GAF.

Participant Satisfaction: Eighty-one percent of adult participants and 81% of youth said they would recommend the program to others requiring similar services. One hundred percent of adults and 91% of youth were "satisfied" or "very satisfied" with the overall benefits they received from the program.

Community Feedback

There has been greater recognition among Southeast Asian community leaders regarding the importance of mental health issues. The state Asian Pacific Council made mental health a top priority for legislative funding. In addition, a new collaboration with Ramsey County has resulted in the development of a case management program for adult Southeast Asians who are mentally ill. This will result in a new revenue stream and will also enable program services to be more integrated into mainstream services while maintaining linguistic and cultural appropriateness. Following the tragic deaths of several persons in Hmong families due to stress and lack of resources, the Hmong Mental Health Providers Network was established to better coordinate services and communication between providers. The Wilder SEA Program is a regular participant in this network.

Lessons Learned and Recommendations

- Mental health services must be culturally and linguistically appropriate if they are to effectively serve Southeast Asians.
- Services must be accessible to clients and thus home and community-based services or transportation must be provided to the program. The program has three vans that help with accessibility.
- The lack of culturally skilled licensed mental health professionals restricts access to mainstream mental health funding. To help staff increase their qualifications, the program subsidizes undergraduate and graduate level education.
- HMOs maintain they have culturally competent services, but they consistently operate under the Western service model, which restricts patient/doctor visits to 50 minutes and which excludes payment for needed services including support groups and family strengthening programs.
- Non-categorical funding is needed to help facilitate the integration of services.
- Increasing levels of alcohol abuse signal a need for culturally contexted education and prevention in this area, as well as for training of SEA staff.
- To help the community and participants overcome the stigma of mental health, staff need to be creative and innovative. Children's mental health audiotapes for parents were developed because many parents are not able to read or write in their own language. A women's depression group used traditional Hmong quilting as a way to begin developing trust with one another and to share their stories. Gardening groups for SEA elders has been found to be very therapeutic as opposed to "talking" therapy groups.
- In addition to providing services for their clients, staff must consistently advocate for the needs of their clients, including increasing the capacity of mainstream agencies to integrate with SEA's services. Community leaders are beginning to recognize the need for mental health services and have placed it at the top of their political agenda.
- Evidence-based best practice models can be effective, provided there is considerable room for cultural adaptation of the model.
- Through implementation of two best practice models, the SEA program is moving toward greater inclusion of parent and youth in leadership roles and in ongoing support such as parent support groups and parent mentoring.

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ABBREVIATIONS

AACS	Asian American Community Services, Columbus, Ohio
AAMHA	Asian American Mental Health Access, Columbus, Ohio
AAPCHO	Association of Asian Pacific Community Health Organizations
AAPI	Asian Americans and Pacific Islanders
ADAMH	Alcohol, Drug Addiction, and Mental Health
ADHD	Attention Deficit Hyperactivity Disorder
ALCAP	Asian Language & Cultural Access Program, Ohio
AMHA I & II	Asian Mental Health Access I & II, Columbus, Ohio
AMHNA	Asian Mental Health Needs Assessment
AOD	Alcohol and Other Drug
CHC	Chinatown Health Center, New York, New York
FPCC	Flushing Primary Care Center, New York, New York
GAF	Global Assessment of Functioning, St. Paul, Minnesota
ODMH	Ohio Department of Mental Health
OMH	Office of Minority Health
PCP	Primary Care Provider
SAMHSA	Substance Abuse Mental Health Services Administration
SEA	Social Adjustment Program for Southeast Asian Refugees, St. Paul, Minnesota

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