NEW YORK STATE | Office of Mental Health

OMH News

July 2016

ANN MARIE T. SULLIVAN, M.D.
Commissioner

National Minority Mental Health Awareness Month

Minority Mental Health: Overcoming Obstacles to Care

According to studies by the United States Surgeon General and the National Alliance on Mental Illness (NAMI), people in minority communities are less likely to get the help they need to deal with a mental illness. The studies say they're less likely to have access to mental health services for diagnosis, and the treatment they receive is often of poorer quality.

The barriers to mental health care can be daunting. Many minority communities face increasing economic issues – such as poverty, unemployment, insufficient or no health insurance coverage, and lack of available services in the community. There are cultural issues – communities may believe on some level that to acknowledge mental illness is a sign of weakness and a shame to the family.

The implications of these disparities are distressing. Among women ages 15 to 24, Asian American females have the highest suicide rate across racial and ethnic groups. Suicide was cited as the third leading cause of death for African Americans ages 15 to 19. Teenage Latinas are more likely to die by suicide than African American and white, non-Hispanic female students. Suicide was the second leading cause of death for American Indian and Alaska Natives between the ages of 10 and 34.

Mental health is unavoidably linked to physical health. People of color who have mental illness are at increased risk for illnesses such as diabetes, obesity, and heart disease.

Such a gap in care is not acceptable. In an effort to increase awareness about the unique issues of providing mental health care in diverse communities, the U.S. House of Representatives in 2008 proclaimed July as "Bebe Moore Campbell National Minority Mental Health Awareness Month." Campbell, who passed away in November 2006, was an advocate for mental health education and support and a co-founder of NAMI Urban Los Angeles. This observance has been the catalyst for many changes at the federal and state levels to reduce disparities in mental health care in minority communities.

In this edition of *OMH News*, we will discuss some of the ways that OMH and the organizations we work with are working to eliminate the barriers to quality care in diverse communities – reaching out to develop the means to share information, address cultural concerns, and provide training.

Please contact us with your thoughts at: omhnews@omh.ny.gov.

National Minority Mental Health Awareness Month

Immigration:
Helping New Arrivals Deal with a Difficult Past and an Uncertain Future

For more than two centuries, immigrants have come to the United States full of hope.

But beneath the surface, many of these immigrants are facing a host of mental health issues: Post-traumatic stress – especially if they're refugees fleeing violence in their homeland, anxiety as they struggle to settle in to their new homes, and disillusionment and depression if they find the struggle to be much harder than they'd imagined.

Understanding and treating mental health problems of immigrants is made more complex by differences in language and culture. As the demographic nature of our state continues to change, mental health professionals must be prepared to address these issues.

For some immigrant families, New York is the last stop on a difficult journey. They've experienced a loss of security, identity, and even family; unbearable living conditions; a sense of helplessness; or a frustrating inability to find work that matches their training and education – all situations that can provoke or aggravate anxiety, depression and other mental health problems.

THE GUIDANCE CENTER of Westchester

Shawna Aarons-Cooke

Overcoming Cultural and Language Barriers

Immigration can be especially tough on children – who often find themselves conflicted, living in two worlds. At school, they may be integrating with the American lifestyle, while their parents may still be identifying with their old culture. Other children have been separated from their parents and no longer have them for support.

Shawna Aarons-Cooke, LCSW, is seeing an increase in immigrant children in need of Spanish-language mental health services. Aarons-Cooke is Director for Mental Health Programs for The Guidance Center of Westchester. According to U.S. Census figures, Westchester County has one of the state's fastest growing immigrant populations, with the Hispanic population growing from 15 percent in 2000 to 22 percent in 2010.

"Over the last six to eight months, several children have been referred for services after arriving to the U.S. without their parents. They're living with distant family members or friends whom they may have never met before arriving here," she said. "In some cases, they don't speak English and no longer have contact with their biological families. They're often afraid to talk about their living conditions or the various challenges they experience."

Aarons-Cooke is most often made aware of these cases by the local school district. In addition to the three clinics she oversees in New Rochelle and Mount Vernon, The Guidance Center has satellite school-based mental health clinics in Mamaroneck, Port Chester, and Yonkers. The Guidance Center offers comprehensive mental health services in English and Spanish provided by an interdisciplinary team of 30 clinicians and psychiatric providers at seven locations in lower Westchester County.

Providers need to take into account that different cultures see mental health problems from different perspectives. Research has indicated that some cultures see mental and physical health as one in the same and should

Continued on the **next page**

Continued from the **previous page**

be treated as such. Immigrants from many cultures may refuse treatment because of cultural stigma, believing that publically acknowledging mental health issues would harm their families' reputations.

Immigrants who can't speak English may not be aware of services or may not understand how such services can help them. A lack of attention to language and cultural differences can dissuade clients from staying with treatment. One study in California found this to be the case – that many Spanish–speaking mental health clients decided not to continue treatment when bilingual and bicultural staff weren't available.

This is why it's crucial for clinics like The Guidance Center to provide culturally appropriate staffing – from the administrative staff at the front desk to the licensed clinical professionals. "It's important to consider cultural diversity when hiring," Aarons-Cooke said. "It's more than just hiring someone who speaks Spanish. Many clients are more comfortable speaking with someone who is actually of Latino origin."

Aarons-Cooke with staff at The Guidance Center

The Guidance Center has been able to hire bilingual and bicultural clinicians as well as psychiatric providers, but finding bilingual clinical staff can be a challenge. Applicants often come to them who are fully licensed, but don't speak Spanish. Or they might speak fluent Spanish but aren't yet licensed. Sometimes the solution is to find a Spanish-speaking licensed professional who hasn't yet worked in a clinical role and provide them with training.

Help From the Vital Access Provider Program

Studies have indicated that finding such a match may continue to be difficult for the next several years, because many psychology training programs currently have demographic disparities, with more Americans of European heritage enrolled in full-time Ph.D. psychology programs, than those of African, Hispanic, and Asian heritage.

OMH helped The Guidance Center address this need by providing funding through our Vital Access Provider Program. The program has awarded temporary rate increases to designated providers to preserve access to needed specialty services for underserved populations. The Center recently hired a bilingual and bicultural staff member to handle community outreach. Because of the growing need for services by monolingual Spanish speakers, this staff member was eventually assigned clients of her own.

"We've been providing mental health services for nearly 75 years," Aarons-Cooke said. "We're working to increase our ability to provide services because the need is there and will continue to grow, especially for at risk children, teens, the elderly, and other vulnerable populations who are afraid to seek help. We're here to help."OMH

National Minority Mental Health Awareness Month

Cultural Skills:
The Key to Working with Asian Communities in Queens

Creedmoor Psychiatric Center's Multi-Cultural Recovery Skills Unit

Standing, left to right: Rehabilitation Counselor Tung Kong, Social Worker Judy Lau, Associate Psychologist Dr. Cindy Yen, Mental Hygiene Therapy Aide Trainee Shirley Arthur, Ward Manager Amalia Hall, and Registered Nurse Hae Kyung Lee. Seated, left to right: Psychiatrist Dr. Xianchun Huang; Social Work Supervisor Hui Ling Hsu, Treatment Team Leader Karla Jackson, Mental Hygiene Therapy Aide Ki Kyung Kang, and Medical Specialist Dr. Chinh Vuong. Not pictured: Social Worker Yoo Ri Hwang.

According to the Guinness Book of World Records, the New York City borough of Queens is "the most diverse place on the planet."

With the borough being home to large Korean and Chinese communities, mental health providers there must pay special attention to the language and cultural needs of their clients.

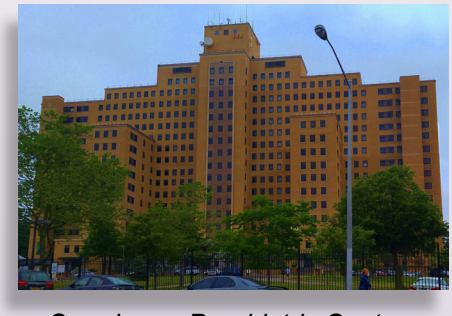
"Working with the Asian community requires a sensitive understanding of clients' cultural beliefs," said Karla Jackson, Treatment Team Leader of the Multi-Cultural Recovery Skills Unit at Creedmoor Psychiatric Center. "Such as knowing how they want to be addressed – since their culture tends to be more formal, the fact that major treatment decisions are often made by the family, and how they approach the subjects of health and mental health care."

Continued on the **next page**

Continued from the **previous page**

Stigma is a Challenge

According to research, Asian American females have the highest suicide rates among women ages 15 to 24, across all racial and ethnic groups. One factor may be cultural reserve toward expressing feelings and talking about emotions. Research has indicated that stigma about mental illness is very pervasive in Asian American communities, even to the degree of expressing guilt or shame over the loss of "face" in the community. Studies said that clients were more likely to first report physical symptoms like stomachaches, chest pain, or dizziness before admitting mental distress. Some mental health professionals said they had treated Asian Americans whose families suppressed their symptoms for years.



Creedmoor Psychiatric Center

"Our clients can present challenging behaviors and may be not be as accepting to current available treatment options," said Dr. Cindy Yen, Associate Psychologist. "So we make every effort to identify and connect our clients to culturally appropriate residential and aftercare services."

Need for Language Skills

Creedmoor's Multi-Cultural Recovery Skills Unit helps its clients learn or re-learn life skills that they will need to recover. "Our goal is to help each client regain mental health stability, so that they'll be able to function in the community," said Judy Lau, Social Worker. The unit treats older adults, who may have had past experience with inpatient care.

"This group tends to have multiple medical issues, which complicate their psychiatric care and discharge planning," Lau said. The unit also treats young adults, who may be experiencing their first long-term hospitalization.

"Young adults require information about their illness," said Hui Ling Hsu, Social Work Supervisor. "They need to begin medications and learn the benefits of adherence, as well as learn information about available aftercare options."

The unit's staff finds that, if clients can more easily access services, they're more likely to adhere to treatment, and can remain longer in the community. "However, we are always working to develop more supports and services in the community to assist this population with their transition from inpatient to outpatient community living," she added.

Although Creedmoor Psychiatric Center has Asian programming at its Jamaica Wellness and Recovery Center, "We, too would benefit from having in Queens more multi-cultural language providers, such as Personal Recovery Oriented Services (PROS) programming in Mandarin Chinese and Korean," Jackson said. "For example, when Asian patients require a nursing home level of care, we have encountered limited facilities which have staff who speak the language."

She added that the facility also has need for multi-lingual case management staff to provide additional support for patients to keep clinic and treatment appointments.

National Minority Mental Health Awareness Month

Urban Neighborhoods:
Meeting Clients' Physical and Mental Health Needs

"There is still a stigma around mental illness in urban minority communities – especially if it's a serious mental illness," said Dr. Jean-Marie Alves-Bradford, Director of the Washington Heights Community Service (WHCS) in Northern Manhattan.

Dr. Jean-Marie Alves-Bradford

WHCS is a program of the New York State Psychiatric Institute (NYSPI) and the Columbia University Department of Psychiatry. The Service has a 22-bed inpatient unit at the New York State Psychiatric Institute and three outpatient clinics located in Washington Heights, Inwood, and an early psychosis program at NYSPI, which is called the OnTrackNY/WHCS Program.

The service provides care for about 1,000 people. Eighty percent of its clients are Hispanic, predominantly Dominican. About half of them speak only Spanish. The goal of the service is to promote recovery in a culturally sensitive environment. Its individualized treatment emphasizes rehabilitative practices and coordinated care from the inpatient unit to the outpatient clinic.

Achieving Balance

Alves-Bradford said many of the service's clients have physical problems that have accompanied or made worse by mental illness. To help address these needs, the WHCS is making use of funding through the Delivery System Reform Incentive Payment program to start an integrated care project with nearby New York Presbyterian Hospital.

Through this project, the clinic will offer primary care services in the behavioral health setting. "This will give us the ability to look at the whole health needs of the community," she said. "We'll be able to help them treat both their mental illness and in the same setting will be able to monitor and treat the physical conditions that occur as people get older."

Staff at Washington Heights Community Service.

One of the challenges of expanding services is ensuring that client's needs are met. "There's a balance we need to achieve," Alves-Bradford said. "We have to consider what is involved in providing care for a patient within our facility or sending a patient out. If we send them out, we need make sure their care is coordinated properly." She and her staff are currently working through the logistics of negotiating a system of care between institutions.

Alves-Bradford credits OnTrackNY for engaging young people in a non-threatening manner and giving them a ready connection to services in their own community.

OnTrackNY
My health. My choices. My future.

Through OnTrackNY, treatment teams provide a range of treatment specifically designed for young people and their families. Clients receive treatment and support services for approximately two years, based on client needs and preferences; medication if the client and doctor decide that it is needed; and help finding a job or completing school. Treatment teams include primary clinicians, a supported employment and education specialist, an outreach and enrollment specialist, a psychiatrist, and nurse.

For more information about OnTrackNY, visit: http://www.ontrackny.org.

Real Men DO Cry:
Depression Among African American Men

Major depression is a condition that is increasingly recognized as affecting African Americans.

According to the World Health Organization, major depression is the number one cause of disability in the world. Compared with men from other racial and ethnic groups, African American men are disproportionately exposed to racial bias, economic inequality, and injustices in the criminal justice system that increase their risk of developing depression.

Dr. Sidney Hankerson

Dealing with the 'Silent Killer'

Dr. Sidney Hankerson, a psychiatrist who is dually appointed at Columbia University and the New York State Psychiatric Institute, calls major depression a "silent killer" among African American men.

"Depression among men is often under-recognized because it looks different than depression in women," Hankerson said. "Men who are depressed, compared to depressed women, may be more likely to describe feeling angry and irritable; abuse alcohol and other drugs; and, have physical complaints such as headaches and back pain."

Not treating depression has tragic consequences. Untreated depression is the number one risk factor for suicide. For the first time in our nation's history, African American children have higher rates of suicide than Caucasian children.

"Despite these risks, most African American men with depression don't seek help," Hankerson said. Research indicates that only 14 percent of African American men with a lifetime mood, anxiety, or substance use disorder received care from professional mental health services, compared with 29 percent who did not seek any help.

Several factors contribute to these low treatment rates. "African American men are more likely to be committed involuntarily for inpatient mental health treatment," Hankerson said. "Lack of access to providers, financial constraints, misdiagnosis by clinicians, and cultural distrust fueled by institutionalized racism also contribute to treatment disparities."

Need for a Comprehensive Strategy

Hankerson is tackling this problem by engaging churches, mosques, fraternities, barbershops and other trusted community settings that engage men. "We published the first-ever study to screen community members for depression in African American churches," Hankerson said. An important finding of this study was that men had higher rates of depression than women. This community-based research may successfully engage depressed men and help them get treatment.

"A popular African proverb says that 'It takes a village to raise a child,'" Hankerson said. "We must engage the entire village of community and faith-based organizations to address depression in African American men."

To lead these efforts in your community, please visit Hankerson's website: www.SidneyHankerson.com.

National Minority Mental Health Awareness Month

Community Response:
Addressing the Suicides of Hispanic Youth on Long Island

The towns of East Hampton and Southampton have seen significant demographic changes in their school districts over the past several years and it is estimated that up to 40 percent of students come from Hispanic families.

A few years ago, the East End of Suffolk County on Long Island experienced the suicides of three Hispanic young people within a two-year period. Although suicide can have a devastating impact on a community, sometimes tragic events raise awareness that creates positive change.

“In this situation,” said Martha Carlin, Director of OMH’s Long Island Field Office, “the community and the school districts realized that mental health crises were increasing and that additional resources needed to be developed to respond to crises when they occur.”

Crisis Intervention

Three years later, there has been solid progress in this area. Individuals such as East Hampton High School Principal Adam Fine; local elected officials; and the Family Service League, a mental health provider; have been instrumental in implementing the South Fork Behavioral Health Initiative — approaches to meet the mental health needs of the community, crisis intervention, and psychiatric assessments when necessary.

Martha Carlin

State Assemblyman Fred Thiele and State Senator Kenneth P. LaValle advocated for state grants to be used for this purpose. A total of $500,000 had been secured over the last three years specifically for Suffolk County’s East End.

This funding has allowed the Family Service League to identify and treat symptoms of depressive disorder and to provide mental health treatment for young people who might otherwise be transferred to a Comprehensive Psychiatric Emergency Program. There has also been training for school professionals to help them identify teens who could be at risk for suicide.

Recognizing Emotional Concerns

OMH and the Suicide Prevention Center of New York teamed up two years ago to present a “Suicide Safety in Schools Training” for educators. Several schools and community agencies were brought together to discuss resources available to teens who experienced depressive symptoms or suicidal ideation.

East Hampton High School

There are also programs such as “Sources of Strength,” the mission of which is to prevent suicide by increasing help-seeking behaviors and promoting connections between peers and caring adults.

“We’re also working to help identify emotional and mental health concerns with teens as well as younger children,” Carlin said. There has been an increase in trainings offered such as SAFE TALK (Tell, Ask, Listen, and Keep Safe), which teaches individuals age 15 and over to identify warning signs that might indicate someone is at risk for suicide.

Response of Suffolk County, an entity that runs a crisis intervention and referral hotline, as well as an on-line crisis counseling for Suffolk County, also recently implemented “Conexion,” a hotline for Spanish-speaking families looking for support (see number at right). For information, visit: http://www.responsehotline.org/conexion/.

“There is still work to be done in this area,” Carlin said, “but these services illustrate the good that can happen when people come together in a constructive way.”

Response of Suffolk County, Inc.

CONEXIÓN

Llame a Conexión al (631) 751-7423

National Minority Mental Health Awareness Month

Planning:
Adapting to a Changing Landscape

"As new immigrant populations come to the United States, it's crucial for mental health providers to keep on top of the changes," said Christopher Smith, Director of Adult Services at OMH's New York City Field Office. "The landscape is always evolving and we have to adjust how we provide services. We'll look at the capabilities in the system and work to find culturally competent mental health professionals who speak to those consumers in their own languages and are knowledgeable about working with people from different cultures."

Christopher Smith

Smith and New York City Field Office Deputy Director Lisa Gilbert are experienced in working with new immigrants who come to New York as their entry point to the United States. A key part of their planning is to determine where services are needed. Smith and Gilbert follow patterns of immigrant settlement in New York City. Communities of immigrants from different parts of China, for example, can be found throughout the city, with the largest communities in Manhattan, Queens, and Brooklyn; Korean communities can be found in Queens; and there's a growing West African community settling into the Bronx and Staten Island.

Neighborhoods with established ethnic communities commonly have better access to mental health providers of the same ethnicity. But because of the stigma associated with mental illness among immigrant groups, clients may not want to be seen visiting a provider in their own community.

Lisa Gilbert

"One way of addressing this stigma is for residents of an ethnic community to seek out culturally competent providers in another part of the city," Smith said. "To help accommodate them, OMH has opened satellite clinics in these cross-town neighborhoods, and this strategy has been successful."

Many Routes to Care

Gilbert noted that some ethnic groups have reached out to OMH for assistance. She recently received a request from an elected official who represents a Korean community for more services be available in Flushing. Representatives of a Haitian community raised the topic of mental health treatment and how they can collaborate with existing mental health providers.

"Many times, the first indication that a family is in need of mental health services comes from their children's school," Gilbert said. The faith community can be where people go for help, and can be the first line for identifying behavioral health problems.

Another place where mental health problems for immigrants can be identified is the emergency room and other medical providers. Gilbert said, "People may present with a physical health issue, and behavioral health issues are also identified." Providers are seeing a wide range of psychological problems, from anxiety to psychosis. "Families can be worried about acculturation, stressed about their economic situation, or unsure how to handle their children adapting to American culture faster than their parents. For instance, LGBTQ youth may come out and parents from a traditional culture may not know how to handle it."

Necessary services may go beyond counseling. "We've had multi-symptom cases in which we've needed the help of a care coordinator and a treatment program," Smith said. "In one case, a young man who was in treatment was also facing infestation of bed bugs that took nearly a year to resolve. The family was ashamed and refused to let people into their home, which impacted the young man's ability to handle both the bed-bug infestation and the mental health treatment."

National Minority Mental Health Awareness Month

Recruitment:
Encouraging Students of Color to Become Mental Health Care Providers

"Part of the dissatisfaction with the health care community that people of color have expressed is the feeling that their providers don't relate to them," said Dr. Patrice Malone, resident in the Department of Psychiatry at Columbia University. "They feel their physicians don't have the same socioeconomic and cultural background and they won't understand what they're going through."

To help address this issue, Malone is introducing a summer fellowship program at Columbia to encourage medial students from underrepresented ethnic and racial backgrounds to choose psychiatry as a career.

Experience and Mentoring

The five-week program will welcome medical students from throughout the nation. Students will have rotations on a mobile crisis team, consultation liaison service, inpatient hospital unit, outpatient community clinic, and comprehensive psychiatric emergency room. They will take field trips to a local shelter, a mental health court and forensic psychiatric center. Matching students with a mentor will be a major part of the program. "The majority of us don't have a doctor in the family who can help us with the process of learning how to become a good physician," Malone said. "Having a good mentor plays an invaluable role in shaping ones career, from high school through the end goal of being an attending physician."

Dr. Patrice Malone

Looking at Psychiatry Differently

"Like most medical students, medical students of color are often tempted to choose the subspecialty that will offer them the most financial support for the future," Malone said. "This program will encourage minority students to look at psychiatry differently. It will show them that, by working in psychiatry, they can still follow a path that will financially support them, but will also give them something extra. They can see their patients on a long-term basis and get the fulfillment of seeing them grow, gain insight, become mentally and emotionally stable, as well as advocate for themselves."

"Our goal," Malone said, "is to inspire more providers of color to enter into the profession, and in turn, encourage people of color to seek the mental health care they need."