

DEPARTMENT OF BEHAVIORAL HEALTH

SEPTEMBER-DECEMBER 2018

CULTURAL COMPETENCE NEWSLETTER



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Behavioral Health Department

Health Agency



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INTRODUCTION:

Dear Reader,

Thank you for reading the first newsletter for the new fiscal year 2018-2019. Our Cultural Competence Committee (CCC) intends to make the newsletter a quarterly publication and keep our mental health partners informed about events, trainings, and relevant information pertinent to our community. In this and future editions, we will be reporting information regarding mental health and the efforts made to ensure culturally and linguistically competent services and programs in our community. We shall also include details of the current committee members, and specific topics related to mental health as it applies to cultural competence. The Cultural Competence Committee consists of staff members from various programs of the Behavioral Health Department as well as community partners, consumers, family members, and community advocates.

The CCC continues to assess, advise, implement, and monitor policies and programs which assure effective services are provided in cross-cultural situations. The committee members, representing diverse cultural backgrounds and other special interests, will continue to provide input and insight to the community in order to create a safe and welcoming environment for all.

This new fiscal year will be marked by our continued effort to put forth trainings highlighting the needs of our community. The following topics will inform our upcoming trainings: challenges and values of different cultures, LGBTQ and trans-affirming, youth and mental health training, older adults and mental health, and engaging minorities and language barriers. As we move forward, we can't wait to share more information and the work we do to better serve our community.

Sinceramente,

Nestor Veloz-Passalacqua, M.P.P.
Cultural Competence and Ethnic Services Manager

Healthy Mind, Healthy Future

PROMOTING THE MENTAL HEALTH AND WELLBEING OF CHILDREN IN IMMIGRANT FAMILIES IN CALIFORNIA



The current Federal Administration’s aggressive immigration enforcement policies and inflammatory rhetoric toward immigrant communities have negatively impacted the mental health and wellbeing of children in immigrant families. As California continues to serve as a beacon of hope for our nation and immigrant communities, The Children’s Partnership and the California Immigrant Policy Center launched Healthy Mind, Healthy Future, a research and policy project focused on better understanding the impact of immigration enforcement on the health and wellbeing of children in immigrant families. In doing so, The Children’s Partnership and the California Immigrant Policy Center sought to identify what California can do today to further support

children in immigrant families through the development of a policy agenda to ensure all children, regardless of immigration status, remain healthy, feel secure, and continue to thrive.

This report documents the Healthy Mind, Healthy Future research project, including results from focus groups and surveys among immigrant families, surveys among health care providers, and key informant interviews among a variety of stakeholders throughout California. The report also identifies promising programs and practices in California that demonstrate how many communities in California are taking matters into their own hands to help mitigate the increased fear and anxiety among immigrant families and provide a supportive

environment for them and their children.

Research Findings

The current hostile environment contributes to heightened stress, fear, anxiety, and depression that, combined with a pre-existing reluctance to access health care services and participate in programs and activities that promote wellbeing, often results in distractions in school and struggles at home. These events can derail an otherwise loved, vibrant, healthy, and capable child's path to success. However, despite the current stress and fear that immigrant families face, our research uncovered the resilience of these families, as well as many promising practices that local community leaders have implemented to help families feel supported. Research findings focus on the following:

- Current political climate of the United States
- Utilization of health services and public programs by immigrant families
- What immigrant parents want for their children
- Enrollment in social services by immigrant families
- Immigration status: a barrier to parents' dreams and goals
- Safe spaces and trusted resources for immigrant families
- An anti-immigrant climate impedes success at school
- How immigrant parents and children want to be seen by
- How immigrant parents and children are

feeling society

California can continue to build on the progress made at the state level in the last two decades by advancing an inclusive and progressive agenda reflecting the diverse communities that make up the state. Based on our research findings and subsequent conversations with key partners and stakeholders, the policy and programmatic recommendations included in this report offer a path forward to support the healthy development of children in immigrant families and create a more inclusive environment where all families can thrive.

Policy and Programmatic Recommendations for a Brighter Future for Children in Immigrant Families

Policy and practice recommendations that were generated as a result of research activities include:

1. STRENGTHEN COMMUNITY SAFETY TO ENSURE THAT CHILDREN, YOUTH, AND FAMILIES FEEL SECURE AND SUPPORTED IN THEIR COMMUNITIES
- Federal policymakers should pass legislation supporting codification and expansion of the current national sensitive locations policy, particularly at or near places that are critical to children's health and wellbeing. Schools are considered safe spaces in ICE memos, but a law would codify limits on immigration enforcement actions at or near sensitive locations, such as a private playground of a child care center or school.
 - State agencies should carefully follow federal law and guidance to ensure information will not be shared with federal

immigration officials.

- State agency staff and administration officials should support the full implementation of California laws, including SB 54 and AB 699, that protect immigrants and their families in their communities. Activities may include: a thorough assessment to identify what steps individual health clinics or the state is taking to support community needs and the gaps that still exist.
- State associations representing educators, health and social service providers, and businesses should support implementation of the California Values Act (SB 54) through member education, public awareness, and adoption of safe spaces policies in health care and social service settings.
- California schools should implement AB 699 and provide safe spaces for parents and family members to express concern and learn about immigration policy, including programs that educate families about their rights.
- The California Department of Education should encourage Local Educational Agencies to address School Climate (Priority) in their Local Control and Accountability Plan, directly linking opportunities to create welcoming environments, particularly for students in immigrant families, with state requirements.

2. INVEST IN COMMUNITY-BASED APPROACHES AND A COMMUNITY-BASED WORKFORCE TO SUPPORT IMMIGRANT FAMILIES

- Local government and philanthropic

organizations should support legal services and advocacy organizations in training existing health navigators, enrollers, and community health workers, and by expanding the workforce to educate immigrant families about their rights and advocate for policy changes.

- State and local government should distribute information and resources, train staff, and expand community engagement and partnership programs for local residents in innovative ways and support model practices.
- California state agencies and philanthropic organizations should provide incentives for schools to become forums for educating families about their rights and to create programs to support them, expanding upon and developing other school-based campaigns that provide information to immigrant families across the state.
- Philanthropic organizations should invest in the identification, strengthening, and replication of leadership networks that empower residents to educate their communities.
- Researchers should partner with community members to identify, evaluate, and expand upon community-based therapy models that work, including alternative or non-traditional methods of care.

3. IMPROVE ACCESS, COORDINATION, AND INTEGRATION OF SERVICES TO REDUCE BARRIERS FOR IMMIGRANT FAMILIES

- Federal policymakers should stop efforts

to discourage immigrant families and children from accessing nutrition, health and other programs and services.

- State policymakers should grant all low-income adults, regardless of immigration status, access to health care services that would allow them to live healthier lives and prevent the onset of illness to better care for their children.
- Local policymakers should adopt or expand upon county programs to provide health care services to their residents and build momentum for statewide coverage solutions.
- State and local policymakers should provide more stable and flexible funding sources that create incentives for integration and collaboration between health clinics, community-based organizations, schools, legal services, and more.
- State and local policymakers should provide stable and flexible funding sources to create incentives that identify and chip away at the social determinants of health.
- State agencies should develop a system across the state that identifies mental health care that is culturally competent and contextually aware of their unique needs to support referrals
- Community organizations should offer safe spaces for their community members to share mental health impacts.
- Philanthropic organizations should support researchers to evaluate existing and new integrated service delivery models in order to refine and expand what works.

- Philanthropic organizations should also support and evaluate options that build on the skills and social capital of volunteers to provide support to immigrant families needing multiple services.

4. BUILD CAPACITY OF PROVIDERS, EDUCATORS AND OTHERS WHO INTERACT WITH IMMIGRANT FAMILIES

- Department of Homeland Security should strengthen and train staff on protocols to minimize harm to children if they are present during immigration enforcement actions. They should also ensure that detained or deported parents are able to make decisions about their child's care.
- State agencies should include trauma-informed care training as part of Continuing Medical Education, medical school curriculum, teacher and school administrator training, and licenses for social workers and other mental health professionals.
- California should adopt a statewide trauma-informed care strategy for child-serving programs and initiatives that is adapted to include the unique needs of immigrant families.
- Health plans, hospitals, and clinics should conduct education and outreach policy in newsletters and trainings to their frontline staff, providers, and executives regarding the impacts of immigration enforcement.
- Philanthropic organizations should support dissemination of Know Your Rights training to a wide array of sectors working with immigrant families.

5. EDUCATE AND ENGAGE COMMUNITIES ABOUT IMMIGRANT RIGHTS AND BUILD PUBLIC WILL TO TAKE ACTION

- Advocacy groups and philanthropic organizations should continue to share accurate information related to the immigrant community and recognize immigrant contributions.
- Policymakers and agency leaders, at the state and local level, should more frequently highlight the value of immigrants and immigrants' rights publicly with mainstream and ethnic media. They should also use their platform to partner with community-based organizations to spread clear messages that educate immigrant families on immigration policy and their rights.
- Philanthropic and advocacy groups should create partnerships with ethnic and mainstream media to provide Know
- Your Rights information, programs where people can ask questions, and other helpful educational programs, rather than perpetuating terrifying stories about immigrants.
- Advocacy groups should mobilize and organize as a way to build on families' resiliency.
- State voter engagement efforts should strategize at the neighborhood level and take on the role of advocating on behalf of their local communities, including immigrant families.
- Philanthropic organizations, advocacy groups, and researchers should raise awareness among the public and policymakers about the importance of children

of immigrants to California's future.

We join efforts to ensure we work together to do more to protect and defend the wellbeing of children in immigrant families. California has served as a leader in advocating for policies of inclusion for immigrant families, but as growing rifts between local and state policies emerge, the welcoming climate so many in California have worked hard to create is being chipped away. By prioritizing the wellbeing of children in immigrant families, we help push California to invest in the structures that protect and raise all children—strong families, nurturing institutions, and supportive communities. In doing so, we advance solutions in the best interests of our children and all of us.

www.caimmigrant.org
[@CALimmigrant](https://twitter.com/CALimmigrant)
fb.com/caimmigrant



Why Are Suicide Rates Higher Among LGBTQ Youth?

BY KATHERINE SCHREIBER
PUBLISHED ON PSYCHOLOGYTODAY.COM

“**Sexual minorities face unique risk factors.**”

According to the Centers for Disease Control and Prevention, suicide is the second leading cause of death among youth aged 15 to 24 and the third leading cause of death among youth aged 10 to 14 (CDC, 2010). Among youth who identify as sexual minorities, the likelihood of death by suicide has been estimated to be two to seven times greater than the likelihood of death by suicide among heterosexual youth (Haas et al., 2011). Haas et al. suggest that such a range exists because records of death rarely include a person's sexual orientation. More precise data exist on the prevalence of suicidal ideation among sexual minority youth, however, with twice as many reporting a

desire or intent to die when compared to heterosexual youth (King et al., 2008).

Various theories abound as to why rates of suicide and/or suicidal ideation are higher among youth who identify as lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual (LGBTQ-IA). Chief among them: the minority stress hypothesis and the interpersonal psychological theory of suicide (Russell & Fish, 2016). Irrespective of theoretical orientation, however, most researchers, psychologists, and mental health practitioners agree that youth identifying as a sexual minority are exposed to a higher number of risk factors than their heterosexual counterparts. Sexual minority youth also face several unique risk factors for suicidal ideation and completed suicide (Mustanski & Liu, 2012).

General risk factors for suicide identified over the past several decades include a

family history of suicide, childhood maltreatment, having a mental illness (in particular: borderline personality disorder, schizophrenia and psychotic disorders, antisocial personality disorder, conduct disorder, and depression), struggling with substance abuse, experiencing chronic feelings of hopelessness, and having access to a means of completing suicide (i.e., access to a weapon) (Franklin et al., 2017). Perceived burdensomeness and thwarted belongingness have also been shown to increase one's risk of suicidal ideation and death by suicide (Baams, Grossman, & Russel, 2015). Additionally, a substantial amount of evidence has linked episodes of self-harm to suicidal ideation and suicide attempts. Though the relationship between self-harm and suicide is complicated by the fact that not all episodes of self-harm are directly related to or derivative of an intention to die, a systematic review and meta-analysis by Chan et al. (2016) of various factors correlated with suicide in the wake of self-harm found self-harm to be predictive of death by suicide. The same review also found that poor physical health and male gender increased one's risk of suicide completion.

Risk factors specific to sexual minority youth include gender nonconformity, low (or lack of) family support, and victimization for being a sexual minority (Mustanski & Liu, 2013). That LGBTQ-IA youth are exposed to these additional risk factors, atop those normally increasing one's risk for suicidal ideation and completed suicide, helps to explain why sexual minority youth are at a greater risk of desiring to end, and

sometimes successfully ending, their own lives. Mustanski & Liu also posit that such factors specific to sexual minority youth are mediated by the emotional and affective vicissitudes characteristic of adolescence. Indeed, intense affect is itself a risk factor for suicidal behavior (Hendin et al., 2010).

It is important to note that predicting whether or not a specific person will commit suicide is a scientifically impossible feat (Franklin et al., 2017). There is no critical threshold of risk factors beyond which one is guaranteed to do so. One may, for instance, identify as transgender and gay, struggle with mental illness, recall memories of childhood abuse, feel hopeless, have access to weapons, yet elect not to end one's own life. This is because the completion of suicide, as well as the intensity and duration of suicidal ideation, are open to moderation and mediation by a range of protective factors, some of which, like risk factors, are unique to sexual minority youth.

Generally speaking, factors that protect against suicide in youth include having a positive relationship with one or more parent, feeling positively connected to and included in school settings as well as feeling involved in a group of peers (Brent et al., 2009). Brent et al. have also identified adaptive family coping (namely: the willingness and ability of a family to alter its rules, structures of power, and relationship roles) as a protective factor against youth suicidal behavior and ideation.

Specific to sexual minority youth, family cohesion, school safety, and the perception of being cared for and about by adults

outside the nuclear family have been found to lower the risk of suicide and suicidal ideation (Haas et al., 2011). Family and peer support have been shown to have a comparably favorable effect on reducing suicidal ideation and completion (Mustanski, & Liu, 2013).

Various therapeutic modalities have also been found to reduce suicidal ideation among adults and adolescents. A systematic review and meta-analysis by Ougrin et al. (2015) underscored the efficacy of dialectical behavior therapy (DBT) mentalization-based therapy (MBT), and cognitive-behavioral therapy (CBT) in reducing intent to die and the likelihood of completing suicide, largely by reducing risk factors for suicide like depression and self-harm.

While further research needs to verify their effectiveness in reducing the total number of deaths by suicide (especially among youth), several studies measuring crisis and suicide prevention hotlines' effects on hopelessness, psychological pain, and intent to die have found positive results in adult populations (i.e., Gould, Kalafat, Munfakh, & Kleinman, 2007). Youth tend to be less aware of the availability of crisis and suicide prevention hotlines and, as a result, tend to utilize them less (Budinger, Cwik, & Riddle, 2015). Interventions and services provided via text-messaging, online chats, Twitter, Facebook, and other forms of social media have not been extensively studied but may offer younger generations inroads to support, and therefore, another means of reducing suicidal ideation, via mediums

that are more appealing and/or accessible to them.

Crisis prevention services can also connect users to mental health services via referrals; an additional avenue through which psychological suffering can be salvaged. Gould, Munfakh, Kleinman, & Lake (2012) found that approximately half of all adult callers in a study of crisis hotline referral outcomes utilized ongoing resources provided by a crisis counselor over the phone. The percentage of youth who are able to secure ongoing support following contact with a crisis lifeline, however, has yet to be documented.

If you identify as an LGBTQ-IA youth and are in crisis, or know someone who is, call The Trevor Project: 1-866-488-7386.

If you are an adult in crisis, call the National Suicide Prevention Lifeline: 1-800-273-8255.

For a list of references, please click on the following: <https://goo.gl/cxYnRK>

DATES TO REMEMBER:

OCTOBER

- National Depression and Mental Health Screening Month
- Health Literacy Month
- ADHD Awareness Month
- Bullying Prevention Month
- Mental Illness Awareness Week (TBD)
- OCD Awareness Week (TBD)
- National Health Education Week (Oct. 15–19)
- World Mental Health Day (Oct 10)
- National Depression Screening Day (Oct. 11)

NOVEMBER

- Anti-Bullying Awareness Week (Nov. 11–16)
- International Stress Awareness Day (Nov. 1)
- International Survivors of Suicide Day (Nov. 17)
- National Family Health History Day (Nov. 24)

DECEMBER

- World AIDS Day (Dec. 1)
- National Stress-Free Family Holiday's Month
- International Day of Person's with Disabilities (Dec. 3)

Drug & Alcohol Services

SAN LUIS OBISPO ADULT
2180 JOHNSON AVE,
SAN LUIS OBISPO, CA 93401
(805)781-4275

SAN LUIS OBISPO YOUTH
277 SOUTH ST. SUITE T,
SAN LUIS OBISPO, CA 93401
(805)781-4754

PASO ROBLES YOUTH & ADULT
1763 RAMADA DRIVE,
PASO ROBLES, CA 93446
(805)226-3200

ATASCADERO YOUTH & ADULT
5575 HOSPITAL DRIVE
ATASCADERO, CA 93422
(805)461-6080

PREVENTION & OUTREACH
277 SOUTH ST. SUITE T,
SAN LUIS OBISPO, CA 93401
(805)781-4754

Mental Health Services

**SAN LUIS OBISPO YOUTH 0-5
MARTHA'S PLACE CHILDREN'S
ASSESSMENT CENTER**
2925 MCMILLAN AVE,
SAN LUIS OBISPO, CA 93401
(805)781-4948

SAN LUIS OBISPO YOUTH
1989 VICENTE,
SAN LUIS OBISPO, CA 93401
(805)781-4179

SAN LUIS OBISPO ADULT
2178 JOHNSON AVE,
SAN LUIS OBISPO, CA 93401
(805)781-4700

**SAN LUIS OBISPO PSYCHIATRIC
HEALTH FACILITY**
2178 JOHNSON AVE,
SAN LUIS OBISPO, CA 93401
(805)781-4711

ARROYO GRANDE YOUTH
345 S. HALCYON,
ARROYO GRANDE, CA 93420
(805)473-7060

ARROYO GRANDE ADULT
1650 GRAND AVE,
ARROYO GRANDE, CA 93420
(805)474-2154

ATASCADERO YOUTH & ADULT
5575 HOSPITAL DRIVE,
ATASCADERO, CA 93422
(805)461-6060

**SERVICES AFFIRMING FAMILY
EMPOWERMENT (SAFE)**
1086 GRAND AVE,
ARROYO GRANDE, CA 93420
(805)4742105

Resources in the Community

**TRANSITIONS-MENTAL HEALTH
ASSOCIATION (TMHA)**
784 HIGH ST,
SAN LUIS OBISPO, CA 93401
805-540-6500

**COMMUNITY ACTION
PARTNERSHIP OF SLO (CAPSLO)**
1030 SOUTHWOOD DR,
SAN LUIS OBISPO, CA 93401
(805) 544-4355

**THE LINK FAMILY RESOURCE
CENTER**
6500 MORRO RD # A,
ATASCADERO, CA 93422
(805) 466-5404

**CENTER FOR FAMILY
STRENGTHENING (CFS)**
3480 HIGUERA ST SUITE 100,
SAN LUIS OBISPO, CA 93401
805-543-6216

WILSHIRE COMMUNITY SERVICES
285 SOUTH STREET SUITE J
SAN LUIS OBISPO, CA, 93401
PHONE: (805)547-7025

**COMMUNITY COUNSELING
CENTER (CCC)**
1129 MARSH ST,
SAN LUIS OBISPO, CA 9340
805-543-7969

FAMILY CARE NETWORK (FCN)
1255 KENDALL RD,
SAN LUIS OBISPO, CA 93401
805-781-3535

**RISE | RESPECT. INSPIRE.
SUPPORT. EMPOWER.**
LGBTQ HEALTHY
RELATIONSHIPS SUPPORT
GROUP
(805)226-6791

ACCESS SUPPORT NETWORK
1320 NIPOMO ST.
SAN LUIS OBISPO, CA 93401
(805)781-3660

**GAY AND LESBIAN ALLIANCE
(GALA) OF THE CENTRAL COAST**
(805)541-4252

TRANZ CENTRAL COAST
SLO AND NORTH COUNTY
SUPPORT GROUPS
(805)242-3821

Cultural Competence Committee



Behavioral Health
Department

Health Agency