



CLIENTS Whole Family- Caregivers, Middle School Age Youth, Transition Age Youth

NUMBER 60 youth 25 community

ETHNICITY African Immigrants and Refugees

INCOME Unknown

DIAGNOSES ADHD, Anxiety, Depression, Cultural Bereavement

In My Village...

“More than 150 men and women were chained by the ankle to a tree or sometimes a concrete block. Most were experiencing fearsome delusions of Schizophrenia. On a recent visit, some glared, while others slept or muttered to themselves. The clients struggled with chain tied down on their hands and legs. It is because of this experience that I refused to take my son for mental health treatment or see any doctor.”

(Immigrant Parent)

“Building Connections”

- Reduced Hospitalization/ Out of Home Placement
- Parents/Caregivers reported positive behavioral changes in their youth- less resistance to attend therapy sessions, reduction in school fights, etc.
- The number of participants exceeded original expectations- there was a great need in our community!

Progressive Individual

Resources



ASHA

PROBLEM/CHALLENGE

Asha was born in Gambia, West Africa. Her mother noticed that Asha was acting nervous, sad, and withdrawn. But, Asha’s mother did not seek help because she said people in Gambia were treated horribly when they displayed emotions that were considered “crazy.” After Asha and her family came to America, her school social worker noticed that Asha was struggling with anxiety and depression. At first, her mother did not want to call it a mental health issue.

INTERVENTION

Asha was referred for therapy at Progressive Individual Resources. She and her mother also started attending “Building Connections”- community conversations about mental health.

IMPACT/SUCCESS

RCCMHC funding made it possible for Asha and her mother to discuss their situation with PIR therapists and other African Immigrants. They discovered new ways of thinking about mental health. Asha’s mother learned the “red flags” for mental health concerns and she practiced de-escalation and re-direction skills. Asha and her mother expressed that they felt less stigma and fear about Asha’s behavior and emotions. Asha was less resistant to participating in therapy and her mother and school social worker reported positive behavior changes at home and in school. Today, Asha’s mom is a strong advocate and champion for children’s mental health!



Ramsey County Children's Mental Health Collaborative (RCCMHC) Funded Services

FUNDED AGENCY: Progressive Individual Resources is a community based behavioral health agency founded in 1996. The focus is to provide array of services which include but not limited to Youth Transition, Respite, and psycho social education. Although PIR is open to provide services anyone in need of services, the bulk of their clients and families are of African Descent- especially immigrants and refugees. PIR currently provides services of support to Children, Adults and Families in the areas of Mental Health, Intellectual Developmental Disabilities, Youth with SED and other related conditions such as ADHD.

FUNDED PROGRAM/SERVICE: "Building Connections"

PROGRAM/SERVICE DESCRIPTION: RCCMHC funds supported community conversations to engage and educate families as well as provide therapeutic support for their children. Goals of this program are: Equip, Inform, Educate, and Teach.

LENGTH OF GRANT TERM: October to December 2016

AWARD: \$10,000 (full award used)

DATA COLLECTION: PIR uses WECHSLER and Adolescent Daily Living Tools as well as Interviews, Observation, and Informal conversations with families.

IMPACT AND OUTCOMES (and how they relate to RCCMHC vision and goals)

RCCMHC Vision: Every Child in Ramsey County Will Function at the Highest Possible Level of Mental Health. RCCMHC funding supported services that produced positive mental health outcomes for youth- including reduced hospitalization and positive behavioral changes such as: less resistance to attend therapy sessions and reduction in school fights.

Goal A: Cross-System Collaboration. PIR works with local schools and community.

Goal B: Health Equity. This program increased health equity through Equipping, Awareness, and Informing.

Goal C: Whole Family Wellbeing. Families were involved.

LESSONS LEARNED: The number of participants exceeded expectation. This means people are more eager to talk about mental health than we give them credit for. Three main themes that emerged in the community conversations about Mental Health Literacy are :1) Stigma, 2) Causation, and 3) Fear. Improving mental health literacy of the parents/caregivers will lead to better outcomes for children and enhance early intervention and good mental health promotion. RCCMHC should consider funding that supports continuous or regular training of caregivers and families.