

BieneSTAR: A community-university partnership to deliver culturally appropriate mental health services for Latino immigrant children in school-based health clinics

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INTRODUCTION

Significant inequities exist in the provision of affordable, accessible, and appropriate services to address children's mental health needs - especially children of immigrant families due to unique emotional and behavioral struggles specific to immigration experiences.

BieneSTAR is an innovative partnership between an academic medical center, public school system, and Latino grassroots community-based organization, in Durham, North Carolina.

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PROGRAM DESCRIPTION

MISSION

Create a sustainable continuum of mental health services at three elementary school-based health clinics (SBHC) that is culturally responsive and fully integrated into the schools, with special emphasis on Latino immigrant at-risk students.

ACTIVITIES

- Train school personnel on mental and behavior health issues and cultural considerations
- Guide parents on how to support their children's mental health within the school system
- Host parenting skills sessions
- Lead early intervention student skill-building groups
- Provide culturally appropriate mental health treatment for children and their families

PROGRAM EVALUATION

- ❖ Attendance sheets at all educational/group sessions, which provide demographic information.
- ❖ "Satisfaction and Awareness of Services" surveys conducted with parents of enrollees of all the SBHCs
- ❖ Teacher completion of pre- and post-Strength and Difficulties Questionnaire (SDQ) for referred student.
- ❖ Pre-post surveys at all school-based education sessions which rate participants' comfort level with achieving each learning objective/skill.
- ❖ Post-session surveys also capture satisfaction with clarity and organization of the presentation, knowledge and skills gained, and usefulness of the materials.
- ❖ In-depth interviews with subset of parents of students who participated or are currently participating in the BieneSTAR program (in progress).

EDUCATIONAL TOPICS

SCHOOL PERSONNEL SESSIONS:

- SBHC support services available
- Referral process and cultural considerations
- How trauma impacts children and how to promote learning in traumatized children
- How anxiety can manifest in children and ways to address it in the classroom
- Types of attention problems and ways to address them
- Behavioral principles and cultural considerations
- Risk factors for suicide among children
- Child suicide prevention for school personnel
- How to identify and respond to grieving children

STUDENT SKILL-BUILDING GROUPS:

- Recognize and identify feelings
- Increase emotional expression skills
- Be aware of physical cues
- Practice relaxation techniques
- Identify Intensity of feelings
- Learn coping skills
- Practice alternate responses
- Awards and appreciation

PARENT SESSIONS:

- Understanding attachment and fostering independence in children
- Involvement in a child's education process
- Learning positive discipline strategies
- Becoming familiar with local social services resources



STUDENT REFERRALS

		TOTAL
# of students screened	Total	241
Gender	Male	147
	Female	94
Race	African American	107
	Latino/Hispanic	109
	Multi-racial	1
	White	22
Primary language	English	132
	Spanish	108
	Other-Chatino	1
Grade	Pre-K	1
	K	31
	1 st	44
	2 nd	31
	3 rd	67
	4 th	30
5 th	37	
Age	Average	8.46
Medicaid status	Eligible	139

Table 1: Demographics of Student Referrals, School Years 2007-2009

TOP REFERRAL REASONS

- Family concerns
- Hyperactivity and inattention
- Learning problems
- Oppositional behavior
- Sadness/withdrawn



PARENT AND TEACHER PARTICIPATION

Throughout the 2007-2009 school years:

- 153 caregivers attended educational/skill-building sessions regarding supporting their children's mental health and education development.
- School personnel participated in 5 education/skill-building sessions, with average attendance of 49 staff per session.

PARENT & TEACHER SESSION EVALS

• Pre-post session scores indicate that, after every education session, both caregivers AND school personnel increased knowledge level in all of the learning objectives.

• Caregivers reported being more empowered after the session to help their children in school and utilize available community resources.

• Caregivers felt like these skill/knowledge building sessions should be offered to more immigrant families on a broader scale because the topics covered were so important.

• School personnel reported that the content of the sessions was effective at increasing their awareness of mental health issues in a way that was perceived as useful to their work with children.



OTHER FINDINGS

Preliminary teacher pre-SDQ data indicate that students' difficulties impacted classroom learning dynamics and outcomes.

• Preliminary post SDQ data suggest peer relationship dynamics are showing improvement.



• When examining referred students for whom we tried contact attempts, we spent significantly more time attempting to contact families who never responded or declined services versus those for whom we had other outcomes ($p < .01$).

• There were no differences in student ethnicity, gender or language spoken in regards to failed contact attempts or declined services. ($p < .05$).



DISCUSSION

❖ Obstacles which usually limit Latino immigrant at-risk students from receiving needed mental health services include: language barriers, limited access to health services, lack of culturally competent services, and unique emotional/behavioral needs related to immigrant experience.

❖ Program staff identified students who could probably benefit from mental health services but whose parents will not give consent to pursue mental health evaluations. It is a challenge to assist these students so we created mental health promotion groups to engage this population.

❖ Over the course of one year, the number of children referred and screened increased by more than 60%.

❖ Considering the number of referrals we receive and the limited amount of time the clinicians have to spend on each screening, it might be worth implementing a defined protocol to engage the family (e.g., after a number of unsuccessful contacts, school personnel calls family to have a meeting with teacher and provider)

❖ With regard to program sustainability:
 ❖ We are preparing parent curriculum material that can be utilized by the Durham County Department of Social Services, school guidance counselors, ESL teachers, and other partners:
 ❖ One of the program schools has been designated one of the new sites to offer the nationally recognized Incredible Years program, and the plan is to eventually offer the program in all three program school sites.

CONCLUSIONS

Culturally appropriate mental health services placed within SBHCs for the immigrant student population are a much-needed service. Involving school personnel and caregivers as well as developing other community partnerships is essential to the success and sustainability of the program.

CONTACT

FOR MORE INFORMATION:

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