The Mental Health for Immigrants Program

Program Design and Participatory Research in the Real World

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TAking the initiative

Schools are increasingly becoming the primary source of a variety of services for children, especially disadvantaged and minority children. This is particularly true in the realm of mental health. The Surgeon General (U.S. Public Health Service, 2000) and others (Weist, 1997) have called for an increase in schools' capacity to meet children's mental health needs and for greater development of evidence-based treatments that can be disseminated and sustained in the community (U.S. Public Health Service, 2000; Weisz, 2000). The Los Angeles Unified School District (LAUSD) Mental Health Services Unit has taken a proactive stance in developing programs to address these issues.

One problem of substantial importance in the multicultural LAUSD is meeting the needs of new immigrants. There are estimated to be over 2.2 million
school-aged newly immigrant children in the United States (Schmidley & Gibson, 1999), many of whom live under poor and overcrowded conditions (Hernandez & Darke, 1999). Immigrant parents seeking mental health care for their children face many barriers (Arroyo, 1998; Gong Guy, Cravens, & Patterson, 1991; Guarnercia & Lopez, 1998; Kim, 1997), with the result that many do not receive necessary services (Munroe-Blum et al., 1989; Vega et al., 1999). These barriers include a lack of understanding of the U.S. mental health system, inadequate health insurance, and a shortage of culturally sensitive, bilingual mental health clinicians. Parents may also either misinterpret their children’s psychological distress or fear the stigma of receiving mental health care (Arroyo, 1998; Gong Guy et al., 1991; Guarnercia & Lopez, 1998; Kim, 1997).

To help these children, the LAUSD sought to develop and evaluate a mental health treatment appropriate for the school setting that would address a problem that all stakeholders, including teachers and immigrant parents, would recognize as being important. While other mental health issues are also relevant, the LAUSD Mental Health Services Unit, in consultation with school principals and administrators, chose to address the impact of violence on the mental health of immigrant children. The clinicians knew from experience that the stressful living situations of many poor immigrant families are associated with an increased risk of violence exposure (Coulton et al., 1995; Garbarino, 1995; Straussner & Straussner, 1997). Immigrants have often experienced political instability, social upheaval, and high rates of poverty and crime in their countries of origin (Partida, 1996), and the migration process itself may also be traumatic (Arroyo, 1998). Although immigrant children who have experienced traumatic events might need help in addressing their psychological distress, they often do not know where to turn (Guarnercia & Lopez, 1998). Newly immigrant children enrolled in the LAUSD commonly receive a variety of services through the Emergency Immigrant Education Program (EIEP), such as orientation classes, medical and dental screening, language classes, and tutoring, but mental health services have not traditionally been offered.

The LAUSD Mental Health Services Unit wanted to develop and rigorously evaluate a mental health program that could be disseminated across the district if effective. Wanting this intervention to be evidence-based and thoroughly evaluated, yet responsive to the district’s needs and limitations, school district officials sought to develop a partnership with clinician/researchers from RAND, the University of California, Los Angeles (UCLA), and the University of Southern California (USC). To guide this collaborative relationship, the Mental Health Services Unit and clinician/researchers chose to work together in the context of a participatory research partnership (Mittelmark, 1990), a model in which the knowledge and expertise of all collaborators is considered complementary. The focus is on the production of local knowledge to improve interventions and practice, and parties work together to educate each other (Macaulay et al., 1999). At its most effective, participatory research brings academic and community stakeholders together to benefit a community while producing generalizable knowledge (Macaulay et al., 1999). Participatory research has been offered as a framework for program development, evaluation, and dissemination that is well suited to schools (Stoiber & Kratochwill, 2000).

This partnership created the Mental Health for Immigrants Program (MHIP), with the school district serving as the senior partner, identifying both the problem (psychological sequelae of violence exposure) and the desired intervention