



Needs Assessment:

Mental health problem is a significant issue in Fresno County since roughly 113,888 adults are at risk for any mental issues, 64,689 for Substance Use Disorder, 58,139 for Depressive Episode, and 24,102 are at risk for Submental issues. Those lead up to 30,711 suicidal ideation, 1,174 ED Visits and 267 Hospitalizations due to suicide attempts, in which 101 suicidal cases occur in 2018 (Lezine & Whitaker, 2018). Moreover, more than 25,000 calls to the Lifeline from Fresno County that related to suicidal crisis and emotional distress have also been reported, which shows the importance of this issue in the area (Lezine & Whitaker, 2018). This problem is also rising among Asian, Native Hawaiian, and Pacific Islander population, but only 4.7% of those received one or more mental health outpatient services in the county during 2017-2018 calendar year (Utecht, 2018). Data show that one-third of the Asian population in Fresno County is Hmong and usually reported to experience some types of mental health issues including depression, PTSD, and other anxiety disorders (Mao, Leite, & Atella, 2010). Also, the increase of suicide attempts and cases in this county has become a significant problem. According to the National Asian Pacific American Families Against Substance Abuse (NAPAFASA) (2018), suicide rates among elderly women aged 65 and above are higher among Native Hawaiian and Pacific Islander than other races, which raise a concern to the public health. Besides, Pacific Islanders aged 11-18 are reported to have the highest rates in substance use including smoking, methamphetamine use, and binge alcohol use due to mental health issues. However, only 2.5% of them seeking outpatient services in Fresno County, which indicates the needs of promotion for the prevention and intervention programs in this area (Utecht, 2018).



DEPARTMENT of
BEHAVIORAL
HEALTH



Lifeline calls originating from Fresno County

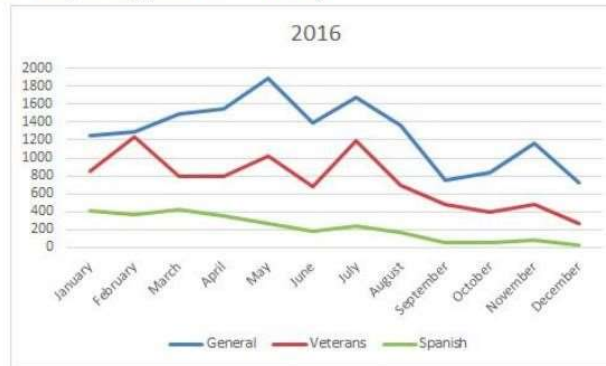


Figure 2: Lifeline calls originating from Fresno County, 2016. Reprinted from “Fresno County community-based suicide prevention strategic plan” by Lezine, D & Whitaker, N., 2018, *Fresno Care*, 38

Social Determinants:

Many factors can influence a person’s behavioral health. War trauma, violence, poverty, loss, culture shock, acculturation, race and discrimination, lack of English proficiency, lack of education, unemployment, family role reversals, and intergenerational conflicts are considered to be main factors that lead to mental issues among the Hmong population (Mao, Leite, & Atella, 2010). According to Substance Abuse and Mental Health Services Administration (SAMHSA) (2016), stereotypes and bullying are really common at school that occur mainly in the Asian and Pacific Islander groups, which develop mental health issues at such very young ages. Thus, they tend to suffer from depression more than other races and it sometimes can lead to substance abuse or suicide attempts. Besides the reasons listed above, long-term stress from work could be a potential cause that leads to mental health problems. Based on data found in the population



section, Asian and Pacific Islander groups have the highest average salary per year and most of them work as miscellaneous managers. Therefore, heavy responsibilities, overworking, or conflicts at their workplace could become the reason for the increase of mental health issues among those two population groups.

Barriers:

The main barrier that challenges most health educators and acts as a wall to prevent people who have mental health illnesses to look for help is stigma. For example, some people get blamed for having these conditions and treated unfairly in the family, at workplace, and in society. As a result, they feel ashamed for sharing with others and afraid to seek help from mental health services. According to Mao, Leite, and Atella (2010), the Hmong youth found it difficult to tell their family members about their issues and thought that no one would trust them or they have gone crazy. Moreover, Hmong men usually do not seek medical help since they believe it is weak to do so. Therefore, those tend to not sharing their conditions to the family members and make these issues become unrecognized. Culture difference is also a barrier since in some cultures, the conditions are treated through traditional healing methods such as spiritual ceremonies, herbal medicine, or dermal abrasion, which are not total effective and proper techniques for mental health treatment (Mao, Leite, & Atella, 2010). Also, other environmental barriers are defined including the lack of transportation, language, or health insurance, and these make access to healthcare services harder for the targeted population groups.



Solutions:

One solution that could reduce stigma is providing workshops and conferences to 1) educate people about mental health, 2) normalize the conversation around mental health related topics, 3) empower individuals with knowledge, skills and attitude essentials to know where, when and how to seek for help, and 4) encourage collaboration and networking between community members, caregivers, service providers, organizations, businesses, spiritual and civic leaders, and government agencies. Best practices indicate having educators and service providers who are bilingual and bicultural are more effective to outreach and engage members of their ethnic community.

Outreach workers, educators and service providers should be present at community events and activities to increase their visibility, connections and understanding of the community they are trying to serve. Incorporating culturally relevant activities and languages can engage and enhance community participations and utilization of the main stream behavioral health services and resources.

The Asian Pacific Islander cultures have great respect and compliance to authority figures. At the same time, many have experienced complex traumas by people who have authority over them. Therefore, balancing the positive respect the cultures have for authority figures and validating the traumas many people have experienced under people with authorities can help increase the changes to develop genuine relationships to move people forward from their pain, traumas, and distrust of authority figures.



In addition, planting resource centers within the different ethnic community centers can increase opportunities to outreach and engage individuals within the underserved and unserved communities. Recruiting and training local mental health champions and advocates who are members of the community can further enhance the County's relationship with the community, as well as increase mental health awareness.

Incentives such as gas, grocery store, restaurants, and department store gift cards, can attract participants to attend community workshops and events organized to increase mental health awareness and utilization of behavioral health services. County can partner up with local businesses to host and/or sponsor the gift cards to encourage community members to attend.

Finally, since the API communities are group oriented, it would be important to address the family needs and involve as many family members possible in the treatment plan to increase the chances for the individual needing behavioral health services to attend his/her session. In addition, having child care, free transportation, and other activities being organized at the same time and facility as where the individual needing mental health services will increase the chances for the person to attend. For example, the minor/ child can be in a class-like setting led by Early Head Start staff, the other family members can attend English or cooking classes led by a community college instructor for adult learning or vocational program, while the main client is attending his/her session for behavioral health services. This approach would not require the County to spend much more funding since both Early Head Start and Adult Learning/ Vocational program are federally funded programs. The site for services can be at a community center or



school setting where it is less stigmatizing to go to then a building with the label “mental or behavioral health services.”

RESOURCES

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