OnCare is a community initiative that improves outcomes for Onondaga County children and youth (ages 5-21) with significant behavioral and emotional challenges and their families by developing a more effective system of services and supports. OnCare is a federally funded project, and uses system of care principles and strategies to improve our local service system. OnCare's target population is children and youth ages 5-21 with serious emotional and behavioral challenges, with a special focus on:

- Children and youth in residential care or at-risk of residential care
- Youth involved in multiple service systems (mental health, child welfare, juvenile justice, special education)
- Minority populations that are overrepresented in out-of-home placements
- Youth transitioning from the children's mental health system to the adult mental health system (16 to 21)

A major goal of the OnCare initiative is to reduce mental health disparities in different cultural communities. One of our strategies to do that is to improve the level of cultural and linguistic competence among the formal provider network to lead to increased access and utilization of its services. One of the ways OnCare does this is by coordinating the Cultural and Linguistic Competence (CLC) self assessment process with provider agencies. The self assessment process helps providers determine if they are using culturally responsive and appropriate engagement strategies, services and supports. When we began our discussion with different community-based agencies about the assessment process, many told us that they needed help engaging and working with the refugee population. In response to that, as well as the increasing number of people with refugee status entering the community, OnCare has done these things:

1. We have developed the Mental Health Needs of Refugee Children Learning Community. This group meets monthly and is made up of mental health providers, school district personnel, providers that work specifically with refugee groups and other interested community members. We have had a speaker series where representatives of different refugee groups have come and spoken to the group about the barriers to services that they encounter. We have met with representatives from the Somali, Sudanese, Burmese, Bhutanese, and Iraqi communities. We have compiled notes from those meetings and common themes and barriers will be presented to OnCare's governing body, the Coordinating Council. The notes from those meetings are also available on OnCare's website- www.oncaresoc.org.
2. We have provided funding to Catholic Charities Refugee Youth Project to provide mental health assessments for all incoming refugee youth, extended case management for refugee families and peer supports for refugee youth.
3. OnCare's Cultural and Linguistic Competence (CLC) work group is researching implementation of a cultural broker model to engage the refugee population in mental health services and supports.

Meetings with Somali, Sudanese, Burmese, Bhutanese, Iraqi and Yemeni refugees about mental health needs of refugee children (November 2011-April 2012)

Common Themes

System barriers

- There is a general mistrust of the government and people seen as representing the government; this could include health and mental health professionals and law enforcement personnel.
- There is a lot of misinformation about disciplining children and the child welfare system. Many refugee groups are afraid to discipline their children according to their cultural traditions because they believe their children will be taken away by CPS or they themselves will be arrested. This shifts the power dynamic between children and parents because children are aware of their parents' reluctance to discipline them and take advantage of that.

Education

- The education system in America is so different from what children are used to in their home country or refugee camps. The teachers in the refugee camps were respected and teachers in the U.S. don't seem to be. Many children have trouble adapting to it.
- Many children received little to no education before coming to America. They are expected to be able to succeed in school at the age appropriate grade level. This is difficult.

Mental Health- illness and treatment

- Many refugees have experienced some form of trauma.
- There is a lot of cultural stigma surrounding mental illness in home countries or in refugee camps. It is difficult to undo this stigma. Education is needed.
- Some communities believe that mental illness is a punishment from God.
- Culturally traditional forms of mental health treatment are common (such as the use of plant roots, etc.). There is not much involvement from the formal mental health system. This may be due to a lack of providers or stigma related reasons.
- Mental health issues stay in the family and are not discussed with the larger community
- Those refugees that lived in urban areas were more likely to be educated about mental illness and more likely to seek and receive treatment.
- Parents may be dealing with their own mental health issues, so they have trouble recognizing or dealing with their child's mental health issues.

Transition/ cultural barriers

- The amount of freedom in America v. the limited freedom in home countries or refugee camps. People, especially children, have a difficult time balancing this.
- Children adapt to American culture and this can be at odds with their own personal culture. Refugee children assimilate into the American culture and their parents are trying to hold onto their own culture. Children pick up "western" behaviors and parents believe those behaviors are negative.
- Language
    - It is difficult for adults to learn English
        - They may be illiterate in their own language
        - There may be no literal translations for words in their language
        - They are trying to balance learning English with raising a family and doing everything else they have to do as newly arriving refugees. Their time is limited.
        - They are surrounded by other
    - Children learn English faster than their parents
        - They are surrounded with English speaking classmates and friends at school
        - They are sometimes called on to interpret or translate for their parents. This may upset the natural parent/child dynamic because the child is in the helping role.

Suggestions:

- Education is of extreme importance. We should use people from within refugee communities to reach out to and educate the refugee populations about mental health issues. A cultural broker that could help families access and use appropriate mental health services would be useful.
- We should use culturally traditional mental health treatments where available.
- We need more training on the effects of torture and trauma.
- We need to demystify the various systems- child welfare, Medicaid etc.