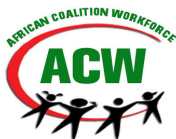




**MAKING
CONNECTIONS:
MENTAL HEALTH &
WELL-BEING FOR
EAST AFRICAN BOYS
& YOUNG MEN**



United Women
of East Africa
Support Team



Partnership for the
Advancement of
New Americans



UC San Diego
SCHOOL OF MEDICINE

Center for
Community Health



Prevention
Institute
Prevention and equity
at the center of community well-being



ACKNOWLEDGEMENTS

This project would not have been possible without the time and commitment of the greater San Diego refugee and immigrant community. Thank you to each and every one of you that have stepped up to break the stigma surrounding mental health. We honor your courage and resilience, and we are grateful for your contributions. We appreciate those who have offered their time, expertise and resources to ensure the success of Making Connections.

A special thanks to the Prevention Institute and November for their support of the initiative. We would also like to thank the many community agencies and organizations who provided meeting space, helped us conduct outreach and advocated for their health needs and concerns.

Thank you to the following organizations for their leadership:

African Coalition Workforce (ACW)

Huda Community Center

Partnership for the Advancement of New Americans

Somali Bantu Community of San Diego

Southern Sudanese Community Center

University of California San Diego, Center for Community Health

United Women of East Africa Support Team (UWEAST)



REFUGEE RESETTLEMENT IN SAN DIEGO, CA

For almost a decade, San Diego has resettled more refugees than any other County in the State of California. This trend is commonly attributed to historical precedence, as a well-known mecca to many refugee and immigrant communities. Many of which began their lives in City Heights, one of six nationally sponsored refugee resettlement communities, and the most culturally diverse neighborhood in San Diego County. The residents of City Heights represent over 70 countries, speak over 45 different languages and 100 dialects. The City Heights neighborhood is also home to the second largest East African community in the United States. An estimated 30,000 refugees and immigrants from Somalia, South Sudan, Ethiopia, Eritrea, Uganda and Kenya live in the region. The largest East African population residing locally is from Somalia, with roughly 15,000 individuals.

REFUGEE MENTAL HEALTH

Post Traumatic Stress Disorder (PTSD), anxiety and depression are all well-documented mental health issues in resettled refugee populations. Many experience traumatic events in their country of origin or during migration, which are compounded by new challenges after resettlement. These include language barriers, the lack of educational and economic opportunities, unsafe living conditions, and isolation. Further compounding the problems are stigmas around mental health and the challenges of transitioning to a different culture. While there is a higher need for mental health services in this population, due to cultural views, the concept of mental health is generally not discussed in the African household, and personal struggles are not shared outside the family.

TARGET POPULATION: EAST AFRICAN BOYS & YOUNG MEN

In City Heights, East African community leaders grew increasingly alarmed by the plight of young males between the ages of 16 and 25. Often, these young men experience a "culture shock," as they struggle to navigate life in a new country. After being persecuted and forcibly removed from their homes, they come to the United States in search of harmony and peace, yet encounter racism and Islamophobia. These young men are expected to be leaders in the way they would have been back home – yet their new home is fraught with gangs and drugs. Scared and traumatized by previous experiences, and lacking social support, assimilation becomes the only recourse for these young men. Living in large households with extended family, where parents are often busy juggling work and family, parental support can be limited. Thus, the challenges these young men face are monumental, and although some make it out successfully, a large number quietly suffer and can fall deeper into a life cycle of incarceration, substance abuse and crime.

COMMUNITY RESPONSE

In 2015, when the East African community was faced with the loss of five young men in a string of suicides, it was propelled to action. UWEAST mobilized other members of the close-knit community and forged a partnership to collectively address the issues facing the young men. These partners include the African Coalition Workforce, Huda Community Center, Somali Bantu Community of San Diego, Southern Sudanese Community Center, Partnership for the Advancement of New Americans, and the University of California San Diego School of Medicine, Center for Community Health. Together, the African Mental Health Advisory Committee seeks to increase the cultural competency of mental health professionals, as well as to decrease the stigma of mental health in the African community. It was one of 16 selected from almost 250 to participate in Making Connections. Funded by Movember and led by Prevention Institute, Making Connections is leveraging the power of communities and connection to address conditions in the socio-economic, physical/built, and economic environment that can take a toll on an individual's mental health.

RESEARCH & PLANNING PROCESS

Over 12 months, the coalition worked alongside its young men and boys, as well as ethnic, community and faith-based leaders in an extensive planning process. They hosted a series of conversations to understand the roots of the problems and challenges they face, and to develop community-level mental health and wellbeing strategies to help reduce their problems of greatest concern, including post-traumatic stress disorder (PTSD), depression, and suicide; and to help them avoid the cycle of gangs, drugs, and prison.

SUICIDE PREVENTION WORKSHOP

In response to a recent spike in suicides in the East African community, there was a need for a formal suicide prevention training. Given that September is also National Suicide Prevention Awareness Month, the training was timely in bringing this education to the community. Keynote speakers at this event included suicide prevention experts who have shared their knowledge about risk factors and suicide prevention resources. Dana Richardson from San Diego Community Health Partners shared his data about suicides among refugees and the African population in San Diego County. The presentation was followed by a QPR training for attendees, helping them recognize the signs and symptoms of someone who is contemplating suicide. In addition, Iman Taha Hassane from the Islamic Center of San Diego spoke on the Islamic perspective on suicide. He declared a call to action to encourage dialogue among all faith leaders about suicide and mental illness. Other faith leaders from the community also attended the training. Jama Mohamed from the United Women of East Africa Support Team ended the dialogue by sharing his personal experience as a former refugee, explaining how undergoing trauma can affect mental health.

USE TO ABUSE: SUBSTANCE ABUSE FORUM

The African Advisory Committee for Mental Health hosted a second forum on substance abuse, a topic identified by the evaluations from the previous program. We invited community members currently in recovery, as well as Dr. Walter Rutherford, Dr. Nola Butler-Byrd and Dr. Carolyn Ross to address the audience. Over 80 community members were present from a variety of East African countries. We also had 13 mental health agencies currently operating throughout the San Diego County host resource tables to disseminate information. It provided an opportunity for the different stakeholders to learn from each other's experiences, as well as to sensitize the various community agencies on the unique needs of the East African community.

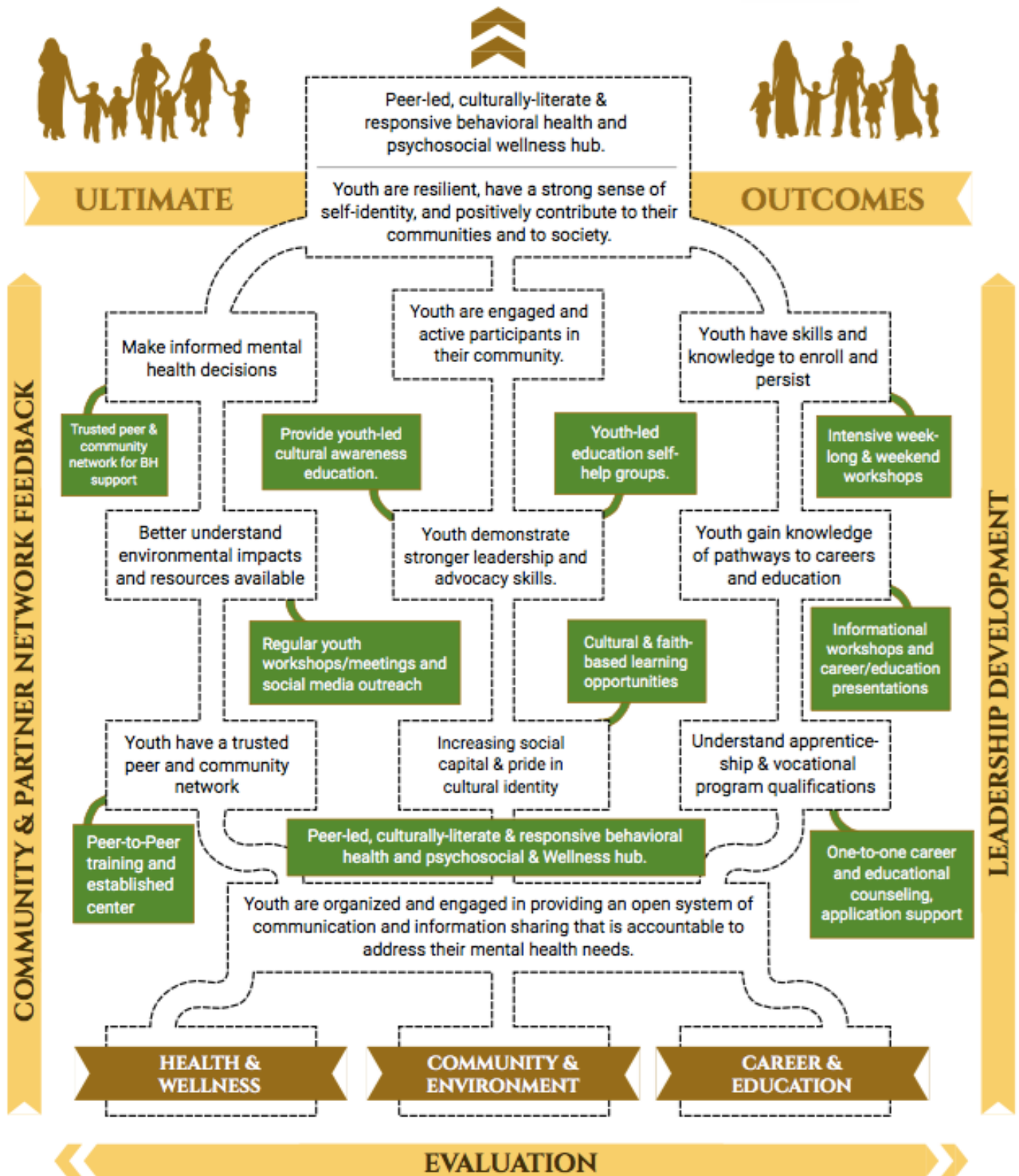
MIND YOUR HEALTH: MENTAL HEALTH SUMMIT

The African Advisory Committee for Mental Health convened a multi-sector panel of culturally competent mental health professionals, who addressed various topics including brain health, trauma and the struggles of the East African male refugee. In addition, members of the Advisory Committee and relevant community stakeholders hosted small group breakout sessions, to allow community members to bring up questions and concerns in a more personal setting. The sessions were categorized by language preferences to support interpretation was provided and the conversations were fruitful. There were many emotional moments and learning experiences, as community members opened up regarding their personal experiences with mental health issues.

CULTURAL COMPETENCY TRAININGS FOR THE SAN DIEGO POLICE DEPARTMENT'S PSYCHIATRIC EMERGENCY RESPONSE TEAM

The African Advisory Committee for Mental Health has developed and implemented a cultural competency training module for San Diego law enforcement who serve on the Psychiatric Emergency Response Team (PERT). PERT is made up of specially trained officers and deputies who are paired with licensed mental health professionals. Together, they respond to on-scene to situations involving people who are experiencing a mental health related crisis and have come to the attention of law enforcement. The goal is to provide the most appropriate resolution to the crisis by linking people to the least restrictive level of care and to help prevent unnecessary incarceration or hospitalization of those seen. The Advisory Committee has conducted two trainings with over 120 law enforcement officials about mental health in the East African Community, our cultural and religious values, the perception of law enforcement, and the struggle of the East African refugee male.

MAKING CONNECTIONS: THEORY OF CHANGE & LOGIC MODEL



KEY FINDINGS

Throughout the course of the project, project partners have conducted surveys, focus groups and interviews to examine mental and behavioral health concerns amongst East African refugee youth. These qualitative methods have been used to explore attitudes, perceptions, and experiences with the various stressors in their social and physical environments. In a survey completed by 32 youth at the Use to Abuse forum, the results revealed that:

71%

Live Near a Liquor Store

30%

Want to Improve Community Safety

42%

Want to Decrease Drug/Alcohol Use

24%

Want to Advocate on Youth Issues

CONCLUSION

Through Making Connections, the African Advisory Committee on Mental Health has been able to nurture our community's natural resilience and connection, in addition to foster leadership among our young men. The results have been overwhelmingly positive, as engagement with the young men and boys has been strong from the start. By working alongside them as partners in the process, they have been able to advocate for themselves and their communities at-large.

We have worked alongside our young East African men and boys to identify resources that are responsive to their needs. This is most evident by the establishment of a drop-in community hub, where they have begun to host poetry and art nights for creative expression. In addition to a series of learning workshops for their peers, community members and stakeholders working on their behalf. This process has highlighted an overarching need: a safe space. Specifically, a peer-led, culturally sensitive health and wellness hub that can alleviate stressors. By addressing the need for prevention, as well as addressing other critical challenges facing the young men and boys, the hub would enable our young men to realize a positive, healthy future.

"IT WAS AN EYE-OPENING EVENT
THAT HELPED US BREAKING THE
SOCIAL TABOO IN REGARDS TO
MENTAL HEALTH ISSUES."
—IMAM TAHA HASSANE, ISLAMIC
CENTER OF SAN DIEGO

*"It's different to feel alone here. It's a more individualized culture;
even brothers become strangers. We recognize people are not connected
and, somehow, our cultural identity is being lost."
- Jama Mohamed, UWEAST Program Manager*

