

The Impact of Hlub Zoo

Evaluation of a Culturally Specific School-Based Mental Health Program School Year 2018-19

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Introduction

Yog tias tsis muaj lub “program” nov, yuav nyuaj rau peb to taub peb cov menyuam. Yeej zoo tias muaj lub program nov es niam thiab txiv thiaj li to taub lawv cov menyuam zoo thiab muaj kev cia siab tias lawv cov menyuam yuav ua zoo hauv tsev kawm ntauv.

Without the program, it would be harder to understand our kids. It’s good to have the program. That way the parents can understand the kids and have hope that the kids can do better in school.

Hlub Zoo (pronounced LOO-ZHONG), which in the Hmong language means to both “grow well” and “love well,” is a culturally specific school-based, trauma-informed, mental health program for Hmong youth provided by the Amherst H. Wilder Foundation. The program serves elementary-aged (3rd through 5th grade) Hmong children at three Saint Paul schools: Jackson Elementary School, Mississippi Creative Arts School, and Phalen Lake Hmong Studies Magnet.

Hlub Zoo aims to promote success at home, in school, and in the community by:

- Helping youth to develop a positive cultural identity
- Promoting healthy relationships
- Increasing parent engagement
- Inspiring hope for the future

Who were the youth served?

Demographic data were available for 13 students. Numbers less than five are not reported to protect identity.

- **Gender:** Most of the students served were male (62%). Thirty-eight percent were female.
- **Age and grade:** More than three-quarters of the students in Hlub Zoo were 11 years old and in the fifth grade (77%).
- **Schools:** Most students in Hlub Zoo attended Mississippi Elementary school (62%). The other students attended Jackson Elementary and Phalen Lake Hmong Studies Magnet.

Key findings from youth survey and parent focus group

Kuv tus ntxhais hais tias yeej “haib heev” ua muaj ib tub tibneeg zoo li nws pab txhawb nws lub dag lub zog. Ua haujlwm nrog ib tug Hmoob therapist tseem ceeb heev rau kuv tus ntxhais. Kuv xav tias ib tug Hmoob yuav nkag siab thiab to taub zoo dua lwm haiv neeg.

It feels important to have someone who looks like my daughter. She says that’s cool. Having a Hmong therapist is very important for her. I feel she would be able to relate to someone who is Hmong compared to someone who is not.

Youth surveys were completed with 15 third through fifth grade students in the Hlub Zoo program, and a focus group was conducted with six parents and caregivers to gather feedback on the Hlub Zoo program. This section summarizes findings from the surveys completed by youth in the Hlub Zoo program and the key themes that emerged from the focus group with their parents and caregivers.

- **Self-esteem and confidence:** In the youth survey, students reported feeling better about themselves (80%) and their future (79%). Parents and caregivers in the focus group also described how their child became more confident since being in the Hlub Zoo program.
- **Relationships and social emotional development:** Students also reported that they get along better with their parents and family (60%) and other kids (53%) since being in the Hlub Zoo program. Parents and caregivers also shared that Hlub Zoo helped them better understand their child. Most students also reported that they learned how to control their feelings (73%), how to understand their feelings (67%), and how to talk about their feelings (66%).
- **Program satisfaction:** Almost all students reported feeling happy with their Hlub Zoo therapist (93%). Most students also reported that they feel happy being in the Hlub Zoo program (87%). Parents and caregivers in the focus group described Hlub Zoo as a program that their child needs. Parents and caregivers also shared that having a Hmong therapist for their child helps their child to better connect with their therapist and feel more comfortable.

The following section describes the youth survey and parent focus group findings in further detail.

Children's self-esteem improved in the Hlub Zoo program.

In the youth survey, most students reported feeling better about themselves (80%) and feeling better about their future (79%; Figure 1) since being in the program. Sixty percent reported feeling good about being Hmong. Students also shared that Hlub Zoo helped them to talk to others and to be proud of themselves.

[Hlub Zoo helped me] to not be shy to talk to people.

It helped me control my anger so I'm proud of myself.

1. Youth self-esteem ratings (N=14-15)

Since being in the Hlub Zoo program...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel better about myself.	0%	0%	20%	33%	47%
I feel better about my future.	0%	0%	21%	50%	29%
I feel good about being Hmong.	0%	0%	40%	20%	40%

Parents and caregivers in the focus group also described how their child became more confident since being in the Hlub Zoo program. Parents and caregivers talked about how their child used to be very shy or that they had separation anxiety, and that the Hlub Zoo program has helped their child to talk more and to be more independent.

My child was very shy. He's very quiet and wouldn't talk. The program helped him speak clearer and become more confident in being more independent and sharing his ideas and concerns. For example, when he goes fishing with his father, other kids won't remember to fully prepare. Now, he's able to speak up and give them ideas for preparation. He's also become more patient.

[My Child] gained more confidence and become more independent.

My 7 year old has separation anxiety. He was very young during the divorce. The divorce impacted him a lot. [Hlub Zoo] boosted his confidence. Now he's doing very well.

Parents and caregivers also felt that Hlub Zoo helped their child develop a positive view of their Hmong heritage. They shared that their children are proud to be Hmong and that they know about their history and also recognize Hmong traditions.

My children have gone to family functions but have never had a deep dive into tradition. To actually see someone practice Hmong tradition highly impacts my children positively. I see that they have pride in their identity now more than ever.

We still do our traditional ways. We don't know much about our ancestors, so it was nice for them to talk about the Vietnam War. My daughter knows all the traditional stuff. The program helped her through her stress and depression, but the traditional thing was a plus.

Children’s relationships with others, social emotional development, and coping skills improved.

Sixty percent of students reported that since being in the program they get along better with their parents and family (Figure 2). More than half also felt that they get along better with other kids (53%). Students also shared that Hlub Zoo helped them not to make other kids sad and also to make new friends.

The Hlub Zoo program has helped me a lot by not making other kids be sad, controlling my feelings.

[The Hlub Zoo program helped] me make new friends.

2. Relationships with others (N=15)

Since being in the Hlub Zoo program...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I get along better with my parents/family.	0%	7%	33%	33%	27%
I get along better with other kids.	7%	0%	40%	20%	33%
I feel good about being Hmong.	0%	0%	40%	20%	40%

Parents and caregivers shared that Hlub Zoo helped them better understand their child. Parents and caregivers also shared that their child speaks with family members more and, if they need something, they will let their parents and caregivers know.

Hlub Zoo has helped us understand all the trauma [my child’s] been through, and mentalize her and read her cues and triggers.

The program helps us understand our kid’s behavior. We don’t rush or yell at them immediately. We can take a step back and observe and understand what she is trying to express.

Before Hlub Zoo, they didn’t really listen. They did what they wanted. When you tell them to stop, they go right back to do whatever they wanted to do. Now, they’re doing good. Now if they need something, they’ll tell me. When you tell them to stop, they’ll stop. It’s good.

My daughter speaks more. She used to ignore things. It seemed like nothing was wrong. She started getting counseling. She speaks more with her siblings now.

Hlub Zoo helped children with social emotional development.

In the survey, 84% of youth indicated that they now know they are not the only ones feeling emotions like anger, sadness, worry, or being nervous, annoyed, and happy (Figure 3). Most students reported that they learned how to control their feelings (73%), how to understand their feelings (67%), and how to talk about their feelings (66%).

Students shared that Hlub Zoo helped them with their emotions and that talking helped them feel better.

The Hlub Zoo program helped me with my emotions and how to control my emotions.

The Hlub Zoo program helped me to talk and it made me feel better.

3. Social emotional development (N=13-15)

Hlub Zoo helped me learn...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
That I am not the only one feeling these emotions (ex: Anger, sadness, worry, nervous, annoyed and happy).	0%	0%	15%	15%	69%
How to control my feelings.	0%	13%	13%	33%	40%
How to understand my feelings.	0%	7%	27%	20%	47%
How to talk about my feelings.	0%	7%	27%	13%	53%

Parents and caregivers also described changes in their child’s social emotional development since being in the Hlub Zoo program. For example, the child used to be quick to anger but has now learned to regulate their emotions and express their emotions in non-physical ways. Another child will take herself out of a situation that caused her to be mad and, when ready, returns to talk it through.

She was just broken. She was disassociating. She was very quick to anger. She was taking anger out on her younger brother (our son) and the pets. In the past two years she’s changed so much. She’s learned how to regulate her affect, process her emotions, not come on in physical ways, and express her emotions.

My child has gotten more patient. When my child plays with their siblings and gets mad, they will leave and come back later to talk it out.

She knows who triggers her, who angers her. She’s learned to manage her emotions more now. She’s always been outspoken, but with counseling she’s been able to help other kids who aren’t even in the program.

Hlub Zoo helped children develop coping skills.

Most students reported that they practice skills they learned from Hlub Zoo to help them throughout the day (72%; Figure 4). Sixty percent also reported that when they are feeling bad they now know what to do to make themselves feel better.

Many students also shared that Hlub Zoo helped them learn how to feel better.

[Hlub Zoo helped me to] try to calm down myself and try not to be mad at others.

[Hlub Zoo helped me to] stop, think, and act. Fix my problem.

Hlub Zoo has helped me by strategies that help me be calm.

4. Coping skills

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I practice skills I learned from Hlub Zoo to help me throughout the day.	0%	0%	29%	29%	43%
When I am feeling bad, I know what to do to make myself feel better.	0%	13%	27%	20%	40%

Parents and caregivers described how their child uses coping strategies that they learned in the Hlub Zoo program. Parents and caregivers shared that their child uses meditation and breathing to help them through difficult emotions.

We see ups and downs. There are times that we see she is managing well and that she is utilizing the skills that she's learned. Sometimes we may see her regress. Sometimes her younger brother will frustrate her. I'll have to separate the two. I'll come and she'll tell me "I'm breathing right now."

I've seen that when they get mad, [Hlub Zoo Staff] teaches them "Why don't you just breathe?" They get into that. I don't see them behaving like a bad person. They're starting to listen. If you ask them to do something, they'll do it.

He meditates or [practices] deep breathing. Now that he's able to sort out his feelings and thoughts, he hasn't talked about running away or suicide. We can talk about the negative thoughts and feelings.

Children in Hlub Zoo feel supported and are happy in the program.

Seventy-one percent of the students reported that they know Hlub Zoo staff will help them when they need them (Figure 5). Most also agreed or strongly agreed that they know their parents will help them when they need them (69%).

I am happy that we have the Hlub Zoo program to help us when we need help.

They help me to be better and to not be sad when bullies judge you.

5. Feeling supported (N=13-14)

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I know Hlub Zoo staff will help me when I need them.	0%	7%	21%	7%	64%
I know my parents will help me when I need them.	0%	0%	31%	31%	38%

Parents and caregivers described Hlub Zoo as a program that their child needs.

Parents and caregivers talked about how Hlub Zoo supports their child to heal from trauma and to help their child do better in school.

They like [Hlub Zoo staff]. They have fun with [Hlub Zoo staff]. They're doing good. [Hlub Zoo staff] teaches them speech and how to be a good person. It's good for them to come to therapy and counseling because they need it. It's good for their speech and how they act. I'm excited for them to come.

I went through a divorce and it was very painful. Coming on, I knew that my kids have already been traumatized. I've been very proactive. I moved them to a Saint Paul School [for the program]. I didn't hesitate at all. I know that they need that support.

The summer part. That really matters to us. It matters to us that [our child] can continue seeking that support she needs that we cannot understand how to give to her.

[Hlub Zoo] helps the kids to learn better and get the help that they want.

Almost all children reported feeling happy with the Hlub Zoo therapist (93%; Figure 6). Most also reported that they feel happy being in the Hlub Zoo program (87%) and that they know why they are in Hlub Zoo (87%). Seventy-seven percent of students also reported feeling happier since joining Hlub Zoo. Students also shared their satisfaction with the Hlub Zoo program.

It helped make me a little happy in Hlub Zoo.

6. Program satisfaction (N=13-15)

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel happy with the Hlub Zoo therapist.	0%	0%	7%	13%	80%
I feel happy being in the Hlub Zoo program.	0%	0%	13%	7%	80%
I know why I am in Hlub Zoo.	0%	7%	7%	7%	80%
I feel happier since joining the Hlub Zoo program.	0%	0%	23%	0%	77%

Parents and caregivers in the focus group also shared that they value the Hlub Zoo program. Parents and caregivers talked about how Hlub Zoo gives them hope for children to do better in school. They also shared that the program should be expanded to include youth up to 18 years old, the program should be in other schools and districts, and the program should have more counselors. Parents and caregivers also talked about how they have promoted and spread the word about Hlub Zoo to other parents.

Without the program, it would be harder to understand our kids. It's good to have the program. That way the parents can understand the kids and have hope that the kids can do better in school. Having somebody who is willing to work with your kid instead of just shoving [them] aside and ignoring them.

We are just so grateful. Hlub Zoo should continue and extend to 18 [years old].

I don't know how much money is allocated to the program, but I want Wilder to support and provide resources to expand the program. Other schools and districts need this program. They are in high demand. More counselors are needed.

I think it's very helpful. I feel like more people need to know about the program. A lot of parents don't know about this program, and not all schools have it. I have been promoting it to other parents. There is a need [for Hlub Zoo].

I have already been spreading the word of Hlub Zoo to other parents that have not heard of it. It's only going to benefit the children.

Parents and caregivers value a strong Hmong cultural identity for their child and appreciate that the Hlub Zoo providers are Hmong.

Parents and caregivers in the focus group shared that it is important for their child to appreciate and develop their Hmong identity. Parents and caregivers feel that the Hlub Zoo program helps contribute to the development of their child's Hmong identity, including helping to preserve the Hmong language.

[It's important] so they don't get confused with themselves. My child is 10. I had an issue with that as well. I grew up struggling with that. Our younger generations are also going to struggle with that. It is important for me as I get older to appreciate my culture and my identity.

[It's important] to preserve our language.

I tell my kids to speak Hmong. They can speak English at school, but I want them to also speak Hmong. To know that they are Hmong because their elders only speak Hmong.

Throughout the program, my child has learned a little Hmong. They learned traditional practices with modern twists. They make it cool so that my child could embrace themselves. I can see that my kids are proud. Before, they were hesitant, but now they have the confidence to say [they're Hmong]. They get to see other great people as inspiration.

It's important because they speak Hmong and English. Some kids don't speak Hmong, so they pick up some Hmong here and there and communicate with parents that don't speak English. Some therapists are nice enough to teach them.

Parents and caregivers in the focus group also shared that having a Hmong therapist for their child helps their child to better connect with their therapist and feel more comfortable. Parents and caregivers explained that a culturally competent therapist can better understand and more effectively interact with their family.

It feels important to have someone who looks like my daughter. She says that's cool. Having a Hmong therapist is very important for her to see someone like her. I feel she would be able to relate to someone who is Hmong compared to someone who is not.

The traditional knowledge and culture is important. Understanding the decisions of the parents, instead of sitting there and having to explain to someone who wasn't culturally competent, we were able to cut to the chase.

My boys are comfortable talking to a Hmong therapist. Before that they had a therapist of another race. They didn't want to talk to them. They felt distant.

Key findings from interviews with mental health providers and school staff

Phone interviews were completed with eight mental health professionals and school staff. Respondents fill a variety of professional roles, and all have extensive experience working with children from the Hmong community. Respondents serve as school administrators, teachers, school counselors, and clinicians. School staff reported that their school student bodies had a high percentage of Southeast Asian and Hmong students; clinicians reported working primarily with clients from the Hmong community. The following themes emerged from the key informant interviews:

- **Mental health trends in Hmong children:** Many children in the Hmong community are coping with experiences of trauma, both due to stressful family circumstances and shared community historical trauma. Respondents noted a trend in increased identification of Hmong children on the autism spectrum disorder. Respondents also specified that young girls in the Hmong community are under a high amount of pressure from their families and community.
- **Mental health presentations in Hmong children:** While some Hmong children's mental health difficulties present as externalizing symptoms, many children present with internalizing symptoms, which often go unnoticed and are sometimes favored by their teachers and parents. Respondents also reported that among Hmong adults, mental or emotional distress sometimes presents as somatic symptoms, like chronic pain.
- **Culturally relevant resources currently available for Hmong children needing mental health support:** There are few culturally relevant mental health resources available for Hmong children; Hlub Zoo is one of the primary and only resources available. Respondents pointed to a need for more in-school culturally relevant mental health services and training. Additionally, respondents felt that there is a need for mental health services that incorporate collectivist values, incorporate family engagement, and address the whole family system. Respondents noted that bicultural mental health service providers are crucial to providing Hmong children with mental health services that adequately address the complex cultural factors at play.
- **Main barriers to seeking mental health support for Hmong children:** Hmong families face a number of practical barriers to accessing mental health support, including financial costs, health insurance, and reliable transportation. Respondents reported that language issues present a number of challenges to Hmong families accessing mental health services, including not sharing a common language with mental health providers, and limited terminology in the Hmong language related to mental health. Respondents also shared that concerns around privacy and confidentiality also create barriers to Hmong families accessing mental health support, due to

community cultural stigma around mental health. Additionally, lack of parent “buy-in” and follow-through were significant barriers to Hmong children accessing mental health services, especially at the point of referral.

- **Mental health stigma is another barrier to seeking treatment:** Respondents noted that there is significant cultural stigma around mental health in the Hmong community.
- **Discussing mental health programs or services with Hmong parents:** There remains a significant need for increased education and awareness about mental health in the Hmong community. Respondents reported taking careful, deliberate, and thoughtful approaches to discussing mental health concerns with Hmong children’s parents and families.

This section summarizes themes from the key informant interviews in further detail.

Many children in the Hmong community are coping with experiences of trauma, both due to stressful family circumstances and shared community historical trauma.

Respondents reported that community- and family-level stress and trauma contribute to Hmong children’s mental health difficulties. Some Hmong children are coping with family stress and adversity at home, including domestic violence, chemical dependency, death of a parent, financial stress, marital problems or divorce, acculturation stress, incarceration, and sexual abuse, all of which may contribute to emotional distress and mental health challenges.

Respondents also discussed how the Hmong community’s shared history and collective trauma of their experience of war and immigration to the United States contributes to mental health in Hmong children, as well as how children’s mental health concerns are perceived by their parents.

There is depression and trauma in our community, there’s a shared war story of how the Hmong community even arrived and immigrated to the United States. And I think it’s trying to bring those up and say this is part of our culture and part of our community and by avoiding that it’s almost saying that it never existed.

It’s a culture with a lot of trauma related to war, acculturation, integration and a lot of that is learned behavior because that is how survival was needed. Don’t make a noise. You don’t want to be noticed to survive.

One respondent noted that because of Hmong parents' own trauma, it may be more difficult for them to understand their children's mental health difficulties, as their children's basic needs are being met.

I think it's really difficult for parents to understand how depression starts and what the prognosis is if left untreated because ... they don't understand the pressures that their children experience nowadays. It might come from comparing it to their own war trauma and think nothing can be as bad as that. I've heard parents say things like my kids have it so easy and I provide everything for them, they have the financial resources they need, how can they be depressed? So, in some ways, a minimization of their kids' experience comes to play. At an innocuous level I think it's not understanding the complexity that their children experience on a bicultural basis.

Respondents noted a trend in increased identification of Hmong children on the autism spectrum disorder.

Several key respondents noted that there are more Hmong children being identified with autism spectrum disorder (ASD) recently, although one clinician noted this is because of increased accurate identification and diagnosis. Several clinicians also noted that ASD was a particularly difficult diagnosis for families to receive, because of high levels of cultural stigma.

One of the things that I am noticing right now is that we have a lot of Hmong kids who are now identified as having ASD. Part of that is that now parents are also describing symptoms in a way that Western clinicians can understand. An example would be back in the day, parents would say she does not talk to us, she is very short tempered, and we don't know how to communicate with her, she is just delayed, she has mental retardation ... But now parents understand the ASD and they are able to more accurately report the symptoms and express those concerns.

Autism spectrum disorders or even some of the cognitive delay disorders are really difficult for parents. Some of that has to do with the social stigma and coming from shame-based culture where what your children do and how they are reflects on family, their parents, and clan. Any diagnosis that will look negative to the public and people might be afraid that the diagnoses run in the family. That's one I've heard and seen more of.

Young girls in the Hmong community are under a high amount of pressure from their families and community.

Some respondents noted that Hmong girls face a high level of pressure from their family to be successful and perform in a number of domains of their lives: as a daughter, student, a future wife and daughter-in-law, and in the household. Respondents felt that these pressures are detrimental to young girls' mental health.

There is no avenue for them to talk about these pieces to get better mental health and deal with all of these obligations and responsibilities as a Hmong girl who grows up in a Hmong home with parents relying on you ... These are traditional culture values and beliefs that we are trying to pass down to our children, but, because parents don't understand that in this world and in this country that we are currently living in, these things on top of the other things girl students have to also perform are detrimental to their mental health wellness if they feel like they are not successful. That's a trend.

Some Hmong children's mental health difficulties present as internalizing symptoms, which often go unnoticed and are sometimes favored by their teachers and parents.

Respondents reported that sometimes mental health difficulties in Hmong children, particularly among Hmong boys, manifest as externalizing symptoms, including aggression, "acting out," hyperactivity, self-harm, or defiance. Respondents noted that when mental health concerns manifest through these externalizing behaviors, they are more likely to be noticed and those children are more likely to receive services.

All respondents reported that Hmong children often experience internalizing symptoms, including anxiety and depression. Often, this presents as children withdrawing from friends and adults in their lives, keeping to themselves, disassociating, or selective mutism. Respondents noted that these expressions of internalized symptoms frequently go unnoticed because the child's behavior is interpreted as them being shy or quiet.

Respondents noted that students' presentations of internalizing symptoms are sometimes even received favorably by their teachers or parents, and interpreted as the child being good, respectful, or well-behaved.

Because the Hmong culture privileges obedience and quiet children, and not rocking the boat, and being really quiet, some of the diagnoses like major depression get covered because people don't see it. It looks like the child behaves very well and they don't talk much or talk back. They keep to themselves. So, oftentimes, depression goes undiagnosed for a long time. I am not too worried about acting out behaviors where the child gets noticed by the teachers or parents because they are externalizing their behaviors and the parents can see it. Those children get the notice they need. I am more worried about the internalizing behaviors that may get undiagnosed for years or decades so that the child can grow up and go into adulthood and people don't even recognize that they are struggling on a daily basis.

I think that years before, the reason why a lot of Hmong kids were being missed was because -- from a cultural standpoint -- we are taught to be obedient and not challenge authority. So a lot of anxiety and depression gets missed because teachers might think they are just being shy. If they struggle academically, teachers will think it's because they are an English learner. So there was a very conservative approach from schools years ago. Now the manifestations of kids are still very similar, but cultural awareness has improved in that if a child is more withdrawn there is more consultation with the bilingual staff of what might be going on there and seek cooperation with the family.

Respondents also noted that mental health in Hmong children also sometimes presents as putting less effort into their appearance or schoolwork, and not making academic progress.

One respondent noted that, compared to children from other cultural backgrounds, Hmong children are less likely to vocalize when they are in emotional distress or experiencing stress or difficulties at home. Hmong children are more likely to internalize what they are struggling with and this makes it difficult to identify those children who are in need of mental health support.

This population of students will not show up vocally and say “I am telling you, I am feeling sad.” They will not tell you there is something that is bothering them. They will just internalize it until it becomes too much.

There are few culturally relevant mental health resources available for Hmong children; Hlub Zoo is one of the primary and only resources available.

Some respondents noted that there is an insufficient number of culturally responsive mental health services available. Respondents reported that the only culturally relevant services available for Hmong children are the school-based therapists that come from the Wilder Foundation’s Hlub Zoo program and Family Revelations. The need for existing services, like Hlub Zoo, exceeds the capacity of services available. They highlighted the need for more Hmong mental health providers because students are more easily able to connect with a provider who looks like them, and who has an understanding of their culture and history.

No there is not enough resources, but there are growing resources. The resources are ever changing in responding and everything. It is pretty comprehensive and requires a lot of resources. So certainly Hlub Zoo is one of the programs that I think is very culturally responsive because they are going to the school and it improves the chances of access to mental health services.

When you have professionals who look like our students or families, people are more comfortable to open up and share concerns. We also have Hlub Zoo from Wilder, so that has been one of the most wonderful and effective resources that we have within our schools. I wish every single school would have a culturally relevant in-house therapist. If we have an Afro-American school population, we need to have an in-house Afro-American therapist who knows the culture and history to support the students so that when students come in, that’s a person that looks like them. That’s very important to have. I wish there was more of that.

There is a need for more in-school culturally relevant mental health services and training that incorporates collectivist values, incorporate family engagement, and address the whole family system.

Respondents also highlighted the need for more culturally relevant school-based mental health services, including in-school therapists and training for schoolteachers and staff. Respondents said that school-based mental health services make them more accessible for children and families by bringing the services to where children are every day. This alleviates

families' difficulties related to transportation, and allows providers to provide support in "real-time," as children need it. One respondent also commented that if a focus on emotional well-being was more widely incorporated into school's programs, such that teachers and parents were discussing the child's mental health and well-being alongside their school progress and achievement, it would also serve to normalize discussions of mental health.

I personally think we need to have in-house therapists for all schools. The services are provided within the schools; you don't need to take them out of the school – that interrupts their learning. In-house therapists can go to classrooms and talk to teachers. They also pull out students to provide services. They also go to the homes of the parents. Parents don't either have transportation or speak English. So having a therapist who speaks the language, knows the culture, knows the history comes in, and they provide relevant services to our families. I would like every single school to have an in-house school therapist.

Several respondents highlighted the importance of collectivism in Hmong culture, and the importance of addressing the whole family system when providing mental health support to an individual child within the family. They pointed to the importance of parent and family engagement in therapeutic services, the need for therapeutic services that incorporate the whole family system, and the need to address underlying issues or stressors in the family which contribute to children's mental health distress.

Any service that serves the child and doesn't involve parents or other providers or the family system is probably not going to be effective because even if that child has a great relationship with the provider, when they leave the office, they will then go back to the system that they belong in. If that system is not working or is still broken or doesn't have the support that it needs, then really no change is going to happen. ... So I think services that are really targeted toward identifying what all family members need because, whether it is mental health for the child or for the parents or legal services for the parents or homelessness, any program that can help identify or direct any of those issues is going to be the most successful. And any services that work in isolation, that do not really acknowledge any of those things -- or minimize them -- is not going to be successful.

We know that healing comes within the system that the family lives in, that it is not one or two or three therapy appointments with a therapist or skill worker that would be able to produce the progress that we want to see. We really want to build that engagement with the family and really make sure that families are involved in treatment. We are able to incorporate more home-based services actually going out to the home and working closely with the parents and children, siblings, or even the extended families who might be involved with the family to really help promote healing and to really promote wellness for the child so that they may be able to function and be successful.

However, respondents highlighted some practical limitations to parent engagement and communication. For example, it is difficult when service providers are only available during school hours and parents are working opposite shifts to provide for their family. One respondent highlighted this as a strength of Hlub Zoo—that families are able to set their own schedules and that the providers are willing and able to meet at a time and place that is convenient for families.

Bicultural mental health service providers are crucial to providing Hmong children with mental health services that adequately address the complex cultural factors at play.

Respondents emphasized the importance and value of having a bicultural perspective when providing mental health services to Hmong children, in terms of sharing a language, understanding the culture and history, understanding and interpreting the presentation of children's symptoms, and striking a balance between the Western medical model of mental health and Hmong families' spiritual and cultural beliefs.

One of the nice things for those of us who are bicultural or bilingual is that we understand how the Hmong perceive certain symptoms through those bicultural lens.

Certainly, when people with a credible voice and influence in the community are able to provide necessary information it can be received better. I work very hard to earn a voice at the table and to be respectful of the culture and to always do justice to both the cultural understanding and the medical model to do what I can to help individuals and families get the help that they need. Ultimately our goals are the same -- whether from a western medical model or from a Hmong collective; this family approach that we want health and harmony for the individual and the family. Really trying to get a win-win on both sides.

Providers emphasized the added complexity they face: striking a balance between providing medical mental health services, while also acknowledging, respecting, and honoring Hmong families' spiritual beliefs, which are closely tied to their mental health and well-being. Some providers reported that Hmong families' beliefs in shamanism and spiritual healing can become a barrier to mental health services, if families do not believe their child needs to see a therapist or psychologist.

I would not say it is a challenge, but a complexity -- really looking at the family's spiritual beliefs and how really to balance that with the western mental health idea. If we are working with a family who is deeply rooted in a spiritual background, that plays a big part in how their beliefs or symptoms are showing up with the presentation of what the child is presenting with It sounds crazy, as a Hmong provider. Yes, we have to honor that tradition and that spiritual belief and cultural belief around what their perception of the issue is, and we also have to honor the mental health piece and the other things that we have not looked at yet. So, really trying to bridge that gap and really looking at multiple lenses of that. How do we provide a holistic approach to treating that child? That is something of a big factor within the family system.

Some of the mental health issues can be spiritual. This is the non-medical model approach. The strict DMS might not see or acknowledge well because the Hmong have a deep spirituality that is very much tied to the spirit world. The metaphysical; oftentimes, a strictly medical model approach can either get in the way or cause harm when we are too quick to see it from the medical model perspective. ... Part of the healing will be to say, "I can help you with the medical side, but I cannot help with the spiritual side." So, I need them to access their resources that will help with the spiritual side and to acknowledge that.

Hmong families face financial, insurance, and transportation barriers in accessing mental health support.

Most respondents highlighted that financial barriers, including accessing health insurance and paying for medical bills and co-pays, present a significant challenge for families attempting to access mental health services for their child.

Finances do present a challenge. When parents hear how much it costs for their kids to get therapy, that's a huge barrier. Just a co-pay. They pay \$20 and insurance picks up the rest, but once-a-week over six months, that's a lot of money for that family. Cost can be a barrier. Parents may not be able to afford it even if they wanted to provide that service for their child. A lot of times -- even if they had the money -- it sounds like a lot of money for something they may not truly believe in. That's a barrier with finances.

Most respondents also highlighted that transportation presents a significant barrier for Hmong families attempting to access services -- either having access to reliable transportation to get to appointments, or the associated logistical challenges.

Language issues present a number of challenges to Hmong families accessing mental health services.

Most respondents also discussed language limitations as a barrier to Hmong families accessing mental health services. If the provider and the parent of a child do not share a common language, the child is often unable to get the services that they need. Respondents also stressed the need and importance of having an interpreter present; however, one respondent described a negative experience her parents had with a young, inexperienced interpreter who relayed their medical information incorrectly.

Respondents also reported that in the Hmong language, “There are not a lot of words to describe anxiety and depression.” Providers discussed their strategies for overcoming these limitations in language and vocabulary, by either finding ways of describing mental health, anxiety, and depression in a simplified way using existing Hmong vocabulary, providing concrete examples of how depression or anxiety might manifest in their child’s behavior, or asking for ways the parents would describe mental health in their culture that the clinician may not know about.

In Hmong language, right now I feel there are more ways to describe mental health. However, there is no one consensus of how we would describe depression. In the English language, when we say depression, most of the time they kind of have an idea of what that means or what it may look like. But in the Hmong community, there is no Hmong vocabulary to describe that. There is kind of like a spectrum of how one provider might say it differently from another. That is where a lot of the misconception comes in because there is no word for it. It's hard to do it in a way of describing it that everyone understands it based on the words we are using in the Hmong language.

As clinicians, we want to work on the mental health piece, but we become much more than that. How do we bridge the gap between if it is a language barrier? We then become the person who is reinterpreting all of this English vocabulary, all of these theories we learned in grad school and how do we make sense in a way that's simplified in Hmong. That's a struggle too – a challenge.

Hmong families have concerns around privacy and confidentiality.

Respondents reported that some Hmong parents are resistant to the idea of their child receiving mental health services out of concern for family privacy and the perception that their family's private business would be made public. Respondents report that parents fear that public knowledge of their child's and family's problems will lead them to be stigmatized by the larger community, or experience a "loss of face."

I think at the onset of the referral, parents always have that fear, the anxiety that they are going to learn everything about the dysfunction of our family and everything is going to come out. It is about protecting our family. We know that we have got a lot, we know that our family is a mess or whatever, but we still want to protect our family and we don't want our child to be questioned. That's always the first thing that parents say to me. Our family is okay, my child is okay. Beside the piece that they don't believe that their child has a mental health challenge.

It's opening up the opportunity for the family to have more people be part of their lives. That stigma part is culturally, if it is very personal, it is kept within the immediate nuclear family and not shared with the community because of not wanting to lose face, wanting to save face, not wanting to look any different from anyone else in the community.

Lack of parent "buy-in" and follow-through were significant barriers to Hmong children accessing mental health services, especially at the point of referral.

Respondents report that parents will receive a mental health referral for their child, but won't always provide their permission for their child to participate, or follow through in taking their child to the appointment. The reasons for the lack of parent "buy-in" provided by respondents included stigma around accessing mental health services, and not believing in their child's diagnosis or that their child is struggling.

What we know is that when we have an outpatient clinic like mine -- and referrals are made, but the responsibility falls on the parents to follow through with appointments -- there is a greater chance that they will not follow through. It depends on how urgent they think the issue is and on how responsive the parents are to mental health.

One respondent highlighted that when parents do come around to the idea of their child receiving services, they then face long wait lists to receive appointments. This long wait can disrupt families' momentum of becoming receptive to the idea of mental health services.

Another thing I've heard parents complain about is even when they are ready to get the services, it can take months for the child to get tested. Putting them on the waitlist is very disruptive to the momentum of them getting the help. It might have taken them two years to get to this point that their child needs help, but then to be told they need to wait another three months before we can get your child in for testing – that can disrupt the momentum of "I'm ready." It can be disheartening.

There is significant cultural stigma around mental health in the Hmong community.

All respondents reported that there is a cultural stigma around mental health and receiving mental health services. Respondents reported that if a child is flagged to have a mental health concern, they are lumped in as “crazy.” Several respondents noted that families will either ignore the concern, or overreact and treat them “the way they would treat someone who is crazy.” Because of this stigma, respondents highlighted the importance of confidentiality and maintaining a family's privacy around the fact that their child is receiving mental health services.

In the community, there is still some stigma about what mental health means, what it looks like. Sometimes the vocabulary is very demeaning. Instead of saying the way someone feels or if they are sad or depressed, a lot of times the vocab would be they are crazy or there is something wrong with them. There are a lot of negative connotations. That's what makes it hard for a lot of these resources to pop up or utilize because they don't know to search for those because they don't want that stigma.

Several respondents reported that parents in the Hmong community sometimes attribute their child's mental health symptoms to personality or character flaws; for example, seeing their behavior as a behavioral problem, defiance, or laziness instead of as an expression of a mental health difficulty.

Another big component is that parents often see their children with mental illness and treat it as an individual personality disorder rather than a mental illness. They might say things like, "My child is just disobedient or moody;" they shift the blame to a character flaw instead of looking at it as an illness that can be treated. When the mental illness is seen as part of the person's character, the cure for it is to cure or change the personality. Oftentimes children can get blamed by saying, "You are just a bad kid" or "Why can't you be like your sister, brother, or cousin?" That labeling of the child as being bad can have long-lasting effects -- not only with the identity of the child, but, again, the mental illness does not get addressed.

Some respondents noted that there is a lack of early intervention with Hmong children's mental health and that sometimes parents' denial of their children's problems, or stigma around mental health, lead to delays in services being provided and intervention.

A lot of times our treatments or recommendations are rejected or they don't happen until there is some ability for the family to trust that these services are helpful and they see some change is happening. Medications are one of the ones, depending on the family's perception of using medication to treat anxiety or depression, most families say no to in the beginning. Usually it's not until the symptoms become so severe or significant that the families decide they want to give it a try because they already tried everything else.

Respondents also noted that there are generational differences in openness to mental health services, depending on level of acculturation and knowledge about mental health.

One of the conflicts family members have is they are very acculturated – a second or third generation child is very open to getting psychological help, but the first generation -- and sometimes the second generation parents -- will still be very reluctant. So, within the family itself, it can be divided how they see the mental illness and the ways they want to approach it. If the grandparents are in denial that the grandchild has autism, the grandparents will have the power to say, "No, we will not treat this." The grandkids need this help and the parents can be stuck in the middle. They want to honor the grandparents, but they see the child is suffering and the other kids are saying there are resources out there. Mental health can bring out these generational conflicts.

Respondents reported taking careful, deliberate, and thoughtful approaches to discussing mental health concerns with Hmong children's parents and families.

Some respondents reported approaching the topic with an open conversation about what families know about mental health, understanding their perspective and how they view mental health, meeting them where they are, and affirming and validating their perspective. Others reported reframing mental health services in a positive light, emphasizing the tangible benefits it could confer to their child and their family, such as improving the child's academic progress or behavior. Several respondents said that they situate discussions of mental health within the context of Hmong families' culture and spirituality and, in particular, how mental health is related to balance between the physical world, spiritual world, and emotional world.

I have to work so much harder to bridge the gaps so that they don't see it as a stigma, but they see it as an important component of preventative services so that their child can grow to be more successful if they access all services, whether it is traditional or not. It impacts me in that every time I come in contact with Hmong families who have mental health concern about their kids, I have to start by really selling mental health services and trying to reframe it in a way that parents understand.

When I work with my clients, I try to do my best to really meet them where they are at and really try to explore with them about what their perceptions are about mental health and what they even know about it, especially with the older parents, older adults. Sometimes, they don't even know what mental health means, so really educating them and really giving them a good definition of what that actually means, in a way that they can actually understand and how it shows up in our lives, or family life, or community life. I usually start there -- really exploring with them, really getting a better understanding of how they see it within their worldview and within their system that they are in.

I think, in general, I usually talk about our heart and our mind. In the Hmong culture, we talk a lot about the "liver" and how everything stems from the liver in our body. When we talk about illnesses, we think about our body is imbalanced between the physical world, the spiritual world, and the emotional world. When I think about mental health, I hone in talking specifically about emotional world- the emotional piece that we tend to not talk about or tend to minimize or not pay as much attention to, and really giving space for conversation to be had and exploring more about thoughts and feelings.

There remains a significant need for increased education and awareness about mental health in the Hmong community.

While some respondents noted that over time there has been increased awareness and knowledge around mental health in the Hmong community, nearly all key informants discussed the need for education and increased awareness in the Hmong community in order to decrease stigma around mental health. One respondent noted that having education and messaging come from trusted community or clan leaders would be a particularly effective means of educating members of the community who "don't believe in mental health." However, several respondents noted that while there is increased awareness of mental health among adults in the Hmong community, awareness of mental health needs among Hmong children are just starting to emerge.

They also discussed the need for family education around what mental health is, how to identify symptoms, the diagnostic process, and the treatments available and their benefits to their children.

Oftentimes when their children or they get diagnosed, they have no idea how the doctor came up with that. They just recognize the label that was put on their child. When I read the symptoms and the criteria, it is like a light bulb to the parents. Then they get it. Even the process of diagnosing is a mystery to them. If the mental health professionals, doctors can slow down and talk through the process of diagnosing with them it can be the difference of parents rejecting or the parents actually embracing it. Now that they know it's the diagnosis and why, they might cooperate and tell me what to do now. That process can change the whole dynamic between parents going forward. I find that very important.

Recommendations

Overall, evaluation findings support further investment and expansion of culturally specific school-based mental health services for Hmong youth. Data indicate that Hlub Zoo contributes to students' well-being and healthy relationships. Parent and caregivers report appreciation for and a need for Hlub Zoo.

Based on evaluation findings, Wilder Research developed the following recommendations in partnership with Hlub Zoo staff.

Expand culturally specific school-based mental health to more students

Parents and caregivers felt that the program should be expanded to include Hmong youth up to 18 years old, and that the program should be in other school districts as well.

Invest in school-based mental health programs that use a whole family approach

Mental health providers and school staff pointed to a need for mental health services that incorporate collectivist values, incorporate family engagement, and address the whole family system.

Leverage the opportunity to help schools become increasingly trauma-informed

Though there may already be efforts in place to help schools be more trauma-informed, any opportunity to increase mental health awareness should be leveraged not only for students with disruptive behaviors, but also for students who may be experiencing mental health issues but exhibit them in less noticeable ways.

Develop trainings, protocols, and resources to increase mental health awareness and discuss mental health in the Hmong community

Mental health professionals and school staff pointed to a need for increased education and awareness about mental health in the Hmong community. They also reported taking careful, deliberate, and thoughtful approaches to discussing mental health concerns with Hmong children's parents and families. Trainings and tools for discussing mental health will be useful to help address challenges related to stigma and a lack of mental health awareness. Additionally, consider providing informational sessions about mental health services to Hmong parents and caregivers.

Examine the impact of culturally specific school-based mental health programs on high school students

This report focuses on elementary students. Future studies with older students may provide additional insights and areas for considerations with regard to culturally specific school-based mental health programming.

Examine the role and impact of culturally specific programming in acculturation

Hlub Zoo staff are interested in future research to examine the impact of acculturation on Hmong identities, traditions, values, and family structures and whether culturally specific programming like Hlub Zoo plays a role in this process. Future research questions may include: How do American values and Hmong values impact each other? How do the two worldviews overlap, support, or conflict with one another? What impact does this have on mental health and families in the Hmong community? What is the role of culturally specific programming in sustaining cultural wisdom and bridging the two worldviews?

Methods

Hlub Zoo was evaluated in partnership with Wilder Research. The purpose of the evaluation is to 1) document the challenges schools and the district face in serving Hmong students and their families and 2) demonstrate the value of Hlub Zoo for students and families served through the Saint Paul Public Schools.

The following data collection methods were used:

- **Youth surveys:** Hlub Zoo staff administered the paper surveys to students receiving Hlub Zoo services to gauge the students' progress over the course of the school year. Students were asked to answer the survey questions that were read aloud by Hlub Zoo staff. Once completed, students put their surveys in an envelope and sealed them. The paper surveys were completed by 15 third through fifth grade students in the Hlub Zoo program.
- **Parent focus group:** Wilder Research conducted a focus group with six parents and caregivers to gather feedback on the Hlub Zoo program. The focus group notes were translated from Hmong to English when necessary. While most parents and caregivers spoke English, a Hmong interpreter was also present.
- **Staff interviews:** Wilder Research conducted phone interviews with eight mental health professionals and school staff to gather their insights on mental health trends in the Hmong community, specifically on Hmong students and mental health resources available in the community.

This report summarizes results from the youth surveys, parent focus group, and staff interviews completed during the 2018-2019 school year.

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Wilder Research, a division of Amherst H. Wilder Foundation, is a nationally respected nonprofit research and evaluation group. For more than 100 years, Wilder Research has gathered and interpreted facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

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