In BRIEF

CMMC Presentation

2015

Background This forum utilizes a definition of the term Middle Eastern that reflects the scope of the State of the State reports compiled by the California Mental Health Services Act Multicultural Coalition (CMMC). The term Middle East is applied to nations that generally use Arabic as their official language and includes (in alphabetical order) Bahrain, Cyprus, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Northern Cyprus, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, and Yemen.

The term Southwest Asian is used to refer to immigrants from Iran, Pakistan, and Afghanistan. Although Iran has traditionally been considered part of the Middle East, many consider it separate due to differences in language, culture, and religious affiliations. In contrast to Middle Eastern countries, Iran, Pakistan and Afghanistan are not considered Arabic countries. Southwest Asian countries have a variety of different languages with Pashto and Dari being the official languages of Afghanistan. Urdu and English are the official languages of Pakistan and Farsi is the primary language of Iran. Although Middle Eastern and Southwest Asian communities have many differences, there are many shared cultural values, norms and expectations.

Demographic information The US census does not provide a separate race or ethnicity category for Middle Easterners or Southwest Asians. Population estimates vary widely depending on the definition of the group that is used, however it is estimated that more than 3 million people of Middle Eastern heritage reside in the US today (Center for Immigration Studies, 2002). The US Census provides data estimating the Arab population in the US and in California. For 2009, the Arab population in California was estimated at 817,455; roughly 36% of Arab Americans in the state have Lebanese or Egyptian roots. Since 1990, significant increases appear in the number of Californians who are of Iraqi and Syrian descent.

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| 2008-2012 Five Year Estimates for Population of Arab Descent By Region (US Bureau Fact Finder) |
| Los Angeles County | 66,350 | **The Bay Area** | 44,696 |
| Fresno County | 4,882 | **San Diego County** | 27,094 |
| Orange County | 25,014 | **Sacramento County** | 8,000 |

Access to Services ME and SWA community members have difficulty accessing services due to language, cultural barriers, and stigma. The burden falls on ethnic and faith-based community organizations to conduct outreach and education to inform community members of available services and how to access them, as well as to build trust. Community members are currently seeking services from the following resources:

* Arab Cultural and Community Center, San Francisco, CA
* Muslim American Society centers in California
* OMID Institute-Multicultural Institute for Development, Irvine CA
* Religious Leaders or Imams
* Medical Clinics and Hospitals [Note: Such resources are typically accessed as a last resort due to a lack of timely and appropriate services]

# Middle Eastern Communities and Southwest Asian

# Communities In California\*

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The California MHSA Multicultural Coalition (CMMC) is a project of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) and is one of seven partners in the California Reducing Disparities Project (CRDP), funded by the California Department of Public Health, Office of Health Equity. For more information visit www.remhdco.org

\*The information provided in this fact sheet was obtained through a qualitative study conducted by the CMMC. For more information see the *“State of the State III: 2012-2013. Reducing Disparities in Mental Health. Russian-speaking and Middle Eastern and Southwest Asian Communities.”*

 

Community Concerns

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| Diversity and Cultural Factors | Understanding the needs of the ME and SWA communities requires an awareness of the diversity of socioeconomic status, education levels, religious beliefs and cultural values within these communities. Families and individuals may differ widely in gender role expectations and religious affiliations and these values may affect the manner in which individuals and families cope with challenges and manage mental health problems. In addition, for newer immigrant families the process of acculturation may lead to stress and intergenerational conflict.  |
| Social and Economic Issues | Social isolation, discrimination, stigma, and financial instability are key issues affecting mental health. Particularly in light of the current political climate, many ME and SWA immigrants are isolated and experience discrimination due to their ethnicity or religious affiliation. Significant mental health stigma within these communities prevents many from seeking mental health services. For refugees and asylees, difficulty establishing financial stability in the US is a significant source of stress. |
| Specific Mental Health Concerns | Family conflict was identified as a key concern for ME and SWA communities and includes conflict due to intergenerational acculturation gaps, marital discord, and intimate partner violence. Key informants further noted that depression and Post-Traumatic Stress Disorder (in the case of refugees and asylees) are prevalent issues for these communities. |

Recommendations

* ***Build on community strengths*** such as strong achievement orientation and widespread philanthropic values aimed at “giving back” to ME and SWA communities.
* Develop a culturally responsive workforce: Increase the availability of ***culturally responsive mental health services***. Provide services in the primary languages spoken, work collaboratively with Imams and other religious leaders, and promote an understanding of cultural values, gender issues, generational roles, and religious views.
* Conduct ***culturally appropriate outreach, education, and prevention*** activities. Integrate mental health with information about broader health issues to diffuse stigma associated with mental health. In addition, provide support groups specifically for women, youth, and elder adults.

In BRIEF (cont.)

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