

“Can we build a coalition of mental health practitioners on behalf of the wellbeing of immigrant communities?”

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Voices of Health Equity in Chicago
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CENTER FOR COMMUNITY HEALTH EQUITY



Center for Community Health Equity

The Center for Community Health Equity was founded by DePaul University and Rush University in 2015 with the goal of improving community health outcomes and contributing to the elimination of health inequities in Chicago.

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Voices of Health Equity in Chicago

Our *Voices of Health Equity* project collects the stories of people who have made health equity a central concern in their work. We are interviewing academics, clinicians, public health advocates, community organizers, and others to better understand how different disciplines and professions could work together to eliminate avoidable, unnecessary and unfair health disparities.

Friday, July 31, 2018

Interviewed by Amber Miller

Biography: Maria J. Ferrera received her PhD and MA from the University of Chicago – School of Social Service Administration (SSA). She received her BS from Loyola University in Chicago, has served for over 20 years as a Licensed Clinical Social Worker in the areas of child welfare and medical social work, and continues to do work in the Filipino American and other immigrant communities. Her areas of practice and research involve: decolonization methods; the influence of colonization on ethnic identity development; community-based, socially just practices and mixed methods research with ethnic minority youth; health disparities and the impact of healthcare law on new and undocumented immigrants in Chicago. Her work has been published in *Critical Public Health*, *Family and Community Health Journal*, *Journal of Ethnic and Cultural Diversity in Social Work* and the *Center for Babaylan Studies*.

Amber: Can you just tell me a little bit about yourself, maybe how you got involved in this work? What led to you to doing work in health equity?

Maria: I'm a Licensed Clinical Social Worker, so I've had training in the field of social work, particularly in mental health, so looking at mental health, holistic health and wellbeing of individuals. I've had experience working with young children in the child welfare system, and then my interests have really grown to look at the wellbeing and mental health of immigrant youth. I've done some work in the immigrant community and when I went back to get my doctorate I looked at second generation Filipino American youth and how they formulate their identities and being from the Filipino American community myself, I was very interested in what makes our community unique.

I was looking at our history of colonization and concepts of historical oppression, trauma, historical trauma... – all of those concepts really kind of influenced the direction of my research.

[Later] I got involved in documenting the impact of a health promotion program that involved immigrant youth. It was with Reverend Coleman, Director of Centro Sin Fronteras who initiated this sort of broader movement or campaign to address this issue of undocumented immigrants and their families are not covered by insurance. If you live here less than five years as an immigrant, you are still not covered by insurance. And this is even after the Affordable Care Act was rolled out...

Centro Sin Fronteras, an activist focused organization, had this vision of bringing folks from Rush Medical School into high schools where immigrant youth and many families are a part of, and they developed a curriculum where high school students can learn about the five major diseases that are impacting their families. This was called the Youth Health Service Corps (YHSC). The youth would also be a part of a program where they received mentorship from public health and medical students and folks from the organization and they learned about their diseases and they were charged to talk with at least 10 family and friends about what they learned. So there was this wider campaign to disseminate really critical public health information in the community. During the process of doing this research, I witnessed individual and community empowerment. So the kids were learning that they can be agents of change, they can disseminate critical information that would essentially save lives.

I've always been interested in identity development and activism and civic engagement among youth and I've found through this program, this really created this infrastructure for empowerment for these

kids and also within their community. I thought that was very remarkable and I learned a great deal from it.

One thing that was also striking: I talked to the Youth Health Service Corps Program Health Coordinator, Miriam Perez, who was deported at one point, separated from her child, but who wanted to come back and still work with these kids. She is very passionate, committed to these kids. A lot of these kids and families trusted her. Many of the kids would come to her when they were depressed or suicidal. And Miriam would tell me, "Maria, I'm not sure how to address their needs". Basically, she's not trained as a mental health professional. So she talked to me about how she's working with families who have encountered suicide, where the kids have committed suicide or they've been very depressed and part of their curriculum they call the "5+1" program. It's the Youth Health Service Corps. "Five plus one equals 20," is what they always say. Five represents the five major diseases like asthma, cardiovascular disease, HIV/AIDS, cancer, and diabetes...and then the "one" is nutrition and exercise and the 20 represents the 20 year death gap in life expectancy. This was really the mantra of that campaign. But that "five plus one" really didn't include mental health.

They (the high school YHSC participants) were still under a great deal of distress for different reasons. And many of them being sort of on the margin as immigrant and minority youth. So, that kind of led me to the founding of a coalition called the *Coalition for Immigrant Mental Health*.

Around the same time I was doing this research, I was talking to folks in the community who also recognized that there wasn't many resources and a lot of nonprofit organizations in our area there. They were really strapped. Either they had to let go of staff or they don't have mental health practitioners on staff. So where do they go? Where do they refer their kids in need and the families?

And the timing was interesting, right before the election of the new administration, we were kind of a few folks and I and the community were coming together with practitioners and staff from the *Illinois Coalition for Immigrant and Refugee Rights*. We're saying, well, what can we do and can we network with each other? Can we build a coalition of mental health practitioners on behalf of the wellbeing of immigrant communities? So we scheduled our first meeting and we invited whoever we thought would be invested or interested.

That first meeting took place two days after the election of the new [Trump] administration. So these were folks who were either doing research or doing direct service work with immigrant families and there were about 20 people in the room; these providers were under stress because there they were receiving calls from folks who are very anxious. The families they provided services for were worried and scared. *Within two days after that election*, we had heard of families where DACA students were committing suicide. And this isn't something that we could confirm. This is very sensitive information that we didn't want to necessarily share. It was hard confirming, as these families of course were afraid, and they didn't want to come forward. But it was a reality that was escalating on a local and national level.

So it was very clear that folks who were in distress for different reasons, particularly immigrant families. So since then we've developed the *Coalition for Immigrant Mental Health*. We've developed community-academic partnerships, with representatives from multiple universities involved in the coalition: DePaul, UIC, Loyola, Adler, and folks from Northeastern and the University of Chicago sort of banding together to try to figure out how can we pool our resources to address the mental health needs. Since then we've partnered to provide close to 15 or 20 training events in the Chicago area to

schools and community level staff. CPS has also expressed interest in training. So training around mental health and how do staff best work with immigrants and refugees. We have also developed a list of practitioners who are willing to volunteer and provide crisis counseling.

We're in the midst of developing a workforce of mental health practitioners. We had our first annual conference last year, that really provided and disseminated more information of how we work together to increase access or mental health resources and services.

The *Coalition for Immigrant Mental Health* has been something that I've been involved with pretty closely now as a co-chair for the last year and a half. We're planning our second annual research conference- a community convening. We're encouraging folks who've done research in this area to share their work, but also immigrant activists to share what they've been doing in the community. It's really an opportunity and forum to come together to share what's been working, what or how we continue to collaborate and build our networks and coalition and increase awareness about resources.

One of the things that the Coalition has done is develop a resource directory of organizations and nonprofits who are providing community-based mental health services in the Chicagoland area and Illinois. So providing information on: who and where they can seek services, do they have a wait list, do they ask for an ID, particularly for immigrants who don't want to come forward or are afraid to seek services, do they take Medicaid, etc. That's a lot of critical information that is involved and providing access to individuals who are stigmatized already.

Amber: Did you always know you wanted to go into social work?

Maria: You know, when I went to Loyola, I started in computer science. Yeah. ...but, you know, I was hanging around with friends who visited shelters and did a lot of volunteer work in the soup kitchens. And living in Chicago and being exposed to a lot of the inequities here in our city was really eye-opening. And that combined with just being a second generation immigrant, and knowing the sacrifices my immigrant parents made, what they came from and what they were seeking here in the United States. I think I had a pretty heightened consciousness of, you know, how, how things are unfair and there's this history of oppression that really contributes to that inequity. And I felt very restless about it. So in order to, to sort of alleviate that restlessness, I felt the need to be in a field that allowed me to do something about it...

Amber: Did you grow up in Chicago?

Maria: So I was born in Chicago. My parents were born in the Philippines and they migrated here before I was born, so I grew up in the Chicago land area, western suburbs and I didn't go too far, so I went to Loyola for undergrad and then University of Chicago for my graduate degrees.

Amber: How long have you been with DePaul?

Maria: I started in 2008. I was an instructor, ABD, so I was teaching while I was finishing up my dissertation. I went on the tenure track in 2011.

Amber: Have you seen a big transition over the last 10 years in Chicago when it comes to mental health? Do you think things have improved or gotten worse?

Maria: You think about the Illinois budget impasse and how resources are limited... and a lot of nonprofit organizations that not only provide services in the community, they provide psychosocial services, including mental health. Many organizations have closed down over the last 20 years. It would be easy to argue that it's gotten worse. I was working a number of years in child welfare and then in medical social work and in the community; I think there's certainly an increase in awareness but not necessarily an increase in services around mental health.

I'm [also] part of a larger study... It's called the inequality and life expectancy research project with Dr. Akila Martin and Dr. Judith Singleton, and we're looking at why there's such a huge disparity in life expectancy with a critical ethnographic perspective, you know, understanding the stories and narratives in these neighborhoods. And that of course includes mental health, but that's one project that I'm on that's more geographic focused. I'm also part of a project where we're trying to gain more narratives of Asian American and other ethnic immigrant youth and young adults because there's growing literature on the experiences of Latins, youth activism and their identity formation in this current social political context. But there's not a lot on the stories of how Asian American youth and other ethnic minority youth are navigating this context. So we're looking at narratives particularly of immigrants who are undocumented or coming from mixed families. My co-researcher and investigator, Dr. Basia Ellis, is doing some work there.

Amber: Are you optimistic about the future of health equity in Chicago?

Maria: Hmm. That's an interesting question. It's a hard question to answer. That's a really hard question. Optimistic in what? You know, I think along the way I've met some pretty remarkable, committed and passionate people who are really invested in pursuing health equity. And that makes me optimistic and I am inspired by them, you know? I think where I hesitate is, you know, examining and considering the structural barriers that are part of our reality even as a city, and that can be anywhere from access to good health insurance to health insurance or coverage. There is such a long road, there's a long way to go there in terms of addressing those structural issues. So I feel probably least optimistic because the resources aren't there and we're not moving forward in that respect under our current administration.

I think that's why it's even more important that we find ways to work collectively. I believe in community-academic partnerships where we are constantly listening to the voices of the community and how we can find creative and innovative ways to pursue health equity, mental health and wellbeing and also in initiatives that really value commitment to research that is community based, community based participatory action research approach that really involve the community. So that research and activism and the partnerships are relevant and impactful.

Amber: Do you have any advice for students or new professionals? I just graduated with my master's in public health and maybe people working in social work. Anyone going into the career around health equity?

Maria: My advice is look for what you're passionate about and ask what is your impact and to what end? Are you part of a movement that authentically works towards social justice and change, or are you part of a system that perpetuates injustice?