MENTAL HEALTH OF CHILDREN & THEIR FAMILIES LIVING IN HOPE SF COMMUNITIES

MPH Program
Department of Health Education
San Francisco State University

August 1st 2013
1st large-scale public housing revitalization project to invest in quality, sustainable housing and community development **without** displacing current residents

Currently focused on transforming 4 distressed public housing sites in SF into vibrant neighborhoods:

- Alice Griffith
- Hunters View
- Potrero Terrace & Annex
- Sunnydale

Led by the San Francisco Mayor’s Office with public and private sector partners and support from the Campaign for HOPE
Collaboration began in Nov 2011

Key Partners
- HOPE SF & Campaign for HOPE
- SF Department of Public Health
- Dept. of Health Education & Health Equity Institute SF State University

Outcomes for HOPE SF and SFSU MPH students

2012 assessment about peer leadership informed development and funding of new programs
ASSESSMENT
Assessment aimed to inform strategy development and the effort to strengthen the public and private investment in mental health services for HOPE SF residents.

Examine the barriers and opportunities to support the mental health of children and their families who live in HOPE SF communities.
Focus on widespread issues in HOPE SF such as depression, anxiety, stress, and fear which are reactions to living in impoverished, isolated and at times, violent communities.

Did not focus on severe mental health illnesses such as schizophrenia.
Mental Health in Hope SF
Communities

- How are mental health issues expressed?
- What resources, skills and coping mechanisms are used to deal with ongoing stressors?
- Who do residents trust and go to for assistance?

Services

- What are the weaknesses and challenges of current services?
- What are the strengths and effective approaches of current services?
- How can services be embedded and integrated into other activities and services?
- How can mental health services effectively serve families?
**Family Relationships**

- What strategies, services, activities exist or could be put into place to foster nurturing family relationships?

**Place-Based Approaches and Social Cohesion**

- What community-wide strategies exist or could be put into place to promote social connections?

**Sustainability**

- What is needed to ensure sustainability of mental health strategies?
METHODS
# SITE LEADERSHIP

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gina Fromer</td>
<td>Executive Director, YMCA SF Bayview Hunters Point</td>
</tr>
<tr>
<td>Kathy Perry</td>
<td>Program Manager, YMCA SF Bayview Hunters Point</td>
</tr>
<tr>
<td>Isaac Dozier</td>
<td>Senior Project Manager, Urban Strategies, Alice Griffith</td>
</tr>
<tr>
<td>Alissa Nelson</td>
<td>Service Connector, Urban Strategies, Alice Griffith</td>
</tr>
<tr>
<td>Emily Weinstein</td>
<td>Director of Community Development, Rebuild Potrero, Bridge Housing</td>
</tr>
<tr>
<td>Uzuri Pease-Greene</td>
<td>Community Builder, Rebuild Potrero, Bridge Housing</td>
</tr>
<tr>
<td>David Fernandez</td>
<td>Sunnydale Transformation Project Director, Mercy Housing</td>
</tr>
<tr>
<td>Larry Jones</td>
<td>Community Liaison, Mercy Housing</td>
</tr>
<tr>
<td>Name</td>
<td>Organization</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Angela Gallegos</td>
<td>KDG &amp; Associates</td>
</tr>
<tr>
<td>Anne Griffith</td>
<td>Enterprise Community Partners, Inc.</td>
</tr>
<tr>
<td>Carlos Reyes</td>
<td>KDG &amp; Associates</td>
</tr>
<tr>
<td>Carmen Gomez-Mandic</td>
<td>Edelman Institute, SFSU</td>
</tr>
<tr>
<td>Clifton Hicks</td>
<td>Community Behavioral Health Services (CBHS), SFDPH</td>
</tr>
<tr>
<td>Cynthia Gomez</td>
<td>Health Equity Institute, SFSU</td>
</tr>
<tr>
<td>Ellie Rossiter</td>
<td>The Campaign for HOPE, SF Foundation</td>
</tr>
<tr>
<td>Helen Hale</td>
<td>HOPE SF, Mayors Office of Housing</td>
</tr>
<tr>
<td>Kanwarpal Dhaliwal</td>
<td>RYSE &amp; SFSU</td>
</tr>
<tr>
<td>Ken Epstein</td>
<td>CBHS Children, Youth &amp; Families Systems of Care, SFDPH</td>
</tr>
<tr>
<td>Lisa Moore</td>
<td>Health Education Department, SFSU</td>
</tr>
<tr>
<td>Marcellina Ogbu</td>
<td>Community Programs, SFDPH</td>
</tr>
<tr>
<td>Maria X. Martinez</td>
<td>Office of the Director, SFDPH</td>
</tr>
<tr>
<td>Mary Hansell</td>
<td>Maternal and Child Health, SFDPH</td>
</tr>
</tbody>
</table>
KEY ASSESSMENT ACTIVITIES

- Assessment Planning (Dec 2012 – Jan 2013)
- Literature Review (Feb – April 2013)
- Interviews (April – June 2013)
- Data Analysis (July 2013)
- Presentation of Findings & Recommendations (Aug 2013)
Mental health of children and families living in public housing across the U.S.

- 18 students divided into 3 teams
- Reviewed over 200 articles & reports
- 118 chosen to inform lessons learned

LITERATURE REVIEW METHODS

Causes

Strategies

Impact
### Resident Interviews

- 30 interviews with residents from Sunnydale, Alice Griffith, Potrero Terrace & Annex and Hunters View
- Site leaders identified and contacted residents

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Gender</th>
<th>Age</th>
<th>Children @ home</th>
<th>Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>44% African American</td>
<td>7 Male</td>
<td>23 Female</td>
<td>23 – 70 yrs.</td>
<td>52% 5 Alice Griffith 6 Hunters View 14 Potrero 5 Sunnydale</td>
</tr>
<tr>
<td>13% Latino</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7% Samoan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Program staff interviews

- 23 interviews with staff from mental health programs
- Identified by Advisory Group and snowball sampling

<table>
<thead>
<tr>
<th>Organizations</th>
<th>Organizations</th>
<th>Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayview Hunter’s Point Behavioral Health Program</td>
<td>Bayview TLC Family Resource Cntr</td>
<td>Bayview YMCA- Family Resource Cntr</td>
</tr>
<tr>
<td>Black Infant Health Improvement Project</td>
<td>Bridge Housing</td>
<td>CBHS Comprehensive Crisis Services</td>
</tr>
<tr>
<td>Children’s System of Care (CSOC)</td>
<td>Comprehensive Child Crisis Services (CCCS)</td>
<td>Edgewood Cntr</td>
</tr>
<tr>
<td>Family Mosaic Project</td>
<td>Jelani House</td>
<td>Potrero Hill Family Support Cntr</td>
</tr>
<tr>
<td>Seneca Cntr</td>
<td>SF HSA &amp; CPS</td>
<td>SF Department of Public Health</td>
</tr>
<tr>
<td>S.E. Child/Family Therapy Cntr</td>
<td>Sunnydale YMCA</td>
<td>Urban Strategies</td>
</tr>
</tbody>
</table>
# INTERVIEW METHODS

Key Informant interviews with stakeholders

- 28 interviews with key HOPE SF stakeholders
- Identified by Advisory Group and snowball sampling

## Organizations

<table>
<thead>
<tr>
<th>APA Family Support Services</th>
<th>Bayview Hunters Point Foundation for Community Improvement</th>
<th>Bridge Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 5 SF</td>
<td>Mercy Housing</td>
<td>SF Adult Probation</td>
</tr>
<tr>
<td>SF Department of Children, Youth and Families</td>
<td>SF Department of Public Health</td>
<td>SF Housing Authority</td>
</tr>
<tr>
<td>SF Human Services Agency</td>
<td>SF Juvenile Probation</td>
<td>SF Police Department</td>
</tr>
<tr>
<td>SF Programs Seneca Center</td>
<td>SF Mayor’s Office</td>
<td>SF Office of Economic and Workforce Development</td>
</tr>
<tr>
<td>YMCA</td>
<td>Young Community Developers</td>
<td></td>
</tr>
</tbody>
</table>
Finding 1

Violence and lack of safety are a cause of tremendous ongoing stress and trauma for children and families in HOPE SF communities that results in wide-spread mental health issues for residents.
Finding 2
In reaction to ongoing fear and stress many residents are forced to remain indoors, restrict children's play outside, turn inward and become isolated. As a result, community connections suffer and mistrust between residents is fostered.

Finding 3
Violence and “acting out” by some young people are perceived to be, at times, a reaction to stress. Distrust of police may prevent residents from calling upon them for assistance.
Finding 4
Substance use can be a form of coping with stress experienced in HOPE SF communities. It also contributes to fear and safety issues and negatively affects the community as a whole.

Finding 5
Fundamental needs and stress can eclipse some caregivers’ capacity to engage in self-care and family building activities. There are few opportunities and accessible safe spaces for families to spend quality time together.
Finding 6
Community ties, social connections and community building activities provide support and relief from mental health issues. Residents want more activities and opportunities to build community.

Finding 7
Opportunities to engage in activities outside of HOPE SF communities provide a respite from isolation, community violence and stress for residents.
Finding 8
Some residents may only seek out mental health services when they are in crisis due to access barriers and because other mechanisms for coping have been exhausted. There is substantial need for care for many children and families who do not currently use mental health services.

Finding 9
Effective programs are in tune with community residents. However, there is a lack of relevant and relatable mental health programs that earn the trust of HOPE SF residents.
Finding 10
Mental health programs serving HOPE SF communities are perceived to be uncoordinated, only temporarily available and not integral to the community, which undermines trust and effective service delivery.

Finding 11
Geographic isolation of HOPE SF communities, distance from mental health services and transportation challenges impede utilization and delivery of care for many children and families.
Finding 12
Some residents may avoid seeking care because of stigma surrounding mental health, mental health services, public housing and fear of family separation. Some families are deterred from receiving help for fear of being labeled and judged.

Finding 13
Concern for personal safety prevents many residents from accessing mental health services and affects staff ability to work within the community, at times hindering service delivery, consistency, and continuity.
Finding 14
Lack of flexible funding, a short-term view and historic disinvestment in HOPE SF communities are significant system challenges that undermine effective service delivery, relevant programs and ultimately the mental health of residents.
RECOMMENDATIONS
Recommendation 1

Prioritize addressing violence in HOPE SF communities and provide support to residents who experience the emotional aftermath of violent events.

Recommendation 2

Long term, sustained investment in comprehensive, coordinated and flexible services are needed. Enact policies that support family well being and dismantle those that undermine family mental health and further structural inequities.
Recommendation 3
Engage in community building activities that foster social connections and provide opportunities for mutual support. In particular create safe spaces that support family interaction and also nurture caregivers.

Recommendation 4
Support relevant and engaging outreach to inform individual residents about available mental health services while working at a community level to de-stigmatize and demystify mental health care.
Recommendation 5

Mental Health services should address staffing issues that impact resident access and staff effectiveness.

- Hire staff who understand community experiences, are relatable and are sensitive to cultural norms.
- Ensure consistent staffing and minimize use of temporary staff and interns.
- Support staff and provide trauma related training.
Recommendation 6
Support peer-to-peer mental health activities including peer navigation and peer led community building activities.

Recommendation 7
Develop an on-site, inclusive Community Center for the whole family that provides “embedded” mental health services and a variety of wellness resources to promote positive relationships and the well-being of residents.
Recommendation 8
Provide case management to all HOPE SF families in need to assess their ongoing needs, improve service planning and coordination, and promote sustained mental health and well-being.
We would like to thank:

- Interviewees; Residents, Program Staff and Key Stakeholders
- Assessment Advisory Group
- Hope SF Site Leadership
  - Bridge Housing
  - Mercy Housing
  - Bayview YMCA
  - Urban Strategies
- HOPE SF
- Campaign for HOPE
- SF Department of Public Health
- Department of Health Education, SF State
- Health Equity Institute, SF State