

MIDDLE EASTERN COMMUNITIES/SOUTHWEST ASIAN COMMUNITIES IN CALIFORNIA*

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.

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.

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/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]

IN BRIEF (CONT.)

COMMUNITY CONCERNS

Diversity and Cultural Factors

Understanding the needs of the ME/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/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/SWA communities and included 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.

STARTING RECOMMENDATIONS

- **Build on community strengths** such as strong achievement orientation and widespread philanthropic values aimed at “giving back” to ME/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.

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 CMMC World Café is a cultural responsiveness training funded by counties through the voter-approved Mental Health Services Act (Prop. 63). It is one of several Prevention and Early Intervention Initiatives implemented by the California Mental Health Services Authority (CalMHSA), an organization of California counties working to improve mental health outcomes for individuals, families and communities. For more information, visit www.calmhsa.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/Southwest Asian Communities.*”

