

National Minority Mental Health Awareness Month

Minorities are less likely to receive diagnosis and treatment for their illness, have less access to mental health services and often received lower quality of care.

Some Data:

According to the Substance Abuse and Mental Health Services Administration (SAMHSA):

- In 2017, 41.5% of youth ages 12-17 received care for a major depressive episode, but only 35.1% of black youth and 32.7% of Hispanic youth received treatment for their condition.
- Asian American adults were less likely to use mental health services than any other racial/ethnic group.
- In 2017, 13.3% of youth ages 12-17 had at least one depressive episode, but that number was higher among American Indian and Alaska Native youth at 16.3% and among Hispanic youth at 13.8%.
- In 2017, 18.9% of adults (46.6 million people) had a mental illness. That rate was higher among people of two or more races at 28.6%,

non-Hispanic whites at 20.4% and Native Hawaiian and Pacific Islanders at 19.4%.

Despite advances in health equity, disparities in mental health care persist. The Agency for Healthcare Research and Quality (AHRQ) reports that racial and ethnic minority groups in the U.S. are less likely to have access to mental health services, less likely to use community mental health services, more likely to use emergency departments, and more likely to receive lower quality care. Poor mental health care access and quality contribute to poor mental health outcomes, including suicide, among racial and ethnic minority populations.

Source: <https://www.minorityhealth.hhs.gov/omh/content.aspx?ID=9447>

**NATIONAL MINORITY
MENTAL HEALTH
AWARENESS MONTH**



ADA 29 ★★ ★★ ★★
★ 1990 - 2019 ★★ ★★ ★★
Americans with Disabilities Act
Celebrate the ADA! July 26, 2019

July 2019 Calendar

National Parks & Recreation Month

National Minority Mental Health Awareness Month

- 1 – Canada Day (Canada)
- 4 – Independence Day (USA)
- 9-10 – Martyrdom of the Bab (Baha'i)
- 11 – World Population Day
- 11 – St. Benedict Day (Christian)
- 15 – World Youth Skills Day
- 16 – Dharma Day (Buddhism)
- 24 – Pioneer Day (Mormon)
- 25 – National Intern Day (USA)
- 26 – Americans with Disabilities Day
- 28 – World Hepatitis Day
- 30 – International Day of Friendship

Being Bilingual Is Not Enough

By Frank Johnson, "The Interpreters Voice" – continued from June 2019 issue

Bilingualism Is No Guarantee. Students who enter my course with this bare minimum level of bilingualism quickly discover that being bilingual does not guarantee success. In fact, even students who enter with a higher level of bilingualism eventually discover that being bilingual by itself is not enough. Generic interpreting is not a generic activity. Interpreters work in specific contexts and use specific vocabularies whose meanings and usage change from context to context, both between subject areas (medical, legal, etc.) and within subject areas (folk medicine, advanced cancer treatment, etc.). The specific advantage the interpreting student with a higher level of bilingualism has over a lower-level student is that the higher-level student can more readily acquire necessary vocabulary and cultural understanding. That acquisition is more of a struggle for the lower-level student. Even the acquisition of vocabulary and cultural understanding is not enough to turn a beginning interpreting student into a skilled interpreter because bilingualism alone does not address communication between languages. Bilingualism is usually defined in terms of communication in two languages, not as the ability to communicate between two languages. The ability to take another person's ideas, which are expressed in that person's own idiolect, and transfer those ideas to another language while faithfully communicating the message in all its aspects is the crucial element that separates translation and interpreting skills from mere bilingual skills.

Oral Communication Skills. When we turn from interpreting to translation, we face a significantly different situation. In addition to the inter-linguistic communication skills that are common to translation and interpreting, interpreters have to be able to communicate orally in both languages at the level required by the interpreted context. For bilateral interpreters, their source and target languages are constantly changing. This demands a high level of oral productive ability in both languages. Translators, on the other hand, usually only translate into their native or dominant language, and do not need written or spoken skills in their source language. Thus, even if we expand bilingualism to include reading and writing skills as well as listening and speaking skills in both languages, complete functional bilingualism is not a basic skill for translators.

A Starting Point. Being bilingual is not enough. For interpreters, bilingualism is a start and a requisite skill, but by itself, bilingualism is not enough for interpreters to be good interpreters. For translators, bilingualism is helpful. For one thing, it enables translators to communicate better with direct clients who may be reluctant to entrust a job to a translator who cannot speak their language. Having a combination of subject area expertise, high-level reading skills in the source language, and excellent writing skills in the target language is a must.

Source: http://www.ata-divisions.org/ID/newsletters/Voice_2009_Fall.pdf



New Staff Profile: Scolastica Choi Chang

Scolastica Choi Chang is the new Korean interpreter joining the UCDH Medical Interpreting Services. She was born and raised in Seoul, South Korea. Her parents supported her and her brother to study abroad, to learn and experience the diversity in cultures, and to broaden their education. Scolastica moved to US to continue her education. She studied Material Science, Ceramics Engineering at University of Washington in Seattle. During her college years, Scolastica volunteered to help members of Korean community with limited English proficiency through community service programs. This is where she met her future husband.

A few years after getting married, Scolastica's husband received a job offer in Sacramento, and they moved to Roseville to start a family. As the family grew, Scolastica became a full-time mom and took on many community projects. She volunteered at her boys' schools, worked as a writer for Rosemont Patch, coordinated cultural events for Asian Food festivals, and taught Catechism for young adults at her church for over 10 years.

Since 2005, Scolastica started developing her interpreting skills in a medical setting, working for various language agencies. In 2018, she enrolled and completed the 40-hour Medical Interpreter training course at UCDH, and joined the UCDH MIS team in May of 2019. "I was thrilled to join the team of great colleagues and provide my service to people who have language barriers. Every time I work with patients and providers in a complex medical setting, I reaffirm that facilitating accurate communication is a task of great importance. I make sure to find time to further educate myself in medical terminology, health conditions, and workplace protocols to provide better service and enhance the quality of my work," – says Scolastica.

Outside of work, she loves spending time with family and friends. Preparing favorite meals, taking pictures, exploring new places together, and being buried in a sofa next to each other makes her happy and relaxed. It's the simple things that bring the most pleasure: having a good conversation at the dinner table with her husband and their college boys is the best.

Welcome to MIS, Scolastica! We are happy to have you join our team!