

# Model Mental Health Program for Hispanics

**AN OVERVIEW OF THE NEW JERSEY MENTAL HEALTH INSTITUTE INC.'S**  
*Changing Minds, Advancing Mental Health for Hispanics project*  
and

## **Recommended Steps to Improve Access to and Quality of Mental Health Services for Hispanics**

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# Introduction

The New Jersey Mental Health Institute, Inc. (NJMHI), an outgrowth of the New Jersey Association of Mental Health Agencies, Inc., identified and accepted the challenge of increasing access to and enhancing the quality of mental health services for Hispanics after the release of several national reports and national efforts. These reports and/or national efforts included:

- The former U.S. Surgeon General David M. Satcher, M.D. 1999 report on mental health titled, *Mental Health: A Report from the Surgeon General*.
- United States Department of Health and Human Services 2001 report, *Mental Health: Culture, Race, and Ethnicity – A Supplement to Mental Health: A Report of the Surgeon General*.
- National Congress for Hispanic Mental Health, 2000. Creation of National Agenda for Hispanic Mental Health and subsequent National Action Plan.
- United States 2000 Census Data.
- U.S. Department of Health and Human Services' *HEALTHY PEOPLE 2010 INITIATIVE*.

The reports and national efforts clearly identified the significant rise in the number of Hispanics in the United States, their projected increase over the next few decades, their underutilization of mental health services, their over-representation in vulnerable high need groups such as the homeless, the poor, the uninsured, and the incarcerated, and the existence of disparities in the quality of health care provided to them as an ethnic group. The reports also urged national, state, and local private and public institutions to take action to better understand and address the barriers facing the Hispanic population with regards to accessing mental health services. The NJMHI is taking action through its *Changing Minds, Advancing Mental Health for Hispanics* project and welcomes the opportunity to not only increase access to mental health services for Hispanics, but to also enhance the quality of mental health services received by Hispanics.

The primary goal of *Changing Minds, Advancing Mental Health for Hispanics* is: ***To understand the belief systems, attitudes and barriers facing the at-risk Hispanic population in need of mental health services and to implement effective strategies to address the identified barriers.*** The objectives focus on in-depth research, which entails a comprehensive literature review and analysis and conducting our own study; creation of a model that includes best practices for mental health agencies and clinicians; information dissemination in the form of a nationwide quarterly newsletter, trainings and conference presentations; and an evaluative component. The project also aims to heighten awareness, understanding and acceptance of those with mental illness among the Hispanic population and provide them with concrete ways to access treatment services.

The following pages represent the NJMHI's *Changing Minds, Advancing Mental Health for Hispanics*' efforts to produce a model that includes best practices for mental health agencies and clinicians to utilize in order to attract and retain Hispanics in mental health services that reflect Hispanics' needs and cultural preferences. The suggested practices should be viewed as recommendations, and should in no way be a substitute for professionally established standards for quality mental health service delivery or ethical codes of conduct.

In providing the mental health community with such information, the NJMHI is pleased to be a driving force in the fight to eliminate health disparities in access to and quality of mental health services for Hispanics. As we embark on a journey to not only identify barriers to care, but to also develop effective strategies to address these disparities, the NJMHI would like to thank the supporters of the *Changing Minds, Advancing Mental Health for Hispanics* project. Special thanks goes to the Eli Lilly and Company Foundation for the initial two-year funding of the project, which has allowed the project to go from a concept to practice, and to conduct the research activities needed to produce this recommended model/framework. We are appreciative of the company's support on improving mental health services for Hispanics. Additionally, the NJMHI would also like to thank Princeton Financial Systems/State Street New Jersey for the award provided to complement funds received from the Eli Lilly and Company Foundation for initial project activities that led to this recommended model.

We welcome you on the journey to increase access to and enhance the quality of mental health services for Hispanics. Together, we know we can make a difference. To do so, we must first understand the problems as they are experienced first hand, and then stop, listen to those impacted by the disparities, involve them in the solution process, and then remain focused and passionate about our efforts. The NJMHI has begun that process!

Our first step in this process was to produce an in-depth literature review and analysis titled, ***Comprehensive In-Depth Literature Review and Analysis of Hispanic Mental Health Issues with Specific Focus on Members of the Following Ethnic Groups: Cubans, Dominicans, Mexicans and Puerto Ricans.*** The report provides a comprehensive review of professional literature on mental health issues as they relate to Hispanics' mental health service utilization, clinical best practices, and barriers to treatment. The report also contains information on the social and cultural background of Latinos in the United States, and provides an analysis of what is known to date, gaps in research and the service delivery system, and recommendations for future action. To obtain a free copy of the report, or to learn more about the NJMHI's efforts, please visit the NJMHI website [www.njmhi.org](http://www.njmhi.org) and click on the *Changing Minds, Advancing Mental Health for Hispanics* section for more information. You may also contact Henry Acosta, project director, at (609) 838-5488, ext. 205 or via e-mail at [hacosta@njmhi.org](mailto:hacosta@njmhi.org) to receive a print copy in booklet format.

# Recommended Steps to Improve Access to and Quality of Mental Health Services for Hispanics

Since the fall of 2001, the New Jersey Mental Health Institute, Inc. (NJMHI) has spearheaded the *Changing Minds, Advancing Mental Health for Hispanics* program with the goal of producing a model/framework that incorporates best practices for mental health agencies and clinicians to utilize in order to attract and retain Hispanics in mental health services that reflects Hispanics' needs and cultural preferences. The recommended action steps are a result of reviewing existing Hispanic mental health literature and programs; conducting our own study, which entailed field visits and structured interviews with mental health agency administrators, clinicians and Hispanic community-based organization administrators; and several focus groups with Hispanics from the following four ethnic groups: Cubans, Dominicans, Mexicans, and Puerto Ricans. In addition to providing guidance to mental health agencies and clinicians, a list of all activities engaged in and programs developed by the NJMHI as part of its *Changing Minds, Advancing Mental Health for Hispanics* project is included with the hope of serving as a guide for mental health organizations and other entities that are interested in addressing the issue of lack of access to and quality of mental health services for Hispanics in their respective states. The NJMHI urges you to join our efforts and support equal access and quality for all!

We begin with a review of key findings from the NJMHI's *Changing Minds, Advancing Mental Health for Hispanics*' comprehensive literature review and analysis and we then proceed to a description of activities that contributed to the recommendations being made, followed by recommended action items for different levels of stakeholders. We conclude with a reference section of Hispanic mental health literature and videos that may provide you with additional information and guidance in your quest to enhance access to and quality of mental health services for Hispanics.

## Key Findings: Changing Minds, Advancing Mental Health for Hispanics' Comprehensive Literature Review and Analysis

### 1. Latino Mental Health

- Of the four major groups, Puerto Ricans on the mainland experience the worst mental health status based on the results of large epidemiological studies. This is a paradoxical finding given that Puerto Ricans are citizens. Puerto Ricans should be a special focus of preventive interventions and outreach efforts to provide care.
- Little is known about the mental health of Dominicans, particularly those who are undocumented. Issues of racism are particularly prominent for Dominicans. More research on the mental health of Dominicans is needed.
- As Latinos acculturate to mainstream U.S. society, their mental health appears to worsen. This finding is best documented for Mexican Americans. This is particularly true for substance use and abuse disorders. Special preventive interventions are needed for recent immigrants to prevent the development of mental health problems.

### 2. Latino Mental Health Utilization

- Latinos tend to underutilize mental health services, although this is most true for Mexican Americans and least true for Puerto Ricans and Cubans. Also, immigrants are much less likely to seek help for mental health problems than their U.S. born counterparts. Most of the utilization research has been carried out with Mexican Americans. There are no data on the mental health utilization needs and patterns of Dominicans.
- When Latinos seek care, they are most likely to seek care in the general medical sector rather than the specialty mental health sector of the health care system.
- More work needs to be done with general community health providers who serve Latinos to identify and address mental health problems among their patients. Mental health programs for Latinos would be more effectively located in community health programs than in specialty mental health centers.
- Latinos who have been in mental health treatment in their home countries are more likely to have received medication than therapy. It is important to assess if they continue to receive psychiatric medications from relatives in their home countries.

### **3. Latino Mental Health Barriers**

- The two major barriers to receiving mental health care for Latinos are language barriers and lack of health insurance.
- Insurance issues are tied to the undocumented status of a significant portion of the Latino community and to the sectors of the economy where many recently arrived Latinos work.
- Lack of knowledge about what mental health services are and where to get services are other major barriers for Latinos. Use of alternative health providers, including clergy, does not appear to prevent use of medical/mental health services, but seems to be complementary to that use.
- There is a critical need for more bilingual/bicultural mental health professionals.
- Training programs for interpreters, and for staff to work with interpreters, are critical for programs that serve the Latino community.
- The Latino community needs more information about their rights to mental health services regardless of their legal status.
- Innovative insurance programs for mental health services for Latinos are needed [along the lines of special health insurance programs for pregnant women and children].
- Informational programs to inform the Latino community about mental health services and their locations are indicated. These programs could incorporate alternative providers as educators for reaching the Latino community.

### **4. Latino Mental Health Clinical Best Practices**

- There is extremely limited research information on what mental health treatments work best for Latinos. Latinos have been severely under represented in research studies on mental health treatments, both medications and therapies.
- Earlier studies of diagnosis among bilingual Latinos indicated that Latinos appeared healthier when they were interviewed in Spanish than when they were interviewed in English. Better protocols for assessing language abilities in clinical assessment are needed. More attention needs to be paid to linguistic and cultural issues in the diagnostic process.
- Clinicians need to know more about cultural issues in the diagnosis of Latino clients. Symptoms such as “hearing your name called when no one is there” and “seeing or feeling presences” are common among some Latinos and not necessarily indicative of psychosis. Cultural syndromes such as *ataques de nervios* among Puerto Ricans and *susto* among Mexican Americans have complex relationships to psychiatric diagnoses.
- The adaptation of Cognitive Behavioral Therapy (CBT) for depression among Latino clients has received the most work. Research shows that CBT interventions work well for Latinos.
- There has also been considerable work on family interventions to alleviate the stresses of differential acculturation across generations and to aid families in helping the recovery of relatives with serious mental illness. These models need to be tested and disseminated more widely.
- There is some evidence that when Latinos do get into care, they receive lower quality care than European American clients. This includes receiving older forms of medication for their conditions and receiving less psycho-therapeutic interventions. Clearly, quality improvement programs are needed to insure that those Latinos who get into mental health care receive the optimal treatment.
- Latinos appear to have significant concerns about psychotropic medications. These include both the strength and the addictive potential of those medications. Latinos need more education about psychotropic medications, their effectiveness, and their potential for addiction.
- There is very limited information that some Latinos may respond differently to psychotropic medications, particularly anti-psychotics, than European Americans. Latinos may be more sensitive to the side effects of medications than European Americans. Clinicians should consider starting Latinos on lower doses of medication and raising those doses more slowly than with European American patients.
- There is some data that when Latino clients see Latino (or bilingual/bicultural) therapists, they are more likely to remain in care and to have better outcomes. This is particularly true for recently arrived and Spanish speaking clients.

# Changing Minds, Advancing Mental Health for Hispanics

## Detailed Project Activities

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### **Mental Health Agency Administrator Surveys**

In an effort to gather information from mental health agency administrators about their experiences with servicing Hispanics at their agency, and to attempt to increase awareness and interest in providing culturally competent and sensitive mental health services to Hispanics, the New Jersey Mental Health Institute, Inc.'s (NJMHI) *Changing Minds, Advancing Mental Health for Hispanics* project staff met with 23 mental health agency administrators throughout the State of New Jersey to conduct a face-to-face interview. Select tables in Appendix A detail findings from the interviews conducted with these administrators, which include executive directors, vice presidents of behavioral health, and outpatient directors. The interview and questionnaire assessed such issues as: barriers experienced by the agencies with regards to serving Hispanics; barriers Hispanic consumers face in getting care, from an agency administrator's perspective; strategies the agencies are utilizing to attract Hispanics to their agency for services; and their knowledge of recent reports and developments throughout the nation that reveal the disparities that exist for ethnic minority groups.

Of major importance, and an area requiring immediate attention, is the shortage of bilingual and bicultural clinicians in the nation. As language has been found to be a major barrier for agencies seeking to provide therapeutic services to the growing Hispanic population, and for Hispanics in need of mental health services, this issue is extremely critical. Even though more Hispanics are going into higher education than ever before, few go on to graduate studies, and even fewer go into the behavioral health field. Financial barriers to higher education are still significant for many Hispanics. Additionally, as licensing has become a major part of today's society for insurance reimbursement, and this is only available to individuals who have both earned a Master's degree in a behavioral health field and passed a licensing examination, states and the federal government should explore programs to aid bilingual and bicultural individuals to go into a graduate behavioral health field program.

Please see Appendix A for a Set of Tables on Agency Administrator Survey Findings.

### **Mental Health Direct Service Provider Surveys**

Another source of information for the recommended items that follow were 122 direct service providers at 20 mental health agencies throughout the State of New Jersey. A survey was developed to assess a clinician's experience with serving Hispanics in mental health care and included such items as: barriers to services for Hispanic consumers; clinician's knowledge about the difference between race and ethnicity; clinician's perception of his/her agency's efforts in the areas of cultural competence training and development; clinician's perceived need for additional resources in the areas of cultural awareness and competence; and the clinician's professional experience with serving Hispanics. Select tables in Appendix A detail findings from this project activity. Strategies that are being employed by many clinicians who consider themselves to be successful with engaging and retaining Hispanics in mental health treatment are incorporated into recommended items later in this report.

Please see Appendix A for a Set of Tables on Direct Service Provider Survey Findings.

### **Focus Groups in Latino Communities**

Additional valuable information was provided directly by Hispanics during focus groups with Hispanics from the nation's four largest Hispanic ethnic groups: Cubans, Dominicans, Mexicans, and Puerto Ricans. The focus groups consisted of both Hispanic mental health consumers and non-consumers. We created a summary report detailing the findings from this activity.

Please see Appendix B for the Summary of Focus Group Findings.

## Key Findings from Agency Administrator and Direct Service Provider Surveys

- ◆ Agency Directors and Direct Service Providers are concerned about providing better services to Latino consumers.
- ◆ Agency staff have thought a lot about barriers Latinos face to accessing care and about how to address those barriers. Agencies need support and guidance on how to implement programs to address these barriers.
- ◆ There is a strong sense that training on Latino mental health would improve agency sensitivity to and ability to address the needs of Latino consumers. Providers are supportive of more training.
- ◆ Agencies need more information on national efforts to address the needs of Latino consumers.
- ◆ Agencies have made progress in developing materials in Spanish for their Latino clients. More progress is needed in other areas of services to the Latino community.

## Additional Project Activities

In addition to carrying out the above activities and preparing the *Comprehensive In-Depth Literature Review and Analysis of Hispanic Mental Health Issues with Specific Focus on Members of the Following Ethnic Groups: Cubans, Dominicans, Mexicans and Puerto Ricans*, the NJMHI has been very proactive in implementing strategies to eliminate barriers identified throughout our initial project activities and in educating community leaders, decision makers and other community stakeholders on the severity of the need to enhance access to and the quality of mental health services for Hispanics. These activities include:

- ◆ The creation of the NJMHI's **Hispanic Higher Education Scholarship Fund** to address the lack of available bilingual and bicultural Hispanics to meet the mental health needs of the Hispanic community. The scholarship fund is specifically targeted to undergraduate college students of Hispanic background who are bilingual and interested in pursuing a master's degree in Social Work from a New Jersey university. The first scholarship recipients were announced during the NJMHI's parent organization, the New Jersey Association of Mental Health Agencies, Inc., annual conference in May 2003. The NJMHI is aiming to offer scholarships annually and the number of and quantity of the scholarship awards will depend on the contributions raised through an annual direct mail campaign and other fundraising activities.
- ◆ The introduction and subsequent implementation of the **NAMI (formerly the National Alliance of the Mentally Ill) Family-to-Family educational program in Spanish** at 10 locations within nine cities that span six different counties in New Jersey. This project is a collaborative effort between the NJMHI's *Changing Minds, Advancing Mental Health for Hispanics* project, NAMI NEW JERSEY, and nine community stakeholders groups that were created and brought together by the NJMHI. The purpose of the groups was to build consensus that the Family-to-Family educational program in Spanish was needed in their community; that it was something so worthy for their Hispanic community residents that they were willing to commit a variety of resources to bring the program to their community; and to assist the NJMHI and NAMI NEW JERSEY with building the necessary infrastructure to maintain the program within their community after the completion of the initial federal government funding from the United States Substance Abuse and Mental Health Services Administration (SAMHSA) for the project.
- ◆ The development of a **Directory of Multicultural Resource Agencies**. The overall goal of the Directory of Multicultural Resource Agencies is: To increase the knowledge of available mental health and social services in the State of New Jersey among service providers. The NJMHI's primary objective for this project was to develop a comprehensive, easy-to-use Directory of Multicultural Resource Agencies. The directory features a listing of all mental health programs in the State of New Jersey, contains listings by county, and includes a listing of services provided by each agency. In addition, the language(s) in which clinical personnel (e.g., social workers, mental health counselors, psychologists) and medical (e.g., psychiatrists) can provide services is also provided. We believe this information will be extremely valuable, as many individuals do not seek treatment because of language and cultural barriers. Furthermore, the directory includes a listing of all public and private social service organizations with specific attention to organizations providing services to underserved populations, such as African Americans, Asian Americans, and Hispanics, and about what services are offered by these organizations. The directory also includes a listing of civic organizations and associations dedicated to the advancement of members of these groups.
- ◆ The development of a **nationwide quarterly bilingual newsletter**, titled, *Changing Minds, Advancing Mental Health for Hispanics*. The newsletter was created as a venue to share project activities and findings, to increase interest and awareness of mental health issues among Hispanics, and to educate stakeholders of the issues and needs of Hispanics with regards to accessing quality mental health services. The newsletter, which began with a mailing list of nearly 500, now consists of nearly 850 recipients and is available in electronic format on the NJMHI website, [www.njmhi.org](http://www.njmhi.org).



The quarterly newsletter is distributed to identified mental health association leaders, community mental health agency administrators, national Hispanic organizations, Hispanic community-based organizations, political leaders, mental health consumer groups, and media agencies throughout the United States. Additional copies are also distributed during conference presentations made by *Changing Minds, Advancing Mental Health for Hispanics* project staff. Individuals interested in receiving a print copy of the complimentary quarterly newsletter should notify the *Changing Minds, Advancing Mental Health for Hispanics* project director at [hacosta@njmhi.org](mailto:hacosta@njmhi.org).

- ◆ The planning and hosting of a **Summit on Improving Mental Health Services for Hispanics**. The summit is designed to: 1.) share project findings and the model/framework with mental health professionals who have experience working with Hispanics in a mental health setting prior to the distribution of the model/framework; and 2.) obtain feedback, support and consensus from mental health providers who have years of professional experience working with Hispanics in mental health programs that the model/framework captures key elements of successful mental health service programming for Hispanics.
- ◆ **Educational awareness and advocacy efforts** which led to the participation of the *Changing Minds, Advancing Mental Health for Hispanics* project director in Governor James E. McGreevey's Hispanic Advisory Council on Policy Development Initiatives Health Subcommittee, where he co-chairs the Health Subcommittee and chairs the Mental Health Work Group for the Subcommittee, and plays a key role in the recommendations made to Governor McGreevey on improving the mental health service delivery system for Hispanics in New Jersey, and which have contributed to numerous television, radio and print media interviews to discuss mental health issues.
- ◆ **Conducting numerous presentations** at local, state and national conferences, community meetings, and other venues aimed at sharing project activities and findings, increasing interest and awareness of mental health issues among Hispanics, and educating stakeholders about the issues and needs of Hispanics with regards to accessing quality mental health services. These arenas have allowed the NJMHI to not only achieve its above referenced goals, but they have also allowed the NJMHI to expand its knowledge of Hispanic mental health issues, network with leading experts in the field, create a visible and credible presence both within New Jersey and nationally, and to stress to state and federal leaders the fact that physical and mental health are interconnected and that mental illness does not discriminate!
- ◆ **Joining relevant associations**, such as the Association of Hispanic Health Care Executives, the National Latino Behavioral Health Association and the National Association of Puerto Rican and Hispanic Social Workers, and **subscribing to numerous daily, weekly, bi-weekly or monthly publications** that include updates on issues, such as minority mental health work, legislative updates, and scholarship programs for Hispanics. These memberships and subscriptions enhance knowledge of the area and serve as key disseminators of information to local leaders and stakeholders.
- ◆ **Developing fact sheets and press releases** in both English and Spanish on Hispanic mental health issues and project activities that have resulted in numerous radio, television and print coverage. These activities have allowed *Changing Minds, Advancing Mental Health for Hispanics* project staff to share project activities and findings; to increase interest and awareness of mental health issues among Hispanics; to educate stakeholders of the issues and needs of Hispanics with regards to accessing quality mental health services; and to heighten awareness, acceptance and understanding of mental health illness among the Hispanic population.
- ◆ **Developing an educational awareness brochure** in Spanish on mental health issues that includes facts on depression, anxiety and schizophrenia. The project includes distribution to select communities with a high concentration of Hispanics and engages community-based organizations, religious organizations, and other community groups.
- ◆ **Participation in community activities** such as health fairs, parent meetings and educational forums in New Jersey has also been a key role for *Changing Minds, Advancing Mental Health for Hispanics* project staff. These activities have allowed the NJMHI to obtain visibility within Hispanic communities, secure credibility for its work, and build trust and respect from community residents and leaders alike.

Participating in all of the above activities has provided the NJMHI with a better understanding of the issues that Hispanics face with respect to poor access to and quality of mental health services. The NJMHI encourages individuals interested in making a difference in this area to work collectively in designing strategies that address the complexity of the problems at various levels, such as community, individual, and the regulatory systems level. We hope that this introduction to the *Changing Minds, Advancing Mental Health for Hispanics* work has been helpful and respectfully provide the following model for mental health agencies and clinicians to utilize in order to attract and retain Hispanics in mental health services that is reflective of the needs and cultural preferences of Hispanics.

# Model Mental Health Program for Hispanics

Based on the project activities conducted and continued education around the mental health needs of Hispanics, the NJMHI identifies the following areas to be explored and addressed in order to become a more culturally competent mental health service provider for Hispanics:

- Program Environment
- Outreach and Educational Awareness Activities
- Organizational Cultural Awareness and Sensitivity
- Program Staffing
- Program Delivery System/Treatment Availability
- Clinical Treatment Programs

These areas are critical to reducing and/or eliminating the array of barriers Hispanics face in access to and the quality of mental health services for Hispanics.

## ***Program Environment:***

Mental health agencies that appear to be doing well with both attracting and retaining Hispanics in mental health programs had several characteristics in common. One characteristic was program environment. The agency's environment was culturally sensitive to Hispanics as evidenced by several factors, such as:

- Having material available in both English and Spanish in the waiting areas for consumers and/or family members to read, such as *People en Español*, *Hispanic Magazine*, and other publications. If a television is available in the waiting area, having the ability to receive Spanish programs is also helpful.
- Having a bilingual receptionist/greeter who could greet and direct the consumer to the appropriate service area.
- Having the Patient's Bill of Rights available in English and Spanish and having both versions posted in visible public areas.
- Being located near or easily accessible to mass transportation. This issue is critical as many Hispanics cannot afford their own transportation due to high insurance rates in urban communities and must rely on mass transportation as their primary means of transportation.
- Having pictures reflecting diverse individuals, bright colors and key Latin American and other landmarks known to Hispanics, such as El Morro in San Juan for Puerto Ricans.
- Staffing consists of individuals from diverse racial and ethnic backgrounds, including Hispanics and bilingual professionals.

## ***Outreach and Educational Awareness Activities:***

Another common characteristic of mental health agencies that appear to be doing well with both attracting and retaining Hispanics in mental health programs was targeted outreach and educational awareness activities. Some examples include:

- Conducting presentations in both English and Spanish at local schools, community based organizations and churches about services offered by the mental health center. Religious institutions are an important and influential institution for many Hispanics worldwide and should be engaged.
- Participating in health fairs, educational fairs or other venues, such as parent meetings in schools and community festivals to distribute information on both mental health topics and services available at their respective agencies. Information disseminated should be made available in English and Spanish.
- Posting of advertisements in local Hispanic media outlets such as print, radio, or television, about mental health issues, services available at a respective mental health agency, job opportunities, or on the importance of seeking treatment if needed.
- Development and subsequent distribution of press releases in English and Spanish on topics around mental health issues, the impact of mental illness in the Hispanic community, programs available to meet the mental health needs of Hispanics, and the disparities that exist in both access to and quality of mental health services for Hispanics.
- Participation in community stakeholders groups, coalitions, associations, conferences, summits, or trainings on improving mental health care for Hispanics and/or on their respective organization's mental health programs for Hispanics.
- Supporting local events sponsored by Hispanic community-based organization such as parades, walks, fundraising events, and other venues where the agency can obtain visibility within the Hispanic community, and distribute information on both mental health topics and services available at their respective agencies. Information disseminated should be made available in English and Spanish. This appears to demonstrate an agency's commitment to the Hispanic community, thus strengthening trust among the Hispanic community and contributing to their ability to be seen as a partner in enhancing services for Hispanics.



## **Organizational Cultural Awareness and Sensitivity:**

Demonstrating awareness of and sensitivity to the diversity of its service area constituency was another common characteristic of mental health agencies that appear to be doing well with both attracting and retaining Hispanics in mental health programs. Some examples include:

- Review of demographic data of the service area is made in order to ensure that services provided by the agency are responsive to the service area constituency.
- Plans are developed to address changes in service area demographics in order to ensure that services provided are culturally and linguistically appropriate for the service area constituency. Plans may include: 1.) Holding meetings with other organizations that serve Hispanics or other identified underserved populations to learn how they can improve their service delivery system for Hispanics or the other underserved population(s); how they may be able to collaborate to ensure that Hispanics individuals and those from other identified underserved population(s) have access to mental health services if needed, or to develop a task force, coalition, or strategic plan to improve the mental health service delivery system for Hispanics or other identified underserved populations in their respective service area; or 2.) Developing a plan to both train staff on how to best serve Hispanics or individuals from other identified underserved population(s) and/or how to recruit qualified Hispanics individuals or other individuals from the identified underserved populations to reach out and engage and serve the identified underserved population(s).
- The organization conducts a comprehensive psychosocial history on its consumers which includes a social and cultural assessment of Hispanics. Areas to consider for the assessment include: Language Capabilities and Preferences, Social Connections: Family Structure and Social Supports, Migration Experience Acculturation, Religious Beliefs and Practices, and Health Care Utilization.
- Dedication to cultural awareness, competence and sensitivity is included in the agency's mission or vision statement or core values. It is also part of the agency's strategic plan and/or part of the organization's quality improvement efforts.
- Representatives from the organization are encouraged and allowed to participate in coalitions, task forces, or other activities sponsored by external entities that are geared to addressing the array of needs of Hispanics. This can contribute to the organization strengthening its visibility and dedication to the Hispanic community, increasing its network within and outside its service area, and can lead to possible collaborative partnerships.
- The organization conducts needs assessments or focus groups with Hispanics to obtain a clearer understanding of the population's needs and barriers to accessing services. The information that is learned is then taken into account and reflected in the agency's practice. One example is making services available at night or weekends, or providing in-home services.
- The organization conducts a cultural self-assessment utilizing developed cultural competence self-assessment tools and both develops a cultural competence plan to address all key areas and identifies a person(s) responsible to ensure the organization's progress and success. The organization also develops a plan that includes future cultural self-assessments to monitor progress.

## **Program Staffing:**

Addressing areas in program staffing is also a critical element for mental health agencies to attract and retain Hispanics in mental health programs. Mental health agencies that appear to be doing well with both attracting and retaining Hispanics in mental health programs have identified and engaged in some of the following activities:

- Have bilingual and bicultural staff in clinical, administrative and medical positions.
- Recognize the importance of not burning out their bilingual and bicultural staff by "dumping", as many clinicians referred to it, all of the Spanish speaking cases on them, while requiring them to share and/or perform numerous other duties such as translating material, conducting outreach and educational awareness activities, clinical supervision, or administrative duties, or serving as the sole source of translation services for other programs within the agency.
- Ensure staff is aware of the array of barriers that impede Hispanics' use of mental health services and their ability to both get to and maintain their appointments, and are sensitive to this. There are no policies in place that are punitive or unconstructive such as not serving consumers if they get to their appointment late but still charging them, or not allowing for consumers' children and/or other family members to accompany them to visits. Staff also recognizes that the family and/or family members may be a strength and support system for the consumer and engages them in the consumer treatment if appropriate.
- The organization has developed a relationship with local colleges and universities to serve as a field placement location, and provides internships or volunteer opportunities. The organization participates in educational institution events such as, careers fairs and other activities, that allows the organization an opportunity to introduce themselves to the students while they are in school, recruit potential volunteers or staff and becoming visible within their community.
- The organization utilizes relevant media sources for advertising its job opportunities and other relevant groups such as the National Association of Puerto Rican and Hispanic Social Workers, the National Latino Behavioral Health Association, or the National Hispanic Medical Association. All job advertisements, press releases and event ads are targeted. The organization also takes advantage of sending its job opportunities, press releases and event ads to relevant state agency departments, divisions, or programs, Hispanic community-based organizations, Hispanic social and civic groups, and to list serve groups, for example, the Hispanic community in New Jersey has created the New Jersey Latino Issues list serve which consists of more than 500 Latino leaders throughout the State of New Jersey.

- Staff is provided with opportunities to participate in trainings on working with Hispanics and other racial and ethnic groups and are provided with the resources and time needed to do so. Staff is also given the opportunity to develop as professionals and encouraged to submit call for papers to present at local, state or national conferences on programs they are working in.

### **Program Delivery System/Treatment Availability:**

Ensuring that services offered by a mental health agency are culturally sensitive, linguistically appropriate, seen as “promising” or “best practices” with Hispanics, and offered at times and locations that meet the needs of Hispanics is also a key factor in ensuring increased access to and quality of mental health services for Hispanics. Here is a list of variables that should be considered in this key area:

- Services are made available at locations that are easily accessible to mass transportation and are user-friendly as described in the program environment section above.
- Services are made available on days of the week and times that are both convenient and necessary for Hispanics such as evenings and Saturdays.
- Providing in-home services has been reported to work well with Hispanics as it eliminates many of the barriers many Hispanics experience with maintaining appointments and feeling uncomfortable with going to settings that may be viewed within the Hispanic community in a not so positive manner (i.e., a place where “crazy” people go).
- Services are provided by caring, patient, trustworthy and helpful professionals who make all attempts to assist Hispanics with their mental health needs and other needs that may arise. Many providers report being flexible to ensure that critical needs of Hispanics such as housing, legal matters and other social service case management services are provided to Hispanics in addition to mental health services. One must be very sensitive to the fact that one cannot focus attention on improving their mental health services if they are overwhelmed by essential living needs.
- The organization ensures that the following dimensions of culture are implemented in the development of multicultural mental health services: Ethnic Identity, Language, Material Signs and Symbols, Events and Celebrations, Shared Values and Styles of Interaction, and Views of Mental Illness.

### **Clinical Treatment Programs:**

Ensuring that services offered by a mental health agency are culturally sensitive, responsive, linguistically appropriate, and based on “promising” or “best practices” with Hispanics, is critical in ensuring increased access to and quality of mental health services for Hispanics. Some factors to consider include:

- Research in the area of clinical best practices with Hispanics is limited. The adaptation of Cognitive Behavioral Therapy (CBT) for depression among Hispanic consumers has received the most work. Research shows that CBT works well with Hispanics. Some other studies have shown that psychotherapy and family psychoeducation work well with Hispanics, as do providing in-home services. More work is definitely needed in this area.
- Latinos appear to have significant concerns about psychotropic medications. These include both the strength and the addictive potential of those medications. Latinos need more education about psychotropic medications, their effectiveness, and their potential for addiction.
- There is some data that when Latino clients see Latino (or bilingual/bicultural) therapists, they are more likely to remain in care and to have better outcomes. This is particularly true for recently arrived and Spanish speaking clients.
- Family and religion/spirituality play a major role in the lives of many Hispanics. Mental health agencies and practitioners should be aware of this and ensure that practices are sensitive to and respect this area. Agencies and clinicians should also ensure that they take into account the strengths these support systems offer the consumer and engage them as necessary. Many Hispanics believe and engage in religious practices or experiences that may not be familiar to a clinician but must be respected and utilized as a strength, since faith is a very powerful force within the Hispanic community.

## Closing Remarks:

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The NJMHI is pleased to provide the material contained herein as a model/framework for improving access to and quality of mental health services for Hispanics. We thank your or commitment to providing quality mental health services for our nation's Hispanic population. A bibliography of relevant readings on Hispanic Mental Health is included in Appendix C.

In addition, we would like to thank Peter J. Guarnaccia, Ph.D., Igda E. Martinez, the NJMHI Board of Trustees, the NJMHI *Changing Minds, Advancing Mental Health for Hispanics* Project Management Team members, and the following organizations and/or individuals for their support of project related activities:

- The United States Substance Abuse and Mental Health Services Administration
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- NAMI National
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- United Way of Essex and West Hudson
- El Especial Newspaper
- Amidax Trading Group
- Debra L. Wentz, Ph.D.
- Shannon Milinovich
- Jorge Castro



# Report of a Survey of Mental Health Agency Administrators and Providers on Services to Latino Clients

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## APPENDIX A



# Introduction

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# Introduction:

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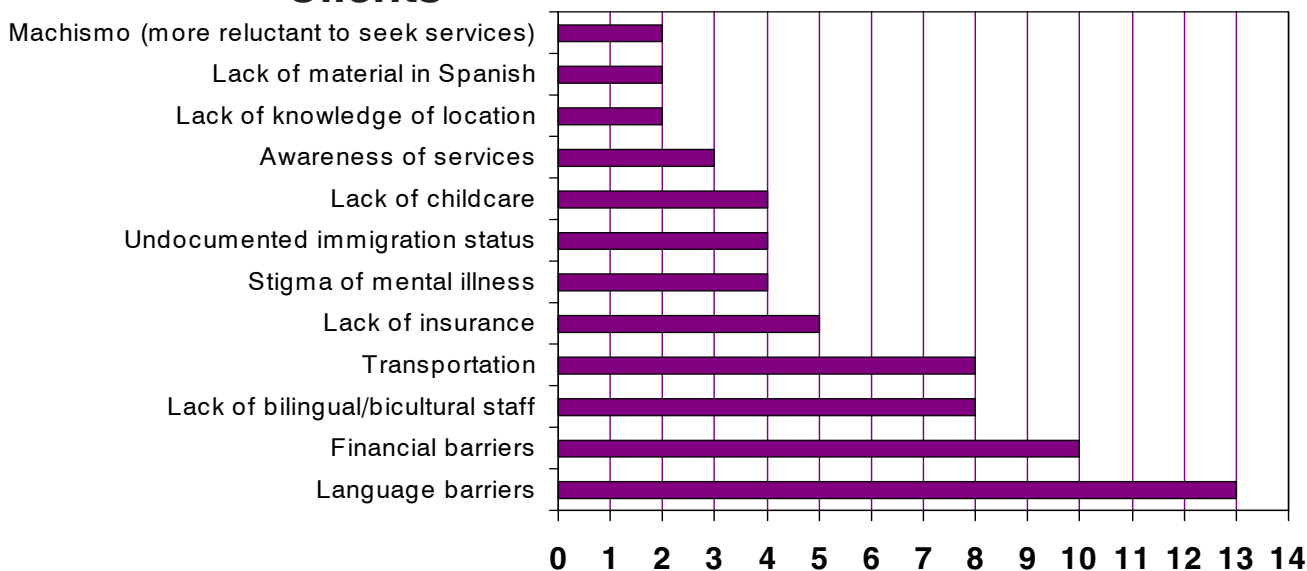
In an effort to gather information from mental health agency administrators about their experiences with servicing Hispanics at their agency, and to increase awareness and interest in providing culturally competent and sensitive mental health services to Hispanics, the New Jersey Mental Health Institute, Inc.'s (NJMHI) *Changing Minds, Advancing Mental Health for Hispanics* project staff met with 23 mental health agency administrators and Hispanic community-based organization administrators throughout the State of New Jersey and 122 direct service mental health providers to obtain a clearer understanding of the barriers that agencies and clinicians experience with providing mental health services to Hispanics, and of the strategies they employ to address these barriers.

This report summarizes findings from the interviews conducted with these administrators [including Executive Directors, Vice Presidents of Behavioral Health, and Outpatient Directors] and the surveys presented to mental health providers. The interviews and questionnaire assessed such issues as: Barriers experienced by the agencies with regards to serving Hispanics; Barriers the Hispanic consumer faces in obtaining care from the agency's perspective; Strategies the agencies are utilizing to attract Hispanics to their agency for services; and Knowledge of recent reports and developments throughout the nation that reveal the disparities that exist for ethnic minority groups with regards to access and quality of mental health services.

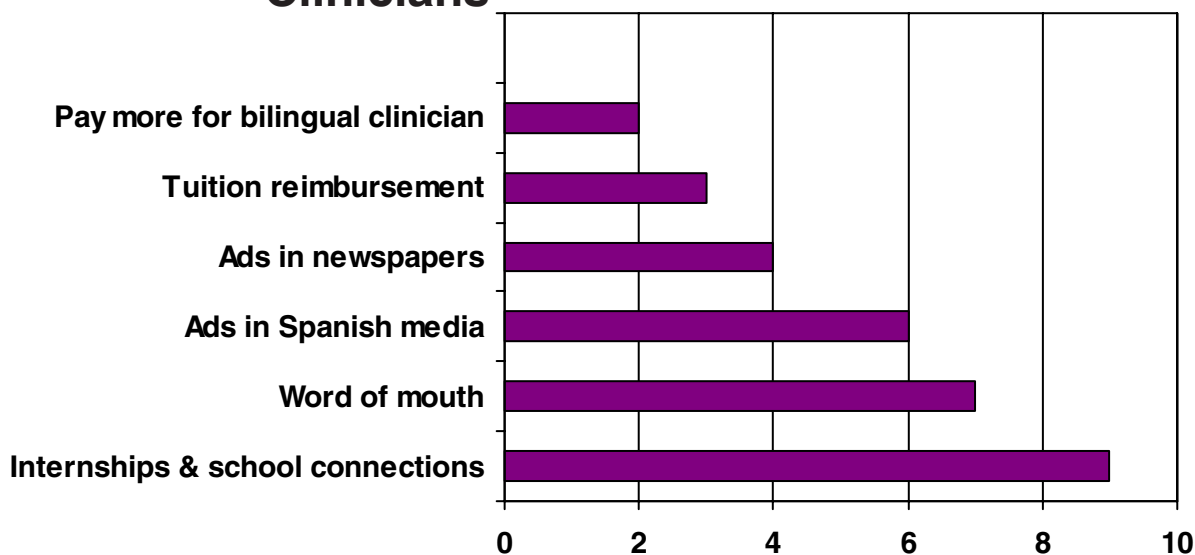
The agencies that participated in this information gathering phase were selected based on their response to an initial survey disseminated to all community-based, hospital-based and freestanding mental health programs in the State of New Jersey. The initial survey was sent to all agencies via email by the *Changing Minds/Advancing Mental Health for Hispanics* project director with an introduction to the *Changing Minds, Advancing Mental Health for Hispanics* project, and several questions concerning their agencies' demographic profile and current programs. Of the nearly 130 agencies that the survey was sent to, more than 35 responded to the survey. All of the respondents who indicated they either had a mental health program specifically geared to Hispanics, or a program that had a large percentage of Hispanic consumers in it, were visited and surveyed concerning the topics included in this report.

The NJMHI would like to thank the mental health agency administrators and direct service providers who participated in this information gathering phase.

**Table 1: Directors' Views of Barriers Experienced by Latino Clients**

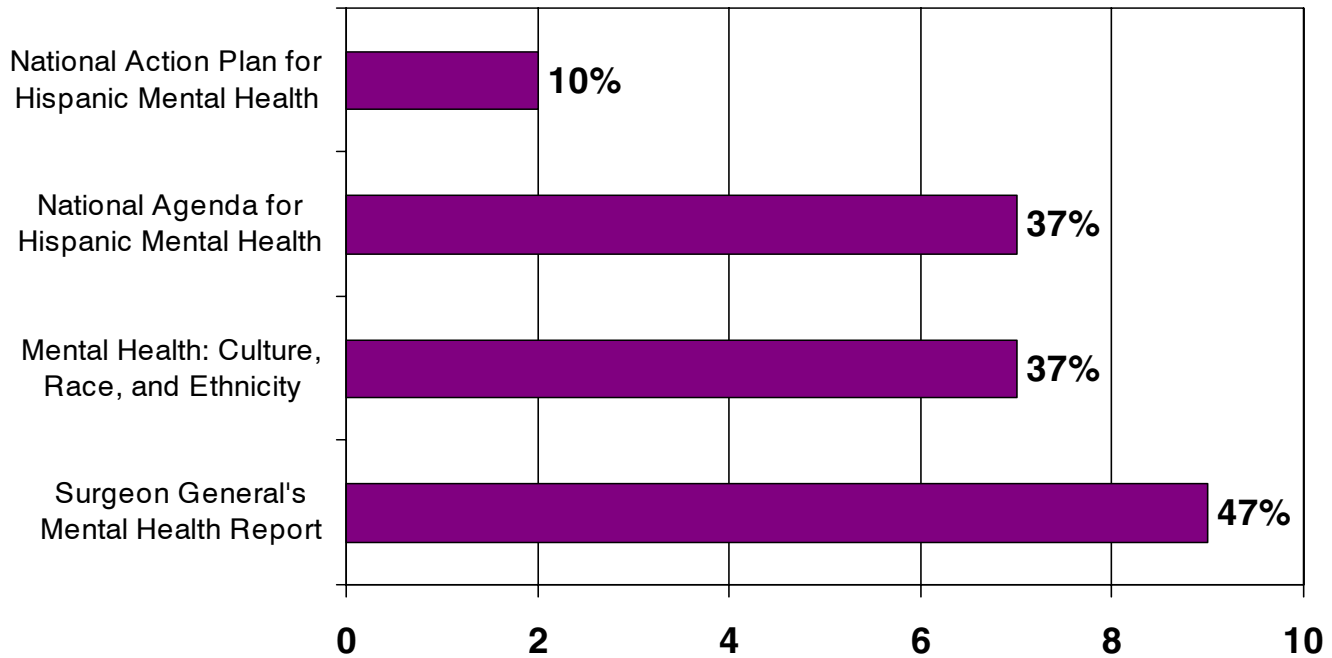


**Table 2: Agency Strategies to Recruit Bilingual/Bicultural Clinicians**



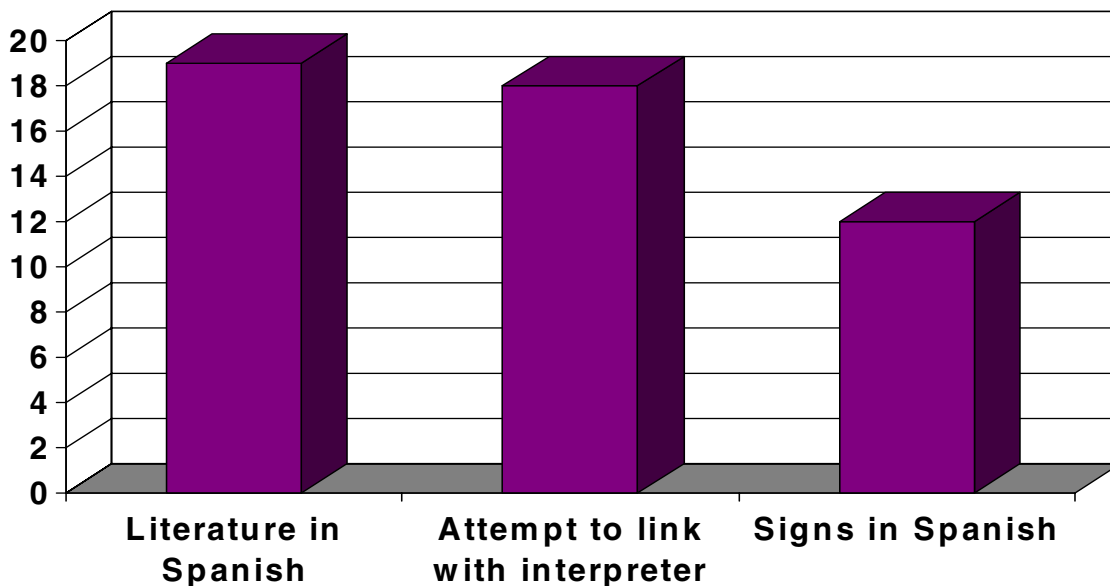
In recruiting Latinos to work in mental health programs, agency administrators rely on informal strategies such as word of mouth and recruiting through offering jobs to students who intern in the program. Specifically recruiting bilingual/bicultural interns is a particularly effective strategy, especially as schools, such as Montclair University, develop specific programs to train mental health professionals to work with the Latino population. Ads either in the Spanish media and in general papers are used less often. The strategies of offering incentives to attract bilingual/bicultural clinicians is least used, but may be most effective. In particular, treating bilingual ability as a special skill, like being certified in a particular kind of counseling, would justify paying bilingual clinicians a higher salary.

**Table 3: Knowledge of major mental health reports/developments (# yes)**



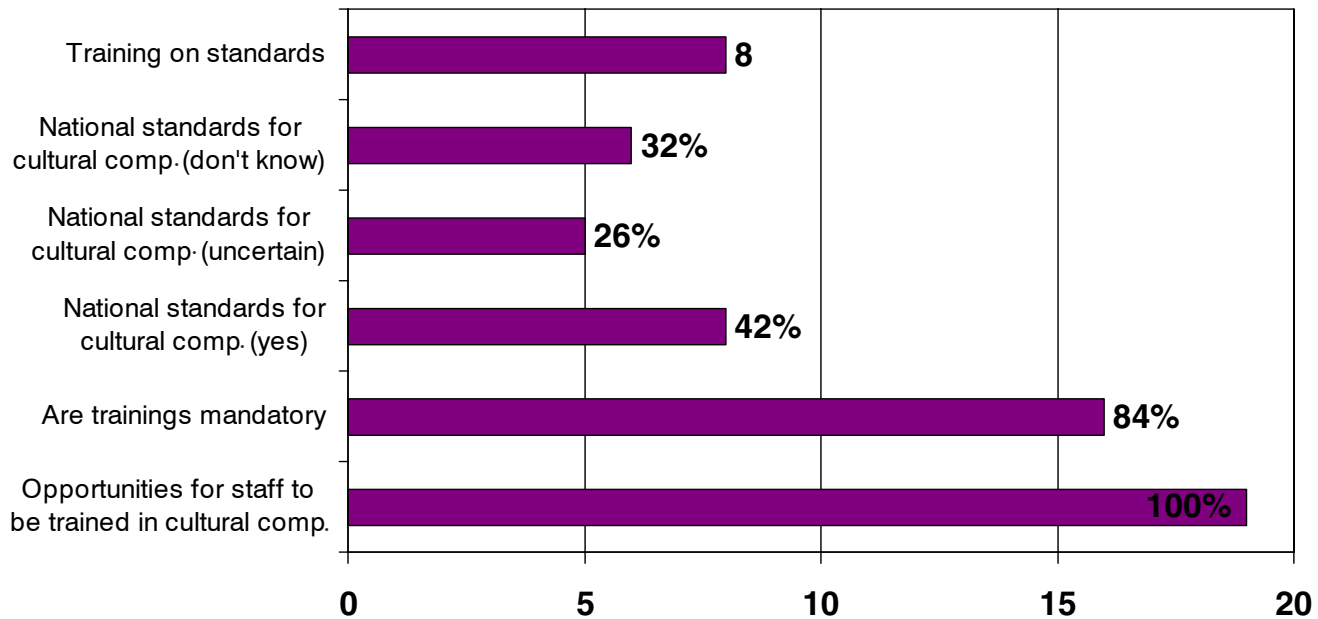
Less than half of mental health directors are familiar with the major national reports on Latino mental health. In particular, the Surgeon General's Report on *Mental Health: Culture, Race and Ethnicity*, provides important policy directives on serving diverse clients. It also includes substantive chapters not only on Latino clients, but also on African American, Asian American/Pacific Islander and American Indian/Alaska Native clients.

**Table 4: Availability of interpreters & Spanish language materials (# yes)**



All agencies have some literature in Spanish either on the program and/or on medications and treatment. Almost all attempt to link non-English speaking clients with an interpreter. However, the success of these linkages is not clear. Over half have signs at the agency in Spanish.

**Table 5: Training on cultural competency (# yes)**



All agencies provide opportunities for staff to be trained in cultural competence. Most of these trainings are mandatory for staff to attend. Many agencies are not aware of the national efforts to develop standards for the provision of culturally competent mental health care. These include the CLAS standards and the SAMHSA standards for managed mental health care.

**Table 6: Directors' Attitudes toward Latinos' Acceptance of Mental Health**

Compared to majority population	Less than	Same	More than
Receptiveness to participation in psychotherapy	11 (58%)	1 (5%)	2 (10%)
Receptiveness to medication	4 (21%)	7 (37%)	3 (16%)
	Early	During	After
Entrance into mental health system during crises	0	10 (53%)	1 (5%)
	Yes	No	
Differences in types of problems	13 (68%)	6 (32%)	
Differences in pharmacology use	10 (53%)	9 (47%)	

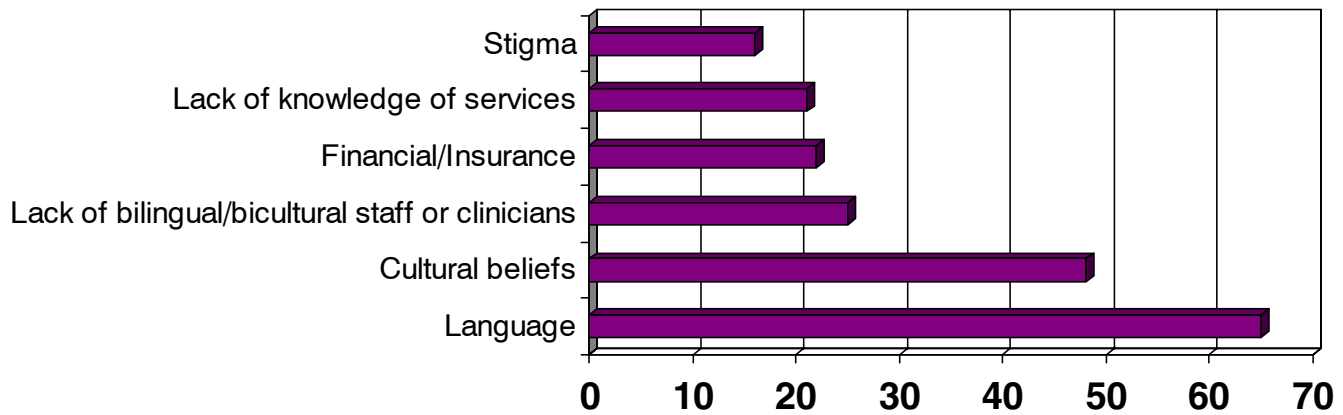
Directors thought that Latinos were less receptive to psychotherapy than European Americans. In contrast they saw Latinos as about as likely to accept medications. These impressions are interesting in light of the results of focus groups carried out by the *Changing Minds, Advancing Mental Health for Hispanics* project, which found Latinos were quite receptive to talking to a therapist and quite concerned about the negative effects of medications.

Directors thought that Latinos used crisis management to deal with acute mental health problems.

While they thought there were differences in the ways Latinos presented mental health problems and used medications, they were not specific as to how they were different.

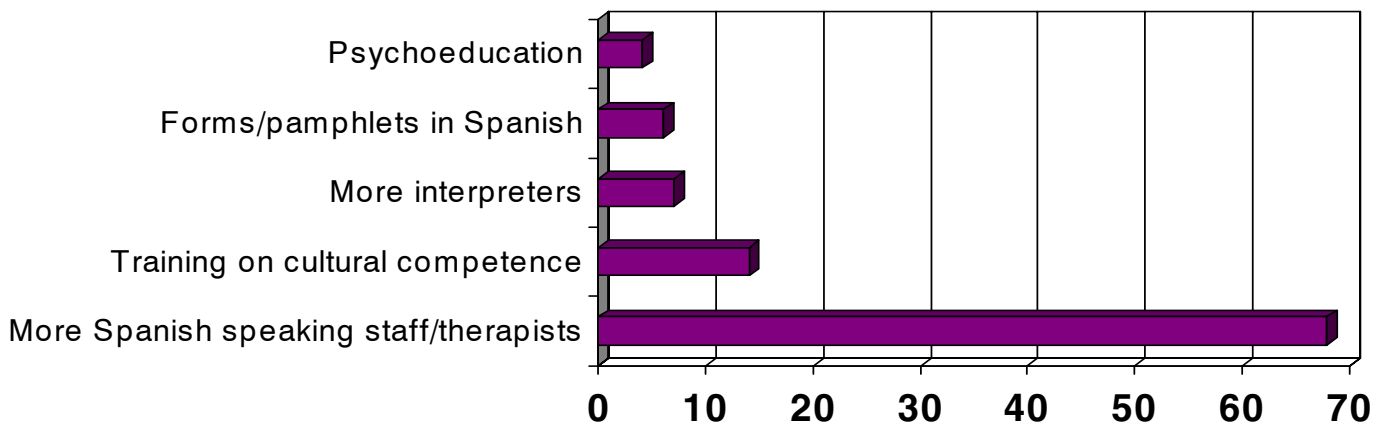


**Table 1: Providers' Views of Barriers Experienced by Latino Clients**



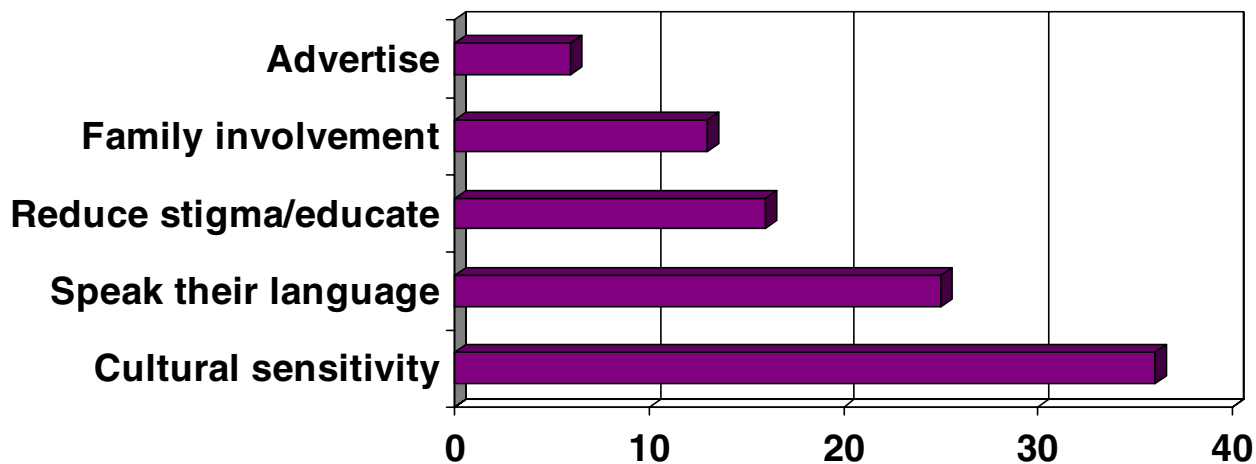
Providers saw language as an even larger barrier to Latinos getting into services than did the agency directors. Second in prominence to providers was Latinos' cultural beliefs about mental illnesses and mental health treatment. The next most significant barrier was lack of bilingual/bicultural providers. Structural barriers seemed less prominent for providers compared to agency directors. Stigma was also mentioned though not as prominently as other barriers to care.

**Table 2: What providers see as strategies to combat barriers**



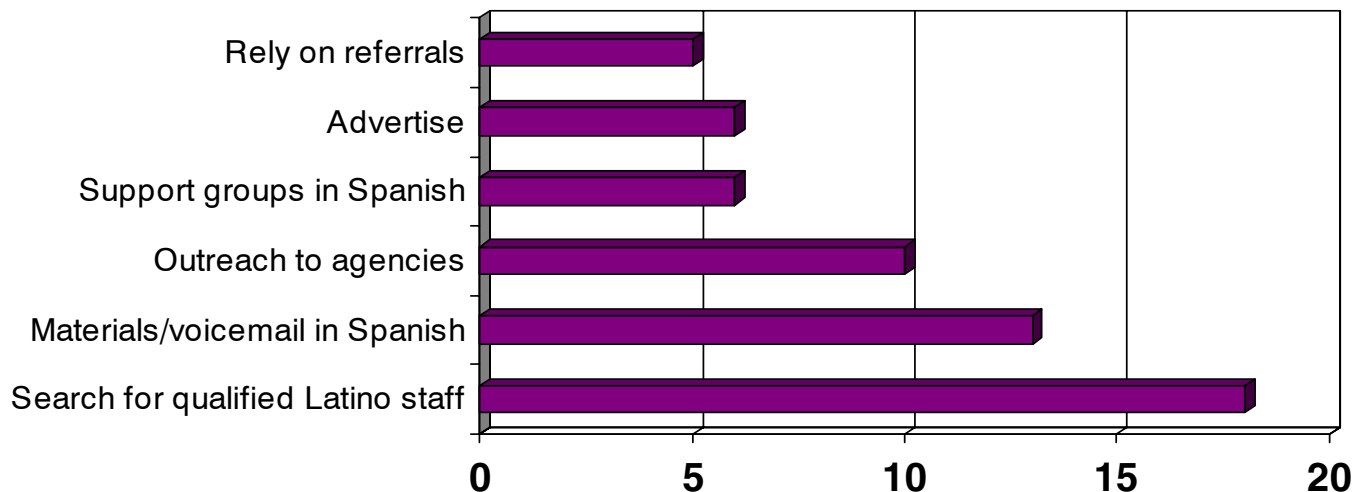
In attempting to combat these barriers, most providers thought the most important intervention was hiring more bilingual/bicultural staff and therapists. This was much more widely endorsed than hiring more interpreters. Other interventions that were mentioned included more cultural competence training, having forms and pamphlets in Spanish, and psychoeducation programs, though these were mentioned much less frequently.

**Table 3: What providers feel would engage Latino consumers in mental health services**



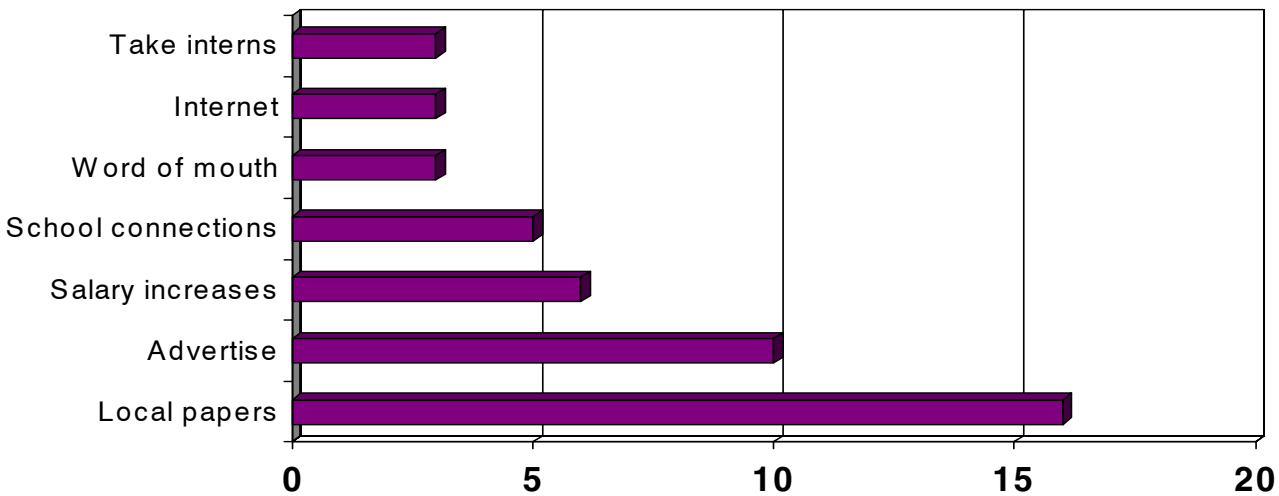
The key strategies providers recommended for engaging Latino consumers in services were to increase the cultural sensitivity of providers and to have providers speak consumers' language. Both of these efforts require intensive training of staff. Other efforts included working to reduce the stigma of mental illness, in part by educating clients about mental illness more fully. Family involvement was also seen as an important dimension of engaging Latino consumers in services. Advertising was the least mentioned option.

**Table 4: Providers' Suggestions of How to Attract Latino Consumers**



Providers recognize that a key feature of attracting Latino consumers to mental health agencies is having Latino staff to serve them. Another important aspect of attracting Latino clients is to have written materials, such as brochures about the agency in Spanish. Also, making sure that the voicemail for people who call for appointments includes a Spanish language option facilitates Latinos' access to services. The next most important strategy is doing outreach to community social service agencies which have more contact with the Latino community and having them do outreach and referral for mental health services. Having support groups in Spanish would also attract Latino clients. Advertising services and relying on referrals were strategies that providers mentioned less frequently.

**Table 5: Providers' Suggestions on Recruiting Latino Staff**



Providers thought that advertising, particularly in local papers, was a useful strategy for recruiting Latino staff. They also thought offering salary increases to attract Latino staff was an important incentive. More informal networks through schools that train clinicians and word of mouth were also suggested as ways of recruiting Latinos to work in mental health agencies. Providers mentioned Internet sites, but less frequently. Providers also thought recruiting bilingual/bicultural interns was a good way to bring potential Latino staff into the agency.

**Table 6: Providers' Awareness of Key Mental Health Reports**

	Number yes	Percent yes
Read Surgeon General's Mental Health Report	19	16.1
Read Mental Health: Culture, Race & Ethnicity	10	8.6
Familiar with above report's key findings	6	16.2
Aware of NCHMH	17	14.2
Aware of NCHMH action plan	5	4.2
Read NCHMH action plan	1	3.7
Aware of action plan's key recommendations	0	0

As with Directors, Providers of mental health services were not familiar with key recent reports which address mental health services to Latinos and other culturally diverse clients. Fewer than 20% of providers were aware of the Surgeon General's reports or of reports from the NCHMH. Providing copies of these reports and training programs on their findings and recommendations are potentially helpful to providers.

**Table 7: Providers' Attitudes toward Latinos Acceptance of Mental Health**

Compared to majority population, Latinos are ...	Less than (% yes)	Same	More than
... receptiveness to participation in psychotherapy (n=109)	45 (41.3)	57 (52.3)	7 (6.4)
... receptiveness to medication n=104	36 (34.6)	60 (57.7)	8 (7.7)
	Early	During	After
Entrance into the system n=100	4 (4.0)	62 (62.0)	34 (34.0)

Providers were somewhat more likely than Directors to see Latinos as having the same level of acceptance of psychotherapy and medications as the majority population. A significant proportion of providers (35-40%) felt that Latinos were less accepting of mental health treatment as the majority population. Providers also expressed that Latinos were more likely to seek mental health services during a crisis than before a crisis situation developed.

**Table 8: Providers' Perceptions of Needs for Training**

	Number yes	Percent yes
Do you feel more training in these areas are needed than provided by your agency? (n=115)	85	73.9
Do you feel more attention should be given to understanding the belief systems of Hispanics and how they impact on their decisions to utilize MHS? (n=115)	100	87.0
Provide on-site training/provide staff opportunity to attend training sessions on cultural competence or other topics related to working with members of ethnic minority groups (n=110)	85	77.3

Providers were overwhelmingly supportive of the need for more training on Latino mental health issues more specifically and cultural competence more broadly.

**Table 9: Providers' Assessments of Efforts to Address Needs of Latino Consumers**

	Number yes	Percent yes
Do you feel your agency has done enough to ensure that all pertinent forms are available in both English and Spanish? (n=110)	63	57.3
Do you feel your agency had adequate signs or posters throughout the agency in English and Spanish? (n=114)	41	36.0
Are you aware of your agency having on hand any national standards for cultural competence that they try to adhere to? (n=108)	34	31.5
If yes, have you participated in trainings regarding the standards or have you been given a copy of them? (n=61)	23	37.7

Providers felt that mental health agencies could be doing more to address the needs of Latino consumers. Half of the providers reported that their agency had made efforts to make sure pertinent forms were in Spanish. A smaller group reported that agencies had signs or posters in Spanish. Less than a third were aware of efforts to bring agency practice in line with national cultural competence standards or had been trained in those standards.

**Table 10: Providers' Attitudes Towards Collecting Information on Race/Ethnicity**

	Number yes			Percent yes	
Are you familiar with the difference between race and ethnicity? (n=119)	117			98.3	
Obtain information about consumer's ethnicity (n=115)	111			96.5	
Do you feel comfortable asking a consumer about his/her race and/or ethnicity? (n=118)	109			92.4	
When completing the USTF, how often do you directly ask the consumer what race/ethnicity they classify themselves as (n=88)	All the time	Most of the time	Some of the time	Infrequently	Never
	39 (44.3)	19 (21.6)	14 (15.9)	9 (10.2)	7 (8.0)

Almost all the providers reported that they thought it was important to collect information on a client's race/ethnicity. They also reported that they felt comfortable collecting this information and did so regularly. However, when asked specifically about collecting this information on the Unified Service Tracking Form, the Division of Mental Health Services' data tracking form, fewer than half said they always directly asked consumers about their ethnic identity.





# **Summary of Focus Groups Conducted for *Changing Minds, Advancing Mental Health for Hispanics,* New Jersey Mental Health Institute, Inc.**

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by the Eli Lilly and Company Foundation.

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## **APPENDIX B**

## Approach to the Focus Groups

The focus groups were designed to identify key issues in community mental health for Latinos and to provide guidance for developing interventions for improving access to mental health services for the Latino community. The key areas of discussion were: 1) How do Latinos define mental health and mental illness?; 2) What mental health problems do they recognize?; 3) What are the barriers Latino face to accessing mental health services?; and 4) What kinds of programs would help improve Latinos' knowledge of and access to mental health services?

Five focus groups were held throughout New Jersey with Latino residents. The majority of the participants were females (72.5%). The focus groups were divided by ethnic background – two groups were held with Puerto Ricans (37.5%) and Dominicans (7.5%), two groups were held with Mexican-Americans (32.5%), and one group was held with Cuban-Americans (22.5%). For the Puerto Rican/Dominican and Mexican groups, one group was held in an urban center in northern New Jersey and one was held in a more rural community in southern New Jersey. The Cuban group was held in northern New Jersey, where most Cuban-Americans in the state live.

The participants ranged in age from 20 to over 60 years old. They had been living in the United States anywhere from less than one year to more than 20 years. Most participants were monolingual Spanish-speakers. Approximately a third of the participants had completed grammar school, a third had completed high school, and a third had completed college or higher. The majority of the participants were of low-income, and most had not used mental health services. (For the specific breakdown of the socio-demographic variables, please refer to Table 1).

All the groups were carried out in Spanish. Dr. Guarnaccia, a bilingual medical anthropologist with extensive experience in mental health research in Latino communities, moderated the groups. Igda Martinez, research assistant at the Center for State Health Policy recorded the groups both on tapes and in notes and serves as the lead writer of the summary report. Henry Acosta, Project Director for *Changing Minds, Advancing Mental Health for Hispanics*, coordinated the setting up of the groups and manages the larger project of which this report is a part.

## What is mental health?

Participants across the five focus groups had a very broad sense of the term “mental health”. Key features of being mentally healthy included being able to function and contribute to society. Another key aspect was not abusing drugs or alcohol. Respondents described a mentally healthy person as someone who is not aggressive and is capable of social interaction; a person who has friendships and is able to maintain them. This definition fits with the key social nature of Latinos.

## What can be done to remain mentally healthy?

Participants agreed that in order to be healthy, one must not isolate oneself and one must remain active in the community. Social connections are key to good mental health across Latino groups. Communication was mentioned repeatedly as an important means for maintaining a healthy lifestyle. Being able to communicate with friends and family was seen as a crucial protective factor for mental health. Some of the respondents also relied on their churches for solace. Others identified their psychiatrists/psychologists as resources they used to stay mentally healthy.

It was very clear that respondents understood that someone who is not mentally healthy does not necessarily appear unhealthy on the outside. One important point that was made was that although everyone has problems in this world, it is the way that one copes with the problems that makes the difference between being healthy and unhealthy. They mentioned that it is important to realize when the problem one is facing is beyond one's control, and when it reaches that point, the person should seek help. In terms of religiosity, a very clear distinction was made between being spiritual/religious and attending church services. Among the focus group with the Cubans, problems of contacting their families in times of stress and having family members to go to for help was more complicated because of the separation from family still in Cuba.

## What types of mental illnesses are you familiar with?

The overwhelming majority of participants agreed that depression is one of the most commonly known mental illnesses. This was particularly true for the Caribbean origin groups (Puerto Ricans, Dominicans, Cubans). They were very astute in noting a difference between experiencing a depressed mood and having depression as an illness. Participants mentioned the death of a family member, a reaction to an event on the news such as the attacks on September 11<sup>th</sup>, 2001, the loss of a job, and isolation as prominent causes of becoming depressed.

Respondents also mentioned stress as a cause of mental illness. This was particularly true in the case of the Mexican-American group held in South Jersey. They spoke very openly about job-related stress and the consequences of such stress. Among the Mexican-American group in Central Jersey, the topic also came up in the form of alcohol abuse. Mexican American women mentioned that domestic violence was a very big problem due to the alcohol abuse by important male figures. In general stress was defined as problematic when it reaches levels where it is out of one's control.

Participants also recognized various forms of *nervios* as mental health problems. Other mental health problems mentioned were *crisis nerviosa* and *ataque de nervios*. These are defined as moments when you lose control and act temperamentally.

Anxiety was also a well-known illness within members of these communities, especially among the Caribbean Latinos. Schizophrenia and bipolar disorder were also mentioned in passing, but these were not illnesses that these members knew very much about.

In terms of problems among the younger population, Attention Deficit Hyperactivity Disorder (ADHA) was mentioned on various occasions. A few parents talked about seeking help for their children with ADHD.

## What are some barriers to getting help?

Participants cited transportation to community activities and to community resources as a frequent problem. They also mentioned communication problems as a barrier. This was not as much of an issue for respondents who lived in communities that are predominantly Spanish-speaking or who have adequate resources available, such as interpreters or bilingual professionals within the hospitals and schools. Money and lack of insurance were also issues, though most people in the groups were able to obtain services if they needed them.

Another important barrier to obtaining care was the shame and stigma of having a mental illness in the community. People with mental illness are afraid of being labeled “crazy”. People who had sought mental health care had been the subject of these kinds of comments. Some of them reported that even their families did not understand the problem and were neither helpful nor motivating. Participants thought some people might not obtain help because they did not understand that they were sick and in need of help.

On various occasions, respondents mentioned the relative “coldness” of the people in the U.S. compared to people in their home countries. In more rural areas such as South Jersey, participants felt isolated and out-of-place because everything was in English. The people they came into contact with did not speak their language; the people on the streets did not want to interact with them or act friendly.

Another issue was lack of knowledge about where to go for help. This is an issue that we discussed further in talking about possible intervention programs. In addition to the open-ended discussion, a survey was disseminated and collected that asked a series of specific questions focused on beliefs and attitudes that may serve as barriers to mental health service utilization (based on Acosta, 1994). The majority of the respondents had a positive view of mental health; for example, most of them agreed with the statement “Mental health services help people cope with life's many difficulties” and disagreed with the statement “Mental health services are only for ‘crazy’ people” (Please refer to Table 2). Their sentiments were not as clear, however, in terms of accessibility of mental health services, as they were roughly evenly split in whether they agreed or disagreed with the statement “The availability of mental health services is public knowledge”. A final important note to make about the responses to these specific questions is that the majority of the respondents agreed with the statements that “mental health services are too expensive” and “cost too much and are out of my price range”.

## Types of treatment

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Medication and therapy were very common forms of treatment. Participants also saw having someone to confide in as an important mental health resource. It was clear from all respondents that one should first try to deal with whatever the problem was on one's own. Family and friends were the next source of support. One should only turn to a therapist if the problem could not be solved on one's own or with the support of others close to the person.

Participants were less clear about the appropriateness of medication, although they could all see some benefits to taking medication as a secondary treatment option to therapy. There was a general preference for some type of therapy over medical treatment. Some of the concerns about medications were that they might be addictive and that they had strong side effects.

Respondents expressed a strong desire for doctors to instruct family members of the mentally ill on how to treat them. Those who were relatives of someone with mental illness felt that they did not have enough information.

## Intervention strategies

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All of the respondents agreed that a campaign to educate the public about mental illness would be extremely helpful. They suggested Spanish TV stations such as Telemundo and Univision, and also Spanish radio stations such as 105.9 FM (Latino Mix) and 97.9 FM (La Mega, NYC) or 1310 AM (La Mega in Philadelphia). They also suggested putting information in Spanish newspapers. The general consensus was that they wanted this information to be given by doctors or researchers; people who have the knowledge and the credentials to speak about this topic. No one thought that having a celebrity talk about these problems would be a good idea unless that celebrity was a person who had direct experience with mental illness. Other suggestions that were made in terms of an ad campaign were putting posters and other information in churches, workplaces or other public places. Having an 800-number available would be helpful as well if the operator could speak Spanish and could help direct the people to resources in their communities. Participants also thought it would be very helpful to have information about alcohol abuse, stress management, and domestic violence.



**Table 1: Socio-demographic characteristics of respondents (n=40)**

<b>Gender</b>		
Male		10 (25%)
Female		29 (72.5)
<b>Age</b>		
20-29		7 (17.5%)
30-39		9 (22.5)
40-49		12 (30)
50-59		7 (17.5)
60 or older		5 (12.5)
<b>Ethnicity</b>		
Cuban		9 (22.5%)
Dominican		3 (7.5)
Mexican		13 (32.5)
Puerto Rican		15 (37.5)
<b>Years in US</b>		
1 yr or less		2 (5%)
2 to 5		7 (17)
6 to 9		6 (15)
10 to 12		6 (15)
13 to 15		3 (7.5)
16 up to 20		1 (2.5)
more than 20		12 (30)
<b>Language</b>		
Spanish only		27 (67.5%)
Both Eng/Sp		13 (32.5)
<b>Education</b>		
Grammar school		14 (35%)
High School		13 (32.5)
College		7 (17.5)
Grad. School		6 (15)
<b>Annual Income</b>		
unemployed		2 (5%)
less than \$4,999		8 (20)
\$5,000 - \$9,999		10 (25)
\$10,000 - \$19,999		7 (17.5)
\$20,000 - \$29,999		3 (7.5)
\$30,000 - \$39,000		4 (10)
\$40,000 and higher		4 (10)
<b>Use(s)(d) MH services</b>		
No		24 (60%)
Yes		14 (35)

*Note:* Not all percentages add to 100% as some of the respondents did not answer all of the questions.

**Table 2: Responses to barrier questions (n = 40)**

	Strongly Agree	Agree	Disagree	Strongly Disagree
MHS help people cope w/ life's many difficulties <sup>a</sup>	27 (67.5%)	12 (30.0%)	0 (0%)	1 (2.5%)
MHS are accessible to me if I need them	11 (27.5)	13 (32.5)	11 (27.5)	5 (12.5)
MHS are only for 'crazy' people	6 (15.0)	4 (10.0)	12 (30.0)	18 (45.0)
MHS are very expensive	19 (47.5)	11 (27.5)	4 (10.0)	2 (5.0)
MHS are useless	3 (7.5)	8 (20.0)	12 (30.0)	16 (40.0)
Utilization of MHS is for people without pride	5 (12.5)	5 (12.5)	14 (35.0)	15 (37.5)
MHS are hard to find	11 (27.5)	12 (30.0)	14 (35.0)	3 (7.5)
MHS are only for people who are from this country	2 (5.0)	6 (15.0)	20 (50.0)	9 (22.5)
MHS are more effective than a good family member/friend	8 (20.0)	11 (27.5)	11 (27.5)	7 (17.5)
MHS are embarrassing to use	4 (10.0)	5 (12.5)	18 (45.0)	9 (22.5)
The availability of MHS is public knowledge	1 (2.5)	19 (47.5)	10 (25.0)	6 (15.0)
MHS cost too much and are out of my price range	10 (25.0)	15 (37.5)	7 (17.5)	6 (15.0)
Utilizing MHS would make me feel less of a person	3 (7.5)	4 (10.0)	18 (45.0)	13 (32.5)

Note: Not all percentages add to 100% as some respondents did not answer all of the questions.

<sup>a</sup>MHS – Mental Health Services

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## APPENDIX C

# Relevant Readings:

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## VIDEOS

Mi Familia/My Family - movie with Jimmy Smits and James Edward Olmos depicting a Mexican family in California

Men with Guns - movie about an un-named Latin American country and the political violence that is present, particularly in the rural areas.

El Norte - movie about the risks involved in travel across the borders.

Romero - movie about the life and death of Archbishop Oscar Romero in El Salvador.