Improving Mental Health Service Delivery to Hispanics

Presented by:

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New Jersey Mental Health Institute's
Improving Treatment Quality through Cultural Competence:
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Listing of Professional Reports Related to Disparities in Access to and the Provision of Quality Mental Health Care for Racial and Ethnic Minorities

- U.S. Surgeon General's first ever report on mental health, *Mental Health: A Report of the Surgeon General*, 1999
  http://www.surgeongeneral.gov/library/mentalhealth/home.html
- U.S Surgeon General supplemental report, *Mental Health: Culture, Race Ethnicity*, 2001
  http://www.mentalhealth.samhsa.gov/cre/default.asp
- Institute of Medicine Report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, 2002
  http://www.iom.edu/report.asp?id=4475
- President's New Freedom Commission on Mental Health, Achieving the Promise: *Transforming Mental Health Care in America*, 2003
  http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html

Overview of Findings from Referenced Reports

- Mental illness does not discriminate!
- Mental health is fundamental to overall physical health and must be viewed as an integral part of physical health.
- According to the World Health Organization, one in four people in the world will be affected by mental health or brain disorders during their lives, but few will seek or receive help.
- Individuals from racial and ethnic minority groups tend to underutilize mental health services.
- Multiple studies show that in comparison to the majority population, minorities have less access to and availability of care, and tend to receive poorer quality mental health services (Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General).

Overview of Findings from Referenced Reports

- Effective treatments are available for most disorders, but Americans do not share equally in the best that science has to offer (Mental Health: A Report of the Surgeon General, 1999).

- Disparities in mental health services exist for racial and ethnic minorities, and thus, mental illness exacts a greater toll on their overall health and productivity (Mental Health: A Report of the Surgeon General, 1999).

- Studies show that poor mental health and psychological distress are linked to poverty – In 2009, the overall poverty rate in the U.S., was 14.3%. The rates were much higher among most racial and ethnic minority groups (25.8% for African Americans, 25.3% for Hispanics). Hispanics highest % increase from ’08 to ’09.*

- According to Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General, those in the lowest strata of income, education and occupation are two to three times as likely to have a mental disorder as the highest strata and often lack health insurance.

Additional Findings Related to Poverty, Educational and Income

- In 2008, about 29 percent of U.S. adults (25 years of age or older) had at least a bachelor's degree, including 52 percent of Asian/Pacific Islander adults, 33 percent of White adults, 20 percent of Black adults, 13 percent of Hispanic adults, and 15 percent of American Indian/Alaska Native adults. *

- In 2008, the unemployment rate was higher for Hispanics (8 percent), Blacks (9 percent), American Indians/Alaska Natives (10 percent), and persons of two or more races (10 percent), than it was for Whites and Asians (4 percent each). In general, lower unemployment rates were associated with higher levels of education for each racial/ethnic group. *

- Between 1997 and 2007, the percentage of 16- to 24-year-olds who were high school status dropouts[1] decreased from 11 percent to 9 percent. In 2007, the status dropout rate was higher among Hispanics (21 percent) than among Blacks (8 percent), Asians/Pacific Islanders (6 percent), and Whites (5 percent). *

Additional Findings Related to Poverty, Educational and Income

- Black and Hispanic youth are more likely than non-Hispanic whites to drop out of high school. In 2005, 6 percent of non-Hispanic whites ages 16 to 24 were not enrolled in school and had not completed high school, compared with 11% of blacks and 23% of Hispanics - 41.3%).

- In 2007, the median income of male workers was generally higher than that of female workers for each race/ethnicity and at each educational level. Median income differed by race/ethnicity. For example, of those with at least a bachelor's degree, the median income was $71,000 for White males and $69,000 for Asian males, compared with $55,000 for Black males and $54,000 for Hispanic males. For females, of those with at least a bachelor's degree, the median income was $54,000 for Asians, compared with $50,000 for Whites, $45,000 for Blacks, and $43,000 for Hispanics. *

** = Source: US Department of Education, Institute for Education Services, National Center for Education Statistics - NCES – 2010-015, July 2010*

Overview of Findings from Referenced Reports

- Stigma and shame deter many Americans, including racial and ethnic minorities from seeking treatment (Mental Health: A Report of the Surgeon General, 1999).
- Barriers to minorities seeking treatment include cost of care, societal stigma, and the fragmented organization of services (Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General).
- Mental health workers must consider cultural factors and influence when working with people of all ethnicities and cultures.
- According to the U.S. Surgeon General's report, Mental Health: Culture, Race and Ethnicity, a supplement to the Surgeon General's 1999 report on mental health, "Cultural differences must be accounted for to ensure that minorities, like all Americans, receive mental health care tailored to their needs".

Surgeon General's Report on Mental Health: Culture, Race & Ethnicity

- Culture counts! - culture & society play pivotal roles in mental health, mental illness and mental health services
- Striking disparities in mental health care for racial and ethnic minorities
- Minorities have less access to and availability of mental health resources
- Minorities less likely to receive needed mental health services
- Minorities in treatment receive poorer quality care
- Minorities are underrepresented in mental health research
- Disparities impose a greater disability burden on minorities

Source: USDHHS (2001). *Mental Health :Culture, Race and Ethnicity* – A Supplement to Mental Health: A Report of the Surgeon General

Overview of Findings from Referenced Reports and Other Studies

- African Americans and Hispanics more likely to be involuntarily admitted to psychiatric hospital
- African Americans and Hispanics more likely to be prescribed older medications
- African Americans and Hispanics more likely to be restrained during inpatient care
- Individuals from minority groups less likely to follow up with community mental health care upon hospital discharge
- African Americans and Hispanics more likely to be diagnosed with a severe mental illness
  - African Americans more likely to be diagnosed with schizophrenia
  - Hispanics more likely to be diagnosed with bipolar or anxiety disorders

Overview of Findings from Other Reports

- Too often, when symptoms reach the point of crisis, which many will and is common among racial and ethnic minorities, the most expensive services are required through emergency rooms and inpatient treatment. In many cases, jails and detention centers have become the front-line "providers" of mental health services, causing a much greater financial burden than if prevention and community-based resources were readily available and affordable to everyone.

- Reports also show that the burden of mental illness goes beyond the fragmented service system and into the business sector. It is in the interest of corporations to provide adequate mental health coverage as part of their employee benefits. Research shows that untreated depression costs firms $31 billion a year in lost productivity.

- On a more positive side, more is known today about the causes of mental illness than ever before, and through groundbreaking research, treatments that work are available. According to recent reports, about 70 to 90 percent of mental illness are treatable. In fact, some findings report that 80 percent of patients with depression can recover now, and 74 percent of patients with schizophrenia can live without relapses if early intervention is made. Recovery is possible, and everyone regardless of their age, sex, religion, race, ethnicity or national origin should have the same rights to meaningful access and receive these critical services.

Facts Specifically Pertaining to Hispanic Mental Health

- United States 2000 Census data shows people of Hispanic backgrounds are the fastest growing ethnic group in our country. In fact, Hispanics now represent the largest ethnic minority group in the nation, and the U.S. Census Bureau estimates that Hispanics will number around 132 million by the year 2050. The Census Bureau also estimates that racial and ethnic minorities will constitute 47 percent of the nation's population by the year 2050.

- Income levels vary along racial/ethnic lines: 21% of all children in the United States live in poverty, about 46% of African Americans children and 40% of Latino children live in poverty

- According to the Youth Risk Behavior Survey of 2005, 11.3% of Hispanic-Latino high school students (9^{th} thru 12^{th} grade) actually attempted suicide, the highest % of any group. Rates were higher for both Hispanic–Latino male and females as well.

* = Center for the Future of Children, The Future of Children. Vol. 7, No 2, 1997.

Facts (Continued)

- Hispanic-Latino youth have the highest rate of suicidal attempts reaching 10.7% compared to 6.3% for white youth and 7.3% for African American youth – this trend clearly demonstrates the need to increase access to mental health services, especially crisis intervention services for Hispanic-Latino youth (Vega & Algeria, 2001).

- While Hispanic-Latino youth are less likely to receive mental health services, they are more likely to become involved with the juvenile justice and/or child welfare systems (Vega & Alegria, 2001).

- Even when receiving services, Hispanic-Latino youth "in care" still receive fewer therapeutic services and remain "in care" for longer periods than other groups (Vega & Alegria, 2001).

- A study conducted in 2001 with high school students indicated that 25% of Hispanic-Latino students meet the criteria for clinical depression, and the rate was even higher among Hispanic-Latina teenage females, reaching 31%, the highest rate of any group (Flores & Zambrana, 2001). Figures such as these have been repeatedly appearing in professional literature as of late, and unfortunately will continue if action is not taken immediately to address the complex issues on hand.

Facts (Continued)

- According to the Youth Risk Behavior Survey of 1997, Hispanic-Latino students were significantly more likely to have consumed alcohol in their lifetime, to report current alcohol use, and to report episodic heavy drinking than African Americans (Caetano & Galvan, 2001).

- A survey from the Commonwealth Fund revealed that Hispanic-Latino adults had the highest rate of depressive symptoms of any group with 53% of Hispanic-Latina females and 36% of Hispanic-Latino males reporting moderate to severe depressive symptoms a week prior to survey interviews (Collins, Hall & Neuhaus, 1999).

- Hispanic-Latino deaths linked to cirrhosis and other` chronic liver disease ranked as the eighth leading cause of death in the late 1990's for Hispanics-Latinos, but did not appear as one of the ten leading causes of death for either African Americans or whites (Caetano & Galvan, 2001).

Facts (Continued)

- Between 1991 and 1998, Hispanic-Latino emergency room admissions for drug use increased by 80% (United States Department of Health and Human Services, 2000).
- The use of heroin within the Hispanic-Latino community is particularly serious. In 1997, Hispanics-Latinos accounted for 32% of treatment admissions for heroin and 32% of all Hispanic-Latino drug use related deaths resulted from heroin use (Caetano & Galvan, 2001). These figures do not even include the tens of thousands of deaths among Hispanic-Latino men and women from the sharing of HIV contaminated syringes.
- A lack of qualified bilingual and bicultural health and mental health care professionals exist throughout the United States. Many Hispanics-Latinos have Limited English Proficiency and possess the legal right to have the same access rights to quality services as other groups who do not have language barriers with health care and mental health care professionals. *This right is given to them under Title VI of the United States Civil Rights Act of 1964 and must be protected and enforced.*

Facts (Continued)

- Studies show that patient satisfaction is higher when the patient and doctor are of the same race or ethnicity and that minority physician tend to care for minority patients in greater numbers and to work in medically underserved areas (United States Department of Health and Human Services, 2000).

- Although Hispanics-Latinos now account for over 15% of the total U.S. population, they comprised less than 3% of physicians[1], 1% of clinical psychologists [2], 4.3% of social workers[3], and 1.7% of registered nurses [4]
  - [1] Physician Specialty Data: A Chart Book, Center for Workforce Studies, 2009. http://www.aamc.org/workforce/statedatabook/statedata2009.pdf
  - [2] Closing the Gap for Latino Patients, American Psychological Association, 2005. www.apa.org/monitor/jan05/closingthegap.html
  - [3] Licensed Social Workers in the U.S., Center for Health Workforce Studies & NASW, Center for Workforce Studies, 2006. http://workforce.socialworkers.org/studies/chapter2_0806.pdf
  - [4] The Registered Nurse Population: Findings from the 2004 National Sample Survey of Registered Nurses, 2004. U.S. Department of Health and Human Services Health and Resources Administration. http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/

Brief Reference of Federal Laws, Standards, and Initiatives Aimed at Eliminating Disparities in Access to and the Provision of Quality Health and/or Mental Health Services

Title VI of the Civil Rights Act of 1964
For more information, please visit
http://www.usdoj.gov/crt/cor/coord/titlevi.htm

Healthy People 2010
For more information, please visit http://www.healthypeople.gov

Revised National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care – U.S. Office of Minority Health
For more information, please visit
http://www.omhrc.gov/clas/finalcultural1a.htm

National Network for the Elimination of Disparities in Behavioral Health - United States Substance Abuse and Mental Health Services Administration – http://www.samhsa.gov

Brief Reference of Federal Laws, Standards, and Initiatives Aimed at Eliminating Disparities in Access to and the Provision of Quality Health and/or Mental Health Services *(continued)*

Funding for Doctoral Level Professionals from Underserved Populations – NIMH – http://www.nimh.gov

Health Career Opportunities Program – Health Resources Services Administration - http://www.hrsa.gov

United States Department of Health and Human Services Office of Minority Health *Movilizandonos Por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos* – http://www.nrchmh.org

Alliance for Latino Behavioral Health Workforce Development – http://www.nrchmh.org

Brief Reference of Known State Initiatives Aimed at Eliminating Disparities in Access to and the Provision of Quality Health and/or Mental Health Services

- State of New Jersey Department of Human Services
  - Mini-grants - Office of Multicultural Services
  - Funding for Bilingual and Bicultural Clinicians
  - Regional Cultural Competence Training Centers
- New Jersey's Laws Concerning Mandatory Training in Cultural Competence by all Licensed Physicians (N.J.A.C. 13:35-6.25) and CEU Requirements for all Health and Mental Health Professionals
- Arizona OBHL Licensure Requirements – R4-6-804
- Los Angeles, California's Proposition 63 – Mental Health Services Act
  - Latino Health Access Program
  - Promotores
  - Family Education
- New York
  - Exceptional Assembly Representatives, Standing Mental Health Committee
  - Cultural Competence Training Centers
  - Annual Training Conference

Changes in Focus of State Regulatory Bodies and Accrediting Organizations

- State Regulatory and Licensing Bodies (ex., New Jersey Department of Human Services, NJ Department of Law and Public Safety)
- Accreditation Bodies
  - The Joint Commission - For more information, please visit http://www.jointcommission.org
  - CARF – Commission on Accreditation of Rehabilitation Facilities
    - For more information, please visit http://www.carf.org

Culturally Specific Mental Health Advocacy Agencies, Trade Associations, Organizations

- National Association of Puerto Rican/Hispanic Social Workers
- National Latino Behavioral Health Coalition
- American Society of Hispanic Psychiatry
- Association of Hispanic Mental Health Professionals
- National Alliance of Multi-Ethnic Behavioral Health Associations
- National Latino Behavioral Health Association
- National Asian American Pacific Islander Mental Health Association
- National Leadership Council for African American Behavioral Health
- First Nations Behavioral Health Association

New Jersey Mental Health Institute – Initial Project Objectives: *Changing Minds, Advancing Mental Health for Hispanics*

- To understand and develop strategies for overcoming cultural barriers preventing individuals of Hispanic backgrounds from seeking mental health treatment.
- To develop a nationwide training model for mental health agencies and clinicians to attract and retain Hispanics in mental health services.
- To create and disseminate a nationwide quarterly newsletter to promote the model and share findings

Methodology for Model Development

- In-Depth Literature Review and Analysis
- Statewide Focus Groups with Members of Target Hispanic Groups
- Mental Health Agency and Community Field Visits:
  - Meeting with Agency Administrators
  - Meeting with Direct Service Providers
  - Meeting with Mental Health Consumers and Families
  - Meeting with Hispanic leaders

Latino Mental Health Issues: An Overview

Summary of Literature Review

Conducted for *Changing Minds, Advancing Mental Health for Hispanics*

Prepared by:
Peter J. Guarnaccia, Ph.D. &
Igda E. Martinez, Psy.D.
Rutgers, the State University of New Jersey

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
- Little is known about the mental health of Dominicans, particularly those who are undocumented
- 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.

Latino Mental Health Utilization - I

- Latinos tend to underutilize mental health services.
  - This is most true for Mexican Americans and least true for Puerto Ricans and Cubans
  - Lack of health insurance is an important issues in seeking mental health care
- Immigrants are much less likely to seek help for mental health problems than their U.S. born counterparts.

Latino Mental Health Utilization - II

- Latinos are most likely to seek mental health care in the general medical sector rather than the specialty mental health sector.
- More work needs to be done with general community health providers that serve Latinos to train them in providing mental health care.
- Latinos who have been in mental health treatment in their home countries are more likely to have received medication than therapy.

Latino Mental Health Barriers - I

- 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.
- 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.

Latino Mental Health Barriers - II

- The Latino community needs more information about their rights to mental health services regardless of their legal status.
- 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 does not appear to prevent use of medical/mental health services, but seems to be complementary to that use.

Latino Mental Health Barriers – III

- Innovative insurance programs for mental health services for Latinos are needed.
- Informational programs to inform the Latino community about mental health services and their locations are indicated.
- Outreach programs could incorporate alternative providers as educators for reaching the Latino community.

Latino Mental Health
Clinical Best Practices - I

- Research shows that CBT interventions work well for Latinos.
- When Latinos do get into care, they receive lower quality care than European American clients.
  - Quality improvement programs are needed
- Latinos appear to have significant concerns about psychotropic medications.
  - More education about psychotropic medications is needed

Latino Mental Health
Clinical Best Practices - II

- Some Latinos may respond differently to psychotropic medications, particularly anti-psychotics, than European Americans.
  - there may be a higher rate of “slow metabolizers” among Latinos
- 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.

Latino Mental Health
Clinical Best Practices - III

- 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

Latino Mental Health
Clinical Best Practices - IV

- Clinicians need to know more about cultural symptoms and syndromes which affect 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 are not necessarily indicative of psychosis.
  - *Ataques de nervios* among Puerto Ricans
  - *Susto* among Mexican Americans

Latinos' Perspectives on Mental Health

Summary of Focus Groups

Conducted for *Changing Minds, Advancing Mental Health for Hispanics*

Prepared by:

Igda E. Martinez, BA & Peter J. Guarnaccia, PhD

Rutgers University

Henry Acosta, MA, MSW, LSW

New Jersey Mental Health Institute

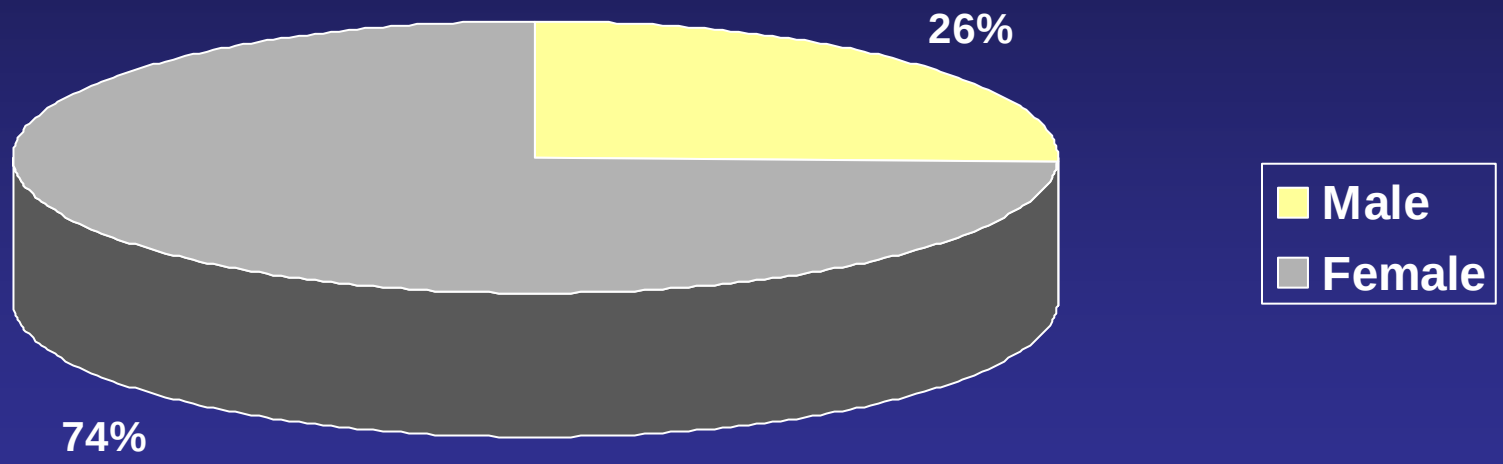
Purpose

- To identify key issues in community mental health for Latinos
- To provide guidance for developing interventions for improving access to mental health services for the Latino community

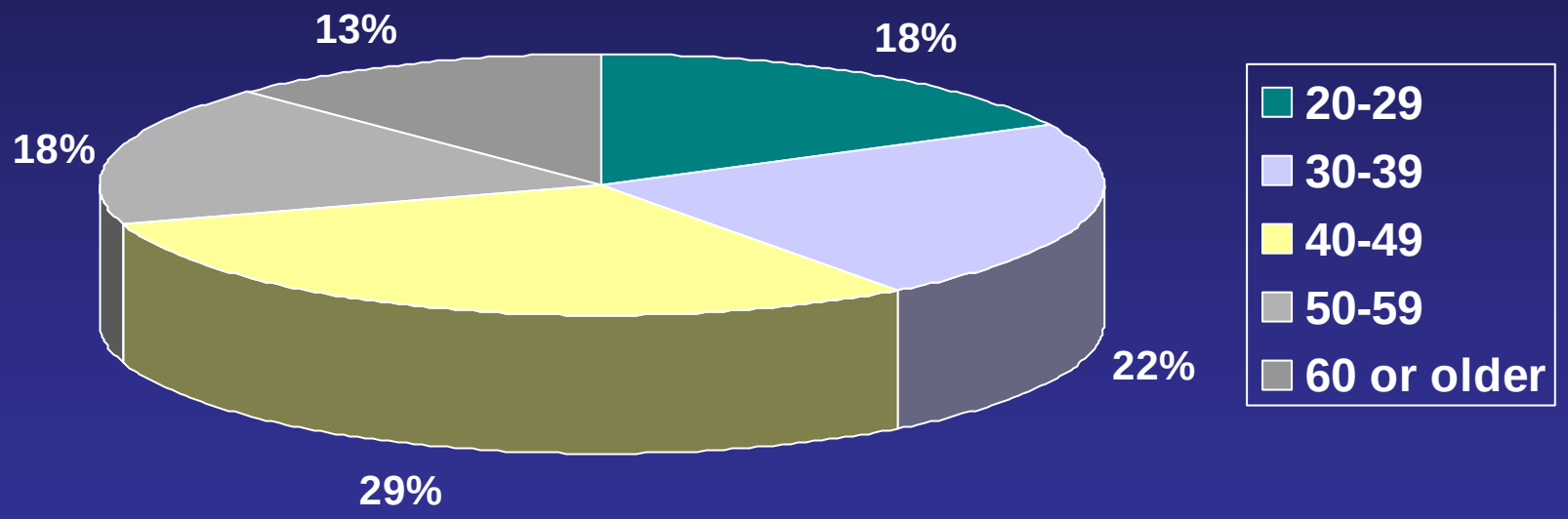
Key Areas of Discussion

- How do Latinos define mental health and mental illness?
- What mental health problems do they recognize?
- What are the barriers Latinos face to accessing mental health services?
- What kinds of programs would help improve Latinos' knowledge of mental health problems and access to mental health services?

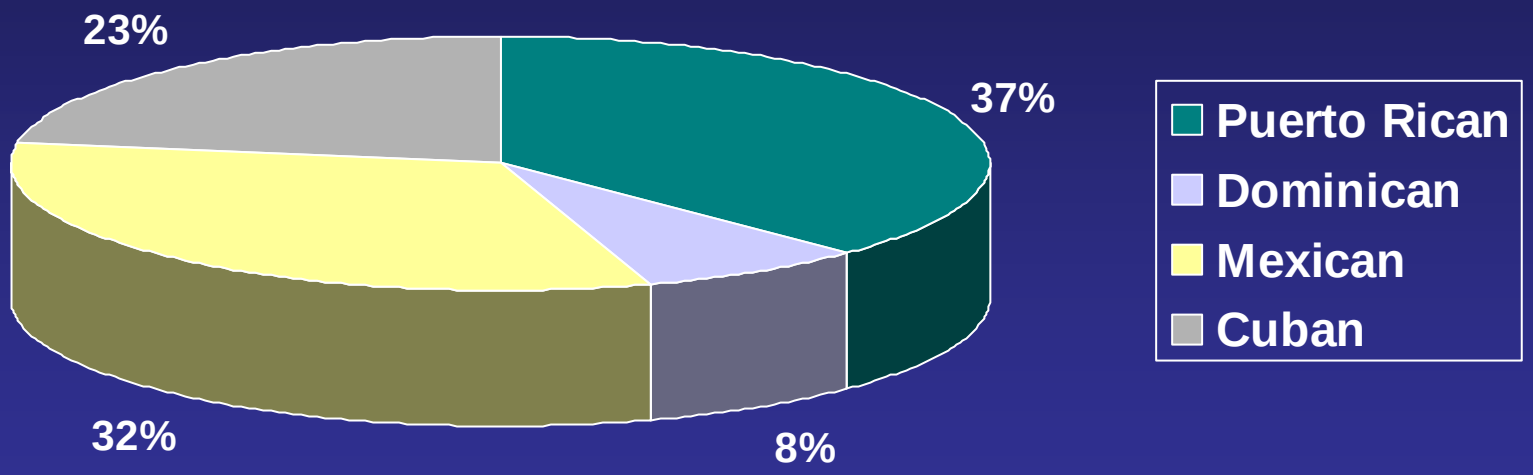
Gender



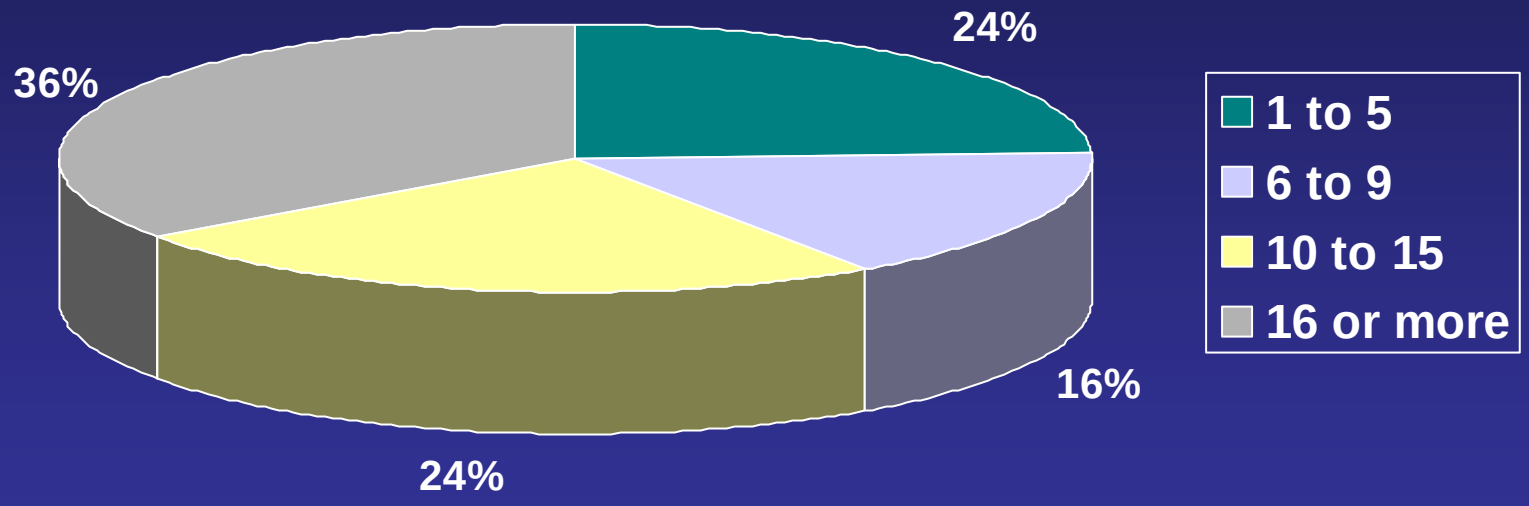
Age



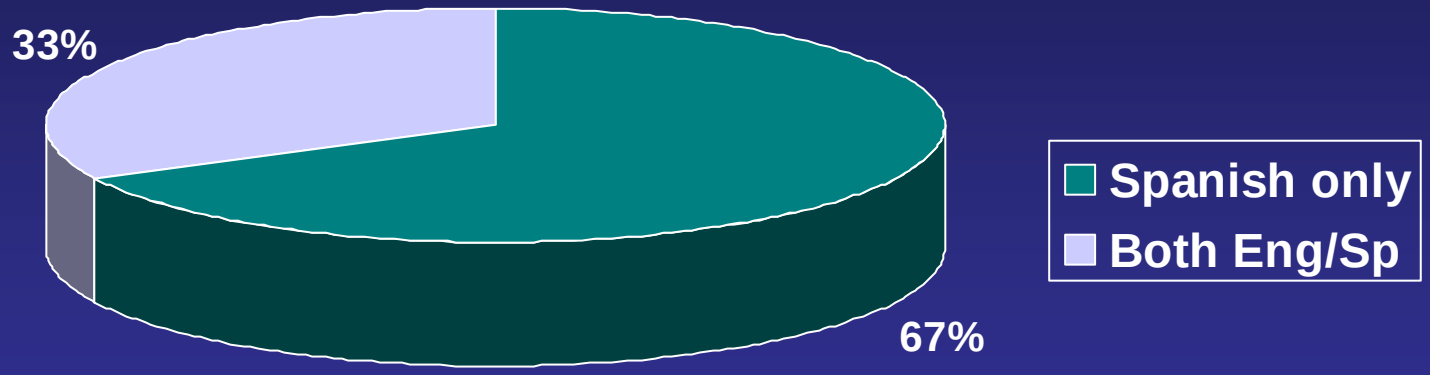
Ethnic breakdown



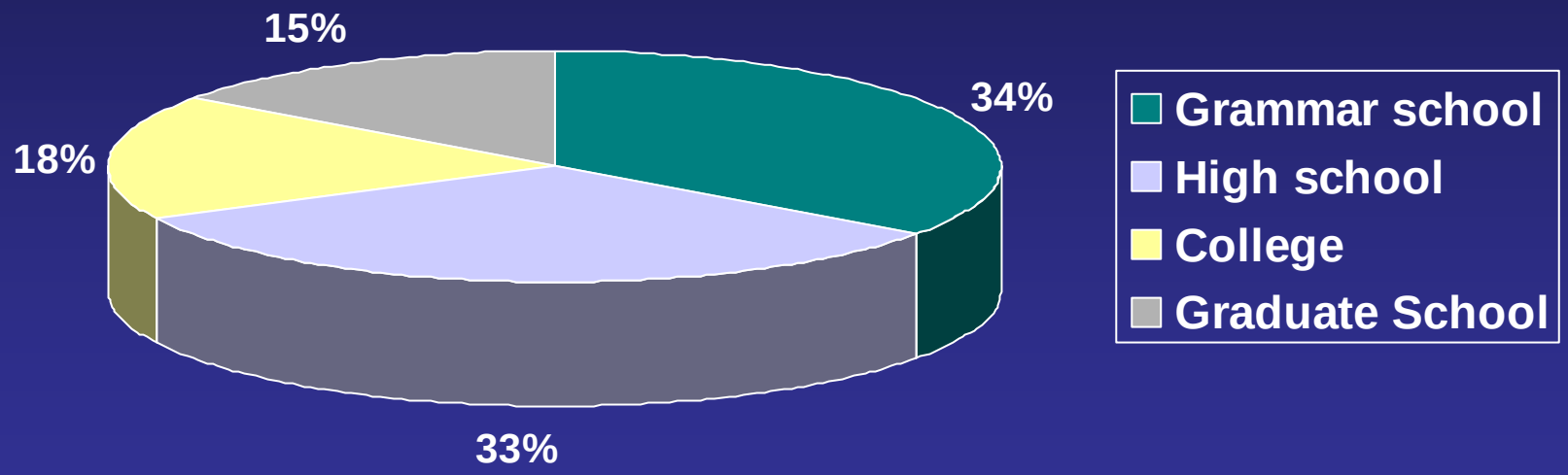
Years in the United States



Dominant language



Education


15%
34%
18%
33%
Grammar school
High school
College
Graduate School

What is mental health?

- Being able to function and contribute to society
  - Being capable of social interaction
  - Not abusing drugs or alcohol
  - Not being aggressive

How to remain mentally healthy

- Social connections are key to good mental health across Latino groups
- Across groups, it was understood that everyone has problems, but it is the way one *copes* with them that determines if one is healthy or unhealthy

Mental illnesses recognized

- Depression
  - death of family member
  - reaction to news such as Sept. 11th
  - loss of job
  - isolation
- Stress/Anxiety
  - alcohol use
  - domestic violence
- *Nervios (crisis nerviosa, ataque de nervios)*
- ADHD (younger population)

Barriers to care

- Transportation
- Communication problems
- Money/lack of insurance
- Stigma
- “Coldness” of providers
- Lack of knowledge of where to go for help

How to improve knowledge

- An advertisement campaign to educate the public about mental illness
  - Spanish TV, newspapers and radio stations
  - Information given by doctors/researchers
  - Posters and other information in churches, workplaces, public places
  - 800 number (if in Spanish)
  - Information about alcohol abuse, stress management, and domestic violence
- Focus on reduction of stigma of mental illness in Latino community

General views on mental health

- Majority of respondents have a positive view of mental health services
- Differences of opinion about the degree of accessibility of mental health services
- Majority of respondents believe mental health services are too expensive
- General preference for talk therapy interventions over prescription medications

Report of a Survey of Mental Health Agency Administrators and Providers on

Services to Latino Clients

Prepared by:
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And
Henry Acosta, MA, MSW, LSW
Project Director
Changing Minds, Advancing Mental Health for Hispanics
New Jersey Mental Health Institute, Inc.

Approach

- Field visits and surveys conducted with agencies that served Hispanics in an effort to:
  - Gather information from mental health agency administrators and providers about their experiences with serving Hispanics at their agencies
  - Increase both awareness and interest in providing culturally competent and sensitive mental health services to Hispanics
- Interviews with 20 mental health agency administrators and surveys with 120 providers throughout the State of New Jersey to assess the services they provide to Latino clients.

Summary

- Agency Directors and Providers are concerned about providing better services to Latino consumers.
- Agency staff have thought a lot about barriers Latinos face to getting care and about how to address those barriers. Agencies need support and guidance on how to implement programs to address those 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 on other areas of services to the Latino community.

Model Mental Health Program for Hispanics

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

Prepared by:

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and Deputy Director, New Jersey Mental Health Institute, Inc.

- 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

Program Environment

- Having material and television programs available in both English and Spanish in the waiting areas
- Having a bilingual receptionist/greeter
- Having the Patient's Bill of Rights available in English and Spanish
- Being located near or easily accessible to mass transportation.
- Having pictures reflecting diverse individuals and key Latin American landmarks
- Having an ethnically diverse staff, including Hispanics and bilingual professionals.

Outreach and Educational Awareness Activities

- Conducting presentations in both English and Spanish in the community.
- Participating in community gatherings.
- Advertising in local Hispanic media about mental health issues, services available, and job opportunities.
- Publishing frequent press releases in English and Spanish on mental health topics.
- Participation in community stakeholders' groups, coalitions, associations, conferences, summits, or trainings on improving mental health care for Hispanics.
- Supporting local events sponsored by Hispanic community-based organizations.

Organizational Cultural Awareness and Sensitivity

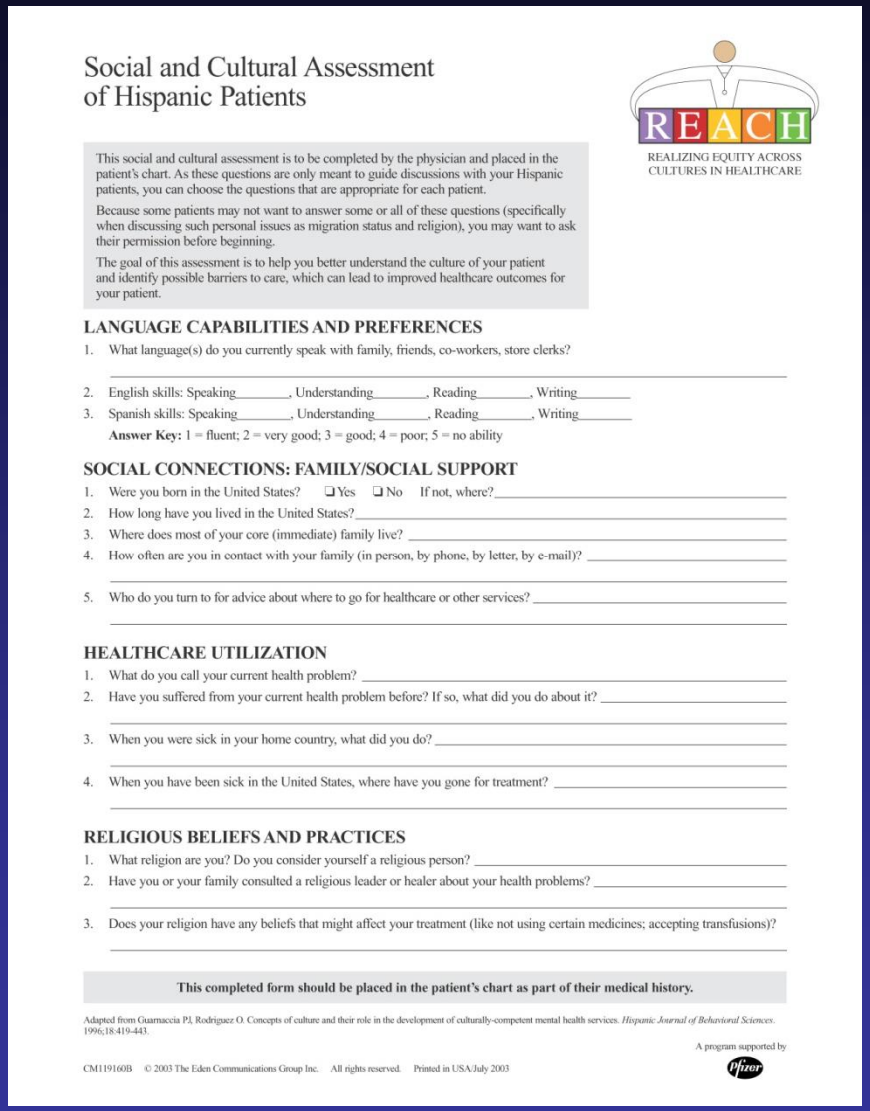
- Review demographic data of service area to ensure services are responsive to the service area constituency.

- Plans developed to address changes in service area demographics to ensure services are culturally and linguistically appropriate for service area constituency. Plans may include:
  - 1.) Holding meetings with other organizations that serve Hispanics to learn how they can improve their service delivery system for Hispanics, how they may be able to collaborate to ensure that Hispanics 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
  - 2). Developing plan to both train staff on how to best serve Hispanics and/or how to recruit qualified Hispanics to reach out and engage and serve Hispanics.

- Conducts a comprehensive psychosocial history on its consumers which include social and cultural assessment of Hispanics.

Social and Cultural Assessment Tool

- Language Capabilities and Preferences
- Social Connections: Family/Social Structure
- Health Care Utilization
- Religious Beliefs and Practices
- Migration Experience



Social and Cultural Assessment of Hispanic Patients

REACH
REALIZING EQUITY ACROSS CULTURES IN HEALTHCARE

This social and cultural assessment is to be completed by the physician and placed in the patient's chart. As these questions are only meant to guide discussions with your Hispanic patients, you can choose the questions that are appropriate for each patient.

Because some patients may not want to answer some or all of these questions (specifically when discussing such personal issues as migration status and religion), you may want to ask their permission before beginning.

The goal of this assessment is to help you better understand the culture of your patient and identify possible barriers to care, which can lead to improved healthcare outcomes for your patient.

LANGUAGE CAPABILITIES AND PREFERENCES

1. What language(s) do you currently speak with family, friends, co-workers, store clerks?
2. English skills: Speaking_____, Understanding_____, Reading_____, Writing_____
3. Spanish skills: Speaking_____, Understanding_____, Reading_____, Writing_____

Answer Key: 1 = fluent; 2 = very good; 3 = good; 4 = poor; 5 = no ability

SOCIAL CONNECTIONS: FAMILY/SOCIAL SUPPORT

1. Were you born in the United States? ❑ Yes ❑ No If not, where?
2. How long have you lived in the United States?
3. Where does most of your core (immediate) family live?
4. How often are you in contact with your family (in person, by phone, by letter, by e-mail)?
5. Who do you turn to for advice about where to go for healthcare or other services?

HEALTHCARE UTILIZATION

1. What do you call your current health problem?
2. Have you suffered from your current health problem before? If so, what did you do about it?
3. When you were sick in your home country, what did you do?
4. When you have been sick in the United States, where have you gone for treatment?

RELIGIOUS BELIEFS AND PRACTICES

1. What religion are you? Do you consider yourself a religious person?
2. Have you or your family consulted a religious leader or healer about your health problems?
3. Does your religion have any beliefs that might affect your treatment (like not using certain medicines; accepting transfusions)?

This completed form should be placed in the patient's chart as part of their medical history.

Adapted from Guarnaccia PJ, Rodriguez O. Concepts of culture and their role in the development of culturally-competent mental health services. *Hispanic Journal of Behavioral Sciences.* 1996;18:419-443.

A program supported by Pfizer

Guarnaccia, Rodriguez. *Hispanic J Behav Sci.* 1996;18:433-434.

Organizational Cultural Awareness and Sensitivity

- Dedication to cultural competence is included in agency's mission or vision statement, core values, strategic plan and/or quality improvement efforts.
- Representatives from the organization encouraged to participate in coalitions, task force, or other activities such as conferences sponsored by outside sources that are geared to addressing the array of needs of Hispanics.
- Organization conducts needs assessments or focus groups with Hispanics to obtain 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.
- Organization regularly completes a cultural competence self-assessment and develops a cultural competence plan to address all key areas and identifies a person(s) responsible to ensure the organization's progress and success.

Program Staffing

- Have bilingual and bicultural staff in clinical, administrative & medical positions.
- Recognize the importance of not burning out bilingual and bicultural staff
- Increase staff awareness of the array of barriers that impede Hispanics use of mental health services
- Eliminate policies that are punitive or unconstructive such as:
  - Charging consumers for missed appointments
  - Not allowing consumer's children and/or other family members to accompany them to visits.
- Develop relationships with local colleges and universities to serve as field placement location, provide internships or volunteer opportunities.
- Utilize 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.
- Provide staff with opportunities to participate in trainings on working with Hispanics and are provided with the resources and time needed to this 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

- 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., place where “crazy” people go).

Clinical Treatment Programs

- 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 that psychotherapy and family psychoeducation work well with Hispanics, as do proving 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 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.

Open Forum - Questions and Answer Period

Improving Mental Health Service Delivery to Hispanics

For further information, please contact:

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