

Experts comment on culturally-responsive mental health care and workforce issues

COMPLEX CHALLENGES CONFRONT LATINOS IN MENTAL HEALTH SYSTEM

Suffering from mental illness is challenging enough, but imagine how tough it would be when the only services available are in a language you don't understand and your cultural beliefs are ignored.

That feeling of isolation is what many Latinos with mental health challenges face and meeting the needs of this population are critical as we look ahead. The National Alliance for Hispanic Health has recently identified Latinos as a high-risk group for depression, anxiety and substance abuse. In addition, Latinos are the largest minority in the United States and currently represent 9 percent of

Connecticut's residents. Census projections indicate that this population will continue to grow at an accelerated pace reaching 574,000 or 13 percent of the state's population by the year 2025.

Moreover, if Latinos try to find help, few mental health specialists are available who speak Spanish and understand the variety of Spanish-speaking cultures. In Connecticut, 44 percent of Latino adults report that they usually or at least sometimes have a hard time speaking with or understanding a doctor because of language issues.

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Organizations partner to address language and cultural barriers to mental health



Shortage of Spanish-speaking clinicians



Ask the Experts

chf news asked **Robert Muro, Ph.D.**, and **C. H. Hank Balderrama** to comment on culturally responsive mental health care, and issues about the mental health workforce.

Muro, a current CHF Health Leadership Fellow, is a bilingual psychologist at the Hospital of Central Connecticut in New Britain. In his prior position he was coordinator of juvenile justice programs at the Wheeler Clinic.

Balderrama, acting executive director of the National Latino Behavior Health Association, was a founder and first executive director of Consejo and Counseling Referral Service in Seattle. The agency, which opened in 1978 to serve the Latino community, continues to do so to this day.

What are the barriers that Latinos with limited English-speaking ability face in accessing mental health services?

Muro: First, there is the lack of outreach and marketing of bilingual mental health services. What tends to happen is people will delay getting treatment of a mental health condition because they aren't aware of the specific services available to them or because of the stigma attached to having a mental health problem. The condition then deteriorates to the point where they need care right away. Secondly, once people do attempt to get treatment, the demand is handled by a limited supply of bilingual clinicians. The primary option then tends to be group therapy because a clinician is able to provide services to more people at the same time.

Balderrama: Recent immigrants and other Latinos are not familiar with mental health services because there's not enough information available to these communities about disorders, services and treatment. Also, being afflicted with a mental health problem is a stigma in all societies, including the Latino culture. They have fears of being judged and misunderstood and this is another barrier that must be addressed.

What does “culturally responsive mental health care” really mean?

Muro: Culturally responsive mental health care contains so many components. It includes being aware, informed, and respectful of differences between your individual culture and beliefs and those of the patient's. This extends to religious and spiritual beliefs, perspectives on family and the roles within it, communication styles, and a host of other variables. It also means trying to create a staff comprised of providers who actually share the same or similar cultural background as the patients they serve. What's important is for the service provider to adjust his or her style to meet the needs of the patient. I believe that the health care system would do well to reach out to young minority students, immigrants, and those with special skills and training in languages to spark their interest and provide incentives to enter the mental health care field.

Balderrama: What's mainstream for white America may not be mainstream for other cultures. The psychiatric framework for evaluating behavior is rooted in the European-American historical tradition, which values individualism, competitiveness and time efficiency, for example. Frames of reference, behaviors, values, and symptoms that do not fit that tradition are more likely to be seen as dysfunctional or deviant. Universities tend to train mental health practitioners to help mainstream populations, not specialized groups. We need to develop practitioners who are more qualified in understanding other cultures, including a new curriculum for current practitioners. We need to analyze the care received by subgroups and develop protocols and standards for each group. The mental health profession should be receptive and responsive to all types of people.

Mental Health System *(continued from front page)*

Other obstacles to treatment include a lack of knowledge about available services, transportation difficulties and limited health insurance. In Connecticut alone, Latino residents account for a staggering 40 percent of the state's uninsured population.

"Latinos confront many complex challenges in the mental health system," says Onell Calderas, program officer for the Connecticut Health Foundation (CHF), who has a background in the mental health field. "They are not necessarily trusting of the mental health system, are socially isolated and have different cultural beliefs. Latinos also need the right skills to communicate and adhere to treatment."

In a report from the National Council of La Raza, nearly one in five Latinos living in the United States will suffer from major depression in their lifetimes. Yet more than 90 percent do not contact a mental health specialist and 80 percent do not contact a general health care provider.

ACCORDING TO THE WORLD HEALTH ORGANIZATION, MENTAL DISORDERS REPRESENT FIVE OF THE TOP 10 CAUSES OF DISABILITY IN CANADA AND THE UNITED STATES AMONG 15 TO 44 YEAR OLDS.

The Institute for Hispanic Health describes Latinos' reluctance to use mental health services by translating the saying: "No se lava la ropa en casa ajena" — one must not wash their dirty clothes in someone else's home. In other words, problems should be handled within the family and not be discussed or revealed outside of the home.

After her own bout with depression, Connecticut resident Ana Lazu founded Latinos Unidos Siempre in Norwich, to combat the double stigma — of mental

illness and the shame from her culture. She launched the organization to help Latinos get access to mental health services. Her organization offers referrals, advocacy, education, counseling and case management support.

Gerardo Sorkin, director of Behavioral Health Outpatient Services for United Community and Family Services in Norwich, believes that access to mental health care for Latinos requires multi-tier solutions. "Our state needs to support higher education in the field of mental health for individuals who speak other languages," he says. "There is a limited pool of qualified bilingual, bicultural professionals in Connecticut and that needs to expand." Sorkin, who participated in the 2006 Health Leadership Fellows Program, also recommends that English-speaking staff study other languages and that more funds be made available for medical interpretation services.

SOLUTIONS FOR IMPROVING MENTAL HEALTH CARE TREATMENT FOR LATINOS

- Create incentives to encourage Latinos to enter the mental health care field.
- Make funds available for medical interpretation services.
- Organize community groups to offer support for Latinos with mental health challenges.
- Create community education and awareness campaigns to reduce the stigma associated with mental health in Latino communities.
- Establish policies for mental health agencies to continually assess and improve their cultural and linguistic competence.

Norwalk Facilities Provide Mental Health Services in Spanish



The Child Guidance Center of Mid-Fairfield County offers prevention, evaluation and treatment services to children — in Spanish, and serves clients primarily from Darien, New Canaan, Norwalk, Weston, Westport, and Wilton. "Ours is the only comprehensive mental health service for children and families in this area available in Spanish," says Executive Director Stuart Greenbaum, M.A., M.S.W.

"In addition, fees are charged on a sliding scale based on the patient's ability to pay."

Behavioral problems such as aggression and poor school performance are treated, as well as traumas, including child abuse. The center currently employs three bilingual master's level clinicians, a bachelor's level outreach worker and a part-time employee at its main site in Norwalk.

The center, in partnership with the Norwalk Community Health Center (NCHC), is also integrating behavioral health services with primary pediatric health care for children from birth to age 8. "We plan to recruit a bilingual clinician at the health center to offer early intervention, evaluation and treatment services in the primary care setting," says Greenbaum. "The goal is to break down the language and cultural barriers to diagnose and treat young

Latino children without having to refer them off site." NCHC provides transportation to and from the center, a major stumbling block for families in keeping appointments.

The Connecticut Health Foundation (CHF) awarded grants to both the Child Guidance Center of Mid-Fairfield County and the Norwalk Community Health Center to help support their efforts to care for Latino residents. For more information, please visit their websites: Child Guidance Center of Mid-Fairfield County (www.mfcgc.org) and the Norwalk Community Health Center (www.norwalkchc.org).

MORE SPANISH-SPEAKING CLINICIANS NEEDED TO DELIVER HIGH-QUALITY HEALTH CARE TO LATINO PATIENTS

Latinos aren't getting the mental health care they need because of a shortage of Spanish-speaking professionals. According to a surgeon general's report, only about 1 percent of licensed psychologists who are members of the American Psychological Association identify themselves as Latino. Moreover, there are only 20 Latino mental health professionals for every 100,000 Latinos in the United States.

In Connecticut, the University of Connecticut School of Social Work is trying to turn those statistics around. Nina Rovinelli Heller, Ph.D., an associate professor and chair of the Casework Sequence, and chair of the Mental Health and Substance Abuse in Social Work Practice Substantive: Focused Area of Study, says that the school has a very active recruitment program for attracting historically underrepresented students. "Our director of

admissions and a number of our faculty meet with Spanish-speaking students at undergraduate social work programs and other venues." For 2005 and 2006, UCONN graduated 45 Latino mental health professionals, and projects that 18 students will graduate this year.

Nationally, there is cause for concern regarding diversity in the mental health care field, according to Margarita Alegria, Ph.D., director of the Center for Multicultural Mental Health Research and professor at the Department of Psychiatry at Harvard Medical School. Her organization is involved in innovative mental health research that impacts policy, practice and service delivery for multicultural populations.

"There are few incentives to create a bilingual/bicultural workforce that can truly respond to the needs of a diverse patient population,"

Alegria says. "Health care systems, particularly safety net hospitals, are strapped in terms of budgets. There's very little money to train the workforce or certify that they are competent to serve minority populations. And some of the Spanish-speaking people that could be trained may not have the technical skills."

Her recommendations to counter these obstacles are to offer more flexible criteria for entry into mental health care programs and to create apprentice positions in facilities with proper supervision.

If you are interested in learning more about UCONN's School of Social Work, please contact the Director of Admission at (860) 570-9118.

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