Prevention of Substance Use and Mental Health Disorders in Latinx Communities

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Mantra: Addiction and Mental Health Don’t Discriminate!!

Disparities

- A racial, ethnic or behavioral health outcome that is seen to greater or lesser extent between populations
- Particularly linked with social, economic, and/or environmental disadvantage

Source: Healthy People 2020
Substance Use Disorders

- Combined 2003 to 2011 data indicate that Hispanics aged 12 or older were more likely than non-Hispanics to have needed substance use treatment in the past year (9.9 vs. 9.2 percent)
- Hispanics who needed substance use treatment were less likely than non-Hispanics to have received treatment at a specialty facility in the past year (9.0 vs. 10.5 percent)
- Among Hispanics needing but not receiving treatment, only 5.6 percent perceived a need for treatment
- The use of Opioids and related deaths continue to disproportionately impact Latinos and Hispanics
- Other drugs (Alcohol, Methamphetamine, Cocaine, Marijuana) continue to be an issue

Source: NSDUH Report

Mental Health Disorders

- 15.7% prevalence of mental health disorders among Hispanics and Latinos.
- Common mental health disorders among Latinos are generalized anxiety disorder, depressive disorders, posttraumatic stress disorder, and substance use disorders. Also, Latina high school girls have high rates of suicide attempts.
- As a community, Latinos are less likely to seek mental health treatment due to stigma, discrimination, lack of information, and other factors.
- Access and quality of care contribute to disparities.

Source: NAMI, 2019

Prevention Overview

**Primary Prevention:** intervening before health effects occur, through measures such as vaccinations, altering risky behaviors (poor eating habits, tobacco use), and banning substances known to be associated with a disease or health condition.

**Secondary Prevention:** screening to identify diseases in the earliest stages, before the onset of signs and symptoms, through measures such as mammography and regular blood pressure testing.

**Tertiary Prevention:** managing disease post diagnosis to slow or stop disease progression through measures such as chemotherapy, rehabilitation, and screening for complications.
Understanding and Incorporating the Cultural Elements Present within Hispanic and Latinx Populations

Latinx and Hispanics: Cultural Elements

- Family or Familia (Familismo)
- Respect or Respeto
- Personal Relationships or Personalismo
- Trust or Confianza
- Religion, Spirituality or Espiritualidad

Source: Falicov, 1998; Santiago-Rivera et al., 2002; Pajewski & Enriquez, 1996; Bracero, 1998
Cultural Humility

“Cultural Humility incorporates a lifelong commitment to self-evaluation and self-critique to redressing the power imbalances in the patient-physician dynamic and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and the defined population.”

Source: Tervalon and Murry-Garcia, 1998

Cultural Intelligence

“Cultural Intelligence is the capability to relate and work effectively in culturally diverse situations. It goes beyond existing notions of cultural sensitivity and awareness to highlight a theoretically-based set of capabilities needed to successfully and respectfully accomplish your objectives in culturally diverse settings.”

Source: Cultural Intelligence Center, 2019
Cultural Proficiency

“A set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations...”

Source: National Center for Cultural Competency
Not Just Trauma Informed...

...... Social Justice Informed!!

Solutions, Strategies, and Outcomes

Building Health Equity

Advocacy and Policy!!
Enhanced National CLAS Standards

The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health Care are issued by the USDHHS’ Office of Minority Health to advance health equity, improve quality and eliminate health care disparities by establishing a blueprint to implement culturally and linguistically appropriate services.

Source: OMH, 2019

Principal Standard (CLAS)

• Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Three Broader Themes (CLAS)

• Theme 1: Governance, Leadership and Workforce (Standards 2-4).

• Theme 2: Communication and Language Assistance (Standards 5-8).

• Theme 3: Engagement, Continuous improvement and Accountability (Standards 9-15).
SAMHSA’s Strategic Prevention Framework Steps

Sustainability & Cultural Competence

- **Assessment**: Profile population needs, resources, and readiness to address needs and gaps
- **Capacity**: Mobilize and/or build capacity to address needs
- **Planning**: Develop a Comprehensive Strategic Plan
- **Implementation**: Implement evidence-based prevention programs and activities
- **Evaluation**: Monitor, evaluate, sustain, and improve or replace those that fail

Organization: Community Involvement and Buy In

- **Organizational Culture and Commitment**: What does the organization look like (Board, Senior Management, Staff, Community Representation)? What policies and procedures are in place that support the Latinx and Hispanic Community?
- **Staffing**: Staff should be representative of the priority population we seek to serve. We should consider the Latinx sub-population, languages spoken, local issues, etc.
- **Services**: Are they accessible? Do they reside in the community? What are the Quality Assurance Measures? How are they Evaluated and by Whom?

Community Involvement at all Levels of the Strategic Prevention Framework

- **Assessment**: Profile population needs, resources, and readiness to address needs and gaps
- **Capacity**: Mobilize and/or build capacity to address needs
- **Planning**: Develop a Comprehensive Strategic Plan
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Challenges of Community Involvement

• Workforce Crisis (staffing)
• Trust
• Languages and Terminology
• Knowledge Gaps
• Competing Priorities
• Budget Constraints
• Others

Benefits of Community Involvement

• On Point Delivery of Services (Cultural)
• Capacity Building (Organization, Staff, & Community)
• Partnerships and Sustainability
• Increased Community Readiness
• Changes in Community Norms
• Building of Health Equity and Reduction in Disparities

The Need for Evidence Based Practice

• **Evidence-based prevention** refers to **prevention** programs, strategies, and policies that have been rigorously tested under research conditions and found to be effective in changing behaviors and attitudes.

• SAMHSA Resource: [https://www.samhsa.gov/ebp-resource-center](https://www.samhsa.gov/ebp-resource-center)
Practical Steps for Selecting Evidence-Based Programs, Practices, and Policies

1. Identify types of interventions (e.g., policies, programs, practices, educational, environmental) that fit your data-based priority problems, goals & objectives.

2. Select policies, programs & practices that fit with community needs.
   - Needs
   - Capacity
   - Readiness &
   - Complement existing efforts

3. Ensure that there is evidence to support the effectiveness of the relevant and appropriate intervention(s) being considered.

   Evidence of effectiveness based on:
   - Recognized practice
   - Scientific reports
   - Documented experience & judgment

4. Intervention support should be available through lists and registries, published science, and a process of assessing documented effectiveness.

5. Consider the balance between fidelity and adaptation with given intervention(s).

What is the Evidence of Effectiveness?

Selecting an Intervention

Review and Organize
Narrow the Options
Select an Approach
Critical Question:
Is this the Best Fit for the Latinx and Hispanic Population You Seek to Serve?

Adaptation and Tailoring
- Staff Adequately Trained and Understand the Core Elements of the Intervention
- What Mechanisms are in Place to Maintain Fidelity to the Intervention
- Materials, Language(s), and Other Cultural Considerations

Implementation and Evaluation
- Accountability (Organization, Staff, Community)
- Fidelity and Cultural Adaptations
- Evaluation and Feedback Loop
- Sustainability
Social Determinants of Health

References


Cultural Intelligence Center, 2019


# References

National Center for Cultural Competency, 2019

National Survey on Drug Use and Health, 2011. Additional copies of this report or other reports from the Center for Behavioral Health Statistics and Quality are available online: [http://www.samhsa.gov/data](http://www.samhsa.gov/data)

Office of Minority Health CLAS Standards: [https://thinkculturalhealth.hhs.gov/clas](https://thinkculturalhealth.hhs.gov/clas)


SAMHSA, Center for the Application of Prevention Technologies (October, 2016). Tools from the CAPT, Increasing Cultural Competence to Reduce Behavioral Health Disparities

Tervalon and Murry-Garcia, 1998