About the presenter:

Dr. J Rocky Romero is the CEO and owner of JR Romero & Associates, a training and consultant company he started almost 20 years ago. In addition, Dr. Romero is a former Assistant Professor for New Mexico Highlands University School of Social Work in Albuquerque, NM. He served as the co-chair for Governor Richardson's appointed NM Higher Education Department on Cultural Competency Task-Force. Dr. Romero has also served as an Executive Council member for the NM-Consortium for Behavioral Health Training and Research. In addition, Dr. Romero completed his doctoral studies at the University of New Mexico in Language, Literacy and Sociocultural Studies. Dr. Romero has been a trainer and consultant for the NHL-MHTTC for the last 10 years. He is focused on culturally appropriate treatment while focusing on reducing health disparities for people of color.

National Hispanic and Latino MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Culture: An Integral Part of Mental Health Services for Hispanic and Latino Populations: Peer Worker Perspective & Application

J Rocky Romero, PhD, LMSW
National Hispanic and Latino MHTTC

August 12, 2020

SAMHSA Substance Abuse and Mental Health Services Administration

UCC Universidad Central del Caribe

IRESA Institute of Research, Education and Services in Addiction

Hispanics and Latinos: Statistics and Definition of Terms

SECTION 1

Goal

- Provide an understanding of the current distribution of Hispanic and Latino populations throughout the US, characteristics, possible barriers to services including disparities in mental health treatment and concepts that may be useful in the mental health treatment of Hispanics and Latinos in the US

Learning Objectives

- Provide an overview, including current statistics of the Hispanic and Latino populations in the U.S.

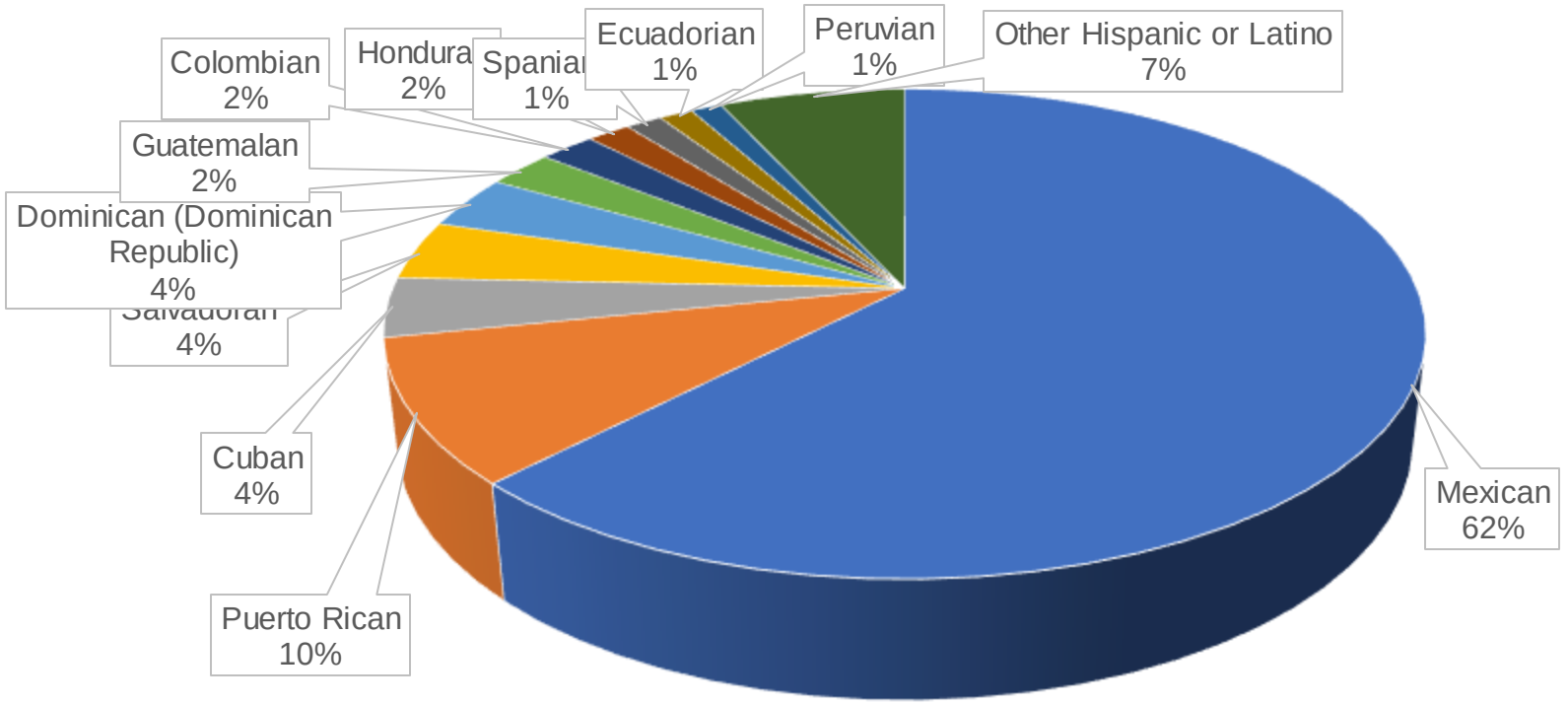
- Define terms that are useful in the treatment of culturally diverse populations.

Hispanic and Latino populations

- 57 million
  - 18.1% of current US population
  - 33.5% foreign born
- Up to age 17: 25.2%
  - Foreign Born 5.6%
- Age 18 and older: 16.0%
  - Foreign Born 46.3%

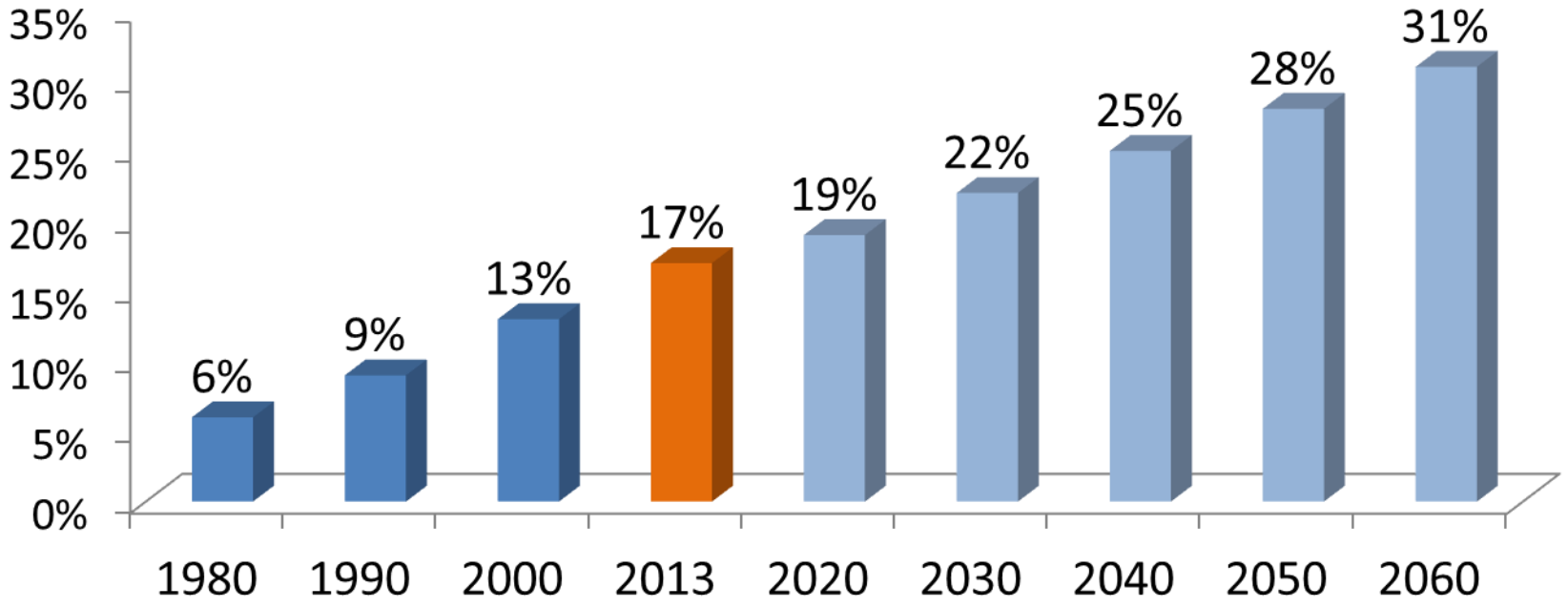
Source: US Census Bureau, 2017

Hispanic or Latino by country of origin



Source: US Census Bureau (2017). 2017 American Community Survey 1- Year Estimates

Trends and projections



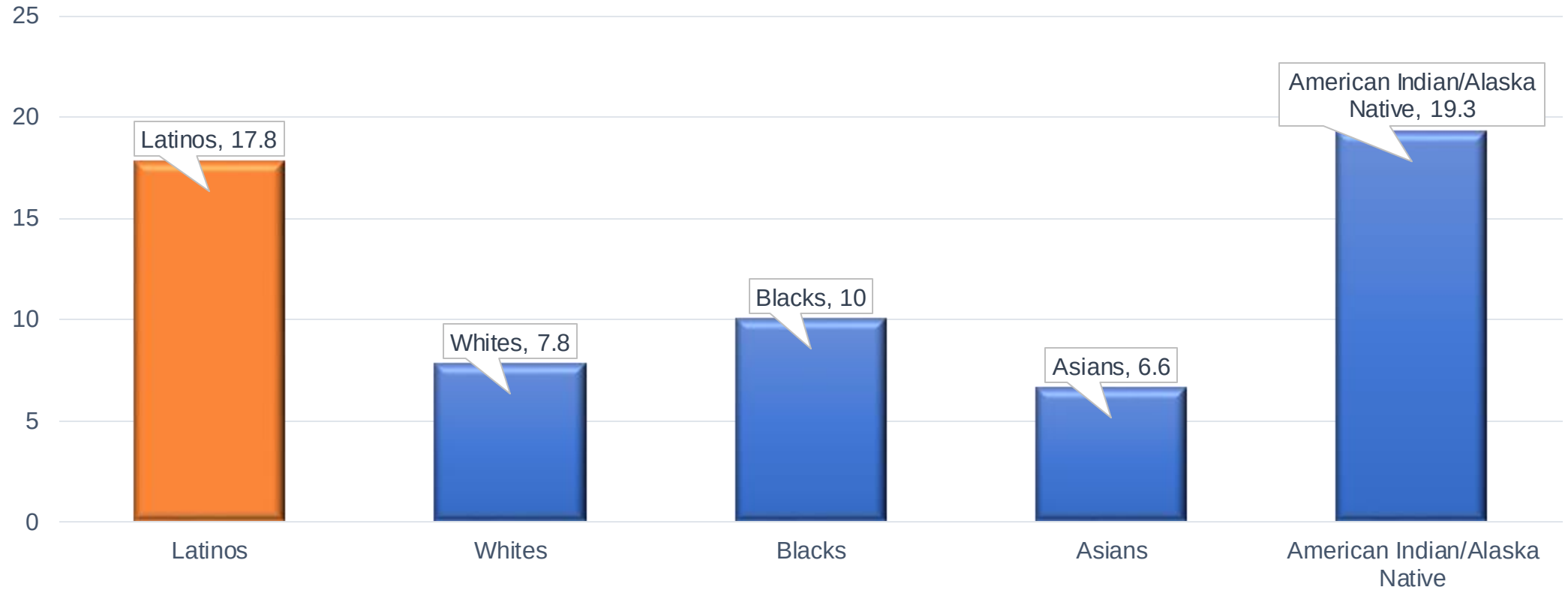
Source: US Census Bureau. (2013). 2012 National population projections.

Social characteristics Hispanics and Latinos vs. non-Latino Whites in US

Characteristic	Latinxs	Non-Latinx whites
Median age, yrs	29.2	43.5
Education (age ≥ 25), no diploma, %	31.3	7.1
Median individual annual income, $	26,271	38,252
Poverty level, %	19.4	6.1
English only language spoken, %	27.9	94.4

Source: U.S. Census Bureau, 2017. American Community Survey 1-Year Estimates

Health Uninsured Percentage by Race/Ethnicity United States, 2017



Source: U.S. Census Bureau, 2017. American Community Survey 1-Year Estimates.

15.7% prevalence of mental health disorders among Hispanics and Latinos

Mental Health Disorders

- 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.
- While Latino communities show similar susceptibility- specifically US-born Latinos- to mental illness as the general population, unfortunately, there are disparities in access to treatment and in the quality of treatment received. This inequality puts Hispanics and Latinos at a higher risk for more severe and persistent forms of mental health conditions.
- As a community, Latinos are less likely to seek mental health treatment.

Source: NAMI, 2019

Symptoms by Hispanic and Latino Subgroup

Study of Latinos (SOL), 2013

- Depressive symptoms
  - Puerto Ricans : 38.0%
  - Cuban : 27.9%
  - Dominican : 27.4%
  - Central American : 24.9%
  - South American : 24.2%
  - Mexican : 22.3%

- Anxiety symptoms
  - Puerto Ricans : 16.8%
  - Dominican : 15.6%
  - Mexican : 15.5%
  - Central American : 14.7%
  - South American : 14.4%
  - Cuban : 14.3%

- Smokers
  - Puerto Ricans : 33.8%
  - Cuban : 27.2%
  - Mexican : 16.7%
  - Central American : 14.3%
  - South American : 13.3%
  - Dominican : 11.4%

Hispanic vs Latino

HISPANIC

[US Census 1980]

What's the difference between Hispanic, Latino, and Spanish - YouTube (2).url

LATINA
LATINO
LATINX

The Federal Standard

- The Census Bureau defines "Hispanic or Latino" as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.

Source: US Census Bureau, 2010

Culture

spirituality
culture
uniqueness
language
competency
pride
groups
faith
roles
food
tradition
anthropology
Latino
music
religion
identity
family
respect
strength
Hispanic

Cultural Responsiveness

- Cultural competence
- Cultural humility
- Cultural fluidity
- Cultural responsiveness

- The process in which members of one cultural group adopt the beliefs and behaviors of another group.

- Acculturation can be reciprocal- that is, the dominant group also adopts patterns typical of the minority group.

Acculturation

- Acculturation is mostly concerned with the individual and how they relate to their own group as a subgroup of the larger society.

Assimilation

- Changes in language preference, adoption of common attitudes and values, membership in common social groups and institutions, and loss of separate political or ethnic identification of one group as they come in contact with their host society.
- The person discards cultural aspects from their culture of origin as they acquire cultural aspects from the new culture

Ambiculturalism

- Modern Americans live and function in an environment that is characterized by high levels of cultural fluidity, driven by a high frequency of intercultural interactions.

Biculturalism

- Is defined as the integration of two or more cultural identities.

https://www.bing.com/videos/search?q=being+a+mexican+american+is+exhausting&view=detail&mid=AF9869EA7DCA867761E8AF9869EA7DCA867761E8&FORM=VIRE

Immigrant Paradox

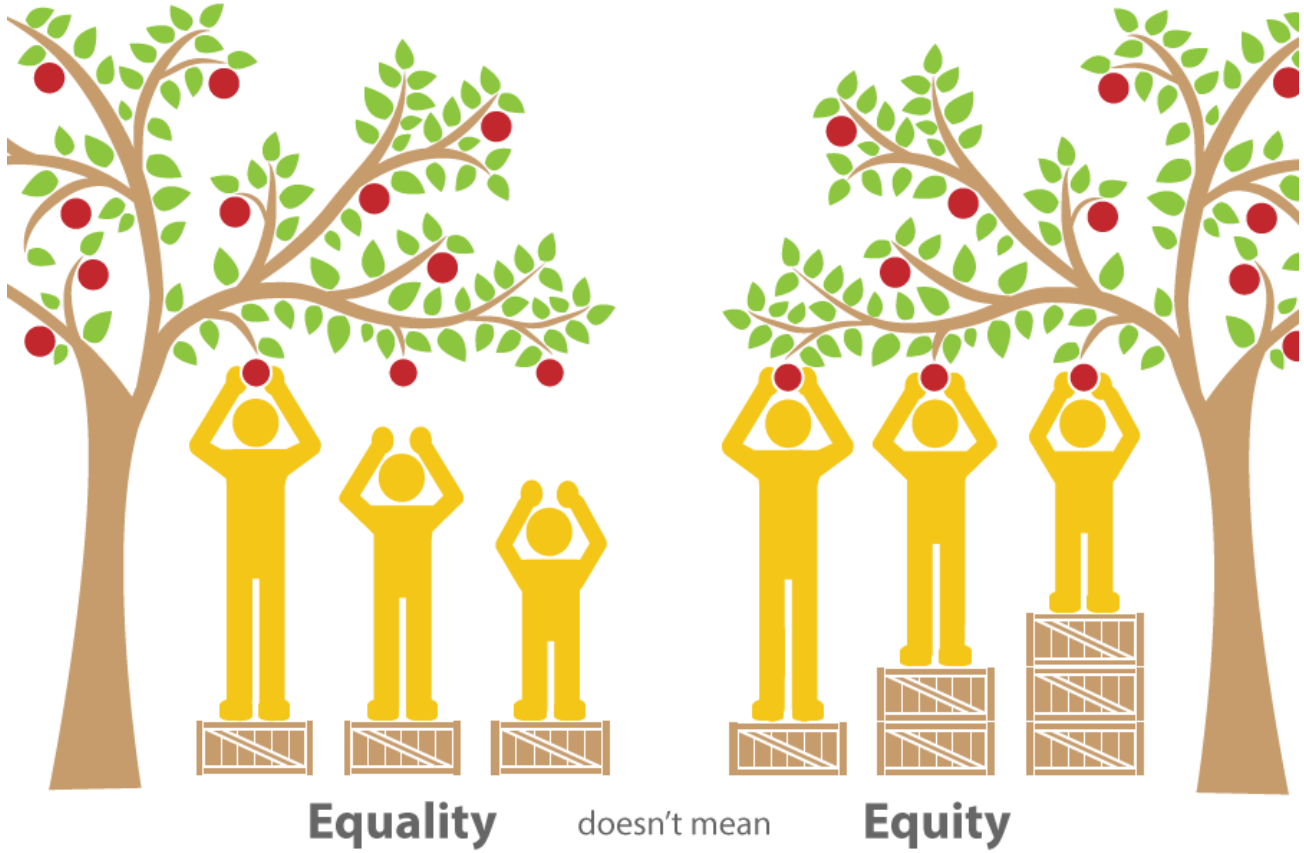
- Being born in the US and longer periods of living in the US are associated with increased physical and mental health disorders
- Whereas more acculturated Hispanics and Latinos are expected to have lower mental and physical problems by having more access to services

Health Equity

Individuals from diverse cultural backgrounds should be able to attain their highest level of health.

Source: OMH, 2011

Health Equity



Health Disparities

- Healthy People 2020 defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage”.

Source: www.healthypeople.gov

Disparities

- Hispanics and Latinos are underrepresented in professions related to behavioral health.

- Access is hindered by the fact that a significant number of Hispanics and Latinos are uninsured.

Source: Chapa & Acosta, 2010; Clemens-Cope, Kenney, Buettgens, Carroll & Blavin, 2012

- Reduced access
- Low retention rates
- Absence of effective community strategies

Disparities in workforce

- A congressional report found that HLs comprise only 11% of the behavioral health workforce, even though a much higher proportion of this population needs and receives services (SAMHSA, 2013)

C.L.A.S.

Culturally & Linguistically Appropriate Services

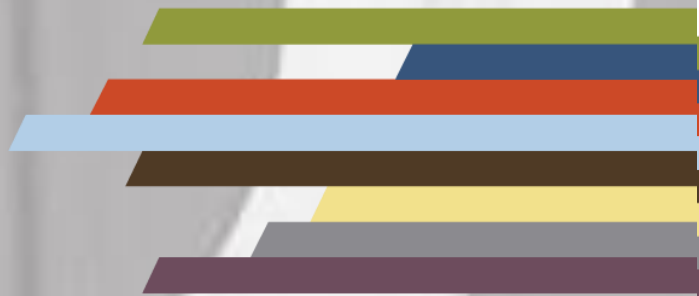
- The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health Care are issued by the USDHHS' Office of Minority Health to advance health equity, improve quality and eliminate health care disparities by establishing a blueprint to implement culturally and linguistically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

Source: OMH, 2013

Standards

- Currently 15 standards:
  - Principal Standard:

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



Standards

- Three broader themes:
  - 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).

Peer Worker Perspective & Application

- Know your role within the multi-disciplinary team
- Be the conduit for familiarity, respect, and personalizing experiences
- Serve as the facilitator of services and advocate for clients, while balancing role as a professional member of the TEAM

Mental Health Protective Factors:
Religion and Spirituality

- Usually religious leaders tend to be community leaders.
- Connection with other Hispanic and Latino communities.
- Sometimes Spirituality inspires hope to the client/patient.
- Respect traditional healing approaches.
- Fatalism is the value of destiny or in some cases divine intervention.

Mental Health Protective Factors:
Involve family (familia, famalismo)

- Clear roles and expectations.
- Interpersonal relationships are significant during the interview process.
- Family view mental health conditions.

Mental Health Protective Factors:
Show respect (Respeto)

- Respect is important in all cultures.
- Hispanic and Latino individuals tend to expect status differences between professionals and non-professionals.
- Warm and personal interest can increase engagement in the therapeutic process.

Mental Health Protective Factors:
Get personal (Personalismo)

- Personalism towards health care providers.
- If health care providers demonstrate simpatia, kindness and are friendly increase the likelihood of compliance with treatment and recommendations.

Mental Health Protective Factors:
Collectivism

- The emphasis on group activity rather than individual task
- Responsibility for achievement is a shared concentp
- Sense of balance or harmony within collectivism and interdependence

Mental Health Protective Factors:
Traditional Gender Roles

- *Machismo* is the expectation that men will take the role of protector of provider for the family demonstrating strength, self-reliance, and control

- *Marianismo* is the expectation that females will take on a Virgin Mary-Like demeanour or the role of caretaker for the family demonstrating purity, care, family privacy, and morality

OUTLINE FOR CULTURAL FORMULATION

- Cultural Identity
- Cultural Explanations of Illness
- Cultural Factors Related to Psychosocial Environment and Level of Functioning
- Cultural Elements of the Clinician-Participant Relationship
- Overall Assessment

Critical Self-Reflection: Self- Assessments

- https://nccc.georgetown.edu/documents/ChecklistBehavioralHealth.pdf
- https://www.samhsa.gov/sites/default/files/programs_campaigns/samhsa_hrsa/cultural-competence-self-assessment.pdf
- https://docs.ucare.org/filer_public/b8/3a/b83a12ab-281a-45a4-8eac-7806b9cc1aaa/culturalcompetenceselfassessment.pdf

- Scale of Ethnocultural Competency

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https://www.surveymonkey.com/r/33KTWFY

Website: http://www.mhttcnetwork.org/hispaniclatino/
Email: hispaniclatino@mhttcnetwork.org

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