



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

New England Mental Health Technology Transfer Center (NE-MHTTC)

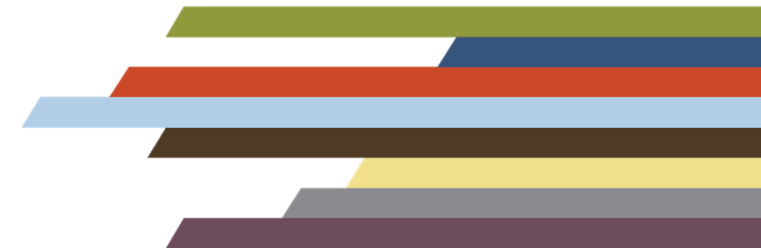
SAMHSA #1H79SM081775

Yale Program for Recovery and Community Health (PRCH)

C4 Innovations

Harvard University Department of Psychiatry

Center for Educational Improvement



Housekeeping Information



Participant microphones will be muted at entry



If you have questions during the webinar, please use the chat or use the “raise hand” feature during discussion to have your microphone unmuted.



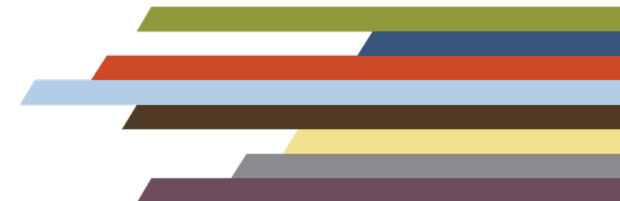
This session is being recorded and it will be available on the MHTTC website within 24 hours of the close of this presentation.



Information about certificates of completion will be sent in a follow-up e-mail



If you have questions after this session, please e-mail: newengland@mhttcnetwork.org.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS



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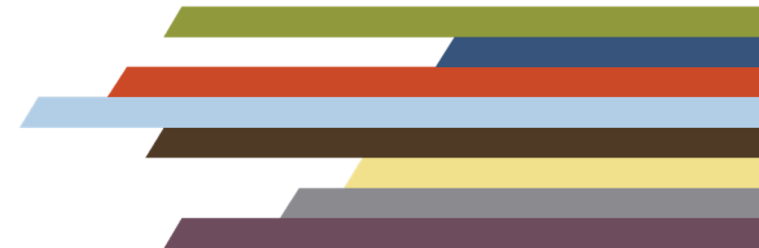
Recovery-Oriented Mental Health Services for Hispanic/Latinx People

Esperanza Diaz, MD

Andrea Mendiola, MD

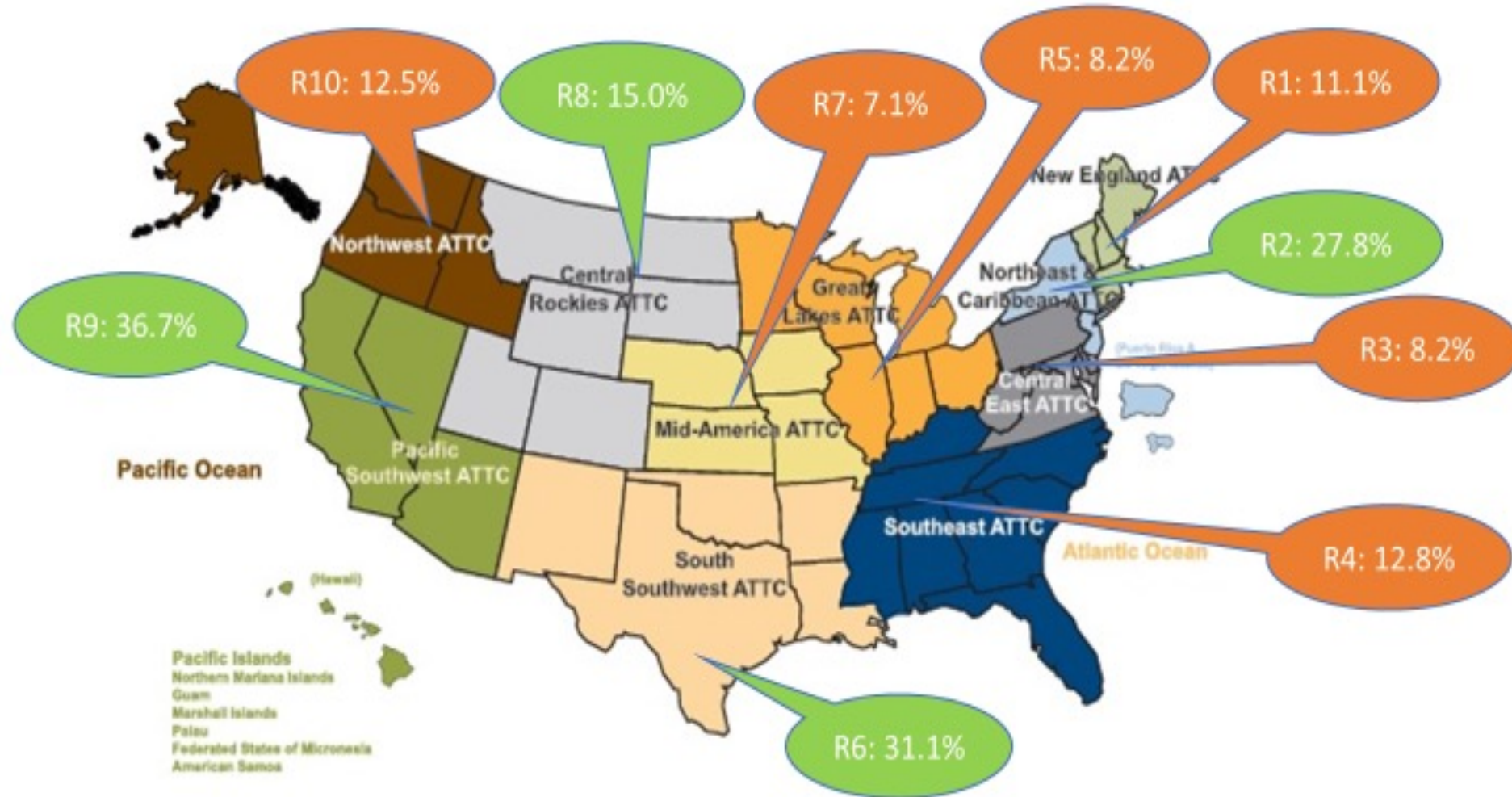
Department of Psychiatry

Yale University School of Medicine

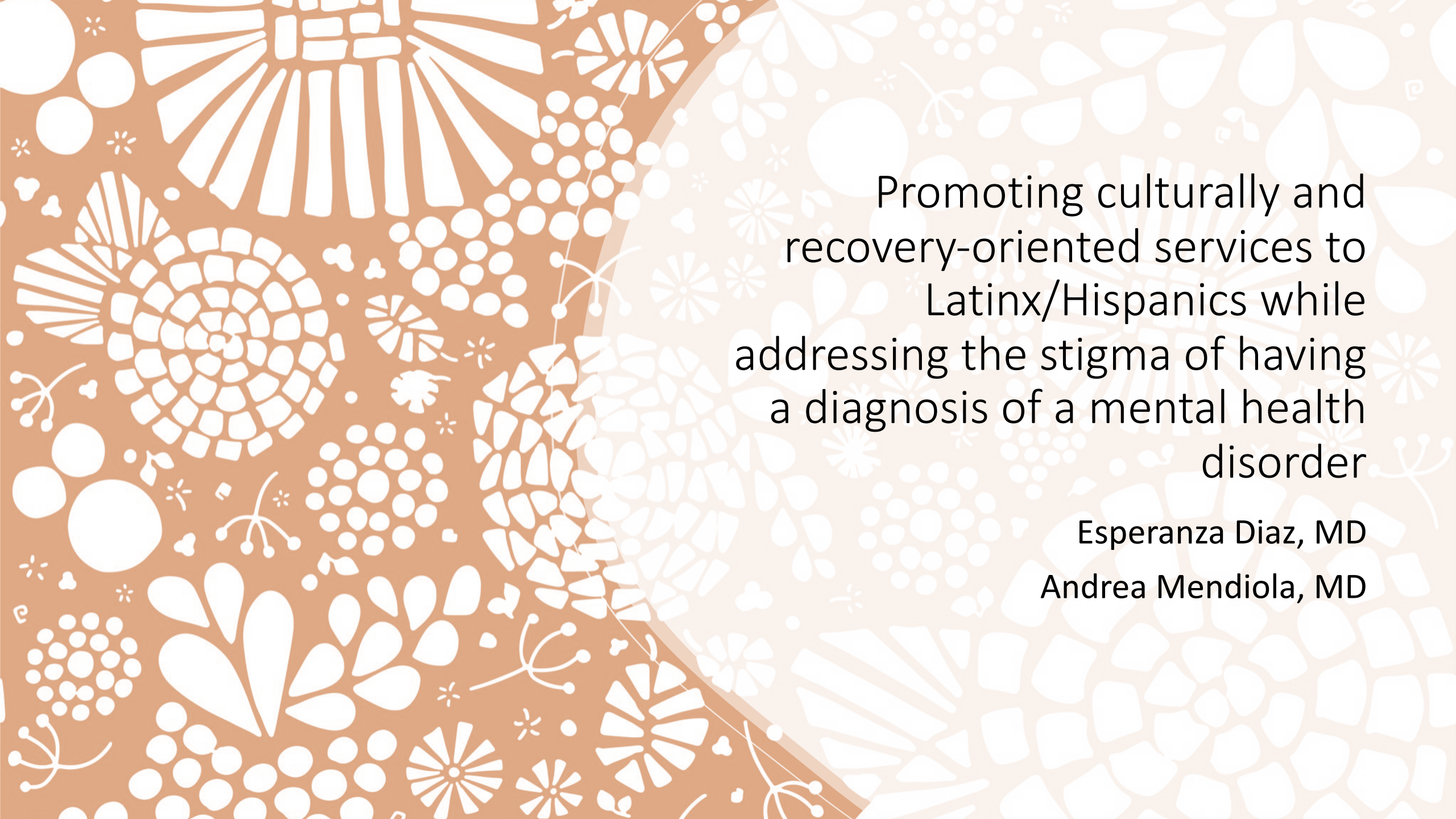


Partnering to Facilitate a Culture of Behavioral Health Recovery in Hispanic and Latino Communities

Distribution of Hispanics by TTC Region



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

The background features a complex, repeating pattern of white floral and geometric motifs on an orange background. The motifs include stylized flowers, leaves, and circular patterns. A diagonal line separates the darker orange area on the left from the lighter orange area on the right.

Promoting culturally and
recovery-oriented services to
Latinx/Hispanics while
addressing the stigma of having
a diagnosis of a mental health
disorder

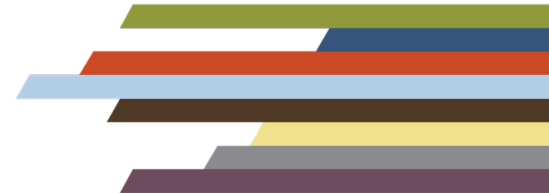
Esperanza Diaz, MD
Andrea Mendiola, MD

Disclosures

No disclosures or conflicts of interest.

Outline

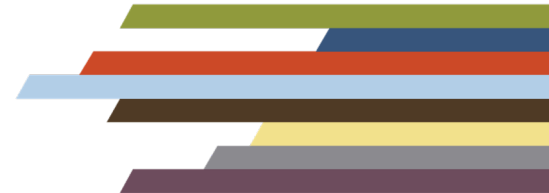
1. Educational Objectives
2. The Hispanic Clinic
3. Rosa's story
4. Recovery-oriented services
5. Challenges and Stigma
6. Review of what has found to be helpful
7. Working with Rosa in her Recovery journey
8. Q&A



Educational Objectives

By the end of the session attendees will be able to:

1. Name three specific interventions to deliver **culturally sensitive and recovery oriented** mental health services for Latinx/Hispanics.
2. Identify two **challenges** encountered by Latinx/Hispanics in their Recovery journey.





La Clinica Hispana

New Haven, CT



La Clinica Hispana

- Since 1973
- Collaboration between Yale and DMHAS
- Mental Health and Substance Use Services
- Monolingual Latino Community
- Bilingual/Bicultural staff



Yale
PSYCHIATRY

cmhc
Connecticut Mental Health Center

Programs at the Hispanic Clinic

- Triage, walk-ins
- Now: telemedicine
- Individual psychotherapy
- Group psychotherapy
- Friends and Family celebrations
- Case management
- Psychiatric assessments and Medication management
- Referrals to community resources, including Primary Care Providers



Collaboration with the community and other organizations

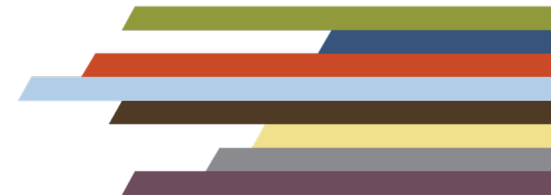
CT LBHS – Connecticut Latino Behavioral Health System

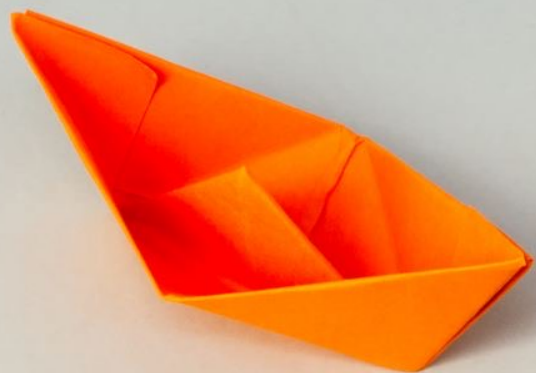
PRCH – Yale Program for Recovery and Community Health

Latino Colectivo

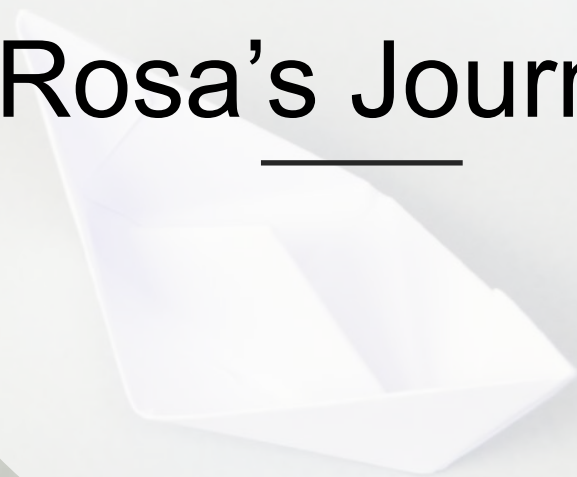
Community organizations

- JUNTA – Junta for Progressive Action
- Churches
- IRIS – Integrated Refugee & Immigrant Services
- ULA – Unidad Latina en Accion
- MAAS – Fair Haven Community Health Care MAAS
- Etc....





Rosa's Journey

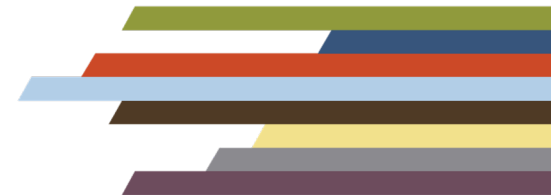


Rosa's journey

- Rosa is a **42yo Spanish-speaking Venezuelan** woman who lives with her **mother and daughter in law** seven months pregnant. Rosa's son lived with them, but he was physically abusive towards Rosa and her daughter in law (his wife). After much discussion with her family, Rosa called the police on her son, and now he is **detained awaiting trial**.
- Rosa used **crack cocaine and heroin** for many years and did not share this with her family, she was **ashamed** about what they could think of her. Rosa used to say, "I can quit whenever I want, this is not a problem". When her daughter in law told her she was pregnant, Rosa decided "it was time to change" and came to the clinic asking for help. She started psychotherapy and medications and has not used any substances except for alcohol since then.
- Rosa has **missed her last appointments** in the clinic since the pandemic started. She called today, without an appointment. She is crying and yells over the phone that "**her life has no meaning**" and that she has received an **eviction letter**. Despite many efforts to calm her down, Rosa continues to cry and explains that they have been living **without gas** for the past few months, and now she has gotten an eviction notice. She is worried because the baby will be coming soon and is afraid, they will be on the streets.

Main points in Rosa's story

- Venezuelan, Spanish-speaking only
- Uninsured
- Substance use
- Son detained
- “Ashamed”
- Grandchild on the way
- Wishes to be a supportive grandmother
- Now: eviction, no gas, financial issues





Recovery



Recovery

Recovery refers to **learning how to live a safe, dignified, full, and self-determined life** in the face of the enduring disability which may, at times, be associated with serious mental illnesses (SAMHSA)

4 dimensions of Recovery:

- Health: overcoming or managing one's disease(s) as well as living in a **physically and emotionally healthy** way;
- Home: a **stable and safe** place to live;
- Purpose: **meaningful** daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- Community: **relationships and social networks** that provide support, friendship, love, and hope.



Hispanic Mental Health Services Development: A personal journey

A homeless person with mental illness could choose:

- Baking
- Cooking
- Gardening
- Agriculture
- Raise cattle
- Nursing
- Office work
- Cleaning work
- Maintenance
- Get into recovery

11

Edited by
IANIS H. JENKINS
AND ROBERT J. BARRETT

Schizophrenia, Culture, and Subjectivity

*The Edge
of Experience*

Schizophrenia, Culture, and Subjectivity: The
Edge of Experience. 2003.

History of the Recovery Movement

- Publication of **levels of functioning** in people with mental illness-related disabilities (Strauss and Carpenter 1972)
- Harding with his longitudinal studies in Vermont showed that patients **with serious mental illness lived a full life** in the community (Harding et al 1987a &b)



Evidence History

Results	Study
32-year study of 269 individuals diagnosed with schizophrenia. 68% had achieved considerable improvement or fully recovered.	Harding, C. et al. (1987). The Vermont longitudinal study of persons with severe mental illness, I. Methodology, study sample, and overall status 32 years later. <i>American Journal of Psychiatry</i> , 144:718-728.
37-year study of 208 individuals diagnosed with schizophrenia. 68% had achieved considerable improvement or fully recovered.	Ciampi, L. (1988). <i>Psyche and Schizophrenia</i> . Harvard U. Press, Cambridge, MA.
22-year study of 502 individuals diagnosed with schizophrenia. 57% had achieved considerable improvement or fully recovered.	Huber, G., Gross, G., Schuttler, R.. (1975). Long-term follow-up study of schizophrenia. <i>Acta Psychiatrica Scandinavica</i> , 53, 49-57.
37-year study of 289 individuals diagnosed with schizophrenia. 53% had achieved considerable improvement or fully recovered.	Ciampi, L. (1988). <i>Psyche and Schizophrenia</i> . Harvard U. Press, Cambridge, MA.
35-year study of 186 people who had experienced psychosis. 46% had achieved considerable improvement or fully recovered.	Tsuang, M., Woolson, R., and Fleming, J. (1979). Long-term outcome of major psychosis. <i>Archives of General Psychiatry</i> , 36: 1295-1301.

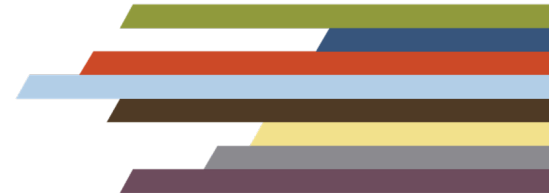
Difference Focus

Recovery Model

- Living Fully
- Work
- Learn
- Participating in the community

Medical Model

- Disorders/Illness
- Deficits
- Disabilities
- Reducing Symptoms





How to build culturally sensitive recovery-oriented Behavioral Health services for Hispanics?

- A major challenge is the **paucity of behavioral health services research in minorities**
- Searching for recovery studies in Hispanics revealed **Hispanic values**
- Treatments involving **religious/spiritual** coping as well as **family-oriented** interventions,
- family cohesion, were suggested as effective in Hispanics
- Drop medical model presuming pathology to focus on various **cultural contexts** influencing psychological well-being

(Weissman 2008; Gurak 2017)

Hispanic Mental Influences on Hispanic Mental Health Services Development



Language



Culture – Hispanic characteristics influence health service use



Social determinants of health and mental health



Underutilization Causes



Providers are not Bilingual Bicultural - Scarcity

Advocacy to Promote Culturally Responsive Services

- **Access** is a priority
- Addresses **Language** Barriers
- The staff is **bilingual bicultural**
- On admission **no documents** are needed nor health insurance
- A limited pharmacy provides **medicines at no cost** for those who cannot afford
- **Training** several disciplines in culturally sensitive responses is a must

Why is it important to inspire?

- Social prejudice, stigma and discrimination are one of the main obstacles to recovery.
- They have devastating effects on both the person and the family. They increase suffering and unnecessarily increase the problems of mental illness.
- Internalized stigma leads to despair and lack of hope.



CONNECTICUT
**LATINO
BEHAVIORAL
HEALTH
SYSTEM**



**Primary Care and Community Agencies
*Easing the Stigma about Mental Illness***

Latino Behavioral Health System

- Target population **Monolingual Hispanic** adults regardless of ability to pay for services
- **Professional qualifications** of LBHS-funded staff (clinicians must be licensed or license eligible)
- **Performance** measures according to the state department of mental health
- Service Reporting (quarterly reports)

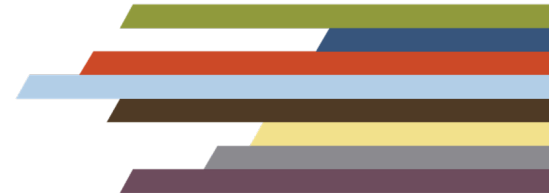


Cultural Formulation Interview (IFC)

- There are 16 questions published in DSM 5 (2015)
- **To assess cultural and personal factors** that influence the prospects for symptoms and treatment options
- Includes questions about the patient's history regarding their culture, race, ethnic origin, religion or geographical origin



(Lewis Fernandez et al 2017)



CFI analysis at the Hispanic Clinic

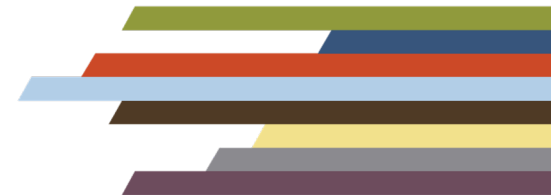
Using the Cultural Formulation Interview to Build Culturally Sensitive Services

Esperanza Díaz, M.D., Luis M. Añez, Psy.D., Michelle Silva, Psy.D., Manuel Paris, Psy.D., Larry Davidson, Ph.D.

As part of the development of *DSM-5*, the Cultural Formulation Interview (CFI) was administered to 30 monolingual Spanish-speaking adults at one site of a 2012 feasibility study of the CFI. The authors identified salient themes in data collected through use of the CFI, with a focus on interventions that could lead to more culturally responsive mental health services. Findings suggest that establishing trust and focusing on the restoration of social ties while

attending to the impact of stigma and patients' pressing psychosocial needs are elements of culturally responsive services for Hispanic persons. Routine use of the CFI can help clinicians identify unique needs and preferences by understanding an individual within his or her cultural context.

Psychiatric Services 2017; 68:112–114; doi: 10.1176/appi.ps.201600440



Hispanic Characteristics Influencing Service Use Cultural Formulation Interview Study

(Diaz, Añez, Silva et al 2017)

Hispanics like
mental health
services when
they find:

Trust, culture is respected

Providers look like them

Services help them address the stigma of mental illness

Services repair broken social ties

Attention to psychosocial needs

Summary to Build Hispanic Mental Health Services



- Collaboration with the community
- Sustained funding
- Access is facilitated by services in Spanish, and culturally sensitive development
- Immigrants are welcome
- Psychosocial needs are addressed
- Development of educational programs and research to address the scarcity of Hispanic mental health Professionals

What are we missing?



Culturally Sensitive Recovery Interventions





Working with Rosa and her recovery journey

*Application of recovery oriented
and culturally sensitive services in
the day-to-day life*

Main points in Rosa's story

- Venezuelan, Spanish-speaking only
- Uninsured
- Substance use
- Son detained
- “Ashamed”
- Grandchild on the way
- Wishes to be a supportive grandmother
- Now: eviction, no gas, financial issues



Image credit: @rawpixel.com on Freepik.com

4 Dimensions of Recovery

- Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- Home: a stable and safe place to live;
- Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- Community: relationships and social networks that provide support, friendship, love, and hope.

Rosa's Recovery Journey

- Challenges

- Recovery



Image credit: @stories on Freepik.com

Thank you

Discussion Time



Contact Us

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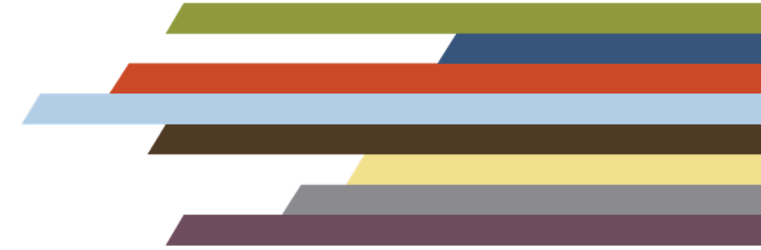
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SAMHSA
Substance Abuse and Mental Health
Services Administration

