Mental Health Issues in the Latino Communities

Inma Iglesias, LICSW, LCSW-C, RPT-S

May 14, 2021

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iiglesias@consultant.com

- Licensed clinical social worker with over 15 years of experience working with children, families, and adults in different multicultural settings.

- Originally from Spain, she speaks Spanish and English fluently.

- Master's in Clinical Social Work from the Catholic University of America, Washington, D.C. in 2011 and obtained her Bachelor's degree in Social Work from the University of Salamanca, Spain, in 1999.

- Registered Play Therapist Supervisor, a certified Parent-Child Interaction Therapist, a certified Child-Parent Psychotherapist, and a Level I Theraplay practitioner.

- Her areas of clinical expertise include trauma, anxiety, OCD, depression, ADHD, home transitions (divorce, loss of a loved one, blended families, and family reunification), and disruptive behavior in children. She has experience working with children from birth to age 12, as well as their parents. She also works with adults providing individual and group psychotherapy. Inma has experience providing immigration evaluations for asylum seekers.

- She completed the Physicians for Human Rights (PHR) Training in the Medical and Psychological Evaluation and Documentation of Torture and Human Rights Survivors Seeking Asylum. Inma has additional experience providing clinical supervision, training, and consultation. Some of the presentations provided include: Creating a Trauma Informed School Culture, Family Reunification, Impact of Chronic Stress in Children and Parents, Teacher Wellness and Stress Management, and Assessment and Treatment of Clients using Expressive Therapies.

Co-Sponsor

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

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

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

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED AND TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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Disclaimer

Authors Disclose Conflicts of Interest

- No conflicts of interest to disclose.

Learning Objectives:

- Identify trends in mental health disorders, including suicidal thoughts in Latino populations living in the U.S.

- Discuss culture-specific risk and protector factors associated with mental health related risk among Latinos.

- Identify basic cultural considerations for Hispanic and Latino youth and families.

18.3% of the U.S. population is estimated to be Latino or Hispanic[1]
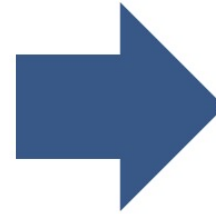
Of those, over **16%** reported having a mental illness in the past year[2]

That is over **10 million people**
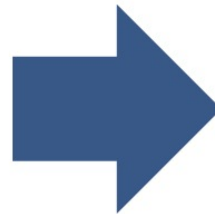
MORE than the number of people who live in New York City[3]

SOURCES
[1]https://www.census.gov/quickfacts/fact/table/US#
[2]Substance Abuse and Mental Health Services Administration (SAMHSA)'s public online data analysis system (PDAS)
[3]https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-cities-and-towns.html

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Why we should be talking about mental health among the Latinx communities?

- Research shows that in the Latinx/Hispanic population, older adults and youth are more susceptible to mental distress relating to immigration and acculturation [1].

- According to SAMHSA's National Survey on Drug Use and Health, overall mental health issues are on the rise for Latinx/Hispanic people between the ages of 12-49 [2].

Why we should be talking about mental health among the Latinx communities?

- Serious mental illness (SMI) rose from 4 percent to 6.4 percent in Latinx/Hispanic people ages 18-25, and from 2.2 percent to 3.9 percent in the 26-49 age range between 2008 and 2018.

- Major depressive episodes increased from 12.6 percent-15.1 percent in Latinx/Hispanic youth ages 12-17, 8 percent to 12 percent in young adults 18-25, and 4.5 percent to 6 percent in the 26-49 age range between 2015 and 2018.

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Why we should be talking about mental health among the Latinx communities?

- Suicidal thoughts, plans, and attempts are also rising among Latinx/Hispanic young adults. While still lower than the overall U.S. population aged 18-25, 8.6 percent (650,000) of Latinx/Hispanic 18-25 year-olds had serious thoughts of suicide in 2018, compared to 7 percent (402,000) in 2008.

- Binge drinking, smoking (cigarettes and marijuana), illicit drug use, and prescription pain reliever misuse are more frequent among Latinx/Hispanic adults with mental illnesses.

Share of Perceived Unmet Need for Mental Health Services among People Ages 18 and Older
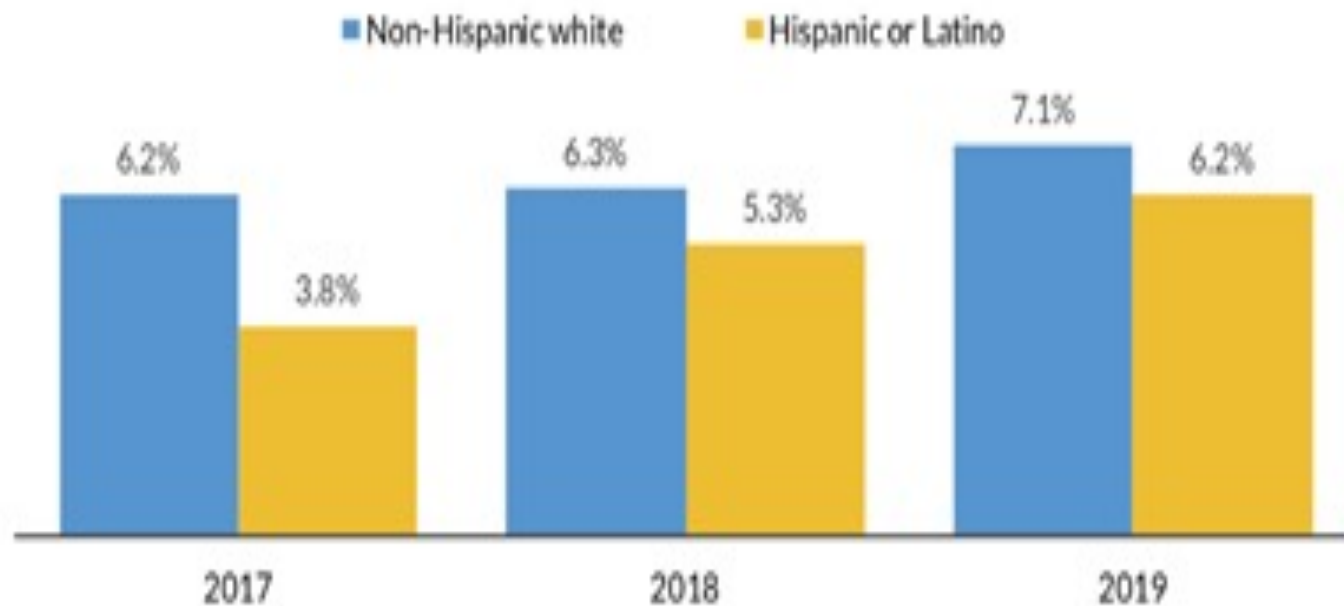
Source: 2019 National Survey on Drug Use and Health.
Note: Unmet need is defined as a perceived need for mental health treatment or counseling that was not received.

URBAN INSTITUTE

The story of Rene

[Residente - René (Official Video) - YouTube](#)

MORE IMPORTANT FACTS:

Only **33% of Latinos** with a mental illness **receive treatment** each year compared to the U.S. average of 43%.

WHAT ARE SOME BARRIERS TO MENTAL HEALTH CARE?

Access to care / Insurance

Eighteen percent of Latinx/Hispanic people in the U.S. do not have health insurance.

(Pew Research Center tabulations of the 2017 American Community Survey)

Immigration and mental health:

- While Latinos have shown perseverance and optimism in the face of adversity, moving to the United States can trigger high levels of pressure.

- The immigration experience and the process of integration can lead to PTSD, depression, suicide, and stress associated with acculturation or fear of deportation.

- In addition, barriers created by discrimination and marginalization can lead to a missing sense of belonging, and the adoption of unhealthy behaviors such as substance use and eating disorders.

(Cardinal Innovations Healthcare)

Stigma: "La ropa sucia se lava en casa"

Stigma: "La ropa sucia se lava en casa" / "Don't air your dirty laundry in public"

- Hispanics can often be very private and may not want to talk publicly about challenges at home. This can lead to a lack of information and continued stigma about mental health within the community, as talking about it can be viewed as taboo.

- Others may not seek treatment because they may not recognize the signs and symptoms of mental health conditions or know where to find help.

- Some people do not seek treatment out of fear of being labeled as "*locos*" (crazy) or bringing shame or unwanted attention to their families.

Attitudes towards care:

- Religion can be a protective factor for mental health (faith, prayer) but can also contribute to the stigma against mental illness and treatment (demons, lack of faith, sinful behavior).
- Hispanics might prefer to seek help from other sources, such as medical care or spiritual leaders.
- Homemade remedies are often used to cope with negative emotions.
- There are distinct gender roles for men and women. Men are expected to be strong and resilient providers. Women are expected to take care of the family before anything else.

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The Curandera - YouTube

Cultural considerations:

Cultural humility: the ability to recognize that culture plays a large role in a person's health.

Ex: "Me duele el corazon" ("my heart hurts") COULD MEAN emotional distress and not chest pain.

Cultural considerations:

A primary care doctor is a good first place to start for an initial assessment or to get a referral for a therapist.

Cultural considerations:

Outreach **faith communities** and share information on how to support families on issues related to mental health.

Provide a list of community agencies.

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Cultural considerations:

It is recommended that providers use a **compassionate and collaborative approach.**

Incorporating education, symptom monitoring, and engagement with community resources can be important to support a person's decision to start therapy.

Let's put it all together:
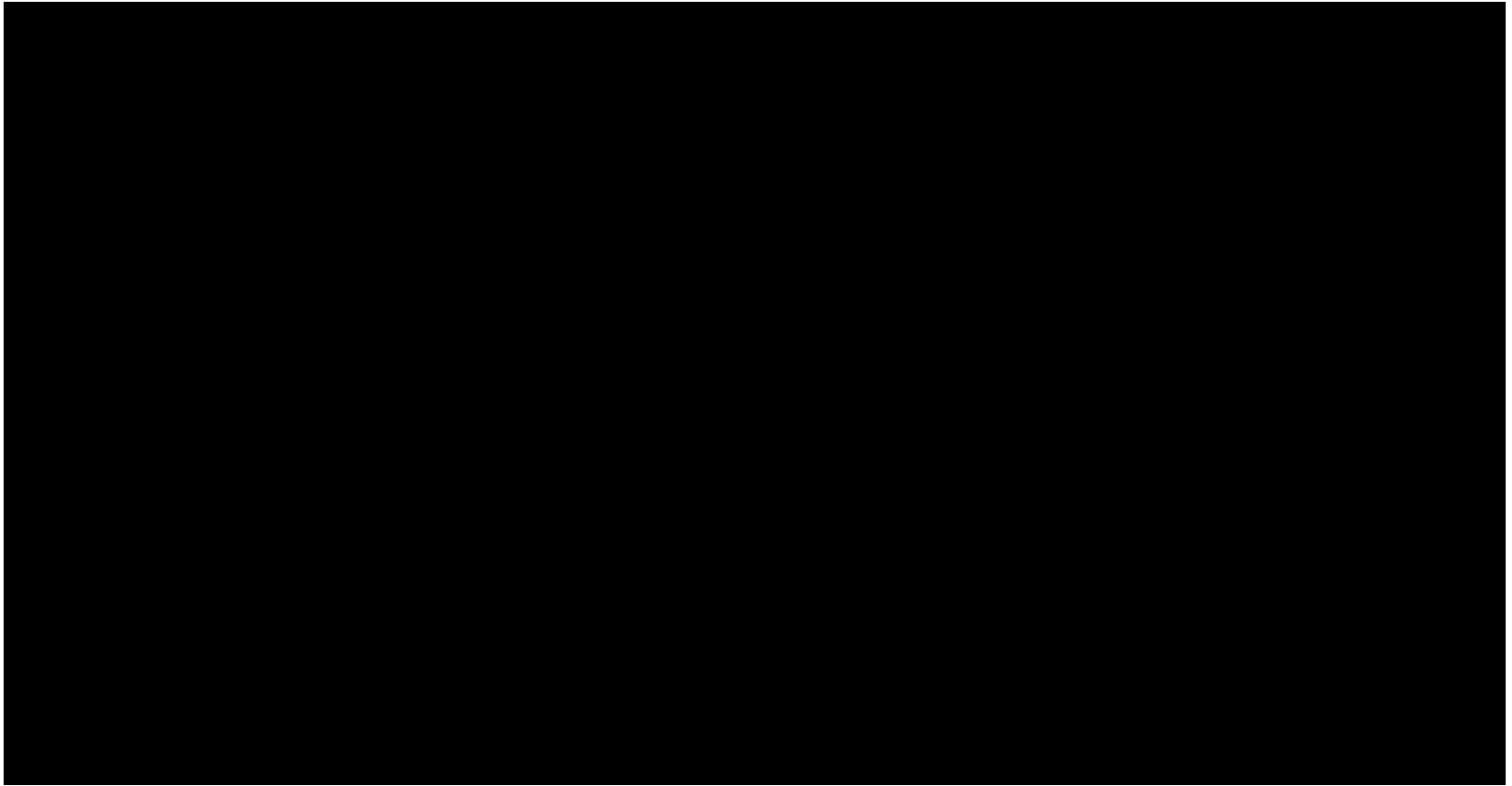
[What's the Deal with Latinos NOT Talking About MENTAL HEALTH? | The Kat Call S3 - mitu - YouTube](#)

References

[1] American Psychiatric Association. (2017). Mental Health Disparities: Hispanics and Latinos. https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Hispanic-Latino.pdf

[2]SAMHSA. 2018 National Survey on Drug Use and Health (NSDUH): Hispanics, Latino, or Spanish Origin or Descent. https://www.samhsa.gov/data/sites/default/files/reports/rpt23249/4_Hispanic_2020_01_14_508.pdf

[3] Pew Research Center tabulations of the 2017 American Community Survey (1% IPUMS). https://www.pewresearch.org/fact-tank/2019/09/16/key-facts-about-u-s-hispanics/

Mental Health America
Latinx/Hispanic Communities and Mental Health | Mental Health America (mhanational.org)

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References

Caplan S. (2019). Intersection of Cultural and Religious Beliefs About Mental Health: Latinos in the Faith-Based Setting. *Hispanic health care international: the official journal of the National Association of Hispanic Nurses*, 17(1), 4–10. https://doi.org/10.1177/1540415319828265

Cardinal Innovations Healthcare. Rethinking Mental Health in the Latino Community (cardinalinnovations.org)

National Alliance on Mental Illness
Hispanic/Latinx | NAMI: National Alliance on Mental Illness

Please remember to complete the evaluation! Stay tuned!

5-minute-break

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Latinx Mental Health Summit

May 14th, 2021
9:40 am- 10:40 am, Pacific Time
Mental Health Issues in the Latino Communities
Speaker: Inma Iglesias, LICSW, LCSW-C, RPT-S

10:45 am- 11:45 am, Pacific Time
Equity Mental Health: Breaking barriers to access mental health treatment
& increase community awareness about the Latino populations
Speaker: Luis R. Torres, PhD

Equity Mental Health: Breaking barriers to access mental health treatment & increase community awareness about the Latino populations

NHLMHTTC LATINO MENTAL HEALTH SUMMIT

LUIS R. TORRES-HOSTOS, PHD, FOUNDING DEAN & PROFESSOR

UTRGV SCHOOL OF SOCIAL WORK

MAY 14, 2021

The University of Texas
RioGrandeValley™

Learning Objectives

❏ Understand barriers to community participation, college enrollment, and students' well-being

❏ Discuss strategies for improving barriers to community participation for immigrant students

❏ Learn best practices in creating welcoming schools for immigrant students

Health/Mental Health Inequities

❑ *Systematic* differences in the health status of different population groups

❑ Have *significant social and economic* costs to individuals and societies

❑ *Social factors*, including education, employment status, income level, gender and ethnicity have a marked influence on health

❑ All countries–low-, middle- or high-income–have wide disparities in the health status of different social groups; *the lower an individual's socio-economic position, the higher their risk of poor health*

World Health Organization, 2018

Inequity vs. Disparity

❑ Disparity and inequity are two interdependent, yet distinct concepts. Disparity merely implies a difference or a lack of parity of some kind. Inequity implies a state of being unfair.

Meghani & Gallagher, 2008

❑ Social justice demands that we address these as inequities and continue to address them.

Health/Mental Health Inequities

❑ "Without mental health, there can be no true physical health"

Dr. Brock Chisholm, Director-General of the World Health Organization, 2013

Health/Mental Health Inequities

❏ Acknowledge and find ways to overcome the barriers of stigma

❏ Build public awareness regarding mental health and effective treatments

❏ Address the serious shortage of mental health providers and the lack of training available for many community helpers who could potentially impact a person's health

❏ Ensure the delivery of state-of-the-art treatment

❏ Tailor treatment to age, gender, race, and culture

❏ Facilitate entry into treatment

❏ Remove financial barriers

Dr. David Satcher, 1999, Mental Health: A Report of the Surgeon General

Health/Mental Health Equity

❑ "Health equity means that *everyone* has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."
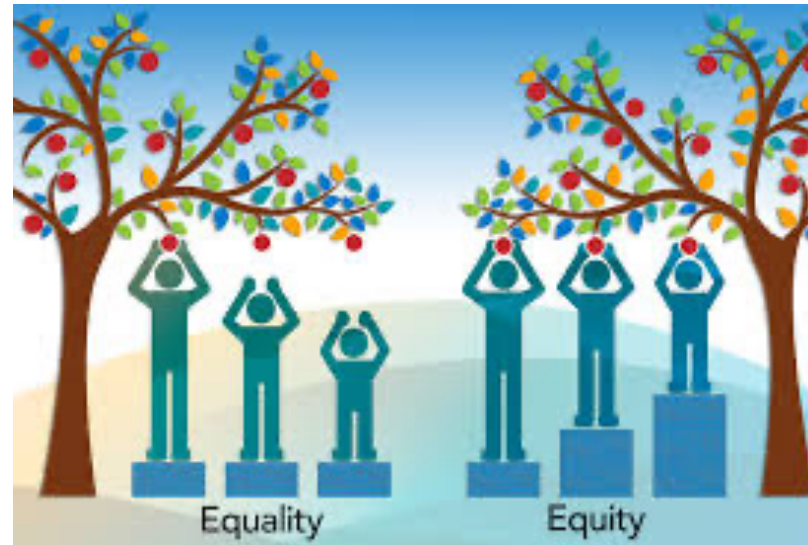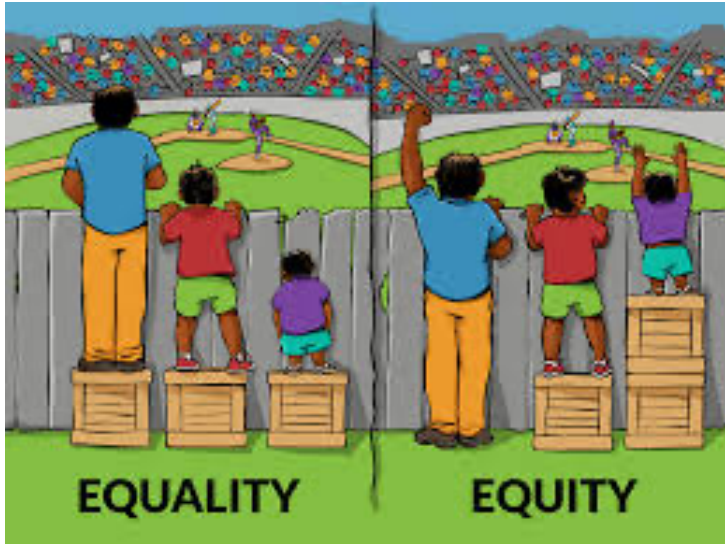
Robert Wood Johnson Foundation, 2017

What is health equity?

❑ Access to care is important, but not sufficient

❑ Achieving health equity requires *addressing the underlying social, economic, and environmental factors that contribute to health inequities: social determinants of health*

   ❑ Neighborhood and Physical Environment
   ❑ Health and Healthcare
   ❑ Occupation and Job Conditions
   ❑ Income and Wealth
   ❑ Education
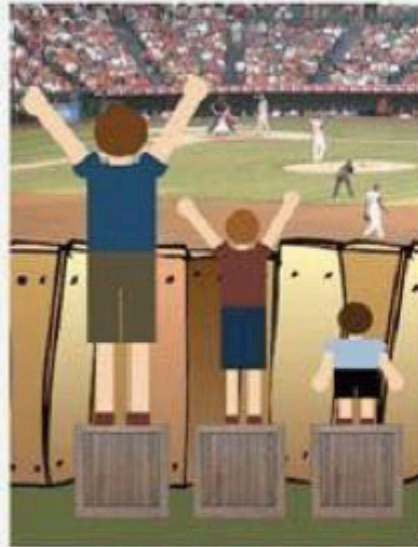
https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html
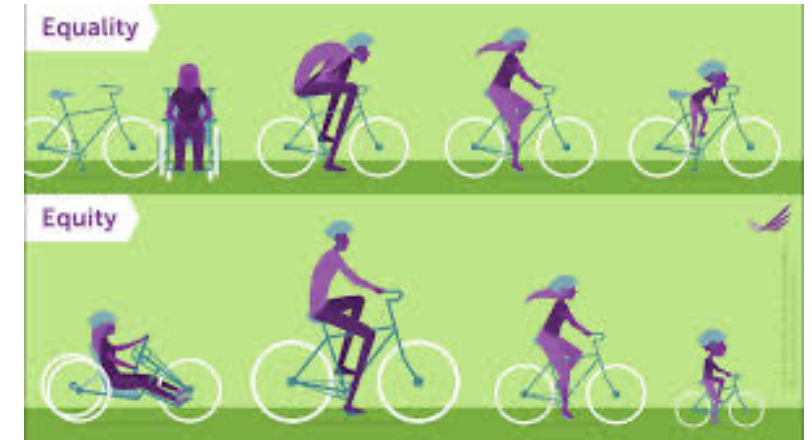
Equality vs Equity

What we can achieve working together

Hispanics/Latinos* and Mental Health *Inequities*

❑ At lower risk of most psychiatric disorders compared with non-Hispanic Whites**

❑ U.S.-born Hispanics report higher rates for most psychiatric disorders than Hispanic immigrants (Healthy Immigrant Paradox)***

❑ Older Hispanic adults and Hispanic youth are especially vulnerable to psychological stresses associated with immigration and acculturation

❑ 1 in 10 Hispanics with a mental disorder use mental health services from a general health care provider, while only 1 in 20 receive such services from a mental health specialist

American Psychiatric Association, 2017

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Hispanics/Latinos and Mental Health *Inequities*

❑ More likely to report poor communication with their health provider

❑ Bilingual patients are evaluated differently when interviewed in English as opposed to Spanish

❑ More frequently undertreated: only 1 in 4 Hispanics with a mental health condition received treatment in the past year, vs. 2 in 4 for NHW

American Psychiatric Association, 2017

❑ Hispanics have the highest uninsured rates of any racial or ethnic group within the United States: 18.7% vs. 6.3% for NHW

Office of Minority Health, 2021

Hispanics/Latinos and Mental Health *Inequities*

❑ Barriers to Accessing Mental Health Care (APA, 2017; NAMI, 2021)

  ❑ Uninsured/Under-insured

  ❑ Poverty: 15.7% of Hispanics live in poverty (10.5% all, 7.3% NHW) (US Census)*

  ❑ Lack of knowledge/awareness about mental and services available

  ❑ General and cultural *stigma* associated with mental illness

  ❑ Language

    ❑ English-Spanish

    ❑ Indigenous languages (e.g., Quechua, Nahuatl)

    ❑ *Mental health* language
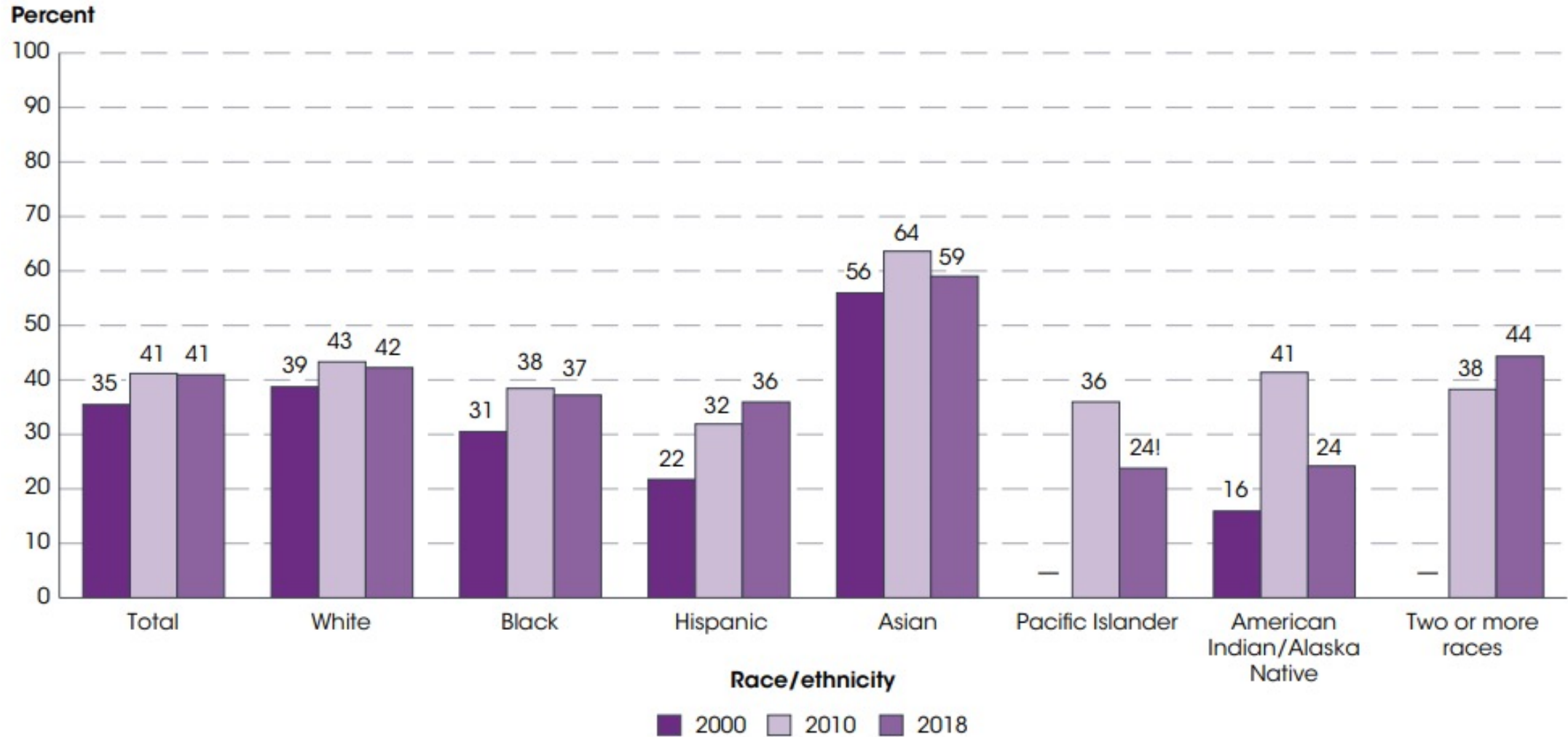
Hispanics/Latinos and Mental Health *Inequities*

❑ Barriers to Accessing Mental Health Care (APA, 2017)

  ❑ Lack of culturally tailored services
  ❑ Lack of culturally competent/grounded mental health professionals*
  ❑ Shortage of bilingual or linguistically trained mental health professionals*
  ❑ Difficulties recognizing incipient signs of mental illness
  ❑ Problems identifying psychiatric symptoms when chief complaint is somatic
  ❑ Legal status
  ❑ Acculturation

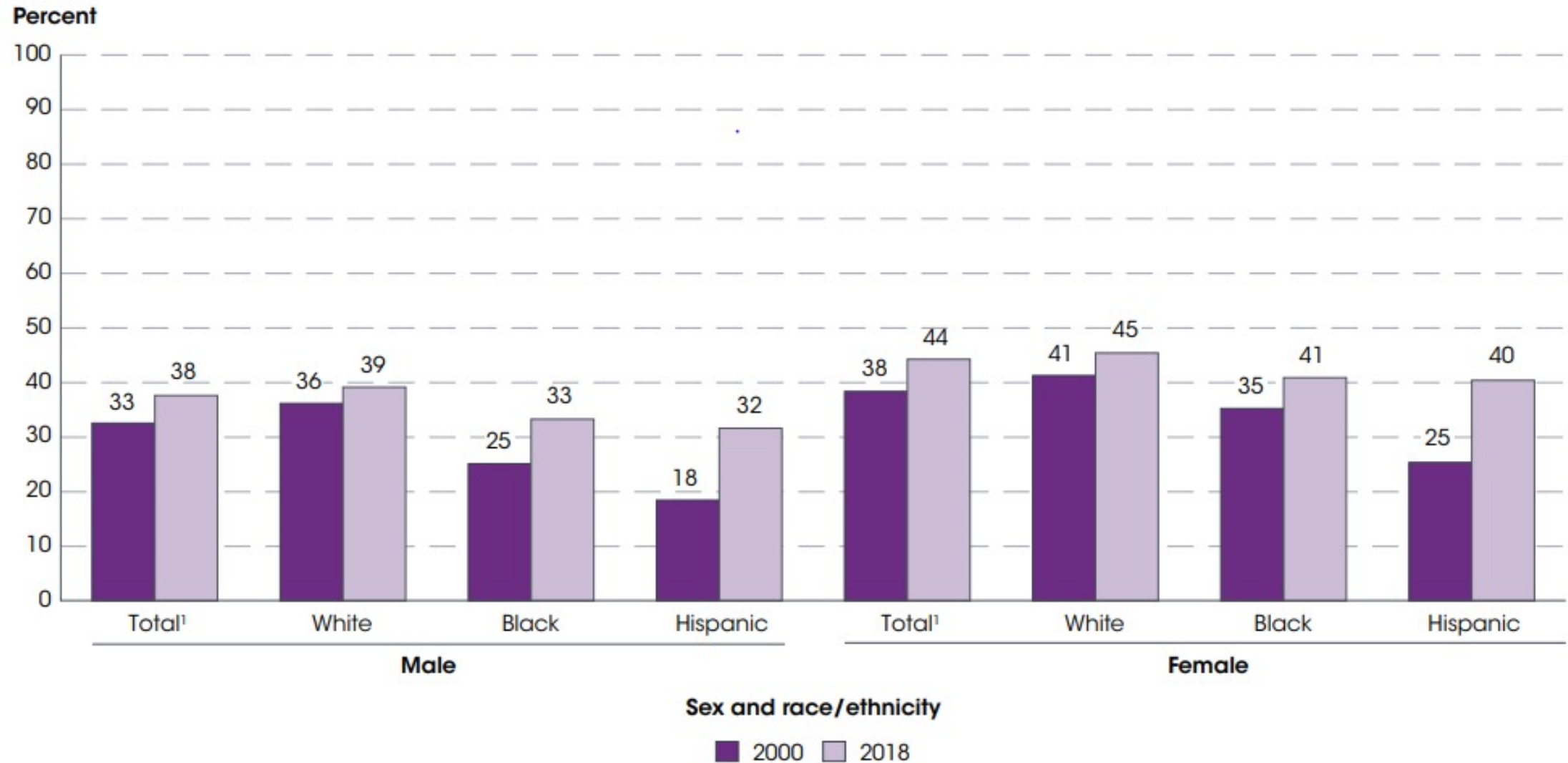# Hispanics/Latinos and Mental Health *Inequities*

❑ Education

   ❑ 70.5% of Hispanics HS diploma or higher vs. 93.3% NHW

   ❑ 17.6% of Hispanics bachelor's degree or higher vs. 36.9% NHW

   ❑ 5.6% of Hispanics graduate/ advanced professional degree vs. 14.3% NHW

(U.S. Census, 2019)

Figure 2. College enrollment rates of 18- to 24-year-olds, by race/ethnicity: 2000, 2010, and 2018

National Center for Education Statistics, 2019

Figure 3. College enrollment rates of 18- to 24-year-olds, by sex and race/ethnicity: 2000 and 2018

National Center for Education Statistics, 2019

Hispanics/Latinos and Mental Health *Inequities*

- ❑ Education—more likely to
  - ❑ Attend part-time
  - ❑ Start at Community College
  - ❑ Live at home
  - ❑ Work while in school
  - ❑ Be from low-income families
  - ❑ Federal financial aid
  - ❑ Pay out of pocket
  - ❑ Take out student loans
  - ❑ Be first generation in college
  - ❑ Still enrolled beyond six years
  - ❑ Take longer to graduate

HECHO EN USA: COLLEGE EDUCATION

More Latino students than ever are trying to get their degree, but it's fraught and costly

Record amounts of Latinos are attending colleges, but they're intimidated by the cost, whiteness and bureaucracy.

Chris Quintana, USA TODAY
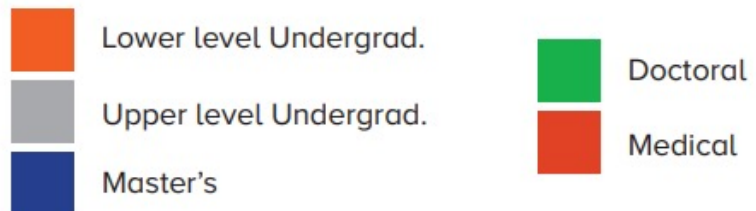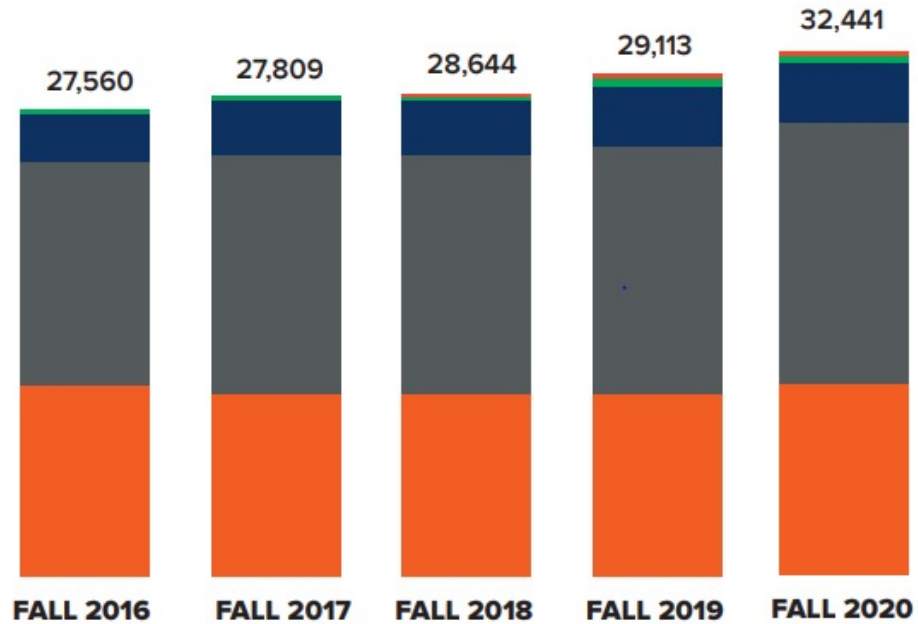Published 6:18 PM CST Jan. 6, 2020 | Updated 7:27 PM CDT May. 23, 2020

Leer en español

The USA TODAY Network launched a series on the Latino community in the U.S. called Hecho en USA, or made in America. Roughly 80% of all Latinos living in the U.S. are American citizens. But media coverage of Hispanics tends to focus on immigration and crime, instead of how Latino families live, work and learn in their hometowns. Hecho en USA tells the stories of the nation's 59.9 million Latinos – a growing economic and cultural force, many of whom are increasingly born in the United States.

C HICAGO – College student Miguel Casimiro looked at his biology grade and knew the time had come: He had to drop out.

The "F" grade came after several frustrating years. There was his commute to Northeastern Illinois University campus, which required him to travel 40 minutes each way by bus from his job at his parent's corner store. He worked two other jobs, one where he sat behind a desk greeting students at the university, and another at a video game store. The relationship he was in

	Fall 2016	Fall 2017	Fall 2018	Fall 2019	Fall 2020
Lower Level Undergraduate	9,900	9,975	10,005	10,116	10,987
Upper Level Undergraduate	14,533	14,659	15,132	15,204	16,285
Master's	2,832	2,811	3,068	3,263	4,576
Doctoral	240	263	284	326	372
Medical	55	101	155	204	221
TOTAL	27,560	27,809	28,644	29,113	32,441

UTRGV: Success through Community Engagement

ENROLLMENT By College/Classification

	Fall 2016	Fall 2017	Fall 2018	Fall 2019	Fall 2020
Business & Entrepreneurship	3,546	3,291	3,354	3,461	4,099
Education & P-16 Integration	2,476	2,748	2,868	2,858	3,456
Engineering & Computer Science	3,131	3,110	3,202	3,505	3,795
Fine Arts	1,276	1,234	1,324	1,359	1,439
Health Professions*	6,383	6,591	3,824	3,888	4,296
Liberal Arts	6,287	6,248	6,348	6,633	7,244
School of Medicine	55	101	155	204	221
Bio-Ethics	-	-	-	2	15
School of Nursing**	-	-	2,132	1,887	1,970
School of Social Work**	-	-	705	761	1,026
Sciences	3,713	3,702	3,805	3,746	3,970
University College	693	784	927	809	910
TOTAL	**27,560**	**27,809**	**28,644**	**29,113**	**32,441**

UTRGV: Success through Community Engagement

	Fall 2016	Fall 2017	Fall 2018	Fall 2019	Fall 2020
Freshman	5,190	5,125	5,365	5,545	5,707
Sophomore	4,710	4,850	4,640	4,571	5,280
Junior	6,056	6,165	6,304	6,483	6,678
Senior	8,067	8,080	8,369	8,366	9,097
Post-Baccalaureate	410	414	459	355	510
Master's	2,832	2,811	3,068	3,263	4,576
Doctoral	240	263	284	326	372
First Year Medical	55	55	56	61	58
Second Year Medical	-	46	54	50	58
Third Year Medical	-	-	45	53	53
Fourth Year Medical	-	-	-	40	52
TOTAL	**27,560**	**27,809**	**28,644**	**29,113**	**32,441**

UTRGV: Success through Community Engagement

UTRGV: Success through Community Engagement

GENDER	ETHNICITY	
Female	American Indian or Alaskan Native	13
	Asian	241
	Black or African-American	147
	Hispanic or Latino Origin	17,746
	International	316
	Native Hawaiian or Other Pacific Islander	7
	Two or More Races	35
	Unknown or Not Reported	246
	White	624

Male	American Indian or Alaskan Native	6
	Asian	217
	Black or African-American	126
	Hispanic or Latino Origin	11,624
	International	414
	Native Hawaiian or Other Pacific Islander	12
	Two or More Races	36
	Unknown or Not Reported	159
	White	472
TOTAL		32,441

91% Hispanic (29,370 out of 32,441)

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24
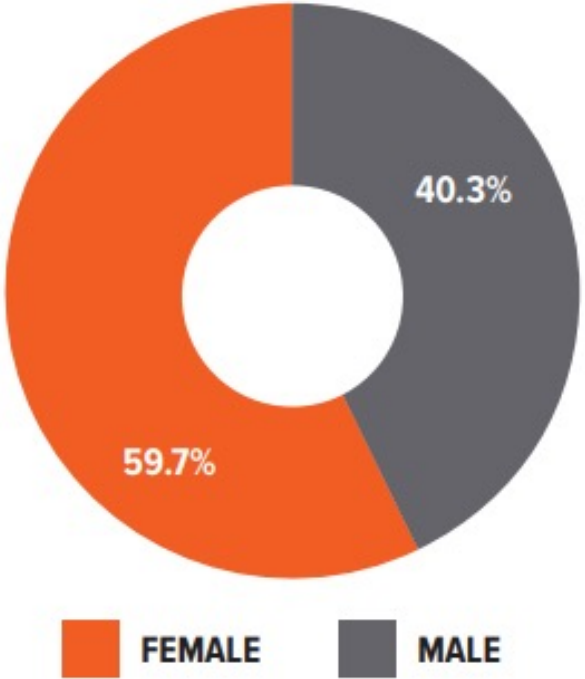
By Status

By Status	
Part-Time UG	5,824
Full-Time UG	21,448
Part-Time GR	3,456
Full-Time GR	1,492
Full-Time Medical	221
TOTAL	**32,441**

By Gender

59.7% FEMALE
40.3% MALE

UTRGV: Success through Community Engagement

DEGREES AWARDED FY 16-20

	FY16	FY17	FY18	FY19	FY20
Bachelor's	4,017	4,055	4,092	4,550	4,360
Graduate-Level Certificate	20	14	36	88	72
Master's	1,380	1,186	1,189	1,206	1,442
Doctoral	14	24	29	32	29
Doctor of Medicine	-	-	-	-	39
TOTAL	5,431	5,279	5,346	5,876	5,942

UTRGV: Success through Community Engagement

Community Engagement

❑ Working collaboratively *with* and *through* people affiliated by geographic proximity, special interest, or similar situations to address issues affecting their well-being

❑ A powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members

❑ Often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices

(CDC, 1997)

Community Engagement

❑ Guiding Principles of Effective Community Engagement

   ❑ Increase knowledge of community and/or the issue seeking to address

   ❑ Encourage co-creation of additional knowledge

   ❑ Understand and apply knowledge to improve the community or address the identified problem

   ❑ Create future opportunities for individuals to engage with each other

   ❑ Ensure opportunities and effective communications become a regular and on-going component of the process

Bassler, A. et al., "Developing Effective Citizen Engagement: A How-to Guide for Community Leaders." Center for Rural Pennsylvania, 2008.

Community Engagement

❑ Core values of community engagement
- ❑ Those affected by a decision have a right to be involved in the decision-making process, and their contribution will influence the decision
- ❑ Promotes sustainable decisions by recognizing and communicating the needs and interests of all participants, including decision makers
- ❑ Seeks out and facilitates the involvement of those potentially affected by or interested in a decision
- ❑ Seeks input from participants in designing *how* they participate
- ❑ Provides participants with the information they need to participate in a meaningful way
- ❑ Communicates to participants how their input affected the decision

IAP2 Core Values. *International Association for Public Participation (IAP2), 2009*

Creating Welcoming Learning Communities for Hispanic Students

Creating Welcoming Learning Communities for Hispanic Students

❑ Increase awareness of Latino students' college experience

❑ Roll out the welcome mat, starting at the top:

  ❑ "The more presidents, deans and provosts keep the message in front of students, family, faculty and staff—that their institution is welcoming to all kinds of people, including Latinos, and that we want to help everyone attain academic and career success—the more it supports Latino students"

  (John Moder, Senior VP and COO, Hispanic Association of Colleges and Universities)

❑ Increase representation: hire more Latino faculty and staff

❑ Identify and support key faculty and staff who know the Latino community or come from it, and who are able to connect to students

❑ Offer financial assistance beyond traditional student aid, such as emergency short-term loan funds that can help a student with an unexpected dental bill or car repair

Creating Welcoming Learning Communities for Hispanic Students

❑ Engage with students' social networks, including families, and help them understand the differences between high school and college in terms of coursework and learning expectations

❑ Offer summer bridge programs and first-year resources to ease the transition

❑ Offer and normalize asking for help, from peer (support) groups to mental health counseling

❑ Offer incentives for students to explore counseling

❑ Develop pipelines starting in the early grades; make "college" part of the vocabulary/norm

❑ Work with families to "see the future" (e.g., Path to College and Career with PISD, with Teacher Training and Parent Charlas)

❑ Develop and strengthen Peer-to-Peer Programs (e.g., "Student Conversations" at UTRGV)

Creating Welcoming Learning Communities for Hispanic Students

Yes we can!

!Si se puede!

THANK YOU

Luis R. Torres-Hostos, PhD

Luis.TorresHostos@utrgv.edu

National Hispanic and Latino

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

Ibis Carrión, Psy.D.
Director
ibis.carrion@uccaribe.edu

Angel Casillas, MHS
Project Manager
angel.casillas@uccaribe.edu

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Website: http://www.mhttcnetwork.org/hispaniclatino/
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SAMHSA
Substance Abuse and Mental Health Services Administration

UCC
UNIVERSIDAD CENTRAL DEL CARIBE

IRESA
INSTITUTE OF RESEARCH, EDUCATION AND SERVICES IN ADDICTION