

Structural Barriers in Mental Health Care among Latinx Populations: Means, Strategies and Resources to Improve Access and Services.

Hector Colon-Rivera MD, MRO

Acknowledgment

Presented in 2022 by the National Hispanic and Latino MHTTC

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

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Presented 2022

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 AND
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

About the Presenter



Hector Colón-Rivera MD, MRO is a distinguished quadruple board-certified adolescent, adult, and addiction psychiatrist of the Pennsylvania medical community. He is currently a faculty member at the University of Pittsburgh Medical and the Einstein Medical Center. He has broad experience in community-based programs, emphasizing those that help increase access to severe mental illness and substance use disorders treatments in minorities. He is the Medical Director of the Asociación Puertorriqueños en Marcha, Inc Behavioral Health Program (APM), a non-profit organization dedicated to improving Hispanic communities' quality of life through direct behavior and substance use disorder services in the Philadelphia region.

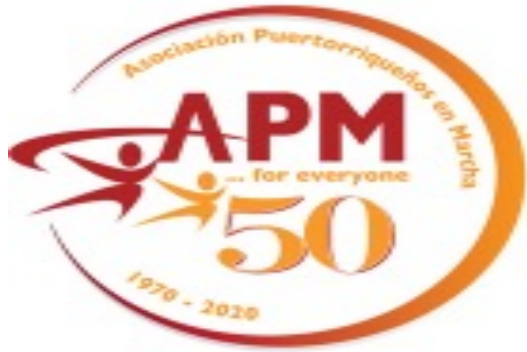
He is also co-founder of CrearConSalud.org, a non-profit with the goals of supporting and conducting educational, research, and advocacy activities to increase public awareness and action regarding mental health in Puerto Rico and Latinx communities in the United States. Dr. Colon-Rivera also serves as a clinical advisor for the Advisory on Alcohol and Other Drugs Committee for Pennsylvania and the Opioid State Targeted Response Technical Assistance senior advisor Puerto Rico.

He is the President of the Hispanic Caucus, a member of the Assembly, and the Council on Communication at the American Psychiatric Association.

Disclosures

I have no conflicts of interest to disclose

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UPMC

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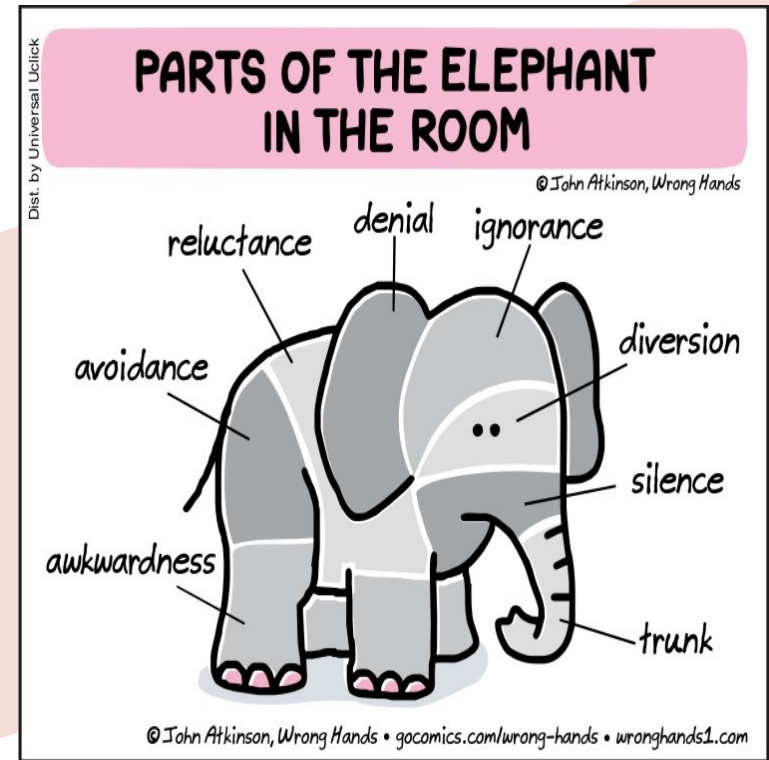
The logo consists of the text "Crear" on the top line and "ConSalud" on the bottom line, both in a green, sans-serif font. To the right of the text is a stylized green tree with many small leaves, its trunk and branches extending behind the letters of "ConSalud".

Objectives

- 1) Discuss the structural level of barriers that impact mental health care services, access and outcomes of Hispanic and Latinx communities.
- 2) Address models, programs, and resources which help improve accessibility of culturally grounded and responsive mental health care services for Hispanic and Latinx communities.
- 3) Discuss means, strategies and recommendations to develop and implement advocacy initiatives and connect individuals to community-based supports which improve prevention of mental health conditions and reduce behavioral health disparities among Hispanic and Latinx communities.

Culture and Health

- In 1999, the Surgeon General released Mental Health: A Report of the Surgeon General.
- This report acknowledged that not all Americans, especially minorities, receive equal mental health treatment.
- The supplement, which was published in 2001, sends one clear message: culture counts.



Office of the Surgeon General (US), Center for Mental Health Services (US), National Institute of Mental Health (US). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2001 Aug.

Projected Growth of the Hispanic Population Between 2014 and 2060

Distribution of Population by Race and Hispanic Origin



Key: AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander.

Source: U.S. Census Bureau, 2014 national projections.

Note: Unless noted, race categories represent race alone. Percentages of the population under 18 may not add to 100 due to rounding.

Demographics/Societal Issues

- By 2060, the number of Latinx/Hispanic people in the United States is projected to be 28.6 percent of the population. [1]
- 62 percent of U.S. Latinx/Hispanic people have a Mexican background, followed by 9.5 percent with a Puerto Rican background. [2]
- Nineteen percent of Latinx/Hispanic people in the U.S. live in poverty. [2]
- Latinx/Hispanic people are highly concentrated in a few states in the U.S.
- There is a perception in Latinx/Hispanic communities, especially among older people, that discussing problems with mental health can create embarrassment and shame for the family

[1] US Census Bureau. (2015). Projections of the Size and Composition of the U.S. Population: 2014-2060. <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>

[2] 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/>

Progress on Priorities of the Heckler Report for Hispanics

Priority	Trends	Most Recent Disparity	Disparity Change
Care for Cancer	71% improving	29% worse	50% narrowing
Care for Cardiovascular Diseases	75% improving	33% worse	0% narrowing
Care for Substance Use Disorders	No improvement	No disparity	No change
Care for Diabetes	50% improving	56% worse	50% narrowing
Suicide Prevention and Mental Health Care	25% worsening	75% worse	0% narrowing
Infant Mortality and Maternity Care	43% improving	43% better	No change

Trends in Priorities of the Heckler Report. Content last reviewed May 2018. Agency for Healthcare Research and Quality, Rockville, MD.
<https://www.ahrq.gov/research/findings/nhqrd/2014chartbooks/hispanichealth/part2.html>

Prevalences

- 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. [7]
- 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.
- Suicidal thoughts, plans, and attempts are also rising among Latinx/Hispanic young adults.
- Binge drinking, smoking (cigarettes and marijuana), illicit drug use, and prescription pain reliever misuse are more frequent among Latinx/Hispanic adults with mental illnesses.

DIFFERENCES ACROSS HISPANIC COMMUNITIES

- There are important differences in the rates of substance use among different Hispanic subgroups:
 - Puerto Ricans have the highest rate of recent illicit drug use (6.9%) and South Americans have the lowest (2.1%).
 - Puerto Ricans have the highest rate of recent marijuana use (5.6%) while Cubans and South Americans have the lowest (2.1%).
 - Other Hispanics (individuals originating from a Spanish speaking country other than Puerto Rico, Mexico, Cuba, Central America, and South America) have the highest rate of recent cocaine use (1.7%) while Cubans have the lowest (0.5%).

Aguilar-gaxiola, s., loera, g., Méndez, l., sala, M., latino Mental Health Concilio, and nakamoto, j. (2012). Community-Defined Solutions for Latino Mental Health Care Disparities: California Reducing Disparities Project, Latino Strategic Planning Workgroup Population Report. sacramento, Ca: uC davis, 2012

Mental Health Care for Hispanics

Measure	Most Recent Disparity	Disparity Change
Adults who received mental health treatment or counseling in the last 12 months	Worse	No Change
Adults with a major depressive episode in the last 12 months who received treatment	Worse	No Change
Children ages 12-17 with a major depressive episode in the last 12 months who received treatment	Worse	No Change
Suicide deaths per 100,000 population	Better	Narrowing

DIFFICULT?
YES.
IMPOSSIBLE?
NO.

Treatment Barriers

- Latinx/Hispanic people are more likely to seek help for a mental health disorder from a primary care provider (10 percent) than a mental health specialist (5 percent).
- Poor communication with health care providers is often an issue.
- Mental health problems can be hard to identify, because Latinx/Hispanic people will often focus on physical symptoms and not psychiatric symptoms during doctor visits.
- Eighteen percent of Latinx/Hispanic people in the U.S. do not have health insurance.
- In 2018, 56.8 percent of Latinx/Hispanic young adults 18-25 and 39.6 percent of adults 26-49 with serious mental illness did NOT receive treatment.
- Nearly 90 percent of Latinx/Hispanic people over the age of 12 with a substance use disorder did NOT receive treatment.

Augusto



Augusto Case

- Augusto is a 17-year-old Spanish-speaking Puerto Rican boy who lives with her mother and sister. They moved to Philadelphia after Hurricane Maria destroyed their home. His father was physically abusive towards him, and his father left three months ago.
- Augusto has been using heroin, cannabis, and cocaine for two years to "calm his nerve." "I can quit whenever you want." When his father left, he decided "it was time to stop" and came to the clinic asking for help. Now he is receiving psychotherapy and medication and has stopped using cannabis and cocaine but continues to use heroin.
- He has tried buprenorphine for opioid use, but it has not worked for him, and at times he sells his medications. He missed his last appointment, and you found out that his mother "kicked" him out of the home and that his girlfriend is pregnant. He is afraid.

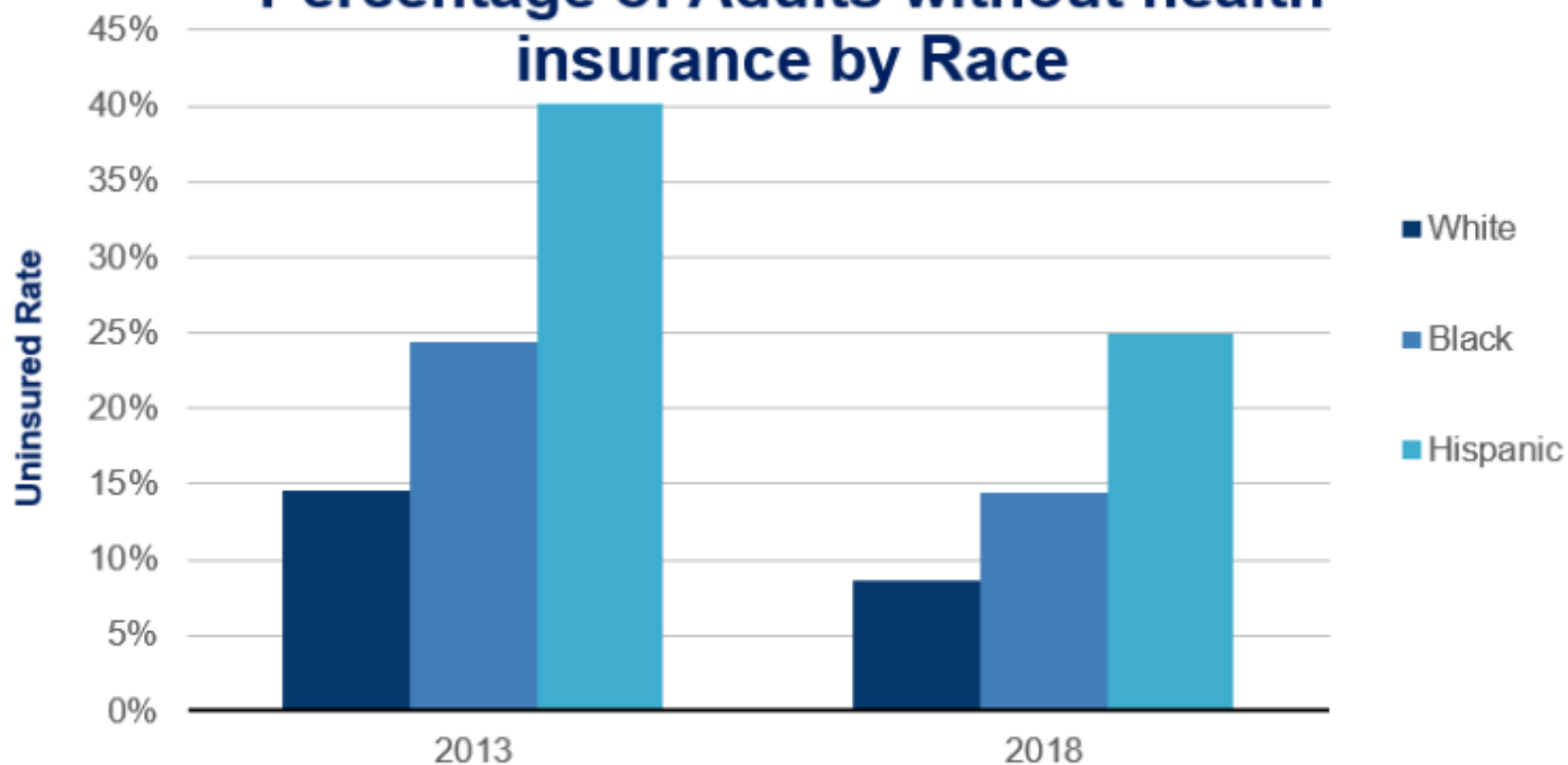
Observations

- Speaks only Spanish
- Substance Use
- Pregnant girlfriend
- History of trauma
- Possible homelessness
- Missing appointments and school

Health Care Should Be

- Safe
- Effective
- Culturally Humble and Sensitive
- Patient-Centered
- Timely
- Efficient
- Equitable

Percentage of Adults without health insurance by Race



Source: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013-2018

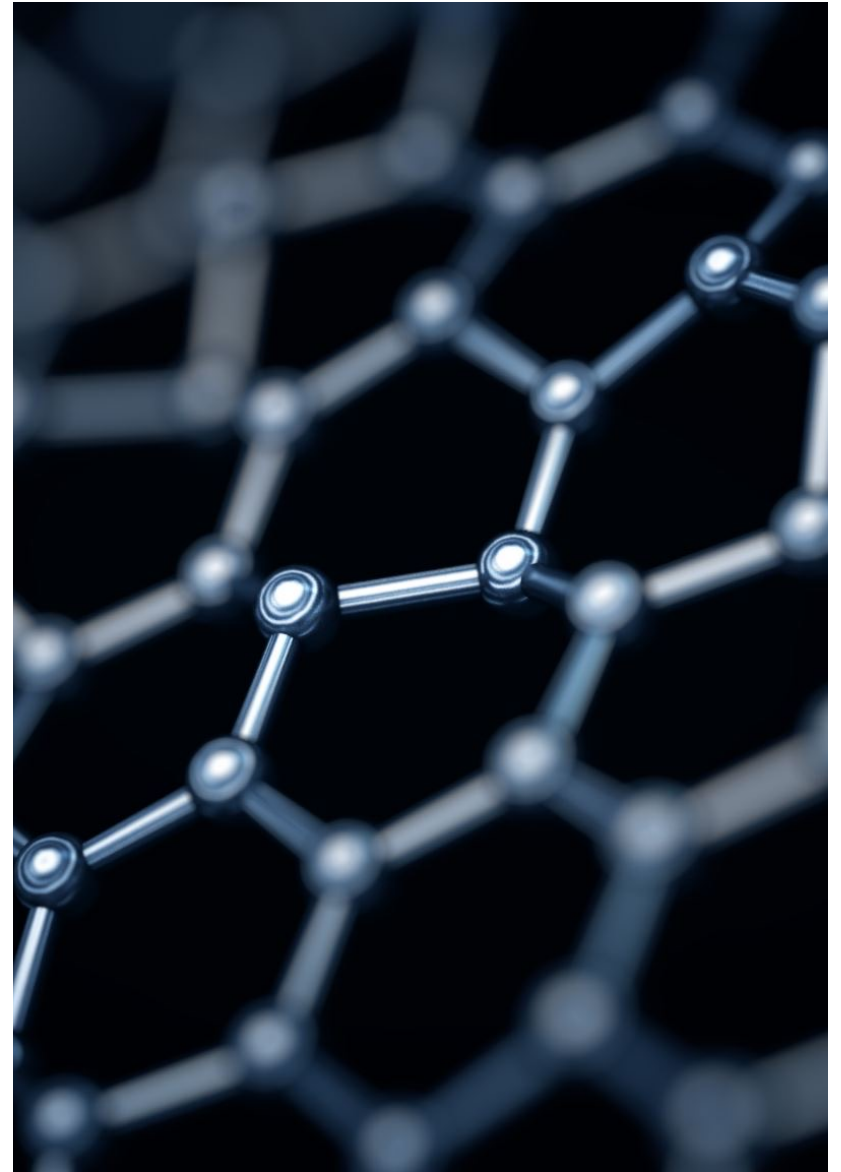
BROOKINGS

Barriers to care

Individual
level barriers

Community-
level barriers

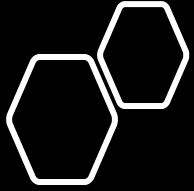
Societal
barriers



Individual Barriers

- The content analysis of the Mesas de Trabajo summaries and focus groups generated five major themes related to individual-level barriers:
- (1) stigma associated with mental health problems
- (2) cultural barriers
- (3) masculinity
- (4) violence and trauma
- (5) lack of knowledge and awareness

Aguilar-gaxiola, s., loera, g., Méndez, l., sala, M., latino Mental Health Concilio, and nakamoto, j. (2012). Community-Defined Solutions for Latino Mental Health Care Disparities: California Reducing Disparities Project, Latino Strategic Planning Workgroup Population Report. sacramento, Ca: uC davis, 2012



Community Barriers

A shortage of culturally and linguistically appropriate services

A shortage of qualified mental health professionals

A shortage of academic and school-based mental health programs

Structural barriers to care.

Social Barriers

- Social and economic resources and living conditions
- Inadequate transportation
- Social exclusion
- Accessibility
- The critical shortage of mental health facilities and general practitioners and specialized providers,

Social Barriers (Continuation)

Legal Status

The fear of deportation can prevent them from seeking help.

Acculturation

The level of adoption the predominant culture of the place they live, can play a role in mental health and access to care

Stigma

Hispanic/Latinx individuals may not seek treatment because they may not recognize the signs and symptoms of mental health conditions or know where to find help.

Appropriateness of Treatment

- Researchers have found that the availability of culturally relevant services increased Latinos' service utilization and treatment effectiveness.
- Compatibility between the patient and therapist, mutual trust, and therapeutic efficacy are essential.
- Communication style and cultural competence have been found to influence patients' retention in treatment.
- Speaking a client's language is crucial for mental health treatment, yet many mental health professionals assume that speaking the language equates to cultural competence.
- Many migrants experience discomfort in discussing mental health problems with a therapist..

Strategies to Improve Community Services and Treatment

Prevention And Early Intervention Evidence-based Community-identified Strategies For Improving Mental Health Treatment

- Implement peer- to-peer strategies, such as peer support and mentoring programs
- Family psychoeducational curricula
- Community capacity-building strategies that promote the connection of community-based strengths and health to improvements in Latino behavioral health outcomes.
- Academic and school-based mental health programs

When meeting with a health professional ask them if...

- Have you treated other Hispanic/Latinx people?
- Have you received training in cultural competence or on Hispanic/Latinx mental health?
- How do you see our cultural backgrounds influencing our communication and my treatment?

-

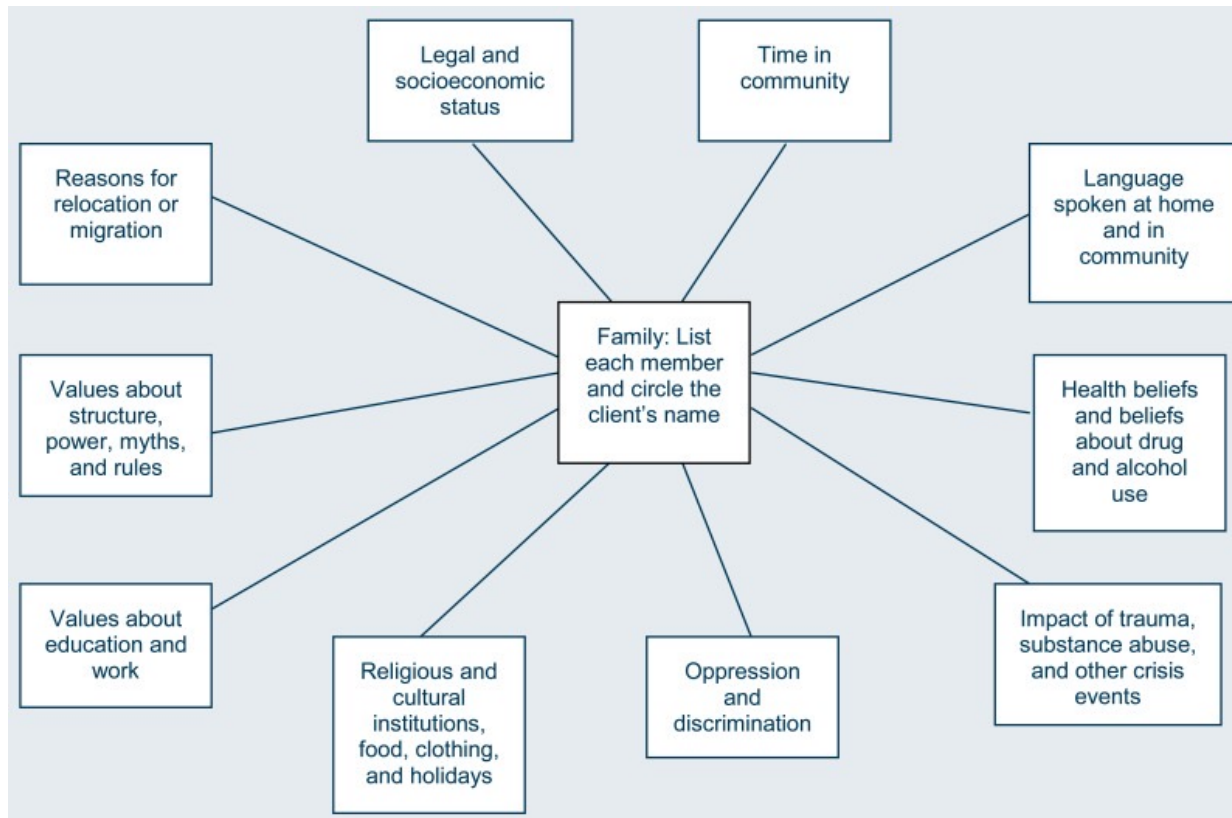
The image features a minimalist design with several overlapping, semi-transparent geometric shapes. A large, light-pink trapezoidal shape expands from the left towards the right. Overlapping its bottom edge is a darker, reddish-brown trapezoidal shape that tapers towards the right. On the far left, a vertical bar is composed of three segments: a top reddish-brown segment, a middle grey segment, and a bottom dark grey segment. The word "Models" is printed in a bold, black, sans-serif font on the left side of the image, positioned between the two main trapezoidal shapes.

Models

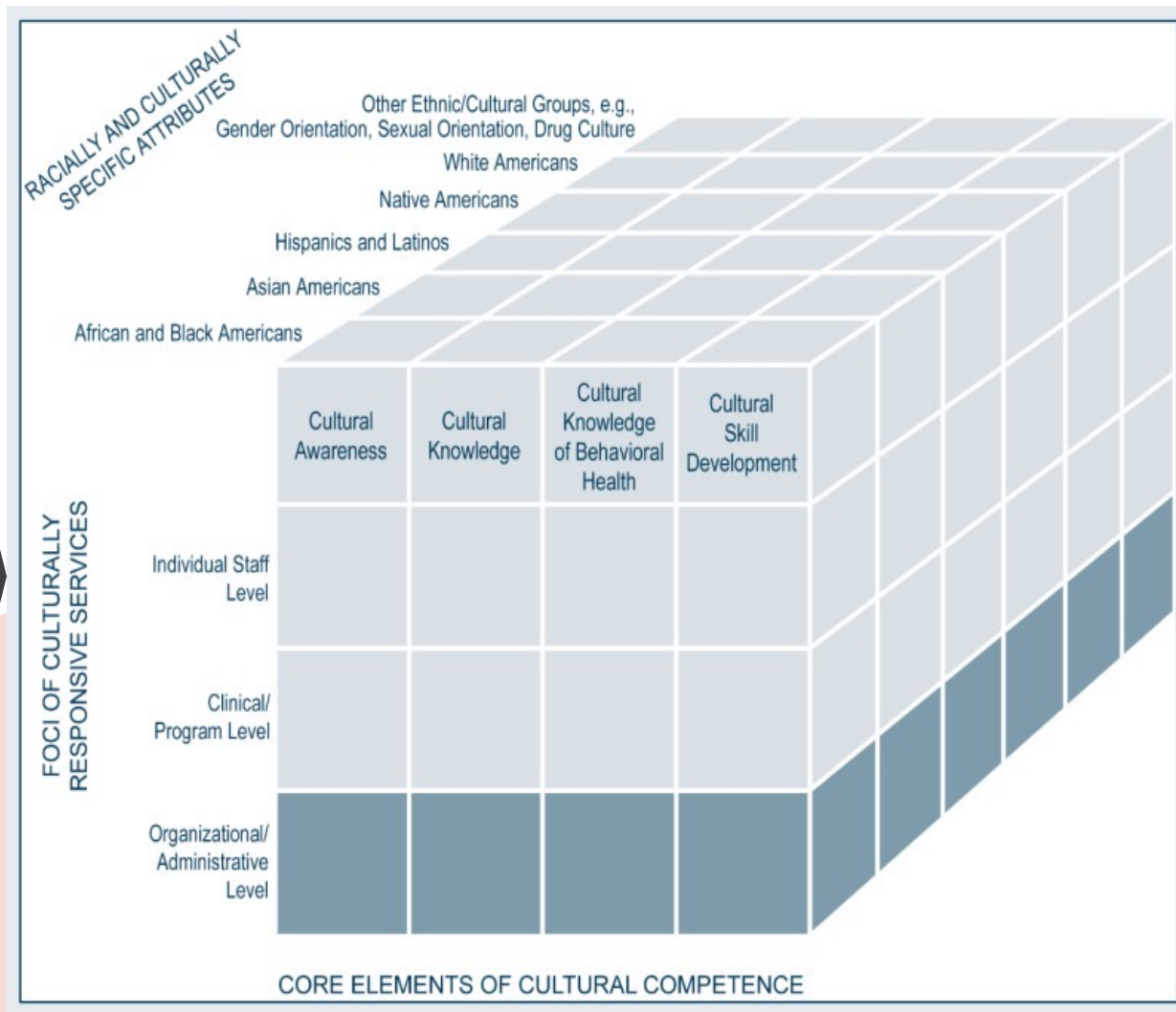
Personalized/precision medicine and Hispanic/Latino health

- Advances in biomedical research and clinical medicine have led to successful treatments for many diseases.
- Publicly available genomic and epigenomic tools and databases are fundamental tools for precision medicine efforts.
- Prioritize research on Hispanic/Latino populations not currently represented

Culturagram for Mapping the Role of Culture

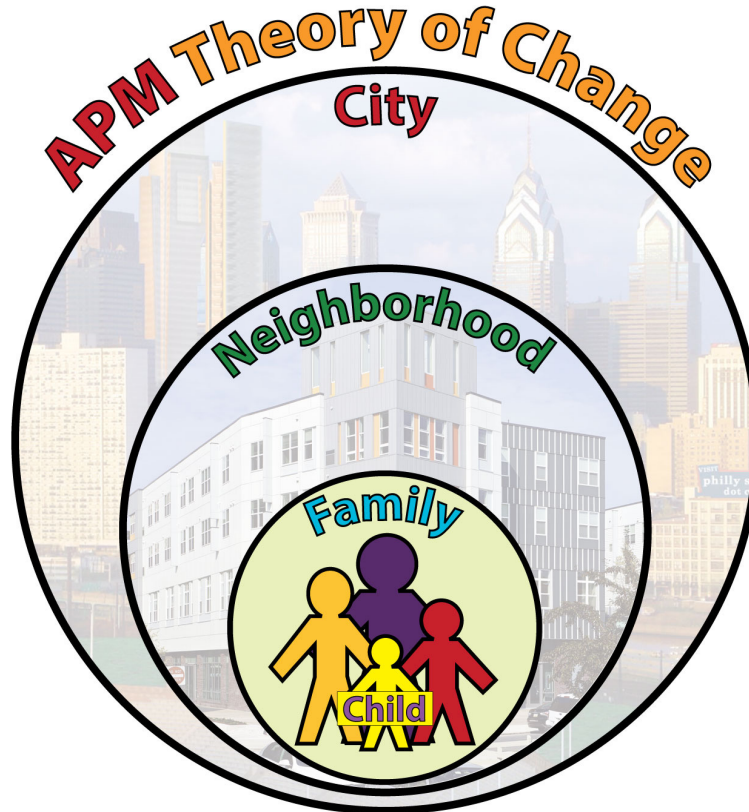


Multidimensional Model for Developing Cultural Competence: Cultural Knowledge of Behavioral Health





APM's operates under the simple theory of change that people thrive in a healthy environment.
A child will thrive in a healthy family; a family will thrive in a healthy neighborhood;
and a neighborhood thrives in a healthy City.



NEIGHBORHOOD	<ul style="list-style-type: none">▪ Comprehensive Planning▪ Leadership Development▪ Civic Engagement▪ Affordable Housing▪ Commercial Development
FAMILY	<ul style="list-style-type: none">▪ Workforce Development▪ Benefit Counseling▪ Financial Planning▪ Behavioral Health▪ Supportive Housing▪ Affordable Housing
CHILD	<ul style="list-style-type: none">▪ Foster Care▪ Adoption▪ Early Intervention▪ Early Childhood Education▪ Parent Training



Depresión en madres: Más que tristeza

Un kit de herramientas para proveedores de servicio familiar



- BEHAVIORAL HEALTH RESOURCES





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Governance Recommendations



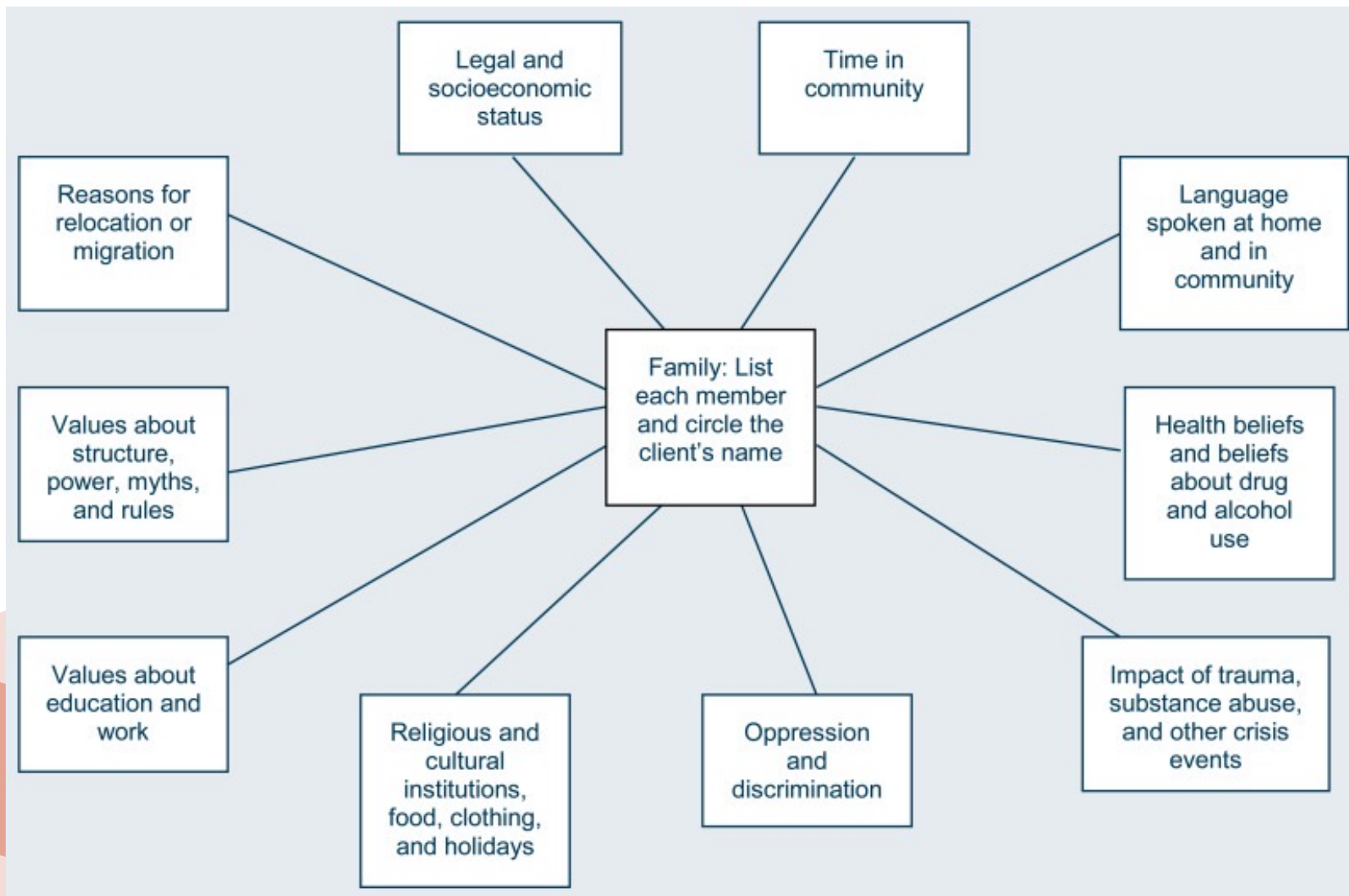
- Assign a Senior Manager To Oversee the Development of Culturally Responsive Practices and Services
- Establish a Cultural Competence Committee and mentorship
- Develop policies and procedures to support community involvement in the treatment setting
- Develop local outreach and educational programs in multiple languages
- Participate in community events to raise awareness of services, to develop trust and build relationships, and to gain further knowledge of local cultural groups and community practices.
- Periodically analyze community demographic trends



dreamstime.

Observations

- Speaks only Spanish
- Substance Use
- Pregnant girlfriend
- History of trauma
- Possible homelessness
- Missing appointments and school



Risk and Protective Factors for Youth Substance Use

Risk Factors	Domain	Protective Factors
Racism/Oppression Economic Deprivation Availability Community Laws and Norms	Community	Neighborhood Attachment Employment and Housing Community Connection
Lack of Parental Supervision Norms: Favorable Attitudes Family History of Misuse	Family	Parental Monitoring Family Connection Authoritative Style
School Failure Lack of Commitment	School	School achievement Drug Use Policies
Substance Misuse Norms: Approval	Peer	Academic Success
Trauma (ACEs) Early Aggressive Behavior Impulsivity and Thrill Seeking Mental Health Challenges Early Initiation	Individual	Self-Control Involvement in Activities Engagement: School and Family Caring Adult and High Expectations

Youth and Young Adults Recovery Supports

- Recovery High Schools
- Alternative Peer Groups
- College Recovery Programs
- Faith-based Organizations
- 12 Step Young People's Groups



Opportunities to Build Youth Resilience

- ❖ Healthy Communities
- ❖ Systems Serving Youth: Schools, Child Welfare and Juvenile Justice
- ❖ Trauma-Informed Approaches
- ❖ Social-Emotional Learning
- ❖ Relationships and Connection
- ❖ Cultural Competence and Humility

References

- [1] US Census Bureau. (2015). Projections of the Size and Composition of the U.S. Population: 2014-2060. <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>
- [2] 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/>
- [3] US Census Bureau. (2019). Hispanic Heritage Month 2019. <https://www.census.gov/newsroom/facts-for-features/2019/hispanic-heritage-month.html>
- [4] 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>
- [5] Jimenez, D. E., Bartels, S. J., Cardenas, V., & Alegría, M. (2013). Stigmatizing attitudes toward mental illness among racial/ethnic older adults in primary care. *International journal of geriatric psychiatry*, 28(10), 1061–1068. <https://doi.org/10.1002/gps.3928>. Accessed from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3672370/>.
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- [7] Aguilar-gaxiola, s., loera, g., Méndez, l., sala, M., latino Mental Health Concilio, and nakamoto, j. (2012). Community-Defined Solutions for Latino Mental Health Care Disparities: California Reducing Disparities Project, Latino Strategic Planning Workgroup Population Report. sacramento, Ca: uC davis, 2012



National Hispanic and Latino

MHTTC

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Email: hispaniclatino@mhttcnetwork.org





MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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