Insights from the Pandemic: Advancing Collective Knowledge on Latinx Communities' Mental Health

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The COVID-19 pandemic has disproportionately impacted Latinx communities and highlighted how preexisting health disparities increase mental health conditions (Fortuna & Tolou-Shams, 2020). Challenges faced by Latinx families such as bereavement, food insecurity, reduced access to mental health services, and housing instability emphasize the critical need to translate and apply the best practices at the intersection of behavioral health, comprehensive school mental health systems, and Hispanic cultures.

To share the lessons learned in implementing behavioral health strategies during the pandemic and exchange ideas for future responses and programs' needs, the National Hispanic and Latino MHTTC brought together federal staff and national, state, and local leaders from Health and Human Services Region 3 (Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia). The event was a collaboration among the National Hispanic and Latino MHTTC, Central East MHTTC, National Center for School Mental Health, and the Milken Institute School of Public Health at George Washington University. The day-long meeting held presentations and roundtable discussions sharing organizational and public health strategies implemented at the beginning and during the pandemic to address the comprehensive mental health systems needed to improve the health and well-being of Latinx communities. Bringing together key communities and agency stakeholders provided a unique opportunity to work towards a more equitable recovery for Latinxs.

Participants were assigned to one of six tables each with a discussion topic related to organizational needs (micro), challenges (macro), strengths, capacity building and workforce development, strategies, and moving forward (See Table 1). Groups of six participants were formed and remained together as they rotated every 20 minutes through all six tables at which specific topics were addressed, led by moderators and a clerk. A total of 42 individuals representing community-based and faith-based organizations, school mental health providers, academia, and professional associations participated in the roundtable discussions.

Figure 1: Roundtable discussion questions

Needs (Micro)

1. What have been the most critical issues that your organization has addressed to better serve the Latinx communities during and after the pandemic?

2. How has your organization addressed these needs?

Challenges (Macro)

1. How has the pandemic affected the mission and operations of your organization in serving Latinx communities?

   a. Financially

   b. Programatically

2. How has your organization addressed these challenges?

Strengths

1. What unique organizational-related strengths were evidenced during the pandemic to address the needs of Latinx communities?

2. How could these strengths be considered and included in system development or system transformation to improve behavioral health service provision?

   a. At the community level?

   b. At the school level?

3. How could these strengths be replicated for clinicians to use in service provision?

Capacity building / Workforce

1. What workforce-related issues or challenges are delaying our progress in effectively addressing the behavioral health needs of Latinx communities?

Strategies

1. What strategies are needed to assist stakeholders in improving Latinx communities' health and well-being?

   a. At the community level?

   b. At the school level?

Moving Forward

1. What workforce-related issues or challenges are delaying our progress in effectively addressing the behavioral health needs of Latinx communities?

NEEDS

The most critical issues that stakeholders identified during the pandemic were the shortage of mental health providers, specifically bilingual therapists; dealing with trauma and having trauma-informed clinicians; and grassroots efforts supporting access to critical resources (e.g., basic needs such as food, water, housing, utility assistance, financial assistance, legal referrals, employment opportunities, specific or basic/primary health services). Participants addressed students' basic needs in the school setting for Latinx communities as the pandemic impact continues in school and clinical settings. These include culturally responsive schools and resources, a welcoming environment, and engaging Latinx parents and children. In order to build trust and validate family's hardships, organizations need to promote and strengthen relationships with communities and service providers. The use of culturally appropriate resources (e.g., documents explaining how to access services in Spanish) for families and communities to access services was an additional need identified during the discussion. Another challenge was finding trauma-informed clinicians that have the experience serving the Latinx populations. Participants identified

difficulties accessing mental health resources resulting from fear, trust, and language barriers. Participants agreed these problems were magnified during the pandemic urging the need for clinicians to be trauma-focused and culturally competent.

CHALLENGES

The National Center for School Mental Health defines school-based mental health as interventions students receive to enhance their social, emotional and behavioral adjustment and well-being. These services range from school-wide prevention efforts to individualized, intensive interventions, including on-site comprehensive mental health services in a school-based mental health clinic (SBMHC).

The American Academy of Pediatrics (2022) assessed the value and ability to take real-time information needed by doctors and families and bring it to them in a timely manner, as there was considerable misinformation that needed immediate clarification. It was necessary to collect information effectively to educate parents in English and Spanish about the impact of health on mental well-being amid the coronavirus pandemic. The American Academy of Pediatrics also developed a series of videos that provide real-time education to support caring for children and youth with mental health disorders.

One of the biggest challenges for school social workers was learning about the death of children's family members. Many parents were frontline workers and died from COVID-19. However, others died from not getting medical attention when needed, due, in part, to lack of knowledge about the workings of the healthcare system. Parents' jobs that required them to be present at their place of employment forced them to leave their children alone or send them to stay with other family members. Older children took care of younger children and assumed other household responsibilities, parentifying their roles as children and causing more psychological damage. Furthermore, the privacy to participate in telehealth sessions from their homes was a problem due to the lack of space and privacy in the household.

STRENGTHS

The unique organizational-related strengths evidenced during the pandemic to address the needs of Latinx communities included the promptness with which organizations went into a virtual mode with telehealth. School social workers through technology helped students process grief when there was a death in the family. Partnerships with urban schools provided mental health services and taught coping skills during the COVID-19 emergency. Most participants mentioned that they had experienced community resilience and community philanthropy. People in the community were helping each other instead of waiting for external aid. Flexibility was also mentioned as a strength.

Within the other public-school systems during COVID-19, telehealth helped dissolve barriers in family engagement and strengthened relationships with caregivers. They were able to identify families in need and provide rental and utility assistance aid. These problems were previously invisible in schools. A school district on the West Coast did health and safety checks, provided food for families and internet access, and was seeking funding to provide money for families to meet basic needs.

When people need treatment, finding trusted community places is important. Preexisting relationships made it easier to address basic needs during the pandemic. Community-based organizations were able to focus on immediate needs and draw on their existing connections with each other. During the pandemic, organizations without community health workers identified a need for them, but had no financial investment. It is important to seek funding to sustain the availability of these needed

frontline workers. For example, some agencies were trying to provide community health workers with certifications and create training courses. However, certifications are expensive, not local, and are conducted during working hours which make it challenging for employed individuals to partake.

Participants mentioned how these strengths are considered and included in systems development or transformation to improve behavioral health service provision. When funding was made available, investments were made in the community and employment. The provision of services in schools should continue to support kids and families. However, schools are understaffed and under-resourced, and clinicians must learn to navigate community resources, developing more community liaisons to strengthen school-community connections. The focus should be on family engagement and forming relationships with parents and caregivers.

For undocumented individuals and those who recently arrived, there are issues to address. Participants stressed the importance of the role of community health workers and bilingual clinicians and the need to form and maintain existing relationships among community-based organizations and families to keep addressing Latinx communities' needs during and after the COVID-19 emergency.

STRATEGIES

The social determinants of health and circumstantial and situational factors play a key role in assisting stakeholders in improving the health and well-being of Latinx communities. Many Latinx individuals lack the information and time needed to access behavioral health services due to multiple responsibilities. It is essential to address barriers such as difficulties making appointments and agencies' hours of operation. In order to focus on prevention, it is important to apply similar strategies across different domains and disseminate information effectively. This can be done connecting and building the community by including more individuals from the community itself making everyone a stakeholder. It is important to provide adequate resources and to invest in the community, especially the undocumented groups of people who are scared of making an appointment.

At the community level, we need to listen to its members, focus on resilience, use a comprehensive approach to provide mental health services, and promote integration with primary care settings. It is also important to develop a sense of trust in the community. For example, some behavioral clinics are set up for Latinx communities, but communities do not access services due to stigma. Community health workers are needed to implement change. In South Philadelphia, an alarmingly high rate of criminal activity among youth was addressed by roping in the older population to work with them. The elderly, after bonding with the kids through learning their slang, became their mentors. This is an ongoing process that has significantly reduced criminal activity and stigma. Faith-based interventions also play a key role. Programs should target newcomer students at the school level to practice inclusivity and understanding. For example, in one school, school mental health providers conducted outreach efforts to build trust with newcomer students and their families from the first day, including tracking their absences and offering support when necessary. It is also important to foment parent engagement.

This section focused on the role community-based and school-based interventions have as the backbone to improve the health and well-being of Latinx communities. Both are important to help Latinx communities thrive by offering sufficient resources like funding. In addition, it is important to understand the community's needs and provide culturally sensitive services.

WORKFORCE DEVELOPMENT / CAPACITY BUILDING

Participants mentioned the workforce-related issues or challenges hindering progress in effectively addressing Latinx communities' behavioral health needs. Many participants emphasized the lack of bilingual services even in the healthcare system and the stigma of seeking mental health services among Latinx communities. There is also fear of repercussions and a lack of money to afford medical care for undocumented families. One person mentioned that young native Spanish speakers in high school and college are not being directed toward careers in mental health services with families urging them to enter other careers that may be more lucrative. However, those who do pursue a career in the behavioral health field oftentimes lack financial support, which poses further barriers to finishing their degrees. In addition, licensure tests fees and wording can be difficult for native Spanish speakers, and starting salaries are not enough to meet their financial needs (e.g., supporting family members) and cover student debts. There is a need to create infrastructures that to finance the staff needs, such as loan repayment and higher salaries.

Unfortunately, providers are seldom prepared to serve undocumented children and lack a form of payment to provide services for them. It is also difficult to promote Licensed Graduate Professional Counselors because of licensing issues. It was suggested that some organizations are not interested in growing their capacity to serve Latinx communities. Some organizations refuse or cannot serve Spanish speakers because they do not have interpreters and when bilingual workers are hired, they may be relatively new and assigned large caseloads without proper supervision and support. Hispanic and Latino mentors are crucial to navigating the system and participants encouraged organizations to utilize mentors at all levels.

Participants also emphasized that young native Spanish speakers face cost and stigma-related barriers in pursuing careers in the behavioral health field. This has created a shortage of workers for a growing population. Investing time in community and sectarian organizations with ties to the Latinx community will address stigma and help patients feel more comfortable seeking help.

MOVING FORWARD

Participants' recommendations for effectively addressing the mental health needs of Hispanic/Latinx/Latinx families include:

- easing interstate licensing reciprocity

- delivering culturally-informed mental health services that enhance trust and accessibility, which is easy and understandable

- creating youth-adult partnerships to identify youth basic and mental health needs

- providing services in the community, workplace, schools, parks and other locations that destigmatize mental health in Latinx communities.

References

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