

Do's and Don'ts
When Working with
Hispanics in Mental Health



By:
Henry Acosta, MA, MSW, LSW
Executive Director
National Resource Center for Hispanic Mental Health
3575 Quakerbridge Rd, Suite 102
Mercerville, NJ 08619
609.838.5488
www.nrchmh.org

With Editorial Contributions by:
Peter J. Guarnaccia, Ph.D.
Investigator
Institute for Health, Health Care Policy and Aging Research
Rutgers, The State University of New Jersey
and
Professor
Department of Human Ecology
Rutgers, The State University of New Jersey

March 2008

An Introduction

*From: Henry Acosta, MA, MSW, LCSW
Executive Director*



Over the past few decades, numerous research studies have found that from adolescence to adulthood, Hispanics experience higher rates of stress and some mental health problems than other racial and ethnic groups and that they tend to underutilize mental health services. Numerous studies have also found evidence which highlight the lack of availability of, access to and the provision of quality mental health services to Hispanics, the nation's largest racial and ethnic minority group. In an effort to assist providers, mental health agency and direct service providers alike, with enhancing their knowledge of culturally appropriate ways to better serve Hispanics, thus reducing and/or eliminating the disparities found in the three aforementioned critical areas of mental health service delivery (i.e., availability, access and provision), the author is pleased to provide the following recommended list titled *Do's and Don'ts When Working with Hispanics in Mental Health*. The list that follows is based on nearly two decades of research and other information gathering experience, as well as direct service work in various mental health program milieus with Hispanics. The information provided should be viewed as suggested practices/recommendations and is by no means intended to be comprehensive or exhaustive. The suggested practices/recommendations are broad guidelines for working with Hispanics; readers should be cautious not to transform them into stereotypes about Hispanics. There is tremendous diversity within and across Hispanic groups. Additionally, the suggested practices/recommendations are in no way a substitute for professionally established standards for quality mental health service delivery or ethical codes of conduct. More detailed training and other learning materials such as resource videos and books on working with Hispanics in mental health settings are available, and are highly recommended. To learn more about some of these resources, please visit the National Resource Center for Hispanic Mental Health at www.nrchmh.org.

Do's When Working with Hispanics in Mental Health:

- **Remember that Hispanics first and foremost are individuals.**

Do not generalize research findings or stereotypes to all Hispanics. Treat every Hispanic you meet as an individual and get to know him/her as a person, not just as a member of a particular racial or ethnic group. There will be many similarities and common themes or experiences found in research studies, but it is incorrect to assume that things such as liking rice and beans, or enjoying salsa and merengue, is characteristic or true for all Hispanics. Although the example shared is simplistic in nature and not directly related to utilizing mental health services, generalizations such as these exist today and demonstrate a lack of knowledge or respect for the diversity and richness in the cultures of Hispanics.

- **Remember that Hispanics are people too; they deserve to be treated with respect, dignity and courtesy.**

Just because a Hispanic may not know the mainstream language well enough, or at all for that matter, or they are poor, uninsured, not in this country legally, from a religion other than your own, etc., Hispanics are still human beings and they deserve to be treated as you would like to be treated if you or a loved one was in need of mental health care. This is critically important to address issues impacting all of the three areas of mental health service delivery referenced earlier.

- **Take the time to learn about a Hispanic's country of origin prior to a first appointment or prior to developing a program for Hispanics in your community.**

Hispanics come from nearly 20 different countries, and although they share some common characteristics, such as their high regard of family and religion, and their ability to speak a dialect of Spanish, Hispanics are very diverse and very proud individuals. Taking the time to obtain easy-to-access information such as the region of the world where the country or island is located, the nation's government or leadership (e.g., President or Prime Minister), highlights of tourism or main imports/exports, or the nation's currency. When first assigned, Hispanic consumers may serve as an impetus to develop rapport, build trust and demonstrate genuine interest and respect for an individual.

- **Conduct a thorough social and cultural assessment of Hispanics at intake or first point of treatment.**

As referenced earlier, Hispanics come from nearly 20 different countries and important factors such as their origin of birth, experience with immigration [if applicable], diverse religious, political or cultural traditions which may impact beliefs and attitudes concerning health care practices, legal status in the U.S., available familial or social support network, among other factors, may influence what services one is entitled to, the type of trauma that person may have experienced in his/her home country or with migration, or his/her available social support network, to name a few impacted areas. One benefit of conducting such an assessment is knowledge. Taking the time to learn about the birth place of a Hispanic may assist you in planning and coordinating services for Hispanics in need of mental health care. The legal status of Hispanics in this nation varies and impacts services available to them. For example, individuals from Puerto Rico are United States (U.S.) citizens and for the most part they have the same rights of all U.S. citizen with the exception that Puerto Ricans living on the island are not afforded the privilege of voting for our nation's President. Additionally, due to the political climate or unrest in several Hispanic countries, some Hispanic immigrants are granted political asylum or refugee status (e.g., Cubans) by the U.S. government, thus making them eligible for array of public supported services.

- **When appropriate, engage a Hispanic consumer's family.**

Family plays a critical role in Hispanic cultures and may serve as a key support in a consumer's wellness and recovery efforts. Mental health providers must be aware of and respect the fact many Hispanics define family differently than the majority population. Large, extended Hispanic families should not be mis-assessed as over-involved or enmeshed because members show great concern and are involved in a family member's mental health issues. For example, Hispanics may consider a religious leader to be a member of their family, as well as other non-biologically related individuals, and may wish to have them involved in their care and recovery efforts. This difference in definition may result in a provider needing to explore confidentiality issues, compliance with regulatory oversight bodies; to obtain additional release of information forms; and treat/serve individuals in family therapy who may not be biologically related or who do not have a legal relationship with the consumer, or to engage individuals with no direct biological relationship with a Hispanics in need of mental health services.

- **Take the time to educate Hispanics about mental health issues, including the array of mental health care treatments available, the benefits of obtaining services, different diagnostic category symptoms and treatment efficacy, and the contributions and abilities of individuals with a mental illness.**

Hispanics come from diverse countries where there may not be a formal or strong mental health care system and represent a racial and ethnic group where stigma of those needing services and of those with an illness is profound. Taking the time to educate Hispanics in culturally and linguistically appropriate ways about all of the areas referenced above through written and oral presentations at various community venues where Hispanics frequent may result in increased access to mental health care and consumer satisfaction. It may also reduce or eliminate the high drop out rates of Hispanics in mental health care, reduce anxiety about mental health service utilization among Hispanics unfamiliar with a system that may be viewed unfavorably or incorrectly due to stigma, fear and distrust, and eliminate misconceptions of mental health care or of individuals with a mental illness

- **Conduct outreach and educational awareness activities that incorporate both culturally and linguistically appropriate learning tools, methods and practices.**

It is important for mental health providers to understand that Hispanics may not be aware of mental health services in a community or about the importance of accessing services. It is also important that mental health providers understand that Hispanics require additional outreach and educational awareness methods to engage them in services. Promoting available mental health services by publicizing in a phone book is not enough! Providers must engage in varied activities such as developing and disseminating bilingual material that is age and culturally appropriate (i.e., have pictures reflecting Hispanics, at easy to read reading level [high rates of illiteracy among Hispanics]), and conducting presentations in both English and Spanish at venues such as Hispanic community-based agencies, churches, child care centers, and educational institutions.

- **Engage leaders from the Hispanic community to assist with learning more about a Hispanic group, to serve as a broker to access various Hispanic venues within a community where you can conduct outreach and educational awareness activities or to assist with engaging Hispanics in need of care with available mental health services.**

Developing relationships with Hispanic community leaders may increase a provider's ability to engage Hispanics in need of mental health care into treatment and may serve as a cost-effective means to obtain information about a population unfamiliar to a provider.

- **Become familiar with cultural bound syndromes and how culture influences mental health.** Providers should make efforts to learn about various cultural bound syndromes found within Hispanic groups and how culture influences an array of areas related to the provision of mental health care. Resources such as the DSM-IV, which contains information on cultural bound syndromes and the cultural formation, and former U.S. Surgeon General Dr. David Satcher's first-ever report on mental health and his subsequent supplemental report are widely available and provide critical information for providers.

Don'ts When Working with Hispanics in Mental Health:

- **Don't assume that all Hispanics are the same and please do not treat Hispanics as second class citizens regardless of their legal status.** As previously referenced, Hispanics come from nearly 20 countries and represent very diverse individuals. Hispanics deserve to be treated with respect, and are proud individuals who value dignity, family and religion. Some Hispanics are born U.S. citizens, while others may be victims of political unrest in their nation that has resulted in them being granted legal asylum or refugee status by the U.S. government. Other Hispanics comprise legal permanent residents, or are holders of student, work or tourist visas. In fact, the majority of Hispanics in the U.S. are here legally in one form or another. Those who are not may have come here to seek a better life for themselves or their family. Hispanics are first and foremost human beings like everyone else and they deserve the right to a better life. Mental health providers should focus on helping everyone in need of mental health care reach their full human, emotional and cognitive potential. These services should be provided without regard to one's legal status and should be delivered with the same quality for all.
- **Don't think that one way of doing things works for everyone.** This is true for all people, not just Hispanics. Effective mental health providers tailor their services to individuals based on their needs and preferences. Research findings, especially those that are based on nationally representative populations are important, but they should not be seen as "one glove fits all". People are individuals and recommended practices should serve as a guide, not as a prescribed "How To" list.
- **Don't underestimate the value of conducting a thorough social and cultural assessment of Hispanics.** Many, if not all, mental health providers conduct an intake at point of initial face-to-face contact with an individual in need of mental health care. These intakes, however, may not incorporate areas requiring a thorough assessment that are pertinent to understanding a Hispanic individual's past or current experiences or realities. Assessing information such as migration experiences, religious practices, healthcare utilization practices, familial or social support network, to name a few, may play a major role in understanding a Hispanic individual in need of mental health care and developing strategies to support that person's wellness and recovery.
- **Don't misinterpret quietness or shyness as depression or another mental illness.** Providers must understand the role that culture plays in areas such as the presentation of symptoms, helping seeking behaviors, and in familial or professional role relationships. A Hispanic woman who looks down while she quietly speaks to a mental health provider is not necessarily depressed. Her "poor eye contact" or "flat affect" may not necessarily be indicative of depression or another illness. In fact, this behavior may be a culturally acceptable behavioral norm which is a result of a group's belief that it is disrespectful to directly look a professional or someone older than one in the eye while they speak.

- **Don't continue to engage or support practices that do not result in equal access to services for all Americans.**

Change is not always welcomed favorably by many, but in a changing world, comes changing times. Hispanics comprise a large percentage of the current U.S. population. In fact, according to U.S. Census Bureau projections, Hispanics will number approximately 100 million by the year 2050 and will represent nearly 25% of the nation's total population. Practices that undermine the quality of care provided to Hispanics and other minorities, especially those with Limited English Proficiency, must be stopped. Practices such as using uncertified, unlicensed, inadequately trained interpreters in mental health care settings creates opportunities for loss of information, diagnostic errors, inadequate and inappropriate treatment, and poor consumer satisfaction and consumer outcomes.

- **Don't think that providing culturally competent mental health services is a fad and will go away.** Providing culturally competent mental health services in the U.S. is not a fad! In fact, increasingly more attention is being given to this area as studies continue to highlight disparities in availability of, access to and the provision of quality mental health services to individuals from racial and ethnic minority groups. These disparities must be eliminated for numerous reasons, including possible violations of one's Civil Rights, as well as the fact that the U.S. Census Bureau projects that racial and ethnic minorities will represent nearly 47% of the total U.S. population by the year 2050.

The National Resource Center for Hispanic Mental Health would like to thank the Eli Lilly and Company Foundation, who had no control over the contents of this publication, for its inaugural support of the center. In addition, the National Center would like to thank its inaugural members of the center's National Board of Advisors:

Sergio Aguilar-Gaxiola, M.D., Ph.D., Director, Center for Reducing Health Disparities, University of California, Davis

Maria Jose Carrasco, M.P.A., Director, Multi-Cultural Action Center, NAMI National

Aida E. Rosario, Director of Communications, Univision 41 and Telefutura 68

Peter Guarnaccia, Ph.D., Investigator, Rutgers University Institute for Health, Health Care Policy and Aging Research and Professor, Department of Human Ecology, Rutgers, The State University of New Jersey

Pablo Hernandez, M.D., Retired, Former Superintendent, Wyoming State Hospital

Theresa Miskimen, M.D., Vice President, University of Medicine and Dentistry of New Jersey - University of Behavioral Healthcare and Member, American Society of Hispanic Psychiatry

Juan Ramos, Ph.D., Retired, Former Senior Advisor to the Director of National Institute of Mental Health

Martha Silva, Director, NAMI NEW JERSEY En Español

William A. Vega, Ph.D., Professor of Family Medicine, David Geffen School of Medicine, Department of Family Medicine, UCLA

Debra L. Wentz, Ph.D., CEO, New Jersey Association of Mental Health Agencies, Inc. and Executive Director, New Jersey Mental Health Institute, Inc.

A Final Word

*From: Henry Acosta MA, MSW, LSW
Executive Director*



Thank you for the opportunity to present *Do's and Don'ts When Working With Hispanics in Mental Health*. As previously referenced, the information provided herein should be viewed as suggested practices/recommendations and are by no means intended to be comprehensive or exhaustive. Additionally, the suggested practices/recommendations are in no way a substitute for professionally established standards for quality mental health service delivery or ethical codes of conduct.

Sincerely,

Henry Acosta MA, MSW, LSW
Executive Director
National Resource Center for Hispanic Mental Health

This paper was developed by Henry Acosta, MA, MSW, LSW and edited by Peter J. Guarnaccia, Ph.D., Investigator, Institute for Health, Health Care Policy and Aging Research, Rutgers, The State University of New Jersey. All rights and privileges are reserved and are the property of the author. Reprints and reproduction is permitted but must include appropriate citation, such as: Henry Acosta, MA, MSW, LSW, Executive Director, National Resource Center for Hispanic Mental Health, March 2008. By providing such information, the author is maintaining his commitment to serving as an advocate for creating change in the delivery of mental health services to Hispanics throughout the nation. Henry Acosta is Executive Director of the National Resource Center for Hispanic Mental Health. To learn more about Mr. Acosta or the aforementioned National Center, please visit www.nrchmh.org.

This National Resource Center for Hispanic Mental Health is pleased to be able to provide you with this resource material. The following additional resources can be found on the organization's website, <http://www.nrchmh.org>

Model Mental Health Program for Hispanics Report - This free publication is geared to mental health agency administrators and direct service providers and aims to increase a reader's ability to better attract, engage, retain, and serve Hispanics in mental health programs.

Salud Mental: Crossing the Cultural Divide within Mental Health - This 30-minute training video is a supplement to the Model Mental Health for Hispanics Report and provides clear examples and descriptions of the concepts, notions and recommendations referenced in the report.

Comprehensive In-Depth Literature Review and Analysis of Hispanic Mental Health Issues with Specific Focus on Members of the Following Ethnic Groups: Cubans, Dominicans, Mexicans and Puerto Ricans - The free publication has been shared with over 20,000 individuals throughout the country and abroad and specifically focuses on studies concerned with Hispanic mental health service utilization, clinical best practices and barriers to accessing quality care. The report also features a brief social and cultural description of each of the four ethnic groups and an overview of major studies up to the date of publication on Hispanic mental health. In late 2005, the report was included as a chapter in a new book on Hispanic Mental Health titled, *Mental Health Care for New Hispanic Immigrants: Innovative Approaches in Contemporary Clinical Practice*. This same report was also included as a chapter in the *Journal of Immigrant and Refugee Services* (Volume 3, Issue 1/2 2005).

Mental Health Care for New Hispanic Immigrants: Innovative Approaches in Contemporary Clinical Practice - This book, which features eleven chapters by various authors on an array of topics related to Hispanic Mental Health, including an edited version of the above referenced *Comprehensive Literature Review and Analysis of Hispanic Mental Health Issues with Specific Focus on Members of the Following Ethnic Groups: Cubans, Dominicans, Mexicans and Puerto Ricans*, was published by The Haworth Social Work Practice Press and edited by Manny J. González, DSW and Gladys González-Ramos, Ph.D. The book has received excellent reviews and according to Catherine Medina, Ph.D., CSW, Clinical Associate Professor and Director of Field Learning and Community Partnerships at New York University, is "a must read for educators, providers and policymakers, and anyone in the helping professions".

Mental Health Learn the Facts... - This educational brochure, available in both English and Spanish, aims at heightening awareness, acceptance and understanding of mental illness among the Hispanic population. The brochure contains information on depression, schizophrenia, and anxiety, as well as on available treatment modalities, and addresses myths and facts concerning mental illness.