



NATIONAL HISPANIC HERITAGE MONTH PART I: UNPACKING WHAT IT MEANS TO WORK WITH LATINX CLIENTS AND THEIR FAMILIES



National Hispanic and Latino

MHTTC

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

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Institute of Research, Education and Services in Addiction (IRESA)

The Institute of Research, Education and Services in Addiction (IRESA) of the Universidad Central del Caribe leads the National Hispanic and Latino MHTTC. The Center serves as a national subject matter expert and a key resource for the workforce and communities seeking to address mental illness prevention, treatment, and recovery support to reduce health care disparities among Hispanic and Latino populations across the United States and its territories. In partnership with state and local governments, mental health providers, consumers and family organizations, Hispanic stakeholders, Substance Abuse Mental Health Services Administration (SAMHSA) regional administrators, and the MHTTC Network, the Center seeks to accelerate the adoption and implementation of mental health-related evidence-based practices.

National Hispanic and Latino Mental Health Technology Transfer Center

The mission of the National Hispanic and Latino Mental Health Technology Transfer Center is to provide high-quality training and technical assistance to improve the capacity of the workforce serving Hispanic and Latino communities in behavioral health prevention, treatment, and recovery. We disseminate and support the implementation of evidence-based and promising practices to enhance service delivery, promote the growth of a diverse, culturally competent workforce, and bridge access to quality behavioral health services. We are committed to increasing health equity and access to adequate culturally and linguistically grounded approaches.

The School-Based Mental Health Project (SMH)

The School-Based Mental Health Project (SMH) of the National Hispanic and Latino MHTTC works specifically with schools, organizations, and professionals to strengthen their capacity to provide culturally and linguistically responsive school mental health services. This initiative facilitates training, technical assistance, and capacity building efforts led by experts in the field. Our goal is to increase awareness to attend to Latino students' mental health needs, promote the implementation of school mental health services that are culturally appropriate, encourage the use of promising and evidence-based practices, and disseminate information on practical strategies and implementation efforts of mental health services within a cultural context.

TABLE OF CONTENTS

Acknowledgements	3
Introduction	7
What Is the National Hispanic Heritage Month?	8
What could agencies & providers do during the National Hispanic Heritage Month?	8
How Diverse Is the Latinx Community?	9
Country of Origin	9
Ethnic Identity and Geographic Location	9
Generation	10
Language	10
Race	11
Acculturation	11
Issues and Challenges that Impact All Latinx Communities	12
Latinx Health Disparities	12
Stigma About Mental Health	13
How to Combat Stigma	14
Conclusion	15
References	16

INTRODUCTION

The National Hispanic and Latino Mental Health Technology Transfer Center developed a two-part booklet in honor of National Hispanic Heritage Month. The booklet: *National Hispanic Heritage Month Part I: Unpacking What It Means to Work with Latinx Clients and Families*, provides a snapshot of the National Hispanic Heritage Month, acknowledges mental health providers accomplishments, mentions what providers, and agencies can do during this month, describes the diversity in Latinx cultures and identifies main issues and challenges faced by Latinos with mental health disorders. Considering that Hispanics and Latinos are the largest ethnic minority group in the United States, the National Hispanic Heritage Month is the perfect moment to discuss and highlight issues and challenges, and to address specific needs of Latinos with mental health disorders.

The Center developed this product considering the need for culturally appropriate resources for professionals serving Latinx communities with mental health disorders. The main purpose is to:

- Define what is celebrated during the National Hispanic Heritage Month and what agencies and providers could do for Latinx communities with mental health conditions.
- Explain significant differences in the remarkably diverse Latinx community, including geographic, generational, linguistic, and acculturation differences.
- Provide recommendations on how to combat stigma about mental health treatment.

The booklet: *The National Hispanic Heritage Month Part II: The Experience of Being a Non-Latino Mental Health Professional Who Works with Latinx Patients: Providing Appropriate Transcultural Care* is designed to provide solutions and strategies to increase health equity amongst Latinx.



National Hispanic and Latino
MHTTC Mental Health, Technology Transfer Center Network
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Promoting culturally responsive
mental health services for
Latino agricultural workers who
bring food to our table.

Hispanic Heritage Month

September 15 - October 15, 2020

WHAT IS THE NATIONAL HISPANIC HERITAGE MONTH?

The National Hispanic Heritage Month celebration started by a presidential proclamation in 1968 and was celebrated for one week. After President George H.W. Bush, it was extended to a one-month celebration, from September 15, through October 15. The main purpose is to honor the history and contributions of Hispanic and Latino communities in the United States. Also, September 15 is the celebration of the independence of several countries in Latino America like Costa Rica, Guatemala, Honduras, Nicaragua, and El Salvador (Library of Congress, 2020; United States Census Bureau, 2019).

Every year, from September 15 through October 15, Americans take the dedicated time to thoughtfully honor, celebrate, and thank prominent Hispanic Americans for their many contributions to the country and culture of the United States. But this year, **in the midst of the global pandemic and a relentless new cycle, National Hispanic Heritage Month 2020 takes on a whole new meaning due to the increased adversities that our community is facing. At the same time, it is important to recognize the work of Latinx providers serving in the frontlines, reaching, supporting, and developing new ways to increase health equity.**

WHAT ARE THE BEST PRACTICES TO CELEBRATE IT?

During the National Hispanic Heritage Month, agencies, organizations, and communities can:

- Train the workforce in culturally sensitive topics
- Increase awareness and celebrate diversity
- Disseminate information to clarify misconceptions about Latinx community
- Highlight challenges like stigma, disparities, and discrimination
- Issue a call for action on how to tackle specific problems

NATIONAL HISPANIC HERITAGE MONTH PART I: UNPACKING WHAT IT MEANS TO WORK WITH LATINX CLIENTS AND THEIR FAMILIES

HOW DIVERSE IS THE LATINX COMMUNITY?

ONE SIZE DOES NOT FIT ALL: THE LATINX COMMUNITY IS AS DIVERSE AS ANY OTHER COMMUNITY IN OUR COUNTRY.

Considering that Latinx groups are heterogenic, there is great “diversity within diversity.” For this reason, providers must acknowledge aspects of diversity within the culture in the provision of services. Some areas where Latinos are diverse include:

- **Country of Origin:** Hispanic and Latinx populations come from 19 countries in Latin America. Therefore, clinicians may work with clients from the Latinx culture born in the United States whose families have been living in the United States for several generations (Torres, Kyriakakis, & Zayas, 2010; United States Census Bureau, 2019). Significant facts to consider include:
 - There are different sociopolitical histories and social class distributions. Some examples include:
 - Puerto Rico is a United States territory. It means that Puerto Ricans are United States citizens and they do not need a passport while traveling within the United States.
 - Brazilians could say they are not Hispanic, but geographically they are Latinos.
 - Spaniards could self-identify as Spaniards, Latinos, or Hispanics.
 - Varied racial, ethnic, linguistic, and cultural backgrounds.
- **Ethnic Identity and Geographic Location:** The majority of Latinx individuals identify themselves by country of origin first, then as Hispanic or Latino/Latina/Latinx (Arredondo et al., 2014; Torres, Kyriakakis, & Zayas, 2010). The terms Hispanic and Latino are often used interchangeably but they have differences that could be explored in treatment (Abraído-Lanza, Echeverría, & Flórez, 2016). Usually depending on the geographic location where they live in the United States, they will prefer one term over the other.

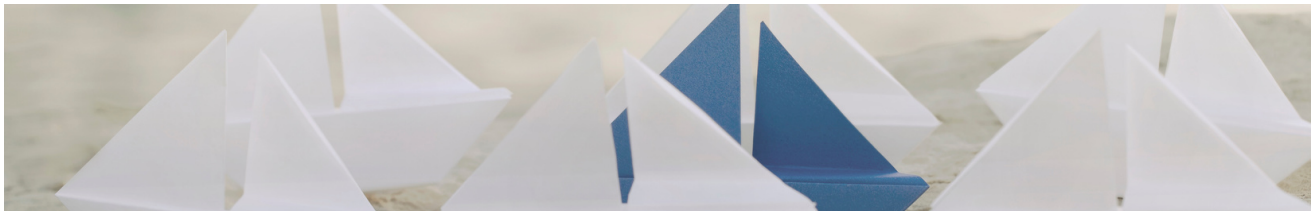
West Coast	Identify more often as Latino than Hispanic.
East Coast	Identify more often as Hispanic.
Midwest	Identify more often as Latinx or Chicano.
Border communities	Families that live across the border in California, Arizona, New Mexico, and Texas.



- **Generation:** All generations have different social and political histories that shape the way they are accepted and treated. Latinx have diverse stories about when, where, why, and how their families migrated to the United States (Arredondo et al., 2014). For example:
 - **First immigrant generation** (recent to long-term) – usually more recent immigrant tends to speak primarily Spanish.
 - **Second generation** – first generation born in the United States from parents that immigrated. The second immigrant generation may be pushed to be more American. Families may encourage their children to speak English only.
 - **Third generation** – they are individuals born in the United States of parents born in the United States. Often, clinicians can observe a complete loss of the language and cultural values. If they speak Spanish it is probably by choice and usually, they have mixed or interracial marriages.
 - **Longer time living in the United States** – generation of Latinx that are living in the United States for many generations. They could express: “We didn’t cross the border, the border crossed us.”
- **Language:** Latinx does not mean speaking Spanish. There are 21 Spanish-speaking countries in the world. Some individuals from Latinx communities that relocate to the United States from Central and South America speak Spanish, Portuguese, and other indigenous languages (e.g., Chechua, Tupi, K’iche, Kaqchikel, Q’eqchi, Mayan, among others) (Centers for Disease Control and Prevention, 2017). Language differences in the Latinx community include (Arredondo et al., 2014; United States Census Bureau, 2019):
 - Monolingual Spanish-speaking
 - Bilingual Spanish-English speaking- Spanish as primary language
 - Bilingual English-Spanish speaking- English as primary language
 - Monolingual English speaking
 - Multilingual- several languages

- **Race:** Clinicians that serve Latinx groups will receive a variety of answers regarding race. Latinx are not race blind and they can identify as belonging to any race:
 - White Hispanics
 - Black Hispanics
 - Asian Hispanics
 - Native/Indigenous Hispanics
 - Multiracial Hispanics
 - No-race Hispanics - because they refuse to identify in race terms, it is rarely explored, and we separate the two of them.
- **Acculturation:** Acculturation could be considered as one of the most pervasive factors that contribute to mental health conditions. Acculturation level is related to the number of years the person has been living in the United States. Younger Latinx groups tend to acculturate at a faster pace than older groups. This means that Latinx families may present different rates of acculturation, which in turn may lead to difficulties in communication, parenting practices, and socialization practices. This is known as acculturation gap (Abraído-Lanza, Echeverría, & Flórez, 2016). With regards to acculturation:
 - More recent immigrants tend to have low levels of acculturation to United States custom and traditions.
 - Bicultural Latinx adopt aspects of their culture of origin and the United States.
 - Highly acculturated clients develop a sense of belonging to society.
 - Assimilated Latinx tend to present worsening outcomes in health due to loss of protective cultural factors.





ISSUES AND CHALLENGES THAT IMPACT LATINX COMMUNITIES

THE GROWTH OF THE LATINX POPULATION OUTPACES THE GROWTH OF LATINX INDIVIDUALS IN THE HELPING PROFESSIONS.

Professionals serving Latinx with mental health conditions during the COVID-19 pandemic, should need to be aware of factors that are exacerbating health disparities. Latinx individuals may experience issues and challenges acknowledging mental health conditions and seeking mental health services mostly due to stigma; access to services, and if they receive services, they might stop treatment due to trust issues, fear of deportation, lack of culturally responsive services especially for LGBTQIA communities, among other challenges.

Latinx Health Disparities

The COVID-19 pandemic has disproportionately impacted people of color around the United States and magnified preexisting health and mental health disparities (Fortuna et al., 2020). Clinicians serving Latinx and other minority groups must be aware of the following (CDC, 2017):

- Inequities in health access and quality of mental services.
- Preexisting chronic medical conditions and social determinants of health may predispose clients to present complications if they get infected.
- Compared to Whites, Latinx:
 - are more likely to die from diabetes
 - are more likely to be obese
 - have poorly controlled hypertension
 - are less likely to undergo colorectal screening
 - higher rates of HIV or AIDS infection
 - have higher rates of smoking for specific Hispanic subgroups
- Overrepresentation in correctional and detention centers where the virus could be spread easier.
- Difficulties in implementing social distancing due to their type of work and/or living conditions.
- Challenges regarding Wi-Fi and internet connection to access Telehealth or Telemedicine services.

Stigma About Mental Health

Hispanic and Latino mental health stigma results in low utilization of mental health services. Eghaneyan and Murphy (2019), explained that stigma on mental health influence:

- The desire to seek and engage in treatment
- Management of depressive symptoms
- Disclosure of struggles about mental issues to close friends and family members
- Adherence to antidepressants medications

Two concepts to consider when discussing stigma are perceived stigma and personal stigma. Perceived stigma is a negative belief of how society sees people with mental health conditions (Craft et al., 2018). On the other hand, personal stigma refers to the beliefs that a person has about mental illness and mental health conditions. Researchers found that in a sample of Latino and African college students, both cultural groups present personal stigma by reporting high anxiety levels when interacting with someone with a mental health condition due to their views and beliefs (Craft et al., 2018).

Addressing the stigma about mental health in Latinx communities is essential when providers:

- Want to reduce mental health disparities since many Latinx do not seek help or stop behavioral health services due to cultural traditions of how to manage conflicts and emotional dysregulation (Craft et al., 2018).
- Want to modify the perception and management of Latinx regarding mental conditions. In the Latino culture, usually people who receive services are perceived and labeled as locos (crazy) and for whom recovery is not possible.





How to Combat Stigma

The National Hispanic Heritage Month is an excellent time to combat mental health stigma among Latinx populations. Mental health stigma may result in delays in treatment, not seeking help, or simply ignoring symptoms for a prolonged time. Given the prevalence of mental health conditions in Latino community:

- It is crucial to create awareness campaigns and programs that focus on decreasing both personal and perceived stigmas. The provision of psychoeducation in Spanish for Spanish speaking clients is considered a key element.
- Taking extra time providing education about mental health providers' role and culture may reduce interpersonal anxiety towards providers, especially among those from other cultural backgrounds.
- Share culturally responsive and accessible resources that focus on Latinx clients. For example:
 - Spanish Language Anonymous Peer-to-Peer Online Anxiety and Depression Support Group from the Anxiety and Depression Association of America.
- Assess Latinx client's stigma towards mental health and treatment using reliable and valid measures like (Eghaneyan, & Murphy, 2020):
 - Subscale of Inventory of Attitudes Toward Seeking Mental Health Services Scale (IASMHS)
 - Stigma Concerns about Mental Health Care Scale (SCMHC)-Spanish
 - Latino Scale for Antidepressant Stigma (LSAS)
 - Self-Stigma of Seeking Psychological Help Scale (SSOSH)
- Encourage clients to ask health care providers about their experience with Latinx clients and culture, training, current issues of Latinos and to ask questions about traditions, values including religious beliefs, and practices that could influence treatment (Anxiety and Depression Association of America, 2020).

CONCLUSION

THERE WILL NEVER BE ENOUGH LATINX PROVIDERS TO TREAT THE ENTIRE LATINX COMMUNITY.

The U.S. Bureau of Labor Statistics (2015) reported only 11.5% Latinx representation in education and health services. The number of Hispanics and Latinos in the United States will continue to grow. Around 5% of American psychologists are Hispanic or Latino (APA, 2018). This means that while the Latinx population in the United States increases, disparities may continue to increase. One feasible way to obtain mental health equity is to train and educate mental health providers that are non-Latinos to work with Hispanic and Latino communities. Non-Latinos can provide culturally responsive and sensitive mental health services to Latino clients with proper training and background (Guilman, 2015). The National Hispanic Heritage Month Part II: The Experience of Being a Non-Latino Mental Health Professional Who Works with Latinx Patients: Providing Appropriate Transcultural Care will further discuss main cultural consideration to address and implement while training non-Latino mental health providers.



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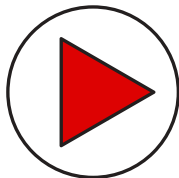
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