



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



**STRESS MANAGEMENT DURING A
QUARANTINE FOR MENTAL HEALTH
PROVIDERS SERVING LATINO CLIENTS**

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Suggested citation: National Hispanic and Latino Mental Health Technology Transfer Center. (2021, March). *Stress management considerations for Hispanic and Latinos during the pandemic*. Institute of Research, Education and Services in Addiction, Universidad Central del Caribe, Bayamón, PR.

At the time of this publication, Mr. Tom Coderre served as SAMHSA Acting Assistant Secretary, and Ibis S. Carrión-González, PsyD, served as Director of the National Hispanic and Latino MHTTC. The opinions expressed herein are the views of the authors and current staff of the National Hispanic and Latino MHTTC and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

Acknowledgments

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Adapted from the webinars:

National Hispanic and Latino Mental Health Technology Transfer Center. (2019, October 15). *Hispanic Heritage Month is over, now what: Unpacking what it means to work with Latinx clients and families*, [Video]. YouTube, <https://youtu.be/D73vkjA4YAk>

National Hispanic and Latino Mental Health Technology Transfer Center. (2019, November 21). *The experience of being a non-Latino mental health professional who works with Latinx patients: Providing appropriate transcultural care*, [Video]. YouTube, <https://youtu.be/VZhFG5H3mGw>

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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.



INTRODUCTION

Mental health providers serving Latino groups should consider how culture influences the way Latinos experience, understand, and describe mental health issues, including the current stressors being faced by Latino communities.

Latinos may experience added stressors during the pandemic, including loss of housing and income. Latinx children and youths may experience a disruption in their routines, home confinement, and struggles to adjust to virtual classes. These stress factors influence Latinos' emotional stability and exacerbate anxiety and depressive symptoms, leading to complications in individuals with compromised immune systems. Latinx populations with co-occurring substance use disorders may increase substance use to cope with stress. Projections from the Meadows Mental Health Policy Institute (MMHPI, 2020) estimate that the rate of substance use disorders (SUD) will increase as the rate of unemployment increases. MMHPI (2020) analyzed the data from the National Survey on Drug Use and Health and projected a 5% increase in the rate of unemployment that might result in more than 600,000 cases of SUD per year across the U.S.

Considering the struggles that Latino communities faced, the National Hispanic and Latino Mental Health Technology Transfer Center developed this booklet to offer culturally responsive strategies for clinicians that serve Latino populations during the pandemic. The main purpose is to:

1. Analyze data regarding COVID-19's impact on Latino communities.
2. Identify stressors affecting Hispanic and Latino populations, including children and youths.
3. Examine and discuss effective strategies to manage stress symptoms in Latinx groups.



Stress Management Considerations for Hispanics and Latinos during the Pandemic

The COVID-19 pandemic emergency has disproportionately impacted Hispanic and Latino communities living in the United States. The Centers for Disease Control and Prevention (CDC) has reported 6,613,331 total cases of COVID-19 and 196,277 deaths as of September 17, 2020, in the United States. These figures include the District of Columbia, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands.

On May 19, 2020, the CDC reported 1,504,480 cases of COVID-19 and 90,340 deaths. Of the cases where ethnicity was specified, 28.3% self-identified as Hispanic/Latino and 71.7% as Non-Hispanic/Latino (CDC, 2020). Ethnicity was not collected for all cases; therefore, specific numbers of infections and deaths related to COVID-19 among Latinos may be underrepresented. Latinos living in big cities like New York, Chicago, and Los Angeles are contracting the virus at high rates (The Washington Post, 2020).

These findings are a concern because, according to reports and surveys of the Pew Research Center (2020), Latinx communities are experiencing significant obstacles to access health and mental health services in part due to inequities in the social determinants of health. Practitioners serving Latinx communities should acknowledge social determinants of health that may increase the risk of getting sick from COVID-19.





Cultural Strength-Based Frameworks and Protective Factors

Strength-based approaches promote resilience as opposed to dealing with deficits (Pulla, 2017)). Practitioners can gain their clients' trust and increase their commitment to the therapeutic process by using strength-based frameworks (Falicov, 2014).

Traditionally, services offered to be marginalized, or minority communities have focused on difficulties or adversities, ignoring their current strengths. The concept of relational resilience changes the perspective of how we see Latinx clients and focuses on their potential to grow and recover from mental health conditions and adversities.

A strength-based approach that takes into consideration cultural values is essential in working with Latinx individuals. From this perspective, mental health professionals recognize that clients are experts in their cultures and contexts.

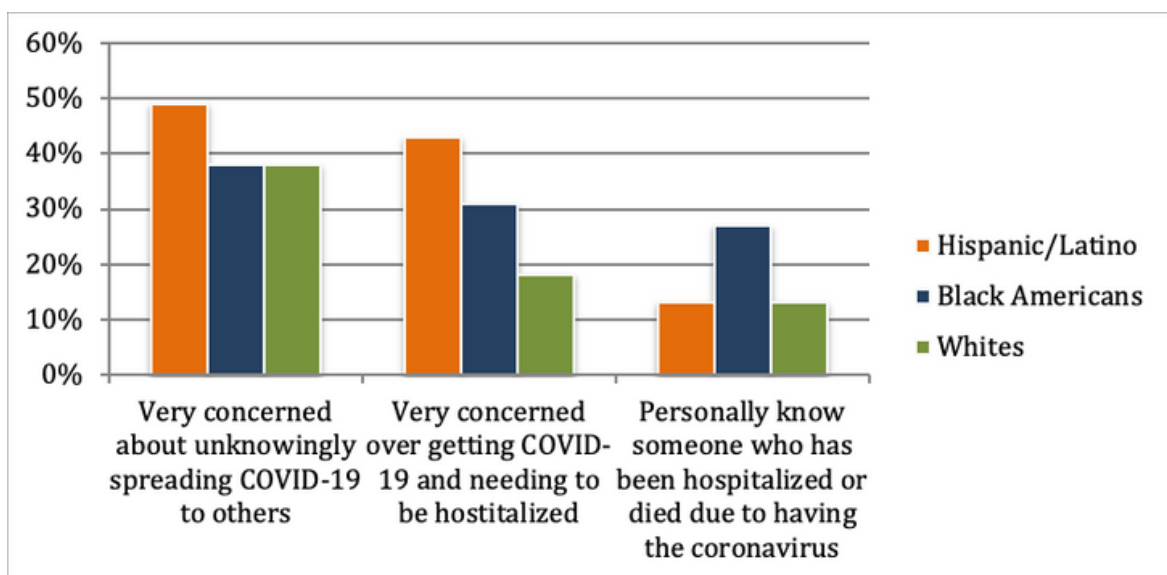
Some of the strengths and protective factors identified in Latinx cultures are:

- **Cultural identity**- the maintenance of cultural rituals and traditions among individuals and families may provide a sense of belonging.
- **Familismo (Familism)**- the family, is a reliable support system. Family members are willing to attend relevant appointments and support the client in their treatment.
- **Espiritualidad (Spirituality)**- openness to obtain a holistic and comprehensive treatment that involves spirituality, physical, and mental health could improve treatment outcomes.
- **Personalismo (Personalism)**- if a positive relationship develops, Latinos are more likely to trust the professional and follow their treatment recommendations.

CULTURAL STRESSORS EXPERIENCED BY LATINOS, INCLUDING LATINO IMMIGRANTS

Concerns about Contagion

There is a general concern about COVID-19 virus contagion. Latinos are more exposed to chronic stress by both individual and environmental stressors, which can often exacerbate the clinical presentation compared to other groups with mild stressors (Jackson, Knight, & Rafferty, 2010). Clinicians can observe that many low-income Latinos live in multigenerational and crowded homes where isolation may be difficult, adding more risk and stress of contracting the virus (The Washington Post, 2020). (The Washington Post, 2020). In a recent survey, 49% of Hispanics reported being very concerned about spreading the virus to others unknowingly, compared to 38% of Blacks and 28% of Whites (Pew Research Center, 2020). Regarding the concern of getting COVID-19 and having to be hospitalized, 43% of Hispanics expressed being very concerned, compared to 31% of Black Americans and 18% of Whites.





Other Cultural Stressors

The specific stressors of Latinos, concerning their immigration experience, are simply not recognized in many current stress reduction models (Cervantes et al., 2012). Some of the stressors to consider are:

- **Acculturation:** One of the most significant factors contributing to mental health conditions. Acculturation is the process in which the members of one cultural group adopt the beliefs and behaviors of another group (Berry, 2006). Younger Latino groups tend to acculturate at a faster rate than older groups. Latino families can present different rates of acculturation, which in turn creates difficulties in communication, parenting, socialization, and understanding of mental health conditions and stress (Abraído-Lanza, Echeverría, & Flórez, 2016).
- **Economic status and poverty:** Latinos living below the poverty level are over twice as likely to report serious psychological distress (Minority Health, 2019). The Office of Minority Health (2019) reported that 19.4% of Latinos live at the poverty level. Pew Research Center (2020) reported that about 49% of Latinos expressed in the survey that someone in their family lost their job or had a reduction in their wages, or both, due to the pandemic. Only 33% of the general adult population of the United States was affected by the loss of employment or reduction in salary. In turn, the results of the survey show that more than 8 million Hispanic and Latinos work in jobs that are considered high risk of COVID-19 infection, such as restaurants, hotels, among other service areas (Pew Research Center, 2020).

- **Discrimination:** Latinos are subject to racial or ethnic discrimination that often leads to chronic and toxic stress and depressive symptoms (CDC, 2020; Ward et al., 2019). The COVID-19 pandemic has exacerbated discrimination and unfair treatment experienced by communities of color (14% Asians, 10% non-Hispanics Blacks, and 6% Hispanics) (USC Leonard Schaeffer Center for Health Policy & Economics, 2020). Pew Research Center (2020) stated that 38% of Latinos informed that they experienced discrimination mostly due to speaking Spanish in public or by telling them to go back to their country during the previous year (2019). Of the 38% of adults that experience discrimination, about 28% experienced other types of discrimination and reported been treated unfairly.
- **Immigration status and fear of deportation:** Even though the U.S. Immigration and Customs Enforcement (2020) webpage informed that they avoid arrests in sensitive places like schools, hospitals, health care centers, or churches, without exemption, Latinos fear being detained and deported. The San Diego Union-Tribune article (April 9, 2020) informed that 10,000 immigrants had been expelled since the COVID-19 pandemic began. In turn, immigrants without legal documentation are being expelled without having a detention period. Immigration enforcement policies affect the utilization of health services among Latino immigrants, which is a risk for stress and other mental health conditions (Rhodes et al., 2015).
- **Family separation, loss, and trauma:** Individuals with family ties around the US-Mexico border cannot visit their relatives due to restrictions imposed by the pandemic. Also, children and families with prior history of loss and trauma or pre-existing mental, physical, or developmental problems and having parents struggling with mental health disorders put children at high risk for emotional disturbances during the pandemic (Child Trends, 2020).





THE IMPACT OF STRESS ON HISPANIC AND LATINO POPULATIONS WELL-BEING

The uncertainty about the pandemic, how long it will last, and social isolation may affect many Latinos, leading them to feel chronic stress, which is considered a major significant health concern among Latinos. Researchers have found a relationship between chronic stress and mental health conditions, such as major depressive disorders and generalized anxiety disorders (NIMH, 2020). During the pandemic, clinicians may observe the impact of stress on children and youths, which include (CDC, 2020):

- Poor school performance or avoiding school.
- Difficulty with attention and concentration.
- Excessive crying or irritation in younger children.
- Irritability and “acting out” behaviors in teens.
- Returning to behaviors, they have outgrown (for example, toileting accidents or bedwetting).
- Excessive sadness or worry about their health or family members’ health.
- Unexplained headaches or body pain.

Impact in adults and Latinx older adults include (National Center for PTSD, 2020):

- Changes in sleep and eating patterns.
- Increased sense of loss and grief.
- Worsening of chronic health and mental health conditions in vulnerable individuals. Exacerbated clinical presentation due to isolation.
- Increased use of alcohol, tobacco, and other substances.
- Fear about their health and the health of family members.
- Loss of usual coping and enjoyable activities.



STRESS MANAGEMENT STRATEGIES FOR HISPANICS AND LATINOS

Some of the strategies that can help Latinos manage stress include (Center for the Study of Traumatic Stress, 2020; Falicov, 2014; Aguilar-Gaxiola et al., 2012):

- **Reduce the Stigma towards Stress and Mental Health**

- Provide psychoeducation in Spanish about the COVID-19 and on the psychological and physiological effects of stress.
- Disseminate educational materials in Spanish that consider educational levels. It is recommended to use visual aids, especially with children and youths.
- Integrate cultural value of personalismo and provision of information using pláticas. Pláticas are informal conversations where vital clinical information is obtained and help the client to feel safe. It can add comfort and confidence to Latino populations.
- Be transparent and genuine; describe the treatment process, expectations, and encourage them to ask questions.

- **Promote Culturally Sensitivity Approaches to Manage Stress**

- Recognize aspects of diversity within the Latino culture in the provision of services.
- Be open to including family, community, and spiritual or religious leaders in treatment, if necessary, and help your patient have a plan to stay connected and supported (SAMHSA, 2014).
- Be aware and address cultural differences, prejudices, stereotypes, oppression, and privilege (SAMHSA, 2014).
- Culturally sensitive considerations for children and adolescents with stress and receiving school mental health services may include providing:
 - Language assistance when parents/caregivers call for information.
 - Language accommodations for written communication.
 - Coping and crisis communication offered on sites or through social media in multiple languages
 - Informed consent documents in various languages.

- **Promote Culturally Sensitivity Approaches to Manage Stress (cont.)**
 - Acknowledge that reactions to the pandemic may vary, and a healthy way to coping with stress and fear include to create a safe physical and emotional environment by practicing the 3 R's (Child Trends, 2020):
 - Reassurance
 - Routines
 - Regulation

- **Use Telehealth or Telemental Health**
 - Mental health services using telehealth could be a way to reduce health disparities in Latinos. Latinos may have more access to cellphones and the Internet. Some Latinos may feel that therapy using Telehealth is not personal enough, affecting the therapeutic alliance. For others, having access to therapy from their phones, while they are at home, and the comfort of not needing transportation, are viewed as cost-effective. School-based Telehealth for children and youths present several advantages, including:
 - Greater efficiency (decreased commute time, easier scheduling).
 - The capacity for higher volume (by serving several schools in one afternoon).
 - Increased access to care for many students who would be unlikely to make it to traditional community mental healthcare facilities.





- **Use Telehealth or Telemental Health (cont.)**

- Clinicians who are using telehealth should thoroughly discuss any confidentiality concerns with their Latino clients and parents to increase trust and to build the therapeutic alliance.
- The Serious Mental Illness Adviser developed a resource in English and Spanish that practitioners can share with clients that are receiving Telehealth services:
 - How to prepare for a video appointment with your mental health clinician-
https://smiadviser.org/knowledge_post/how-can-i-help-my-patients-prepare-for-telehealth-visits

- **Examine Healthy and Unhealthy Stress Coping Mechanism**

- Identify stress coping mechanisms embedded in the Latino culture that can mitigate or exacerbate stress.
- Acknowledge cultural factors that may influence the understanding and view of stress. Cultural factors like fatalism can influence the understanding, explanation, and vision of stress, and COVID-19 (i.e., expressions as: "This is a punishment from God.").
- Explore if the client use dichos or sayings, proverbs, and metaphors to explain symptoms or to increase feelings of empowerment. For example:
 - *Una pena entre dos es menos atroz!* A trouble shared is a trouble halved.
 - *Más vale prevenir que remediar!* Better be safe than sorry.

- **Incorporate Evidence-Based Practices and Interventions Tailored for Latinos**
 - **Cognitive Behavioral Therapy for Insomnia** -provides ways to cope with nonspecific chronic psychosocial stress and recognizes sociocultural stressors, such as acculturation stress and ethnic discrimination (Alcantara et al., 2017).
 - **Interpersonal Psychotherapy** -could be adapted to use with Latino adolescents and adults presenting mild to moderate depression severity. It focuses on identifying interpersonal disputes with family members and friends, exploration of role transitions, provision of problem-solving skills to manage stressors, and identification of communication styles (Stuart & Roberson, 2012).
 - **Culturally Modified Trauma-Focused Cognitive Behavioral Therapy (CM-TFT)** -CM-TFT is a trauma-specific intervention used to treat Latino children and adolescents from 4 to 18 years old experiencing post-traumatic stress (Deblinger, Cohen, & Mannarino, 2012). This evidence-based practice is flexible and could be provided in Spanish or English. The adaptations (CM-TFT) include culture-specific topics throughout the therapy components like spirituality, gender roles, family, personalism, respect, among other cultural elements. The treatment could be delivered in multiple settings like home, schools, community sites like churches, in the office, and through telehealth.





RECOMMENDATIONS FOR AGENCIES AND MENTAL HEALTH PROVIDERS SERVING LATINOS

1. Take into consideration the vital influence of community health workers or promotoras in the education and outreach of the most vulnerable Latino communities during the pandemic. Community agencies can train promotoras to provide outreach services by disseminating educational materials and information about mental health conditions by videoconference, phone, mail, or in-person (APA, 2020).
2. Interventions that focus on increasing Latino immigrants' understanding of their rights and eligibility to use health care services are crucial. It also includes policy-level initiatives (for example, getting driver's licenses) are also needed to help undocumented people access and use these services (APA, 2020 & Rhodes et al., 2015).
3. Inform clients about the resources available in their communities, including legal services. Clients can call SAMHSA's free 24-hour Disaster Distress Helpline at 1-800-985-5990 if they need support, especially older adults that live alone.
4. If the client is unable to work during quarantine, they could (SAMHSA, 2020):
 - Provide their employer with a clear explanation of why they are away from work.
 - During this state emergency, U.S. employees are allowed up to 12 weeks of unpaid leave for serious medical conditions or care for a family member with a serious physical condition (SAMHSA, 2020). Individuals can contact the U.S. Department of Labor toll-free at 1-866-487-2365 about the Family and Medical Leave Act (FMLA).

CONCLUSION

The recognition of culture-related stressors is essential in providing mental health treatment for Hispanic and Latino populations during the pandemic. Clinicians need to address barriers, incorporate cultural values, and use culturally sensitive strategies in their interventions. Such practices will result in higher retention rates and improved treatment outcomes for Latinos with mental health disorders.

References:

- Abraído-Lanza, A., Echeverría, & Flórez, K. (2016). Latino immigrants, acculturation, and health: Promising new directions in research. *Annual Review Public Health*, 37, 219-236. doi: 10.1146/annurev-publhealth032315-021545.
- 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 work group population report*.
https://health.ucdavis.edu/crhd/pdfs/resources/Community_Defined_Solutions_f_Latino_Mental_Health_Care_Disparities.pdf
- Alcantara, C., Patel, S., Carnethon, M., Castañeda, S., Isasi, C., ... & Gallo, L. (2017). Stress and sleep: Results from the Hispanic Community Health Study/Study of Latinos Sociocultural Ancillary Study. *SSM Health Population Health*, 3, 713-721. doi: 10.1016/j.ssmph.2017.08.004
- American Psychiatric Association. (2017). *Mental health disparities: Hispanics and Latino*. www.psychiatry.org
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. American Psychiatric Association.
- American Psychological Association, (2020, May 18). *How psychologists are helping America cope with the new normal*. <https://www.apa.org/topics/covid-19/helping-america>
- Bauer, A., Chen, C., & Alegria, M. (2010). English language proficiency and mental health service use among Latino and Asian Americans with mental disorders. *Med Care*, 48(12), 1097-1104. doi: 10.1097/MLR.0b013e3181f80749
- Berry, J. W. (2006). Acculturation: A conceptual overview. In M. H. Bornstein & L. R. Cote (Eds.), *Acculturation and parent-child relationships: Measurement and development* (p.13–30). Lawrence Erlbaum Associates Publishers.

Cabassa, L., Zayas, L., & Hansen, M. (2006). Latino adults' access to mental health care: A review of epidemiological studies. *Administration and Policy in Mental Health, 33*(3), 316-330. doi: 10.1007/s10488-006-0040-8

Centers for Disease Control and Prevention. (2020, April 22). *Cases of coronavirus disease (COVID-19) in the U.S.* https://www.cdc.gov/coronavirus/2019ncov/cases-updates/cases_in-us.html

Centers for Disease Control and Prevention. (2020, March 24). *Health disparities in HIV/AIDS, viral hepatitis, 'STD's and T.B.* <https://www.cdc.gov/nchhstp/healthdisparities/hispanics.html>

Center for the Study of Traumatic Stress. (2020). *Mental Health and Behavioral Guidelines for Preparedness and Response to other Emerging Infectious Outbreaks*, [Factsheet]. https://www.cstsonline.org/assets/media/documents/CSTS_FS_Mental_Health_Behavioral_Guidelines_Response_to_Coronavirus_Outbreaks.pdf

Cervantes, R., Fisher, D., Cordoba, D., & Napper, L. (2012). The Hispanic Stress Inventory Adolescent Version: A Culturally Informed Psychosocial Assessment. *Psychological Assessment, 24*(1), 187-196. doi: 10.1037/a0025280

Child Trends. (2020, March 19). *Resources for supporting children's emotional well-being during the COVID-19 pandemic.* <https://www.childtrends.org/publications/resources-for-supportingchildrenemotional-well-being-during-the-covid-19-pandemic>

Deblinger, E., Cohen, J., & Mannarino, A. (2012). *Child and parent Trauma Focused Cognitive Behavioral Therapy treatment manual*. Pittsburgh, PA: Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents.

Falicov, C. (2014). *Latino families in treatment (2nd Ed.)*, The Guilford Press.

Ford, J. (2017, September 28). Introduction to the Trauma Affect Regulation TARGET Model. Parent-Child Interaction Therapy 2017 Summit. https://pcit.ucdavis.edu/wp-content/uploads/2012/08/1_PCIT-2017-Summit-Keynote-A-Developmental-Trauma-Approach...Resilience.pdf

Hinton, D., & Lewis-Fernandez, R., (2010). Idioms of distress among trauma survivors: Subtypes and clinical utility. *Culture, Medicine and Psychiatry, Vol. 34*, 209-218. doi: 10.1007/s11013-010-9175-x

Immigration and Customs Enforcement. (2020, April). *ICE Guidance on COVID 19*. U.S. Immigration and Customs Enforcement. <https://www.ice.gov/coronavirus>

Jackson, J., Knight, K., & Rafferty, J. (2010). Race and unhealthy behaviors: chronic stress, the HPA axis, and physical and mental health disparities over the life course. *American Journal of Public Health, 100*(5), 933-939. doi: 10.2105/AJPH.2008.143446

Lewis-Fernandez, R., Krishans, N., Hinton, L., Hinton, D., & Kirmayer, L., (2016). *DSM-5 Handbook on the Cultural Formulation Interview*. American Psychiatric Publishing.

Lopez, M. H., Gonzalez-Barrera, A., & Krogstad, J. M. (2018). *Latinos and discrimination*. Pew Research Center. <https://www.pewhispanic.org/2018/10/25/latinos-and-discrimination/>

Meadows Mental Health Policy Institute. (2020, April 28). *Projected COVID-19 MHSUD impacts, Vol. 1: Effects of COVID-induced economic recession (COVID Recession)*. <https://www.texasstateofmind.org/uploads/whitepapers/COVIDMHSUDImpacts.pdf>

National Center for PTSD. (2020, March). *Treating PTSD during the COVID-19 virus outbreak*. (Webinar).

National Institute of Mental Health. (2020). *5 things you should know about stress*.
<https://www.nimh.nih.gov/health/publications/stress/index.shtml>

Office of Minority Health (2019, September 25). *Mental and behavioral health-Hispanics*. U.S. Department of Health and Human Services Office of Minority Health. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=69>

Office of Minority Health. (2019). *Profile: Hispanic/Latino Americans*. U.S. Department of Health and Human Services Office of Minority Health. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64>

Pew Research Center. (2020, July 22). *Before COVID-19, many Latinos worried about their place in America and had experienced discrimination*.
<https://www.pewresearch.org/fact-tank/2020/07/22/before-covid-19-many-latinos-worried-about-their-place-in-america-and-had-experienced-discrimination/>

Pew Research Center U.S. Politics & Policy. (2020, April 14). *Health concerns from COVID-19 much higher among Hispanics and Blacks than Whites*.
<https://www.people-press.org/2020/04/14/health-concerns-from-covid-19-much-higheramong-hispanics-and-blacks-than-whites/>

Pew Research Center U.S. Politics & Policy. (2020, April 3). *U.S. Latinos among hardest hit by paycuts, job losses due to coronavirus*.
<https://www.pewresearch.org/facttank/2020/04/03/u-s-latinosamong-hardest-hit-bypay-cuts-job-losses-due-to-coronavirus/>

Psychiatry Online. (n.d.). *Glossary of cultural concepts of distress*. DSM Library.
<https://doi.org/10.1176/appi.books.9780890425596.GlossaryofCulturalCoceptsofDistress>

Pulla, V. (2017). Strengths-Based Approach in Social Work: A distinct ethical advantage. *International Journal of Innovation, Creativity and Change*, 3(2), 97-114. https://www.researchgate.net/publication/320411435_Strengths-Based_Approach_in_Social_Work_A_distinct_ethical_advantage

Rhodes, S., Mann, L., Siman, F., Song, E., Alonzo, J., Downs, M., ... & Hall, M. (2015). The impact of local immigration enforcement policies on the health of immigrant Hispanics/Latinos in the United States. *American Journal of Public Health*, 105(2), 329-337. doi: 10.2105/AJPH.2014.302218

Rothstein, M., & Coughlin, C. (2019). Ensuring compliance with quarantine by undocumented immigrants and other vulnerable groups: Public health versus politics. *American Journal of Public Health* 109(9), 1179-1183. doi: 10.2105/AJPH.2019.305201

Saddock, B., Sadock, & Ruiz, P. (2017). *Comprehensive textbook of psychiatry*, (Vol. 2, 10th ed.). Wolters Kluwer.

Stuart, S., & Robertsons, M. (2012). *Interpersonal Psychotherapy: A clinician's guide* (2nd Ed.). Taylor and Francis Group.

Substance Abuse and Mental Health Services Administration. (2020). *Taking care of your behavioral health: Tips for social distancing, quarantine, and isolation during an infectious disease outbreak.*

<https://www.samhsa.gov/sites/default/files/tips-socialdistancingquarantine-isolation-031620.pdf>

Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence. Treatment improvement protocol (TIP) Series No. 59.* Rockville, MD: Substance Abuse and Mental Health Services Administration.

<https://www.ncbi.nlm.nih.gov/books/NBK248423/>

- The San Diego Union-Tribune. (2020, April 9). *Gobierno de Estados Unidos ha deportado a 10 mil inmigrantes en medio de pandemia*.
<https://www.sandiegouniontribune.com/enespanol/primeraplana/articulo/2020-04-09/gobierno-de-estados-unidos-ha-deportado-a-10-mil-inmigrantes-en-medio-de-pandemia>
- The Washington Post. (2020, May 26). *Crowded housing and essential jobs: Why so many Latinos are getting coronavirus*.
https://www.washingtonpost.com/local/latinoscoronavirus/2020/05/25/6b5c882a-946e-11ea-82b4-c8db161ff6e5_story.html
- Torres, L. R., Kyriakakis, S., & Zayas, L. H. (2010). Culturally competent assessment of Latinos. In R. Furman & N. Negi (Eds.), *Social Work Practice with Latinos*. Lyceum Books.
- USC Leonard Schaeffer Center for Health Policy & Economics. (2020, March 23). *Discrimination against Asian, Black Americans more likely amid coronavirus pandemic*. <https://healthpolicy.usc.edu/evidence-base/discrimination-against-asian-black-americans-more-likely-amid-coronavirus-pandemic/>
- Velasco-Mondragon, E., Jimenez, A., Palladino-Davis, A., Davis, D., & Escamilla Cejudo, J. (2016). Hispanic health in the USA: A scoping review of the literature. *Public Health Reviews*, 37(31). doi: 10.1186/s40985-016-0043-2
- Ward, J. B., Feinstein, L., Vines, A. I., Robinson, W. R., Haan, M. N., & Aiello, A. E. (2019). Perceived discrimination and depressive symptoms among U.S. Latinos: the modifying role of educational attainment. *Ethnicity and Health*, 24(3), 271-86. doi:10.1080/13557858.2017.1315378.



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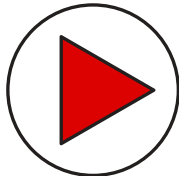
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