Centering Cultural & Linguistic Equity in Behavioral Health:

A Guide to Increasing Hispanic and Latino Representation in Community-Based Prevention

New England (HHS Region 1)
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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SAMHSA
Substance Abuse and Mental Health Services Administration

New England PTTC

Acknowledgement

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About the author

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Christina is the co-founder and Assistant Director of Centro de Ayuda y Esperanza Latina (CAEL), a Massachusetts-based nonprofit serving the needs of Hispanic and Latino communities in Southeastern Massachusetts, Florida, Puerto Rico, and the Dominican Republic. CAEL was recognized as a winner of the 2023 Behavioral Health Equity Challenge held by SAMHSA. Christina is also the Co-Director of Blooming Consulting Agency, a consulting company that offers culturally and linguistically appropriate training, technical assistance, services, and resource development to organizations looking to increase their impact with Hispanic and Latino communities. Christina believes in the importance of building resilient and thriving communities that can see and move beyond the systems that have oppressed them. Christina lives in Southeastern Massachusetts where she spends as much time as possible with her family, and often travels to the Dominican Republic to work on trauma-informed community development projects that are very close to her heart.

Language Matters

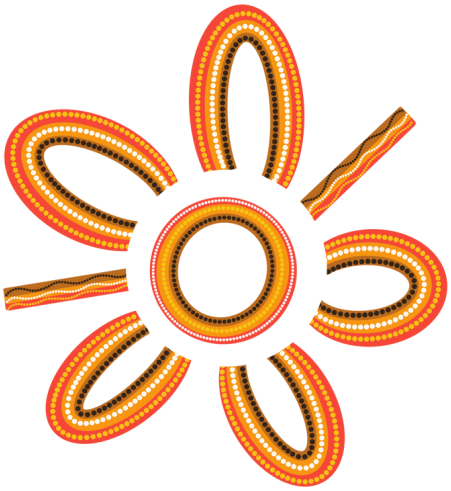
Words have power

Please note that this guide uses specific terms as it relates to Hispanic and Latino communities. While many people have self-identified using a variety of terms, including Hispanic, Latino, Latine, Latinx, Chicano, etc., this guide will use the term "Hispanic and Latino communities." As people from Hispanic and Latino communities do not look one particular way, we invite others to also support members of their community to self-identify in the way that best fits them on a personal level.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

Land Acknowledgement

The New England PTTC acknowledges that we are all on the traditional lands of native people. In Augusta, Maine, the PTTC works from the ancestral lands of the Abenaki People, part of the Wabanaki Confederacy. We have a responsibility to acknowledge our Indigenous connections and the histories of Indigenous land dispossession. We encourage you to learn more about the stewards of the land you live and work on by working with your native neighbors, and by visiting https://native-land.ca/



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Overview

This is a guide for behavioral health leaders and organizations looking to diversify their staff and/or programs by increasing Hispanic and Latino representation in community-based prevention. For some communities, this may mean increasing Hispanic and Latino hiring, while for others this may mean increasing the reach of current programming to include Hispanic and Latino populations.

This guide is **not** a one-size-fits-all approach to increase Hispanic and Latino representation in behavioral health. Communities should be engaged in authentic ways that prioritize their voices in identifying ways to ensure all communities are represented in the behavioral health workforce.

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Introduction

Behavioral health issues like trauma, mental health, and substance misuse wreak havoc on our communities every day. For some of us, these issues begin from a very early age and continue to impact our growth and development, potentially affecting the generations to come. For others, the impacts of these issues are less obvious, but on some level, are still there. These issues don't discriminate. They cross racial, ethnic, social, geographic, and economic lines, putting all of us at some level of risk.

Goal

To build a more impactful and representative behavioral health workforce and increase the availability of bicultural and bilingual behavioral health services in diverse communities.

Introduction

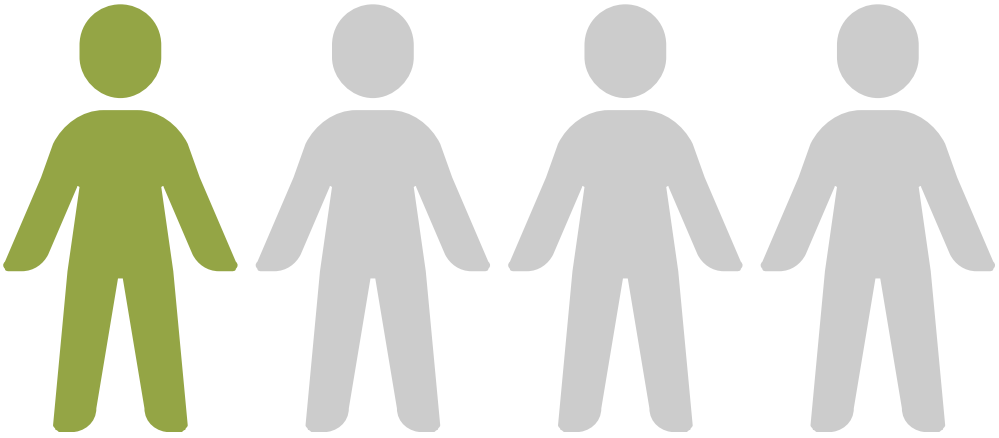
Unfortunately, the prevalence and impact of these issues impact some groups more than others. Hispanic and Latino communities are one subpopulation particularly vulnerable to the impacts of trauma, mental health, and substance misuse issues. One factor that puts them at a greater risk is the lack of Hispanic and Latino representation in the current behavioral health workforce.

The Hispanic and Latino community has unique risk factors and barriers to care that many other communities do not experience. Pre- and post-immigration trauma, acculturation stress, increased levels of poverty and community trauma, immigration-related discrimination and fear, and language barriers all put the Hispanic and Latino community at a higher risk for maladaptive coping and behavioral health issues. Cultural stigma around these issues and the professionals that address them only add to the barriers that already exist.

The State of the Behavioral Health Workforce

Following the COVID-19 pandemic, the United States has been experiencing a behavioral health crisis, characterized by high levels of trauma, mental illness, and substance misuse and a critical behavioral health workforce shortage.[1]

In 2023, **59 million adults** reported having a mental illness (close to 1 in 4 adults). However, **only half** of these individuals received treatment services [2]



- **This data does not include those that are symptomatic and do not seek treatment**
- **This data does not include those individuals struggling with a substance use disorder**

The State of the Behavioral Health Workforce

Currently, **only four US states** have the workforce capacity to meet **more than half** of the behavioral health need in their geographic location. [2]

These states are:

- Utah
- New York
- New Hampshire
- Rhode Island

The State of the Behavioral Health Workforce

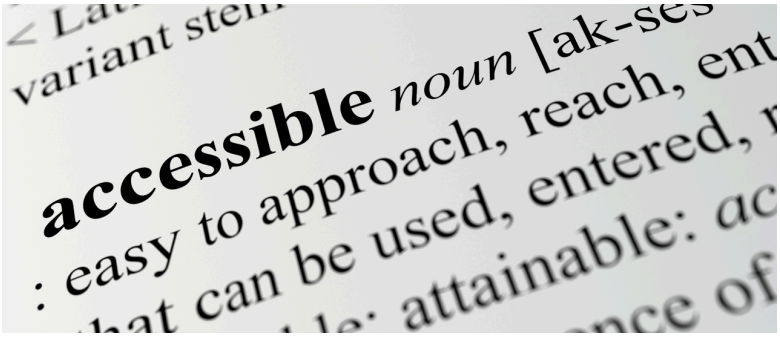
Barriers to Access

There are currently supply issues within the behavioral health system within the United States. Some of these issues include:[2]

- Availability of highly qualified providers for new patients
  - **6 out of 10** psychologists **do not** accept new patients

- Long wait times for behavioral health services
  - Average wait time for behavioral health services in the United States is **48 days**

- As of 2021, there was an average of **1 behavioral health clinician per 338 residents**
  - This number is **not** evenly distributed across the United States



The State of the Behavioral Health Workforce

Barriers to Access

Beyond these supply issues, there are also patient-level and provider-level issues reducing access to behavioral health services, especially among the most vulnerable communities.

Patient-level barriers include: [1]

Stigma: Negative or discriminatory attitudes that others may have about mental illness. Stigma may be more impactful in some cultures.

Mistrust: There are many factors that cause mistrust between individuals and mental health professionals, including the perception that healing is not possible, discrimination between patients and professionals, and limited power in treatment decision making processes.

The State of the Behavioral Health Workforce

Barriers to Access

Inability to pay: Not all individuals have equitable access to resources to pay for treatment services. Some cannot get coverage at all due to immigration status, even with Medicaid expansion. Some cannot afford time off, copays, or transportation to appointments.

Provider-level barriers include:[1]

Limited scopes of practice: The skills and certifications held by professionals may limit the services they can offer. This is especially true for individuals struggling with cases of complex trauma, who may need exposure therapy, EMDR, or other specialized treatments.

The State of the Behavioral Health Workforce

Barriers to Access

Clinician burnout: Heavy caseloads and the potential for re-traumatization can lead to burnout or compassion fatigue. This may ultimately cause many people to leave the mental health workforce all together.

Reimbursement challenges: Reimbursement rates and what is or is not reimbursable by insurance can also be a barrier for providers. This is especially true for peer support services and team-based care.

Limited representation: For some patients, workforce representation is a significant barrier to care. This is especially true for those with cultural and linguistic needs, immigration trauma, acculturation stress, etc.

The State of the Behavioral Health Workforce

Who is most greatly impacted? [2]

The states and territories with the lowest access to behavioral health services also have larger Hispanic and Latino, Black and African-American, Asian, and Indigenous populations.

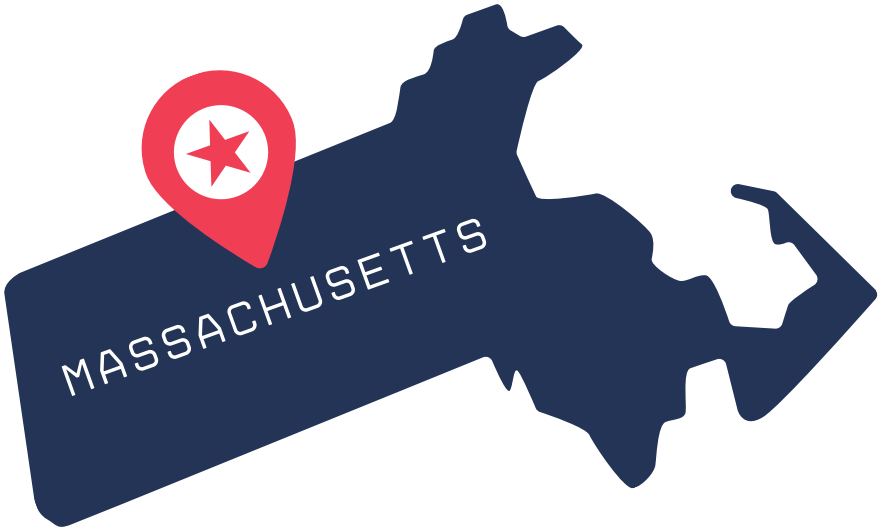
The State of the Behavioral Health Workforce

How does Massachusetts measure up?

*Massachusetts currently has enough clinicians to meet **35.3%** of the behavioral health needs in the state.*[2]

*There is **no data publicly available** on the racial/ethnic profile of behavioral health professionals working in Massachusetts.*

Anecdotal data suggests that there is a significant barrier to behavioral health services among Hispanic and Latino clients due to insurance, cultural, and linguistic barriers.[3]



The Impact of Culture on Behavioral Health Workforce Development

Why focus on increasing representation of Hispanic and Latino professionals?

- The **only group** represented in the three largest subpopulations in all of the states meeting less than 15% of behavioral health needs [2]

- The **largest subpopulation** (after White individuals) across the US and the fastest growing subpopulation due to immigration from Latin America [4]

- **Unique and significant** risk factors and barriers to behavioral health care
  - Toxic stress due to acculturation and immigration-related trauma
  - Language barriers and discrimination based on language, country of origin, or immigration status
  - Fear of deportation leading to mistrust in traditional systems
  - Lack of quality information and services available in Spanish
    - Translation does not equal cultural appropriateness

The Impact of Culture on Behavioral Health Workforce Development (cont'd)

How common are behavioral health issues within the Hispanic and Latino community? [5]

- In 2020, 18.4% of Hispanic/Latino adults (7.7 million people) reported having a mental illness. Of those with a mental illness, 24.4% (1.9 million people) had a severe mental illness.
- Hispanic/Latino individuals are more likely to meet criteria for major depression than non-Hispanic White individuals
- In 2020, 13.5% of Hispanic/Latino adults (5.7 million people) had a substance use disorder

The Impact of Culture on Behavioral Health Workforce Development (cont'd)

What are the beliefs held around behavioral health within the Hispanic and Latino community?

Not all cultural beliefs are directly related to behavioral health, but are more specific to the functioning of individuals and families in this community. These concepts include: [6]

- *Machismo*
- *Caballerismo*
- *Marianismo*
- *Familismo*
- *Traditional moral values*

Machismo is the concept in Hispanic and Latino culture that defines the male gender role, most often characterized by male dominance, sexism, and emotional restrictiveness. These traditional characteristics have been associated with anxiety, interpersonal hostility, and a cynical mistrust of others.

Caballerismo is the idea that men must be characterized by honor and bravery. Men that carry this belief are more likely to experience anger when provoked.

The Impact of Culture on Behavioral Health Workforce Development (cont'd)

Marianismo is the cultural idea that women must serve as the main source of strength for her family and that she be responsible for the family's well-being and spiritual growth. This cultural value may contribute to psychological burden in Hispanics/Latinos. Marianismo also includes the expectations that women respect men's opinion regardless of a woman's personal opinion and silence themself, if necessary, to maintain harmony by not expressing needs and being forgiving in all aspects. Both of these elements of marianismo were found to be associated with a greater tendency to have a negative view of others, such as cynicism and mistrust.

Familismo is the idea that the needs of the family should be prioritized beyond the needs of any one individual. This dedication, commitment, and loyalty to family often leads to a belief that one should not "bring shame" to the family by discussing personal family matters, like behavioral health issues, with others.

Traditional moral values, like beliefs around sexual purity and high moral standards, are often considered extremely important by Hispanic/Latino families. ndividuals with non-traditional views on these issues may experience increased

The Impact of Culture on Behavioral Health Workforce Development (cont'd)

negative cognitive-emotional factors because their beliefs are not congruent with traditional society in terms of sexual morality. In extreme cases, this may lead to social isolation, which is a risk factor for both substance use and mental health issues.

Cultural Stigma: Stigma in the Hispanic/Latino community may mean: associating mental illness with a weak character, believing that individuals with mental health issues are "volviendose loca/o" (going crazy) or are dangerous to be around, and believing that behavioral health issues are the result of witchcraft, demonic influence, and/or a lack of faith in God.

Latino men who are thought to be experiencing depression experience higher levels of stigma than Latina women thought to be experiencing depression. This is due to the cultural ideas held around what it means to be a man in Hispanic/Latino society. One study found that Hispanic/Latino men are more likely to hold personal stigma than women. Those that were older, had less education, and were religious also were more likely to hold personal stigma.

The Impact of Culture on Behavioral Health Workforce Development (cont'd)

Mistrust

There are several cultural elements (machismo, marianismo, familismo) that lead to a general mistrust in the Hispanic/Latino community. Most of these elements point to the potential for family shame or a perception of weakness.

However, part of this mistrust may be due to:

- Lack of awareness of where to go for help due to limited awareness or relationships
- Lack of representative providers in the area
- False beliefs around the efficacy of treatment
- History of unsuccessful treatment
- Perceived discrimination by providers
- Concerns around unfair treatment
- Fears around involuntary hospitalization

As a result, there is often a preference among Hispanic/Latino individuals to receive mental health support from faith leaders rather than through traditional systems of care.

The Impact of Culture on Behavioral Health Workforce Development (cont'd)

How might these beliefs influence representation in community-based prevention and the behavioral health workforce?

Stigma may cause Hispanic and Latino individuals to believe that people with behavioral health problems are in that condition due to moral failings, spiritual battles, or personal weakness. As a result, they may not see any value in entering this field.

Cultural values and lack of Spanish-language information may also lead to the normalization of behavioral health issues, including substance misuse and mental health concerns. This normalization may also be the result of poor Hispanic and Latino community outreach efforts among community-based prevention and intervention programs. Normalization and no knowledge of local efforts likely further reinforces the idea that this field of work is not necessary and/or not helpful.

Strategies to increase Hispanic/Latino representation in community-based prevention

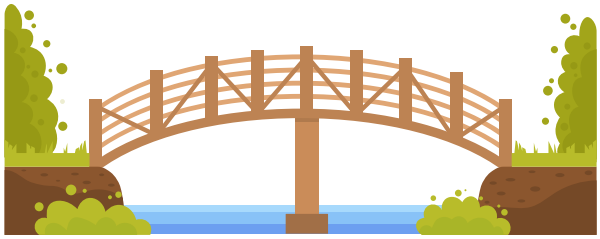
How can organizations begin to shift this perspective on behavioral health?

- Targeted bilingual community education on the impacts of behavioral health on the Hispanic and Latino community
- Ensuring that community leaders, especially faith leaders, are engaged in community-based prevention and intervention efforts
- Partnership building between organizations and community leaders for the purpose of increasing community trust
- Work with community partners to design and implement social marketing campaigns to reduce stigma in culturally-appropriate ways

Building a bridge

From community involvement to the behavioral health workforce

How can organizations build a bridge from community involvement to workforce development?



Provide high quality and culturally and linguistically appropriate capacity building opportunities, including:

- internal and external training opportunities
- organizational volunteer opportunities
- paid internship and fellowship opportunities

Work with Hispanic and Latino individuals to identify barriers to education and employment, develop personal career goals, and create a plan to reach those goals and enter the local behavioral health workforce.

Many individuals need some assistance in developing these plans and get on the path to career development, especially those with lived experienced.

Resources

Organizations that regularly offer trainings on Hispanic/Latino behavioral health:

- SAMHSA
- National Latino Behavioral Health Association
- Hispanic and Latino Behavioral Health Center of Excellence

Organizations that regularly offer behavioral health-related technical assistance:

- Prevention Technology Transfer Centers
- Behavioral Health Centers of Excellence
- Opioid Response Network

Many of these organizations have identified workforce development as a focus area, but few are offering program development at the community level. Centro de Ayuda y Esperanza Latina, Inc. is one organization that is offering this type of programming. If you are interested in technical assistance, please reach out to info@cael-nb.org.

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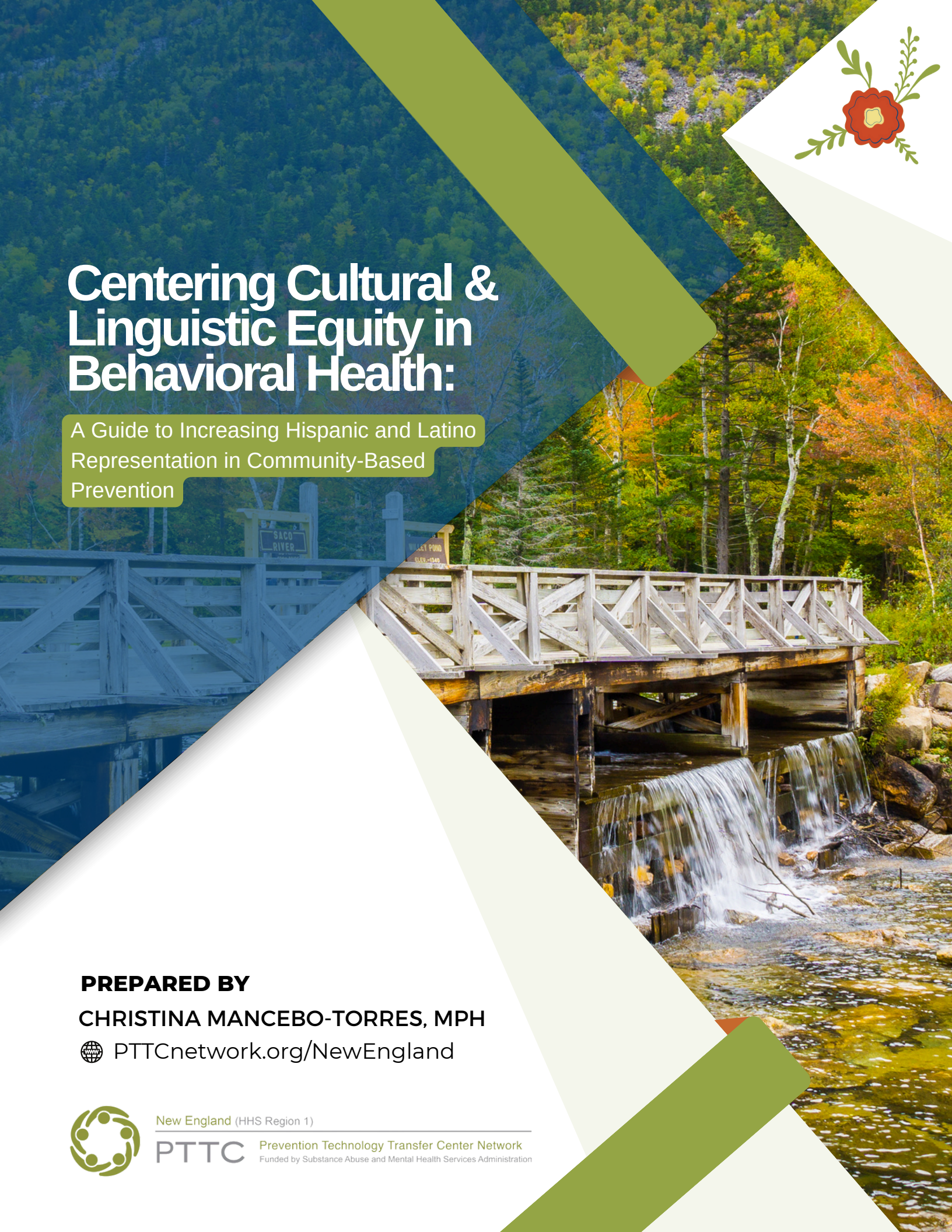

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