



WELL TOGETHER: EXPLORING MENTAL HEALTH DISPARITIES AND SOLUTIONS IDENTIFIED BY THE COMMUNITIES AFFECTED

LATINX COMMUNITY LISTENING SESSION SUMMARY



SESSION SUMMARY

THE OPPORTUNITY

Despite having similar vulnerability to mental illness as other communities, Latinx community members often experience disparities in access and quality of mental health services and support, which increases risk for developing mental health needs or worsening of existing needs.^{1,2} Mental health stigma also may create a barrier to accessing services, which can be further complicated if those services are not culturally and linguistically appropriate.³ To explore these disparities and more, the Mental Health Services Oversight and Accountability Commission (MHSOAC) partnered with a Latinx cultural broker experienced in outreach with this community to hold a **virtual listening session** in October 2020. The session was conducted in both English and Spanish.

Listening session participants offered several opportunities to promote wellness and expand mental health services in the Latinx community. Recommendations included being able to access mental health services and resources from local community-based settings, such as religious and resource centers. Participants also endorsed addressing the “digital divide” by increasing accessibility to the internet for online education and mental health support. In addition, community members suggested more bilingual resources and peer opportunities to advance mental health literacy, such as through family-to-family interactions.



SESSION SUMMARY

Community and Culture

Session participations identified several risk factors to community wellness. Many brought up the widespread stigma associated with mental health. People fear being labeled as “crazy” and having to live with that moniker their entire lives. Thoughts of “Qué dirán,” or “what will they say” often prevent community members from seeking help. For some, multiple stigmas exacerbate these feelings, such as those who are members of the LGBTQ+ community or other populations facing discrimination. One community member asserted the importance of peer-to-peer or family-to-family resources to help normalize mental health and share solutions.

Another participant brought up community labels, such as those for misbehaving children, and how they can stick with the child as they grow older. These feelings of shame and disgrace, or what one community member described as “miedo de la sombra o desgracia,” can lead to less help-seeking behaviors and alienation from the family unit that is so highly valued.

Participants discussed unity as a major strength of the Latinx community and culture. They also stated that wellness requires full community participation and is not the responsibility of a single individual or family alone. They described a major opportunity for providers to meet the community where they are by integrating mental health resources, education, and services into places where the community frequently gathers. One participant pointed out that schools serve as an extension of the family and can act as a hub for mental health resources and information. Other places of opportunity involve faith centers, senior centers, and other family oriented safe spaces.

One listening session participant – a community leader and mother of a child with mental health challenges – agreed that a focus on the family was important, but that a commonly overlooked strength was specifically with fathers. She expressed that mothers are often the primary help-seekers and offered up the idea of radio-based outreach, explaining that radios tend to be the medium for information-sharing most frequently used by men working manual-labor jobs. Another participant identified social-emotional learning, which emphasizes school-family-community partnerships to support healthy whole-person development, as an approach that supports wellness.⁶ However, to ensure full participation in these opportunities, programs and services focusing on parents should be mindful of childcare needs.



Access to Services

Increased access to physical, mental, and educational resources and services was discussed. Some participants stated that immigrants, both documented and undocumented, frequently lack access to services due to location, language barriers, or fear of deportation and separation from their families. The COVID-19 pandemic has only intensified these challenges, as one participant notes many Latinx members hold frontline jobs that increase the risk of exposure to the virus.⁷ Participants from rural and agricultural communities feel this impact more severely. The pandemic disproportionately impacts the Latinx community, increasing service gaps and creating barriers that lead to people not seeking services when such services are needed.

Participants identified opportunities to increase health equity and equity in other areas. With the increase of distance learning, participants discussed the “digital divide” and lack of technical resources that low-income families may experience. One possible solution offered was access to school-provided technology statewide, such as the opportunity to check out laptops or other necessary devices. Extra-curricular opportunities would also benefit the youth of the community, as one participant describes them being “bored” and needing things to do that serve as alternatives for drugs and alcohol.

Culturally and Linguistically Appropriate Approaches

Many participants highlighted a need for culturally appropriate mental health literacy opportunities. They expressed a desire for more educational programs, both in English and Spanish, that demystify mental health and identify mental health challenges early on. During the listening session, one mother shared her experience with her son, recalling his challenges in high school with smoking, drinking, and depression. Only through her own individual research was she able to teach herself the signs of depression, which led her to bring him to a psychiatrist for medication. “[The medication] helped, but the bigger help was my own understanding of what was happening to my son.” She emphasized that had she known the signs sooner, she would not have had to spend so many years frustrated.

In response to the need for additional access to educational programs, one participant suggested use of community-vested providers and bilingual peer navigators, not only on a case-by-case basis, but also to be present at community events and decision-making meetings. Additionally, participants identified opportunities such as scholarships and incentives to build a competent workforce that reflects the community to which they are delivering services and support.

CONCLUSION AND CONSIDERATIONS

Latinx listening session participants described factors supporting wellness in their community, such as having a strong work ethic and determination. It was also stressed that a strong social connection to other members of the community could serve as a mechanism to increase information sharing and mental health literacy. However, these participants also highlighted the need for culturally and linguistically appropriate mental health services and support to maintain wellness and prevent mental health needs from manifesting or worsening as early as possible.

This session is one of several sessions organized with cultural brokers from African American, Asian American, and Pacific Islander, Latinx, LGBTQ+, and Native American communities to support the Commission's project exploring opportunities in prevention and early intervention in mental health.⁹ A summary of each discussion, including this document, will be disseminated, along with other material to support the project and its conclusions.

REFERENCES

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7. Visit www.mhsoac.ca.gov for more information.