

**Addressing Barriers to Mental Health Services  
for Latinos in San Diego County**



**July 11, 2007  
Breaking Down Barriers Program**

**Mental Health America of San Diego County  
[www.mhasd.org](http://www.mhasd.org)**

# **Addressing Barriers to Mental Health Services for Latinos in San Diego County: Barriers and Recommendations for Improvements**

## ***Background and Process:***

On July 11, 2007, the advisory group for the Breaking Down Barriers program met to discuss barriers to mental health services for Latinos<sup>1</sup> in San Diego County. Although Latinos are a large population in San Diego County, and are traditionally underserved by mental health programs, there is not currently a comprehensive plan in place at the county level that aims to increase both outreach and services in culturally and linguistically appropriate ways.

This report, with its clear short-and long-term recommendations, can be a reference point for filling that gap. The report is the result of a half-day meeting with the Breaking Down Barriers Advisory Group – a group comprised of mental health service providers for Latinos from various backgrounds, Latino service recipients, family members and other Latino behavioral health specialists. The report and recommendations focus on County services, funding and interaction with community entities. Certain issues also require community based work toward an improved network of support for all Latinos with mental and behavioral health challenges.

The group worked with the following purpose in mind:

- 1) To organize the group’s wisdom about barriers to optimal mental health services for Latinos in the San Diego region – barriers both within and outside of the community.
- 2) To prepare a concise set of short term and long term recommendations for the county to help them understand barriers and to help them see clearly what actions could be taken to improve mental health support systems for Latinos.
- 3) To ensure that the recommendations focus on solutions, rather than problems alone and to ensure that the scope of recommendations is thorough and relevant to the needs of children, adults and older adults, as well as low income populations and various Latino immigrant populations.
- 4) To recommit our skills and passions, as a diverse collaborative group, as we work toward improving the quality of people’s lives and the quality of community life.

This document is informed by two types of input. During a three hour meeting, participants provided the majority of the strategies and recommendations contained here. The facilitator, Kimberly Dark of Current Change Consulting, assembled the recommendations into a report format and then solicited further editing and input from the whole Advisory Group. These efforts yielded the current, revised set of recommendations. Appendix A provides a roster of participants at the July 11 meeting and a full roster of the Advisory Group that helped to edit the report and recommendations.

The information provided in this document is informed by some basic assumptions about mental health service provision that each member of the Advisory Group shares. These are:

- Counseling services help to improve mental health

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<sup>1</sup> The word “Latino” is used throughout this document to describe people of all Latin American and Latin-Caribbean origins and nationalities – including those born or living within the United States.

- Latinos need access to culturally appropriate services from bilingual and bicultural mental health professionals. The number of these professionals needs to increase in San Diego County.
- Being bilingual and bicultural is a specialty. These qualities are needed, and in demand and should be compensated at a higher rate of pay in order to ensure that they are available.
- The loss of life or quality of life are not merely personal issues. They affect community and society, regardless of an individual's immigration status.

### ***Barriers to Mental Health Services in San Diego County***

The following list of barriers to mental health services for Latino people in San Diego County is not comprehensive. These categories and comments provide a reference point for understanding why Latino people are not adequately served by mental health services. While some of these barriers could apply to other populations, the focus here is on Latino people of any background or nationality, who reside in San Diego County

#### **Language**

Language barriers present a major challenge for Spanish-speaking Latinos – particularly those who do not speak English. Interpretation services are not adequate in a mental health setting – service providers must be bilingual, and preferably bicultural, in order to successfully meet the needs of Latinos in this region. When an individual phones for services, for example, the wait is often too long before a Spanish speaker is available, taking into account the courage that many summon in order to make the call. Improvements have been made in this area, with Crisis/Access line, for example, now having prompts in Spanish. It's important for an individual to be comfortably speaking with a provider quickly – especially given issues of trust, which will be discussed later. Further, the ability to be placed with a Spanish-speaking counselor is also vital to an individual's success.

#### **Realities of Daily Life: Cost and Scheduling**

Many Latino people in San Diego County are also low wage earners. The cost of some services, even when subsidized, is too high for over-stretched budgets. The severity of difficulty needed to qualify for free services as “medical necessity” is too great. Similarly, timing and location of services must take into account the challenges of accessing services on a low income. Services must be available during non workday hours (before 8, after 5 or on weekends) and location of services must accommodate individual's needs for transportation. Treatment locations should be on bus and trolley lines and ideally, provide for those transportation costs. Finally, individuals with childcare responsibilities must be able to bring children with them to treatment, if necessary, confident that children will be well-cared for while they are in treatment.

#### **Outreach and Sensitivity to Specific Populations**

Latinos who access mental health services are dealing with a double stigma. First, they are non-white, perhaps non-English speaking and some are even not U. S. citizens. And secondly, they are seeking assistance to improve their mental health. Onto this basic shared circumstance cultural barriers are added. Gender sensitivity is important. Latino men will often avoid mental health services unless a particular space is made for them. Individuals engaged in the U.S. immigration process will also avoid services if they believe that their desire to remain in the U.S. is in jeopardy. Similarly, it must be acknowledged that Latino people are not a homogenous group. Cultures differ and families differ.

Services must be appropriate and welcoming to gay, lesbian, bisexual and transgender people and their loved ones, as well as embracing a variety of lifestyles – from a culturally and linguistically appropriate perspective.

### **Fear and Lack of Information**

There are many fears associated with accessing mental health services. Some of these fears are fueled by how mental health is discussed in Latino communities as well as in the broader North American culture. Individuals need to understand mental health as human help – a form of assistance with a human, rather than institutional face. Barriers result from a lack of basic information as well. Some don't know the difference between inpatient and outpatient care, for example. Some individuals simply don't know what services are available to them and where to go. Finally, a lack of information flow among providers themselves can be a barrier to care. When providers don't know how to make solid referrals or where to find resources, individual and community care suffers.

### **Mistrust of County Services**

Whether justified in every instance or not, it must be acknowledged that fear limits an individual's abilities to successfully connect with mental health services. Individuals who are not legally in the United States fear deportation. Though they may be vital, contributing members of their community, they do not seek assistance because of fear. This fear – and the realities of knowing people who have been deported – can impact whole families and communities, even those who are U.S. citizens. The social security number is the gateway for most services. While this is not likely to change soon, it should be acknowledged that giving this type of “personal” information can be a barrier to care. For example, during an intake procedure, if an individual is required to give information and then be called later by a Spanish speaker, this process can be frightening and cause the individual to go back into isolation. County services have a poor community image. This needs to be acknowledged and worked with in honest ways that acknowledge the different life experiences of Latino people in the U.S. Positive PR alone is not the solution.

### ***Recommendations for Improvements***

The following recommendations focus on three broad areas of importance:

1. Drawing Latinos into Mental and Behavioral Health Careers
2. Increasing and Improving Services for Latinos
3. Providing Outreach and Education to Latinos

These recommendations take into account that there is a gap between current circumstances and optimal mental health services for Latinos. Steps can be taken, however, to move toward those optimal circumstances, while keeping the bigger picture in mind. Each of these recommendations identifies a broad theme for improving mental health services for Latinos, followed by specific short term and long term activities to address that issue.

It is very important that outreach and services increase simultaneously. It does little good to provide outreach that increases the demand for services without appropriate services available. Similarly, increasing services without breaking down the barriers to accessing those services would be problematic and potentially waste resources. Wherever possible, these recommendations build on best practices

already in use in San Diego County. The county, in concert with community agencies and health providers is already making positive strides toward healthy communities. These recommendations build on current community and county successes.

It is noteworthy that these recommendations do not focus heavily on improving the image of county services and increasing trust in county services specifically, though these are vital longer term goals. More immediately, however, services themselves need to become more accessible and available, so that a climate of mutual respect is possible.

**Goal One: An adequate number of bilingual and bicultural mental health service providers are available to meet the needs of Latinos in San Diego County.**

Discussion: The shortage of bilingual, bicultural employees in mental and behavioral health is a two-fold problem. First, Latino people become trained for these careers and enter colleges and universities in tragically low numbers. Latino people are not consistently recruited into mental and behavioral health careers. Second, hiring committees may have learned to “get by” without bilingual, bicultural staff, even though those staff are needed. Positions which require bilingual, bicultural staff are not compensated at a level which would attract those staff into the positions.

**Short Term Recommendations:**

1. Provide recruiting materials for colleges, universities and community venues so that bilingual, bicultural individuals are aware of careers in mental and behavioral health.
2. Collaborate with community organizations to recruit Latino consumers of service into mental and behavioral health careers.
3. Provide stipends for bilingual staff who take on additional work such as interpretation and recruiting.
4. Provide stipends for bicultural staff who may be able to improve Spanish skills in order to become fully bilingual.
5. Provide student loan pay-down packages in order to recruit talented Latino graduates into mental and behavioral health positions.
6. Examine models that other counties may have used to increase the number of staff who “look like” the population being served.

**Long Term Recommendations:**

1. Put funding into existing teen Latino empowerment programs with the express purpose of recruiting Latinos into mental and behavioral health careers.
2. Support and expand programs such as Barrio Logan’s College Institute and similar programs to help Latino students see college as a possible life choice.
3. Decrease staff turnover and increase retention of Latino staff in community organizations with county contracts by supporting higher pay in organizations who may attempt to provide a low bid for services, when seeking funding.
4. Institute a specialized pay scale for bilingual and bicultural staff.
5. Provide a training program for community members who may have life experiences or experiences as a consumer of mental health services that will make them more emotionally accessible to those who may fear services. Lead these individuals into promotora positions and into careers where they can receive mentoring for retention.

## **Goal Two: County staff, at all levels, are trained and supported to operate within a climate of respect for Latinos.**

Discussion: While county and community organization staff are doing an admirable job within the systems where they work, there is a long-standing perception among Latinos that can inhibit people from accessing services. That is the perception that county staff do not always treat Latinos with respect and it's possible that an individual could work with a staff person who operates from unexamined personal racism, or who operates within a system of institutional racism. This racism is often not malicious. Rather, it is the result of unexamined or entrenched systems operating in North America culture. All people need assistance in unlearning racism and systems of oppression and county staff are no different. Progress in this area will also positively effect individual's views of county services.

### **Short Term Recommendations:**

1. Create a climate of continual learning in which taboo concepts such as personal and institutional racism can be discussed.
2. Provide for ongoing support that continual learning about concepts covered in the current county cultural competency training. Ensure that the current training and ongoing support include a component of challenging personal biases. (Look to the type of training currently used for HIV testing staff as a model.)
3. Ensure that institutional issues are addressed within jobs and departments. For example, do Latino Spanish-speaking staff do more work – whether formally or informally – than their non-Spanish-speaking counterparts because they are called upon more frequently for interpretation or to help with Spanish-language emergencies? Acknowledge how these practices affect organizational culture.

### **Long Term Recommendations:**

1. Increase staffing and lower caseloads, acknowledging that respect is easier to practice when staff are not overworked.
2. Provide proactive training and assistance with cultural competency that includes a “systems change” agenda – acknowledging the current climate of hatred and scapegoating of Latinos, particularly those in the U.S. illegally, and the effect that has on individual's ability to access life-saving services and on community well-being.

## **Goal Three: Appropriately staffed facilities are available in different parts of the county for emergency and non-emergency services**

Discussion: Currently, specific services are not available in all parts of the county and bilingual, bicultural staff are not available in every facility that needs them.

### **Short Term Recommendations:**

1. Ensure that anyone on staff can do intake and has appropriate training on the various aspects of cultural sensitivity so that individuals without easy phone access or with a fear of leaving personal information don't become unreachable before they receive service.

2. Improve telephone response time and provide training that helps staff acknowledge how difficult it may have been for an individual to make the call.
3. Increase outreach to those who are MediCal eligible.
4. Publish and distribute a list of agencies that provide services to individuals without requiring a social security number.
5. Provide subsidies for staff who need DV certification or sex offender certification annual training, acknowledging that these certifications are costly for low paid staff.

**Long Term Recommendations:**

1. Build an emergency psychiatric unit in the South Bay (ensuring that there are no barriers to care for vulnerable individuals in that area).
2. Provide emergency screening for children in other parts of the county – Chula Vista is not enough.
3. Increase home-based services for elderly, disabled and other home bound Latino populations.
4. Provide services for non-severe and general populations.
5. Decrease requirements for MediCal
6. Change emergency MediCal rules to include mental health services.
7. Connect with immigration reform discussions that take into account the human and community costs of policies that require a social security number for care.

**Goal Four: Community education and service provision programs and funding are coordinated.**

Discussion: Currently, community education and service provision come from different funding streams and are not always well-coordinated. As Latino people come to understand the benefits of mental health services and find personal strength and community support to access them, culturally appropriate services must be available. When there is a gap in service availability, ill-will toward county services can grow or continue.

**Short Term Recommendations:**

1. Coordinate funding streams so that community education and service provision work together.
2. Initiate standards by which successful programs for outreach and stigma-reduction are sustained and expanded, rather than predominantly seeking new or innovative approaches.
3. Commit MHSA funds to balancing the challenge of outreach and service provision. Both are vital, but these new funds can be used to ensure simultaneous growth.
4. Support a two-fold approach that helps individuals navigate the current system while working on system improvements so that positions which mediate system difficulties are eventually not necessary.
5. Advertise services regionally in news and community venues where Latinos congregate.
6. Set realistic goals on limited monies currently allocated for outreach.
7. Create a list-serve for agencies and groups to advertise new services and provide mentoring and support to one another – where lessons can be shared in specific areas.

### **Long Term Recommendations:**

1. Provide outreach staff in sufficient numbers to cover San Diego County's Latino population.
2. Continue and expand programs such as Breaking Down Barriers and Project HEAL that help people deal with cultural stigma and fear in order to access services.
3. Expand existing social support and health education programs
4. Expand capacity at sites where there are already too many clients. (Study and acknowledge the success of what's already going well and elevate those practices.)
5. Sustain and increase programs who do both of these activities simultaneously: decrease mental health stigma and increase access to services.

### ***Conclusion***

These recommendations represent a beginning only – a beginning to dialogue and strategizing that should happen in concert with county staff, community service providers and consumers, ideally a diverse group including a variety of Latinos, representing various populations. By coming together to discuss these initial barriers, issues, hopeful moments and potential solutions, the Breaking Down Barriers Advisory Group hopes to increase the dialogue about positive changes in mental and behavioral health services for Latinos and ultimately for the communities in which we all live.

## Appendix A

### Breaking Down Barriers Advisory Group

(This group meets bi-monthly and provided editing and approval for this document.)

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(This group provided the core input for this document.)

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## **Appendix B**

### ***About Breaking Down Barriers***

In November of 2004, the California voters approved Proposition 63, now called the Mental Health Services Act (MHSA), to provide funding for a comprehensive and community-based mental health system for uninsured/underinsured clients who would otherwise remain un-served or underserved. Mental Health America of San Diego County was awarded the Breaking Down Barriers contract in September of 2006.

Breaking Down Barriers purpose is to increase access to mental health services for un-served and underserved persons from culturally diverse populations who have a severe mental illness. The term “culturally diverse” here refers to both ethnic and non-ethnic cultural groups. The former group includes Latinos, Native Americans, and Asian Americans, peoples from the Pacific Islands, African Americans and other historically un-served and underserved groups. The latter group includes – but is not limited to – groups with disabilities (blind and vision impaired, deaf and hard of hearing, physically challenged, gay, lesbian, bi-sexual, trans-gendered persons, transitional age youth and older adults.

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## ***About Mental Health America of San Diego County***

For almost a century, Mental Health America formerly Mental Health Association, the country's leading nonprofit organization dedicated to helping ALL people live mentally healthier lives, has been addressing all aspects of mental health and mental illness. As one of the 320 affiliates nationwide, the Mental Health Association in San Diego County, now Mental Health America of San Diego County, has worked to improve the mental health of all San Diegans, especially those with mental disorders through advocacy, education, research and services. The work of MHA of San Diego County has resulted in positive change. We have educated our community about mental illness and reduced barriers to treatment and services. As a result of our efforts, many San Diegans with mental disorders have sought care and now enjoy fulfilling and productive lives.

Mental Health America of San Diego County's mission and response to these issues are to educate the public about ways to preserve and strengthen its mental health, to advocate for access to effective care, to bring an end to discrimination against people with mental and addictive disorders, to foster innovation in research, practice, service and policy and to provide support to individuals and families living with mental health and substance abuse problems. We invite all San Diegans to join our movement. Our *Bringing Wellness Home Campaign* will enable Mental Health America of San Diego County to share our message, achieve our mission and help San Diegans live healthier lives.

Our message is simple. Good mental health is fundamental to the health and well being of every person and to our community as a whole. The good news is we have the knowledge and experience now about what works for good mental health. We have effective treatments that better control the symptoms of mental illness. We have community programs that help people recover, develop long term resilience and get back to their lives.

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