

Challenges to Providing Mental Health Services for Hispanic Non-English Speakers

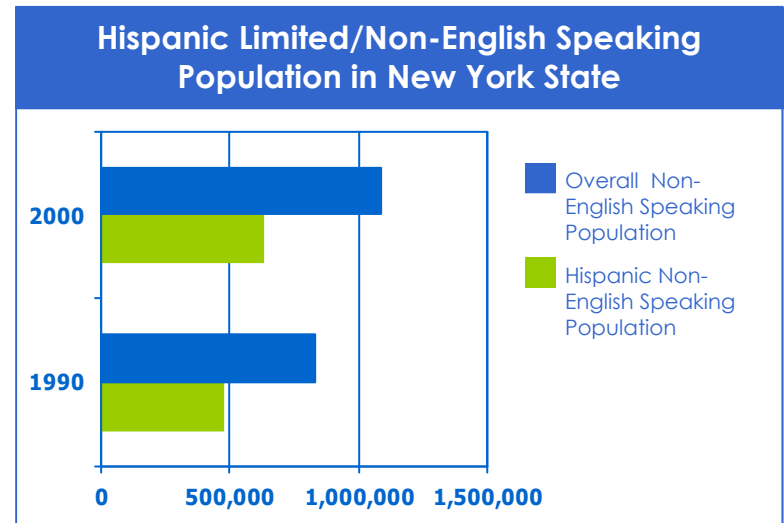
The United States has long been a nation of hard-working immigrants committed to supporting families, building communities and making the best of their life opportunities. Nowhere is this more evident than in New York State, where immigrants come from all around the world in search of a better life, and contribute immensely to the social and economic growth of local communities.

Hispanics represent the large majority of the immigrant community nationally, in New York State and in New York City. While the growing immigrant community is a source of strength for our nation, it does present a unique set of challenges to the social service sector. One of the more pressing challenges the sector faces is ensuring that mental health care services are provided in a linguistically and culturally competent manner. The provision of culturally competent mental health care can improve health outcomes for individuals and communities, increase levels of patient satisfaction and improve cost efficiency. Providing culturally and linguistically appropriate services is also an essential strategy for eliminating health disparities experienced by Latinos and other minority groups.

Unfortunately, in New York State and elsewhere, the number of mental health providers delivering culturally-competent services remains far too low, resulting in poorer mental health outcomes for many limited-English proficient (LEP) speakers, and causing economic hardships on those few institutions providing linguistically-appropriate services. These issues are particularly acute for New York's mental health providers, which face growing deficits and an ever-increasing number of non-English speakers seeking service and support. The following is an analysis on the barriers faced by Hispanic and other non-English speakers and the challenges faced by bilingual and bicultural mental health service providers who serve this community.

The Hispanic Limited-English Speaking Population

According to the 2000 U.S. Census Bureau, there are nearly 47 million people who speak a language other than English at home. Twenty-eight million were Spanish speakers, and of those, about 14 million reported they spoke English "less than very well". In New York State, the Hispanic LEP population has increased by 33% since 1990 (see Table I). In fact, Hispanics in New York State represent nearly 60% of the overall Non-English Speaking population (U.S. Census, 2000).



Source: U.S. Census Bureau, 2000

Hispanics and Mental Health

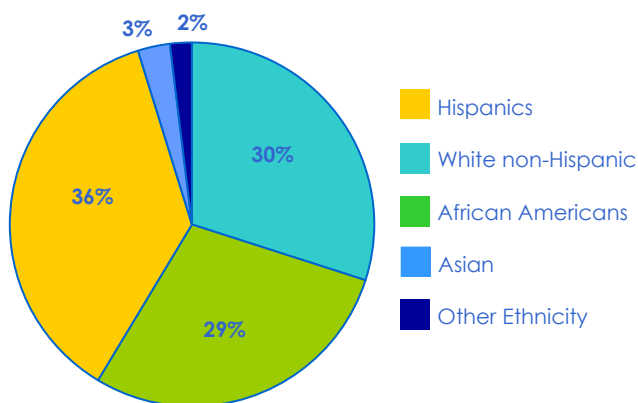
According to the most recent New York State Patient Characteristics Survey (2003), of 171,363 patients served in New York State mental health services during a weekly period, nearly 25% were men and women of Hispanic background. In New York City, the percentage of Latino mental health service users in 2003 was 32%, seven percentage points higher than in New York State. Furthermore, Latinos represent 36% of the total number of outpatient program users in New York City, compared to 30% Whites and 29% for African Americans. From adolescence to adulthood, Latinos experience higher rates of stress and mental health problems. Latino youth are less likely to receive mental health services and once in care are likely to receive fewer

therapeutic services and remain in care for longer periods than other groups. Another alarming trend is that Latino youth have the highest rate of suicidal attempts reaching 10.7% as compared to 6.3% for white youth and 7.3% for African American youth demonstrating the need to increase access to mental health services especially crisis intervention services for Latino youth (Vega & Alegria, 2001).

Among Latino adolescents and adults, depression has become a particularly serious problem. A social sciences study among high school students indicated that 25% of Latino students meet the criteria for clinical depression and the rate of depression was even higher among Latina teens reaching 31%, the highest rate of any group (Flores & Zambrana, 2001).

Unfortunately, the situation does not improve with age. A survey reported by the Commonwealth Fund revealed that Latino adults had the highest rate of depressive symptoms of any group with 53% of Latinas and 36% of Latino males reporting moderate to severe depressive symptoms a week prior to the survey interviews (Collins, Hall & Neuhaus, 1999).

Mental Health Outpatient Services: Patients Served By Ethnicity New York City, 2003



Source: OMH, Patient Characteristics Survey, 2003

The Need for Culturally Competent & Linguistically Appropriate Services

The provision of culturally competent health services is an essential strategy towards the elimination of racial/ethnic mental health disparities, and a key component of providing culturally-competent services is the delivery of linguistically-appropriate services.

Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice. In a culturally-competent mental health delivery system, providers are expected to modify their clinical interventions to reflect their patients' cultural beliefs, values, traditions and practices, regardless of gender, age, income level, geographic region, neighborhood, sexual orientation, religion, and physical disability (National Mental Health Information Center, 2005).

While cultural competence is needed to ensure adequate mental health services, consumers of mental health services who experience language barriers are an ever-increasing population. According to a recent report issued by the New School for Social Research, there are 1.8 million New Yorkers who do not speak English well and therefore may encounter problems communicating with health providers. In a recent study conducted by the Commonwealth Fund, 43% of Spanish dominant Latinos reported communication difficulties with their health providers.

The cultural and linguistic barriers between providers and patients cannot be underestimated. The overwhelming majority of providers report that language barriers compromise a patient's understanding of treatment advice and of their disease, and can increase the risk of health complications. Latino consumers of mental health services with language discordant mental health providers are more likely to be non-compliant with medication regimes, miss office appointments and rely on the emergency room for care, often leading to poorer mental health outcomes.

For Hispanic individuals with mental illness, the lack of adequate and culturally-competent staff is a serious impediment to accessing treatment and quality of care. Studies show that Spanish-speaking individuals with mental illness have difficulties in scheduling medical appointments, understanding the physician's instructions, taking the appropriate dosages on time and communicating with their social workers due to language barriers (American College of Physicians, 2004, Thompson, 2005).

Language barriers can also lead to higher rates of hospitalization and medical testing. Since physicians have a difficult time understanding their patient's needs and concerns, they end up conducting additional tests, which often times leads to misdiagnosis of the patient's condition and inappropriate treatment. This leads to higher mental health costs and poor quality.

Mental Health Access

Lack of health insurance is arguably the major barrier Latinos face in accessing health care services. According to a 2003 report issued by the Commonwealth Fund, 45% of Hispanics under age 65 and nearly two thirds (65%) of working-age Hispanics with low incomes were uninsured for all or part of the year in 2000. In New York State, more than 56% of Latinos did not have health insurance for a portion of 2002 and 2003, compared to 43% African Americans and 23% of Whites (Kirsch, 2004). Hispanics are more likely to be uninsured because a vast majority of the population tend to work in businesses that do not offer health insurance or that offer expensive health plans that they cannot afford.

Often, Latinos have no recourse but to either delay or forgo needed mental health care services because they simply cannot afford it. Uninsured Latinos are two-three times more likely than Whites to go without needed health care resulting in higher rates of preventable disease and premature death.

Numerous studies show that non-English speaking Latinos have the highest uninsured rates in the nation (Collins, Hall & Neuhaus, 1999, Perkins, 2003, Kirsch, 2004). A survey conducted by the Kaiser Commission on *Medicaid and the Uninsured* concluded that children who lived in non-English speaking households had much

lower access to medical care than children whose parents spoke English fluently. Similarly, the study found that non-English speaking patients were less likely to use primary and preventive care services and more likely to use emergency rooms. Because of language barriers, many Hispanics and their families have difficulties in getting information about medical services, to make appointments, to understand payment terms, to obtain public health insurance and to go through the steps necessary to access adequate health care services (Office of the Comptroller, 2005).

Another barrier to mental health service access stems from the patient's reluctance to acknowledge and disclose problems. Culturally derived beliefs complicate the reactions of seniors and families to emotional distress and can lead to delays in seeking help. Examples include culturally-derived negative perceptions of psychological problems and strong fears of stigma, issues prominent in most communities regardless of ethnicity.

Challenges of Providing Culturally-Competent Mental Health Services

The cultural and linguistic barriers do not only lead to poorer clinical outcomes, but also violate Title VI of the Civil Rights Act of 1964. Title VI prohibits discrimination based on race, color, or national origin by any institution that receives federal funding. The federal Department of Health and Human Services (HHS) and the courts have determined that the prohibition of discrimination based on national origin includes protections for people of different nationalities who do not speak English well.

Mental health providers have to offer services in other languages to be compliant with the Civil Right Act of 1964. However, mental health providers who serve non-English speaking patients face higher costs than those who serve a predominantly English-speaking population. Historically, there has been little recognition of the complexities of providing services to limited English speakers that may experience low literacy levels, co-morbidities, acute health disparities, lack of health insurance, acculturation stress, and high levels of socio-economic stress requiring organizations to adopt a more labor intensive approach and sustained engagement over longer periods of time. In New York State, for instance, the vast majority of Latino mental health organizations have been forced to accept inadequate funding levels that in turn make it difficult to hire and retain staff, develop programs, strengthen infrastructure and conduct program evaluation – essential ingredients for organizational efficacy and long term sustainability.

The Hispanic Federation conducted a survey with a sample of Latino mental health providers who offer services throughout New York State to analyze the problems they face in operating mental health clinics. The following information was provided by the survey participants.

- Due to lack of funding, mental health providers have a difficult time in hiring linguistically and competent staff for their consumers of mental health services.
- Staff retention was a major problem for Latino mental

health service providers interviewed. Providers reported that bilingual and culturally-competent psychiatrists and social workers were in high demand and often they could not compete with the higher salaries other institutions were now offering their employees.

- Geographic location was a contributing factor to why these providers were having a hard time retaining qualified staff. Most psychiatrists and social workers with experience and multilingual skills are reluctant to work in low-income neighborhoods.

Selected Sampling of Hispanic Mental Health Service Providers in New York City Percentage of Hispanic Non-English Speaking Patients Served by Agencies (2001)

INSTITUTE FOR PUERTO RICAN/HISPANIC ELDERLY	98%
ALIANZA DOMINICANA, INC.	93%
SPANISH SPEAKING ELDERLY COUNCIL.-RAICES	85%
COMMUNITY ASSOCIATION FOR PROGRESSIVE DOMINICANS	80%
INWOOD COMMUNITY SERVICES	67%
PUERTO RICAN FAMILY INSTITUTE	63%
ST MARK'S PLACE INST. FOR MH UNITAS	62%
SOUTH BRONX MENTAL HEALTH COUNCIL, INC	61%
COMUNILIFE, INC (formerly HIRE)	55%

Source: NYS Office of Mental Health, 2001
 Note: Listing does not include all mental health providers

Hispanics and Mental Health Services: Recommendations for the Future

There is a clear need to increase the number of bilingual and bi-cultural mental health providers, especially cultural and linguistically competent psychiatrists and psychiatric registered nurses, and for upgrading the mental health service capacity of Latino community-based organizations through core funding.

To ameliorate the problem faced by Latino LEP consumers in the mental health sector, health care institutions and social service agencies must accelerate efforts to hire bilingual staff. Additionally, these institutions must develop the capacity to provide home-based assessment services, patient education and supportive service visits with LEP consumers.

At the same time, government and other funding sources must recognize that mental health providers who serve non-English speaking clients need additional financial support to continue to provide their existing services and meet the needs of a growing population. In short, there must be a significant increase in funding for existing Latino community-based organizations with expertise in bilingual and bicultural mental health service provision who are servicing the majority of Latino LEP patients.

Additionally, there must be an increase in funding to develop Latino culturally and linguistically appropriate campaigns to encourage the Latino limited English proficient community to access services.

It is critical that the growing number of Hispanic non-English speakers be able to communicate with their health care providers. The provision of culturally competent health care services can improve mental health outcomes for individuals and communities, increase levels of patient satisfaction and improve cost efficiency.

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Hispanic Federation

PUNTO DE VISTA

Policy Brief

Punto de Vista – a policy brief that offers advocates, policymakers and community members an informative analysis on political, economic and social issues affecting the Latino community.

The **Hispanic Federation** is a service-oriented membership organization that works with 84 Latino health and human services agencies to advance the quality of life for Latinos in the tri-state region and beyond. The Federation seeks to educate elected officials, policymakers, the media and funders about the needs and contributions of Latinos, and serves as a public policy advocate for the Latino community on the issues of civic participation, health care, immigration, education, economic development, media coverage and more.

Hispanic Federation

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