



Hispanic Mental Health  
*Do and Don'ts When Working with Hispanics in Mental Health*

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Over the past few decades, numerous research studies have found that from adolescence to adulthood, Hispanics experience higher rates of stress and mental health problems than other racial and ethnic groups and tend to underutilize mental health services. Numerous studies have also found evidence which highlight the lack of availability of, access to and the provision of quality mental health services to Hispanics, the nation's largest racial and ethnic minority group. In an effort to assist providers, mental health agency and direct service providers alike, with enhancing their knowledge of culturally appropriate ways to better serve Hispanics, thus reducing and/or eliminating the disparities found in the three aforementioned critical areas of mental health service delivery (i.e., availability, access and provision), the author is please to provide the following recommended list titled *Do's and Don'ts When Working with Hispanics in Mental Health*. The list that follows is based on nearly two decades of research and other information gathering experience, as well direct service work in various mental health program milieus with Hispanics. The information provided should be viewed as suggested practices/recommendations and are by no means intended to be comprehensive or exhaustive. Additionally, the suggested practices/recommendations are in no way a substitute for professionally established standards for quality mental health service delivery or ethical codes of conduct. More detailed training and other learning materials such as resource videos and books on working with Hispanics in mental health settings are available, and are highly recommended. To learn more about some of these resources, please visit the National Resource Center for Hispanic Mental Health at [www.nrchmh.org](http://www.nrchmh.org).

**Do's When Working with Hispanics in Mental Health:**

- *Remember that Hispanics are people too; they deserve to be treated with respect, dignity and courtesy.* Just because a Hispanic may not know the mainstream language well enough, or at all for that matter, or they are poor, uninsured, not in this country legally, from a religion other than your own, etc., Hispanics are still human beings and they deserve to be treated as you would like to be treated if you or a loved one was in need of mental health care. This is critically important to address issues impacting all of the three areas of mental health service delivery referenced earlier.
- *Take the time to learn about a Hispanic's country of origin prior to a first appointment or prior to developing a program for Hispanics in your community.* Hispanics come from nearly 20 different countries, and although they share some common characteristics, such as their high regard of family and religion, and their ability to speak some dialect of Spanish, Hispanics are very diverse and very proud individuals. Taking the time to obtain easy to access information such as the region of the world where the country or island is located, the nation's government or leadership (e.g., President or King/Queen), highlights of tourism or main imports/exports, or the nation's currency may serve as an



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impetus to develop rapport, build trust and demonstrate genuine interest and respect for an individual.

- *Conduct a thorough social and cultural assessment of Hispanics at intake or first point of treatment.* As referenced earlier, Hispanics come from nearly 20 different countries and important factors such as their origin of birth, experience with immigration [if applicable], diverse religious, political or cultural traditions which may impact beliefs and attitudes concerning health care practices, legal status in the U.S., available familial or social support network, among other factors, may influence what services one is entitled to, the type of trauma one may have experienced in their home country or with migration, or their available social support network, to name a few impacted areas. One benefit of conducting such an assessment is knowledge. Taking the time to learn about the birth place of a Hispanic may assist you in planning and coordinating services for Hispanics in need of mental health care. The legal status of Hispanics in this nation varies and impacts services available to them. For example, individuals from Puerto Rico are considered United States (U.S.) citizens and for the most part they have the same rights of all U.S. citizens... with the exception of Puerto Ricans living on the island; they are not afforded the privilege of voting for our nation's President. Additionally, due to the political climate or unrest in several Hispanic countries, some Hispanic immigrants are granted political asylum or refugee status (e.g., Cubans) by the U.S. government, thus making them eligible for array of public supported services.
- *Remember that Hispanics first and foremost are individuals.* Do not generalize research findings or stereotypes to all Hispanics. Treat every Hispanic you meet as an individual and get them to know them as a person, not just as a member of a particular racial or ethnic group. There will be many similarities and common themes or experiences found in research studies, but it is very incorrect to assume or think that things such as liking rice and beans, or enjoying salsa and meringue, is characteristic or true for all Hispanics. Although the example shared is simplistic in nature and not directly related to utilizing mental health services, generalizations such as these exist today and demonstrate a lack of knowledge or respect for the diversity and richness in culture of Hispanics.
- *When appropriate, engage a Hispanic consumer's family.* Family plays a critical role in Hispanic cultures and may serve as a key support in a consumer's wellness and recovery efforts. Mental health providers must be aware and respect the fact many Hispanics define family differently than the majority population. For example, Hispanics may consider a religious leader to be a member of their family, as well as other non-biologically related individuals, and may wish to have them involved in their care and recovery efforts. This difference in definition may result in a provider needing to explore confidentiality issues, compliance with regulatory oversight bodies, to obtain additional release of information forms, to treat/serve individuals in family therapy that may not be biologically related or whom do not have a legal relationship, or to engage individuals with no direct biological relationship with a Hispanics in need of mental health services.
- *Take the time to educate Hispanics about mental health issues, including the array of mental health care treatments available, the benefits of obtaining services, different diagnostic category symptoms and treatment efficacy, and the contributions and abilities of individuals with a mental illness.* Hispanics come from diverse countries where there



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may not be a formal or strong mental health care system and represent a racial and ethnic group where stigma of those needing services and of those with an illness is profound. Taking the time to educate Hispanics about all of the above referenced areas may increase consumer satisfaction, reduce or eliminate the high drop out rates of Hispanics in mental health care, reduce anxiety among Hispanics unfamiliar with a system that may be viewed unfavorably or incorrectly due to stigma, fear and distrust, and

- *Conduct outreach and educational awareness activities that incorporate both culturally and linguistically appropriate learning tools, methods and practices.* It is important for mental health providers to understand that Hispanics may not be aware of mental health services in a community or about the importance of assessing services. It is also such as important that mental health providers understand that Hispanics require additional outreach and educational awareness methods to engage them in services. Promoting available mental health services by publicizing in a phone book is not enough! Providers must engage in varied activities such as developing and disseminating bilingual material that is age and culturally appropriate (i.e., have pictures reflecting Hispanics, at easy to read reading level [high rates of illiteracy among Hispanics]), and conducting presentations in both English and Spanish at venues such as Hispanic community-based agencies, churches, child care centers, and educational institutions.
- *Engage leaders from the Hispanic community to assist with learning more about a Hispanic group, to serve as a broker to access various Hispanic venues within a community where you can conduct outreach and educational awareness activities or to assist with engaging Hispanics in need of care with available mental health services.* Developing relationships with Hispanic community leaders may increase a providers' ability to engage Hispanics in need of mental health care into treatment and may serve as cost effective mean to obtaining information about a population unfamiliar to a provider.
- *Become familiar with cultural bound syndromes and how culture influences mental health.* Providers should make efforts to learn about various cultural bound syndromes found within Hispanic groups and on how culture influences an array of areas related to the provision of mental health care. Resources such as the DSM-IV, which contains information on cultural bound syndromes and the cultural formation, and former U.S. Surgeon General Dr. David Satcher's first-ever report on mental health and his subsequent supplemental report are widely available and provide critical information for providers.

### **Don'ts When Working with Hispanics in Mental Health:**

- *Don't assume that all Hispanics are the same and please do not treat Hispanics as second class citizens regardless of their legal status.* As previously referenced, Hispanics come from nearly 20 countries and represent very diverse individuals. Hispanics deserve to be treated with respect, and are proud individuals who value dignity, family and religion. As previously referenced, some Hispanics are born U.S. citizens, while others may be victims of political unrest in their nation that has resulted in them being granted legal asylum or refugee status by the U.S. government. Other Hispanics comprise legal permanent residents, or are holders of student, work or tourist visas. In fact, the majority



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of Hispanics in the U.S. are here legally in one form or another. Those who are not may have come here to seek a better life for them or their family. Hispanics are first and foremost human beings such like everyone else and they deserve the right to a better life. Mental health providers should focus on helping everyone in need of mental health care reach their full human, emotional and mental potential. These services should be provided without regard to one's legal status and should be of the same quality services to all.

- *Don't think that one way of doing things works for everyone.* This is true for all people, not just Hispanics. A great mental health provider tailors their services to an individual based on their needs and preferences. Research findings, especially those that are based on nationally representative populations are important, but they should not be seen as "one glove fits all". People are individuals and recommended practices should serve as guide not as a prescribed "How To" list.
- *Don't underestimate the value of conducting a thorough social and cultural assessment of Hispanics.* Many, if not all, mental health providers conduct an intake at point of initial face-to-face contact with an individual in need of mental health care. These intakes, however, may not incorporate areas requiring a thorough assessment that are pertinent to understanding a Hispanic individual's past or current experiences or realities. Assessing information such as religious practices, healthcare utilization practices, familial or social support network, to name a few, may play a major role in understanding a Hispanic individual in need of mental health care and developing strategies to support that person's wellness and recovery.
- *Don't misinterpret quietness or shyness as depression or another mental illness.* Providers must understand the role that culture plays areas such as the presentation of symptoms, helping seeking behaviors, and in familial or professional role relationships. A Hispanic woman who looks down while she quietly speaks to a mental health provider is not necessarily depressed. Her "poor eye contact" or "flat affect" may not necessarily be indicative of depression or another illness. In fact, this behavior may be a culturally acceptable behavioral norm which is a result of a group's belief that it is disrespect to directly look a professional or someone older than one in the eye while they speak.
- *Don't continue to engage or support practices that do not result in equal access to services for all Americans.* Change is not always welcomed favorably by many, but in a changing world, comes changing times. Hispanics comprise a large percentage of the current U.S. population. In fact, according to U.S. Census Bureau projections, Hispanics will number approximately 100 million by the year 2050; representing nearly 25% of the nation's total population. Practices that undermine the quality of care provided to Hispanics and other minorities, especially those with Limited English Proficiency, must be stopped. Practices such as using uncertified, unlicensed, inadequately trained or non face-to-face interpreters in mental health care settings creates opportunities for loss of information, diagnostic errors, inadequate and inappropriate treatment, and poor consumer satisfaction and consumer outcomes.
- *Don't think that providing culturally competent mental health services is a fad and will go away.* Providing culturally competent mental health services in the U.S. is not a fad! In fact, increasingly more attention is being given to this area as studies continue to



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highlight disparities in availability of, access to and the provision of quality mental health services to individuals from racial and ethnic minority groups. These disparities must be eliminated for numerous reasons, including possible violations of one's Civil Rights, as well as the fact that the U.S. Census Bureau projects racial and ethnic minorities to represent nearly 47% of the total U.S. population by the year 2050.

Thank you for the opportunity to present *Do's and Don'ts When Working With Hispanics in Mental Health*. As previously referenced, the information provided herein should be viewed as suggested practices/recommendations and are by no means intended to be comprehensive or exhaustive. Additionally, the suggested practices/recommendations are in no way a substitute for professionally established standards for quality mental health service delivery or ethical codes of conduct.

This paper was developed by Henry Acosta, MA, MSW, LSW, as an independent contractor for The International Institute of New Jersey. All rights and privileges are reserved. By providing such information, the author is keeping with his commitment to serving as an advocate for creating change in the delivery of mental health services to Hispanics throughout the nation. Henry Acosta is Executive Director of the National Resource Center for Hispanic Mental Health. To learn more about Mr. Acosta or the aforementioned national center, please visit [www.nrchmh.org](http://www.nrchmh.org).