UC DAVIS RELEASES "BLUEPRINT" FOR IMPROVING MENTAL HEALTH PROGRAMS FOR LATINOS IN CALIFORNIA

(SACRAMENTO, Calif.) — The UC Davis Center for Reducing Health Disparities announced today the results of a comprehensive, two-year study that details barriers to access and utilization of mental health services among Latinos in California and offers their solutions for reducing mental health-care disparities.

The report, Community-Defined Solutions for Latino Mental Health Care Disparities, is based on input from more than 550 Latinos who participated in community forums conducted in 13 cities and two high schools throughout the state. The study is the first of its kind to use a community-based, grassroots approach to identify barriers and seek solutions to mental health-care needs in historically unserved or underserved Latino communities.

Depression, substance and alcohol abuse, and anxiety disorders are among the most prevalent mental health conditions among Latinos. While mental disorders typically have much earlier ages of onset than other chronic health conditions, few Latinos get the treatment they need. Latino youth, in particular, face a number of stressors that may increase their risks of anxiety and depression, which can lead to substance abuse and exacerbate behavioral disorders. Latinos from economically disadvantaged populations who have endured a range of life stressors, including poor housing, childhood adversities, trauma and social exclusion, are at increased risk for developing mental health problems that can be further aggravated when they do not have access to services.

"Untreated mental health needs are a very common problem, creating significant individual and family burdens and reducing quality of life and productivity," said lead author Sergio Aguilar-Gaxiola, who is director of the UC Davis Center for Reducing Health Disparities and director of the Community Engagement program at the UC Davis

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Clinical and Translational Science Center. "We conducted this study to help guide policy and practice at the local and state levels to improve the mental health of Latinos and other underserved populations."

For the study, a UC Davis research team traveled across California conducting community forums to gather perspectives from consumers and their families, providers and community leaders on mental health-care services for Latinos. The team visited San Diego, Arcadia, Carson, Los Angeles and Solvang in Southern California; Fresno, Sacramento, Camino and Stockton in the Central region; Oakland and San Jose in the Bay Area; Salinas in the Central Coast; and Chico in northern Sacramento Valley. They also met with close to 60 students at Huntington Park and Tracy high schools and at California State University, Dominguez Hills, to identify mental health issues and assess services in academic settings.

Each community forum focused on prevention and early intervention. Participants were asked to describe barriers to mental health care, as well as the characteristics of programs and practices, models, resources and approaches in their communities that would help eliminate those barriers. Based on these discussions, a list of recommendations and 16 programs were developed that participants said were addressing barriers to receiving mental health care.

Forum participants most often stated that negative perceptions about mental illness prevented Latinos from asking for and receiving mental health services. Issues such as shame and stigma, cultural standards, expectations of masculinity, exposure to violence, and lack of information and awareness about the effectiveness of treatments were common concerns. Other barriers included a lack of culturally and linguistically appropriate services, a lack of bilingual and bicultural mental health workers, a lack of educational programs for Latino youth and a system of care that does not fully meet the needs of those who need mental health services. They also noted social and economic conditions, from poor living conditions to inadequate transportation, as major factors associated with mental illness and barriers to achieving and sustaining wellness.

When asked about strategies to strengthen access to existing programs and services, participants identified the need for more community-based and culturally appropriate efforts, including the use of promotores/promotoras as health ambassadors, offering health retreats for farmworkers, involving families and loved ones in treatment, introducing LGBTQ issues to churches and spiritual leaders, and establishing local Latino commissions to address the needs and issues of Latinos and verify that those needs are met.

"Participants also requested that mental health agencies demonstrate their commitment to serving Latino communities by developing programs that prove to be effective in

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producing positive outcomes -- from increasing access to improving retention rates -- and that guide policy and service development at the local and state levels," said Aguilar-Gaxiola.

When participants were asked about strategies to strengthen access to existing programs and services, they identified the following strategies for improving mental health treatment:

- Establish school-based mental health programs to enable the timely diagnosis of potential mental health issues and to educate students and families about mental health. Through early detection, the risk of drug use and mental illness can be decreased.
- Increase collaboration among community-based organizations, schools and social services agencies, and coordinate and co-locate services to maximize resources and increase access to treatment.
- Utilize mainstream and Latino community and social media to raise mental health awareness, reduce stigma, and promote information and resources about early identification and intervention.
- Develop and sustain a culturally competent mental health workforce consistent with the culture and language of Latino communities.
- Foster culturally and linguistically appropriate treatment by communicating with consumers in ways that acknowledges their beliefs about mental health and increases their sense of comfort.
- Provide resources for grassroots community outreach and engagement, including coordination with Latino leaders, and for tailoring recommendations from the UC Davis report for statewide dissemination to meet the health and mental health needs of the Latino community.

Aguilar-Gaxiola said the findings and recommendations are especially relevant, given that Latinos in California represent about 40 percent of the population. Nearly 60 percent of California's children are now of Latino origin. By 2050, the California Department of Finance estimates that Latinos will represent 52 percent of California's estimated 60 million residents.

As a result of this population growth, Latino health leaders agree that there is an increased demand for services and an escalating need for culturally and linguistically appropriate services and focused efforts to effectively reduce mental health disparities and achieving health equity.

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"Through this report, we have gathered and engaged community voices that have previously not been heard," said Aguilar-Gaxiola. "We are grateful to the individuals and communities that shared their time and wisdom with us. As we communicate the results of our study, our goal is to inform and help institute policies that improve access to quality mental health care, thus improving the quality of life for Latinos and other underserved populations who struggle with untreated mental illness."

The mental health-care disparities report was prepared for and funded by the California Department of Mental Health and conducted in collaboration with the Latino Mental Health Concilio, a Latino stakeholder group representing a broad range of constituencies, including mental health consumer advocates, county ethnic service managers, mental health-care providers, promotoras/promotores, educators and members of the migrant worker, LGBTQ and juvenile justice communities.

The project was funded by the Mental Health Services Act, also known as Proposition 63, which was approved by California voters in November 2004 to address unserved and underserved populations and provide culturally and linguistically competent services to prevent and treat mental illness. The strategies identified in the UC Davis report will inform state policies for improving the delivery of mental health care in the state.

About the UC Davis Center for Reducing Health Disparities:
The UC Davis Center for Reducing Health Disparities, in alliance with the UC Davis Clinical and Translational Science Center, provides leadership and support within and beyond UC Davis Health System to promote the health and well-being of ethnically diverse populations. The center focuses on raising awareness of the unique cultural and linguistic attributes of minority populations, developing culturally and linguistically sensitive communications for health-care professionals, and working with policymakers, administrators, practitioners, consumers and families to reduce health-care disparities and improve quality of care. The center's ultimate goal is to improve health outcomes for all. For more information, visit www.ucdmc.ucdavis.edu/crhd.