

Latino Access to Mental Health, Developmental Disabilities, and Substance Abuse Services in North Carolina

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ACCORDING TO STUDIES reported in the Surgeon General's report (1999),¹ the rate of mental disorders among Latino Americans is similar to that of non-Latino white Americans. Such studies also suggest that recent Latino immigrants may have a lower incidence of mental illness. However, among Latinos born in the US or residing in the US for more than 13 years, the incidence of mental disorders increases, possibly because they are adopting high risk behaviors common in the process of acculturation. Socioeconomic stressors such as poverty and discrimination may also be factors contributing to the increased incidence.

In North Carolina, informal reports by health providers and mental health professionals serving Latinos indicate that recent immigrants frequently exhibit symptoms of depression, anxiety, post-traumatic stress syndrome, domestic violence, and, in males, substance abuse. National studies show that Latinos (12.5%) are more likely than whites (10.4%) or African Americans (6.4%) to report binge drinking and are more likely to be injured or die while drinking. Deaths related to drinking and driving, riding in a car with a driver who has been drinking, or alcohol-related homicide are higher among Latinos than among whites and African Americans (CDC, BRFSS 2001). Among Latino youth in North Carolina, surveys show evidence of depression and feelings of isolation.² With respect to developmental disabilities, Latino children are more likely to be born with certain birth defects than other children.³

Access for Latinos to mental health, developmental disabilities, and substance abuse services in North Carolina is very limited. In many parts of the state it is not available, largely because of cultural isolation, poverty, and language barriers. Major barriers to access include the unavailability of qualified providers who are linguistically and culturally competent to provide the services, the lack of affordability of services, the lack of transportation in rural and urban settings, and culturally-bound bias and beliefs about the causality of mental disorders and substance abuse dependence. Latinos are underinsured, or not insured (37% of Latinos

nationally have no insurance; in NC, the figure is 54%), and they often do not qualify for state and federal programs. Latinos living in rural areas face a harsh reality of chronic poverty, lack of adequate medical care, and lack of transportation, a combination that makes it almost impossible for them to have access to mental health and substance abuse services.

The Latino population of this state, unlike that in other parts of the country (California, Texas, Florida, Colorado, New Mexico), is characterized by first-generation immigrants coming to fill a demand for low skill labor. Thus, the availability among them of qualified bilingual and bicultural mental health, and substance abuse professionals is still scarce, and recruitment of bilingual/bicultural staff is very difficult. Availability of qualified, linguistically and culturally competent providers is essential for the assessment, diagnosis, and treatment of mental health and substance abuse disorders. Accurate diagnoses and effective treatment rely on verbal communication and trust between patient and clinician and on the clinician's knowledge of culturally-bound ways to express distress and suffering, which commonly present themselves as different mental health syndromes, i.e. *susto* (fright), *ataque de nervios* (nervous breakdown), etc. Assessment of mental health and substance abuse disorders requires professional expertise in assessing thought processes; recognizing interactions between thought, mood, behavior and judgment; and assessing levels of cognitive function. Incongruence found in these areas is relevant in determining diagnoses. However, the assessment tools used—including the patient's report of concerns and, in many cases, the report of other interested and concerned parties, such as family and employers—are culture- and language-bound. Using interpreters poses greater risk for misinterpretation, misunderstandings, and misdiagnosis, not to mention the barrier to establishing a trusting and therapeutic relationship with the patient, a critical step in obtaining desirable outcomes. National studies show that bilingual patients, when interviewed in English as opposed to Spanish, are evaluated differently

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and are given more serious diagnoses. Latinos with bipolar disorder are misdiagnosed with schizophrenia, and the treatment quality is poorer as compared to non-Latino whites.¹

Latinos are no different from the rest of the population when it comes to myths and stigma acting as barriers to seeking help for mental disorders. However, for some the fear of discrimination, distrust, and stigma is real: A diagnosis of mental disorder may impede a person from qualifying for permanent immigrant resident status, while in other cases it may cost him or her a work permit and employment. There is thus a critical need, in the engagement and treatment of mental health and substance abuse disorders, for qualified bilingual, bicultural mental health and substance abuse professionals who understand the challenges faced by the Latino patient.

A growing concern that further compounds barriers to the availability and accessibility of mental health, developmental disabilities, and substance abuse services for Latinos is the impact of the state's Mental Health Reform. Under the reform, according to the state's definition of the target population, Latinos are very unlikely to meet the eligibility criteria for services. Public funding is targeted at the most chronic and disabled patients who, as a result of the downsizing or closing of state psychiatric institutions, will be discharged and placed in the community. Latinos in North Carolina by and large are under-represented in the state psychiatric institutions and among the chronic target populations. Also, the reform calls for the privatization of services, in which private providers will be contracted to provide services. Currently the pool of bilingual, bicultural, qualified private providers in the community is very limited and in many parts of the state nonexistent.

The Task Force recognizes the importance of recommending strategies to build the capacity for qualified bilingual/bicultural mental health, developmental disabilities, and substance abuse professionals to serve the Latino community. A multi-pronged strategy approach will ensure building this capacity. The following short-term and long-term strategies are being considered:

(1) Support current efforts for middle and high school Latino students to stay in school and choose higher education in mental health and substance abuse careers.

(2) Work with the University system to actively recruit and entice Latino students into the health and mental health fields.

(3) Work with the University and Community College systems to provide course work tailored to foreign graduates, to assist them in preparing for certification, credentialing, and licensure in social work, substance abuse, and other allied health and human services professions.

(4) Work with the NC Social Work Licensure Board and the NC Certification Board for Substance Abuse Counselors and the Office of State Personnel to facilitate the certification, credentialing, licensure, and employment of bilingual, bicultural social workers and substance abuse counselors.

(5) Work with the state Department of Mental Health, Developmental Disabilities and Substance Abuse Services to establish incentives for the development and retention of qualified bilingual, bicultural providers.

In conclusion, barriers to accessing mental health, developmental disabilities, and substance abuse services for Latinos in North Carolina are clearly related to socioeconomic factors such as poverty, discrimination, lack of transportation, and lack of affordable services. It is critical that the state take the necessary steps to ensure the availability of qualified bilingual and bicultural providers of mental health and substance abuse services. Collaborative efforts between the public sector and private philanthropies are necessary to implement effective strategies, including funding, to overcome these barriers.

REFERENCES

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- 2 North Carolina Department of Instruction. 2001 Youth Risk Behavior Survey.
- 3 Buescher P. State Center for Health Statistics. Analysis of Birth Defects Registry 1995-1999.