

MENTAL HEALTH STANDARDS OF CARE LITERATURE FOR LATINO POPULATIONS

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Mental Health Standards of Care Literature for Latino Populations

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LITERATURE FOR LATINO POPULATIONS

I. Introduction and Process of Literature Review

A. Introduction and Relevance

This review of the mental health literature was undertaken as part of the CMHS Managed Care Initiative, in conjunction with the University of Pennsylvania Center for Mental Health Services Research. This review is not exhaustive, but includes the main body of literature on the mental health of the Hispanic/Latino population in the United States. It particularly focuses on literature which is relevant to the development of standards of care for mental health services to Latinos.

The importance and relevance of this task is becoming increasingly obvious given the rapid growth of the Latino population in the United States. This population comprises approximately 10 % of the total population of the United States in the 1990 U.S. Census (22 million), a 50 percent increase over 1980, and is projected to grow to 29 million by the year 2000 and 128 million by the year 2050. At that time Latinos will clearly be the largest ethnic group in the United States given their rapid growth through immigration and a high birth rate due to their relative youth. Latinos already predominate in large areas of the states bordering Mexico, such as California, Texas, New Mexico and Arizona, and can be found in significant numbers and percentages in such diverse states such as Florida, Colorado, Nevada, New Jersey, Illinois, Utah, and Washington State. The Latino population in the United States is not homogeneous by any means, but comprises an extremely diverse group of nationalities of origin (Mexican, 13.4 million; Puerto Rican, 2.4 million; Cuban, 1.1 million; and Central and South Americans, 2.9 million) of cultures (Spanish, Aztec, Mayan, Incan, and Caribbean) and racial groups (American Indian, White and Black). Their common language and intertwinement with Spanish culture serve as a means of considering them in unison, but their diverse religious, folk, family, and health beliefs and values as well as diverse linguistic idioms make them amongst the most culturally rich immigrant groups to have come to America.

Although their rapid increase in growth and migration has been recent, their migratory history trends back as far as that of the early English immigrants; in fact, Hispanics settled areas of New Mexico, California, the Mississippi Delta, and Florida before the arrival of the Pilgrims at Plymouth Rock. At the same time, as a result of their migratory history and impoverished origins, they suffer from many stressors which are most commonly associated with underserved ethnic minority groups, such as poverty, discrimination, illiteracy, poor education, and work exploitation. The provision of health, mental health, and human services for Hispanics were largely overlooked until the large migrations which began in the 1960's and the political movements amongst Chicano rural farm workers and Puerto Rican and other Hispanic activists in the 1970's. To this day, as the literature to be reviewed demonstrates, Hispanics are amongst the most underserved populations in the United States in terms of mental health services (as well as health services).

Just as public mental health services were making some strides in the initial development of services and model programs, the reform of publically funded health and mental health services initiated by the states under the structures of managed care and behavioral health pose some concern and possible threat that these minimal strides might be lost. Since the incentives for these new systems are weighted towards reducing service utilization, there is the prospect that the state of affairs where Hispanics continue to underutilize services would be seen as satisfactory by many corporate entities and governmental agencies as a means of cost containment. The ultimate goal of the work of this panel is to document the best practices, standards, and information relating to mental health services for Hispanics so these can be used to ensure equal access to appropriate and quality services within the new climate of cost containment and efficiency.

B. Process of Literature Organization and Review

The current Latino/Hispanic Panel of the Managed Care Initiative of the Center for Mental Health Services was preceded in its task by the Latino Behavioral Health Work Group (NLBHWG), which was formed at the Latino Behavioral Workforce Conference, sponsored by CMHS and the Western Interstate Commission for Higher Education, in Denver, Colorado, in May of 1995. Its mission was to develop up-to-date standards for culturally competent behavioral health services for Latino populations under public and private managed care plans. This group was comprised of experienced Latino mental health professionals from all over the nation and was funded by the Center for Mental Health Services for this task. The standards which the group is developing are currently in their final draft stage. The Latino/Hispanic Panel of the CMHS Managed Care Initiative was appointed in early 1996 to develop a review of the literature in Hispanic mental health practices and standards. There is significant overlap in the membership of these groups including its chair. This review and accompanying recommendations will be used for the dual purpose of developing curricula for training practitioners and pre-practice trainees as well as the development of future initiatives in mental health services development.

The literature review process was primarily undertaken by the core group of the Panel. This involved both computerized literature searches (both MedLine and PsychLit databases were used) as well as input by the members of the Panel on literature which they found to be particularly relevant from their perspective. This literature review was inclusive of papers published in peer-reviewed refereed journals, non-peer-reviewed journals, monographs of significant meetings on Hispanic mental health practices and standards, and relevant reports of advocacy and professional organizations. The initial plan was to have limited the abstracted literature to only a portion of that which was reviewed. However, the limited volume and high quality of literature identified moved us to abstract all the citations identified save a few. Although some of the protocols for national behavioral/managed care organizations were reviewed, none of these included specific standards for mental health services for Latinos or other relevant data. The overall finding, however, indicated the paucity of literature in the field of Latino mental health practices and standards and the need for further contributions.

After the articles contributed both by Panel members were initially abstracted, they were organized using the structure of the guidelines developed by the Latino Behavioral Health Work Group, titled Cultural Competence Guidelines in Managed Care Mental Health Services for Latino Populations. Initial recommendations were developed out of the literature review by the Panel chair. The final draft of the literature review (as well as the NLBHWG guidelines) were circulated to consultants of the Panel as well as significant mental health organization, including those dealing with Hispanic/Latino mental health for comment and for additional input on the content and structure of the final report.

II. Literature Relating to Overall Systems Guidelines

A. Cultural Competence Planning/Implementation

1. Literature Review

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989) Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children who are Severely Emotionally Disturbed. Washington, D.C.: CASSP Technical Assistance Center, Georgetown University Child Development Center.

This seminal monograph, which summarizes the work of the Cultural Competence Resource Committee of the Georgetown CASSP Technical Assistance Center, established a number of important concepts relating to culture and mental health services, The concept of cultural competence in service delivery was first

established by this monograph, as well as the related concepts of the cultural competence continuum, provider cultural competence, and organizational cultural competence. They went on to define knowledge, skill, and attitude domains for provider cultural competence as well as organizational cultural competence, describing the process of developing cultural competence at both levels. The importance of natural supports, family and consumer empowerment, and involvement and ownership of mental health services are emphasized throughout the monograph. Although this monograph was initially developed with children's mental; health services in mind, all of the concepts developed and presented have equal applicability to adult and older adult services.

Isaacs, M. & Benjamin, M. (1991) Volume II: Towards a Culturally Competent System of Care: Programs which Utilize Culturally Competent Principles. Washington, D.C.: CASSP Technical Assistance Center, Georgetown University Child Development Center.

This is a companion monograph to the original monograph on culturally competent mental health services for children with SED which embody the principles and standards outlined in the original volume. The programs presented are a national cross-section, serving a wide range of ethnic/racial populations and also multicultural communities, including many Latino communities. The program descriptors include historical perspectives for the development of the programs as well as descriptions of their administrative structure, service array, and specific aspects of cultural competence planning and implementation which they developed and incorporated.

California Cultural Competency Task Force (1994) Recommendations for the Medi-Cal Managed Care Program. Supported by the California Wellness Foundation and the Henry J. Kaiser Foundation.

This report of the California Cultural Competency Task Force addresses cultural competence standards for the Medi-Cal managed care program. It first offers the rationale for these recommendations base on the state's increasing cultural diversity, then goes on to offer a formal definition of cultural competence as well as a listing of issues in health care delivery which further illustrate the definition and outline the importance of cultural competence. The report then addresses key issues in the implementation of cultural competence principles in the Medi-Cal managed care program, including sections on: Community Linkages (with an orientation towards integrated health and mental health services within a community-based systems approach), Demographic Description of the Geographic Service Area (outlining identifying demographic and ecological elements which need to be evaluated for the development of managed care plans), Capacity of Applicant Plan (elements of the health plan which need to be outlined in plan proposals, particularly to demonstrate the capacity to serve culturally diverse clients), Spectrum of Need (which outlines formulas for cultural competence and linguistic support services), Service Elements (which outlines health and support services which should be available through the plan), Recommended Role for State Department of Health Services (primarily regulatory/governance, technical assistance, and clearinghouse functions) Quality Assurance and Monitoring (standards for the monitoring of selected plans), and a section on outstanding issues on which the Task Force will make recommendations in the future. Appendices are included which illustrate methodology for the evaluation of cultural competence aspects of health plans.

Latino Coalition for a Healthy California (1994) Recommendations for the Request for Application, MediCal Managed Care.

This organization has proposed a specific section on cultural and linguistic services requirements to the California MediCal RFA. These requirements set out minimum contractual requirements for: 24 hour language line, appropriate interpretive services above a five percent threshold-based on county-wide MediCal-eligible population data, development of a Cultural and Linguistic Service Plan within one year of award of contract. Such a plan needs to use population-based data for its development. The health plan

needs to establish community linkages, including a community advisory group. Health education programs for culturally diverse consumers and provider orientation and training are also part of these requirements. The RFA also addresses the maintenance and transition from traditional and safety net providers and the recruitment and retention of bilingual providers. It also sets out standards for access procedures which are culturally syntonic, standards for appropriate marketing practices (so as to prevent marketing abuses), and procedures for patient grievances. It also presents the establishment of a Cultural and Linguistic Standards Task Force to develop further standards in these areas.

Martinez, F. (Project Director) & Chatfield, K. (Editor) (1995) Building Bridges: Tools for Developing an Organization's Cultural Competence. Phoenix, Az.: La Frontera, Inc. Funded by the U.S. Office of Minority Health (Grant No. D56MP94027-01-0).

This manual was developed by staff at La Frontera, which is considered one of the national model mental health programs for Latinos in the United States. It presents a cultural competence organizational self-assessment instrument developed from the experience of the program in serving Latino consumers and in evaluating its programmatic structure and content for cultural relevance. The manual was developed to present a framework for individuals, groups, or organizations to assess their level of cultural competence. It contains an assessment tool which evaluate cultural competence along a continuum of six stages along the lines proposed by Cross, Bazron, Dennis, and Isaacs (1988), ranging from cultural destructiveness to cultural competence. The stages are applied to four aspects of an organization: organizational environment, public relations/ working with the community, human resources, and clinical issues, with a scoring algorithm for each category. Each of these broad categories are divided into six sub-categories with examples of behaviors, situations, or procedures which are representative of each stage of cultural competence development. The manual then goes on to present a framework for cultural competence action planning through which an organization can translate the information collected into concrete goals and objectives towards cultural competence.

Roizner-Hayes, M., Garcia, I. & Cross, T. (1995) Assessing Cultural Competence in Children's Mental Health Organizations. Boston, Mass.: The Technical Assistance Center for the Evaluation of Children's Mental Health Systems at the Judge Baker Children's Center.

This publication presents a comprehensive approach to cultural competence evaluation and planning within children's mental health systems of care. A comprehensive literature review of recent trends in cultural competence assessment, definitions and frameworks is first presented. It then provides basic guidelines for planning and conducting evaluations of cultural competence within organizations, addressing such issues as the establishment of an evaluation team, identification of stakeholders and an evaluation audience, and gathering resource and data for the evaluation. The frameworks and perspectives for cultural competence evaluation are then reviewed, including policy, administration and management, cross-cultural training, service delivery, and consumer/ community perspectives. Finally, the handbook critically reviews twelve cultural competence assessment measures along the following dimensions: application relevancy and aspect; dimensions measured; process, format, and burden of administration; informants, adequacy of measures; and author contact and references.

Tirado, M.D. (1995) Tools for Monitoring Cultural Competence in Health Care. Latino Coalition for a Healthy California. Report to the Office of Planning and Evaluation, California Health Resources and Services Administration.

This report presents dimensions of culturally competent health care practices as well as the methodologies which were used in developing them. First, expert panels of primary care physicians and other health care professionals were drawn from the staffs of two minority-owned HMO's, one Latino and the other Chinese.

They first underwent surveys on provider awareness, with questions directed to prompt the participants to examine the appropriateness of treatment patterns developed with majority populations in the care of their respective ethnic minority populations, focusing on particular chronic conditions (asthma, diabetes, and hypertension). The participants were also address the role of cultural and linguistic factors in achieving adherence to best practices in the care of these conditions. They also reviewed drafts of a patient satisfaction survey in their respective populations, which ultimately was merged into a common instrument. The providers identified cultural factors complicating the care of their respective populations; for Hispanics these included: reliance on indirect communication, wall of deference, call for respect, personalism and non-verbal cues, and facade of fatalism. They also identified important issues in physician-patient communication; for Hispanics these included: relevance of culturally sensitive care for chronic conditions, the use of the extended family and neighbors, physician acknowledgement of patient combining Western medicine and traditional remedies, physicians spending more time to establish communication, the use of "indirectas", and early identification of patient's level of acculturation. These concepts were used in the development of the final consumer satisfaction and provider self-assessment cultural competence instruments. Areas of knowledge, skills, and attitudes essential to cultural competence in primary health care were developed out of this process.

Romero, Josie T. Culturally Competent Treatment For Hispanics. Published by Southwest Regional Center for Drug-Free Schools and Communities, The University of Oklahoma, Norman, Oklahoma. Editors; Herman Curiel, Ph.D. and Juan Paz DSW, 1996.

Cultural competency is a widely used term in the field of mental health. It conjures different meanings for different professionals. This paper provides an overview and definition of cultural competency within the context of treatment issues with Hispanic populations. It describes essential characteristics such as attitudes, interpersonal skills and essential knowledge base for working across cultures. It also focuses on techniques for assessing family and cultural strengths and applying interventions from a strengths' perspective. Elements such as language fluency, acculturation and social class status are addressed. The importance of Cultural competent policies and management direction is also examined.

Taussig IM, & Trejo L, (1992), Outreach to Spanish-speaking Caregivers of Persons with Memory Impairments: A Brief Report. The Haworth Press Inc., pp. 183-189.

In order for caregivers of all cultural/racial groups to facilitate their caregiving responsibilities, they need to be educated with culturally & linguistically appropriate information. One thing learned at a conference was the fact that if "presenters are aware of the culture & social expectations & behaviors of the participants, they will respond in a positive manner, & that if presenters are able to speak the language of the participants they will participate to their fullest." In order to develop the MH care delivery system to reach Hispanics, the following is recommended: mutual cooperation; shared responsibility; patience & trust; justification; & participant reactions.

Ruiz P., (1985), Cultural Barriers to Effective Medical Care Among Hispanic-American Patients. Annual Review of Medicine. 36: 63-71.

"To successfully diagnosis & treat people from different cultural dimensions, medical practitioners must supplement theoretical concepts with knowledge about the patients' cultural heritage." For example, some physicians allow patients to seek advice from folk healers. In assessing & treating P.R. patients, "practitioners must be fully aware of the constant problems these patients confront in trying to adapt to settings....it is most important that health practitioners should not only be aware of these significant cultural differences, but that health policy makers should also be sensitive to the needs" of Hispanics. The medical treatment of these patients is best done through education of the health care system. Therefore, a complete knowledge of cultural factors will offer health care providers an understanding of the patients

attitude toward their illness.

UTAHNS AT RISK: How effectively do Salt Lake County Agencies Serve Ethnic Minorities? A Report prepared by the Minority Human Services Task Force, April 1990. Javier Saenz, Ph.D. and Marva M. Davis.

The study of Utahns at Risk was an collaborative effort of the Minority Human Service Task Force, the Valley Research Corporation, Salt Lake County, and the Department of Housing and Urban Development.

The report points out the status of the invisibility of the ethnic minority individuals in Utah and the attitude of the service providers in the State of Utah. Discrimination is practiced ipso facto on the basis of cultural diversity due to the lack of knowledge of Hispanic and other ethnic minorities.

Services provided were ineffectual with minorities since they reflected disregard for cultural and ethnic differences. They are often provided by professionals unaware of insensitive to language, values, beliefs or minority world views; that is, they are indifferent to the ethnic minority groups reality conditions. The Study emphasizes making available training in cultural and ethnic differences to be offered in schools, rewarding of bilingual and bicultural expertise, certification of training, and offering additional education and opportunities for ethnic minorities to provide culturally sensitive services.

2. Literature Gaps and Recommendations

The limited literature on cultural competence planning is of high quality and sets out standards which can be the basis of the design of systems of care which can achieve cultural competence. They address critical issues such as governance, benefit design, access, linguistic support, staff training, and quality assurance. The unfortunate state of affairs is that such standards have yet to be fully applied either in managed care plans or in large service organization, coming closer to reality in smaller community-based service organizations. The challenge remains to apply such standards on a system-wide basis, either in health care organizations or health plans. Such cultural competence planning should include a needs assessment process and organized input by the Latino community to be served. The evaluation of the impact of the application of such standards and planning using instruments which evaluate the cultural competence of organizations and individuals within them (such as that developed by Mason) is a natural direction for future literature in this area. There is some need for the development of similar plans for different Hispanic/Latino populations and communities. The areas of focus and directions of guidelines will differ according to the values, beliefs, and practices of different Latino populations and communities. (Also-see Cultural Competence Guidelines in Managed Care Mental Health Services for Latino Populations).

B. Governance

1. Literature Review

MEXICAN-AMERICAN MENTAL HEALTH ISSUES: Present Realities and Future Strategies. Papers from a conference held in Goleta, California, June 10-12, 1970.) Edited by Stanley W. Boucher, Director of Mental Health, Continuing Education Project. Western Interstate Commission of Higher Education, Boulder, Colorado 80302, Leonard Baca, Richard Martinez, Edward Rendon, and Patricia Veolgenau.

The conference was supported in part by the Nation Institute of Mental Health, Grant MH10758. 140 Hispanics participated in this conference, articulating their concerns, making recommendations and proposing solutions.

The booklet is comprised of ten papers and an introduction by Mr. Arturo Raya, Special assistant on Health needs of "Spanish-Surnames-American," Office of The Secretary of HEW. The papers include the following issues:

Institutional Deviancy: The Mexican-American Experience, Ernesto Galarza

The Plight of Los Batos in El Barrio, Salvador Ramirez

El Sentido de la "Salud Mental" en los Angeles Del Este, Alicia Escalante

The Impact of Class Discrimination and Racism on the Mental Health of Mexican-Americans,
Armando Morales

The Impact of the Mental Health of Anglo Social Institutions upon the Mexican-American, Octavio Romano

Chicano Designs for New Model "Mental Health" Services: I LUCHA, Roberto Castro

Chicano Designs for New Model "Mental Health" Services: II The San Antonio Proposal--A New Kind of
Mental Health Center, Mariano Aguilar

New Directions, Faustina Solis

All of the papers have in common the deep sense of commitment to make evident the social problems and profound frustration faced by Hispanic-Americans in this country in the areas of mental health services. There was a commitment to identify their reality facing Hispanics at that time in terms of historical background, characteristics, and the struggle being faced in this country. There was a sense of hope, looking at strategies and answers that could give children and their children a more equitable world and better future. The "Strategies and Solutions for the Future" are not too different from those today. They rejected the existing system of mental health but proceeded to propose ways of inclusion into the promoting and delivering of mental health services, by proposing a system proportionately staffed by Hispanic practitioners and administrators. The main concerns included making the services more available to the needs of those served and more accessible and relevant to their needs.

2. Literature Gaps and Recommendations

There is a dearth of literature on the process of culturally governance of community-based services, systems of care and health plans by Latinos. This is in spite of the existence of a number of community-based mental health programs for Latinos with significant community governance from which extremely valuable experience could be gained on the process and structure for involving the Latino community in this process. Perhaps this has not been a topic which has been thought to be important to present in the literature. Additionally, the untidy process of developing community input and governance and the development and application of the procedures involved (such as grievance procedures, representation guidelines, etc.) is difficult to capture in print. However, historical and descriptive reports of the process of community governance could give much guidance to the development of community governance in new care management entities.

C. Benefits

1. Literature Review

Ruiz, P., Venegas-Samuels, K., & Alarcon, R.D. (1995) The Economics of Pain: Mental Health Care Costs Among Minorities. Cultural Psychiatry 18(3): 659-670.

This paper discusses concerns about the problems faced by ethnic minority populations residing in the U.S.

insofar as access to mental health services. The paper first discusses the large proportion of uninsured amongst ethnic minority populations (41.4 % of Latinos, 29.8 % of African-Americans, and 21% of Asians, versus 18.6 % of whites. Medicaid and Medicare cover at most a combined 36.5 % (of Puerto Ricans), with private insurance covering at most 55.6% (of Cuban-Americans). African-Americans and Latinos, on the other hand, are less likely to use outpatient services and more likely to use inpatient services. Although there are no significant ethnic/racial differences in diagnoses, poverty increases the risk of having a new Axis I disorder almost two times. The rising health care costs which are faced by private insurers and government creates challenges of how these gaps in access will be addressed. The authors make a number of recommendations, including: extending Medicaid coverage to uninsured individuals, an increasing role for primary care physicians in mental health care provision, inclusion of minority populations in the debate over health care reform efforts, and addressing the effects of poverty, language barriers, and cultural bias as barriers to more timely care.

Rogler, L.H. & Cortes, D.E. (1993) Help-Seeking Pathways: A Unifying Concept in Mental Health Care. American Journal of Psychiatry 150(4): 554-561.

The concept of help-seeking pathways is presented in this paper as a means of analyzing the process of obtaining mental health services as well as identifying critical barriers and issues which need to be addressed in order to make care more accessible and effective for underserved populations. The paper uses the specific example of Hispanics in analyzing help-seeking pathways. These pathways are the sequence of contacts with individuals and organizations prompted by the distressed person's efforts, and those of their significant others, to seek help, as well as the rendering of such help in response to such efforts. The authors discuss a number of factors which influence the pathways pursued by underserved minority individuals, particularly Hispanics. These include: the individual's self-monitoring of discomfort or distress, the sequence of symptoms or experiences which lead to expression, the mode and intensity of expression of distress, the decision of whether and when help is to be sought out, the social networks involved in facilitating help-seeking and even providing informal consultation, the interaction of the individual's expectations with the caregiving institution's access and entry processes, and the process of interaction between the caregiver and the patient and its facilitation of further contact. The authors point out the numerous stages and steps at which cultural values, beliefs, and roles influence the process and the importance of incorporating cultural knowledge and aspects of indigenous helpseeking pathways to facilitate access to services for underserved minorities.

Ruiz, P., (1993), Access to Health Care for Uninsured Hispanics. Hospital and Community Psychiatry. 44 (10) 958-962.

Due to many factors, for example not having adequate health & mental health insurance, Hispanics have problems gaining access to mental health care systems. "Evidence suggests that being uninsured makes a difference in use of health and mental health services." The following factors contribute to the large number of the Hispanic population being uninsured: the Hispanic population grew faster than any other ethnic group in the U.S.; two times more Hispanics than whites are categorized in the poor/low-income families; being underinsured; & Hispanic families w/out adult workers. Another main point presented was that Hispanics are underrepresented in the health occupations; therefore, patients have language and cultural barriers. Dr. Ruiz suggests public policy to increase the likelihood of Hispanics to have access to all kinds of health care. For example:

- 1) providing education @ health & mental health needs & related services to Hispanic population
- 2) providing health & mental health insurance coverage for Hispanics via employers
- 3) making health & mental health insurance coverage for poor/low-income Hispanic families
- 4) provide a better representation of Hispanics in the health care system
- 5) promoting passage of health care reform & universal insurance plans
- 6) developing a new health care system ensuring equal access to all services for all people.

Brindis, C., Wolfe, A.L., McCarter, V., Ball, S., Starbuck-Morales, S. (1995) The Associations Between Immigrant Status and Risk-Behavior Patterns in Latino Adolescents. Journal of Adolescent Health 17:99-105.

Paper reports on the results amongst Latino adolescents of a confidential Teen Health Risk Survey administered at two high schools in northern California. The results indicated that Latino students engaged in greater numbers of risk-taking behaviors than non-Hispanic whites. Overall mean number of risk behaviors (use of illicit drugs, alcohol, and cigarettes; self-violence, drunk driving, unintended pregnancy, and violence to others) were highest for Latino immigrants, and next highest for U.S.-born Latinos. Analyses were controlled for gender, age, and SES. Native-born Latinos were specifically most at-risk for alcohol use and marijuana use, while immigrant Latinos were most at risk for unintended pregnancy and self-violence. Limitations in terms of the pooling of different Latino sub-groups, lack of inclusion of drop-outs, and few respondents who were recent immigrants. The authors point to the need for comprehensive physical and mental health services within the context of educational and social services to prevent morbidity from such risk factors.

Heller, T., Markwardt, R., Rowitz, L., Farber, B. (1994) Adaptation of Hispanic Families to a Member with Mental Retardation. American Journal of Mental Retardation 99(3): 289-300.

Adaptation of Hispanic (n = 51) and non-Hispanic white families (n = 195) was examined using in-home interviews, self-administered surveys, and phone follow-up. The measures used include characteristics of the member with mental retardation (using the Inventory for Client and Agency Planning, which inquires about different behaviors and their degree of problems they cause) and family variables (including religious values, support resources, socioeconomic status, problems in dealing with service providers, and caregiver burden). Among Hispanic families, most were Mexican-American or Puerto-Rican, with twice the number of other children at home than non-Hispanics. The person with MR was still in the home in 73% of Hispanic families but only 44% of the non-Hispanic white families (though out-of-home placement was most correlated with SES), and they were significantly younger if Hispanic (13.4 years) than if white (19.6 years). Hispanic families had a significantly lower level of SES, had significantly higher levels of religious values which influenced their caretaking, and had significantly lower perceived level of burden than non-Hispanics. Social support was not significantly different between the two groups (which may be related to the high percentage of recent immigrants amongst the Hispanic families), but Hispanics reported higher levels of difficulties with the service system. When child and family characteristics, religious values, and support resource variables were controlled, Hispanic group designation still accounted for a small but significant portion of the variance, but no significantly different patterns of predictors of caregiving burden for Hispanic versus non-Hispanics were identified. The authors suggested that understanding the role of religious values in Hispanic families with members with MR and outreach services through churches might be most valuable for Hispanic families.

Swanson, Jeffrey W; Holzer, III, Charles E; and Ganju, Vijay K. Hispanic Americans And The State Mental Hospitals In Texas: Ethnic Parity As A Latent Function Of A Fiscal Incentive Policy, **So. Sci. Med, Vol No. 7, 1993, pp. 917-926**. Printed in Great Britain. All Rights Reserved.

This paper examines patterns of utilization of the state mental hospitals in Texas by Hispanics vs. Anglos from FY 1984 to FY 1988. While Hispanics have been under-represented in the ranks of psychiatric patients historically, a Texas policy of inpatient census reduction through a fiscal incentive had the unintended result of deinstitutionalizing more Anglos than Hispanics. The paper describes various aspects of the observed trend. Among factors discussed are the fact that Hispanic hospitalization was already low; services through the fiscal incentives tended to be more culturally accessible to Anglos; and utilization rates and trends varied *within* the Hispanic population, depending upon whether one resided in an affluent county

and upon concentrations of Hispanics in one's county.

2. Literature Gaps and Recommendations

The literature on access and utilization of mental health services by Latinos is particularly valuable in the development of guidelines for benefit design in managed behavioral health plans. (Also: see Section III A., Access to Care/Services, later in this report). It is clear from this literature that Hispanics utilize too few mental health services already, and that the inclusion of linguistically and culturally competent practitioners and services, social support services, traditional healers, and community-based services are extremely important in the appropriate design of mental health benefits for Latinos. It is also important to note that incentives to shift the nature of service utilization and benefits may work differently with Hispanics, with higher use of restrictive services and of medical services which they may find as culturally acceptable alternatives. Benefits and services which work in collaboration with and through the Latino family could also be extremely effective in supporting more cost-effective but appropriate service utilization.

Future literature in this area should include studies on shifts in the utilization of services by Latinos as different types of benefits are offered by managed care plans in states with Latino populations. Such studies should not only examine the utilization of mental health services, but also that of health and social services, as well as family burdens of care and function resulting from benefit changes or shifts. Additionally, new guidelines for community-based flexible benefits using a wrap-around philosophy within the context of Latino culture should be developed and tested in pilot implementations in new health plans with Latinos.

D. Quality Monitoring and Improvement

1. Literature Review

Pumariega, A.J. Culturally Competent Evaluation in Systems of Care for Children's Mental Health. (1996) Journal of Child and Family Studies. 5(4): 389-397.

This paper describes the cultural factors which need to be addressed in the development of program evaluation for systems of care for children's mental health. The premise of this review is that, with the increasing number of culturally diverse children being served by such systems, it is critical to address cultural issues which are embedded in the assessment of process and outcome in such systems. The paper reviews areas which need to be addressed by program evaluators, including: the impact of culture on different evaluation designs, the cultural competence of systematic measures, the inclusion of culturally and socioeconomically relevant indicators, linguistic factors involved in the development of assessments, the use of culturally competent field staff for data collection, and community input into any efforts at program evaluation. The principles covered in this paper can be readily applied to the design of quality improvement studies in systems of care or health plans.

REPORT OF THE SPECIAL POPULATIONS SUB-TASK PANEL ON MENTAL HEALTH OF HISPANIC AMERICANS. Submitted to THE PRESIDENT'S COMMISSION ON MENTAL HEALTH, February 16, 1978. Chaired by Amado M. Padilla, Ph.D., and Carlos Caste, M.D.

This report presents the recommendations that resulted from the meeting of the Special Population Sub-Panel on Mental Health of Hispanic Americans. Many of these recommendations were based on the work conducted at a meeting of Hispanic professionals sponsored by Yale University on July 7, 1977. Additional input was received from various organizations and individuals involved in providing services to Hispanic

Americans and/or researching their mental health needs. The report begins with a summary of the Hispanic Americans' issues related to mental health. This overview provided the broad conceptual framework for which specific recommendations were organized into three major issues I. Delivery of Mental Health Services to Hispanic Americans; II. Research on the Mental Health of Hispanic Americans; and, III. Identification of Strategies for the Prevention of Mental Illness among Hispanic Americans. In the preparation of the report, great care was taken to make its content representative of the cultural diversity exhibited by Hispanic Americans. There were, however, many mental health needs that were shared by all Hispanic Americans. The report emphasized the notion of bi-culturality and cultural pluralism (Ramirez, Castaneda, 1974), signifying that members of other cultures that of the majority the "Melting pot concept" was no longer valid; implicit in the concept of bi-culturality were the advantages of bi-lingualism. It is not surprising that the struggle for bi-lingual education has become a visible symbol of the larger struggle to maintain ethnic identity and pride (Padilla, 1977). Although statistics at the time were far from abundant and accurate there was a general agreement that Hispanics under-utilize mental health services which were presented in a culturally alien context (Padilla, Ruiz, Alvarez, 1975).

Several successful models in this area needed to be emulated, including: the *Laboratory of Sociocultural Detoxification* of the Puerto Rico Institute of Psychiatry, the *Therapist-Spiritist Training Project* in Puerto Rico (funded by NIMH), the *Salt Lake Spanish-Speaking Health and Mental Health Task Force*, the *Spanish Speaking Mental Health Research Center at the University of California, Los Angeles* (an NIMH-funded project), and the mental health research center at Fordham University.

To provide effective mental health services to Hispanic Americans while maximizing the utilization of available resources, the panel recommended that:

I. ISSUE: Delivery of Mental Health Services to Hispanic Americans

1) *The Department of Health, Education and Welfare establish a comprehensive program to monitor and increase the available pool of Hispanic professionals and paraprofessionals engaged in the delivery of mental health services to Hispanic Americans. Such programs should (a) conduct personnel supply/demand analyses specific to the Hispanic population; (b) provide resources to bring Hispanic representation among mental health personnel to parity with Hispanic representation in the U.S. populations; and © vigorously enforce Title VI of the 1964 Civil Rights Act as applicable to all health and mental health service delivery institutions and universities that receive federal funds.*

2) *Local, State, and Federal agencies, in collaboration with institutions of high education and professional organizations, develop and implement mental health training programs that provide learning environments and curricula congruent with the Hispanic culture(s) and the mental health needs of Hispanic Americans. Furthermore, these programs should seek to emulate and expand successful models already in existence.*

3) *Culture-specific models of service delivery be developed and implemented which integrate the traditional values and support systems of Hispanic Americans with conventional treatment modalities such as those provided by psychiatrists and psychologists. Implicit in this recommendation is the assumption that such models will differ as a function of the particular sociocultural backgrounds of individual Hispanics.*

4) *Human services be delivered to Hispanic Americans in the context of accessible multiservice centers providing acceptable health, mental health, social welfare, educational, economic and legal services centered around the concept of the Hispanic Family.*

5) *Federal, state and local mental health programs be flexible to allow and encourage the implementation of innovative models of service delivery uniquely tailored to the needs of Hispanic populations in different catchment area. The guidelines for these programs should allow for Hispanic administrative units, advisers, advisory groups, and/or mobile teams of Hispanic health professionals.*

6) *Comprehensive investigations be conducted to assess the quality and quantity of services provided to Hispanic Americans by the Veterans Administration, the Social Security Administration, the Department of Labor, and the Administration for Children, Youth and Families. It is further recommended that, on the basis of the consequent findings, these agencies be mandated to provide services to Hispanic Americans that are of the same quality and quantity as those provided to the general United States population.*

7) (a) *Adequate and stable funding be provided to continue the operation of CMHC's. Implicit in this recommendation is the need to stipulate a firm and stable shared commitment on the part of federal and state governments to the continued funding of mental health services; (b) guidelines for implementation of PL 94-63 allow for greater flexibility in the provision of mandated services; and © the specific needs of the Hispanic community to explicitly recognized and addressed in the drafting of any state or federal legislation regarding accreditation.*

8) *A board separate from the HSAs' board, composed of Hispanics, review and monitor hospitals and other health facilities to insure compliance with DHEW regulations as they affect Hispanics; (b) that this board accredit facilities and possess other power given to DHEW review bodies presently enforcing health services delivery regulations; (c) that grant awards earmarked for HSAs have specific conditions placed on them by DHEW-HRA whereby the spending and distribution of HSA monies would address the health problems and needs of disadvantaged Hispanics in the migrant stream and in rural and urban areas; and (d) that present DHEW monitoring boards or teams which review health care facilities for compliance with federal regulations include Hispanic health services consumers and providers as board members.*

9) *Mental health services be included under NHI; (b) all legitimate services provided under proper supervision (including services provided by non-conventional therapists) be reimbursable under NHI; and © treatment for diagnostic categories such as environmental stress and adjustment reactions be classified as reimbursable services under NHI.*

10) (a) *the provision of high quality mental health services be made as integral part of HMOs' structure and function; (b) the role of psychologists and social workers be substantially increased; and © mechanisms be developed to insure that services are provided regardless of ability to pay.*

II. ISSUE: Research on the Mental Health of Hispanic Americans

The full range of behavioral science research, including psychological, clinical and evaluation research, required a concentrated effort to build an adequate knowledge base on the nation's Hispanic population.

The review of Latino mental health literature by Padilla and Ruiz (1973) included some 500 articles that represented the status of the field at the time. The authors pointed out a variety of serious deficiencies such as stereotypic interpretations, weak methodological and data-analytic techniques, lack of replicability of findings, and the absence of programmatic research. These problems raised serious doubts not only about the scientific value of that knowledge base, but also with respect to the legitimacy of its pragmatic implications for the delivery of mental health services to the Hispanic population.

To develop new human resources and more effectively utilize the available personnel for research on Hispanic mental health, the panel recommended that:

11). *The Department of Health, Education, and Welfare establish a comprehensive program to monitor and increase the available pool of Hispanic researchers in the core mental health disciplines. Such program should (a) conduct research personnel supply/demand analyses specific to the Hispanic population; (b) provide resources adequate to eliminate current Hispanic under-representation; (c) promote the more effective utilization of available resources; and (d) vigorously enforce Title VI of the 1964 Civil*

Rights Act as applicable to institutions of higher learning receiving federal funds.

12). DHEW and other federal agencies that fund mental health research programs be mandated to establish funding criteria for Hispanic research which are commensurate with the magnitude of this population and it's needs. It is further recommended that each agency establish an adequately funded and identifiable administrative unit specifically charged with the responsibility for coordinating Hispanic mental health research activities. Specifically, it is recommended that Hispanic Centers, with Hispanic IRGs and Hispanic executive secretaries, be established within NIMH, NIDA, and NIAAA.

13). DHEW mental health research funding agencies expand research opportunities for Hispanic researchers through the establishment of research centers and consortia located in academic centers as well as service settings.

14). Each federal agency that collects statistics on the nation's population be mandated to implement PL 94-311, which provides for the breakdown of population subgroups according to ethnicity.

15). (a) Hispanic representation be substantially increased within data-gathering agencies such as the National Center for Health Statistics (HRA), the Division of Biometry and Epidemiology (NIMH), and the U.S. Bureau of the Census; (b) a national Comprehensive Data System (CDS) on Hispanic health and mental health be established; and (c) CDS be formally linked to Hispanic mental health research centers and the National Coalition of Hispanic Mental Health and Human Service Organizations.

16). Diagnostic and assessment studies with an emphasis on significant sociocultural variables influencing normative behavior be conducted. Primary attention should be given to the appropriateness of pathological behavior classification systems and of the instruments used to assess intelligence, achievement and normality.

17). Epidemiological studies of the incidence and prevalence of mental health-related problems among Hispanics be initiated at the local, state, regional and national levels. This recommendation presupposes that such studies will acknowledge and address variability among the various Hispanic subgroups.

18). Programmatic research be conducted on the nature of variability among and within the major Hispanic groups in the United States. This research should focus on differences in acculturation, language use, and geographic location and their differential impact on the mental health of Hispanic Americans.

19). Programmatic research be conducted on the predominance and differential utility of existing therapeutic modalities, including indigenous therapies and faith healing. Furthermore, it is recommended that new approaches be developed which are demonstrably effective for special subpopulations such as Hispanic women, children and the elderly.

20). Basic and applied research on Spanish-English bilingualism be conducted to increase the scientific understanding of the process as well as it's implications for the diagnosis, treatment and prevention of mental illness among Hispanic Americans.

III. ISSUE: Identification of Strategies for the Prevention of Mental Illness Among Hispanic American

The basic purpose of prevention in community mental health is the promotion of the quality of life, a basic goal shared by Hispanic peoples. Although the proportion of Hispanics born in the United states is high, the quality of life which the majority of Americans have experienced is unknown to the millions of Hispanic Americans of third, fourth or more generations.

Although assimilation or acculturation may have become a reality for some Hispanics, the majority were not seen as showing signs of proceeding along those courses. It seemed wise to consider the basis for this

phenomenon. Native traditions had proven to be no less ancient and no less profound than European cultural traditions. Then there was the inevitable influence resulting from the immediate proximity to native homelands. It was speculated that Hispanics were entering into a process of mutually beneficial cultural enrichment, which was providing specialized concepts to address some contemporary psychocultural problems and illnesses related to minority status.

The issues of multi-culturalism and acculturation among the Hispanic peoples were identified as being broad, complex and profound. These bicultural differences accounted for differences in the nature and rate of acculturation, as well as differences in mental disease patterns, syndromes and treatment modalities. In addition to addressing bicultural value conflicts, prevention in Hispanic mental health needs to deal with the complex stresses involving resettlement (migration and immigration) and socio-economic disadvantages.

To prevent mental illness by strengthening the psychosocial and social support systems, I recommended that:

Develop appropriate and traditions of Hispanic mental health services aimed at involving the Hispanic cultural events.

Develop mental health services for Hispanics as well as the general population of the Hispanic culture, with a high level of involvement from Puerto Rico and other

relevant local, state and national organizations and Hispanic culture (s).

Research, and the development of other interventions

provide for closer cooperation with organizations such as the churches and community centers.

In the context of primary prevention, mental health personnel should be trained in bicultural issues.

These programs should be funded by the state and introduce

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Health, Edited by: Dr.

Dallas, Texas, Luis Medina, Boulder, Colorado, Efraim Lugo, San Jose, California, Ricardo Ontiveros, Walnut Creek, California, Victor Padilla, Albuquerque, New Mexico, Ruben Durán, Pullman, Washington, Javier Sáenz, Salt Lake City, Utah, and Alicia Noriega, Los Angeles, California. Supported in part by the National Institute of Mental Health and Western Interstate Commission of Higher Education (WICHE)

These papers were the product of conferences that took place in Los Angeles, California, Boulder, Colorado, Salt Lake City, Utah, Albuquerque, New Mexico, Seattle, Washington, Las Vegas, New Mexico, Tucson, Arizona, Mt. Angel, Oregon, and Peaceful Valley, California. The issues presented in this booklet were organized around subject, conclusions, and recommendations. The papers describe the historical, traditional, and ethnic characteristics of the Hispanic families and the value of the Hispanic family and the mental health problems it faces, the significance of the "barrio" in our lives, the life, characteristics, ethnic and social characteristics of the migrant workers, and the historical perspectives and vital need of education for our children.

Each of the papers included in this effort provided a plan of action and/or a list of recommendations to be implemented "por todos aquellos que lean estas paginas" (by all those that read these pages). The plan included legal resources for procurement of mental health services to Hispanics as well and hope for a more official plan for implementation for services to Hispanics in mental health.

The plan proposes, "A Fundamental Criteria for Evaluating the Adequacy and Effectiveness of Mental Health Programs." that served the Spanish-speaking-Chicano community of the southwest. It was an early version of the notion of "ethnic and cultural proficiencies." The criteria included are:

- 1) Is the program engaged in preserving and understanding the unique nature of the Chicano family?
- 2) Does the program utilize the indigenous Chicano community as a source of manpower and expertise?
- 3) Has the program taken steps to sensitize its staff to the unique values and life styles of the community residents it serves?
- 4) Does the program provide an atmosphere conducive to personalized, respectful concern for the Chicano client from the initial contact through actual services?
- 5) Does the program staff understand, accept, and promote the concept of cultural pluralism?
- 6) Has the program developed one or more service component of effective outreach services?
- 7) Are the techniques used for psychological assessment and labeling of problems in living appropriate for the Chicano population being served?
- 8) Is there positive evidence that the program has developed and sanctioned resources to carry out social advocacy activities on behalf of the Chicano residents?
- 9) Are the adequate accessible and widely comprehended channels by which the Chicano community can communicate with the mental health programs?
- 10) Does the service provider share its power decision making with the population it is trying to serve?

Further, these papers recommend areas of "future action" which include 1) research of topics such as the indigenous heritage of Spanish-Americans, the use of folk practitioners, implications of the existing testing instruments for assessing psychological and/or educational needs, how are various Hispanics communities cope with their "problems of living," 2) looking for fresh models of service, community-based services, community-based monitoring systems, the one-roof concept of total health care services, models that combine on-the-job education of professionals and paraprofessionals while providing effective services to the Spanish-Speaking, for gaining useable accreditation and education, 3) use of the law to bring about needed change through a) bilingual education and requirements for bilingual staff, and b) civil rights laws and commissions.

U.S. Department of Health and Human Services. (1993) **One Voice, One Vision: Recommendations to the Surgeon General to Improve Hispanic/Latino Health.** Soto-Torres, L.E., de la Rocha, C., Delgado,

J.L., Rodriguez-Trias, H., Yzaguirre, R., and Sanchez, R.B., Executive Planning Committee.

This monograph summarizes the result of both a national planning conference as well as regional planning conferences in Public Health Services regions which addressed issues relating to Latino health as well as recommendations to the Surgeon General for action to address these issues. The conference addressed issues such as improving access to health care in Latino communities, improving data collection strategies, increasing the representation of Latinos in the health professions, development of a relevant and comprehensive research agenda to improve Latino health, and health promotion/disease prevention. Concept papers were prepared in each of these areas by experts in the field, and problems in each of these areas as well as strategies for addressing them were developed at the both the regional and national meetings. Issues relating to mental health and substance abuse services were subsumed under the general health umbrella, but at times were highlighted in terms of their importance, yet the general recommendations apply readily and equally to the area of mental health. The agendas of the national and regional conferences as well as the addresses of the keynote speakers are included in the monograph.

2. Literature Gaps and Recommendations

The limited literature on quality standards for mental health services for Latinos is primarily to be found in the proceedings of national conferences where the development of such services was the major focus. There was no literature which was the result from quality assurance or improvement plans and/or data collected from services delivered to Latino populations. The significant and important issues of practitioner credentials necessary for effective service delivery to Latinos is not even discussed. However, the results of these national conferences do suggest possible areas of monitoring and indicators which health plans and service organizations can utilize to evaluate the effectiveness and appropriateness of the services they deliver to Latinos.

Reports on the monitoring of generic quality indicators involving Latino and non-Latino populations would be valuable in determining the appropriateness of such indicators with Latino populations as well as their usefulness in determining and ensuring comparability of services across ethnic groups. Reports on the use of culturally-specific quality indicators for the delivery of mental health services for Latinos could additionally assist the development of culturally appropriate clinical services and the evaluation of such services.

E. Decision Support and MIS

1. Literature Review

Flaskerud, J.H., & Hu, L. (1992) Racial/Ethnic Identity and Amount and Type of Psychiatric Treatment. American Journal of Psychiatry 149(3): 379-384.

This paper reports on a study examining the relationship between racial/ethnic identity and the amount of psychiatric treatment received by white (43.0%), African-American (20.5%), Latino (25.5%), and Asian (3.1%) patients seen in the Los Angeles County mental health system from January, 1983, through August, 1988. MediCal eligibility was significantly higher for Latinos and African-Americans than for whites and Asians, though all groups had between 74 and 84% eligibility. The distribution of psychotic disorders amongst the ethnic groups was: 55.1% in whites, 62.9% in African-Americans, 47.9% amongst Latinos, and 63.8% amongst Asians. The data was collected in the MIS system for L.A. county mental health services, which had well tested validity but some questions about its reliability, which was improved by the dichotomous nature of the treatment measures. Multiple regression analyses was used to examine relationships between ethnicity and treatment modalities, controlling for age, gender, SES, primary language, diagnosis, and therapist discipline. Compared to whites, Asian patients had significantly more

sessions, African-American had fewer sessions, and Latino had as many sessions. African-American patients were most likely to receive medication prescribed than whites, while Latino and Asian ethnicity were not significantly associated with particular treatment modalities. Lower SES and English as the primary language were associated with not receiving medication therapy, while psychotic diagnoses were associated with receiving medications. All other ethnic groups received significantly more treatment involving medications than did whites. Latinos and Asians were more likely than whites to receive outpatient treatment, while African-Americans did not have any significant difference from whites on treatment setting. More African-Americans and fewer Latinos were treated as inpatients; inpatients also tended to be younger, male, and with psychotic diagnoses. Although ethnicity was not significantly associated with type of professional, not speaking English as a primary language and a psychotic diagnosis is associated with receiving services from lesser trained therapist. The authors conclude with caution about bias in the treatment of patients with psychosis and patients from lower SES background.

Garcia, J.M., and Montgomery, P.A. (1991) The Hispanic Population in the United States: March, 1990. Washington, D.C.: U.S. Department of Commerce, Series P-20, No. 449.

This report summarizes demographic trends for Latinos in the United States based on the findings of the 1990 U.S. Census. This report addresses such variables as age, gender, educational level, occupation, household income, urbanicity, and poverty level. It includes data for Hispanic origin individuals, non-Hispanics, as well as some breakout for the different Hispanic sub-groups. This is a report which is invaluable in any attempt to plan mental health services, particularly if sub-sets of this data from the U.S. Census for the particular region are utilized.

Hu, T., Snowden, L., & Jerrell, J. (1992) Costs and Use of Public Mental Health Services by Ethnicity. The Journal of Mental Health Administration. 19(3): 278-287. This study used data obtained from the Santa Clara County Department of Mental Health MIS system to evaluate the costs and use of public mental health services amongst ethnic populations: Asians (13%), Blacks (7%), Hispanics (18%), and Whites (62%). The study had access to data on 12,436 unduplicated users of data. This compared to 65.1% whites, 22.1% Hispanics, 12.2% Asians, and 7.3% Blacks in the 1.4 million population of the county. Clinical characteristics of the sample (DSM-III diagnoses and CGAS scores at first encounter) and utilization of four categories of mental health services (24 hour, day, outpatient, and case management services) and cost data were examined. A significantly higher percentage of Hispanics and whites than Asians used inpatient services, while a higher percentage of Blacks and whites used residential services. In skilled nursing facilities, Blackshad the longest lengths of stay and Asians had the shortest, but Blacks had the shortest lengths of stay in residential care. Blacks and whites had the highest percentage use of day services, but Asians had the longest stays and Backs the shortest. Whites had the highest percentage use of case management as well as the most hours of care. Asians were most likely to use individual therapy than group theories, while a relatively higher percentage of Blacks used emergency services. Insofar as overall costs, Whites had the highest mean cost and Asians the lowest. The percentages of costs incurred for 24 hour services were 49% for Blacks, 48% for Hispanics, 45% for whites, and 21% for Asians. Of the total 20.47 million budget, 66.9% were spent on whites, 16.9% on Hispanics, 6.2% on Blacks, and 10% on Asians, with Whites claiming a proportionately and significantly greater share of public mental health resources. Distribution of costs examined through the percentage of budget spent by the top 5 % of users was 50% for Blacks, 48% for Whites, 55% for Hispanics, and 37% for Asians. After controlling for socioeconomic status and severity of clinical condition, Asians incurred most costs, followed by Whites, with Hispanics and Blacks incurring fewer costs. However, utilization by Asians was not found to be excessive, and the data indicated the inadequate resources devoted to Hispanics and Blacks.

2. Literature Gaps and Recommendations

The literature on information systems for decision support in mental health in general is embryonic.

However, the articles cited in this section point out the value of the data which can be generated from existing decision support systems in identifying patterns of utilization and cost analyses. The existence of such information systems is ubiquitous, from the state level to the federal level (including the U.S. Census database). However, standards for the coding and categorization, entry, and analysis of such data is largely absent, particularly in the field of cultural competence and in Latino mental health.

There is a critical need for literature which presents standards for such databases, including the designation of critical fields such as the categories for Hispanic ethnicity, religion, family structure, and socioeconomic status, as well as the inclusion of other culturally relevant information and utilization patterns, such as the utilization of social support, general medical services, and cultural healers, and the geographic coding of individual data. Standards for the confidentiality of such data as well as its use for services planning and policy are also needed. Further studies on service utilization and cost based on such databases will also enrich the field and present important findings for service design.

F. Staff Training and Development

1. Literature Review

Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations. In: Myers, H.F., Wohlford, P., Guzman, L.P., Echemendia, and R.J. (Eds.) Ethnic Minority Perspectives on Clinical Training and Services in Psychology. Appendix D, pp. 191-194.

These guidelines were developed by the American Psychological Association's Board of Ethnic Minority Affairs, Task Force on the Delivery of Services to Ethnic Minority Populations. These guidelines are intended to enlighten all areas of service delivery, with reference to individual clients, organizations, government, and/or community agencies. It sets out general principles of client education; cognizance of relevant research; recognition of ethnicity and culture as significant parameters in understanding psychological processes; respect for the role of family and community hierarchies, values, and beliefs; interaction in the language preferred by the client; consideration of the impact of adverse social, environmental, and political factors in assessment and care planning; attending and working to eliminate biases, prejudices, and discrimination; and the documentation of relevant culturally and sociopolitically relevant factors in clinical records.

2. Literature Gaps and Recommendations

Literature on curricula and process of staff training and development is quite deficient. There is considerable literature on the knowledge base, skills, and attitudes necessary to deliver mental health services for Latinos (see Section III of this report), but the integration of such literature into coherent guidelines and curricula is critical if cultural competence training for staff in working with Latino clients is to be successfully applied. The guidelines from the American Psychological Association are a good starting point, although they are perhaps more minimal guidelines and principles to be built upon. These curricular materials should be developed by teams composed of educators and experienced Latino mental health specialists who can provide the structure and content necessary for such tools. The evaluation of such curricula in terms of improved knowledge, skills, and attitudes as well as client clinical, functional, and satisfaction outcomes could then follow.

II. Literature Relating to Clinical Standards

A. Access to Care/ Services

1. Literature Review

Cheung, F.K. & Snowden, L. (1990) Community Mental Health and Ethnic Minority Populations. Community Mental Health Journal 26(3): 277-291.

This paper reviews the literature for overall trends for minority utilization of mental health services. Data reviewed indicates that African-Americans utilize higher levels of service than expected, Asian-Americans utilize less, and Hispanics and Native-Americans use varies according to type of service. Using national data from mental health organizations, Hispanics use less inpatient (3.8 %), more residential treatment (8.2 %, more likely children), less residential support (4.6 %), slightly more outpatient (7.4 %) and less partial care (4.7 %) proportionate to their representation in the general population (6.4 %). Other community-based surveys support this finding and point to multiple factors. Hough, et al. (1987) found that Mexican-Americans were significantly less likely than whites to make a visit to a professional for mental health reasons when diagnosed with a mental disorder. Wells (1987) found a correlation between use of mental health services and degree of acculturation. Hispanic utilization is also lower overall in community surveys than indicated in organizational studies. Hispanics also appear to attend few sessions and leave treatment prematurely (Kahn and Heiman, 1978; Sue, 1977). Also, the determination of the importance or treatability of mental health problems may influence perceptions of few barriers to care by Latinos, as by Mexican-Americans in the ECA study (Hough, 1989). The use of curanderos appears to be declining with acculturation (Edgerton, Karno & Fernandez, 1970; Keefe, 1971; Scheper-Hughes & Stewart, 1983), but other studies point to significant utilization with a changing role and emphasis (Acosta, 1984; Trotter and Chavira, 1981). Prayer is also found to be a significant coping mechanism in Mexican-Americans (Acosta, 1984). Biased diagnostic assessment has been also found to play a role in Latino mental health utilization, with biases identified in the DIS (Canino, et al, 1987; Escobar, et al, 1987), in the assessment of cognitive impairment leading to determination of higher impairment (Burnam, et al., 1987), and in the CES-D's ability to detect clinical depression among recent Mexican immigrants (Vega, et al., 1986). Others have reported cross-cultural comparability of number and intensity of symptoms between Hispanics whites (Skillback, et al., 1984), but differences with Blacks (Randolph, Escobar, Paz, and Forsythe, 1985). Further research is recommended by the authors, not only on degree of utilization but also the impact of financing and of culturally-based perceptions and expectations of services.

Bui, KT, & Takeuchi, DT, (1992), Ethnic Minority Adolescents & the Use of Community Mental Health Care Services. American Journal of Community Psychology 20 (4): 403-417.

This article examined the utilization rates, treatment dropout rates, & length of treatment for minority adolescents in MH care system. MH services are usually unresponsive to the needs of ethnic minority adolescents due to the following factors: inaccessible MH services, biased assessment techniques, cultural & language barriers, the lack of minority MH professionals, & "our" knowledge of minority children with emotional/ behavior problems is extremely limited. One major barrier with Hispanics deals with the fact they don't use English as their primary language; therefore, become reluctant to use only English-speaking services. Thus, leading to the underutilization of services by Hispanics with MH problems. The Federal government is attempting to improve the delivery of MH services through the CASSP. One initiative is that each state who receives a CASSP grant has to develop a minority objective & provide technical services to assist them. The results of this paper consist of client characteristics, frequency of outpatient use, dropout rates, & length of treatment. Client characteristics: A comparison shows that Asian Am. & **Hispanics** are

underrepresented, whereas African Am. are overrepresented in the MH system.

Gottesfeld, H., (1995), Community Context & the Underutilization of MH Services by Minority Patients. Psychological Reports 76:207-210.

A study indicates that "mental health services are underutilized by minority patients." One study wanted to cover the broad spectrum of beliefs & approaches to community mental health. A factor analysis was done. The strongest and most prevalent factor was "community context" (26%). This is where a community determines the type of mental health services needed. The author of this article is "pessimistic about community context being widely used to reduce minority patients dropping out of mental health services." The results of the study "suggest that adopting a community context in actions as well as attitudes was related to continuance or dropping out of treatment by these minority patients." In order to keep minority patients engaged in treatment services, changes need to be made in these mental health organizations. However, incentives for change do not currently exist.

Briones, D.F., Heller, P., Chalfant, H.P., Roberts, A.E., Aguirre-Hauchbaum, S.F., & Farr, W.F. (1990) Socioeconomic Status, Ethnicity, Psychological Distress, and Readiness to utilize a Mental Health Facility. American Journal of Psychiatry 147(10): 1333-1340.

Assessed the effects of minority status versus ethnic culture on use of mental health services by Mexican-Americans by testing an analytical path model that proposes a sequence of factors that culminate in a decision to use such services. The factors included: age, gender, Mexican-American ethnicity and acculturation, SES, life stress, degree of social and institutional support, and depression. The model predicts that, in the face of life stress, minority status, in interaction with low SES, leads to a lack of social and institutional support and increases risk for depression. Data from face-to-face interviews conducted with a stratified, probability sample of 446 Mexican-Americans and 337 Anglo-Americans in the El Paso SMSA was used. Instruments included the 22 item version of the CES-D, a Mexican acculturation scale derived from Cuellar, Harris, and Lasso (1980), a life stress measure developed by Thoits (1981), socioeconomic status items on education and yearly income, a measure of social and institutional support, and a series of items on utilization readiness developed by Kulka, Veroff, and Douvan (1979). The model was confirmed by the path analysis, but Mexican acculturation had another direct effect on support independent of socioeconomic status, and life stress also affected utilization readiness through a lesser direct path independent of depression. The results support that ethnicity and socioeconomic status influence service utilization as part of a multiplicity of factors.

Starrett, R.A., Rogers, D., & Decker, J.T. (1992) The Self-Reliance Behavior of the Hispanic Elderly in Comparison to their Use of Formal Mental Health Helping Networks. Clinical Gerontologist 11(3-4): 157-169.

Paper examines formal mental health utilization by Hispanic elderly compared to degree of self-reliance. Data was obtained from a probability sample of 1805 non-institutionalized Hispanics ages 55 and over selected through the National Association of Hispanic Elderly, stratified for geographic and sub-cultural representation. Regression analyses examined factors predictive of formal mental health utilization. The results indicate that self-reliance explained the greatest variance (36%), followed by use of the church (17%), use of physician (9%) and use of a mental health professional (8%). Hispanic elderly who were more depressed, had more family problems, had greater functional ability, and were less worried or afraid depended exclusively upon themselves to solve their problems. Those elderly who had less contact with friends, participated less in senior church activities, attended church less, were less stable residentially, were in a higher density area, and lived with grandchildren were more self-reliant. The major finding of this study was that Hispanic elderly rely on themselves to solve their mental health problems more often than they use the church, physicians, or mental health professionals. They are more likely to rely on physicians if

they also experience physical problems, while lack of contact with relatives is correlated with use of professionals.

Pumariega, A., Glover, S., Holzer, C., & Nguyen, H. (In Press) Utilization of Mental Health Services in a Tri-Ethnic Sample of Adolescents. Community Mental Health Journal. In Press.

This paper reports on the findings on service utilization from a school-based epidemiological study of adolescent psychopathology comparing two sites: the highly underserved, predominantly Hispanic lower Rio Grande Valley, and a better served tri-ethnic area in Galveston County. A total of over 1400 youth were surveyed, with sampling controlling for special populations. Youth were asked about their use of mental health services, including school-based services, as well as completing the Youth Self Report by Achenbach and other sociodemographic items. Hispanic youth on average used significantly fewer services than white or African-American youth. Their access to services (determined by living in the lower Rio Grande Valley), socioeconomic status, and family characteristics such as household size and father absence had significant impact on their service utilization in addition to their ethnicity.

2. Literature Gaps and Recommendations

There is a developing literature on the utilization of mental health services by Latinos which focuses on factors which either facilitate or impede the use of formal mental health services. Factors such as socioeconomic status, age, gender, level of acculturation, degree of family support, and religious involvement are equal to level of distress and perceived need for services in the decision by Latinos to seek formal mental health services. This literature, which is largely based on research methodologies, should be extremely valuable in the design of access protocols which facilitate the early use of appropriate mental health services by Latinos and prevent the tardy use of high levels of mental health and health services (also see Section II C., Treatment Services).

Future literature needs to focus on describing and evaluating interventions or procedures for appropriate service facilitation which use the findings of studies on Latino mental health utilization. The comparison of the impact of access protocols and procedures on Latinos and other ethnic groups, particularly the mainstream white population, would also be valuable in the development of appropriate access protocols for systems of care or health plans.

B.

Triage and Assessment

1. Literature Review

Velasquez RJ, Callaha WJ, & Young R, (1993), Hispanic-White MMPI Comparisons: Does Psychiatric Diagnosis Make a Difference. Journal of Clinical Psychology. 49 (4): 528-534.

The results of the MMPI show that Hispanics differ from Whites, even after controlling for psychiatric diagnosis, age, & education. Several conclusions were found. They are as follows: (1) there is a need for quality MMPI research on Hispanics; (2) there is a need for MMPI research that focuses on Hispanic intra-group differences; (3) there is a need for research that focuses on the interpretation of Hispanics' MMPI performance in a variety of clinical settings; and (4) the Hispanic-White MMPI differences may be diagnosis-specific.

Canino, G., Bird, H., Rubio-Stipec, M., Woodbury, M., Ribera, J., Huertas, S., & Seeman, M. (1987) Reliability of Child Diagnosis in a Hispanic Sample. Journal of the American Academy of Child and

Adolescent Psychiatry. 26(4): 560-565.

This study evaluated the reliability of DSM-III diagnosis in combined clinical and community sample of 191 children in Puerto Rico. The assessments were performed by two Hispanic child and adolescent psychiatrists using the DISC as a guideline but able to deviate from the structured interview to probe any areas. They also had access to the children's CBCL's scores as well as school information if requested. The clinicians provided diagnoses along the full five axes as well as a CGAS score. There was a wide range of agreement on specific diagnoses as measured by kappa correlations between the clinicians, with 0.75 for functional enuresis, 0.55 for dysthymic disorder, and 0.50 for major depression, but with as low as 0.10 for adjustment disorder and five of nine falling below kappa of 0.50. However, agreement was much higher for diagnostic clusters, ranging up to 0.90 for mental retardation, with affective disorder as a whole improving to 0.64, and only two clusters (negativistic syndromes and adjustment disorders) out of eight falling below 0.50. Reliability on the other axes was also good (0.58 on Axis IV, 0.83 on Axis V current, and 0.73 on Axis V past year), while agreement on the current and 6 month CGAS were 0.90 and 0.88 respectively. Overall agreement on caseness was 83.5 %, with agreement being significantly better on severe referred cases or in non-referred, non-cases. Age or time lapses between assessments (mean was 19 days and ranged from same day to 10 weeks) did not significantly affect reliability.

Ramirez, S., Wassef, A., Paniagua, F., Linskey, A., and O'Boyle, M. (1994) Perceptions of Mental Health Providers Concerning Cultural Factors in the Evaluation of Hispanic Children and Adolescents. Hispanic Journal of Behavioral Sciences. 16(1): 28-42.

This study analyzed the perceptions towards the consideration of cultural factors in the evaluation of Hispanic children by 136 mental health professionals attending a two day training program on depression in two mid-sized and one large city in Texas with large Hispanic populations. The respondents reported that the children they saw were 42% Hispanic, 13% African-American, 43% white, and 1% from other groups. The professionals were 36% Hispanic, 54% white, and 7% African-American, and were mostly masters' degree social workers or counselors. Most indicated they had some type of culturally-focused training. Of the program participants, 40% completed the questionnaires, yielding the number of respondents listed. They were asked to rate their efficacy in determining degree of acculturation, whether Hispanic children expressed symptoms of mental status differently than whites, the importance of taking cultural factors into account in diagnosis, the extent that they took these factors into account, and their perception of their need for more training in this area. The respondents perceived themselves as only moderately successful (4.3 out of 7) in assessing client acculturation, rated Hispanic children as moderately different (4.79) in their symptom expression, saw cultural factors as important in evaluation (6.02), rated themselves moderately high (5.59) in their accounting of culture in evaluations they perform, and had moderately high ratings of their perceived need for further training, with 20% rating their need as very high (7). On analyses of variance, there was a significant city effect for skill in determining acculturation, with professionals from Laredo (with a majority Hispanic population) rating themselves much higher than those from Wichita Falls (with a high Anglo population), though the ethnicity of the professionals themselves did not demonstrate significant differences. Hispanic professionals in general rated themselves as more able to determine degree acculturation than Anglo professionals.

Munoz, RA, Boddy, P., Prime, R., & Munoz, L., (1990), Depression in the Hispanic Community: Preliminary Findings in Hispanic General Medical patients at a Community Health Center. Annals of Clinical Psychiatry. 2 (2): 115-120.

Depression in one of the most common psychiatric diagnoses, but is often unrecognized by both the client and care provider; therefore, it is usually untreated. Depressive symptoms are significantly higher among Hispanic communities rather than the general population. After the study was completed, it showed that 44% of the Hispanic clients were mildly to extremely depressed, but none of the clients were being treated

for depression because out of the 100 subjects (74F; 26M), none of them were described as "depressed" by the medical doctors nor by the patients themselves.

Oquendo MA., (1994), Differential Diagnosis of Ataque De Nervios. American Journal of Orthopsychiatry. 65 (1): 60-65.

It is very important for clinicians to be able to recognize the symptoms of ataque de nervios because it may be confused with other disorders; thus, resulting in unnecessary hospitalization & medication. A study done in Puerto Rico verified the fact that ataque de nervios is most common in women & that there is a range of stressors. Some of the stressors are as follows: death in the family, presence at the scene of an accident, & an argument w/a significant other. Ataque de nervios may resemble many other disorders due to the overlap between symptoms & psychopathological conditions. Some "differential diagnoses" are as follows: Brief Psychotic Disorder, Borderline Personality Disorder, Panic Disorder, Generalized Seizures, Conversion Disorder, & Dissociative Amnesia. Therefore, "the recognition of ataque de nervios is complicated by frequent coexistence w/psychopathological conditions." Researchers suggest the reason this disorder is more prevalent in women is due to the expression of anger & how it is prohibited in the Puerto Rican culture. There is "little latitude for expression of anger, frustration, or fear. Women are expected to accept misfortune stoically & silently." When treating the Hispanic client, "the appropriate intervention is to provide support...& remove the stressor." This may be done by holding family meetings to enhance support or seeing a minister. In short, "Facilitating the recognition of ataque de nervios is important for the mental health care of Hispanic women." Being aware of the existence & symptoms of the disorder will promote appropriate attempts to treat; thus, clarifying "symptomatology that may indicate a co-existing anxiety or affective disorder & the necessity for diagnostic tests or pharmacologic interventions."

Oquendo, M., Horwath, E., and Martinez, A. (1992) Ataque de Nervios: Proposed Diagnostic Criteria For A Culture Specific Syndrome, **Culture, Medicine and Psychiatry** 16: 367-376.

Ataque de nervios is described as a phenomenon primarily seen among Spanish-speaking Caribbeans, in which the afflicted person demonstrates impulsivity, dissociation and communication and perceptual disturbances, most often following a psychosocial stressor. Though described variably in the literature, common traits include suddenness of onset, disruption in communication ability and the action oriented result--most generally mobilization of family and other resources to assist in dealing with the stressor, which strongly suggests the need for inclusion of extended family in therapeutic interventions. Two examples provide further details, and the authors conclude that, "consistent observation of cultural influences on symptom formation, stress related behavior and family response suggests a need to explicitly describe identifiable culture specific syndromes in a reliable way."

Porrata JL., (1995), Scores on Psychoticism of Adolescent Girls in Puerto Rico. Psychological Reports. 76: 808-810.

This study shows the scores of adolescent Puerto Rican girls on a personality measure. The results showed low scores for the girls on the Psychoticism scale for the Eysenck Personality Questionnaire. This presented the fact that there may be "possible confusion in girls showing toughness & in being assertive." Another explanation may be that when the questionnaires were administered, the girls "answered so they would appear 'good' to the teachers." One researcher has stated that "girls at maturity see beyond their immediate circumstances & perceive they are discriminated against in social areas." In Puerto Rico, it is known that the males are dominant & the females are subjugated. The "women are taught to be docile & delicate." Therefore, the personality scores of young girls in Puerto Rico are due to both their hormonal/biological differences (compared to males) & most importantly, the "various historical, psychological, social & economic factors contribute to inconsistencies" (but, that can be changed in time).

Grossman, J. And Shigaki, I.S. (1994) Investigation of Familial and School-Based Risk Factors for Hispanic

Head Start Children. American Journal of Orthopsychiatry. 64(3) pp. 456-467.

"The relation of familial and school-based risk factors to socioemotional and learning problems was studied in a sample of Hispanic children in Head Start programs. Socioemotional problems were found to relate most strongly to school based solitary play, negative peer interactions, and maternal reports of child temperament, while associated learning problems related most strongly to school based attention span. Significant gender interaction was also identified. Results support use of culturally sensitive ecological model of assessing child behavior and hold implications for further research." (p. 456)

Acosta, Frank X; Nguyen, Loc H; and Yamamoto, Joe. Using the Brief Symptom Inventory To Profile Monolingual Spanish-Speaking Psychiatric Outpatients, **Journal of Clinical Psychology**, September, 1994, Vol. 50, No 5, pp. 723-726.

A translated version of the Brief Symptom Inventory, a shortened version of the SCL-90-R, was given to 153 primarily monolingual Spanish speaking individuals in three clinics in East Los Angeles. The paper attempts to provide profiles of self-reported psychiatric symptomatology of a specific subgroup of the Hispanic population. The T-scores for all dimensions and of the Global Severity Index results of this small group of people lead the authors to suggest that, "the BSI is a potentially useful instrument as an indicator of self-reported psychiatric symptomatology when it is translated carefully in Spanish."

Knight, G.P., Virdin, L.M., Ocampo, K.A., & Roosa, M. (1994) An Examination of the Cross-Ethnic Equivalence of Measures of Negative Life Events and Mental Health Among Hispanic and Anglo-American Children. American Journal of Community Psychology 22(6): 767-783.

This paper reports on a study of the cross-ethnic functional and scalar equivalence of several mental health measures for children by examining interrelations of the indicators they measure and their regression correlations with negative life events to predict mental health outcomes, as well as comparing the mental health indicators across Hispanic and Anglo children. The measures used were: the Child Depression Inventory (Kovacs, 1981), the Child Hostility Scale (Cook, 1986) and the Global Self-Worth Scale (Harter, 1985), while negative life events were measured using the General Life events Schedule for Children (Sandler, Ramirez, and Reynolds, 1986). There was considerable cross-ethnic functional and scalar equivalence for the measure of depression, conduct disorder, and negative life events. Hispanic children scored higher on the CDI than Anglo children, but this difference could be explained by differences in SES.

Knight, G.P., Virdin, L.M., and Roosa, M. (1994) Socialization and Family Correlates of Mental Health Outcomes among Hispanic and Anglo-American Children: Consideration of Cross-Ethnic Equivalence. Child Development 65: 212-224.

This paper reports on a study designed to assess: 1) ethnic differences in several socialization, family, and mental health measures; 2) the relation of these family and socialization measures to mental health measures, 3) the degree to which the ethnic differences in the mental health measures are related to differences in the socialization and family measures, and 4) the cross-ethnic scalar equivalence of these standard scales of socialization and family variables. The standard measures of socialization and family variables were the Children's Report of Parental Behavior Inventory, the Parent-Adolescent Communication Scale, and the Family Adaptability and Cohesion Evaluation Scales II; the standard measures of mental health variables were the CBCL, the Child Depression Inventory, the Youth Self-Report Child Hostility Scale, and the Global Self-Worth Scale. A sample of 231 9 to 13 year-old children and their mothers, including 70 English-speaking Hispanic children and their mothers and 161 Anglo children and their mothers. The results indicate that there are ethnic differences in several socialization and family variables;

several of the socialization and family variables are related to the mental health variables, and these relations are very similar across ethnic groups; and the socialization and family measures appear to have sufficient cross-ethnic scalar equivalence for English-speaking, largely Mexican-American Hispanic samples. The findings further suggest some caution regarding the use of the Child Depression Inventory in Hispanic samples.

Pumariega, A. Acculturation and Eating Attitudes in Adolescent Girls. Journal of the American Academy of Child and Adolescent Psychiatry. 25(2): 269-275.

This study examined the prevalence of significant risk for eating disorders in a sample of Hispanic female high school students from a private and a public high school in South Florida as compared to a sample of Anglo female high school students in the middle Southern U.S. The rate of risk for eating disorders as measured by the Eating Attitudes test was almost identical in the two samples. The study also found a significant correlation between acculturation (as measured by an acculturation scale similar to that developed by Cuellar) and abnormal eating attitudes (measured by the EAT) in the Hispanic sample, but failed to find a correlation between socioeconomic status and abnormal eating attitudes.

Swanson, J., Linskey, A., Quintero-Salinas, R., Pumariega, A.J., & Holzer, C. (1992) Depressive Symptoms, Drug Use, and Suicidal Ideation Among Youth in the Rio Grande Valley: A Bi-National School Survey. Journal of the American Academy of Child and Adolescent Psychiatry. 31(4): 669-678.

This paper reports on the findings of a study of depressive symptoms, substance use, and suicidal ideation amongst youth along the U.S.-Mexican border. The subjects were over 4,000 youth attending middle and high schools in twin cities on both sides of the border in the lower Rio Grande Valley region, approximately 2,000 on each side. The sample was weighed for educational tracking on the U.S. side. The instrument administered included sections from the NIDA annual survey of high school substance use, the CES-D, and items from the DIS on depressive symptoms and suicidality. The findings indicated that levels of depressive symptoms were equally high on both sides of the border, and correlated with perceived socioeconomic status, but levels of substance use and of suicidal ideation were significantly and multiply lower for youth on the Mexican side of the border as compared to predominantly Mexican-American youth on the U.S. side. Level of depressive symptoms, gender (male), generational status in the U.S., and the origin of the youth's parents (one or two parents born in Mexico or the U.S.) were significantly correlated to substance use. The authors conclude that there are significant cultural and ecological factors which influence the use of substances and suicidal ideation given equal levels of distress.

Pumariega, A.J., Swanson, J., Holzer, C., Linskey, A., and Quintero-Salinas, R. (1992) Cultural Context and Substance Abuse in Hispanic Adolescents. Journal of Child and Family Studies. 1(1): 75-92.

This paper reports on further findings from the above cited study which focus on the influence of culturally mediated activity variables on the use of substances in Hispanic youth. In the above cited study, youth were also asked to indicate the time they spent with their families, in religious activities, exposed to the media, hanging out with friends, in athletic activities, doing homework, and in work outside the home. Some of these variables were found to be significantly different between youth on the Mexican side and the American side of the border. Thirty day and problem substance abuse were both correlated with many of these variables, and even when depressive symptoms and generational status in the U.S. were accounted for, they were predictive of substance abuse. The authors believe that these activity variables are concrete evidence of the impact of culture on preventive or ameliorative behavior with respect to substance abuse, which becomes less evident as Hispanic youth and their families adopt American cultural values.

Trautman, P.D., Rotheram-Borus, M.J., Dopkins, S., & Lewin, N. (1991) Psychiatric Diagnoses in Minority Female Suicide Attempters. Journal of the American Academy of Child and Adolescent Psychiatry 30(4): 617-622.

Psychiatric diagnoses were examined using the Kiddie-SADS among three groups of minority adolescent females ages 12 to 17: 61 suicide attempters, 31 psychiatrically disturbed non-attempters, and 23 non-attempting, non-disturbed girls. There were no significant differences between the groups in age, grade level, or ethnicity (54% Hispanic, 28% black, and 14% white). Mother's educational level was significantly higher in the disturbed non-attempters than in the other groups, but father's education did not differ. Major or minor depression was found in 42% of attempters, conduct disorder in 46 %, multiple diagnoses in 38 %, and no diagnoses in 13 %, with these rates being very comparable with those found in disturbed non-attempters. Only one symptom, suicidal ideation, distinguished attempters from disturbed non-attempters, while many symptoms distinguished these two groups from non-disturbed adolescents.

Cervantes, R.C. & Arroyo, W. (1994) DSM-IV: Implications for Hispanic Children and Adolescents. Hispanic Journal of Behavioral Sciences 16(1): 8-27.

This paper discusses the application of the DSM-IV with Hispanic children and adolescents. An overview of the development and the construction of the DSM-IV is provided, including the field testing process and the convening of the cross-cultural panel (that had a strong Hispanic representation) which proposed a number of modifications as well as the cultural formulation, which was eventually adopted. The adult literature on the reliability and validity of DSM diagnostic categories with Hispanics is reviewed, and studies show that cultural and social factors affect critical aspects of diagnostic rates (Baskin, Bluestone, & Nelson, 1981), self-reported psychiatric symptoms (Skilbeck, Acosta, Yamamoto, & Evans, 1984, Randolph, Escobar, Paz, & Forsythe (1985), and diagnoses of community mental health clients (Flaskerud, 1986). The study by Skilbeck, et al., (1984) showed that Hispanics who sought out treatment had a higher level of reported symptoms on the SCL-90 than African-Americans and somewhat higher but comparable to whites. Although it appears from the limited literature that existing diagnostic instruments such as the SCL-90, the DIS, the DISC, and others might be reliable for specific symptom clusters and diagnoses, it is not assured that these instruments capture the entire phenomenology of psychological distress amongst Hispanics. Additionally, these instruments have been shown to be reliable when special measures are taken to address linguistic differences and interrater reliability (Guarnaccia, Good, and Kleinman, 1990; Canino, et al., 1987). A literature review yielded very few empirical studies on DSM diagnostic categories when used with Hispanic children and adolescents (Canino, et al., 1987; Canino, Gould, Prupis, & Shaffer, 1986; Constantino, 1982; Padilla, Cervantes, & Maldonado, 1988). Although they did not review these articles in depth, they concluded from them that diagnostic classifications should incorporate "culturally relevant patterns" so as to achieve cross-cultural applicability and diagnostic accuracy. Additionally, differences in developmental, socialization, and child rearing norms also need to be taken into account in making diagnostic and treatment decisions (Krener & Sabin, 1985). The paper ends with specific recommendations for potential sources of bias as well as recommendations for the use of specific diagnostic criteria.

Sanders-Phillips, K., Moisan, P.A., Wadlington, S., Morgan, S., & English, K. (1995) Ethnic Differences in Psychological Functioning Among Black and Latino Sexually Abused Girls. Child Abuse & Neglect 19(6): 691-706.

This paper reports on a study contrasting the circumstances of abuse and psychological functioning in Latino and African-American sexually abused girls. The review of the literature points to ethnic and cultural differences in how traumatic events are perceived, interpreted, and responded to. Ethnicity may also play an important role in influencing the circumstances of abuse and in mediating the impact of and responses to childhood sexual abuse. The study involved 23 African-American and 19 Latina girls. They were assessed with the Child Depression Inventory, the Nowicki-Strickland Children's Locus of Control Scale, the Shortened Children's Health Locus of Control Scale, the Piers-Harris Self-Concept Scale, and the Body

Cathexis Scale. The WISC-R and the Bender Visual Motor Gestalt Test were used to determine if the groups differed in cognitive skills which might influence results. Latinas were younger and more likely to have a sibling who had been abused. More of the Latina girls were abused by their biological father and other relatives, whereas African-American girls were mostly abused by stepfathers and family friends. More of the African-American girls disclosed to their mother, while Latinas disclosed to other family members and friends. The groups did not differ on cognitive testing, locus of control, self-concept, or body cathexis measures, but Latinas did have higher overall scores on the CDI, particularly in the factors which measured loss of self-esteem, feelings of inadequacy, and chronic tiredness, pessimism, and feeling sorry for self. Latinas identified more family problems, many of which resulted from immigration, and were more likely to be referred by law enforcement; while African-American girls were more likely to be more avoidant and aggressive in their expression of distress. In a hierarchical regression for depression, ethnicity was a significant factor as was high level of family conflict. In separate correlations and regressions for each ethnic group, family conflict was highly correlated with depression for African-Americans, but in Latinas, though they did experience higher levels of family conflict, did not have this variable correlated with depression, but had exposure to vaginal intercourse as the only significant predictor of depression (it was also correlated to family conflict). High depression scores were also correlated with earlier onset of abuse and abuse by a relative, both of which was found more frequently amongst Latinas. The major source of stress from child sexual abuse for Latina girls seemed to be disruption of family unity resulting from abuse. This also may cost the Latina victim some degree of maternal support as the mother strives to preserve family unity. Further studies were recommended to examine whether immigration stress might be a contributing factor to family conflict which may be associated with sexual abuse.

2. Literature Gaps and Recommendations

There is an extensive literature on the diagnostic evaluation and assessment of the mental health status of Latinos. This literature has a wide base ranging from conceptual, epidemiological, clinical samples, and the testing of systematic measures. It also covers a broad range of factors which serve to influence the appropriateness and validity of the diagnostic assessment of Latinos, such as language, acculturation, age, gender, socioeconomic status, Latino ethnicity/national origin, and patterns of expression of distress and symptoms. This literature has already been influential on nosology and diagnostic systems, such as the adoption of the cultural formulation in the DSM-IV, as well as the design of more culturally competent instrumentation. In fact, the development of some diagnostic instruments, such as the NIMH Diagnostic Interview Schedule for Children, has been heavily influenced by the participation of Latino populations in their development, to the point that the cultural competence of such instruments with non-Latino and particularly white middle class children is questionable. This literature should be extremely valuable for the development of diagnostic protocols in systems of care serving Latino populations.

There is still need for further cross-cultural literature on diagnostic assessment methods and tools, comparing the operation of such technologies between Latinos and other ethnic groups, for the purpose of determining the relative appropriateness of such techniques and tools and the modifications which may be needed across cultures. The literature on culture-bound syndromes is also salient in this section, but there is a need for broader literature to describe the culture-bound syndromes found in different Hispanic ethnic groups such as Mexican-Americans, Central Americans, Dominicans, and Cuban-Americans, since the focus of this literature has been primarily on the Puerto Rican population. As the application of triage and diagnostic protocols become more commonplace in managed systems of mental health services, the evaluation of the differential results of such protocols on Latinos as compared to other ethnic groups.

C. Treatment Services/Process

1. Literature Review

O'Sullivan, M. and Lasso, B. (1992) Community Mental Health Services for Hispanics: A Test of the Culture Compatibility Hypothesis. Hispanic Journal of Behavioral Sciences. 14(4): 455-468.

This paper examines the extent to which cultural compatibility influences mental health services utilization in Hispanics. They review past literature that supports the conclusion that Hispanics have repeatedly been found to underutilize mental health services in comparison to Whites and other ethnic groups. They also review past studies which indicate that lower level of acculturation is associated with the use of alternative providers, and with other studies, including one by the authors, which suggest that the presence of Hispanic staff and the development of a CMHC specific to Hispanics in Seattle resulted in comparable utilization by Hispanics and much lower drop-out rates. In this paper, the authors go on to re-analyze data from the MIS system of the State of Washington's Division of Mental Health, which the authors had previously reported on in their previous study. In this study, however, they examined correlation between the drop-out rates and utilization rates of Hispanics served in the CMHC's in the Seattle/King County area (n = 161) and their matching with Hispanic staff. Hispanics seen by Hispanic staff had significantly lower drop-out rates (6.9%) than those seen by non-Hispanic staff (17.9%). This drop-out rates for Hispanics seen at the area's Hispanic CMHC (6.7%) was significantly lower than others seen at intake at the other CMHC's in Seattle (21.7%). Hispanics seen by Hispanic therapists (8.89) or seen at the Hispanic CMHC (8.73) had significantly more psychotherapy sessions than those seen by non-Hispanic staff (5.34) or treated at other CMHC's (5.44). Using a logistic regression for drop-out to generate odds ratios showed that Hispanic clients served at intake at the Hispanic CMHC were 4 times as likely to remain in treatment beyond their initial service than Hispanic clients seen at other CMHC's. A logistic regression for number of visits demonstrated both Hispanic staff and service at the Hispanic CMHC being significantly related to greater number of services.

Ruiz, P. (1995) Assessing, Diagnosing And Treating Culturally Diverse Individuals: A Hispanic Perspective, **Psychiatric Quarterly**, Vol. 66 (4): 329-341.

The author briefly defines the Hispanic American population, depicts prominent mental health traits, reviews cultural barriers to receipt of mental health services, offers concluding remarks and raises potential areas for future research. Cautions are extended against the excessive use of somatic treatments and of potential response to lower dosages of tricyclic antidepressant medications among Hispanic American depressed patients.

Organista, K.C., Munoz, R.F., & Gonzales, G. (1994) Cognitive-Behavioral Therapy for Depression in Low Income and Minority Medical Outpatients: Description of a Program and Exploratory Analyses. Cognitive Therapy and Research 18(3): 241-259.

This article describes the treatment of depression in low income and ethnic minority medical outpatients with cognitive-behavioral therapy. It also reports preliminary results of a study of effectiveness of this modality with a minority sample, including predictors of treatment outcome and drop-out. In this study, 175 minority patients were treated with either individual or group cognitive therapy or a combination of both. Forty four percent of them were Latino and most of them were unemployed, in their late 40's, and had less than a high school education. Diagnoses were established using the SCID-P and symptomatology was measured on follow-up using the Beck Depression Inventory, both of which included Spanish versions which were back translated and panel adjudicated; a demographic questionnaire was also included. There was a 35 % reduction in BDI scores for completers of the treatment course, and a 24 % reduction for drop-outs, which comprised 58 % of the sample. Age (younger), ethnicity (minority ethnicity), and treatment modality used (group) were the variables which most strongly discriminated completers from drop-outs. Pre-treatment BDI (higher) and marital status (not married or with partner) significantly were most likely to

have higher BDI scores at the completion of treatment. The authors believe that their results support using cognitive-behavioral therapy with minority clients, but recommend role preparation for therapy in order to reduce drop-out rates.

Cabaniss, D., Oquendo, M., & Singer, M. (1994) The Impact of Psychoanalytic Values on Transference and Countertransference: A Study in Transcultural Psychotherapy. Journal of the American Academy of Psychoanalysis. 22(4): 609-621.

This paper discusses the cultural influences in transcultural psychoanalytically-oriented psychotherapy. The authors discuss how, although the ideal is one of a value-free therapist, the reality is one of multiple cultural influences. These not only include the culture of the patient and the therapist, but also the culture of the psychotherapeutic paradigm, in this case psychoanalysis. They discuss the effect of the psychoanalytic culture along a number of domains, such as values relating to the continuing influence of the family (and the value of separation/individuation), greater value on verbal over non-verbal communication, and emphasis on free association and the goal of bringing unconscious thoughts into awareness (which conflicts with cultural prohibition against the expression of evil thoughts). They use case vignettes to illustrate how these cultural values embedded in psychoanalytic theory influenced the therapists' reaction to the patient who was attempting to address the cultural values and beliefs relating to their conflicts. The authors offer suggestions for dealing with problems arising from discrepancies between psychoanalytic cultural values and those of the patient, including early discussion of cultural differences, understanding of the patient's culture by the therapist, and continuous examination of the therapists' own values, both personally and professionally derived.

Malgady RG, Rogler LH, & Costantino G, (1990), Hero/Heroine Modeling for Puerto Rican Adolescents: A Preventive MH Intervention. Journal of Consulting and Clinical Psychology. 58 (4): 469-474.

The present study uses a hero/ heroine modeling intervention as a therapeutic agent for high-risk P.R. adolescents. As said in the article's abstract, after a certain amount of sessions, the intervention significantly increases adolescents' ethnic identity and self-concept as well as reduces anxiety. Treatment outcomes varied as a function of grade level, sex, and household composition. Self-concept was negatively affected among girls from intact families. The study supports the effectiveness of the culturally sensitive modality as a preventive MH intervention for high-risk Puerto Rican adolescents, especially from single-parent families.

Starrett, R., Todd, A., Decker, J., & Wealters, G. (1989) The Use of Formal Helping Networks to Meet the Psychological Needs of the Hispanic Elderly. Hispanic Journal of Behavioral Sciences. 11(3): 259-273.

This paper seeks to examine the factors which influence the use of formal helping networks (the use of agencies, counselors, psychologists, doctors, or priests) by Hispanic elderly to meet their psychological needs. The study evaluates and develops a causal model of formal helping network utilization amongst Hispanic elderly, based on a framework proposed by Anderson which includes predisposing factors (age, gender, nativity, ethnicity, education, employment status, and number of children), enabling factors (including community and family variables), and need factors (mental health problems, illness severity, and functional ability). A dataset from the National Association of Hispanic Elderly which included data on 1805 non-institutionalized Hispanic older adults was used to determine factors which significantly predicted helping network utilization. Three of the variables included in the model jointly accounted for 18 percent of the variance in utilization: mental health problems (need factor), church attendance (enabling factor), and illness severity (need factor). The effect of other significant factors were moderated by these three. Being female and having poor health directly affected the respondents' mental health, while illness severity was affected by employment status, ethnicity (Cuban), and gender. Insofar as church attendance, elderly

females and elderly Mexican-Americans have a higher frequency of church attendance. Of the predisposing factors, employment status, ethnicity, and gender had indirect effects on helping network use.

Martinez HL, Langrod J, & Ruiz R, (1986), The Utilization of Physician Assistants in Community MH Programs. Special. pp. 4-8.

This article presents the use of physician assistants in the field of community mental health is an effective means of expanding comprehensive treatment services to underserved populations, particularly ethnic minorities.

Flores-Ortiz, Y. & Bernal, G. (1989) Contextual Family Therapy of Addiction with Latinos. G.W. Suba, B.M. Karrer & K.V. Hardy (eds.) Minorities and Family Therapy. (pp. 123-142) Binghamton, NY: Haworth Press.

This article proposes to examine the problem of drug abuse and addiction among Latinos; review the role of the family among Latino substance abusers; and present ongoing work to ward development of a framework of therapy that integrates cultural and social processes in it's approach to drug abuse.

Comas-Diaz, L. (1987) Feminist Therapy with Hispanic/Latina Women: Myth or Reality? Women and Therapy 6(4): 39-61.

Examines the application of feminist therapy (FT) to Hispanic/Latina women. It first discusses the concept of empowerment and its value in feminist psychotherapy with women of color. Then it discusses the traditional gender roles of Latino women, and how these often communicate power differentials in different spheres of influence (female superiority in spirituality versus in real-world affairs, "marianismo" versus "machismo"). Immigration and acculturation change the role expectations and spheres of influence, often communicating contradicting messages. Feminist therapy can help Latina women deal with these contradictions and help distinguish societal pressures from ethnocultural realities as well as from their personal dynamics. It can also help Latina women identify more functional, assertive approaches to coping and adaptation as alternatives to the indirect, manipulative approaches which were adaptive in their culture of origin.

Constantino, G., Malgady, R.G., & Rogler, L.H. (1994) Storytelling Through Pictures: Culturally Sensitive Psychotherapy for Hispanic Children and Adolescents. Journal of Clinical Child Psychology 23(1): 13-20.

This paper reports on a study of treatment effects and outcome of using a culturally sensitive storytelling intervention with Hispanic children. A sample of 363 inner city 9 to 13 year-olds were screened for symptomatology using the Child Assessment Schedule (for DSM-III-R). About 60 percent were Puerto-Rican, 25 % were Dominican, and 15% were of other Latino nationalities. None met criteria for disorders, but the three most prevalent symptom types were anxiety, conduct, and phobic, with much co-morbidity amongst them. The thirty most symptomatic children in each symptom category were selected (a total of 90 children) and randomly assigned either to the experimental intervention or an attention control group. Outcome measures included the anxiety and phobia scales of the SCL-90, the CES-D, and the Conners Teacher Behavior Rating Scale. The intervention consisted of a storytelling modality consisting of picture stimuli depicting traditional Hispanic cultural elements (traditional foods, games, and gender roles) and Hispanic families and neighborhoods in urban settings. The stimuli were from the TEMAS thematic apperception test (Constantino, 1988), portraying multiracial Hispanic characters interacting in a variety of urban, familial, and school settings. These pictures have been shown to elicit designated themes among Hispanic children; with the chosen pictures particularly relating to anxious, depressed, and fearful feelings and disruptive-cooperative, aggressive-non-aggressive, and achieving-failing behaviors. Group sessions

consisted of three phases: 1) development of a composite story from a pre-selected TEMAS picture, 2) sharing their personal experiences as relate to the composite story, processing adaptive and maladaptive coping approaches, and 3) acting out roles from the original story and from the group interaction, with the psychodrama videotaped and reviewed by the group. The adaptive-control groups used four mainstream culture children's videos as stimuli for discussion and adaptive role playing. No treatment differences in depressive symptoms were found, but the baseline level of these symptoms were low. However, the storytelling groups did have significantly better outcomes for phobic and conduct symptoms, especially for the 11 to 13 year old groups. This stronger effect was felt to be suggestive of developmental differences in responsiveness to cultural themes (more in older children and young adolescents), though lower sensitivity of the outcome instruments in younger children may have confounded results.

2. Literature Gaps and Recommendations

Treatment interventions and services for Latinos are areas in which the literature has expanded significantly. The literature includes a wide variety of perspectives, including the description of model programs and services, the description and evaluation of innovative, culturally-based treatment approaches and interventions, the description of culturally sensitive and appropriate techniques in treatment, and studies on the relative outcome of Latinos using mainstream treatment modalities and service systems. The quality of this literature is actually quite on-par with the literature on psychosocial and behaviorally-based treatment modalities, and present a number of culturally specific alternatives for treatment of Latinos. This literature should be used already by service systems and health plans for benefit design and treatment selection, as well as the credentialing of professionals trained and skilled in some of these techniques and modalities.

The main area of weakness of this literature is in the area of pharmacological and other somatic treatments, where cross-cultural investigation is just beginning. There is also need for research on the impact of having Latino or culturally competent treatment staff implementing these modalities versus non-Latinos or professionals not trained to serve Latinos. The limited literature in this area suggests that significant differences in treatment tenure and outcome can result from the match between therapist and Latino client. Another fertile area of study is the comparative effectiveness of different psychosocial modalities with Latinos as compared with other ethnic groups, which could assist in the area of treatment selection and cost-effectiveness of treatments. The cost factor involved in different treatment modalities, both in terms of direct as well as indirect costs resulting from ineffective treatment, also need to be analyzed in serving Latino clients. Finally, descriptive and research-based studies of the combined use of cultural healers and traditional interventions with Western interventions should be pursued in order to determine the value added nature of traditional healing approaches.

D. Care Planning / Case Management

1. Literature Review

Carrillo, J.E. & DE La Cancela, V. (1992) The Cambridge Hospital Latino Health Clinic: A model for interagency integration of health services for Latinos at the provider level. Journal of the National Medical Association 84(6): 513-519.

Paper reports on a model mental health program based out of Cambridge Hospital and serving the Cambridge, Massachusetts Latino population. The model had its origin in the "neighborhood health center" model advocated throughout the third world and in the U.S. as part of the 1960's "War on Poverty", which was applied to the development of mental health services for poor, underserved populations, and many

examples of the application of this model in mental health services are cited. The impetus for the program came out of a collaborative of community leaders and providers negotiating with the hospital for a Latino service after the suicide of a prominent community member who was receiving less than appropriate care. The program was developed as an integrated physical-mental health care model, and was based around a number of principles which the paper reviews: interagency collaboration, interdisciplinary composition and function, centralized case coordination and decentralized services delivery, flexibility and adaptability, continuity of care, and mutual support. Case conferences, didactic sessions for providers in cultural issues, community advocacy, and informal governance meetings which integrate mutual support by providers are processes which maintain openness and optimize existing resources.

Ruiz, P. & Martinez, H. L. (1980) Inner City Day Hospital Programs: An Ethnic Minority Perspective. WJP 15-20.

This paper describes the development of a day treatment program for inner city minority patients in New York City at the Lincoln Community Mental Health Center in the Bronx. The program, which started in 1967, has been treating sub-acute and chronic patients, focusing on high-risk patients who could not be maintained on an ambulatory status. Non-professional staff from the community comprise 8 out of 15 total staff, who helped establish a culturally consonant milieu as well as facilitated follow-up. The staff was primarily comprised of different minority group members, though a team approach assured access to same-group therapists for the close to 75% Hispanic patient population. The majority of patients suffered from psychosis, though affective and somatization disorders as well as culture-bound syndromes were also frequent. The majority of patients had an over 4 weeks length of stay, but Hispanic females either had a very short or very long length of stay while African-American females had an intermediate but overall shorter length of stay. Referral resources included community mental health clinics (34%) and hospital inpatient services (30%), while only 11% of patients required referral to inpatient services; this indicates that the program served as a resource for transition into the community. Of concern was the 18 % of patients who left against medical advice, the majority women, for whom perhaps there were pressures to resume family responsibilities or the program failed to meet expectations. The authors believe that this type of program can be effective in serving the treatment needs of many individuals of ethnic minority backgrounds.

2. Literature Gaps and Recommendations

The area of care planning and case management suffers from a dearth of literature dealing with the Latino client, even descriptive literature. This is especially concerning given the special issues involved in these areas as relate to Latinos, such as the role of the extended family, the role of the church and community resources, the use of traditional healers as adjuncts, and special issues relating to acculturation, different age populations, gender, and different Latino ethnicities and origins. The closest literature available was that of service models which included significant interdisciplinary care planning and case management as a central element of their programs. The literature in this area needs rapid expansion, including the description and evaluation of case management protocols found to be successful with Latino clients, the effectiveness of professional versus paraprofessionals from the Latino community in case management, as well as patterns of community resource utilization in different Latino client sub-groups.

E. Linguistic Support

1. Literature Review

Oquendo M., Markowitz J., (1988), Training and Translation: Challenges Faced by the Hispanic Resident. Hospital and Community Psychiatry. 39:(6) 668-671.

This paper discusses the effect of language on residency training with a Hispanic psychiatric resident. The resident became aware of many problems & dilemmas. Certain incidents that occurred "heightened" two basic problems seen in both psychiatric care & other medical services. The **1st** problem: "the difficulty English-speaking staff experience in caring for Spanish-speaking patients." In response to this particular problem, many physicians have begun to learn Spanish. On the other hand, other physicians are very angry at the large # of people living in the U.S. for years who do not know basic English. There has been a suggestion made to help control this problem. "Because there are so few Hispanic psychiatrists, some authors have suggested hiring translators trained to work with non-English-speaking patients." But, there is still a limitation to this suggestion--the translator may not pick up the crucial part of diagnosis & treatment. The **2nd** problem: "the unspoken expectation that the Hispanic trainee will assume responsibility for a disproportionate number of Hispanic patients." As a remedy of this particular problem, affirmative action is suggested to help more Hispanics enter the medical profession. This may help balance the caseloads of Spanish-speaking physicians.

Altarriba, Jeanette and Santiago, Rivera Azara L. Current Perspectives On Using Linguistic And Cultural Factors In Counseling The Hispanic Client. Published by the Professional Psychology: **Research and Practice**, 1994, Vol. 25, No. 4, pp. 388-397.

The authors address the critical issue of language in counseling of Hispanic clients. They propose that understanding the use of dominant and non-dominant language in the assessment is a critical component of treatment. The evaluation of emotional, physical and mental health symptoms and subsequent design of treatment is influenced by what the client says and how it is said. Thus the client who has cultural beliefs and values that differ from the counselor might attach different meaning to symptoms and express them in a way that can be misunderstood. The issues of use of interpreters is also explored. In particular the dynamics of using family members as interpreters. The phenomena of language mixing is defined as the strategic switching of languages within a single phrase, idea unit or proposition. This article presents a number of dimensions that would enable the mental health practitioner and researcher to understand the complex relationships and language issues and consider these in the evaluation and treatment of Hispanic clients. Some of these dimensions include client characteristics, acculturation and language fluency. This article presents a perspective which can help the counselor to address the Hispanic client from the fundamental base of a bicultural and bilingual world view. Thus it also challenges the traditional approaches of one size fits all.

Ginsberg, C., Martin, V., Dennis, A., Shaw-Taylor, Y., & McGregor, C. (1995) Interpretation and Translation Services in Health Care: A Survey of U.S. Public and Private Teaching Hospital. Washington, D.C.: National Public Health and Hospital Institute.

This report, produced by a national organization of public hospitals in the United States, is the product of the work of the Translation Services Advisory Group of the organization. It addresses the increasing crisis by health care institutions in the United States in serving its approximately 31.8 million non-native speakers, 17.3 million of which are Hispanic/Latino but the rest of which are comprised of widely diverse groups and nationalities, including people with deafness. The report begins with a literature review on the issue of linguistic support in health care which, although not specifically focusing on mental health, does address issues of cultural competence in communication in the delivery of services. It then reports on a national survey of 120 public and private teaching hospitals, 113 of which were randomly selected from the institutional membership of the National Association of Public Hospitals and the Association of American College's Council of Teaching Hospitals and 7 of which were selected for site visits to collect more in-depth information. The report offers extremely informative data which examines utilization of linguistic support, the characteristics of interpreters used, the training and standards currently required by these hospitals, identification of linguistic support needs amongst patients, and salaries and funding for linguistic support

services and providers. A critical piece of data is that, in 1993, the mean number of linguistic support services requests were 2563, of which 2413.8 were made by Latinos, well over 90 percent in spite of Latinos comprising slightly over 10 percent (2515.7) of mean total admissions (22,362.6). This clearly demonstrates that linguistic support is a critical need and concern for serving Latino populations. The report ends with a number of important conclusions and recommendations, including the following: 1) Interpreter services in institutions with a large language mix require some degree of centralization; 2) the role of the interpreter and the situations in which interpreters should be used should be clearly delineated; 3) the lack of coverage of interpreter services by third party payers should be reconsidered; 4) formal quality assurance standards to monitor and evaluate interpreter service programs should be developed; 5) models should be developed that provide hospitals with guidance for organizing interpreter services; 6) training interpreters in medical terminology will enhance the quality of interpretation; 7) reviewed, generic hospital forms and educational materials should be made available from a centralized source; 8) development of legislation regarding the provision of interpreters should proceed with caution; 9) special attention should be paid to developing protocols for interpretation in emergency departments; and 10) information systems should include information on interpreter use.

2. Literature Gaps and Recommendations

The area of linguistic support is examined separately from other aspects of service provision given its particular importance for Latinos. However, relatively little has been written specifically in this area. Language is discussed in some of the literature on access to services, assessment, and treatment as an important variable to take into account in these functions (see Sections III A., B., and C.) as well as in the literature on system standards on cultural competence in terms of ensuring the availability of adequate linguistic support for clients, including some attempt at population formulas for adequacy of services (see Section II A.). However, the literature lacks standards for the background and training necessary for linguistic support staff. It also fails to address the critical difference between translation (the conversion of information from one language to another) and interpretation (the conversion of full communication, including language, non-verbal cues, and social context). There is a critical need for guidelines and standards for the use of interpreters versus translators, and the minimum requirements in the training of these support staff, both linguistically and in terms of knowledge in mental health (see the NLBHWG guidelines for initial standards in these areas). Additionally, studies which address the differential outcome of assessment, treatment, and case management functions delivered through the use of translators, interpreters, and linguistically and culturally competent staff are essential to demonstrate the value added characteristics of different levels of linguistic support for Latinos.

III. Provider Competencies

A. Knowledge

1. Literature Review

Philleo, J., & Brisbane, F. (1995) Cultural Competence for Social Workers: A Guide for Alcohol and other Drug Abuse Prevention Professionals Working with Ethnic/Racial Communities. CSAP Cultural Competence Series, Volume 4. Rockville, Md.: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Administration, U.S. Department of Health and Human Services, DHHS Publication no. (SMA)95-3075.

This monograph is the result of a collaborative project between the National Association of Social Work, the Council on Social Work Education, and the Center for Substance Abuse Treatment on expanding social work training in substance abuse, particularly on preventive approaches. It presents a curriculum on cultural diversity and its relationship to substance abuse services, with a focus on culturally competent and culturally

based intervention and prevention approaches. The curriculum is targeted to all levels of social work education, from bachelor-level to continuing post-service education. The monograph has sections for each major ethnic/racial and cultural population in the U.S. : American Indians, Hispanic/Latinos, African-Americans, Asian-Americans, Pacific Islanders, and Gay and Lesbian Persons. Each section is comprised of the historic and cultural context of substance use, the extent of substance abuse problems, an evaluation of outcome measures, conclusions/ recommendations, and related references. The Hispanic/ Latino section particularly focuses on relevant research and epidemiological literature as well as on cultural factors which are contributory to substance abuse, including mental illness and stress, and the use of natural supports in treatment and recovery.

Cervantes, R. and Castro, F. (1985) Stress, Coping, and Mexican-American Mental Health: A Systematic Review. Hispanic Journal of Behavioral Sciences. 7(1): 1-73.

The authors propose that, although there has been a rapid growth of research on the mental health of Mexican-Americans, the lack of consistent theoretical frameworks on which to base methodologies and interpret results have led to conflicting findings from these studies. The conflicting findings also make it difficult to then apply them to improving mental health services for this growing population. They propose that developing more systematic theoretical frameworks for guiding research on Mexican-Americans can address these problems. In this paper, they present a stress-mediation-outcome model, with a focus on intervening variables which aggravate or buffer the aversive impact of different stressors. The model allows for examination of those intervening variables which are relevant to Mexican-Americans. They also review relevant research on Mexican-American mental health and analyze it within the framework of this model, using the following categories/steps of the model: potential stressors, appraisal of potential stress, internal mediators, external mediators, coping patterns particular to Mexican-Americans, and epidemiological research and mental health outcome. They discuss conceptual and methodological limitations of current research, gaps which need to be addressed, and new lines of mental health research more consistent with the proposed model. They specifically recommend studies on sub-groups of Mexican-Americans (farm laborers, upwardly mobile latter generations, etc.), the relative effects of social class and ethnicity on stress exposure, the impact of bicultural experience on personality development and coping skills, and short and long-term outcomes from different approaches to coping. At the methodological level, they recommend instrument development beginning in Spanish at appropriate vocabulary levels, capturing more contextual information on the individual's environment, and the critical evaluation and validation of instruments with Mexican-Americans, even if previously validated with general populations. They also suggest that studies use a two-stage approach, with open-ended assessments followed by more systematic assessments based on sub-group specific variables discovered through the first stage as well as to compare findings to other Hispanic and ethnic groups.

Guarnaccia, P., Good, B., & Kleinman, A. (1990) A Critical Review of Epidemiological Studies of Puerto Rican Mental Health. American Journal of Psychiatry. 147(11): 1449-1456.

This paper review the epidemiological literature on Puerto Rican mental health, including studies of both the mainland and island populations. They focus on cultural factors which have confounded the results of such studies amongst Puerto Ricans and how they have affected the utility of the results, particularly of findings which suggest higher rates of certain forms of psychopathology. The paper first focuses on a historical review of early studies, including studies on hospitalization rates as well as the Midtown Manhattan and Washington Heights studies, both of which dealt with New York Puerto Rican populations. The Midtown Manhattan study used a 22 item scale on which Puerto Ricans demonstrated higher levels of distress than other ethnic groups, which was replicated in the Washington Heights study using the same instrument. However, Dohrenwald and Dohrenwald went on to further analyze the methodology used and found a number of issues which may have influenced the results, such as higher social desirability of the items on the rating scale, bias on symptom items towards anxiety and depression (which were more related to social stress), and a high correlation of symptoms on the instrument to life events (which questioned the relation

of the symptoms to psychiatric/psychological disorder). The authors also point out the strong parallel between the symptoms on the instrument and the symptoms of Nervios, so that the instrument was tapping a culturally salient syndrome for Puerto Ricans. A similar problem was found in the Hispanic HANES, where the rates for panic disorder were confounded by reports of Nervios symptoms. In their review of the Hispanic HANES, the authors also point to the high rates of depression and somatization. A combined affective and somatization factor later found in the CES-D by Guarnaccia, et al., and a correlation between SES and self-evaluation of health status explained the high level of variance found in depression amongst Puerto Ricans. This raised questions about the validity of the cross-cultural measurement of symptoms of depression, as well as the relation of these high rates of depression to social stressors. In the Puerto Rico Island Study, using the DIS, the overall rates of psychopathology were comparable to the five ECA sites in the mainland U.S., which contradicted earlier studies. Canino, et al., interpreted these differences as resulting from a tendency for Puerto Ricans to score higher on dimensional scales of psychopathology due to culturally mediated response sets, but not on categorical/diagnostic measures. Another finding which is yet unexplained is the higher rates of distress and disorder found in Puerto Ricans in New York when compared to the island.

Morones PA, & Mikawa JK, (1992), The Traditional Mestizo View: Implications for Modern Psychotherapeutic Interventions. *Psychotherapy* 29 (3): 458-466.

This article contrasts the ideas and concepts of MH professionals with certain basic Mestizo issues. It compares the "Mestizo world view & its implications for MH with current Western-European views & practices in MH. The traditional Mestizo world view sees the universe as closely **intertwined/ interconnected**; elements are **never** seen as isolated/distinct. "There is a sense of oneness & harmony." The Western self-view **separates** mind from body & science from religion. Mestizo perceptions of health center around "maintaining balance with God & the practices of the family & community." One Mestizo folk practice used is **curanderismo**. This holistic way of treating is aimed at reestablishing & maintaining "oneness in a dynamic system." Other folk practices used by Mestizos are **espiritismo & santeria**. Spirituality and religion go hand-in-hand within the Mestizo culture. "Spirituality is a central focus in which [again] the person strives to maintain a sense of oneness in the universe." Catholicism is an aspect of the metaphysical for Mestizos, with curanderos incorporating traditional Catholic prayers in their healing practices. The mind & body is conceptualized in Mestizo culture as elements that affect the entire person. This is shown to place the Mestizo client in a vulnerable position; thus, including symptoms of susto & ataque de nervios. "Because of the separation that exists b/t Western medical & psychological treatment & the symptoms addressed, many Mestizos become confused regarding which services to seek." Therefore, they usually seek medical help rather than psychological treatment. It is very important for therapists to familiarize themselves with folk healers, spiritual leaders, & other Mestizo health workers in their community & incorporate them into treatment. Finally, state laws including the participation of Mestizo health paraprofessionals should be known to all therapists. Family and community are incorporated together into treatment because they share responsibility. It minimizes personal blame & isolation. The therapist stresses the importance of functioning with autonomy within the family. Likewise, the community is asked to play an active & supportive role through emotional, spiritual, & economic support. A holographic model is suggested as a Western-based means of understanding the Mestizo perspective. A holographic paradigm is also recommended as a unifying conceptual model b/t the 2 divergent world views. The authors suggests that therapists will be able to successfully complete psychotherapeutic assessments & treatment plans if they are more sensitive and aware of the above cultural issues. Therefore, it is very important for acculturation to be taken into account when assessing a Mestizo client.

Jenkins, J., and Karno, M. (1992) The Meaning of Expressed Emotion: Theoretical Issues Raised by Cross-Cultural Research. *American Journal of Psychiatry*. 149(1): 9-21.

This paper reviews the application of the concept of expressed emotion in the literature on severe mental illness as well as the empirical evidence on the applicability of this concept cross-culturally. Various studies

have indicated that high levels of expressed emotion in the families of severely mentally ill individuals (particularly with schizophrenia and bipolar disorder) may contribute to high relapse and re-hospitalization rates and greater need for pharmacotherapy. However, cross-cultural studies (some including Hispanics in the U.S.) indicate that high EE was found less frequently in families of many diverse non-Western cultures, and many of the concepts dealing with emotional overinvolvement and other attitudinal, behavioral, and affective domains had to be modified for the cultural values of the group studied. In addition to overall differences in expressed emotion profiles, studies also reported significant differences in the distribution and mean scores for criticism, hostility, and emotional overinvolvement, which are the main components in the measure of EE. The relapse rates for serious mental illness amongst individuals in these cross-cultural studies was found to correlate to the presence of high "EE" once cultural factors were taken into account. Cross-cultural factors which impact on the construct include the cultural interpretations of the nature of the mental health condition, cultural meanings of kin relations, identification of cultural rule violations (for example, rules on which behaviors are deserving of criticism) vocabularies of emotions, relatives' personality traits or predispositions, degrees of patients' psychopathologies, family interaction dynamics, attempts to socially control a deviant relative, availability and quality of social supports, and historical and political economic factors (which may affect the emotional climate of the whole society). The authors propose that the nature of expressed emotion is clearly grounded in cultural conventions and is culture-specific. Its general utility of the concept of EE should be considered similarly to other clinical and diagnostic constructs, which are also subjected to cross-cultural scrutiny and may be useful starting points for comparison but not universally applicable.

Sokol-Katz JS, & Ulbrich PM, (1992), Family Structure & Adolescent Risk-Taking Behavior: A Comparison of Mexican, Cuban, & Puerto-Rican Americans The International Journal of the Addictions. 27 (10), 1197-1209.

The family structure has a big influence on the drug/alcohol use among adolescents. There is a "two-tiered system of childrearing. One tier consists of 2-parent households in which domestic & economic roles are shared by two adults. The 2nd tier consists of single-parent households in which the entire burden of economic & domestic life is often borne by one adult." The results of the Hispanic HANES are not consistent across Hispanic groups. "Mexican adolescents living in female-headed households have higher rates of drinking, drug use, & overall risk-taking behaviors than adolescents living w/ both parents. PR adolescents living in female-headed households have higher rates than those living w/ both parents only on the overall index of risk-taking behaviors." The results also show that Mexicans & P. R. males have higher rates of alcohol, drug, & risk behavior (Cuban males only have higher alcohol use). An intervention should be "directed toward perceived weaknesses of that structure for particular families w/in the context of their subcultural groups." For example, since P.R. households are headed by females w/ low incomes, & fair/good health, interventions should focus on the disadvantaged circumstances of the kids. On the other hand, Cuban & Mexican kids have a language barrier connected to drug use & risk behavior (regardless of family structure). Because there is considerable diversity among the Hispanic groups, research results should not be generalized.

Guarnaccia PJ, Canino G, Rubio-Stipeck, M., Bravo M., (1993), The Prevalence of Ataques De Nervios in the Puerto Rico Disaster Study. Journal Nervous and Mental Disease. 181:157-165.

This paper presents data on the prevalence of ataques de nervios in "an island-wide representative sample of the adult population (17 to 68) of Puerto Rico." The instrument used was the Diagnostic Interview Schedule in a Spanish version. After conducting the study, the results showed that the prevalence of ataques de nervios became 13.8% of the population. Thus, making this disorder "one of the most frequently reported syndromes in the Puerto Rico Disaster Study." Some common symptoms subjects mentioned in describing ataque de nervios are as follows (high frequency to low): shouting uncontrollably, crying, becoming nervous, trembling, breaking things, becoming "hysterical," fainting or passing out,

aggressiveness, & desperation. Other situations mentioned in relation to the onset of this particular disorder include arguments with a significant other, drunkenness or death of a family member, an accident, mudslides/rains of 1985 in P.R., experiencing fright. Formerly married females over the age of 45 with less than a high school education & out of the labor force were more likely to report a case of ataque de nervios. Therefore, it is indicated that "older women from lower socioeconomic status backgrounds are much more likely to express their psychological distress in the form of an ataque de nervios than other social groups." "Over 60% of those who reported an ataque de nervios met criteria for at least one psychiatric disorder." For example, people who experience this disorder have anxiety &/or depressive disorders present. Puerto Ricans experience ataque de nervios as a prodromal phase of developing an anxiety or depression disorder; thus, showing their way of dealing or responding to stress. The "ataque" was much more likely to precede the onset of the disorder.

Logan, M., (1993), New Lines of Inquiry on the Illness of Susto, Medical Anthropology. 15:189-200.

The folk-illness of susto is not fully understood by researchers, physicians, etc. The nature/characteristics of susto is summarized in the following information: it is "a widely spread ethnomedical belief; it is highly diverse in its manifestation; it crosscuts age, gender, ethnic & class lines; it is patterned in its occurrence; it reflects underlying organic pathologies; & it correlates w/perceptions of failure in social role performance."

Vega, WA, Gil, A., Warheit, G., Apospori, E., & Zimmerman, R., (1993), The Relationship of Drug Use to Suicide Ideation & Attempts Among African-American, Hispanic and White Non-Hispanic Adolescents. Suicide and Life - Threatening Behavior. 23 (2):110-119.

This study focuses & examines the prevalence & associations between drug-use & suicidal ideation or attempts among male adolescents 13-15 living in the Miami, Florida area. "The study is designed to take advantage of the large # of Hispanic adolescents in the sample by paying special attention to the effects of acculturation on drug-use." The results show the following for Hispanics in comparison to other ethnic groups: Suicidal **ideation** is high in African Americans, Haitians, white non-Hispanics; Suicidal **attempts** are highest in Haitians, Cuban-Americans, and other **Hispanics**. For attempts, the highest odds ratio is for PCP & uppers/downers. In order to gain some insight as to why Hispanics may be more vulnerable other than (illicit drug-use & suicide attempts), a separate analysis was done. It included acculturation stress variables (language conflicts, acculturation conflicts, perceived discrimination, & perception of low life-changes) & drug-use. They were combined to see if they both produced greater vulnerability to suicide attempts. The results show the following for **Hispanics** only: (1) the use of cocaine/crack by subjects experiencing acculturation stresses have a greater chance to attempt suicide; (2) there is a significant interaction b/w language conflicts & cigarette-use, & b/w acculturation conflicts & alcohol-use in predicting suicide attempts among Hispanics. Therefore, "both licit & illicit substance-use were related to their suicide attempts." Thus, "among Hispanic adolescents there is reason to believe that acculturation stress is an important cofactor w/drug-use in producing a heightened vulnerability for suicide attempts."

Rogler L.H., Cortes D.E., Malgady R.G., (1994), The Mental Health Relevance of Idioms of Distress: Anger and Perceptions of Injustice among New York Puerto Ricans. Journal of Nervous and Mental Disease. 182: 327-330.

Feelings of anger and injustice are prevalent among P.R. These 2 idioms have relevance to mental health; but, they function in different ways. "Perceived injustice was positively related to the clinical status of receiving mental health care." Anger's relationships to clinical status was mediated by anxiety and depression." Thus, P.R. have more "depressive episodes than the general population & other Hispanic groups." The main purpose of this study was to increase one's culturally sensitive research and base understanding of mental health in the Hispanic community. Also are frequency of somatization in expression of distress.

Pfefferbaum, B., Adams, J., & Aceves, J. (1990) The Influence of Culture on Pain in Anglo and Hispanic Children with Cancer. Journal of the American Academy of Child and Adolescent Psychiatry. 29(4): 642-647.

This study evaluated the influence of cultural heritage and acculturation on the perception and expression of pain and anxiety. A total of 37 Mexican-American, 6 Hispanics of other origins, and 35 Anglo children being treated for leukemia or lymphoma in a pediatric cancer center participated in the study. The children were studied while undergoing an invasive procedure, either a bone marrow aspiration or a spinal tap. They were administered the following instruments: the Brief Language-Based Acculturation Scale by Deyo, et al., the State-Trait Anxiety Scale by Spielberger, et al., the Faces scale by Kuttner and Lepage (which are Likert-scales of faces depicting various degrees of pain which the child chooses to indicate their experiences), and the Procedures Behavior Checklist by LeBaron and Zeltzer which was completed by trained observers. Parents were asked to complete the Brief Language Acculturation Scale and the State-Trait Anxiety Inventory for adults by Spielberger, while the caregivers were asked to rate on a Likert scale the amount of pain the child would be expected to have given the difficulty experienced in the procedure and a rating of the child's response to pain in comparison with other children of the same age and gender. A significant inverse relationship between age and observed and reported distress was observed for both ethnic groups. The Anglo and Hispanic children had remarkably similar behavioral responses, but Hispanic parents reported significantly higher levels of anxiety than Anglo parents. Level of acculturation was not significantly correlated to pain or anxiety measures in either Hispanic children or parents, though the majority of parents were relatively unacculturated.

Shrout, P.E., Canino, G.J., Bird, H.R., Rubio-Stipec, M., Bravo, M., & Burham, M.A. (1992) Mental Health Status Among Puerto-Ricans, Mexican-Americans, and Non-Hispanic Whites. American Journal of Community Psychology 20(6): 729-752.

This study compares data on mental health characteristics of island Puerto Ricans (total of 1513 adults) to data from three groups studied included in the Epidemiological Catchment Area (ECA) Study Los Angeles site (2219 adults): Mexican immigrants (621), U.S.-born Mexican-Americans (493), and non-Hispanic whites (1105). The Diagnostic Interview Schedule (DIS) was used to obtain diagnostic and symptomatic information (using special symptom scales) about affective disorders, alcohol abuse and dependence, somatization, phobic disorders, and psychotic disorders. Special Spanish language versions were constructed using appropriate back-translation and panel adjudication methods for Mexican-Americans and Puerto Ricans. Non-Hispanic whites had the highest level of education, and Mexican immigrants the lowest, with the non-Hispanic sample having the fewest young adults. These variables, as well as gender, were entered into logistic regressions to control for differences attributable to these sociodemographic variables. Mexican-American immigrants had the lowest mental health problems of all groups. Puerto-Ricans had more somatization disorder, but less affective and alcohol disorders than U.S.-born Mexican-Americans or non-Hispanic whites. Non-Hispanic whites had the highest rates of alcohol abuse/dependence. The symptom count results were quite parallel to the diagnostic results, except that the two Los Angeles groups had significantly more psychotic symptoms than the Puerto Rico sample, though Mexican immigrants still had lower psychotic symptoms than the other groups. The comparisons do not support the hypothesis that Hispanics are at any higher risk of mental disorder, either using diagnostic or symptom count criteria. It was felt that relative experience of discrimination and socioeconomic deprivation were significant factors which could account for higher affective and alcohol disorder rates in Mexican-American natives than in Puerto Ricans or for Mexican immigrants who still had a frame of reference of the hardships in their native land. However, the complex pattern of prevalence rates of disorders is not fully explained by this hypothesis or by immigration factors.

2. Literature Gaps and Recommendations

There is extensive literature available to develop a knowledge base on Latino mental health or to develop the basis of a curricular approach to it. In fact, this review probably only touched the tip of this body, which includes not only literature on mental health but also anthropology, political science, history, and folklore related to the different Latino ethnicities and origins. However, there are few materials which help to organize this literature in a comprehensive manner and to present the areas of knowledge which practitioners should focus their training and education on. There is need for such a curricular approach which facilitates both staff development and continuing education as well as pre-service training and education.

B. Understanding/Attitudes

1. Literature Review

Aranda MP, (1990), Culture-Friendly Services for Latino Elders. Generations 14 (1): 55-57. Ethnic minorities are at a disadvantage in achieving access to services, yet they are at a higher risk of developing psychiatric illnesses. A bilingual/bicultural MH program is attempting to meet the MH needs of the Spanish-speaking elderly population. Some policy implications for the availability/utilization of MH programs are as follows: (1) more health/MH professionals will come in contact w/ Latino elders needing psychiatric services; (2) professional manpower needs are striking when one considers that Latinos are extremely underrepresented in all health professions.

The "San Antonio Mental Health Center provides bilingual/bicultural services to the Latino elderly based on their socioeconomic, cultural, political, & religious experiences." The services are as follows: outreach; individual & family psychotherapy; el espejo familiar; program activities; group intervention; volunteer peer counseling; & Alzheimer's disease support & education programs. This is an example of how health professionals can offer "culture-friendly services based on knowledge of Latino beliefs, values, & traditions."

Rivera, R. & Nieto, S. (1994) The Education of Latino Students in Massachusetts. Boston: University of Massachusetts Press.

Some of the major issues highlighted in this book include bilingual education, multicultural curriculum, teacher expectations of Latino children, involvement of their parents in the public school system and empowerment. Public schools in the state of Massachusetts are shown not to be providing Latino youths with the skills they need to become active and productive participants of a democratic society. Opportunities for an equal education are hampered by a number of factors that are explored in this text. The book highlights some of the educational barriers that prevent Latino children from obtaining a good education. Discusses the benefits of good education as a means of preventing social or mental health problems among Hispanic adults.

2. Literature Gaps and Recommendations

There is a particular paucity of literature in this area, which only recently has received recognition of its importance in the area of cross-cultural and culturally competent mental health practice. In addition to the articles reviewed above, the paper by Cabaniss, Oquendo, and Singer (see Section III, C.) offers some insights on how provider attitudes can color their approach to the Latino client/ patient and lead to misperceptions of behavior and misalignment of the therapeutic alliance. This is an area which also deserves significant study, both from the conceptual as well as the empirical perspectives. Papers which examine Latino cultural values and address Latino-compatible therapist characteristics systematically are needed. Studies which can take characteristics which can be operationally defined and measured and then evaluate differential treatment outcome for Latinos served by staff who have or lack such characteristics

can then assist in defining which of them are critical for clinical effectiveness.

C. Skills

1. Literature Review

Rosado, J.W. & Elias, M.J. (1993) Ecological and Psychocultural Mediators in the Delivery of Services for Urban, Culturally Diverse Hispanic Clients. Professional Psychology: Research and Practice 24(4): 450-459.

Cultural and socioeconomic influences on the underuse of mental health services by urban, low-income Latinos are analyzed using a systems-cultural framework. This involved the review of over 100 applied, empirical, and theoretical published articles over the past 16 years. They identify a number of critical factors:

1) Sociodemographic factors: A highly diverse population growing at 4 times the national rate, over half under age 18, one third living in poverty, and with unemployment of 25% and a drop-out rate of over 50%, with significant margination and isolation in various sectors).

2) Service delivery inadequacy factors: Services provided to this population are of lower quality; clients are viewed as more pathological, more frequently treated by physical-chemical needs than through psychotherapeutic or social skills modalities, given poorer prognoses, had a higher incidence of institutionalization, and were viewed as less ideal treatment candidates than mainstream clients; services do not reflect cultural values and beliefs; with ethical and professional standards violated when mental health needs are not addressed within a sociocultural context.

3) Differential expectations between treating providers and clients in communication patterns, judgement, and perception. This includes psychocultural differentials in critical areas such as time perspective (future versus present orientation), verbal communication patterns (degree of expressiveness and deference), preferred socioemotional supports (formal services versus family, kinship, and clergy), sociolinguistics (standard English versus "Spanglish"), attributional models of well being (mind-body dichotomy versus holistic).

4) Different expectations of the process and outcome of treatment. This includes: duration of services (moderate/long-term versus brief); therapy goals (cognitive/emotional insight or skill building versus here-and-now problem resolution); client and therapist roles (client open/active and therapist facilitator, versus client reserved and therapist active/prescriptive).

Recommendations were provided for: a) Clinical practice: Skill enhancement in short-term, directive and crisis-oriented techniques; clarification of expectations, roles, timelines, and processes; use of family group and self-help modalities; b) Graduate training: Broader training in sociocultural and ecological context of mental health and services, including in dissertation research; greater exposure to culturally and linguistically diverse populations; and attraction of greater number of Hispanic students; and c) Policy development: Proactive use of outreach; needs assessment studies; location of services in community centers and churches; use of successful individuals as informal supports; and use of the Hispanic media to educate and advertise services.

Zayas, LH, & Bush-Rossnagel, NA, (1992), Pregnant Hispanic Women: A Mental Health Study. Families in Society: The Journal of Contemporary Human Services. 73 (9): 515-521.

Because of Hispanics cultural & linguistic distance from service providers, we need to know more about Hispanics during pregnancy. It was found that life stress & low social support at 37 weeks' gestation among

Mexican American women were associated w/ greater anxiety during interaction with medical personnel. A study was done to address the clinical & research needs of pregnant P.R., Dominican, & South/Central Am. women. The results showed that "female relatives & friends were supportive to 1/2 of the older subjects & 2/3 of the adolescent mothers. The older women reported that guidance was the most common form of support received...younger mothers received higher levels of aid...emotional support was reported more frequently by adolescent mothers (48%) than by older mothers (32%). For older mothers, bilingual language preference was associated w/ lower levels of anxiety & depression, whereas English preference was associated w/ higher levels." It was opposite of the younger mothers. The study's results indicate that "low-income, pregnant, Hispanic women are at high risk for clinical levels of depression & anxiety." MH providers are concerned w/ postpartum depression, anxiety, & parenting a newborn. Some practice implications are as follows: (1) need for routine screening of signs of dysphoric states - i.e.: anxiety & depression in primary care & obstetrical services; (2) making the services available in the person's preferred language; (3) the research & case studies point to the clinical relevance of intervening w/ the expectant mother's family & social network; (4) community-based institutions that offer prevention & intervention services can be included in the pregnant Hispanic's social-support network. All-in-all, bilingual/bicultural health workers can help promote mental health care to patients.

Thornton, S. & Garret, K.J. (1995) Ethnography as a Bridge to Multicultural Practice. Journal of Social Work Education. 31(1), pp. 67-74.

"This article describes an ethnographic research method that is taught as a way of studying different cultural groups. Students learn to be sensitive observers of other cultures by conducting ethnographic interviews and forming assessments within a culturally relevant framework. In using this approach, faculty, fieldwork instructors, and students alike have noted improvement in student's awareness of diversity and their ability to bridge cultures with sensitivity. In essence, students learn to learn about other cultures." (p. 67)

Rhodes, J.E., Conteras, J.M., & Mangelsdorf, S.C. (1995) Natural Mentor Relationships Among Latina Adolescent Mothers: Psychological Adjustment, Moderating Processes, and the Role of Early Parental Approval. American Journal of Community Psychology. 22(2), pp. 211-227.

"Investigated antecedents, effects, and underlying characteristics of natural mentor relationships in a sample of 54 inner-city, Latina adolescent mothers. Women with mentors reported significantly lower levels of depression and anxiety than those without mentors, despite similar levels of stress exposure and overall support resources and appeared better able to cope effectively with relationship problems. Finally, women with mentors recalled their childhood relationships with their mothers as more accepting. Mentor relationships appear to enhance young women's capacity to benefit from their support resources and offset the effects of relationship problems. Implications for future research and intervention strategies are discussed." (p. 211)

OUR KINGDOM STANDS ON BRITTLE GLASS: Papers from Mental Health Education and Practice for Chicanos and the Mexican American Community; April 1-3, 1981, San Antonio, Texas

The purpose of this workshop was to convene educators and practitioners who were providing mental health services to Chicanos and offer them an opportunity to discuss their perception of the "state of the art" of social work education and practice. Although general attention was to be paid to the trends in mental health education and practice over the previous ten or twelve years, the "State of the Art" Workshop was to focus more specifically on practice models that had been developed during that period. The emphasis of the workshop was on the presentation of some models being developed and tested in the field. The

participants considered it essential to piece together systematically the developments of various educational programs as well as to cull out practice wisdom formulated in the field.

The professionals invited to make presentations at the workshop had been identified as individuals who had developed practice models. They were not only interested in knowing or learning about the application of the models but also about their conceptualization and the extent to which they had been empirically demonstrated to be effective in practice with Chicanos. Following their original plan, papers describing overviews and perspectives were the first presented at the workshop to set up a framework within which the practice models could be reviewed.

The following papers were included in the State-of-the-Art Workshop under the sections identified as Perspectives and Frameworks, Models for Training and Assessment, Model for Service Delivery and Practice, Summation, and Additional Papers:

Chicanos and Social Work: an Overview, Joseph Gallegos
Ideology in Social Work: The Perspective of Chicanos, Tomas Atencio
Evaluating Approaches to Practice, Ronald C. Bounous
Community-Based Services and Training, Javier Saenz
Cross-Cultural and Cross-Ethnic Assessment, Juliette S. Silva
Our Kingdom Stands on Brittle Glass, Federico Souflee, Jr.
Chicago, Chicanos, and Mexicanos: A Community Perspective, Albert Vazquez
The Therapist as Social Change Agent, Josie Torralba Romero
The San Antonio Model: A Culture-Oriented Approach, Ernesto Gomez
A State of the Art Analysis, Ismael Dieppa
Ethnic content in Social Work Education, Eunice C. Garcia
La Mortification: An Interactional view, Alvin O. Korte
Recruiting Minorities: An Implementation Analysis, Norma Benavides

2. Literature Gaps and Recommendations

The area of skills definition and development also suffers from a lack of substantial literature, either conceptual or empirical. The articles reviewed above contain some references to generic skill areas which can be seen as important in working with Latino clients (such as ethnographic skills, supportive skills, role modeling and mentorship skills, advocacy and ability to work for social change) as well as specific therapeutic skills (such as in short-term, problem-oriented psychosocial interventions, use of group and family interventions, and clarification of roles and expectations). As with the area of knowledge base, there is a lack of a curricular approach which systematically outlines both the nature of skills needed to work with Latino clients as well as the experiences and training necessary in order to obtain such skills. Once such a literature is established, empirical approaches could actually test the differential effectiveness of such skills in working with Latino populations and clients.

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