

12-2021

Mental Health Support for the Spanish-Speaking Community

America Yvonne Gutierrez Solorio
California State University, Monterey Bay

Follow this and additional works at: https://digitalcommons.csumb.edu/caps_thes_all



Part of the [Social Work Commons](#)

Recommended Citation

Gutierrez Solorio, America Yvonne, "Mental Health Support for the Spanish-Speaking Community" (2021).
Capstone Projects and Master's Theses. 1143.
https://digitalcommons.csumb.edu/caps_thes_all/1143

This Capstone Project (Open Access) is brought to you for free and open access by Digital Commons @ CSUMB. It has been accepted for inclusion in Capstone Projects and Master's Theses by an authorized administrator of Digital Commons @ CSUMB. For more information, please contact digitalcommons@csumb.edu.

Mental Health Support for the Spanish-Speaking Community

America Gutierrez Solorio

Mariposa Wellness Center, Dagny Blaskovich

Collaborative Health & Human Services

Department of Health Human Services and Public Policy

California State University Monterey Bay

March 17, 2020

Author Note

America Yvonne Gutierrez Solorio, Department of Health Human Services and Public Policy, California State University Monterey Bay. This research was supported by Mariposa Wellness Center. Correspondence concerning this article should be addressed to Name, California State University Monterey Bay, 100 Campus Center, Seaside, CA, 93955. Contact: agutierrezsolorio@csumb.edu.

Abstract

Mariposa Wellness Center in Watsonville, CA empowers its mental health community through wellness, meaningful activity, and community connection. The purpose of the report is to focus and empower individuals on the long-existing issue of the lack of mental health support for the Spanish-speaking community. This report focuses on the importance of Hispanics individuals having access to proper mental health support in their community. The contributing factors in this report range from language barriers and stigma created within mental health illnesses to the lack of education. In addition, this report focuses on numerous consequences Hispanics face as they struggle with finding the proper support such as misdiagnosis and the exacerbation of their symptoms to the high rates of incarceration due to the lack of services for their population. For the capstone projection portion of this report, a weekly Spanish mental health support group has been created which will focus and cover different topics each meeting. During the development and implementation of this project, a lot was found on the lack of services for the Spanish-speaking community. The main issue found was that although living in a high Hispanic populated city, none of the participants ever received or were offered services in Spanish.

Keywords: mental health, Hispanic, groups, stigma, capstone project

Agency & Communities Served

Mariposa Wellness Center, located in Watsonville, CA is one of the many programs under Community Connections in Santa Cruz County. Their other programs include Opportunity Connections, Career Services, Avenus, Healthy Connections, Housing Support, Family Partnerships, CALWorks Counseling, and Pathways to Wellness. They are focused on empowering adults with psychiatric disabilities and their families by giving them the tools and resources they desire to build stronger relationships in the community and improve their lives (Community Connections, 2021). Mariposa's mission statement is, "To empower our mental health community throughout wellness, meaningful activity, and community connections." (Wells, Personal Communication, 2020). The agency meets their mission statement by offering both individual and group rehabilitation, and coming up with trips and events to connect their clients with their community and other participants. They offer services to a wide range of individuals from different backgrounds and ages. There are a total of 12% older adults, 77.11% adults, and 8.4% younger adults. Of them, 49.99% are Hispanic, 45.78% are white, and only 4.82% are of another race. When it comes to their education, only 6.78% have received an education, and 91.57% have not. Majority, at 97.59% reside in Watsonville with 95.18% having a place to stay and 2.04% of them being homeless. (Wells, Personal Communication, 2020).

Problem Description

The lack of mental health support for the Spanish speaking community at Mariposa Wellness Center has been an ongoing problem that affects many of the participants at the center and out in the community. At the agency, this problem affects around 75 of their clients. This is not only a problem at Mariposa, it is an issue that affects various individuals in Spanish speaking

communities nationwide. About two years ago, funds that supported the Spanish groups were cut at the agency, making it hard for those who only speak Spanish to continue their rehabilitation process in the best way for them. In a study, it was found that among Mexican Americans with a diagnosed mental disorder, only about one-fourth had used services in the past year (Barrio et al., 2007). This study was based solely on those who are Mexican Americans, yet there are many other hispanics who also struggle to seek services. A lot of Hispanics know that they are in need of mental health services, but it is hard to find a place that feels safe and promising in accommodating their language, cultural, and education barriers.

Contributing Factors

Language barriers and Stigma

Language barriers are one of the biggest reasons why hispanics don't feel comfortable seeking services, especially when it comes to their mental health. There is not always the option of seeking mental health services that come in the language they would like, which makes it hard for them to even accept the fact that they can also struggle with mental illnesses. In a study, it was found that many mental health practitioners found it very challenging to access clients' emotions and convey empathic understanding even with the help of an interpreter (Brisset et al., 2014). It is easy for anyone to seek treatment when it comes to their physical health with an interpreter, but not for one's mental health. Mental health treatment requires building a rapport and connecting with your practitioner in order to achieve a great treatment, therefore not being able to connect or understand one another will limit the success of the treatment. In Latino cultures, it is very easy to judge and disapprove of mental illnesses. A study found that Among Hispanics, stigma has been found to be negatively associated with the desire to engage in mental

health care, disclosure of mental illness to family and friends, management of depression symptoms, and adherence to antidepressant medications (Eghaneyan & Murphy, 2020). A mental health diagnosis can be as severe as cancer or any other illness, and when it goes untreated, it can become worse. When having such a big diagnosis, it is important to have the support of others, especially those closest to you. Being unable to share a big part of your life and being judged for something inevitable only contributes to the high rates of untreated mental health causing fear and long term damage to those ill.

Cultural Barriers

Cultural barriers play a vital role in the lack of mental health services for the Spanish community. Latinos are known to have a strong cultural commitment which attracts them to those who look like them rather than those from different backgrounds. Culture plays an important role in the presentation and stress of illness, and cultural differences can impact the diagnosis and treatment of hispanics due to linguistic, religious and social variation from the clinician providing care (Bhugra et al., 2011). In order to effectively create adequate support services for the Spanish speaking community, it is important that counselors from their same background are being hired. “Unfortunately, the number of Hispanic professionals in the health/mental health care manpower force do not reflect their number in the population. For instance, in 2014, 43.4 percent of workers in farming, fishing, and forestry were Hispanic or Latino. Other occupations with high shares of Hispanics or Latinos were building and grounds cleaning and maintenance occupations (36.7 percent) and construction and extraction occupations (32.3 percent). Hispanics or Latinos were least likely to work in life, physical, and social science occupations (7.5 percent) and in computer and mathematical occupations (6.6

percent) (U.S. Bureau of Labor, 2015). The number of Spanish speaking people is only increasing while the number of bilingual mental health professionals remains relatively low. As the number of Spanish speaking individuals continues to increase here in the United States, it is only fitting that we inspire and educate our mental health professionals on the importance of fluently speaking Spanish.

Lack of Education

Despite the importance of education, the Hispanic population living in the United States have not attained the proper education as the majority of the population. The limited knowledge about mental illness can prevent individuals from recognizing mental illness and seeking treatment; poor understanding of mental illness also impairs families' abilities to provide adequate care for mentally ill relatives (Barriers to Mental Health, 2021). Not having sufficient education levels, especially in a country where education and progression is very important, can be detrimental for the Spanish speaking community. In a study, 72% of respondents who did not seek treatment chose to do so because they wanted to "solve the problem on their own" (Barriers to Mental Health, 2021). Those who speak Spanish only and have a low education background tend to be more aware and unfamiliar of the available mental health services and the mental illness itself. When almost every local announcement and advertising for mental health services are given in English, it is less likely for Spanish speakers to really understand the message and seek those treatments for their possible symptoms. There are also individuals who didn't obtain any education, therefore they did not learn how to read or write making it difficult for them to become aware of any services in their community.

Consequences

Misdiagnosis

Whether services are given in English or Spanish, it is important to give the right diagnosis and treatment in order to effectively help every individual seeking mental health services. Unfortunately, there are many psychological assessment measures that do not have standardized language translations or norms for specific ethnic groups resulting in misdiagnosis (Stuntzner, 2020). Every individual seeking treatment should be granted the proper treatment appropriate to their unique diagnosis. A language or cultural barrier shouldn't be an excuse to take that away from every individual that struggles with a mental health disability. In professions related to mental health and counseling, it is evident that the professional will be working with people, therefore, it is only right to have strong cultural competency skills and an ongoing commitment to expand their knowledge and awareness.

Exacerbation of Symptoms

Like any illness, when mental health conditions don't undergo any treatment, the results can be fatal. More than half of Hispanic young adults ages 18-25 who suffer from a serious mental illness may not receive treatment, this inequality puts these communities at a higher risk for more severe and persistent forms of mental health conditions, because without treatment, mental health conditions often worsen (National Alliance of Mental Health, 2021). When there are no mental health services designed to help the Spanish speaking community, it is likely that their illness will go untreated causing an exacerbation of their symptoms resulting in a much worse outcome for their well-being. Mental health illnesses do not go away on their own, the longer the illness persists, the more difficult it can be to treat and recover.

Higher Rates of Incarceration

The communities with less mental health services are home to more adults in the criminal justice system. Over 12 million individuals diagnosed with mental illnesses sit in jail and prison each year (Mental Health America, 2021). Individuals affected by the lack of mental health services are getting thrown into jails and prisons instead of receiving the proper treatment. “A few decades ago, fewer than half of state hospital patients came from the criminal justice system. Today, more than 90 percent do” (Wiener, 2019). It is not until individuals are incarcerated and deemed incompetent to stand trial that they are ordered to be sent into state hospitals. Today, growing numbers of inmates are awaiting a hospital bed to receive a treatment adequate to their illness.

Problem Model

Contributing Factors	Problem	Consequences
Language Barriers	The lack of mental health services among the spanish speaking community	Misdiagnosis
Cultural Barriers		Exacerbation of Symptoms
Lack of education		Higher Rates of Incarceration

Capstone Project Description and Justification

Capstone Project

The idea for this capstone project is to find a way to support those struggling with a mental health illness in our spanish speaking community. Mariposa Wellness Center located in Watsonville, California currently offers English support groups and individual counseling for their clients, but does not necessarily have the resources to provide those same services to their spanish speaking clients and to the community in which they are located. The main idea for this project is to find a way to bring back Spanish support groups for individuals in the community to have a source of support when it comes to their mental well being.

Project Purpose

This project will help address the language barriers that are currently getting in the way of the spanish-speaking community and their ability to get full access to the appropriate resources that can support their mental health disabilities. Language barriers are one of the main contributing factors to the lack of mental health services among the Spanish speaking community. Professionals in our community lack the ability to communicate with their clients in a way that they will fully understand and feel comfortable. In a community like Watsonville, it is important to also have accessible spanish support groups for their major hispanic population. The environment in which services are provided is key in the path to well being of an individual. In order for clients to fully engage and feel like they are being validated, it is vital to create that rapport with them, and when the differences in language get in the way, the outcome to their recovery won't be easy to acquire. In a community like Watsonville, it is important to also have accessible spanish support groups for their major hispanic population.

Project Justification

In a study done to examine potential barriers to mental healthcare use of older adults from diverse ethnic and racial groups showed that language differences between the client and the provider makes it difficult for older adults with limited English language proficiency to communicate, leading to frustration and poor communication between professionals and patients (Sorkin, et al., 2016). Understanding how barriers to mental health treatment differ for diverse ethnic and racial groups is an important step that needs to be taken in order to design proper interventions to overcome the obstacles and improve mental health outcomes.

Project Implementation

Mariposa Wellness Center currently offers about four English support groups a week for any of their clients who wish to drop by and join. Usually, a topic is chosen by the facilitator and an article on the topic is printed for everyone to read. The facilitator uses this article to ask questions and engage the participants in the group discussion to further support their mental health needs. For the Spanish groups, the same idea is going to be implemented. There will be a support group solely in Spanish for those who wish to participate, and the topics will vary depending on who joins and their interests. Since there are already other groups set at the center, we will make sure to fit in a Spanish group once a week to be delivered there at the center. A survey will be sent out to the clients at the center to get an idea of how many of them will benefit from this project and what they desire to hear in these groups. Before getting started with the group, we will have to recruit at least 3 individuals who are willing to volunteer at the center and facilitate the Spanish groups. The volunteers must be fluent in Spanish and have the ability to communicate well with others. Prior to facilitating any group, the individuals will receive

training on their duties mainly by sitting in on the English groups and both observing and facilitating the process of facilitating a group. The main duty of the volunteers will be to be present on their facilitation day, look for a proper article to share, and keep the client engaged in the conversation. Both my mentor Dagny and I will be there throughout the whole process to help our volunteers in any way possible. I am personally fluent in Spanish, therefore, they can always count on me when they do have any questions regarding the facilitation or on any clients. A detailed implementation plan and timeline of the activities can be seen in the Scope of Work in Appendix A

Assessment Plan

To measure the effectiveness of this project, three surveys will be conducted. The first survey will be handed out prior to starting any group. The clients at the center will be sent a survey in order to determine how many of them will find any benefit in developing this Spanish group. The second survey will be handed out to every individual who shows up to the Spanish groups on the first day. From this survey, we will be asking what this group means to them, what they expect, and what they expect from the group. The last survey will be handed out at the end of November to the start of December to determine how much this group has helped individuals. Throughout the weeks, everyone will also sign in at the beginning of each group to keep track of all of those who do decide to participate.

Expected Outcomes

Overall, the expectations for this project include helping the whole community as a whole, especially those individuals in the Spanish community who are suffering from mental illnesses and do not have a place to go. I wish to create this group for them to come and express

themselves and connect with our staff and one another. The Spanish speaking community struggling with mental health is in need of a safe place where they can go and find the support they need, and meet other people to learn that they are not alone, and to create that place is the desired outcome.

Project Results

Mariposa Wellness Center's Spanish speaking individuals are currently very limited. For the project, four participants who would benefit from a fully Spanish speaking support group were contacted, but only two were available to join. For a while, there was a misunderstanding that enabled further recruitment of participants outside of the center, therefore, the groups were greatly delayed. When the permission was granted to recruit participants outside of the center, Alicia and Anastasia, program directors from NAMI of Santa Cruz County, were contacted. They helped share the flyer and provided contact information of other agencies around the county that could also help with the recruitment process. Before beginning the first group, participants were asked a few questions regarding their experiences with mental health services. The main plan was to deliver a spanish group once a week at the center, but due to the COVID-19 restrictions, we decided to create an online group accessed via ZOOM all Monday's at 1pm. For this group, there are two fellow classmates who help facilitate the groups. Both Facilitators search for an appropriate article, read it, and create both a powerpoint to present and a list of questions to ask the participants.

The conclusion based on the results provided were successful, but they were not the full expected outcome that was anticipated. The group was created, but unfortunately the amount of participants that joined the group were not as expected. There were only two participants who

joined the group on a weekly basis. If in person groups were available, and the agency allowed outside participants since the beginning of the recruitment process, the outcome would have been as expected.

As a result of the project, the spanish support group was actually created. The groups happen weekly on Monday at 1pm for an hour and cover topics such as the importance of mental health, anger management, healthy life choices, socialization, the importance of breaking the stigma of mental health, and the meaning of life. In order to keep track of how beneficial the group was for participants, a survey was created and the same questions were asked before starting any group and at the end of the very last group. Based on the responses given at the prior to group meetings, the knowledge of what to focus on or what was to improve was clear and that was used to find the topics needed to better their understanding and their life overall. Although the project did not go as expected, the outcome for those who did attend the group was amazing. The post-survey shows a great difference in their way of thinking and their understanding in comparison to the pre-survey.

Number of participants	2
Age	20-50
Education level	Some college
Gender	1 male 1 female
Topics of interest	Daily living/coping skills
Online vs in person	2/2 in person
Mariposa participant	2/2
Number of participants	2
First language: Spanish	2/2

Have received Spanish services	0/2
Benefited from the group	2/2
Have you ever been diagnosed with a mental health disorder?	2/2 - Yes
Before meeting how do you rate your understanding of practical strategies for living with a mental illness	Participant 1: 3/5 Participant 2: 4/5
After:	Participant 1: 5/5 Participants 2: 5/5
Is mental health talked about in your household/family?	Participant 1: Sometimes Participant 2: Sometimes
After:	Participant 1: Yes Participant 2: Yes
During the past 4 weeks, have you had any problems with your work or daily life due to any emotional problems, such as feeling depressed, sad or anxious?	Participant 1: Yes Participant 2: Sometimes
After:	Participant 1: Sometimes Participant 2: No
How do you rate your mental health?	Participant 1: Average Participant 2: Somewhat poor
After:	Participant 1: Somewhat good Participant 2: Somewhat good
How often do you feel positive about your life?	Participant 1: Sometimes Participant 2: Sometimes
After:	Participant 1: Frequently Participant 2: Frequently

Conclusion & Recommendations

The expected outcomes that were determined by the capstone student and their mentor were to be achieved by the conclusion of the project of the creation of a Spanish mental health focused group for participants to come and express themselves and connect with our staff and one another. I believe that by creating that group and choosing meaningful and related topics for them and their diagnosis helps serve our purpose. Participants who joined the group were provided with a support system that was able to understand them and provide them services to meet their needs. Based on the research, this project should definitely be continued. With the proper communication and contacts in the community, there are a lot of more participants that can benefit from a Spanish support group focused on the betterment of mental health diagnosis and symptoms. The recommendations for the agency include the development of a grant that can fund Spanish services to permanently provide services for the Hispanic community. The agency can work on writing a grant proposal, or have another intern do it so that all Spanish speaking individuals are offered the opportunity to join their agency and benefit from their amazing services.

Personal Reflection

I personally learned a lot from this capstone project and the whole process of bringing it to life. From the research I learned that not only in my community, but all throughout the United States, there is a lack of mental health services for Hispanics. Agencies don't usually provide only Spanish services which leads to them hiring individuals who only speak English making it hard or impossible for them to effectively communicate with the Spanish speaking community. When it came to the planning and implementation of the project, I learned that it is definitely not easy

to put a group together. The idea sounded great and easy since I myself speak Spanish, but it honestly was the complete opposite. I had to reach out to different participants and community professionals and find ways to put my project out there in order to catch the attention of participants, and that alone required a lot of time and effort. Something that I didn't anticipate was having to do online groups instead of in person and due to the lack of knowledge these individuals have in technology, it made it harder for them to get in contact with me and join the zoom sessions. Although the outcome wasn't fully as expected, I feel like I created a good contribution for the agency. The few Spanish speaking participants stated that they enjoyed having a different approach to their mental health support especially after it being their very first service in Spanish since the agency only had a Spanish group for a very short period of time. The strengths and successes of my project were definitely the creation of a Spanish group and the research behind it. The project was set to a great start with the way we were planning to implement it, but unfortunately, we were set back by the different lock down's that occurred due to COVID-19. We were fortunately able to find a way to make the groups happen online, and we picked great relatable topics for the participants to be a part of. Based on the results, I am aware that the groups served their purpose and supported the mental, social, and emotional needs of the participants, but I know that if I had done the group in person at the agency, more individuals would've joined and benefited from it. For a period of time, we faced limitations on who we were able to recruit, therefore, we were only trying to reach four participants. The staff at the agency had told me that I was only able to provide services for their participants, therefore, that small period of only focusing on their participants took a lot of time from our hands that could've been used to look for participants outside of the center. Aside from the issues that arose, I was

able to find ways to fix the problem and get the group done even if it was not face to face like we wanted it to be.

The issue that my project addressed was the lack of mental health services for the Spanish speaking community. By creating a Spanish support group, even if it was based solely on the participants from Mariposa Wellness Center, it allowed the individuals to experience a place connected to their roots full of support just for them. The facilitators possessed that cultural competence that allowed them to communicate effectively and understand clearly each of the members who joined the group. A lot more can be done beyond my project to address this issue. Each mental health agency throughout the United States should require Spanish services for those who are not fluent in English or speak it at all. Regardless of who the person is or where they come from, mental health is important, and it is unfair that they do not receive the appropriate services to treat their diagnosis because of the language barriers or cultural differences. Mental health should be talked about and recognized without any judgment because without a stable mind, life can become a whole lot more difficult. Any future capstone students interning at this agency should definitely give their capstone focus to the Hispanic population since Mariposa is located in a city with a greatly Hispanic population.

References

- Access to mental health care and incarceration. (n.d.). Retrieved March 28, 2021, from <https://www.mhanational.org/issues/access-mental-health-care-and-incarceration>
- Barrera, I., & Longoria, D. (n.d.). Examining cultural mental health CARE barriers Among Latinos. Retrieved March 27, 2021, from <https://journals.sfu.ca/cvj/index.php/cvj/article/view/35>
- Barrio C, Palinkas LA, Yamada A-M, Fuentes D, Criado V, Garcia P, Jeste DV. Unmet needs for mental health services for Latino older adults: Perspectives from consumers, family members, advocates, and service providers. *Community Mental Health Journal*. 2008;44:57–74.
- Bhugra, D., Gupta, S., Bhui, K., Craig, T., Dogra, N., Ingleby, J. D., Kirkbride, J., Moussaoui, D., Nazroo, J., Qureshi, A., Stompe, T., & Tribe, R. (2011). WPA guidance on mental health and mental health care in migrants. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 10(1), 2–10.
<https://doi.org/10.1002/j.2051-5545.2011.tb00002.x>
- Brisset, C., Leanza, Y., Rosenberg, E., Vissandjée, B., Kirmayer, L. J., Muckle, G., Xenocostas, S., & Laforce, H. (2013). Language barriers in mental health care: A survey of primary care practitioners. *Journal of Immigrant and Minority Health*, 16(6), 1238–1246.
<https://doi.org/10.1007/s10903-013-9971-9>

Community connection. (2021, February 02). Retrieved March 27, 2021, from <https://scvolunteercenter.org/programs/community-connection/>

Eghaneyan, B. H., & Murphy, E. R. (2020). Measuring mental illness stigma Among Hispanics: A systematic review. *Stigma and Health, 5*(3), 351–363.
<https://doi.org/10.1037/sah0000207>

Hispanic/Latinx. (n.d.). Retrieved March 27, 2021, from <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx>

Sorkin, D. H., Murphy, M., Nguyen, H., & Biegler, K. A. (2016). Barriers to Mental Health Care for an Ethnically and Racially Diverse Sample of Older Adults. *Journal of the American Geriatrics Society, 64*(10), 2138–2143.
<https://doi-org.csUMB.idm.oclc.org/10.1111/jgs.14420>

Stuntzner, S. (2020). Book review - the latino american: Psychodynamic perspectives on culture and mental health issues. *Contemporary Research in Disability and Rehabilitation, 2*(1), 4–6. <https://doi.org/10.51734/crdv2i1.33>

Unite for sight. Barriers to Mental Health Care. (2021). Retrieved September 15, 2021, from <https://www.uniteforsight.org/mental-health/module6>.

U.S. Bureau of Labor Statistics. (2015, October 9). *Hispanics and Latinos in industries and occupations*. U.S. Bureau of Labor Statistics. Retrieved September 15, 2021, from

<https://www.bls.gov/opub/ted/2015/hispanics-and-latinos-in-industries-and-occupations.htm>.

Wiener, J. (2020, September 18). Breakdown: California's mental health system, explained.

Retrieved March 28, 2021, from

<https://calmatters.org/explainers/breakdown-californias-mental-health-system-explained/#595bd240-9792-11e9-b4ba-6daafb072cad>

Appendix A

Scope of Work

Activities	Deliverables	Timeline/Deadlines	Supporting Staff
Survey Development	# of participants/topics of discussion\	Beginning of June	Dagny Blaskovich
Volunteer recruitment	Fluent Spanish speakers/group facilitators	Beginning of July	
Group Observations	Training	End of July	
Group Development	Dates/times	Beginning of August	