



# Back to Basics: Establishing Rapport with Depressed Latinas and Their Communities

Maria Y. Hernandez, LCSW  
University of California, Berkeley  
School of Social Welfare



# Depression and Its Prevalence Among Latinas

- Urban Latinas have a 14% prevalence for depression versus 7.9% of Latino men.
- Mexican women sometimes experience symptomatology earlier than men.
- American born women have higher risks for depression than foreign born women.
- The risk for depression increases as women acculturate.
- Depression is generally common among low-income women with children.



# Contributing Factors to Depression Among Latinas

## **A holistic approach to health**

- Problems in familial relationships
- Social isolation
- Gendered roles
- Vicarious trauma
- Family cultural conflict
- Separation from children living in country of origin (transnational motherhood)

## **Environmental Factors**

- Perceived neighborhood safety
- Perceived social status



# Barriers to Mental Health Treatment

- Provider barriers
- Barriers in the service system
- Barriers created by social networks
- Person-centered barriers
- Community level barriers



# Perceptions of Mental Health and Pathways Toward Help

## 1) Labels for Mental Illness

Nervios, fallo mental, or locura resulting from problems external to the individual.

Optimism in resolution of depression symptoms.

## 2) Pathways toward Mental Treatment

Relatives, friends, neighbors, co-workers, community leaders, folk leaders, religious leaders, doctors, pharmacists.

Women initiate these pathways



# Response To Need

- Brief therapies
- Supplementation of therapeutic services with education or case management services
- Culturally competent treatment

**These services secure engagement at the individual level but where is the community?**



# Community Interventions: Why Do We Need Them?

- Continuum of care is needed.
- Cultural competence extends to the broader context in which the organization exist.
- Latinas prefer services centers located in their communities.
- We lack services in ethnic communities



# The Great Responsibility Given to Community Based Mental Health Centers

- Hire ethnic staff.
- Deliver services in a culturally familiar context.
- More importantly they are located in communities composed of ethnic groups.
- Use effective outreach strategies = retention in treatment.



## Findings from Clinician Interviews

We offer a welcoming nature:

*“When they come here they see the way we treat them and that we provide a safe environment. Not only a safe environment but also a nice clean environment and we treat them with respect. We don’t see them as just Latino and that most of the Latinos here, some of them, have the idea that we look down on them because of all these politico immigrant issues. That somebody is better than them so therefore somebody is going to treat them poorly.”*



## Findings from Clinician Interviews

Use high volume of bilingual staff:

- “ I like to think that we are not as big as Kaiser but we are very unique because we are bilingual, we are multicultural.”*
- “ But I think if anything the foundation is that they are appreciative of having a place to go to and that there are people that look like them. And sound like them and speak their language and work in this community, and maybe working in the community is what they appreciate more.”*
- “ We are all bilingual therapists here. I am not sure if there are that many agencies out there that can say that all therapists can provide bilingual services. That is really impressive.”*



## Findings from Clinician Interviews

Location! Location! Location!

*“ We have people that completely qualify for Kaiser or Blue Cross and they come in and they say - no but this is closer. I want to be seen here.”*

*“ I think it is a sign of relieve for them. Most of the clients that come here also have their primary care physicians here, also have their dental and optometry at this agency. So it is like a big family, so they can go and get a lot of their services. We have been here for a while and not going anywhere, so it provides stability.”*

*“There are grandparents and children that know this agency and who know where to go when they need these types of services.”*



## Findings from Clinician Interviews

Finding the community and being part of it.

*“ Some of the colleagues do presentations in schools, presentations at different health clinics that are around here.”*

*“ When they have El Dia de Los Muertos, when they close Fruitvale down, we actually have our own alter. We make ourselves known in the community.”*



## Findings from Clinician Interviews

*“Every year we do a health fair which is clinic wide. All the other clinics in the area do it too, they do blood pressure, and they do podiatry, communicable diseases, and eye exams. We do mental health screenings, which includes giving away information packets and things like that. So a lot of different health screenings, we can’t remember them all. Cholesterol and diabetes screenings. So that happens every year.”*

*“We have members of our clinic providing services for the community within the school system.”*

*“Some of the parenting classes are offered in high schools and we have some going on here. So I think we try to branch out.”*



## Findings from Clinician Interviews

The benefits of a multiservice center:

*“I think the other thing that is really helpful with community trust is that in order to get the trust of the community you have to have a variety of programs and services to offer. For instance, I work in another agency, which is a good clinic, but they have very specific services and they only see families and kids under this specific funding source.... So if you have your average woman who is depressed and she is not psychotic then there is not really a program for her. But then at this agency we have so many programs from several funding sources. We have domestic violence, anxiety, depression groups, and child abuse service protection funds to serve adults and kids for that. We can serve people who are in imminent danger of being hospitalized for their homicidal thoughts and things like, or those that are not dangerous right now, they are not as bad or as dangerous right now but we can serve those people too. We can serve emotionally disturbed people as well. We have so many different programs that just about anyone that comes through our door we can offer them something. I think that makes a difference because if we refer out then there would not be any follow through because they would feel, well we have to go somewhere else.”*



## Findings from Clinician Interviews

When the mountain won't come to you..

*"We go to their house when they can't get a ride. We do go to their house when we want to take them to get services elsewhere. Sometimes I have clients where I have to take them to the hospital because they can't get anywhere, they don't speak the language. They have no idea how to get there. If they need to be hospitalized or sometimes we go when they are incapacitated and we go into the house and we sit there. How are you doing? What is going on? We check-in on them."*

*"Well we have two cars here for our clients and we provide them with transportation. For those that cannot maneuver the public service system we will transport them to the doctor's or social security office, or to hospitals. Or we can also use them to visit clients in their homes or lets say they really decompensate, not wanting to engage with us. We still go to their homes and check-in on them to make sure they are okay and taking their medication. Or a lot of my clients that are in the hospital, I visit them planning for their discharge."*



## Take Home Message

When clinicians were asked how they knew they had gained the trust of the Latino community, they all replied: *“They keep coming back, they keep referring people.”*



# Conclusions

- Community based organizations have a wealth of knowledge to increase service use, client satisfaction, client education, and client trust.
- Have innovative means to reach underserved populations.
- Continuously exchange information with the community served.
- Have created a continuum of care from individual treatment, community outreach, and accessibility to care.



# References

Please Refer to Handout