# Recommendations for Engaging People from Hispanic and Latino Communities

SAMHSA
Substance Abuse and Mental Health Services Administration

## Introduction

Nearly 18 percent of the U.S. population identifies as Hispanic or Latino.[1] While people from Hispanic and Latino communities experience lower overall rates of mental illness and substance use disorder than non-Hispanic Whites, those with serious mental illness often have significant health problems and young Latina women experience higher rates of depression and suicide than other women.[2,3,4,5,6] For people from Hispanic and Latino communities, risk for both substance use disorder and mental illness increases with time spent in the U.S., and acculturative stress, poverty, lack of access to treatment, discrimination, high-stress jobs, and family issues contribute to these conditions.[7]

In general, people from Hispanic and Latino communities are less likely to seek substance use treatment and are less satisfied with treatment services than non-Hispanic Whites.[8,9,10] For example, only 9.3 percent of those in need of treatment for substance use disorder receive it from specialty treatment facilities.[11,12] They also tend to underutilize mental health services, and immigrants, especially, are less likely to seek services.[13,14,15] Lack of bilingual and culturally appropriate treatment and recovery services, lack of health insurance, low levels of education, shame, and family concerns are often barriers to seeking treatment.[16,17,18]

## Culture & Recovery

Providing strengths-based services that recognize and respond to the ways Hispanic and Latino cultural identity affects the experience of mental illness, substance use disorder, treatment, and recovery can help to narrow the treatment gap by increasing engagement and retention in services. As described by SAMHSA's Working Definition of Recovery,

> ***Recovery is culturally-based and influenced. Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.***[19]

Culture is complex and fluid, and especially with people from Hispanic and Latino communities, there is no one-size-fits-all approach to providing culturally responsive services. There is tremendous diversity within the group of people identifying as Hispanic and Latino in the U.S., and cultural identity is further shaped by age, gender, socioeconomic status, immigration experience, national origin, sexual orientation, and other intersectional layers of identity.

The experiences and needs of a young woman who is a recent immigrant from Honduras and is experiencing depression and posttraumatic stress disorder will differ from those of a middle-aged, Puerto Rican man who is exiting incarceration, is living with HIV, and has an opioid use disorder, or a second-generation Mexican-American graduate student with bipolar disorder.

### Language Matters

The term "Hispanic" was introduced in the 1970 U.S. Census as an ethnicity category, separate from race, in order to count people of Spanish-speaking origin or ancestry.[20] "Latino" is a term that describes people with Latin American origins or ancestry, which may include non-Spanish speakers like those with Brazilian origins. "Latinx" is a newer, gender-neutral version of the term.[21] While someone may identify as "Hispanic" and "Latino," the identities do not always overlap. The 2010 U.S. Census combined the categories as "Hispanic or Latino," defined as one who identifies their ethnicity or heritage as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. We use "Hispanic and Latino" in this informational brief to be inclusive.

**"Every service needs to be culturally responsive. We adapted a curriculum because the examples were not relatable for Latinos. We revised the case studies to make them real life examples and changed the names. It's not just about translating everything to Spanish; it's about making it relatable."** —Diliana De Jesús, Casa Esperanza

# Recommendations for Engaging People from Hispanic and Latino Communities

Practitioners* providing culturally responsive recovery support services for people with serious mental illness or substance use disorders from Hispanic and Latino communities make the following recommendations for organizations that want to improve their engagement of people from Hispanic and Latino communities.

### AFFIRM the importance of culture in recovery pathways.

While providing bilingual services is an important starting point, it is insufficient. Ensure that your organization and all staff members are committed to affirming the role of culture—in all its complexity—in each person's unique recovery pathway. Consider adding this commitment to your mission statement and using tools like the Cultural Formulation Interview or guidelines for cultural assessment to understand the role of culture, language, acculturation, and stress and integrate it into plans for treatment and recovery support.[22,23]

### TRAIN all staff to practice cultural humility.

Practicing cultural humility means not making assumptions about people and their experiences, beliefs, and cultural identity based on how they present or other preconceived notions. It entails asking questions respectfully and being willing to learn from people. It is an approach and attitude that communicates respect, openness, humility, and a willingness to learn.

### HIRE staff—especially peers—who reflect the population you serve.

Hire people with lived experience who reflect the Hispanic and Latino communities you wish to engage. Peers who can share their own experiences of discrimination and disconnection—as well as experiences of hope, support, connection, and recovery—are critical for engaging people. Peers who share similar experiences are well positioned to develop rapport and trust; address misconceptions; explain recovery support and treatment options in a way that resonates; and assist with overcoming specific cultural, social, and economic barriers to treatment and recovery. Hispanic and Latino peers who model pride in their recovery journey and cultural identity and are visible in the community serve as powerful role models and communicate a message of hope.

### BUILD relationships with community leaders and organizations.

Taking steps to build authentic relationships with community leaders and organizations, including faith-based communities, schools, and primary care clinics, will help build trust and engagement. Approach relationship building with humility and a stance of openness to learning about community needs. Rather than showing up with an agenda, ask people what is important to them. Consider a broad range of Hispanic and Latino-oriented groups: sports clubs; LGBT groups; music, arts, and dance groups; Spanish-speaking radio and television shows; environmental groups; small businesses serving Hispanic and Latino communities; and neighborhood groups. One agency recommends engaging local faith-based communities in ways that they can help support recovery. Another suggests building relationships with grandmothers *(abuelas)* as respected elders who are often a source of support for the most socially excluded members of a community.

**"Cultural humility means not making assumptions about the people you are working with. Reach out to Latino community organizations not because you want to check the box but because you want to learn about their culture. Engage in a participatory process. Ask: "What do you love about your culture? How do you see substance use in your culture?" Lead with authentic curiosity and humble engagement rather than saying "I want to learn about your culture, so I can help you."**

**—Joseph Hogan-Sanchez, Council on Accreditation of Peer Recovery Support Services**

## CREATE a warm and welcoming environment.

A comfortable and colorful reception area staffed by friendly, bilingual staff with bilingual information and artwork that reflects aspects of Hispanic and Latino culture may go a long way for making people feel at ease. A sterile and impersonal reception area and front desk staff focused on efficiency over relationship building can be intimidating to those seeking services for the first time or those who have had prior negative experiences in institutional settings.

## COUNTER misconceptions about mental illness, substance use disorder, and recovery.

Misconceptions are widespread in the public and can take specific forms within Hispanic and Latino communities. It is critical to communicate that recovery is possible, there are multiple pathways to recovery, and that mental illness and substance use disorder are not moral failings, but chronic diseases of the body and brain that can be treated and managed.[24,25] Some may believe that asking for help is a sign of weakness or that telling a non-family member about a problem is a betrayal. Be aware of these beliefs and respond with sensitivity, respect, and the goal of empowering the person seeking help.

## INVOLVE family members as appropriate.

Close family ties of affection, interdependence, obligation, and trust are traditionally very important in Hispanic and Latino cultures and extend beyond the nuclear or biological family, often including extended family and godparents.[26] Welcome family members and involve them in meetings and support groups. Providing childcare can help create a welcoming environment. However, generational and acculturation gaps may prevent some family members from being supportive. In these cases, it is important to understand underlying beliefs about mental health and substance use and to frame the problem and solutions in ways that validate and resonate with these beliefs, rather than dismissing them.

**"Some Latinos have a lack of awareness around mental health and substance use. They see it as a character flaw or something you can fix yourself. They would not go to a doctor or clinic. Peers sharing personal experiences and education can help to change that thinking."**

—Jacqueline Gómez-Arias, Latino Behavioral Health Services

* These recommendations derive from practice-based evidence identified by service providers serving Hispanic and Latino communities. Practice-based evidence is especially important because few evidence-based practices (EBPs) have been normed on minority populations and the EBP framework poses barriers to the inclusion of culturally responsive approaches to care. BRSS TACS gratefully acknowledges the contributions of Ben Bass, Executive Director, Recovery Alliance of El Paso; Diliana De Jesús, Deputy Director, Casa Esperanza, Inc.; Jamie Enchinton-Bailey, Peer Recovery Support Specialist, Project Vida/Recovery Alliance of El Paso; Jacqueline Gómez-Arias, Founding Executive Director, Latino Behavioral Health Services; Oscar Jiménez-Solomon, Senior Research Staff Associate and Coordinator, Department of Psychiatry at New York State Psychiatric Institute, Columbia University Medical Center; Teresa Molina, Board Chair and Acting Director, Latino Behavioral Health Services; Richie Lopez, Peer Recovery Coach, Casa Esperanza, Inc.; and Joseph Hogan-Sanchez, Council on Accreditation of Peer Recovery Support Services.

## Endnotes


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