



Barriers to Mental Health for Latinos in Oregon :

A qualitative perspective

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Overview

- Qualitative study of sixteen rural and urban professionals in Oregon that work with Latinos in mental health
- Included licensed clinical social workers, program and executive directors, education professionals and employees of the Catholic church and affiliated organizations.
- Interview questions focused on barriers to mental health and changes that would improve mental health services
- Barriers divided into systemic and individual
 - Systemic impacts individual

Barriers

Systemic

1. Lack of culturally specific Mental Health(MH) services (16 of 16)
2. Lack of bilingual and bicultural providers(16 of 16)
3. Fear of obtaining services due to political climate(13 of 16)
4. Inadequate funding for MH services (10 of 16)
5. Lack of integrated MH services(9 of 16)
6. Lack of awareness/education about MH services(9 of 16)
7. Lack of acute mental health services for Latinos(4 of 16)

Barriers

Individual

1. Fear(13 of 16)
2. Lack of insurance, inability to pay (12 of 16)
3. MH Services not culturally relevant (11 of 16)
 - MH cater to dominant culture --Not community or family oriented
 - Shortage of bilingual/bicultural therapist-- reliance on interpreters
 - Cannot use alternative therapies(curanderos) b/c not billable
 - Compartmentalized MH services, not integrated
4. External factors(12 of 16)
 - Childcare
 - Inappropriate facilities-- enhance barriers of fear, stigma
 - Transportation
 - Lack of flexible and evening hours
5. Stigma(9 of 16)
6. Lack of education about MH issues/services(9 of 16)



Recommendations

- Integrated primary care and mental health services
- Integration of mental health services into community centers
- Culturally specific mental health clinics
- Use of platform model to provide mental health
 - Schools, Community Center, Churches, Housing

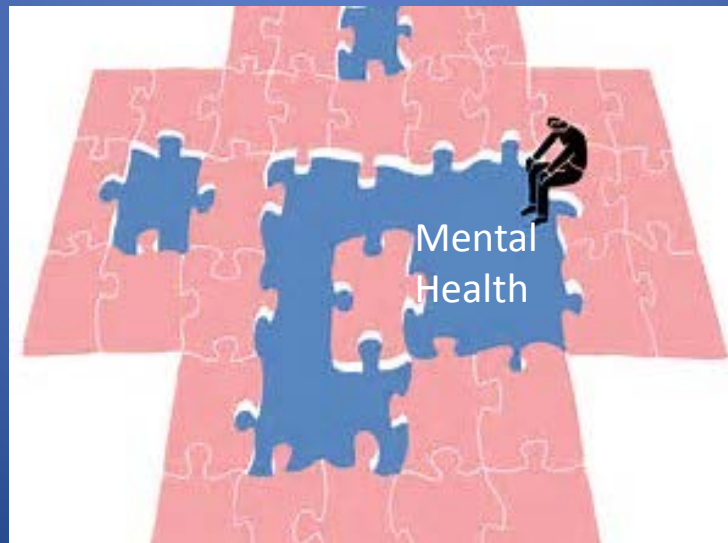
Policy Implications

- More funding for Latino specific mental health
- Less compartmentalized services, more collaboration(Integrated)
- Workforce development needed(education/ training to support models)
- Easier reimbursement, access to general funds
- Increased education and awareness of MH
- Further research on successful models, community driven solutions

Prepared in Spring 2017 as part of an internship by the Oregon Advocacy Commission-Commission on Hispanic Affairs in partnership with the Department of Human Services by Diana St. Amour, graduate student of Social Work at Western New Mexico University. For questions about this study, contact Valerie Stewart at 971-673-2937 or VALERIE.T.STEWART@dhsosha.state.or.us

Summary

“If a mental health system is designed correctly for Latinos then there are no barriers. I am from LA and I have seen it work.” Program Director, Bend



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