



Policy Brief:
**Designating Resources for
Mental Health Care that
Serve and Empower
Afro-Latinx People**

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Who We Are

Dr. Dolly Martinez, M.D., 2021-2022 Afro-Latinx Líderes Avanzando Fellow, UnidosUS

- International medical graduate of Universidad Central del Este in the Dominican Republic. She currently works as clinical care coordinator for Sanitas Medical Center Northeast. She coordinates care by accessing the individual's economic stability, education, environment, social, and community context which all directly affects a person's quality of health. This path is in alignment with Dr. Martinez's 'North Star': "connecting health and education to people." She continuously works hard to serve her community by voicing the needs of the people. On a personal level, Dolly pushes to motivate herself and her loved ones to reach their greatest potential.

Orestes Marquetti (he/him), 2021-2022 Afro-Latinx Líderes Avanzando Fellow, UnidosUS

- Recent graduate from the University of Nevada, Las Vegas (UNLV) where he majored in multidisciplinary studies. This track's focus on critical analysis from multiple perspectives allows him to bring unique insights to the table that a single specialization might not reveal. He is developing himself professionally by applying theory to practice as an entrepreneur in co-founding InvestLocal, a digital social investment platform that connects retail investors to local businesses that need funding to grow. Still, the question remains: How can individuals be productive contributors to society if they are overwhelmed by mental health challenges and unable to advocate for themselves? To continue this research on how people value the asymmetry of information and access to this knowledge, he has been admitted to the UNLV's graduate program in Organizational Communication.

Keyla Ruiz (she/her), 2021-2022 Afro-Latinx Líderes Avanzando Fellow, UnidosUS

- A senior at The George Washington University majoring in criminal justice and minoring in psychology. In the fall of 2021, she became founding sister three of five of Lambda Theta Alpha Latin Sorority, Incorporated. Eta Eta Chapter. She currently works for UnidosUS as a monitoring, evaluation, and learning coordinator assistant consultant. She will also be attending Marymount University in the fall of 2022 for a graduate program in forensic and legal psychology. Keyla is determined to provide resources to mentally ill juveniles to help them cope with their illness while being incarcerated.

Summary

In 2020, 18.3% of the United States population was Latinx. Of those, more than 16% identify with having a mental health condition, amounting to nearly 10 million people.¹ Despite being the second-largest community in the nation, the Latinx community is deprived of adequate mental health resources. For Afro-Latinx people, there is next to no data to represent our struggle at this intersection of being both Black and Latinx in our communities. To address the gaps for these individuals, we request that Congress reconsider the implementation of the Health Equity and Accountability Act of 2020 (H.R. 6637).

The Need

The percentage of adults aged 18 and over who received mental health services in the year 2019 is 9.7% for Latinx people. For non-Hispanic white adults, the number is 19.8%. This shows that accessibility for non-Hispanic white adults to mental health services is 2:1.² The lack of adequate mental health resources is a problem that impacts the lives of the Latinx community, one that is exacerbated by social determinants of health such as social and community contexts and quality of health care access. The lack of access has only become more evident during the COVID-19 pandemic.

Language concordance between patients and providers has been proven to result in improved health care quality and outcomes for patients.³ Culturally competent and linguistically capable professionals are a vital component of quality mental health care. Patients whose physicians speak their language have better patient satisfaction with care. The Department of Health and Human Services accounts for 29 Latinx mental health professionals for every 100,000 Latinx people in the United States, compared to 173 non-POC white providers per 100,000.⁴ There is also the inconsistency in data collection and reporting related to demographic factors of race, ethnicity, sex, primary written and spoken language, disability status, sexual orientation, gender identity, age, and socioeconomic status does not support health care equity for all. In 2001, a report by the federal government titled *Mental Health: Culture, Race, and Ethnicity* revealed that mental health services were underutilized in the Latinx community.⁵ Twenty years later, there has not been a collection of data by the federal government specific to the Latinx community to follow-up on the findings from that report. This directly impacts how decisionmakers use the data that is available to impact the lives of teenagers who need counseling services and elderly Latinx people who that need culturally competent care.

Background

Despite the cultural factors that discourage discussing mental health concerns, Latinx people are still seeking help. Sixty percent of Latinx people report that they experience difficulties communicating with a health care provider due to either a language or cultural barrier.⁶ These individuals instead are relying on other trusted advisors with no training on strategies for mental health improvement. These include family

doctor or general practitioner (31.5%), family and friends (23.6%), clergy (15.3%), and a combination of the three (7.9%). Only 17.5% went to a mental health specialist for their source of mental health care and another 4.1% relied on a combination of family members and friends, general practitioners, and mental health specialists.⁷ Data such as this, which is specific to Latinx people and describes our plight, is not available for Afro-Latinx people.

In observing this worrisome data, we encountered a key topic addressed by the HEAA of 2020, there is an extensive and urgent need for more comprehensive data at the national level. As Afro-Latinx people, however, we have the unique characteristic that we are at the cross-section of two communities. As a result, our community is left without receiving proper care or given access to the proper resources. Specifically for Afro-Latinx people, we have no data to even begin measuring the need to provide resources for members of our community.

Anti-immigrant rhetoric in combination with the fatal circumstances of over-policing in our communities is impacting individuals that look and speak like us. Despite this intersectionality of challenges, our contributions have always been an asset to the growth of the United States. We are at the intersection of our Blackness and our *Latinidad*, and there is a lot of hate we can personally speak to from both sides. The effect on our mental health is not measured by current standards of health equity and accountability.

Our Ask

- We request that Congress reintroduce and pass the Health Equity and Accountability Act of 2020 (H.R. 6637), specially focusing on the recommendations outlined in Title I, II, VI, and IX.
- Continue to encourage partnerships with communities through engaging faith-based leaders and community-based organizations (CBOs).

Impact

The implementation of the 2020 HEAA, partnering with CBOs, and mental health integration in schools is necessary to break the cycles of emotional neglect currently in place and form a positive feedback loop for better overall health. As people of color in underprivileged communities continue to experience disproportionate barriers to quality care, federal support needs to begin the process of propagating resources to these communities in need.

Culturally diverse education for individuals battling mental illnesses has the potential to create self-awareness for the individuals and remove the stigmas. Without this self-awareness, Afro-Latinx individuals cannot advocate for themselves in their workplaces or for their children in schools. For example, in addition to Spanish and English, Afro-Latinx people speak a medley of languages such as Creole, Portuguese, and Patua. Although language translation services are available, these tools are not enough to properly treat patients. Having mental health professionals who are linguistically and culturally competent is essential. Literal language may be translated using these translation services, but culture and the ability to express lived experiences and convey emotion may not have an English translation. Adding professionals that help intervene and help individuals break out of these cycles at appropriate touchpoints of primary care for adults and schools for children, can enable entire communities to finally get the care they need and heal.

It is also noted that the fulfillment of basic economic needs takes precedence over the search for adequate mental health care resources. Mental health care services must be

accessible to those with lower economic opportunities and diverse cultural and linguistic backgrounds. People instead are relying on inadequate mediums without proper training that advise them to perpetuate unhealthy behaviors. Ideally, these individuals must be reached as children, teenagers, and young adults since these are the most vulnerable groups. These populations are still developing their social engagement strategies and are especially impacted by the societal alienation that many Latinx people are experiencing in a country that promotes self-determination and social advancement while shunning immigrants through degrading stereotypes. Implementing a cultural shift toward normalizing counseling will help destigmatize mental illnesses in our Latinx communities.

Implementing the Health Equity and Accountability Act will decompress the already saturated health system by rerouting individuals to obtain appropriate mental health resources. Black people and Latinos with mental health and substance use disorders are more likely to be incarcerated and homeless. In 2019, suicide cost our nation more than \$250 billion.⁸ Of these suicides, 7.6% were Latinx adolescents between the ages of 15 and 19.⁹ Congress urgently needs to pass this legislation to address this epidemic loss of life. By improving access for Afro-Latinx people considering the intersection of our identities, all Americans will be better off. We urge Congress to provide access to these necessary resources by reintroducing H.R. 6637 in this current session for a more resilient and prepared nation.

Endnotes

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