

Service Utilization and Case Management

Background

Latinos/Hispanics are the largest ethnic group in the United States (Takeuchi, Alegria, Jackson, & Williams, 2007) and constitute the largest portion of new immigrants (U.S. Census Bureau, 2003). Stressors that Latino/Hispanic children and families often face, such as few social supports, higher rates of poverty, substandard housing and consequent exposure to community violence, are known to adversely affect mental health (Atdjian & Vega, 2005). Although there is a notable lack of scientific research in the area of child trauma and service utilization, studies of Hispanic adults have consistently found that Hispanics use mental health services less often than European Americans (Hough et al., 1987), remain in treatment for less time (Sue, Fujino, Hu, Takeuchi, & Zane, 1991), and receive appropriate treatment less often (Acosta, 1979; Young, Klap, Sherbourne, & Wells, 2001).

Here are suggested reasons for the underutilization of services.

Conceptualization of Symptoms: Researchers have suggested that Hispanics may be more likely to conceptualize mental health symptoms as somatic compared to Caucasian Americans (e.g., Peifer, Hu & Vega, 2000; Varela et al., 2004). In general, recent Hispanic immigrants are more likely to consult with primary care physicians and general health clinics prior to being referred for psychiatric services (Vega, Kolody, Aguilar-Gaxiola, & Catalano, 1999).

Acculturation Level: One possible impediment to service utilization is low acculturation rates, particularly for recent immigrants. Research has demonstrated that, as Latinos/Hispanics become acculturated to the United States, and for those Hispanics who have resided in the United States and its territories (e.g., Puerto Ricans), rates of service utilization match those of the majority ethnic group (U.S. Department of Health and Human Services, 2001). The level of acculturation is particularly important given that many Latinos/Hispanics value family loyalty and, consequently, view mental health problems as matters that are private and ought not to be shared with others outside of the family (Leaf, Bruce, Tischler, & Holzer, 1987).

Lack of Knowledge About or Awareness of Services: Related to acculturation rates, a lack of familiarity with available services may impede help-seeking. Indeed, studies have demonstrated that Hispanic women were more likely to seek treatment when they

personally knew someone who had also received services (Alvidrez, 1999).

Social and Legal Consequences of Seeking Services: Lower utilization rates in Latinos/Hispanics with mental illness may be partially attributable to the social consequences of service seeking.

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For example, a survey of mental health service providers in communities with high percentages of Latino/Hispanic residents suggested that some people were reluctant to seek help because of fears of deportation, distrust of service providers, and fear of law enforcement officials (Lewis, West, Bautista, Greenberg, & Done-Perez, 2005). Social consequences within the family unit and tight-knit community may also inhibit service seeking. Studies have suggested that Hispanics fear bringing shame to the family for even seeking mental health treatment, regardless of etiology (Leaf et al., 1987).

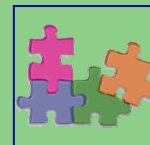
Economic Consequences of Seeking Services: The economic burden of seeking services may further inhibit utilization. Latinos/Hispanics are more frequently unemployed or underemployed compared to other ethnic groups in the United States, and so may not have adequate health insurance (U.S. Department of Health and Human Services, 2001). Areas with poor public transportation services may make it difficult for families without cars to keep appointments. Few social supports, such as neighbors who can baby sit other children, may further exacerbate the problem. Families who have recently immigrated may face additional economic barriers, particularly if the breadwinner of the family faces deportation, job lay-offs, employment insecurity or other situations that put the family's economic stability in jeopardy (Cavazos-Rehg, Zayas, & Spitznagel, 2007).

Lack of Culturally Sensitive and Appropriate Services: An important consideration for low rates of service utilization may be that service delivery models, while beneficial to ethnic majority families and children, are perceived as culturally insensitive or unhelpful to Hispanic families (Añez, Paris, Bedregal, Davidson, & Grilo, 2005; Gelso & Fretz, 2001; see the “Provision of Therapy” priority area for more information). Even more basic, many service programs do not employ full- or part-time Spanish speaking staff members, leaving Latinos/Hispanics without service delivery options (Preciado & Henry, 1997).



Statement of the Issue

Although Latino/Hispanic children and adolescents may experience potentially traumatic events at significantly higher rates than ethnic majority children residing in the United States (Kilpatrick et al., 2000), research studies have consistently found that Hispanics use mental health services less often than European Americans (Hough et al., 1987), remain in treatment for less time (Sue et al., 1991), and receive appropriate treatment less often (Acosta, 1979; Young et al., 2001). Some possible reasons for this may include: (1) conceptualizing mental health symptoms as somatic, so seeking medical rather than psychological services; (2) lower rates of acculturation, and consequent (3) lack of knowledge about available services; (4) fear of social consequences of seeking help; (5) economic barriers to service utilization; and (6) lack of culturally appropriate service delivery models and service providers who speak Spanish.



Recommendations from the Field



- **Increase employment of Spanish-speaking therapists and service providers.** Latino/Hispanic families may feel more comfortable seeking treatment if the providers speak their language (see the “Therapist Training and Support” priority area for more information).
- **Reduce economic barriers to service utilization.** For example, provide transportation for consumers; and advocate for universal health care to provide health insurance for all children and families. Assist families in completing paperwork to ensure children are covered under state and federal medical insurance laws, such as Medicaid or Social Security.
- **Increase public psycho-education regarding mental illness through social marketing efforts, such as media campaigns, organizing and promoting health fairs, community workshops or seminars, print materials, and informational pamphlets.** Such psycho-educational efforts can help to reduce stigma, increase understanding, reduce likelihood of misinterpreting psychological distress as somatic illness, and provide information about how therapy can help.
- **Increase accessibility of services.** This may include providing services in schools and churches which may help lower transportation and time barriers to service utilization. Agencies may also extend their hours of operation beyond traditional, 8 AM to 5 PM Monday through Friday clinic models. Extended services on evenings and weekends will permit more flexibility for appointments and more engagement in services.

*Al que no ha
usado huaraches,
las correas le
sacan sangre.**

- **Use “satellite clinics” or small locations throughout the service area.** Numerous small, regional clinics may be more likely to reduce transportation costs, be more visible to members of the community, broaden the service area to more rural and isolated sites, and develop more close and intimate relationships with the communities they serve.
- **Work to reduce the social consequences of help-seeking.** Psycho-educational efforts, pairing up with organizations that serve and have developed a trusting relationship with the local Latino/Hispanic community, and education about law enforcement and confidentiality can help increase service utilization.
- **Expand the role of the mental health practitioner to include ensuring that the child and family’s basic needs are being met.** At times, an appropriate mental health intervention may mean assisting parents of Latino/Hispanic children to reduce debts and work with creditors so that the child can stay in the home; or providing assistance with immigration-related paperwork; or liaising with the school. Such help may provide the security and stability for children and families to then turn their attention to improving trauma-related symptoms.
- **Conduct studies of Latino/Hispanic children and their families to better reduce disparities in health care access.** There is a notable lack of information regarding rates and barriers to service utilization in Latino/Hispanic children. This is a significant limitation, as children are not responsible for their own health care utilization: parents provide such access. Research on this topic is highly recommended (see the “Research” priority area for more information).

Resilience

- Fostering and maintaining strong interpersonal relationships are important values in Latino/Hispanic cultures. Many Latino/Hispanic families rely on neighbors, good friends, and extended family members in times of need. Such people may serve as role models for children, providing numerous sources of interpersonal support. It is important for trauma treatment providers to value these relationships and incorporate these values into the treatment. This will increase the probability of service-seeking and better engage families in treatment once they get there.
- Access to needed help can be a powerful environmental factor influencing resiliency (Bonanno & Mancini, 2008). Latino/Hispanic families that are well-connected to their community and feel that they have numerous options for aid will be more likely to respond in a resilient fashion to trauma and stressful life events. Therefore, increasing access to services is a critical part of promoting resiliency in Hispanic families.



Family/Youth Engagement

- **Develop a trusting relationship with the family.** Time spent talking with the family, including “small talk” about their day, will help develop a personal and trusting relationship that will increase family engagement in therapy services (Antshel, 2002).
- **Employ bilingual service providers.** Centers that can provide services in Spanish are more likely to attract, engage and retain Latino/Hispanic families than those who rely on on-call translators or require clients to bring their own translators (Jacobs et al., 2001). Even having forms and signs available in Spanish will provide a welcoming atmosphere that may result in higher consumer engagement (See “Communication/Linguistic Competence priority area for more information).

Community Examples/Best Practices



- **La Clinica Hispana** – The Yale University School of Medicine’s Hispanic Clinic. The mission of the Hispanic Clinic is to provide culturally appropriate mental health services to the Hispanic community. All staff are bilingual/bicultural. Treatment programs address diverse difficulties and incorporate Hispanic cultural values and traditions. At this time, the Hispanic Clinic services only adult monolingual Hispanic clients. However, it can serve as an excellent model for clinics seeking to improve service provision for Hispanic children and families.
 - ⇒ Website: www.med.yale.edu/psych/clinical_care/clinica-hispana.html
 - ⇒ Address: One Long Wharf Drive, New Haven, CT 06511
- **Community Outreach Program – Esperanza (COPE)** – The Medical University of South Carolina’s Department of Psychiatry and National Crime Victims Research and Treatment Center has a special outreach clinic, COPE, headed by Dr. Michael A. de Arellano. This clinic provides community-based treatment, advocacy, and case management to Latino/Hispanic and other underserved child victims of trauma. The clinic is unique and effective at reducing numerous barriers to service utilization, including (a) employment of bilingual/bicultural therapists; (b) provision of services in schools, homes, churches, or other community-based locations to help circumvent transportation difficulties and time constraints; (c) incorporation of cultural constructs and values into treatment services with children and their families; and (d) focusing on intensive case management services, including serving as a child advocate for interactions between the family and other government and service agencies.
 - ⇒ Website: http://colleges.musc.edu/ncvc/about_us/faculty/dearellano_bio%2006.htm or www.nctsn.org/nctsn_assets/pdfs/promising_practices/COPE_fact_sheet_3-21-07.pdf
 - ⇒ Address: Community Outreach Program- Esperanza (COPE), National Crime Victims Research and Treatment Center, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, 165 Cannon Street, MSC 852, Charleston, SC 29425
- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS)** – Developed by Dr. Lisa Jaycox and colleagues, this program is an intervention for children with violence-related mental health symptoms such as depression, anxiety, and posttraumatic stress disorder. The CBITS was developed from empirical data on the effects of trauma on Latino/Hispanic and immigrant youth and is designed to be implemented in schools. Such a program permits the reduction of transportation and time barriers to service utilization in Latino/Hispanic children who have been victims of trauma. Furthermore, CBITS combines individual sessions (1-3) with group sessions (10), important to increasing social support and decreasing isolation.
 - ⇒ Website: www.hsrcenter.ucla.edu/people/jaycox.shtml or www.tsaforschools.org/index.php?option=com_content&task=view&id=49&Itemid=0
 - ⇒ Book: <http://store.cambiumlearning.com/ProductPage.aspx?parentId=019004232&functionID=009000008&site=sw>

Resources

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**Dichos translation: Those who are not used to wearing sandals will get blisters.*

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