

NOVEMBER 2023

# LATINO

# MENTAL HEALTH PIPELINE

**A Report by:**

Latino Mental Health Network of Rhode Island  
Latino Policy Institute



# Introduction

For years, over fifty million Americans - especially those from historically underserved communities - have been experiencing a growing need for mental and behavioral health services. However, access is nearly impossible for many due to a variety of factors that include ongoing stigmatization of mental health struggles, insufficient or no insurance coverage, availability of providers (long wait times), cost, navigation within a complex system for some, a lack of multilingual and multicultural providers. In Rhode Island, over 23% of residents speak a language other than English, and nearly 33% identify as Latino, Black, Asian, or multiracial. Nevertheless, according to the Mental Health Association of Rhode Island's (MHARI) 2021 Survey, over 86% of mental health professionals identify as white, and less than 10% speak a language other than English. As Rhode Island works to properly serve communities experiencing access gaps in mental and behavioral health services, we must simultaneously focus on how to remedy the draining pipeline of Latinos in this workforce.

In 2022, the Latino Policy Institute (LPI,) in partnership with the Latino Mental Health Network (LMHN) of Rhode Island and Blue Cross & Blue Shield of Rhode Island (BCBSRI,) began a year-long project aimed at understanding and supporting the complex issues that Latino and multicultural providers face within the mental and behavioral health workforce. Throughout the year, our organizations hosted multiple policy forums, community conversations, and focus groups to discuss the gaps and opportunities in the field while elevating innovative ideas and investment opportunities. In the last couple of years, the state and other institutions have invested in studies, reports, and legislation to dig deeper into the mental health crisis.

Our report aims to add an essential layer to these studies and reports: ***the voice and first-hand experiences of Rhode Island mental and behavioral health providers.***



# Findings

The primary objective of this project is to identify and address the gaps and challenges within the mental and behavioral health workforce pipeline encountered by providers and students. Through a multifaceted approach involving policy forums, individual discussions, and focus groups, our team extensively engaged with experts in the field to identify and elevate barriers and opportunities for Latinos and multilingual individuals. Our efforts encompassed insights from various segments of the workforce pipeline, from early education to higher education and professional realms, ensuring we incorporated expert perspectives and lived experiences.

While Rhode Island has initiated proactive measures to tackle diverse issues in the mental health system, such as the shortage of qualified providers, our focus was on the experiences of Latino, multicultural, and multilingual individuals within the workforce. Throughout our engagement, recurring themes and concerns consistently emerged from discussions with experts and providers, highlighting obstacles in ***education, financial accessibility, cultural nuances, and the need for robust professional development support.***

*“When we have a myopic view of what the problem is, we tend to come up with myopic solutions that don't resolve the issue and sustain the status quo.”*

**This report delves into how these prevalent themes impact providers and advocates for a multi-pronged strategy to better equip and bolster support for Latino professionals within the mental and behavioral health field.**

# Key Themes

## Education

- We define education as related to the mental and behavioral health field from early education through college and higher degrees. Education also includes any and all additional certifications or degrees obtained by clinicians.

## Financial Accessibility

- Our examination of financial accessibility encompasses both clinicians and clients. We aim to illuminate the diverse financial barriers that impede clients' access to services, particularly impacting Latinos and individuals from low-income communities. We will explore how these economic challenges deter individuals from entering and staying in the mental and behavioral health field.

## Cultural Nuances

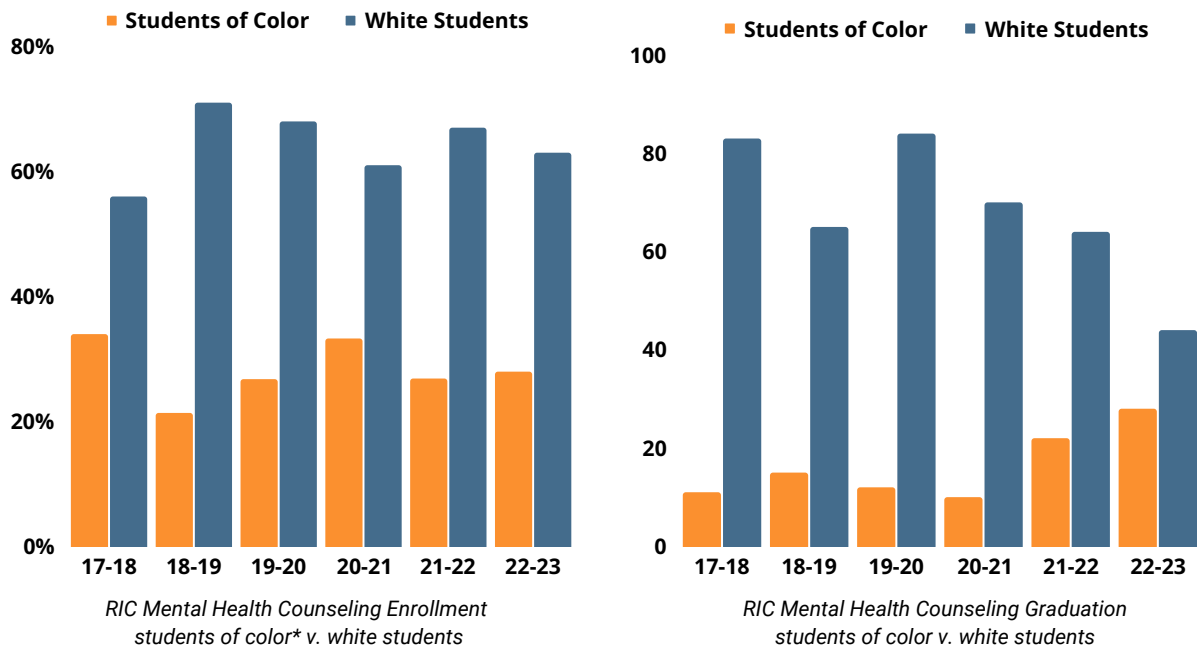
- Our focus centers on the impact of cultural nuances between clinicians and clients, particularly when they come from diverse backgrounds, hold varied experiences, and speak different languages. We aim to delve into how these cultural differences influence their interactions and ultimately shape the success and efficacy of mental health services.

## Professional Development

- We analyzed systemic barriers Latino providers and clinicians face throughout their professional journeys. This encompasses identifying gaps in access to essential training and support for effectively serving vulnerable populations with evidence-based interventions and care. Additionally, it addresses the need for more supervision support and limited growth opportunities available to this demographic within the field.



Through this project, we found that many of the gaps and barriers faced by Latinos and clinicians of color often began during their experiences in higher education. Through our work and partnership with Rhode Island College (RIC,) we found that in the Masters of Social Work program, an average of 21% of graduates identified as Latino. Similarly, in the Mental Health Counseling program, fewer than 8% of graduates were Latino. While RIC has been doing great work in the last couple of years to invest in their students, especially Latinos and those from other underserved communities, the college still lacks faculty diversity. Additionally, since 2020, these programs have experienced increased applications and interest; however, limited resources have made it challenging to expand programming and services to all applicants.



According to higher education experts, students who lack intergenerational wealth face heightened challenges with unpaid internships during their programs. To support them, colleges must develop flexible scheduling, stipends, or full-time positions to expedite graduation within two years, streamlining their academic and professional journey. Additionally, highlighting clear educational pathways and career licenses at program completion could motivate a more diverse student population to pursue higher education. Substantial financial investments, innovative strategies, and legislative reforms are vital to fostering an equitable and supportive educational environment. These changes are essential for creating an education system that is accessible and beneficial to all students.

*\*Students of color represent any student who identified as Latino, Native American, Asian Pacific Islander, or Black.*

Within the community of Latino clinicians in the workforce, several recurring themes persistently emerged: inequitable compensation, a notable lack of diversity within the workforce, and limited avenues for professional growth and development, resulting in burnout.

Many Latinos and clinicians of color often find themselves as the sole non-white providers in their workplaces, leading to overwhelming demands from clients seeking culturally aligned care. This high demand frequently overburdens these clinicians, exacerbating stress levels and contributing significantly to burnout. Conversations and focus groups unveiled that clinicians lacking access to supervisors or mentors from similar cultural backgrounds with an understanding of different cultural needs face heightened stress and added burdens. These individuals feel an additional obligation to educate their supervisors about the unique needs of non-white clients, amplifying their workload and job-related stress.



November 2022  
Policy Panel

*“I can't ever go into action immediately for my community. I have to provide knowledge and help [other] people understand why it's a concern and a problem. Those things are taxing to me as a professional and were taxing to me then as a student and young professional.”*

# Focus Groups

In employing a focus group methodology, our team aimed to collect insights and perspectives from individuals with first-hand experiences. This approach seeks to uncover nuanced details, diverse opinions, and shared experiences that contribute to a comprehensive understanding of Latino mental health providers by facilitating open and dynamic discussions.

During the spring of 2023, the LMHN initiated outreach across its expansive network of mental and behavioral health professionals and students, inviting them to participate in a focus group series. Prospective participants were required to complete a pre-screening form detailing their racial, ethnic, and gender identities, alongside their age. The form also inquired about their tenure in the field, licensure types, and employment status. Those interested were sorted into three focus groups: two for Latino, multilingual, and multicultural clinicians and one dedicated to white clinicians.

## Latino Participants by the Numbers

9

average years of  
experience

38

Average age

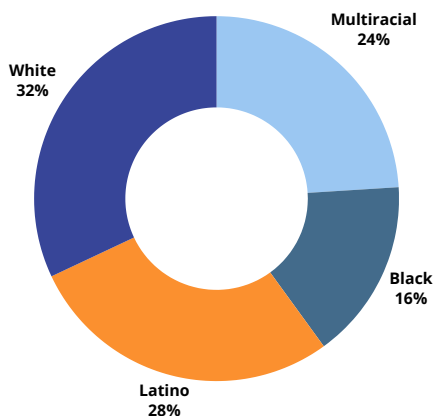
55%

Licensed Professionals

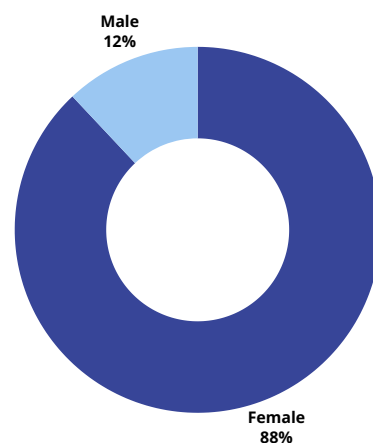
53%

Fluent in Spanish and  
English

### Race & Ethnicity



### Sex Breakdown





## White Participants by the Numbers

# 12

average years of  
experience

# 44

Average age

# 71%

Licensed Professionals

# 14%

Fluent in Spanish

Conducted by the LMHN with support from LPI staff, these hour-long focus groups accommodated both in-person and virtual participation. Before engagement, participants were requested to sign a standard agreement delineating privacy and legal rights, and each attendee received a stipend for their involvement. The discussions centered around key topics encompassing ***participants' experiences with supervision and cultural competence in their workplaces, their educational backgrounds and related experiences, opportunities for professional development, financial accessibility, and perceptions regarding the mental and behavioral health service needs within Latinos and communities of color.*** These guided questions steered the comprehensive exploration of these critical themes.

“There is some kind of unity that brings us together, so I think we need to bring more clinicians of color and [Latinos.] We need to do so because the population is there. They are in pain, and they are suffering.”

The LPI team reviewed and analyzed each focus group session's video and audio recordings. As part of the preparation for this report, they compiled the shared information from these sessions, treating them as foundational elements. These insights were the cornerstone for formulating the final recommendations and delineating the subsequent steps for advancing this project.

# Recommendations and Investments

Our proposed recommendations and investments aim to promote diversity and equity within the mental and behavioral health workforce by identifying the educational, cultural, financial, and professional gaps disproportionately affecting Latino clinicians. These insights have been gathered from our focus group participants and expert collaborators. These recommendations aim to create a national mental health landscape that is characterized by equity, inclusivity, accessibility, and empowerment of clinicians to address the diverse and evolving needs of the community more effectively.

## Education Investments

### *Mental and Behavioral Career Pathways in K-12*

Rhode Island has proactively invested in career pathways to meet evolving workforce demands. With the multilingual learner population in the state growing by 62.8% since 2015, comprising 12.5% of the total student body, there is a crucial need to not only shape future career opportunities but also consider the diverse cultural and linguistic needs of our communities.

Engaging educators and school social workers in preparing students for mental and behavioral health careers is a pivotal strategy within these pathway programs. Educators and social workers possess a unique vantage point to identify and cultivate students' interests in mental health careers, laying the groundwork for a future workforce that addresses mental health needs. Introducing career pathway programs in schools offers an early platform for students to explore this field, igniting their passion and dedication to serving their communities. Furthermore, this approach plays a crucial role in fostering a diverse and well-equipped pipeline of future mental health professionals, easing the persistent shortage of qualified individuals in the mental health sector.

States like California, New York, and South Carolina have already taken strides by launching programs to engage K-12 educators and social workers in preparing students for mental health careers. These initiatives empower teachers and social workers with the necessary knowledge and resources to guide students toward mental health professions. By providing early access to relevant courses, mentorship, and internships, these states reduce entry barriers for students and offer comprehensive support. This streamlined pathway enhances students' overall well-being and imparts awareness and skills related to mental health, nurturing emotional intelligence and self-awareness throughout their educational journey and beyond.

### ***Scholarship Programs for Student Clinicians***

Many students, especially Latinos and students of color, struggle due to high education costs and a lack of tailored scholarships and internships. Existing scholarships often have rigid requirements that overlook these students' diverse responsibilities, challenging balancing academics, work, and financial stability. The quest for internships or scholarships with livable stipends becomes a race against time, compounded by limited connections, economic barriers, and inflexible work schedules for underfunded Latino clinicians. This highlights a pressing policy issue: ***the system needs to address the diverse needs of students and clinicians.***

To tackle this challenge, higher education institutions, healthcare organizations, and government bodies must revamp their approach to awarding scholarships to graduating clinicians. A great example of inclusive and thoughtful scholarship programs comes from MHARI, which offers scholarship opportunities and internship stipends to students during their educational programs. It is crucial to introduce flexibility in these scholarships, addressing living expenses like rent, food, health insurance, childcare, and other essentials that first-generation, low-income students, adult learners, and nontraditional students often grapple with at the start of their careers. These adjustments represent vital investments to prevent students from diverse racial and socioeconomic backgrounds from abandoning careers in mental health.

## ***Tailored Educational Opportunities that Reflect Community Needs***

Rhode Island must invest in educational opportunities that equip clinicians to effectively cater to its community's medical, cultural, and linguistic needs. Specialized cultural adaptations of therapy modalities are crucial for culturally competent care, especially for the Latino population. These approaches foster tailored care, effective communication, and cultural sensitivity, which build trust, reduce stigma, and encourage community engagement, resulting in more successful mental health support for Latinos in the state.

Two specific therapy modalities have proven to be helpful to Latinos and other multicultural and immigrant communities: Eye Movement Desensitization and Reprocessing (EMDR) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). EMDR is a therapeutic approach designed specifically for the treatment of trauma. While training is available in Spanish, it is limited, and the certification process can be costly and time-consuming. TF-CBT is another effective treatment modality for trauma, with a focus on helping individuals, particularly children and adolescents, overcome the impact of traumatic experiences. TF-CBT materials have been translated into various languages, facilitating accessibility and implementation across diverse cultural contexts.

*“Latinidad is a multitude - this work is focused on Latinos because of the variety of issues, needs - and natural diversity of our community - the solutions need to mirror the diversity of the communities that need them - the solutions need to be as diverse as our community - part of the introductory framing. For every recommendation - it may only hit a very specific group of Latinos (Citizens, English-speaking, white-passing, college degrees, don't have any debt) - this is only a baby piece of what we need to do.”*

The significance of EMDR and TF-CBT in the context of trauma treatment for the Latino community is multifaceted. Both modalities offer training and materials in Spanish, including culturally adapted resources, enhancing accessibility and relevance for Spanish-speaking individuals.

The research on these therapies, specifically within the Latino community, underscores their effectiveness. In particular, one research study shows Latino Youth (77.8%) are more likely than all youth (70%) to have "adverse childhood experiences," poverty, neglect, abuse, or household dysfunction, i.e., parental divorce, violence, substance abuse, and mental health issues. Most importantly, the effectiveness of these treatments not only contributes to improved mental health outcomes but also holds the potential to reduce long-term costs associated with the consequences of untreated trauma in the Latino population.

An excellent illustration of centering student and community needs in education is the Master of Arts in Mental Health Counseling (MHC) program at Rhode Island College. This unique program **prioritizes diversity and inclusivity by eliminating the GRE requirement, emphasizing social justice values in its curriculum, focusing more on cross-cultural counseling, introducing peer mentoring, extending outreach to Latino communities, and offering classes in Spanish.** By removing barriers like the GRE requirement, the program becomes more accessible to a diverse range of students, particularly people of color pursuing mental health counseling careers. Its curriculum overhaul underscores the importance of social justice values and cross-cultural counseling, addressing disparities in mental health care that affect communities of color. The program's inclusion of peer mentoring and outreach to Latino communities demonstrates a commitment to fostering more inclusive and culturally responsive mental health education. These efforts have resulted in a remarkable 100% graduation rate, marking a significant stride toward promoting diversity and inclusion in the mental health field through barrier removal, social justice values, and outreach to underserved communities.

The Atrévete Center of Excellence for Latinx/Hispanic Social Work Practice, housed inside the School of Social Work at Rhode Island College (RIC), was recently created to eliminate barriers in the Latino Mental Healthcare field. This initiative is imperative as it offers a chance to enhance the ability to deliver culturally sensitive services to an expanding Latino community and address their mental health requirements. The initiative also carries the potential to address the trust disparity existing between Latino communities and medical providers, which has contributed to elevated rates of poor mental and physical health. Furthermore, equity and inclusion will take center stage in efforts to enhance the curriculum and conduct culturally sensitive and relevant evidence-based research. The center holds significant implications for the state as the leaders of the center envision empowerment, inclusion, and the establishment of a dedicated space for Latino populations.

By 2027, the Atrévete Center foresees adding as many as 55 trained bilingual providers to the state of Rhode Island's mental and behavioral field.

## ***Advancing Language Equity For Clinicians***

Strategic investment in multilingual professionals is essential to tackle the growing pipeline issue within the national and local mental and behavioral health provider landscape. Educational institutions should consider allowing students whose first language is not English to undergo licensure exams in their native language. By adopting this approach, the mental and behavioral health workforce can employ more diverse clinicians who can provide culturally specific perspectives that enrich the field and help address the oversaturation of white clinicians. Our focus group discussions underscored the consensus that removing these linguistic barriers could facilitate the swift entry of Spanish-speaking clinicians into the field. It is crucial to recognize that competence and intelligence extend beyond linguistic confines; hence, English proficiency should be separate from overall aptitude. For instance, one participant recounted,

*“I’m the first in my family to get a master’s, so I had to put double the pressure on myself. I paid almost \$2,000 for the study materials and stuff. I failed the exam two times. English is my second language, so I’ve always had to read things [twice or three times] to understand things. And that’s on top of finding ways to study, pay for all this stuff, and the internships.”*

We strongly advocate for recognition and national implementation of the Culturally and Linguistically Appropriate Services (CLAS) by the Office of Minority Health under the United States Department of Health and Human Services. CLAS operates through three interconnected areas designed to enhance healthcare accessibility and equity. The Governance, Leadership, and Workforce component is pivotal, underscoring the critical importance of staff training in CLAS principles. This training equips healthcare providers with the cultural competency to serve diverse communities effectively.

The policy also advocates recruiting a workforce that reflects the demographic composition of the communities they serve, recognizing that cultural understanding should begin within the organization's internal structure. The second CLAS policy addresses the Communication and Language Assistance pillar, emphasizing the significance of comprehensive interpretation and translation services. It calls for healthcare organizations to showcase their commitment to language equity by mandating interpreter certification and skill assessment. Integrating advanced technology for interpretation services ensures quality communication, thus democratizing healthcare for non-native English speakers. The final component of the CLAS policy underscores the importance of comprehensive data collection. This enables healthcare providers better to understand their patients' diverse backgrounds and needs. Organizational assessments are encouraged to ensure continuous evaluation and enhancement of adherence to CLAS standards. Most notably, integrating CLAS principles into an organization's mission, vision, and strategic plans signals a holistic dedication to cultural competence and equitable healthcare access.

*“Spanglish therapy and all of those things were things that made the relationship so much stronger and fruitful for my clients that I was initially told that was not supposed to exist.”*

In concert, these three elements of the CLAS policy create a robust framework where cultural sensitivity, workforce diversity, and continuous quality improvement intersect. The aim is to promote healthcare that is not only accessible but genuinely inclusive and equitable for all individuals, regardless of their cultural or linguistic backgrounds. This holistic approach resonates with our commitment to fostering a healthcare system that embraces diversity, ensuring everyone receives respectful and tailored care for their needs.

### ***Subsidized Fees for Certifications and Professional Development***

Investing in subsidized certifications and professional development fees is a potent tool to empower aspiring Latinos and clinicians of color, particularly for fields requiring continuous education. This support is crucial given these sectors' persistent challenge of low reimbursement rates. By addressing financial barriers, Rhode Island can actively aid professionals of color in accessing vital growth opportunities.

This initiative expands clinicians' skills and competencies and enhances their overall proficiency. Subsidized fees alleviate the financial strain on individual clinicians and contribute to fostering a more diverse and capable mental and behavioral health workforce. Additionally, investing in the professional development of clinicians, organizations, and policymakers showcases a commitment to equitable representation and inclusivity in the healthcare industry. This financial backing aims to rectify systemic inequalities that have historically impeded communities of color, immigrants, and low-income individuals' progress in the field.

Aligning such initiatives with the needs of underserved communities adds a critical dimension. Offering financial incentives or grants to cover certification and ongoing training costs benefits individual professionals and cultivates a more robust and more diverse mental health workforce. This integrated approach acknowledges professionals' financial constraints, emphasizes the importance of ongoing education, and underscores the broader imperative to address communities' pressing needs by ensuring a well-prepared and responsive healthcare workforce.

### ***Expand Loan Forgiveness and Repayment Programs***

The issue of student loan debt is a significant concern for both individuals and the broader economy. The burden of student loans can hinder professionals' ability to pursue further education and professional development, which is essential in the mental and behavioral health field. In Rhode Island, the average individual has nearly \$33,000 in student loan debt. Nationally, 78% of graduate students in clinical, counseling, school, and combined psychology programs have grad school loan debt, with a median debt of \$80,000.

Expanding state and national loan forgiveness and repayment programs is an imperative incentive to recruit and retain Latinos and other underserved communities to these professions. The Wavemaker Fellowship and the Health Professional Loan Repayment Program (HPLRP) provide loan repayment assistance for certain healthcare professions in Rhode Island. While these programs can be helpful for many professionals focused on psychiatry or mental health, they leave behind many other specialties. These changes not only improve the accessibility and effectiveness of mental health services for marginalized communities but also guarantee fair compensation for the crucial work of clinicians.



Additionally, it is imperative that in addition to financial support like loan forgiveness or repayment programs, our state and nation invest in individuals during their educational trajectory. As mentioned in the above recommendation, access to scholarships and other economic and social supports is critical to ensuring that Latinos and students of color have access to these crucial professions and opportunities.

The synergy achieved through the combined approach of policy, programmatic, and financial investments forms the foundation of a comprehensive and effective mental health strategy for Latinos. Policy initiatives provide the necessary framework and guidelines, programmatic interventions translate these policies into tangible actions on the ground, and financial investments ensure these endeavors' sustained implementation and success. This holistic integration addresses systemic issues, fosters a responsive mental health infrastructure, and aligns with the diverse needs of communities. By strategically intertwining these elements, we enhance the overall quality of mental health services and create a resilient, equitable, and accessible mental health landscape that serves individuals and communities with the utmost effectiveness and compassion.

## Professional Investments

### *Medicaid Reimbursement Rates*

One of the most consistent barriers we encountered through research and conversations was the need for a better compensation system for mental and behavioral health experts. A 2019 Milliman research report titled "Addiction and Mental Health vs. Physical Health: Widening Disparities in Network Use and Provider Reimbursement" revealed a significant trend in Rhode Island. Patients in 2017 were 4.28 times more likely to seek out-of-network options for mental health office visits, compared to only 2.28 times in 2013, showcasing a concerning increase. The report also highlighted that mental health professionals in Rhode Island received 23.4% less reimbursement than other specialists for comparable billing codes associated with evaluating and managing conditions in 2017.

Clinicians often find themselves overextended due to discrepancies between their expected workload and the compensation offered by healthcare institutions. A significant portion of clinicians' time is spent navigating challenges with insurance companies, hindering access to comprehensive and sustained mental health treatment for patients, especially those from underserved and low-income communities.

The failure of the reimbursement system not only imposes financial burdens on patients but also contributes to the shortage of behavioral health providers, particularly for uninsured individuals. Increasing Medicaid reimbursement rates and improving access for uninsured patients is necessary to remedy this.

The reimbursement system for mental health care not only fails patients in covering the cost of their treatment, but as one clinician identified during a focus group, it also increases the deficit of behavioral health providers in a given area as they cannot accept uninsured patients. The procurement and availability of mental health care are, therefore, made more difficult for underserved and low-income communities. In recent years, there has been a noticeable shift of clinicians opting out of accepting insurance altogether, preferring to work solely with clients willing to pay out of pocket. Additionally, national telehealth companies bypass traditional insurance channels by directly partnering with universities and employers. These companies offer higher rates to clinicians and the added benefit of remote work, fundamentally altering the landscape of mental health care provision. The financial and systemic burden creates significant obstacles for patients to not only access the care they need but also to achieve substantial and sustainable progress in their mental health. ***The federal and state governments must incentivize medical practitioners to provide long-term care through increased Medicaid reimbursement rates and open access for uninsured patients.***

The recent OHIC report highlights Medicaid rates as significantly subpar, prompting a recommendation for a \$45 million increase in provider rates. To address this gap, BCBSRI and various payors have launched several initiatives to improve accessibility. BCBSRI, for instance, continues to support telemedicine coverage across all behavioral healthcare levels, excluding inpatient and residential care. Additionally, they've streamlined the process for in-network behavioral health services by replacing prior authorizations with a simple notification, empowering providers to make better patient care decisions. Further, investments are channeled into community behavioral health organizations to expand care reach.

BCBSRI also advocates for the seamless integration of behavioral healthcare into primary care, facilitating early detection and prompt access to services. Collaborative efforts across payors aim to mitigate employer costs by optimizing service utilization.

The hurdles around reimbursement and the excessive workload on clinicians harm their professional development and mental health. Namely, clinicians of color and from multicultural backgrounds are not compensated. They cannot afford the time they take off of work to learn niche therapy modalities whose implementation can target their communities' needs directly. Therefore, clinicians must weigh the personal financial costs their training necessitates and the added stress of improving their practice. This continues to perpetuate that lack of diverse professors within higher education - most Master's level programs require professors to have a Ph.D. to be on a tenure track position.

In addition to impeding their professional growth, it is crucial to recognize that clinicians, especially those from historically underserved communities, face challenges in amassing wealth. Instead of experiencing upward socioeconomic mobility, many find themselves entrenched in a cycle of student loan debt, unable to make significant progress toward financial security. This perpetuates the cycle of poverty and exacerbates the challenging circumstances faced by the community, thereby creating a cycle of poverty and mental illness. One participant shared,

### ***Language Equity & Access***

Language equity and access within the behavioral health field are critical, particularly concerning the multilingual providers and interpreters shortage. This shortage burdens Latino or multilingual clinicians, who often go beyond their standard duties to ensure their patients receive optimal care. Usually, bilingual and multilingual therapists take on more of the burden of an English-speaking monolingual clinician because they need to do more for their clients and cannot refer to a higher level of care due to the lack of resources. This extended, unpaid role usually involves translating mental health resources and conducting therapy sessions in multiple languages, recognized informally within the field as concordance care. Concordance care, as defined by our team, emphasizes a clinician's capacity to deliver services that allow non-English-speaking patients to comprehend the care they receive and actively participate in structuring their treatment. The Latino Mental Health Network team highlights that Spanish-speaking patients often interpret common phrases differently due to dialectal diversity, which could lead to potential misdiagnosis or pathologization of symptoms that might be considered normal within their community.

For instance, many Latinos tend to express mental health concerns through somatization, manifesting emotional distress as physical symptoms like headaches, stomachaches, or fatigue, indicative of anxiety or depression.

This underscores the significance of concordance care as a cornerstone of patient-centered care and the behavioral health pipeline. Clinicians must navigate linguistic and cultural nuances when translating materials and conducting therapy sessions for their patients. Achieving this requires a comprehensive understanding of how language profoundly influences a patient's care experience, emphasizing the need for formal education on concordance care within healthcare training programs.

*“When you have a child who speaks Spanish or parents who speak Spanish, and they need to do [any mental or behavioral] assessments, I think it's hard to find providers to translate that accurately. Even with the assessments in Spanish, I think the language is a little harder for some Spanish speakers to understand based on things like the terms they're using and how they're translating certain things. I think it's sometimes harder for parents to understand, which affects the score.”*

We strongly advocate for educational institutions to offer therapy modalities in various languages that reflect the diverse, multilingual communities locally and nationally. Healthcare providers can mitigate linguistic and cultural disparities when diagnosing their patients by considering cultural nuances and connotations of words and phrases. Furthermore, studies have highlighted that limited English proficiency correlates with reduced access to necessary and adequate mental health services, underscoring the importance of bridging these language gaps to build trust and establish robust patient-professional relationships.

### ***Cultural Humility Training & Support***

The treatment clinicians provide to patients from different racial, ethnic, or cultural backgrounds necessitates practicing concordance care coupled with a profound sense of cultural humility. This quality requires nurturing through comprehensive training and education. As defined by the University of Oregon, cultural humility involves an ongoing journey of self-exploration and self-critique, coupled with a genuine willingness to learn from others. It encompasses approaching relationships with individuals in a manner that respects and honors their beliefs, customs, and values, embracing differences, and accepting individuals for who they are.

While the concept and practice of cultural humility might still be relatively new in many professions and techniques, it emerged as a predominant issue and focus during our focus group discussions. Participants emphasized its significance in navigating the complexities of providing healthcare across diverse cultural landscapes.

*Implementing cultural humility training programs enables clinicians to expand their therapeutic understanding, transitioning from a standardized approach to one that is culturally responsive, thereby elevating the quality of care for individuals from underserved backgrounds. Cultural humility training is a pivotal tool for clinicians, empowering them to comprehend better, serve, and support patients irrespective of their cultural identities.*

This training encompasses the intersectionality of various facets, such as race, culture, citizenship, sexuality, and colonialism, revealing their profound impact on mental health. By delving into these interconnected aspects, clinicians gain insight into nuanced, often unspoken factors, like pending immigration status, which significantly impact their patients' mental well-being. The book, *¿Quiénes somos y de dónde venimos? A Historical Context to Inform Mental Health Services with Latinx Populations*, co-authored by Dr. David G. Zelaya, co-author of the book, participated in one of our policy panels during the spring and shed light on Latino communities' unique mental health experiences. It explores how historical trauma, oppression, and current stressors intersect to influence their mental health, offering insights into specific events, demographics, cultural values, and mental health issues in each country.

By integrating cultural humility training, clinicians can grasp how to implement culturally sensitive practices and recognize the profound impact of historical contexts on mental health. However, we must emphasize that cultural humility should not be perceived as a comprehensive representation of culture but as a tool to build a nuanced understanding of Latino communities. Embracing this perspective prevents narrow viewpoints that lead to similarly limited solutions.

It is concerning that the obligation for continuing education credits related to cultural humility and competency varies across different mental health professions. Social workers, for instance, are mandated to complete a minimum of three hours specifically in "cross-cultural practice." Conversely, while licensed mental health counselors have a requirement of three out of thirty continuing education credits in "social and cultural foundations," there seems to be no further obligation upon fulfilling these credits.

This discrepancy in requirements across professions could lead to varying levels of cultural humility and competency training among mental health practitioners. Ensuring a baseline understanding of cultural nuances and competencies is essential for all mental health providers, regardless of their specific areas of expertise. Expanding the cultural education requirements across all mental health professions could contribute to more comprehensive and culturally sensitive care for diverse populations.

### ***Supervisory Support***

The impact of inadequate supervision support on the mental health and burnout experienced by clinicians emerged as a significant concern during our focus groups and discussions within the field. Latino participants highlighted feeling unsupported by their white supervisors, primarily due to a cultural gap that hindered effective mentorship. This gap in cultural understanding and representation extends to leadership positions within the behavioral healthcare field, where individuals from Latino, multilingual, or multicultural backgrounds are underrepresented.

Participants emphasized that the absence of diverse leadership means they often assume the responsibility of educating higher-ups on effective client treatment and advocating for structural changes in therapy practices to serve the Latino community better. This lack of support creates an unhealthy work environment, especially for early-career clinicians who rely on additional guidance, particularly if they need more role models or individuals with similar life experiences.

The disparity in cultural understanding between supervisors and clinicians underscores the need for greater diversity in leadership roles within the behavioral healthcare field. It is essential to foster an environment where mentorship and support are accessible across cultural and experiential lines, ensuring a more inclusive and supportive workplace for all clinicians, especially those starting their careers.

*“To have a supervisor who comes from a diverse background is very, very important to me as well because most of my clients come from a minority group, so for me, it's important to have a supervisor that also understands the culture and also can have a good picture of the situation that we're talking about. Being able to dump the stuff on your supervisor is helpful, but also when your supervisor understands the culture, innuendos, and dynamics is very important.”*

### **Facilitating Licensure Pathways**

The recent collaboration between the Rhode Island Executive Office of Health and Human Services, the Office of the Post-Secondary Commissioner, the Department of Labor and Training, and various stakeholders marks a crucial step in addressing Rhode Island's healthcare workforce challenges, particularly mental and behavioral health. In understanding the complexities faced in attracting and retaining mental health professionals, the healthcare field acknowledges the significance of individuals who play integral roles on the periphery of this work but often lack support and investment opportunities to transition into the area.

Recognizing Rhode Island's vibrant immigrant community is essential to invest in understanding and reforming certification policies that may affect professionals with foreign degrees. Many foreign-trained applicants need help in demonstrating equivalence to U.S. educational requirements. Creating accessible and equitable pathway programs for these individuals, encompassing language support and fair compensation during academic or supervisory requirements can prepare us to serve better communities that mirror their linguistic and cultural needs.

Additionally, there is a crucial need to develop holistic and fair pathways for case managers, community health workers, and peer recovery specialists in Rhode Island's mental and behavioral health pipeline. Although these roles might not require a formal higher education degree, they offer valuable exposure to community and coordinated care, along with the development of practical skills that could aid those transitioning into clinical roles.

However, the current challenge lies in the need for formal accreditation or recognition for the skills acquired through these roles and lived experiences within the field. This absence of college accreditation for their professional work and field experience can create barriers and discourage these individuals from pursuing further certifications or professional pathways. Furthermore, the need for standardized pathways within the healthcare system for these roles necessitates each healthcare facility to ensure such internal supports exist independently.

Addressing these gaps by creating pathways that formally recognize the valuable skills and experiences gained by case managers, community health workers, and peer recovery specialists can encourage further professional development and contribute to a more robust and inclusive mental and behavioral health workforce in Rhode Island. This requires systemic reforms and collaborative efforts to establish standardized, recognized pathways across healthcare facilities for these crucial roles.





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