Mental Health Service Disparities of Latino Oregonians: A Qualitative Analysis

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CONTENTS

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@dhsoha.state.or.us

Executive Summary

This Executive Summary offers insight into the Latino and Barriers to Mental Health Study as described by behavioral healthcare leaders and mental health providers throughout the State of Oregon. The study is collaboration between the Oregon Health Authority (OHA), the Commission of Hispanic Affairs (OCHA) and the Department of Human Services (DHS) for the purpose of identifying barriers to mental health for Latinos and working to improve mental analyzed to gain greater understanding of the issues and inform future policy.

In this qualitative study, 16 individuals were interviewed. These individuals included executive directors, mental health providers and program directors. Both urban and rural providers were interviewed and all work directly or indirectly with Latinos in providing mental health services. Twelve of the participants identified as Latino and 4 identified as Caucasian and bilingual. Thirteen were female and three were male.

In this study participants were asked about individual and systemic barriers for Latinos and ways to improve mental health services delivery to the Latino population. Their responses were compiled and analyzed into themes in order to inform policy and improve service delivery.

The information provided by participants is summarized in three key areas. Firstly, there is an overview of barriers. These barriers are divided into systemic and individual barriers. Secondly, the key findings concerning these barriers are highlighted and discussed. Lastly, ideas for improving mental health delivery are presented and future policy recommendations are discussed. A description of the study and the methods used are also included in this report.

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Project Description

Mental health services are one of the strategic health care priority areas for the Oregon Health Authority according to the new guidelines outlined by the Centers of Medicare and Medicaid Service (CMS) Waiver. A recent 2012 state audit of the Medicaid-funded Oregon Health Plan (OHP) showed that Latinos were accessing mental health services at a disproportionately low rate despite having similar mental health needs as other racial groups. Overall, compared to other racial/ethnic groups, Latinos are less likely to get care for mental health disorders and often receive sub-standard quality of care. Additionally, Latinos are more likely to use mental health services only in crisis situations, forego services sooner and have negative treatment outcomes, particularly if the mental health system is not culturally and linguistically competent (Schoenbaum, Miranda & Sherbourne, 2004).

As the Latino population continues to grow and as more Latinos enroll in the OHP, the demand for mental health services will continue to increase. At the current time, mental health service needs are at capacity and more research is needed to find ways to bring more professionals into shortage areas; especially bilingual and bicultural services providers. This qualitative research will describe major perceived barriers in the community by key informants. The research will inform policy discussions already begun in leadership circles within state and county government, health care, culturally specific communities and other key partners.

Overview of Barriers to Mental Health

Latinos are less likely to receive mental health services than Non-Latino whites and when they do access mental health care, it is more likely to be of poorer quality. As a result, Latinos experience a higher burden of disability associated with mental disorders. On average, rates of

psychiatric disorders among Latino are similar than those of non-Latino Whites. According to a study by Rio-Ellis, Latinos, especially those who are in poverty, tend to suffer disproportionately from a number of mental health disorders, including depression, anxiety, and substance abuse (2005). As Latinos spend more time in the US, the incidence of mental health disorders tends to increase. Among Latinos with a mental disorder, only one in 11 contact a mental health specialist (APA, 2015).

Overall, compared to other racial/ethnic groups, Latinos are less likely to get care for mental health disorders and often receive sub-standard quality of care (Schoenbaum, Miranda & Sherbourne, 2004). Additionally, Latinos are more likely to use mental health services only in crisis situations, forego services sooner and have negative treatment outcomes, particularly if the mental health system is not culturally and linguistically competent.

Given these trends and as the Latino population grows; the need and demand for mental health services will increase. As such there is a great need to understand how Latinos cope with mental disorders, what factors influence their access to mental health services, and how to deliver high quality mental health care to Latinos (Cabaza, Zayas & Hansen, 2006).

There are a number of barriers that Latinos face when accessing mental health care. These include both external structural barriers and individual cultural barriers (Griner & Smith, 2006). Some external structural barriers include a lack of health insurance, lack of knowledge of where to seek services, lack of transportation, the location of treatment facilities and cultural and linguistic barriers (Guarnaccia, Martinez & Acosta, 2005). There are also individual barriers which include a lack of understanding of mental health disorders, the stigma of mental illness and a tendency to rely on family and external support networks in coping with mental illness. In

discussing barriers, it is important to recognize cultural barriers that can impede an individual's decision to seek mental health services. For Latinos, some of these include the use of spirituality and healing practices, a lack of understanding about the therapeutic process and rigid family and gender roles (Aguilar-Gaxiola, Zelezny, Garcia, Edmonson & Alejo-Garcia, 2002).

Mental Health Services to Latinos in Oregon

In Oregon, Latinos account for approximately 12% of the population. The Latino population in Oregon has increased 72% since 2000 and is growing faster than the national average. The average age of Latinos in the state is 26 years old as compared with 41 year old for non- Latino whites. In the last decade, Latino population growth in Oregon has been driven by a rise in U.S.-born Latinos rather than immigration. The native Latino population has grown by 21 percent, compared to 1 percent growth in the foreign-born population (US Census Bureau, 2016). Approximately 64% of Latinos in Oregon are born in the US, 36% are born in other countries and approximately 4.3% of those born outside the US are undocumented immigrants.

According to the US Census Bureau, over 85 percent of Latino Oregonians identify as Mexican, 5 percent are of Central American origin, and another 5 percent are of South American or Puerto Rican origin. An additional 5 percent are classified as Other Hispanic or Latino, meaning they could be Spanish or chose not to specify a country of origin (2016).

In Oregon, while the Latino populations overall health status is improving, disparities still exist for health access and lack of insurance is a key issue. Nearly one-third of Oregon's Latinos still lack health insurance and this fact also limits Latinos access to mental health. In addition to this lack of health care access, there is also a shortage of culturally appropriate health services and providers and this is turn has further contributed to health disparities.

Lastly, many Latinos in Oregon have lower incomes and higher incidences of poverty then non-Latino whites. According to an American Community survey, white Oregonians have a median household income of $51,397 and Latino Oregonians have a median household income of $39,723 (2014).

Methods

This study recruited a convenience sample of participants from known professionals in the mental health community in Oregon that serves Latino clients. From a seed of approximately three professionals we used snowball sampling to obtain a quota from different types of professions including executive directors and manager of mental health clinics for Latinos, clinical practitioners, educational professionals, health care providers and staff from Catholic churches and organizations. Interviewees were from urban and nonurban areas in Oregon. The total sample was 16 professionals. A standard interview script was used which includes an opening statement that outlines the purpose of the research, the rights of the participants, and a list of questions that will be asked. The script also includes probes for seeking additional information. (See attachment).

Methods of data recording: All participants were adults and were told the purpose of the study using a standardized script. The recruitment was conducted by email and telephone. Once the contact agreed to participate and a face-to-face or telephone interview was scheduled, they were emailed a summary of the purpose of the study and its sponsorship. They were told that "the interview is for both educational and research purposes". The email contained language that explained how the data was collected (audiotaped), analyzed (coded for themes), protected (in a locked environment and separated from their names) and reported (in PowerPoint for themes and

in written format for comments). At the conclusion of the interview, they were informed that they would not benefit directly from the results of the study but that "findings will be used by Oregon State policy leaders to encourage more relevant and targeted services to the Latino community."

Analysis of Data

The data were analyzed to extract relating themes and stories that pertain to the topic of research. In this study, qualitative analysis relied on the researcher to build connections among narratives. As such common responses, reflective stories, patterns and concepts were identified. Summary themes were organized with example statements from the respondents. Data analysis was done by the primary research by listening/reading de-identified material for themes. After a consolidation process, the comments were organized by the researcher using the organizing principles that emerged from the consolidated text. Themes were organized according to the frequency of the occurrences in the interviews and which themes were interesting but not common.

Results: Key Findings of Barriers to Mental Health for Latinos in Oregon

The barriers to mental health for Latinos are numerous and can be divided into both systemic and individual. The barriers discussed below are listed in order of frequency of response from participants in the survey. In analyzing the data it was clear that systemic barriers greatly influenced an individual's ability to access mental health services.

In the interviews, participants were asked to identify barriers to mental health service for Latinos in their communities in Oregon. Their responses were divided into two categories:

systemic barriers (structural barriers) and individual barriers. Systemic barriers focus on policies, practices or procedures that result in individuals receiving unequal access or being excluded from mental health services. Individual barriers can result from systemic barriers but are more often a result of external factors. Some examples include lack of awareness of and limited availability of mental health services and also can include barriers such as lack of transportation or lack of childcare.

Systemic Barriers

Lack of bilingual /bicultural providers (16 of 16)

In analyzing the themes for systemic barriers, sixteen participants responded that lack of bilingual and bicultural providers were a major barrier. The lack of Master's and PHD level mental health professionals was especially acute. In addition, numerous individuals stated that there was a need for bilingual bicultural providers to be embedded throughout the healthcare and mental health system. One provider emphasized that bilingual/ bicultural mental health providers should be available from the time an individual presented to a clinic and remain as an advocate throughout the process.

Lack of culturally relevant services (16 of 16)

Sixteen of those interviewed stated that a lack of culturally appropriate services also presented formidable barriers. Culturally appropriate service can be defined as those that take into account the needs of the individuals as considered from the person's cultural background. All interviewed stressed the need for bilingual and bicultural mental health staff and eleven felt that relying on interpreters created barriers to providing quality mental health services. Eight of

those interviewed stressed that the current mental health model and the way insurance billing is structured does not allow for alternative therapies or consistency in services. "Insurance billing is a cumbersome process, it is a lot of paperwork and the process needs to be streamlined"

Four individuals expressed that the dominant cultural mental health system does not serve Latinos well and leads to increased dropout rates. Many counselors felt that there was a "disconnect" between the dominant culture models of psychotherapy and the needs and values of the Latino client. Dominant culture models tend to value the traits of the individual and independence whereas Latino culture values favor interdependence and a reliance on social networks and community. Thus Latino clients may find their worldview different from the therapist who may be utilizing dominant culture psychotherapeutic approaches.

Three of those interviewed stressed the need for trauma informed models of care and five interviewed stated that Latino clients would be better serviced if more holistic and integrative practices could be integrated. This included the use of curanderos (spiritual healers) and integrating church priests or church staff into mental health care system. Eleven of those interviewed stated that an alternative approach to mental health was needed-- meaning one that was more culturally specific and included the use and incorporation of spiritual belief and holistic practices within the context of providing mental health service. Many talked about a need to integrate *curanderos* or traditional healers into mental health services. Employing these approaches was often limited by funding and the ability to bill insurance for these services. All expressed an increased need for mental health funding specific to the Latino population.

Fear of seeking mental health services (13 of 16)

Thirteen participants stated that fear was a barrier to accessing services and many noted that the number of Latino clients seeking services had declined since the election of President Trump. Many stated that clients were hesitant to access service provided by government agencies and that this anxiety was having negative mental health repercussions. This fear is related to the Trump administration's stricter immigration policy concerning non- residents and the increase of non- residents being detained and deported.

Lack of integrated physical/behavioral healthcare services (10 of 16)

Ten of those interviewed supported the idea of integrated services model or one in which a primary care doctor refers the individual to a behavioral health specialist who then conduct a mental health assessment and then refers the person to a mental health professional. This integrated model primary health care model specific to Latinos currently exists in Oregon and was cited by six interviewees as the best approach for creating and improving mental health access and services for Latinos.

Lack of adequate funding (10 of 16)

Ten agreed that lack of funding presented barriers in creating and expanding mental health service for Latinos. There was agreement that having separate mental health and medical reimbursement structure was a barrier. Additionally, many stated that some of the funding they received was too specific and tied to certain outcomes that did not directly relate to mental health. As a result this limits the organizations ability to provide mental health services.

> "Some of my funds are tied to diabetes treatment and I often hope that the person has diabetes so that I can also treat their mental health issue and get reimbursed, otherwise I have to turn individual away." (Program Director, rural Oregon).

Three providers expressed frustration with how funds were distributed in Oregon and they are expressed the need to allocate general funds to better provide mental health services to Latinos.

> "How we distribute funding in Multnomah county and Oregon is a huge barrier and how this funding is structured and procured is another major barrier".

This individual also expressed that services were compartmentalized and there was a need for a unified approach to funding. There was a consensus that the current levels of mental health funding are inadequate and lacking.

> "The funding is not enough and we can only afford to provide limited amounts of mental health services." (Program Director, Portland)

One mental health provider at a clinic that focuses on serving Latinos stated:

> "What is happening is that there are so many people that want the service that we can't serve them. There is a long waitlist and not a lot of options."

This lack of funding results in many clients being turned away or experiencing long waits for mental health services. It also results in Latinos being referred to non- culturally specific mental health services. Lastly, several individuals stated that the reimbursement process was cumbersome and that insurance requirements created barriers.

Lack of acute mental health care services (4 of 16)

Four providers stated that there was a lack of culturally appropriate acute mental health or crisis services for Latinos and this was a serious issue. One provider at a local psychiatric hospital stated that that in the hospital there are:

> "no culturally specific service for Latinos, no bilingual providers and that interpreters are often used in a crisis situation and this really doesn't work well and create barriers."

She added that in the absence of culturally specific care that the trauma informed model worked well.

Individual Barriers

Fear of seeking services due to residence status (13 of 16)

Twelve of those interviewed also stated that individual fear of deportation was limiting access and resulting in additional mental health distress**.** As one provider stated, "Access is related to residence status." Another interviewee stated that people in the Latino community can't live under such fear and stress and not be impacted in the long term. I am specifically thinking of kids and the lasting trauma." Several providers stated that they have seen number of client accessing services decline since the November 2017 election. "We have seen a lot of fear and the numbers of Latino clients has dropped significantly. I get a lot of questions about whether I will be reporting them and what I am writing on the forms...there is a lot of mistrust and worry about coming in for mental health care." Another interviewee stated that Latino clients are less likely to seek out government provided mental health services because they are worried about Immigration and Customs Enforcement (ICE) and documentation status." (Program coordinator,

Medford) Overall, all those who cited fear of seeking services as a barrier agreed that the current political climate is keeping people away from services.

Lack of insurance/inability to pay (12 of 16)

On an individual level, twelve providers noted that a lack of insurance and inability to pay was the most common barrier. This was often directly tied to residence status with six providers stating that being undocumented created a significant barrier to accessing and paying for mental health services. One provider stated:

> "If there is a person who is not insured and does not live in Multnomah County then our program cannot provide services and that person falls through the cracks and there are many stories of Latinos who have fallen through the cracks because of the system" (Director, Portland) .

Six providers also stated that the Affordable Care Act (ACA) and Medicaid expansion has provided increased access but now there is a fear that with the ACA's possible revision and revocation that large amounts of mental health funding could be lost and enrollment and services could drop significantly.

Lack of awareness and education about mental health services (10 of 16)

Ten individual interviewed felt that a lack of education about mental health issues was a barrier. According to one provider "once Latinos understand mental health issues and are aware of the issues then they will come. We need more education." (Provider, Hood River) Another person interviewed spoke of the need to educate about mental health through stories and emphasized that "we can't just hand out pamphlets and expect individuals to show up for service." There was also a consensus that reaching out and providing education in the schools churches and other

targeted areas in the community would increase awareness about mental health service and increase access.

Stigma associated with seeking mental health services (10 of 16)

Nine interviewees stated that a lack of education about mental health and continued stigma concerning accessing mental health services were continued barriers. One provider stated that "it is not really about the stigma as much as it is about the inappropriateness of services." (Provider, Deschutes County). Another provider stated:

> "Stigma plays into whether we are quacks. That is what is great about being in a primary care clinic because a doctor has status and respect and they will listen if the doctor advises them to see a behaviorist. Additionally, if they are coming to see doctors then there are fewer stigmas because they are just going to see a doctor. If the behavioral and mental health services are co-located in the same building then this increases access and reduces stigma."

Many providers felt that reducing stigma was also about providing education about mental health.

> "Once they understand mental health issues and are aware of treatments they will come; we need education." (Therapist, Hood River)
>
> There are two groups of Latinos—those that believe in mental health service and those that think mental health issue means you are loco or crazy. There are also those who have no idea about mental health. We need to educate and serve all of them (ED, Portland, OR).

Lack of access due to other external factors

Seven individuals stated that other external factors were also limiting access to mental health services. These include a lack of childcare, a lack of transportation, limited evening and flexible hours and a lack of appropriate facilities. Five of the seven interviewed stated that facilities were

too small, too removed from the community and more focused on the dominant mental health model that caters to serving individuals rather than the family.

Recommendations

Most of the participants in the interviews had significant experience in working with the Latino population in a mental health capacity. In this study, interviewees were asked to describe the ideal mental health system for Latinos. They were told that there were no restrictions as far as funding or other resources. As a result of this question, there were numerous ideas for creating culturally informed mental health services for Latinos. Most of these ideas focused on having culturally specific services for Latinos with bilingual and bicultural providers.

Integrated Primary Care and Mental Health Services-Ten of those interviewed strongly supported the idea of integrative health service for Latinos meaning that individual could access both primary and mental healthcare at the same time and place. This model involves embedding a behaviorist (advanced degree mental health professional) as part of a medical team in primary care clinic and having them assess and refer patients to mental health service in the same facility.

> "Integrated care works because when folks check in no one knows why you are there. There is no stigma about mental health. The access is also there since if they go to their primary care doctor they can be referred. It is familiar and they feel welcome. Most of the staff is Latino. It is a totally different dynamic than in an agency where there may be more Caucasians and language barriers." (Provider, Hillsboro, OR)

Integration of mental health into existing centers in the community-Five other providers supported the idea of creating a community center that included integrated mental health services. One person interviewed explained how this model had proven effective in the predominately Latino community in which she worked,

> "In my previous job we had wraparound teams-- family members, parish priests, curanderos and we all aligned with how we were trying to help the family… we did not shy away from embracing issues and did not label our services as mental health. We found what worked…whether it was prayer groups or spiritual practitioners and we were a team. We were also a community event center. It wasn't a place to go if you have a problem. We were trusted and known. It is different from the mental health clinics in Oregon…these are not places for community or trust and thus often don't serve Latinos well." (Provider, Central Oregon)

Most interviewed agreed that having mental health services embedded in a community center reduced stigma and greatly improved access to mental health service for Latinos.

Use of platforms for providing mental health services-Two interviewees spoke of creating platforms for increasing mental health services for Latinos. The platforms that were suggested were schools, legal services and churches. These platforms would receive all of the funding and distribute it according to the needs of those served. One provider expanded upon this idea.

> "We need platforms for integrated systems. Schools are a platform- they reflect where people are going and how we can support their needs. There is a huge opportunity in the schools because the county provides SUN system with funding. So instead of 10 different ways of funding needs –we focus on creating the platform in the (SUN schools and address the needs there). If people need a housing specialist, employment specialist or mental health counselors then the funding and resources are there. It is just a question of how we build the platform. Everyone would bring specialties and services to the specific platform." (Director, Portland, OR)

Schools as platform-Six people interviewed agreed that schools were good platforms for accessing mental health. Several mentioned that this platform was already present in parts of the Oregon school system through a program called SUN (Schools Uniting Neighborhoods) Schools. One person interviewed stated that several of the SUN schools had expressed a need for mental health services. Another interviewee stated that

> "The SUN school is the blueprint for how I think about serving a community. SUN schools are a great model and use schools as community centers."(School counselor, Portland)

In addition, three individuals thought the schools would be a good place to conduct mental health screenings and engage the family in a less threatening, more community- oriented setting.

Churches as a platform- Three providers felt there was a need to engage individuals through the Catholic Church and that this was a great entry platform because many Latinos are involved in the church and have faith and trust in this organization.

> "The church is a good place for Latinos to come. People have trust and it is a source of community and probably a good place to access mental health care. We somehow need to bridge the gap between the church and mental health providers" (Portland Church Administrator).

Culturally Specific Mental Health Clinics-Five direct providers that were interviewed spoke of creating a dedicated mental health clinic for Latinos that was centrally located in the community. These facilities would offer childcare, meeting and recreational space and would have embedded mental health services. One provider expressed concern with this model due to privacy issues. Many agreed that integrated medical and behavioral health clinics would work well. One interviewee stated:

> "We joke here that there is a new health clinic and then we built a new mental health clinic and we always say, why did we not build them together?"

Seven mental health providers spoke of a need for evening hours, a need to offer alternative and holistic mental health treatment options and of having a more bilingual and bicultural staff.

Workforce Development-Six providers expressed a need for creating a career track in order to increase the number of bilingual and bicultural mental health professionals. Eight of those interviewed stated that a good starting point would be in training more community health workers (CHW) and providing them with mental health training. CHW would provide a bridge to the Latino community and increase referrals to mental health service. One provider noted:

> "A few years ago in our rural area we chose to train CHW to increase access for Latinos and it allowed us to knock down many barriers. It was culturally responsive and it helped greatly." (ED, Eastern Oregon)

Others commented on a need to create a career pathway for Latinos to become mental health professionals. This track would begin at the high school level and progress to the level of advanced degree holding professional. Ideally, financial assistance and scholarships would be provided. One person interviewed stated:

> "There needs to be a trusted member of the community to bridge the gap in order to help people get mental health services. We also need advanced degree professional or we risk creating a system of second tier services." (Program Manager, Deschutes County).

Four providers spoke of the need for a better recertification process for advanced mental health practitioners from other countries. Three mentioned recruiting professionals from Spanish speaking countries to fill the gap for mental health providers with advanced degrees. One provider felt that being bilingual and culturally aware was sufficient enough and she spoke of research that support the idea that bilingual and bicultural providers are not necessarily the ideal solution. Six providers thought that in order to train and retain Latino mental health professionals that the higher education system needed improving. Many thought that higher education did not provide adequate opportunity and support for advancing Latinos in the mental health professional. Additionally, only a few mental health programs provided cross cultural competency training and two interviewees spoke of institutes of higher education alienating bicultural and bilingual students. There was also concern about the retention of current bilingual and bicultural providers.

Increased Mental Health Awareness and Education- Many individuals also felt there was a need for more education and outreach about mental health issues to the Latino community and

that this might to help reduce stigma and increase access. Some thought that educating clergy members, school staff and holding community awareness events would be beneficial.

Increased Funding -All of those interviewed agreed that in in order to create culturally appropriate programs there was a need for increased funding, better insurance reimbursement and a more streamlined reimbursement process. Five stated that having access to general funding would allow them to create better and more culturally specific program. Two interviewees expressed the idea of addressing housing first since housing stability was a prerequisite for individual well -being and improved mental health. Lastly, four individuals spoke of a crucial need for culturally specific acute mental health service for Latinos.

Collaboration and Community Driven Solutions-Three interview participants advocated for community driven solutions to mental health and expressed a need for greater collaboration among providers and community members.

Analysis: Strengths, Weaknesses, Opportunities and Threats

Strengths

- Successful, culturally appropriate models exist in community (Virginia Garcia, Puentes, Connexiones, Latina Network, El Programa Hispano) and can be replicated
- Latino specific groups exist and are committed to envisioning and enacting mental health solutions
- Some Latino specific community health worker and peer mentor models exist
- SUN community schools system exists in public schools and can be expanded to include mental health services

- Some bilingual counselors exist in schools to support the Latino population

Weaknesses

- Lack of culturally specific integrative mental health and primary care
- Lack of funding
    - Funding is divided, and compartmentalized. Often time-limited
- Reliance on interpreters in certain mental health settings
- Little collaboration between organizations
- Limited acute mental health services for Latinos

Threats

- Shortage of bilingual/bicultural providers
    - No workforce model for increasing bilingual/bicultural providers
    - No educational path for bilingual/bicultural providers
        - little support within educational system for Latino students
        - lack of mentors/clear mental health career path
        - low educational achievement of Latino students
- Changes to ACA
- Political climate fueling client fears and is leading to decreased access and usage
- Continued budget shortfall in Oregon and increased reductions in healthcare and mental health funding

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Opportunities

Fund and implement culturally specific models

- **SUN school model**. Use community school model and integrate mental health service into schools
- **Mental health services integrated into primary health clinic.** Have behaviorist (advanced level practitioner) embedded with medical team in order to assess and refer clients to mental health services.
- **Create platforms.** Deliver mental health services through housing, schools, churches or community centers

Provide workforce development

- Create career pathways for bilingual and bicultural mental health providers beginning at community health worker level and continuing through the advanced degree level

Conclusion

To address the issues concerning mental health access for Latinos in Oregon, it is important to consider both systemic and individual barriers. In Oregon, there is an acute need for culturally competent mental health services for Latinos. As a result of this study, it appears that integrating mental health services into existing platforms is a viable solution. The optimal platforms are schools, community centers and primary health clinics. Mental health services would be integrated into these existing structures and would be culturally appropriate. Although some

models currently exist in the community, there is a shortage of funding and a lack of bilingual and bicultural providers.

As a result, policy needs to be implemented that will help fund culturally competent mental health care. First and foremost, funding needs to be prioritize for Latino mental health programs in the community. Initially, the priority should be to focus on schools and primary health clinics and work toward the integrated services model. There should also be a effort to increase culturally competent mental health care. To achieve this, it is necessary to create workforce development programs develop educational opportunities to increase the number of Latino providers in the mental health field. These approaches to addressing mental health disparities will help overcome both systemic and individual barriers and make service more accessible and culturally appropriate. Additionally, given the increased levels of fear in the community; an integrated culturally competent approach will help lessen anxiety and help provide greater access and reduce stigma. Overall, there is a continued need for research, specifically in the area of how to provide outreach, continued support and ongoing mental health services to Latinos. There is also a need for further research into increasing and retaining the number of bilingual and bicultural providers. Lastly, in Oregon, there is also a need to further explore how to best expand mental health service in the community and this includes how to provide increased services to non-residents and their children. Given that the Latino population is the fastest growing in Oregon, it is crucial that culturally competent mental health services are provided to Latinos in order to decrease health care disparities and improve mental health outcomes.

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