



# Latino Voices:

*Community Narratives about  
Mental Health in Solano County*



## Introduction

The University of California, Davis, Center for Reducing Health Disparities (UC Davis CRHD) is providing consultation, training, evaluation, and technical assistance services to the Solano County Behavioral Health Division (SCBHD) and community providers through the Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (Cultural Transformation Project). The goal of this collaboration is to improve access to and utilization of mental health services by individuals from the Filipino, Latino, and LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer) communities with serious mental health conditions.

This report includes experiences shared by the Latino community in describing their access to and utilization of mental health care in Solano County. Furthermore, these narratives provide insights into potential Latino community-defined solutions to improve mental health services in Solano County. According to Department of Finance (DOF), as of 2015, 39.1 million people lived in California, including 15.2 million Latinos (39 percent). In Solano County, Latinos constitute an estimated 111,695 (26%)<sup>1</sup> of the county population with Mexicans being its largest Latino subgroup, comprising 83,288 or 75%. Significant treatment disparities exist between Latinos who are in need of mental health services, and those who receive treatment in the specialized mental health or general health care systems. Latinos are one of the most underserved populations, as well as being among the most vulnerable to specific risk factors associated with mental illness. According to data from the Solano County Health & Social Services Behavioral Health Division, Latinos represented 796 or 14% of Medi-Cal consumers utilizing behavioral health services, despite making up 25% of the total Solano County population in 2015.

In the first phase of the project, the UC Davis CRHD collected hundreds of stories using qualitative research methods. Our team spoke with a range of Latino individuals regarding the current state of mental health care and access in Solano County. We began by interviewing staff from the SCBHD who both, worked regularly with Latino community-based organizations and some of their clients, and shared important insights into the larger context of mental health care in Solano County. Next, we spoke with “on the ground” key informants (e.g., consumers, volunteers, advocates, and directors of community-based organizations [CBOs]) who serve key roles within the Latino community and are engaged in the promotion of community mental health. Finally, the CRHD team presented preliminary results of these interviews (which included key informants and county staff) with community members at a March 2017 Latino community forum, held in Fairfield, California. Forum participants provided feedback on these results, and identified additional priorities, gaps, strategies, and solutions to increasing access to and utilization of mental health services in the Latino community. Many of the participants’ comments are incorporated in this report.

<sup>1</sup> Solano County 2017 Annual Report. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobload.aspx?BlobID=27869>



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## Latinos In Solano County

In Solano County, cities like Vallejo, Fairfield, and Vacaville have the largest numbers of Latino residents, ranging from 20,304 to 30,089.

According to a 2015 report, Spanish was one of the most frequently spoken languages in Solano County. At least 23,060 (20%) of Medi-Cal eligible recipients in Solano County reported Spanish as their primary language.<sup>2</sup>

In Solano County, Rio Vista C.A.R.E a community-based organization provides mental health services to the hardest-to-reach Latino families in the most rural areas of Solano County.

The Solano County Behavioral Health Hispanic Outreach and Latino Access (HOLA) program works with Latinos to create awareness around mental health.

*Voces Unidas*, a group of community leaders, also works with the Consulate General of Mexico to help give Spanish-speaking Latinos and immigrants a voice.



Hispanic Heritage Month celebration in Solano County by the Solano Hispanic Chamber of Commerce



*Día de los Muertos* (Day of the Dead) celebration in Vallejo.

<sup>2</sup> Research and Analytic Studies Division. September 2016. Frequency of Threshold Language Speakers in the Medi-Cal Population by County for January 2015. Medi-Cal Statistical Brief. California Department of Health Care Services



Solano County has a large concentration of Latino immigrant farm workers.

## What are the Mental Health Priorities of the Latino Community in Solano County?

The information and quotes in this report were obtained from members of the Solano County Latino community, including county staff members, health care providers, leaders of community-based organizations, consumers, family members and advocates, school counselors and educators, among others. These participants highlighted key priorities relevant to the Latino community living in Solano County. For example, participants commented on the importance of respecting the primary and preferred language of the community when interacting and distributing information to the Latino communities. Participants also emphasized the importance of recognizing the diversity within each Latino community, distinguished by their region of origin. Understanding their history, lived and life experiences, culture, language, and views on mental health are important factors in better understanding the barriers to treatment, cultural strengths, and community-defined solutions. It is important to note that while there is a tendency to lump “Latinos” or “Hispanics” into one category, Latinos are not a homogenous population group. Rather, they are highly heterogeneous in terms of the diversity, differing life experiences, natural histories, risks of psychiatric disorders, and the variety of cultures represented from North, Central and South America. For purposes of this report, we will use the term “Latinos.”

Participants emphasized the importance of addressing violence and trauma experienced by Latinos. Traumatic experiences were evident in the Latino immigrant community and were viewed as a priority among the participants. Latino immigrants are subjected to violence and traumatic experiences, both in their countries of origin and in the United States. Additionally, undocumented Latinos and their family members are constantly living in fear of being deported if they were to seek mental health services for themselves and/or family members. Adverse experiences associated with poor housing, inadequate living conditions, exposure to abuse and trauma, and discrimination are common in many minority communities. Participants expressed concern that these experiences have been most evident among Latino immigrants, who have endured a range of adverse experiences, (e.g., poor housing, inadequate living conditions, abuse trauma, stigma, and discrimination), but noted that they are resilient.

Transportation was also highlighted as an important priority. Individuals needing mental health services do not necessarily live in the few larger cities where most services are located. As a consequence, obtaining quality mental health services is challenging for those who don't have access to reliable transportation.

Participants felt that there was a lack of discussion about mental disorders, health conditions, and other issues co-occurring with mental illness, such as substance abuse, incarceration, and the “school to prison” pipeline.

Consumers who aren't legal or [are] undocumented...[they] have a big mistrust in the system because...[their] family members were mistreated by the system and we [providers] represent the system.

—PROVIDER

A lot of us suffer from post-traumatic stress disorder and are now aware of it... I grew up in Vallejo – the violence, the crime...We have staff in this clinic that have lost children to street violence...[We] kind of brush it under the rug [and] keep going...

—COMMUNITY LEADER, CBO

The language is different... it's challenging because they [the providers] are not understanding...You have to wait for almost four hours in there, even if you have an appointment...then you see a therapist, but it's just 15 minutes or 20 minutes.

—CONSUMER

We can't forget where Latinos came from and what values and beliefs they bring with them...[also] why did they leave and what were the traumas in their country of origin that caused them to come...there are layers of their life experiences... outside of just that initial presenting problem, so the focus can't just be in that [one] presenting problem, but looking at a bigger [cultural] picture.

—SOLANO COUNTY STAFF MEMBER

It's a cultural problem or our culture that we've been dragging to never talk about mental health...the term is relatively new...before it was thought of as nerves...or sadness...or a madness...for people, it is difficult, to first understand it and then to accept it.

—FAMILY MEMBER

## Barriers To Accessing And Receiving Quality Services

### The Importance of the Current Political Climate, Stigma, and the Social Determinants of Health

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The current political climate has increased fear and mistrust among the most underserved Latino communities. The fear of deportation was an undercurrent topic in conversations with providers, staff, and consumers. The immigration views of the new presidential administration are having a negative impact on mixed-status Latino families (U.S.-born Latinos with one or two undocumented parents), causing psychological distress and fear of family members being separated. Participants described how this anti-immigrant climate, especially for immigrant Latino families, promotes discrimination (e.g., racism, prejudice, etc.), and increases violence and crime against these families and children. For example, in schools Latino adolescents and youths are exposed to bullying and hurtful comments, such as “build the wall!” The fear and discrimination are often so intense, it affects school attendance for these adolescents and youths.

Participants also observed the greater impact these fears and discrimination have had by increasing immigrant Latino families’ exposure to traumatic and stressful conditions that too often translate to limited opportunities and more violence in the home, community, and schools. Participants, likewise, noted that the fear of deportation contributes to increased stigma associated with seeking mental health services. Participants described the detrimental effects of stigma connected with talking about and seeking out mental health services. Stigma combined with isolation was described as a significant barrier that compromises the willingness of Latino individuals and families to seek and use services. Leaving their home country and families behind, and having to adjust and assimilate to a new culture contributes to stress and (eventually) depression and vulnerability to substance abuse and other unhealthy behaviors that can lead to more severe mental health problems.

There are people who are scared because they don’t know if they will experience acts of violence or crime...Many of the people that were not aware of the evil that is racism...because this man (Trump) gave them the option, that it is okay to be racist, to exercise racism.

—EDUCATOR

The participants also saw social determinants of health as the social conditions (e.g., poverty, lack of insurance, inadequate transportation, etc.) in which people live, and/or work, as well as age, as strong predictors of mental health disparities and overall poor health outcomes. For example, when Latinos lack a strong social and economic foundation, their ability to have a meaningful role in the social, economic, and cultural life of their communities decreases. Because most Latino families have to focus on the basic necessities of life (e.g., food and housing), they frequently work long hours, and don't have the time and resources to seek and obtain mental health care.

I would've liked to have a therapist close to Fairfield so I don't have to commute to Vacaville.

—CONSUMER

There's a culture of poverty that crosses all ethnic and racial groups...equity across the board...for the undocumented population... the biggest barrier is poverty and not having insurance.

—SOLANO COUNTY STAFF MEMBER

Being in a situation where you're lonely, isolated, homesick, it's all the fruits of [social] marginalization... substance abuse, whether it's alcohol or drugs...Those are the things that create mental health issues.

—FAITH-BASED LEADER

There's issues of stigma in accessing mental health. Not everybody wants to come here because there's this fear that mental health is for crazy people, for gente loca. Many Spanish-speaking families...They don't want to be there [due to fear]...we have to educate them on those things too.

—PROVIDER

## Barriers To Accessing And Receiving Quality Services *continued*

[In Rio Vista]...Leaving their places, whether it's Mexico or Central America, to come here...Then trying to adjust to a whole different culture, and the depression and the isolation of the rural [farming] areas...the lack of access to services and to funds, to money...they don't make a whole lot of money...[They] come in when they are in crisis...needing help, but the stigma of having to be helped.

—COMMUNITY LEADER, CBO

I feel like there's less trust now in terms of getting counseling...Parents are like hesitant to allow their kids to talk about what's going on... Oftentimes, there's things happening at home. I just feel like it's hard for the kids to even open up because there's no trust...They feel like if they say something, they're going to be deported.

—COUNSELOR/EDUCATOR

Those who are dealing with chronic depression, forms of schizophrenia, the type of mental illnesses that [you] see often in the adult population, but older adults themselves may not be talking about it because they've been told to endure...not to complain about the impact of these [illnesses]...they're becoming more isolated.

—FAITH-BASED LEADER

Esa es otra barrera [no tener seguro de salud] bien grandísima...yo tuve un problema con mi esposo... Él estuvo deprimido...Lo canalizaron con una psicóloga que nada más hablaba español...y luego le tenían que cobrar como \$70 por consulta...Dice [mi esposo] 'Si no alcanzo' [That is another very big barrier [not having health insurance]...I had a problem with my husband... He was depressed...They connected him with a psychologist that only spoke Spanish...but then they charged him like \$70 per session...[My husband] says 'if I can't afford it'].

—FAMILY MEMBER

## Language and Diverse Workforce

Participants reported that limited or no language support (e.g., a lack of Spanish interpreters), was a significant barrier in receiving quality mental health services. In other words, Latino consumers' experiences getting mental health services in Spanish, their preferred language, have been subpar due to a lack of a Spanish-speaking workforce. In general, most participants agreed that having sufficient providers and staff who speak the preferred language of the consumers is important for addressing the mental health issues of the Latino community.

Heavy caseloads on over-burdened Spanish-speaking providers, can also severely impact providers' work efficacy, work motivation, and their effectiveness in providing quality culturally and linguistically appropriate care. One participant described the issue of sending all Spanish-speaking consumers and families to the one Spanish-speaking provider as a "dumping ground culture;" and failing to change this culture would lead to more county Spanish-speaking providers and staff feeling overwhelmed and discouraged.

One Latina mental health professional in the county was mentioned by many of the participants as an effective and trusted community advocate for Latino mental health issues. In general, most participants described her as someone who is truly immersed in the Latino communities in Solano County, and a role model for a future workforce that is culturally and linguistically appropriate. Participants also reported the need for more educational programs (i.e., workshops and trainings) like those developed for the community (including the migrant farm working communities) by the Latina mental health professional. Such programs would help reduce stigma and increase access to services.

[Providers hear] 'I don't want to stay late again and write yet another Spanish treatment plan, just send them to the new Spanish-speaking staff.'

—SOLANO COUNTY STAFF MEMBER

The County would like to help all of us who have a family member suffering from mental illness, to have access...to figure out a better way to find psychiatrists who speak our language.

—FAMILY ADVOCATE

## Barriers To Access And Receiving Quality Services *continued*

### Health Literacy

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Participants also expressed challenges with low health literacy. Participants stressed the importance of providers and staff acquiring the cultural and linguistic knowledge necessary to effectively communicate and describe difficult medical concepts at the education level of the consumer. Having this knowledge allows providers and staff to impart knowledge to the consumers to help increase their health literacy and navigate the county mental health system.

### Church and Spirituality

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Participants revealed that the church at times is a source of strength and support for Latino individuals and families suffering from mental illness. While some participants believed the churches were in a better position to effectively disseminate mental health information and increase health literacy in the Latino communities, others expressed concern that the church was addressing mental health as God's will, and stated that church leaders need training in counseling approaches. Early detection of signs and/or symptoms of mental health and addiction problems, and information about where to refer people for culturally and linguistically appropriate help are important. For example, one faith-based leader reported using church Confession time to do therapy to gain a deeper understanding of the root causes for depression, and to help people recognize that they are not at fault for their mental health issues.

Providers should be educated by telling them that this is the language you may hear, this is what it may sound like, and here is how you can connect them to [language-appropriate] services.

—COMMUNITY LEADER, CBO

The language does have a lot to do with it...it would be worthwhile that...the psychologist, well, the professional in this case, speak the language of the person that they are serving...[also] to have a little more knowledge of the persons' life experiences... In other words, know a bit more about one's cultural upbringing.

—FAMILY MEMBER

## Youths

Participants advocated for school-based mental health programs to support Latino youth and their families struggling with accessing mental health services. Participants commented that the school systems are ill equipped with adequate mental health programs and providers. Participants expressed an interest in building connections with school systems and developing strategies for early intervention in Latino youths who have mental health problems that have gone undetected or otherwise have been improperly diagnosed.

Fear of rejection, fear toward others...They start talking about the symptoms of depression that they think are sins...That's not a sin. That's not your fault. The person is carrying all this guilt, all this wound, all this sense of fault...it's a trauma of going through that type of experiences... many times in confession, I end up doing therapy.

—FAITH BASED LEADER

My grandmother [a *curandera* (healer)] took into consideration the spiritual health of the person that she was serving...when recommending remedies that were based on how people were experiencing their spirituality, God, and family life...If mental health practitioners do not look at the spiritual impact of [any] illness...then they are not really treating the illness.

—COMMUNITY LEADER, CBO

Some [staff] just give a consumer a piece of paper, and the consumer is Spanish-speaking and they are like 'well I only speak Spanish'...and [staff responds with] 'well take it home and have someone fill it out for you, and bring it back'... [but] the consumer is in need of [immediate] services that day.

—SOLANO COUNTY STAFF MEMBER

I think working with the schools trying to catch that early on of how to cope. Not everybody is mentally strong. I can give you a list of the things that I have been through and I have a strong mind. I have had my breakdowns, but I've been able to articulate what's wrong and identify and move on. Not everybody can do that. So, I think schools should offer education on mental health.

—COMMUNITY LEADER

## Latino Community Strengths AndAssets

Participants identified community strengths and assets that can help promote recovery and well-being among Latino populations. These Latino community strengths and assets can be promoted through cultural and community activities, such as Solano County’s Hispanic Heritage Month and/or *Dia de los Muertos* (Day of the Dead). These venues can help increase exposure to critical information about mental health services. Participants believe that these cultural events are an effective environment to disseminate information and educate Latinos about county mental health services.

Latino participants believe that establishing collaborative networks with other communities, such as the Filipino-American and LGBTQ communities, builds on the strengths and assets of communities by maximizing and sharing resources. This strategy gives consumers and their families a voice in their recovery, and building from within the community, additionally, acknowledges and validates people.

Participants also emphasized that, recognizing the many layers of one’s cultural identity, combined with lived experiences, should be viewed as a strength and asset. For example, stories can be a means of expressing one’s lived experiences and resilience, while strengthening connections with others through *Pláticas* (community conversations), or storytelling, and serve as a means to give hope that mental health recovery is possible.

We are all in this [fight for equality] together, and there are a lot of champions within communities...it’s about supporting each other and collaborating...

—SOLANO COUNTY STAFF MEMBER

The more you engage the Latino community to participate in these types of community *pláticas* (community conversations), led by a trusted community member, you will see them opening up and sharing their life story.

—CONSUMER

[Cultural] traditions in their homes, in their home countries, that made them feel good, that brought the family together, that made the family healthier, those kinds of things [are important], because when they talk about the things that were weighing heavy on their souls, [engaging in] art, a big part of our culture, the [cultural] things that make them feel good.

—COMMUNITY LEADER

*El puro hecho de platicar con amigos de los problemas que uno tiene, ya es, de mi punto de vista, un tratamiento de salud mental*  
[The simple fact of talking with friends about one's problems, is already, in my point of view, a mental health treatment].

—FAMILY MEMBER

You go deep and you say this is my history. This is who I am. This is what I lived. This is what I've been through. This is how I see myself. This is how other people see me. This was [my story], my whole background.

—FAITH BASED LEADER

## Latino Community-Defined Solutions To Improve Mental Health

Meaningful community engagement, particularly with the hardest-to-reach Latino groups, could be increased by providing safe and welcoming environments that respect the lived/life experiences, culture, and language of Latino communities. As mentioned earlier, improving the health literacy of both providers and members of the Latino community through provider-community partnerships and conversations, is crucial. For example, it is important to ensure that Latino communities have access to literature and general information about mental health and services in Spanish, as is training providers using community-defined strategies that are culturally and linguistically appropriate. Participants emphasized strategies that inform and empower the Latino community according to their cultural needs and priorities.

Community-defined solutions, mean a strong community-county partnership approach that consists of bi-directional dialogue between county providers and staff with Latino communities, in order to develop solutions to mental health issues that matter most to Latino communities. For example, it is valuable to ensure a stigma-free and welcoming environment that promotes positive images in which people feel comfortable and safe.

We must be more mindful of who we have in front of us...[mental health providers must] demonstrate humility and [feel] privileged to be able to serve the consumers and families who are trusting us...so to respect that...

—SOLANO COUNTY STAFF MEMBER

We are not thinking about [access and utilization] five years from now...be honest with people, don't give them high expectations only to let them down...convey real expectations.

—COMMUNITY LEADER, CBO

Meaningful engagement in community events can positively encourage social networks that bring people together and strengthen community connections. Take for example, the National Alliance on Mental Illness (NAMI's) Familia-a-Familia (Family-to-Family) educational programs, which are designed for families with lived experiences to act as a support system for other families struggling with mental health problems. Additionally, maintaining connections with Latino community champions (e.g., cultural brokers, religious leaders, advocates, and promotoras/es), who are visible, respected, and successful in engaging hard-to-reach Latino communities, can also be a community-defined solution.

Mental health programs that are family-centered, readily available at schools, and engage youth in conversations about what matters most to them would be valuable in addressing potential mental health issues. Participants believe that working with schools is key to preventative mental health work and early intervention. In fact, many participants expressed concern that failing to work with schools is a major missed opportunity for both, reaching youths much earlier, as well as improving teacher knowledge and influencing classroom curriculum. Some participants also expressed the importance of collaborating with schools to encourage Latino youths to consider entering the mental health professions.

In terms of sustainability, participants suggested that the county follow through with what it promises. The continuation of care is dependent on funding, which is, for the most part, lacking, and which translates to discontinuation of treatment. Finally, participants suggested that there be a greater focus on policy implementation, language, and on the organizational culture of the county.

I think working with the schools trying to [detect issues] early on...I have had my breakdowns, but I've been able to articulate what's wrong and identify and move on... Not everybody can do that...I think if we...not just mental health in clinics...but with schools be able to [detect early] and offer life skills on how to cope.

—COMMUNITY LEADER

## Latino Community-Defined Solutions To Improve Mental Health *continued*

There was a *Virgen de Guadalupe* statue...at first it looked out of place...For me, it showed me that they understood the importance of that spiritual component...it put me in a place that made me feel better, because there was a component of my life that the clinic acknowledged.

—COMMUNITY LEADER, CBO

[Latinos] also need an environment with people that they can identify with...feel accepted... and that they won't be judged.

—FAITH-BASED LEADER

*Ya me tocó ir al programa de Familia-a-Familia por medio de NAMI, y mañana, precisamente, van a tener el mismo programa de Familia-a-Familia en el idioma inglés...aquí en Río Vista...Hay en español, pero cuando yo lo tomé en español... [fue] en Woodland...el Condado de Solano no tiene nada de eso. Tuvo que ser en el Condado de Yolo, que es Woodland* [I had the opportunity to go to NAMI's family-to-family program, and tomorrow precisely, they are having the same family to family program in English...here in Rio Vista...They are in Spanish, but when I took it in Spanish, it [was] in Woodland...the county of Solano does not have that. It had to be in Yolo County which is Woodland].

—FAMILY MEMBER

## Next Steps

Our purpose in asking Latino behavioral health experts, community members, and consumers about their opinions on the current state of mental health care and access in Solano County was ultimately to inform and foster the transformation of the various systems charged with delivering mental health care. The next step is working with members of these communities to identify creative solutions, based on the issues raised and recommendations for improvement, all to be emergent from the first phase of the project. This second phase will be accomplished through the UC Davis Culturally and Linguistically Appropriate Services (CLAS) Transformational Leadership Program. This program's framework is based on the National CLAS Standards, which consists of 15 standards in four main categories:

- Governance, Leadership and Workforce;
- Communication and Language Assistance;
- Engagement with Youths, LGBTQ, and Faith Leaders;
- Continuous Improvement and Accountability.

Through the CLAS program, we will continue working collaboratively with our partners from the critical health, social service, educational, governmental, and structural sectors of the county in order to improve the mental health of those Latinos who have been underserved in the past. We welcome feedback from the Latino community on both these efforts, as well as on additional steps that can be taken to make sure all voices are heard.

## Acknowledgements

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## Photograph/Image Credits

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<https://www.dailyrepublic.com/all-dr-news/solano-news/solano-county/day-of-the-dead-celebration-takes-over-georgia-street/attachment/catrin-as-gather-in-a-circle-during-a-dia-de-los-muertos-celebrat/>

<https://www.washingtontimes.com/news/2017/aug/10/farms-adjusting-to-life-without-immigrant-labor-sa/>

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