

# Latino Community Health Workers: Meeting their Community's Emotional Needs in Intuitively Culturally Appropriate Ways

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## Purpose of the Study

- The study aimed to determine if community health workers (CHWs) were responding to the mental health needs of the Latino community in Oregon. The researchers suspected that CHWs were filling a gap in services due to a lack of trained bilingual/bicultural mental health professionals.
- Simultaneously, the stress of anti-immigrant sentiment and the rise of White supremacist groups who target immigrants were having a deleterious effect on the well-being of the entire Latino community, not just those who are undocumented.
- Oregon practitioners believed that CHWs were, in some capacity, responding to the increasing mental health needs of the communities they served, and that they were doing so in culturally appropriate and sensitive ways. This was suspected because CHWs are trusted by these communities, and are a link between health practitioners and the resilient, but marginalized, Latino.
- To determine if this was the case, the researchers held a series of focus groups with CHWs who are immersed in the Latino communities in Oregon.

## Problem

- Immigrants tend to present with a range of symptoms that are often misinterpreted and misdiagnosed by medical professionals. The Ulysses Syndrome, as coined by Dr Achetagui, relates physical symptoms with the psychosocial challenges of being an immigrant, encouraging medical practitioners to become familiar with the physical manifestations of unarticulated psychological and emotional suffering.
- The current sociopolitical environment and anti-immigrant climate increases the fear and stress experienced by immigrants, which may lead to mental health crises.
- The generalized fear and stress reactions are felt by Latino as a whole, as many families are mixed status (immigrant and U.S. citizens), and attacks by White supremacist groups are towards anyone who looks Latino. There are not enough mental health providers to meet the increased hardship.
- More important, providers who can adequately respond to the mental health need of the Latino community in culturally and linguistically appropriate ways are even more scarce. A lack of trained professionals limits the support this community receives especially during a time of critical demand.

## Findings

- CHWs are doing the best they can to meet their communities' emotional needs and have developed culturally appropriate ways of doing so. There is much to be learned from CHWs about what is taking place in Latino communities, and about the creative strategies they use to address these needs. Some of the lessons learned are discussed in the article. Recommendations for how to meet some of the mental health needs of a community marginalized from mainstream resources, and ways administrators can support CHWs, are offered.

- CHWs are charged with great responsibility but often times are not provided with the appropriate supports necessary to adequately do their work. They are impacted by the current anti-immigrant environment, as they are targeted by members of the mainstream community for being allies to undocumented immigrants. They feel undervalued by their employers, as well as colleagues, and medical professionals, who do not realize the breadth and scope of the work they do.
- Additionally, CHWs feel they do not receive adequate support from supervisors, which can be due to a lack of knowledge regarding the scope of their work, as well as lack of training for adequate supervision of CHWs.

#### Who Should Care Most

- Medical administrators, clinicians, social workers, mental health providers, CHWs, CHW supervisors.
- People concerned with meeting the healthcare needs of marginalized Latino and immigrant communities.

#### Recommendations for Action

- Provide adequate supervision and training to CHWs so they can offer crisis assistance in the communities they serve.
- Adequately train supervisors about the role of CHWs so they understand and properly respond to the breadth and scope of CHWs work as well as the secondary trauma they experience in their crisis-driven work.
- Train medical and mental health providers on the CHW model to support culturally appropriate approaches to work with Latino immigrants.
- Develop systems to link Latino immigrants with available mental health resources.
- Develop methods to effectively employ CHWs, integrating them to the medical team.
- Create and sustain educational pipelines and other mechanisms for providing professional training to bilingual/bicultural CHWs to increase the pool of mental health providers available to these communities.
- Conduct further research on what CHWs are doing to address mental health needs and how they incorporate assets from the Latino community into their work.
- Further study how CHWs addressing the social determinants of physical health are also impacting people's mental wellness.
- Establish policies to include CHWs in mental health provisions, under appropriate supervision, to ensure that Latino communities are served.
- End exclusionary funding policies that make it impossible to provide health and mental health services to the undocumented.
- Develop pathways for funding and reimbursement of CHWs conducting mental health services within their scope of work.