

# Voices for Change

A Statewide Newsletter of the Mental Health Community

Spring 2012

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## Mental Health Care Disparities



**Mental Health Care looks different depending on who is looking. In this issue, we show how a mental health diagnosis can affect your Health Care and benefits. Race and class affect what kind of Mental Health Care you get, if you get any. We also follow two peers who faced discrimination and found a way to address it. Whether you get Mental Health Care or not, you'll want to read.**

## Basic Information About Mental Health Care Disparities

By Susan Landy

This term “Health Care Disparities” is often heard. What does it mean? The most basic definition is that with disparity, different demographic groups receive a different amount or quality of health care. To shed further light on this issue, I questioned Dr. Margarita Alegría, Director of the Center for Multicultural Mental Health Research, about what the research shows about mental health care disparities in the United States.

### Studies on Blacks and Latinos

Dr. Alegría sent information to me about the experience of Blacks and Latinos in the U.S. Blacks and Latinos have a similar or lower risk of mental illness in their lifetime, as compared with non-Latino White people. The research shows that when Blacks and Latinos have mental health needs, they tend to be more chronically and severely ill (according to research done by Breslau et al., 2005 and Williams et al., 2007). [Editorial comment: It is not known why this is so, and there is some indication that Black and Latino people tend to receive more severe diagnoses than White people.]

The research further shows that Blacks and Latinos are less likely to receive mental health care than non-Latino Whites. Moreover, Dr. Alegría revealed, Whites get almost twice as much mental health care as Blacks and Latinos.

Several statistics on mental health care disparities highlight the need for advocacy to provide non-White racial/ethnic groups with the same quality of care that White people receive. Mental health care disparities (since they have been studied) are greater than nearly all other areas within the health care system. Latino-White disparities have worsened over time, and Black-White mental health care disparities have stayed at similar levels.

Currently in the United States, as Dr. Alegría pointed out, we are at a crossroads with mental health care. Health Care Reform may play a role in the state-by-state reorganization of mental health care. Budget pressures will also have an effect. Mental health advocates need to follow the course of the changes and come together in force to make the next mental health care system more responsive to people of all cultures.

### The Transformation Center

The Transformation Center is active in promoting and teaching cultural competence in a number of mental health care organizations as well as to peers in the community. We think this will help us to bring the message of wellness and recovery, as well as the value of peer support, to diverse cultures in Massachusetts. Self-determination is another value that we try to share with all cultures in the mental health community. Some of our staff also participate as advisors to initiatives in other states, or on a national level.

There isn't enough space to detail all of the Transformation



*Margarita Alegría*

Center's projects that involve cultural competence and other ways of making our resources accessible. To mention one, we commissioned a Task Force on Accessible Peer Support to make peer support organizations and services as accessible as possible to as many cultural communities as we can. The knowledge produced by this Task Force led to a Leadership Academy that brought several cultures together and helped them learn to work together.

The Leadership Academy addressed several aspects of Mental Health Care Disparities:

- Physical health. People with mental health conditions are less likely to get the physical health care they need and sometimes their physical health problems are taken less seriously than those of the general population. The Leadership Academy helped attendees learn some ways of thinking about physical health and how to bring the importance of physical health to their peers, with some strategies for how to improve it.

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## Basic Information

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- Ally training. The Leadership Academy used knowledge from a previous in-service training to encourage attendees to grow their connections to other cultural groups.
- Trauma-Informed Care. Mental health needs related to “chemical imbalance” are regularly treated, but the patient’s trauma experience and its effects on the patient may be routinely ignored. The Leadership Academy addressed this mental health care disparity by teaching principles of trauma-informed care and how to bring them to the community.

### Working Together

If health care disparities are not affecting you directly, they are affecting people you know. If you are a service provider, it is quite possible that you unconsciously stereotype people from some racial/ethnic groups. As Dr. Alegría pointed out to me, our tendency to stereotype others is “more the rule than the exception,” and unfortunately, we have very limited awareness of it. With further education, and reflection, however, we can learn to treat others with greater fairness and respect, and in turn, teach others about the importance of cultural competence.

A system where some people get mental health help and some people don’t, some are dealing with stigma and some people

aren’t, and some people have knowledge of their condition and some people don’t, is a system that divides people. To get more access to services for those that need it, and to get competent services and resources for all of us, we need to work together and care about each other’s experiences in mental health care.

### Interpretation and Cultural Awareness

By Catherine Quinerly,  
Emily Russell and  
Susan Landy

What is cultural awareness? Several websites define cultural awareness as the understanding of the differences between ourselves and people from other countries or backgrounds, especially in attitudes and values that are different from our own. Cultural awareness is important because our American communities are rich in diverse cultural and linguistic backgrounds.

Cultural awareness is in my heart, and it is a responsibility to the communities I serve to be open to learning about others. I feel that this has helped me in

supporting others to communicate their feelings, values, and beliefs when attempting to access services and resources in various settings.

Some reasons for having cultural awareness include: demographic trends, cultural variations, cultural influences, and traditional health practices. Below is one example where cultural awareness was missing and a description of how it was addressed.

### Self Inflicted Violence in the Latin Community

I had the opportunity to assist Emily Russell of the Transformation Center, who is currently working on the Self Inflicted Violence and Healing Project. The goal of this project is to apply trauma-informed care to the behavior of self-inflicted violence, and develop a set of guidelines that would be used by providers when talking to people who use self-inflicted violence. The guidelines are meant to be cross-cultural, with one set of guidelines to be used with any culture.

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*Mass. Leadership Academy by the Transformation Center*



*Emily Russell (left) and Susan Landy*

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One of the barriers that presented early in this project involved focus groups that were held to gain input. Although the guidelines were being written to be used by all cultures, about 95% of the young adults participating in the focus groups were Caucasian. One of the agencies that worked with the Latino population, located in Western Massachusetts, had reported that there was no self-inflicted violence in the Latino community they served. Emily questioned how this could be; she did not have any evidence but wanted to ask the question to the Latino community directly.

Emily spoke to me about the problem because I had interpreted for her at a previous event. I thought that the issue may be that the providers were not asking the right questions and that the questions they were asking were not culturally competent. Emily discovered that when they went to seek help from their providers, there was no accommodation for

those who didn't speak or understand English. In other words, they couldn't communicate with their psychiatrist, or therapist. Emily researched what other work had been done with Latinos in regard to self-inflicted violence, and found three studies that said Latinos do engage in

it. The research also noted that Latinos have experienced trauma and that it's much more prevalent in younger generations. "They cut, hurt, and burn themselves just like I did", Emily stated.

### **Cultural Awareness as a Practice for Everyone**

Some ways that I have learned to develop my awareness of other cultures are:

1. Always make an effort to understand the culture associated with the language or languages for which you are interpreting. Speaking Spanish doesn't reflect one culture; there are many cultures within the Latino community.
2. Make an effort to learn about customs, beliefs, and/or remedies that can help bridge gaps to communication and understanding. I grew up in a Pentecostal home, but I must be open to learning about others' religions and the way they practice their beliefs.

3. If cultural misunderstandings arise, communicate this to all parties involved in the discussion.

Through working with Emily, I learned that cultural competence is not only my responsibility, but the responsibility of everyone. Many people are affected when we are not open to learning about others' experiences. The values and beliefs of others intertwine when it comes to receiving psychiatric or medical care and seeking resources. Even communicating and sharing a piece of ourselves when we are in pain or experiencing difficult times in our lives, involves our values and beliefs.

What would the outcome of this project have been without the Latino community's input? I couldn't help but think about the opportunity that our mental health community could have missed to create and share something that would be a tremendous resource to the Latino community. We could have missed the possibility to know that Latino people do have experiences similar to Caucasian individuals within the mental health community. At that point, with awareness of our cultural differences and similarities, we could establish a genuine connection.

**What multicultural issues in a (broadly) mental health context are important to you? Contact: [susanl@transformation-center.org](mailto:susanl@transformation-center.org) (617) 442-4111**



*Brunilda Rosario*

## I Want to Tell the World

Brunilda Rosario with  
Jackie Martinez  
and Susan Landy

The story that Brunilda Rosario told me started a year and a half ago. I interviewed her at Casa Primavera, a Spanish-speakers clubhouse near Government Center, in Boston. I first met Brunilda when she came to the Transformation Center many times to help mail *Voices for Change*. She is a hard worker - I have heard her saying in Spanish to her co-worker to stop talking and settle down to work.

Brunilda, a middle-aged Latina, had a 10 am appointment at a Boston Clinic. She arrived an hour early, as one sometimes does using public transportation. She waited past 10 am, 10:30 am - nobody called her, but other people were being called to see their therapists.

She waited through 11 am, 11:30, becoming angry and very

anxious. A Latina who prefers speaking Spanish to English, Brunilda struggles with depression and anxiety. She had asked the receptionist a few times when she would see her therapist and the woman told her, "Just wait." After 11:30 am, she asked the same receptionist why her therapist had not seen her. "That therapist isn't coming in today." Brunilda said in English, "Why didn't you tell me?" She was quite upset.

The receptionist made a call and Brunilda next faced the Medical Director, who addressed her in English. Brunilda, who had been waiting 2-1/2 hours to no purpose, did not understand and started to cry. They guided her into the offices area to wait for a Spanish interpreter. Brunilda was crying, angry - she was so upset that she had to leave.

She was scheduled to see the same therapist again, and she told him what happened. The therapist told her he had called in a week prior to the day he missed, and asked for all his appointments for that day to be rescheduled. Brunilda left that clinic and arranged to get her mental health care at another clinic. Unfortunately, her mistreatment did not end there.

At the next clinic, she was assigned to a psychiatrist who only spoke English. She met with him three times; the second time her therapist interpreted. Brunilda asked the receptionist if there could be an interpreter when she saw her psychiatrist. She explained, "We don't understand each other. He prescribes - I don't understand." She was told that the

Latino psychiatrist had no openings for the next six months.

Brunilda scheduled her last meeting with the psychiatrist who spoke only English. The appointment was scheduled for 12:45 although the receptionist knew the psychiatrist would not be in until 4 pm! She later told Brunilda, "He will be in at 4 pm. He sees each patient for 15 minutes and he schedules his own appointments. Brunilda continued, "He didn't call and I needed medication. The receptionist wrote my name and the medication I needed." The doctor didn't call in the refills.

Brunilda had to wait a week and a half, and then through all the psychiatrist's patients in order to see him. "The only thing I understood that he said was, 'How are you?' I said, "Regular." He gave Brunilda her usual prescription for Prozac but changed her other medication from Trazadone to Clozapine. Brunilda did not understand why the medication was

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**"There are higher rates of mental illness among U.S. born and long-term residents than among recent Latino immigrants."**

**National Alliance on  
Mental Illness Multicultural  
Action Center  
[www.nami.org](http://www.nami.org)**

# Tell the World

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changed. She had been on Trazidone for years. Would she have a reaction? She had no information.

On the day we spoke at Casa Primavera, Brunilda had had an interpreter at her appointment with the psychiatrist. She doesn't like having an interpreter at an appointment with a psychiatrist. "You are giving out very personal information, and, the interpreter may not interpret exactly what you're saying."

She asked for an appointment with a Spanish-speaking psychiatrist. Her therapist told her she would be switched to the Spanish-speaking psychiatrist - but he had a long waiting list. When the English-speaking psychiatrist switched her medication, he gave her a three-month prescription and no follow-up appointment. It would be six months before she could see the Spanish-speaking psychiatrist.

The interviewer asked, for a person in this situation, what is the right thing to do? "Tell everyone!" said Brunilda. "*¡Dejarle saber todo el mundo!*"

Thanks are to Jackie Martinez (the interpreter) and Casa Primavera for hosting an informative interview about some Health Care Disparities as they are experienced by Latinos. Ms. Martinez is the Director of Casa Primavera. Thanks to Brunilda Rosario for

her willingness to patiently tell her story. The editor of *Voices for Change* hopes that this article will be shared with many service providers so they can better understand the need in Massachusetts for culturally-competent interpreters.

## Mental Health Care Disparity Story

As told to Susan Landy

I went to my usual clinic because I was feeling tired all the time. I saw the director of the clinic, who told me (after blood work and because my liver felt hard to her), that I had one of five possible fatal diseases: AIDS, MS, cancer, and two other equally devastating possibilities that I can no longer remember. I was told that in the next three weeks before my next appt that I was to get an anonymous AIDS test and see if my insurance would cover the battery of treatment that would be required once it was determined exactly which potentially life threatening illness

I had.

I remember my birthday that year, as it came in the middle of this terrifying three week period. I went to Maine, and walked up and down a beach that always brought me great peace. But this year, I walked and watched, wondering if I would be alive to return on my next birthday. I was only 37 years old, and didn't want to die.

I went back to see the clinic director three weeks later, full of fear and anticipation. What would my future look like? She opened my file, and then told me that she thought that going to a therapy group and eating green vegetables would resolve my problems. I was astonished and shocked. I felt like I had slipped into a different world somehow, like Alice and the Looking Glass. But I knew where this was coming from, although I didn't let on. I knew she had read my full file since I had last seen her, and the fact that I had received psychiatric treatment in the past had completely changed the lenses that she viewed me through.

Regaining my footing, I looked at her and asked whether my blood work had been reevaluated or had some other objective measure changed? Did my liver feel normal now? The doctor would not answer the question, but just repeated that green vegetables and group therapy was my answer. I then confronted her on the obvious fact that she must have read my file. I also told her in no uncertain terms that I knew myself well enough to know that this was physical, and again tried

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# Disparity Story Cont'd

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to engage her in discussions about the objective medical evidence that had led to her initial devastating conclusions. The doctor would not acknowledge that that she had read my file, or offer any medical assistance to ensure that her new totally biased and unfounded opinions were correct. I could do group therapy and vegetables on my own, and did not need any follow-up there.

I left baffled, confused and angry. Was I dying? Had I lost it and not known it? I was lucky enough to know of a doctor whom I respected and called him. I told him the saga of “you’re going to die” to “eat green vegetables” and he agreed to see me. I brought him my medical records and he ran his own tests. He discovered I had Mononucleosis. I wasn’t so sick that I would die, nor was I imagining my own ongoing fatigue. I simply had Mono. On both ends, the treatment was cruel. To be told you may have one of 5 major illnesses prematurely is inhumane, and then to be dismissed after that, with no answers, is cruel.

Needless to say, I never returned to that clinic, and was fortunate to find a health center that I’ve been with ever since. But I have never forgotten the pain and turmoil of those three weeks, and the utter blow when I returned, so vulnerable, to be insulted. The clinic director may have achieved an M.D. degree, but was ignorant and uneducated about humanity.

## The Native Wellness Institute

### Our Vision

Through the gifts of our ancestors...*Prayer, Song, Ceremony, Language and Courage*...Native people will live in Balance and Wellness, ensuring a rich cultural legacy for our future generations.

<http://www.nativewellness.com/home/index.html>

### Our Mission

The Native Wellness Institute exists to promote the well-being of Native people through programs and trainings that embrace the teachings and traditions of our ancestors.

### Our History

From bringing together the most highly-skilled Native trainers and consultants to share their knowledge and wisdom at large national conferences, to offering smaller regional workshops in Native communities that improve physical, spiritual, emotional and mental well-being, the Native Wellness Institute (NWI) is bringing about positive changes like no other organization of its kind in Native American country.

Our focus on the healing and health of Native America continues to bring about positive changes today...while clearing the path for a more rewarding and fulfilling tomorrow.

<http://www.nativewellness.com/home/index.html>



## **Administración de Salud Mental y Abuso de Sustancias de E.E.U.U. (SAMHSA)**

<http://www.samhsa.gov/espanol/>

### **Asistencia**

**1-800-662-HELP (4357)**

Llame a nuestra línea de asistencia en español si desea obtener información relacionada con:

- Problemas de salud mental
- Abuso de sustancias
- Como ordenar publicaciones

### **Prevención de Suicidio**

**1-888-628-9454**  
**asistencia en español las 24 horas**

La prevención del suicidio es una de nuestras misiones principales.

[\(Information and assistance about mental health assistance in Spanish\)](#)

## **Latinos en Acción**

[The Transformation Center sponsors Latinos en Acción, a mutual support and advocacy group that meets once a month in different parts of the state.](#)

Creamos una red de la comunidad donde los pares Latinos se apoyan para mejorar nuestra calidad de vida para inspirer esperanza, recuperación y conocimiento de capacidad. Queremos ser la voz que habla sobre las fuerzas y las necesidades de nuestra comunidades.

Por favor llame a Catherine en El Centro de Transformacion, (617) 442-4111  
[catherineq@transformation-center.org](mailto:catherineq@transformation-center.org)

# Open Letter to the Mental Health Community

Fellow Peer Workers,

Sunday, April 08, 2012

After my recent time on medical leave I feel I must share with you an experience I am having. Hopefully it will prevent someone from going through what I have just been through.

Once becoming employed as a Peer Specialist at a non-profit I went to orientation with the Human Resource department. Benefits such as health insurance, dental insurance, and others were briefly discussed. Long-Term Disability Insurance and Life Insurance was mentioned as a benefit paid for by the company for my benefit, but I paid little attention to it.

Almost two years went by and recently I was put on medical leave of absence by my doctor for work-related stress and anxiety. This led me to request information about the Long-Term Disability Insurance policy. I was told by the Human Resource Director that I would be eligible after 90 days, after the Family Medical Leave Act (FMLA) had been used up (without pay).

Over two months went by and I was still unable to return to work at that company. I requested the policy and paperwork again from my employer. When I received the paperwork I read the policy thoroughly. It carried a clause about:

## **Pre-existing Condition**

Yes, under this insurance company (and all others) I have a pre-existing illness; mental illness. According to what I read this could disqualify me for Long -Term Disability Insurance because I have been 1) under a Doctor's care and/or 2) on medication for it within a short time before I was placed on medical leave. The policy is very specific towards mental illness; it is definitely treated differently than a physical disability.

After calling the insurance company I was told that I may be disqualified from this benefit due to pre-existing conditions...or maybe not...it was completely up to the insurance company's adjuster to decide. Unlike other medical conditions, due to my mental illness I could only collect for a maximum of 24 months. If I receive any Social Security benefits that amount would be deducted from my maximum Long Term Insurance benefit, if approved (special condition limitation). I ended the call as confused as when I began it. I spoke to an attorney who said that not only is this legal but that it will be difficult if not impossible to change.

A word of caution to ALL Peer Workers who may believe they have Long-Term Disability Insurance policies (or Life Insurance, or any benefit paid for by you or your employer) from any Employer, including the State. Please get a copy of your policies from Human Resources. Please read it. Call the insurance company for answers. I think that we have been discriminated against and stigmatized once again, this time by our own employers and their insurance company(s).

One thing is clear. Peer Workers, already stigmatized and discriminated against by the very nature and name of our career paths (the very words Peer Worker require disclosure not necessary in other professions) are also being stigmatized and discriminated against by not receiving the SAME benefits as other workers-even at the same place of employment. This is unconscionable and unfair. We cannot be told we have a benefit while all the time employers KNOW we are not eligible for it (and they will not have to pay for the benefit because we cannot collect).

If this is as upsetting to you as it is to me-do something! GET and READ your own policy if it is offered as a benefit to you. If you find out as I did that your Preexisting Mental Illness may disqualify you for benefits, then it is not really a benefit at all. DO SOMETHING! I am.

Sincerely,  
Kim Kushner

## VOICES FOR CHANGE

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the  
**TRANSFORMATION**  
center



*Nothing about us without us!*

[www.transformation-center.org](http://www.transformation-center.org)

Dear Readers of Voices for Change:

I get some feedback from people I meet about how they like the content of Voices for Change. But I would like to hear from more readers. Peer Specialists, what topics interest you? Peers in the community, what do you want to read about? Service providers, what do you want to know? Please email

[susanl@transformation-center.org](mailto:susanl@transformation-center.org)

## Save a Tree...Save Us Money.

## Get *Voices for Change* in your Inbox.

If you would like to receive *Voices for Change* through your email instead of in a paper copy, send your email address to [susanl@transformation-center.org](mailto:susanl@transformation-center.org). Or leave a message for Susan Landy at the Transformation Center (617) 442-4111. Using the Post Office is becoming increasingly expensive for us as well as a large expenditure of natural resources.



Thank You