

Episode 46 - Dr. Leopoldo Cabassa: Developing Mental Health Literacy Tools for the Latino Community

[00:00:08] Welcome to living proof a podcast series of the University of Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson and I'd like to take a moment to tell you about a new feature of living proof. In addition to listening subscribing to and sharing podcasts you can now rate and write a review of each episode of Living Proof rate or write a review of a podcast. Just go to our Web site at www.socialwork.buffalo.edu forward slash podcast and click on that create your own review button. We look forward to hearing from you. Hi I'm your host Peter Sobota who said Social Work Research is inhib in this episode Dr. Leopoldo Cabassa discusses his creative research that bridges research findings to the practice world. Specifically Dr. Cabassa describes his development of a photo Novoa what might be more commonly referred to as a graphic novel to improve mental health literacy and that typically under Serva Latino community capitalizing on the photo novos long history and impact on Latino popular culture. Dr. Cabassa describes how he utilized research and experience to inform his adaptation of the art form to reach out and increase Latinos literacy around mental health information and promotion. The result is a culturally sensitive response to the unique aspects of this community.

[00:01:46] Dr. Leopoldo Cabassa is assistant director at the New York State Center for Excellence for cultural competence at the New York State Psychiatric Institute and assistant professor for clinical psychiatric social work at the Department of Psychiatry at Columbia University. He received his MSW and Ph.D. from the George Warren Brown School of Social Work at Washington University in St. Louis. Prior to his current appointment Dr. Cabassa was assistant professor at the University of Southern California's School of Social Work and that university's Keck School of Medicine. The Department of Psychiatry and Behavioral Sciences Dr. Cabassa spoke with Adjoa Robinson by telephone. This is Adjoa Robinson host of Living Proof podcast series something University at Buffalo School of Social Work. My guest today is Dr. Leopoldo Cabassa who is an assistant director of New York State Center of Excellence for cultural competence and research scientists at the New York State Psychiatric Institute. Dr. Cabassa thanks for joining us today. Glad to be here. Now Dr. Cabassa your research centers on understanding the causes of racial and ethnic disparities in mental health care and developing interventions to reduce those disparities. At your center you put out a series of reports titled cultural competence matters. So tell us why does cultural competent matter or why should it matter to practitioners policymakers and researchers. Well one of the reasons one of the highlights we're trying to understand is first of all understanding racial and ethnic disparities in health and mental health outcomes. We are very interested in our center to look at the healthy parity that might occur because of access to care as well the quality of care for all research projects as well as ongoing effort.

[00:03:45] We have begun to identify a lot with all that crucial elements or attitudes behaviors people's perceptions of their illness as well as those are economic factors impacting people's access to resources access to services as well as the quality of care. There have been several seminal report from the medicine and the Surgeon General's report and the New Freedom Commission on Mental Health that has highlighted the need for understanding the causes of race or ethnic disparities in health and health care. And then beginning on that whole cultural impact on these sort of disorders actors as well quality of care and you have a particular interest in the Latino community and pacifically mental health literacy. What is mental health literacy and why the focus on the Latino community. First of all mental Literacy is our concept of developing the 1990 97 by Professor Anthony dorm from the Australian National University. Basically it's defined as individuals

knowledge attitudes to the use of all mental disorders that influence us so wants to be a recognition of a sword or their management in the prevention and he didn't lose the ability of someone to recognise what the symptoms are how knowledge will or what the risk factors of the particular disorder because of that disorder and then knowledge and ability to effectively manage that particular issue either seeking help getting information for that particular disorder and in understanding what are these steps that one has to do to increase their health seeking and get into care. And I work with some of the work that we do having focus on developing tools for the Latino community to certainly in some research indicating higher rates of underutilisation on mental health services.

[00:05:41] And then when Latinos do get the services then to receive lower quality of care they tend to drop out of care at higher rates than other groups that tend to have lower adherents to psychiatric medications and they tend to receive lower quality of care. So one of the interesting some of the work that I've been doing was so to understand why and some of the factors that have come off people's perceptions of mental illness people's understanding of what a particular mental illness is and how to go about seeking help for that and the lack of information that is out there in our communities that is available that is entertaining and that is accessible to poor people or segments of the Latino community. And how do we improve upon those without sort of the interest in the issue of mental literacy pulling in all communities. Right now you have several projects ongoing. One of particular interest Beeks directly to that notion of mental health literacy. The photo novella can you tell us a little bit about that project. Yeah definitely. It's actually been a work in progress for several years. I had done several projects on people's understanding of particular Latino immigrants understanding of depression and their health seeking behaviours. And we were beginning to find out that with the one study that we did in a primary care clinic in St. Louis Missouri we're finding out whether we send the patients with the net of depression almost half of them could not have identified the living it as depression and that was elevated. Why did you find in the general population when people get presented with I mean you had to pick someone who has a depression aircraft to fly by the earth for category 31 per cent of people in the population do not recognize depression and we're finding about 45 percent.

[00:07:34] So this issue of recognition of what is depression. What are the symptoms. Red light that really got us into it. What do we need to do to help the community understand what depression is. What are the risks. What are the signs and symptoms. We were also looking at other stories that we don't in East L.A. again with the mostly of a Mexican immigrant population. People understand what depression is but not being able to advocate for services and not being able to identify that what they have with treatable medical conditions. And then what were the options for care and that really got us thinking. And people also telling us that they wanted more information about mental disorder particular depression. We began to look at different formats and different ways of presenting this information in Spanish in a way that's attractive and engaged with the person that you know new on humanities and understanding what these mental disorders were and what are the tools that we found with some colleagues from the University of California at the school pharmacy. He was before they left. These are popular and he also gave them tools that basically they used post photographs of regular actors with tape almost like a comic book. And they basically tell a story of soap opera a dramatic story of a person who's going through a particular conflict or crisis in their life is usually involving a family and embedded within the story or educational messages they develop some are regarding diabetes spinal bifida and folic acid.

[00:09:16] And we began to partner with them to develop one on depression based on the work that we had done before and targeting specific vocational masters that we were finding salient in both our work and the literature regarding depression and perceptions and it is a big one in the Latino community. So people don't always have tended to read sort of a might that we can use it not break my back. The idea is to entertain as well as a educated person and the battle and help them change

some type of misconception that they might have and hopefully set the stage for behavioural change. That's how we've got been working on this for all. And we develop one word for depression that we are currently evaluating and trying to expand into different programs. And so what makes the novella particularly culturally appropriate as a house literacy tool. Well that's a good question and one of the things that we were finding were that when we looked about what makes something culturally appropriate culturally sensitive. There are many different models and many different discussions of a lot of how you do that. And in our work we've been using sort of the Reznikov model of cultural sensitivity. One that I particularly like and it basically breaks it down into two basic steps one is that you can adopt something who's really at a surface level and what that means is that is basically matching the intervention the materials of the messages to the observable characteristics of a particular group. In our case we're Latino Spanish speaking Latinos in the community. So one level of making people culturally sensitive was to having in Spanish in Spanish so people could understand. So it's that fourth grade reading level. It presents pictures of people that resemble Latino individuals.

[00:11:11] It uses idioms and sayings that people will be able to relate to in this story but that surface operation that surface level cultural sensitivity sort of provides a sort of a face but it looks like the audience it really would be on board. He might not be enough to make it culturally appropriate culturally sensitive. So within the rest because model there's a deeper deeper level structures those are identified by particular cultural values being some preferences for the inner workings of culture impact the health behavior we're trying to target in these cases recognizing depression and then helping people hopefully seek professional help for oppression. So in that sense we have embedded within this for Donna Shalala quite clearly a social norms by particular perceptions that are more salient for the Latino community. For instance we present depression as part of that not only influence in the individual but also impacts the families and impacts of functioning of the family. We present a story where the family can provide help as well as in danger the help of someone. So we provide so positive and negative role models. We also embed particularistic that we have been finding in the Latino community regarding depression so that people with depression are crazy or what people say are low goals. We sort of be blank those types of social norms and then we also targeted the issue of many. Many studies have indicated that they prefer counseling over until they break the medications because they feel Pontypridd on medication as addictive as harmful to their body. So we try to target those particular stigmata that resonate with the community.

[00:12:59] So in a sense to make it culturally appropriate we have embedded within this particular to both surface level makes it look like it really will resonate with the Latino community but within the mass it's at a more deeper level the story itself has embedded particularly social norms and values that we are trying to target. And and hopefully a change with the message that we're trying to make. Tell me again the name of the series that came up was it two levels of cultural appropriateness. This is Kenneth Cole. He's he has to. I mean there's many different cultural competence sensitivity morals out there. This is one that particularly we like it's been actually applied to health communication and health promotion and he helps that what we like he said is help us operationalize what he said exactly within our efforts in a way that we can say OK this is a Putois patient versus versus a language patient versus and all the components are we can operationalize we've seen confidently to specific elements that we think that we feel right our culture. And so right now you started using the photo novella. I believe it's titled secret feelings. Yes. What we did was an excellent project to develop it took us a year to produce it and we currently have a paper in pressing health promotion and health promotion practice that describes the whole development process and the theory behind it. We have integrated into two theories of health behaviors one the self-regulatory model of illness cognition and in the recent action to help us target the specific it is social norms and perceptions that we want to change.

[00:14:44] And then we have embedded in there and the location and the payment strategy which is a communications strategy that's being used for all types of media. And that way we have sort of a theory of how communication process that we're trying to target in order to create attitudinal change as well as behavioral change. So right now we have tested the floating away law Ines downpour in Los Angeles California in an adult education school the audience for these were done when I was people in the community because we were finding that by the time people get to primary care or special mental health care they have already their need is very high. They have the information. It was not getting the people out in the community. So we wanted to target something that you can easily distribute in the community and we have test that we've done sort of focus group testing with it in adult education classes or people who are going for eight years of older mostly Latinos with limited English proficiency who are going into adult education classes to finish their GED and to get professional development. So we have that within within that group of adult education individuals and don't focus group. That's what we had to do for them the Lailah and then had a focus group regarding what they what they liked what they'd be like how they would use what they learned what they pay for what they did for them all of them about depression and help seeking. And that's sort of where where we stand at this point. We're now working to hopefully evaluating the effectiveness of this particular tool. What was the response from the folks that you did.

[00:16:25] The focus group which we focus on four particular things first we looked at what they like. So people talked about how they love the issue of the locational value of the 14 of them. What we are finding is that those people know what depression and people have identified they have seen in their life they've seen it in all these people in their family and their social networks but they've fallen away like they did. It's very very specific information about how do we define a name and what are the signs and the symptoms. What do you do. How do you support someone that's going to pressure on so they really people all talked about the need for focus groups and everyone said we love your locational values before going to them. They also like the format. It was easy to read engaging funny. They talked about how entertaining before the analyze how they didn't even they sort of read this and realize how this is depression that they were engaged with what they were reading because of language as well as the visuals. They said that the characters that we used which were actors from the community in East L.A. resemble real Latino people are real Latino family. They were able to identify in some say see themselves in that particular story. So that's what they like the one of the things we also explore what they did not like.

[00:17:48] And we found that people want to be part of the effort don't always have the cover page in color and then the rest of the world don't really like it's black and white people do not like that they say look the color skin color we will light the entire thing to be using in color with color pictures. They wanted more information. So one of these interesting things that we that we like that even though it's a 30 page for Layla if a story that relates someone who is going through all the press into going through depression and seeking help and then beginning to recover from depression. They wanted more detail. They wanted to see how the Depression impacting not only that family but everyone else their coffins there. And they wanted to see more dramatic components of how the president impacted everyone else the way we have interpreted that there's a thirst for more information. They wanted more. We sort of 30 pages we have to corral lots of material. They want to more specifics on how the person went from depression to beginning to recover what was the what were the struggles that they in this case. Our main character was a woman. What were the struggles that she went through as she was taking medication as she began to take therapy. They wanted to have a discussion of all of those different steps and then an unexpected find. We have it embedded within it this time to debunk the issue that antidepressants are not addictive and what are the values of doing qualitative research today. Let us explore a particular element of people what people like and dislike and learn and when we asked them about what they learned out of all the potential lead up everyone told us exactly what we have put in the more that the antidepressants are not addictive that you should talk to your doctor before they continue to take them.

[00:19:34] Then if you are sad if a doctor or doctor but when we began to dig deeper into those beliefs and understanding most what we are finding that people are insane. We learned that but we're not convinced that the antidepressants are not addictive. It might be for her but for us that might not happen we have. And then people began to talk about all the different stigma and misconceptions that are out there in the community about addiction and antidepressants and harmfulness. These medications. So there was a limit on what we were able to do with the folk on Alila that he provided the information but it didn't shift those misconceptions that people have. And we have begun to think about OK what else do we need to begin to address those misconceptions. What are your next steps in this line of research. Right now we are trying to see where to place this type of intervention where we consider the following Aguila to help so mental health intervention. And we're beginning to explore where we have the biggest impact and what how can we use this tool to address some of the stigma to address to increase knowledge and hopefully engage people and encourage them to better help seeking. So why do we think that people were very that we have found is that with this type of tool was very entertaining people were willing to share with anyone else in their community.

[00:21:05] One of the things that they told us were finally that because of the way we are packers and Alila they were willing to share it with their family they were willing to share with a friend that he wasn't stigmatizing in comparison with other brochures and information that that is out there that basically says depression in the end the cover of the particular brochure or a pamphlet. This one is some way more of a nonthreatening small discrete type of tool. So right now we're focusing we're trying to see whether we include this in an intervention with him primary care. That is something that what we think you know if I can engage and bridge that a nurse practitioner or a primary care physician can after this mean for depression they can use the for on our way to start a dialogue with a particular individual or their families about what depression is and begin that dialogue. Also looking at trying to develop medical literacy program focusing on depression that we can take it to community settings. So we present before we lump then we have all these Paasschen interactive discussion of the of the messages that were presented in before don't always out so it becomes more interactive. People engage in a conversation and a dialogue about what they learn what they have doubts and we can help them practice and reinforce those masses. We're beginning to think about it more of our occasional molecule that we can help promote on class and adult education setting maybe a turgid. But in a more interactive form that is not only people reading deeper than Alila but then how in a pure health worker these girls have these Kaze particular methods and reinforce the skills and help people practice those skills with what we are and hopefully thereby outweigh the effectiveness of that. You know it's interesting as you were talking about the different possibilities in this movie is the idea just popped into my mind.

[00:23:08] I see young people taking it and performing it and then having a discussion in the community around the performance of the photo novella. There's been some interesting work that's being done in the West Coast by surf here in Iraq where they don't community theater with something very similar and what's interesting is that they not only gossip but they engage the audience in the performance. Whereas in that they have different times in the in the play and the performance where they after audience input what should the character do in particular elements and people have explored some of those. It's sort of more community theater engagement type of approaches for literacy purposes for mental literacy. I think will be innovated because we don't do all of that in the field of providing information to on their population. All mental disorders. What to do. And really giving them the information so they can make better decisions about what or seek help and how to support someone has a mental disorder. So what do you see as the social work practice and policy implications of developing culturally appropriate mental health literacy tools in the Latino community. Well I think they're multifaceted and there's some different things that could happen one day to be done on some prevention tool that informed the public that might be at risk.

[00:24:36] For someone that is both met the unmet medical needs and also disparities in care that provide them information more direct information that's more engaging that way and detaining about what are the choices of these polls more patient centric air of patients being more part of the decision making and the beginning points of that is to have people with the right information in order to make informed decisions. So that's one step. Another level is more of a community approach where there's sort of mental health literacy campaign on particular issues within the Latino community. Presently one I know these are people doing suicide prevention in Latino teens which are higher risk of suicide attempts and suicide ideations that really targets can help families understand what are the needs and what are the options that they have available and also like any other group. Speaking of mental disorders I think there is a great number of literature and work being done that is dealing with a pervasive barrier to seeking mental health and that we do need to target groups and provide better approaches that focus on both healthy behavior theory health communication theory that will help target those speak in different communities. It is different by social norms by attitudes and also by the type of Mathas that's being provided. So exploring options to that and then evaluate whether the things are actually working or not which is the next step and develop into an evidence base around these particular tools and programs. And it's only other question I have for you is that if someone is listening to this podcast and they get inspired to do something similar to sort of think outside the box and modify their current work with a community what advice would you give them in terms of making something more culturally appropriate. Are thinking about serving. Maybe they're working with the Latino community maybe they're working with an Asian community maybe they're working with African-American communities. How they take what you've done and try to apply it in their own context.

[00:26:49] I think that's a great question and I think one that has a many different applications in the field. So it is something that at least in the mental health field with social workers and other service providers in this field to struggle with. I think one thing that we've learned from our work is to really listen to our community and understand what are the needs within that particular community and also understand what are the factors that impact that need. So we're also been learning what are the key elements in the Latino community that impact persons understanding of depression seeking help for depression and what prevents someone to do that. And you know cultural elements are one element that that impacts the people speak not people's perceptions but not forgetting that there are also socio economic elements that impact people's access their health insurance the availability of services. Language is a major component. You can develop something very culturally appropriate but there's no doubt there are no bilingual providers. You're going to have a problem with language populations that have limited English proficiency so understanding the key elements of that impact the particular neither trying to serve. The other thing is to look at research that are been conducted in this area. There's been an explosion of research Olesen them into hot fields over the past 10 years are people thinking well how do we a quarterly competent interventions how to adopt evidence based practices and to really look for that information and start a dialogue both with research and services provided who are working with this population nationwide.

[00:28:27] Some very excellent and creative providers out there that are dealing with this question on a daily basis and they have become very proficient and very creative on how to deal with it. So opening the dialogue with all the providers for their colleagues as well as researchers and creating better collaboration I think helps deal with those particular needs and how to address those issues. Is there anything that you'd like to discuss. And I haven't asked you know I think I mean at this point we are we've developed this literacy tools. We're not the only ones who develop these literacy skills in a way that's being used for all their health conditions and AIDS tuberculosis and Alzheimer's disease. One of the things that we're working that I think they feel needs to see whether this is actually working and how does it work. What is it that makes these tools for what he added value to in this tool versus giving someone a brochure or not adopting something culturally. I think where

they feel competent stands with the added value of doing something totally competent. What are the actual effects and cost effectiveness of these interventions and he's sort of pushing the envelope forward as a research on the the of forward to really get at that. Well this has been great. I thank you Dr. Leopoldo Cabassa for speaking with us today about mental health literacy in the Latino community. Thank you for having me. You've been listening to Dr. Leopoldo Cabassa discuss the development of mental health literacy tools for the Latino community on living proof. Hi I'm Nancy Smyth professor and dean at the University of Buffalo School of Social Work. Thanks for listening to our podcast.

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