

# ENTRE NOS...

NEWSLETTER

JUNE 2024



HISPANIC/LATINO  
BEHAVIORAL HEALTH  
CENTER OF EXCELLENCE



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Learn about  
**Exploring Health Disparities  
and Minority Stress in the  
Latine LGBTQ+ Community**



## Fathers' Perinatal Mental Health

by Marianela Rodríguez, PhD, PMH-C

When we think of the perinatal period which includes pregnancy, birth, and postpartum, we might automatically think of the birthing parent and the baby. However, when there is a partner involved, they too can experience mood changes, fear of the unknown, anxiety, and joy. June 20, 2024, is International Fathers' Mental Health Day to raise awareness of the stigma surrounding difficulties that fathers experience during early parenthood.

Know the facts, screen new fathers, and share information on available support.

**During the perinatal period, fathers/non-gestational parents can experience<sup>1-3</sup>:**

- Hormonal changes
- Lack of validation regarding their emotions and expectations
- Role ambiguity
- Mixed emotions
- Vicarious trauma

### Risks

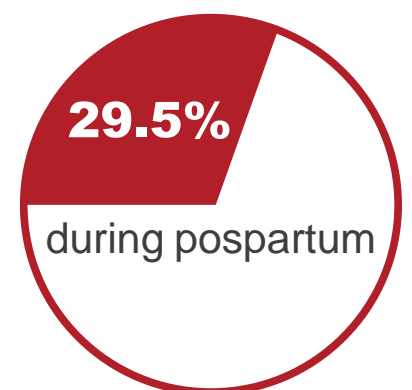
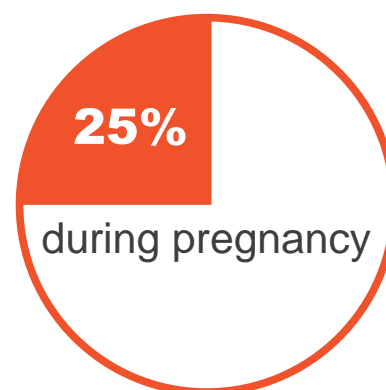
- Men use healthcare less often than women and are more likely to adopt unhealthy lifestyles.<sup>7</sup>
- Increases if a partner is suffering from a mental health disorder.<sup>8</sup>

**If fathers do not receive support, mood and anxiety symptoms may develop:**

- 1 in 10 fathers report symptoms of depression<sup>4</sup>



- Anxiety<sup>5</sup>
  - 3.4% - 25% during pregnancy
  - 2.4% - 51% post partum
- Moderate distress in Mexican fathers<sup>6</sup>



- Fathers have a dual role during this period that is often overlooked: partner and parent.<sup>9</sup>
- For Latino parents<sup>10-11</sup>
  - Being a young father
  - Unemployment status
  - Poor marital relationship quality
  - Experiencing social adversity
  - Fewer biological children
  - Lower orientation to Anglo culture
  - Cultural expectations of fathers and limited safe spaces that validate emotions

### What can be done?

- Perinatal mental health conditions in men are less understood than those experienced by women.<sup>12</sup>
- Paternal mental health affects the entire family. Screening practices tailored for fathers are essential to offer support early in the perinatal period.<sup>13</sup>

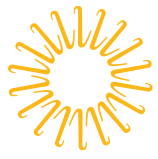
### Resources for dads

- [www.postpartum.net](http://www.postpartum.net)
- [www.dadswithwisdom.com](http://www.dadswithwisdom.com)
- [www.bootcampfornewdads.org](http://www.bootcampfornewdads.org)
- [www.goodmenproject.com](http://www.goodmenproject.com)
- [The Postpartum Husband book by Karen Kleiman](#)
- [www.menexcel.com](http://www.menexcel.com)

### References

- <sup>1</sup>Edelstein, R. S., Chopik, W. J., Saxbe, D. E., Wardecker, B. M., Moors, A. C., & LaBelle, O. P. (2017). Prospective and dyadic associations between expectant parents' prenatal hormone changes and postpartum parenting outcomes. *Developmental psychobiology*, 59(1), 77–90. <https://doi.org/10.1002/dev.21469>
- <sup>2</sup>Rayburn, S. R., & Coatsworth, J. D. (2021). Becoming Fathers: Initial Exploration of a Support Program for New Fathers. *The Journal of perinatal education*, 30(2), 78–88. <https://doi.org/10.1891/J-PE-D-20-00015>
- <sup>3</sup>Kothari, A., Bruxner, G., Dulhunty, J. M., Ballard, E., & Callaway, L. (2022). Dads in Distress: symptoms of depression and traumatic stress in fathers following poor fetal, neonatal, and maternal outcomes. *BMC pregnancy and childbirth*, 22(1), 956. <https://doi.org/10.1186/s12884-022-05288-5>
- <sup>4</sup>Cameron, E. E., Sedov, I. D., & Tomfohr-Madsen, L. M. (2016). Prevalence of paternal depression in pregnancy and the postpartum: an updated meta-analysis. *Journal of affective disorders*, 206, 189-203.
- <sup>5</sup>Philpott, L. F., Savage, E., FitzGerald, S., & Leahy-Warren, P. (2019). Anxiety in fathers in the perinatal period: A systematic review. *Midwifery*, 76, 54–101. <https://doi.org/10.1016/j.midw.2019.05.013>
- <sup>6</sup>Lara, M. A., Berenzon, S., Nieto, L., Navarrete, L., Fleiz, C., Bustos, M., & Villatoro, J. (2021). A population study on perinatal psychological distress in Mexican fathers. *Salud Mental*, 44(6), 267-275. <https://doi.org/10.17711/SM.0185-3325.2021.035>
- <sup>7</sup>Hildt-Ciupińska, K., & Pawłowska-Cypriasiak, K. (2020). Positive Health Behaviors and Their Determinants Among Men Active on the Labor Market in Poland. *American journal of men&health*, 14(1), 1557988319899236. <https://doi.org/10.1177/1557988319899236>
- <sup>8</sup>Wee, K. Y., Skouteris, H., Pier, C., Richardson, B., & Milgrom, J. (2011). Correlates of ante-and postnatal depression in fathers: a systematic review. *Journal of affective disorders*, 130(3), 358-377.
- <sup>9</sup>Harris Professional Development Network Fatherhood Engagement Committee. The power of fathers: a concept paper on fatherhood, father engagement, and early childhood [Internet]. Chicago (IL): Irving Harris Foundation; 2021 Jan [cited 2024 Feb 15]. Available from: <https://www.irvingharrisfdn.org/wp-content/uploads/2021/01/Father-Engagement-Concept-Paper-FINAL.pdf> Google Scholar
- <sup>10</sup>Parchment, T. M., Paredes, T., Freeman, J., & Palacios, M. (2024). Risk factors of paternal postpartum depression among Latino fathers: Treatment implications. *Journal of Social and Personal Relationships*, 41(1), <https://doi.org/10.1177/02654075231206410>
- <sup>11</sup>Roubinov, D. A., Luecken, L. J., Crnic, K. A., & Gonzalez, N. A. (2014). Postnatal depression in Mexican American fathers: Demographic, cultural, and familial predictors. *Journal of Affective Disorders*, 152-154, 360-368. <https://doi.org/10.1016/j.jad.2013.09.038>
- <sup>12</sup>Sagar-Ouriaghli, I., Godfrey, E., Bridge, L., Meade, L., & Brown, J. S. L. (2019). Improving Mental Health Service Utilization Among Men: A Systematic Review and Synthesis of Behavior Change Techniques Within Interventions Targeting Help-Seeking. *American journal of men's health*, 13(3), 1557988319857009. <https://doi.org/10.1177/1557988319857009>
- <sup>13</sup>Fisher, S. D., Cobo, J., Figueiredo, B., Fletcher, R., Garfield, C. F., Hanley, J., ... & Singley, D.B. (2021). Expanding the international conversation with fathers' mental health: Toward an era of inclusion in perinatal research and practice. *Archives of Women's Mental Health*, 24(5), 841-848.

# COMMUNITY PARTNERSHIPS



**Lifespan** *Delivering health with care.®*

## **Mi Gente Program**

by Yovanska Duarte-Vélez, PhD  
Program Director

The Mi Gente Program based on Bradley Hospital outpatient services meets the behavioral health needs of Latine and Hispanic youth with mood disorders and trauma. “Mi Gente”, my people, approaches its work with compassion and consideration to the culture, lifestyles, and traditions of its patients and their families. This program is designed to provide services for a maximum of six months.

### **A Program that Reduces Stigma**

Mi Gente is the only evidence-based mental health clinic in Rhode Island devoted to the Latine/Hispanic community’s unique needs. Latine/Hispanic youth, especially LGBTQ+, are at higher risk of mood disorders, trauma, and suicidality than most of their non-Latine/Hispanic peers. Yet, there is a significant lack of culturally informed, evidence-based outpatient psychiatric services for this community. Besides, there are barriers that make it difficult for the Latine/Hispanic community to get mental health services, such as lack of medical insurance, cultural stigma, and distrust of health care providers, among others.

By educating families and reducing stigma, Mi Gente deepens the understanding of mental health services, benefitting the patient, their family, and essentially – the greater community.

### **Mi Gente Serves**

Our program is designed for Latine/Hispanic youth, ages 12 to 21, a population that experiences limited access to direct mental health care services. Mi Gente is particularly beneficial to LGBTQ+ youth, who are more likely to face discrimination and rejection. Mi Gente is also directed to support youth’s caregivers, parents, and family members. Our goal is to work as a team!

### **A Program that Makes the Difference**

Youth and family members are treated within a safe, supportive care environment that is responsive to cultural values and individual identities. Through a psychoeducation process, Mi Gente enables families to gain an understanding of mental health topics, treatment, and LGBTQ+ diversity. We hope that having new understandings about these topics may help families break possible negative ideas that may be in the way of getting the care that their loved ones need.

**[Click Here to visit Mi Gente Behavioral Healthcare | Lifespan Website](#)**



# TRENDING TOPICS



## Exploring Health Disparities and Minority Stress in the Latine LGBTQ+ Community

by Miguel Vázquez, PsyD

The Latine LGBTQ+ community encompasses a diverse range of identities, experiences, and cultures. Despite progress in recognizing and advocating for LGBTQ+ rights, disparities in behavioral health outcomes persist for and within Latine LGBTQ+ communities.

A recent study found that among Latine LGBTQ+ communities (Williams Institute, 2021):

- Nearly 30% of adults have been diagnosed with depression, compared to 16% of Latine non-LGBTQ+ adults.
- Women have the highest rates of depression (35%) compared with non-LGBTQ+ women (20%) and both groups of men.
- 74% of adults reported having experienced everyday discrimination in the prior year.

These disparities are exacerbated by minority stress. Understanding the intersections, cultural identities including Muxe, and health outcomes is crucial for addressing disparity and promoting holistic well-being.

### Minority Stress and its Impact

Minority stress theory posits that individuals from marginalized groups experience chronic stress due to stigma, discrimination, and social exclusion. For Latine LGBTQ+ individuals, this stress can manifest in various forms, including internalized LGBTQ+ phobias, fear of rejection from family or community, and heightened vulnerability to violence. These can be exacerbated by immigration status, acculturation processes, familismo, marianismo, machismo, and other Latine values, and may result in adverse health outcomes such as depression, anxiety, substance use, and higher rates of HIV/AIDS.



## Cultural Identities Example

Within the Latine LGBTQ+ community, there exist unique cultural identities that challenge traditional Western understandings of gender and sexuality. Muxe, a term originating from the Zapotec culture in Oaxaca, Mexico, refers to individuals assigned male at birth who express a combination of masculine and feminine traits. Muxe individuals hold respected roles within their communities and often serve as caretakers or spiritual leaders. Muxe has faced marginalization and erasure due to colonialism and the imposition of Western gender norms. It is important to highlight these groups because our Latine cultures have had a history of inclusion of gender-diverse communities. In many ways, colonialism has ruptured our historical understanding of gender concepts.

## Relations with the LGBT+ Community

Muxe play significant roles within the broader LGBTQ+ community, yet their experiences are often overlooked or misunderstood. In some cases, Muxes challenges mainstream conceptions of gender and sexuality, prompting discussions about the fluidity and diversity of human experience. Within both Latine and LGBTQ+ communities, stigma and discrimination against these identities persist, further exacerbating minority stress and contributing to health disparities.

## Addressing Disparities and Promoting Well-being

It is essential to adopt a multifaceted approach that acknowledges the intersections of identity, culture, and social determinants of health. For Latine LGBTQ+ communities this includes:

**Culturally Responsive Care:** Educating healthcare providers to promote understanding and respect for diverse identities within the community.

**Community Empowerment:** Supporting grassroots organizations and initiatives led by and for LGBTQ+ community members can foster resilience.

**Policy Advocacy:** Advocating for policies that protect the rights and well-being of all members of the LGBTQ+ community is crucial for combating discrimination and promoting equity.

## References

- Frost, D.M. & Meyer, I.H. (2023). Minority stress theory: Application, critique, and continued relevance. *Current Opinion in Psychology*, 51, 1-6. <https://doi.org/10.1016/j.copypc.2023.101579>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Redman, N., & Trudgen, R. (2017). Two-spirit: Mapping the intersections of sexuality and gender among Native American/ First Nations men. *Intersections: Critical Issues in Education*, 1(1), 46–65.
- Rios-González, C. M., Martínez, O., Celentano, D. D., & Rhodes, S. D. (2019). Health care access, utilization, and perceptions among lesbians, gay men, and bisexual men and women in Mexico City. *Journal of Homosexuality*, 66(4), 513–530. <https://doi.org/10.1080/00918369.2017.1416738>
- Wilson, B. D. (2021). *Latinx LGBT adults in the US: LGBT well-being at the intersection of race*. University of California. The Williams Institute

# FEATURED PRODUCTS

## WEBINARS



**HISPANIC/LATINO  
BEHAVIORAL HEALTH  
CENTER OF EXCELLENCE**

**Perinatal Mood and Anxiety Disorders:  
Supporting Latine Communities**

**May 22, 2024 | 12:00 - 1:30 P.M. ET  
ZOOM Webinar**

Presenter: Marianela Rodríguez, PhD, PMH-C



[WATCH HERE](#)



**HISPANIC/LATINO  
BEHAVIORAL HEALTH  
CENTER OF EXCELLENCE**

**Entre  
colegas...**

**Dialogues between Behavioral  
Health Providers of Latines**

**May 29, 2024 | 1:00 - 2:30 P.M. EST  
Dialogue topic: TRAUMA**

Invited speaker: Rocío Chang, PsyD

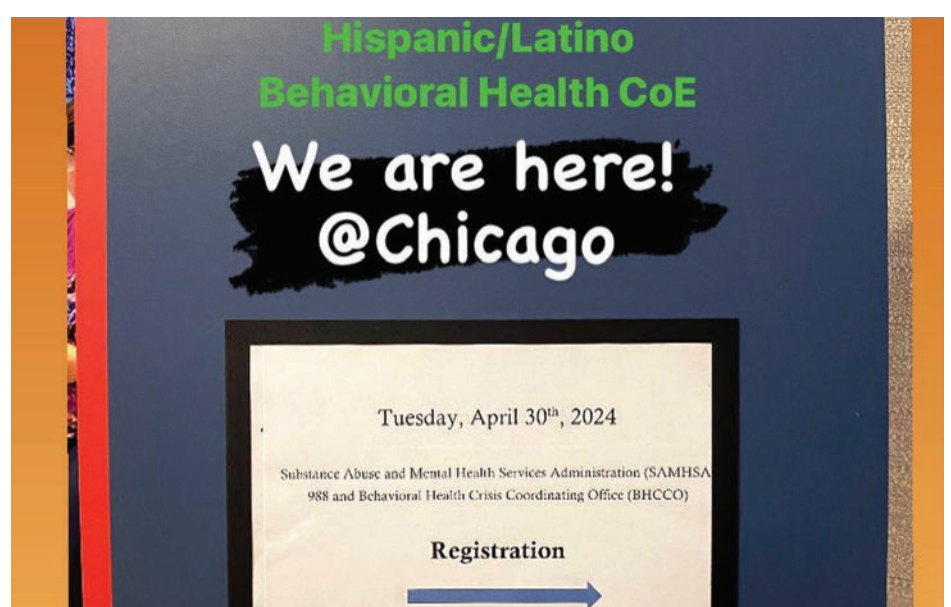


[WATCH HERE](#)



# WHAT ARE WE DOING?

In the heart of Chicago, from May 1st to 3rd, 2024, the **988 and Behavioral Health Crisis System Transformation Grantee National Conference** took place. This gathering, which convened federal agencies, key partners, states, territories, tribes, and crisis centers, represented a watershed moment in the ongoing effort to reshape mental health crisis care in the United States. The participants converged to exchange insights and experiences related to the 988 and the Behavioral Health Crisis System, the conference served as a crucible for collaboration, innovation, and collective action.



Beyond the formal agenda, the conference offered ample networking opportunities for attendees to connect with colleagues from across the country. These interactions, characterized by mutual respect and shared purpose, laid the foundation to develop meaningful collaborations and partnerships. The H/LBH CoE had a booth presenting the different resources available on behavioral health topics. Information was provided in Spanish and English for the benefit of the Hispanic and Latine communities.



The H/LBH CoE attended the **National Latinx Conference on HIV/HCV/SUD** (May 2-4), sharing the information booth with our partners from the Peer Recovery Center of Excellence and the ATTC Network Coordinating Office. This conference allowed us to connect with various providers, agencies, researchers, and community organizations focused on addressing health disparities in the Latine population. Through outreach, peer supports and treatment services for HIV and Substance Use Disorders.



Attendees from the conference had the opportunity to learn about the H/LBH CoE’s efforts to advance behavioral health equity. Additionally, they were informed of the availability of our products, online resources, training and technical assistance offerings, as well as our interest in moving forward together through linguistically and culturally appropriate, person-centered and dignified care for our Hispanic and Latine communities.



The H/L BH CoE attended the **“2024 Puerto Rico Prevention Summit: Promoting the Power of Community Partnerships”** which took place in Ponce, PR, on May 7 and 8. This activity arose as an initiative of SAMHSA Region 2 Administrator, Mr. Dennis Romero, in collaboration with the Northeast and Caribbean PTTC, ATTC and MHTTC, the Opioid Response Network and our center. Its objective was to bring together community organizations that are dedicated on prevention, to support them in seeking funding opportunities to strengthen the organizations, address critical issues in the prevention of substance use and mental health in PR and the availability of health services within the network of technology transfer centers, technical assistance and centers of excellence. Among the highlighted topics was an overview of the landscape of substance use prevention and behavioral health in PR, which was presented by the Mental Health and Addiction Services Administration (SSA of PR).



# SAVE THE DATE



## Latine LGBTQ+ :

### Behavioral Health Disparities and Culturally Responsive Approaches

#### Presenters:



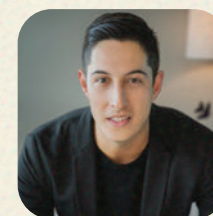
David Zelaya,  
PhD



Carlos A. O. Pavão,  
DrPH, MPA



Alison Cerezo,  
PhD



Miguel Vazquez,  
PsyD - (moderator)

[REGISTER HERE](#)

**June 17 | 12:30 - 2:00 p.m. | Webinar**

The Latine LGBTQ+ community encompasses a diverse range of identities, experiences, and cultures. Concurrently, Latine LGBTQ+ individuals often face intersectional discrimination related to their ethnic, gender, and sexual identities, resulting in added stressors and increased risks of mental health challenges, including substance use, depression, and suicide.

This panel discussion will address disparities among Latine LGBTQ+ individuals and emphasize the importance of adopting a multifaceted approach that acknowledges the intersections of identity, culture, and social determinants of health. Experts in the field will discuss perspectives and approaches on how providers and community-based organizations can implement culturally sensitive and responsive care practices that are attuned to the strengths, contexts, and experiences of Latine LGBTQ+ communities and seek to advance behavioral health equity.



“We have to do it because we can no longer stay invisible. We have to be visible. We should not be ashamed of who we are. We have to show the world that we are numerous. There are many of us out there.”

- Sylvia Rivera



## OUR TEAM

### Hispanic/Latino Behavioral Health Center of Excellence Team

**Ibis Carrión-González, PsyD**, Director

**Christine Miranda, PhD**, Evaluator

**Jessenia D. Zayas-Ríos, DBH, MPHE, CHES®**, Program Manager

**Erick Senior-Rogés, PhD**, Training and Technical Assistance Manager

**Darice Orobítg, PhD**, Training and Technical Assistance Consultant

**Carmen Andújar, BA**, Logistics Specialist

**Wendolyn Ortega, MA**, Media Content Specialist

**Paola C. Díaz-Arce, MHS**, Outreach and Engagement Manager

## CONTACT US

For more information on the H/LBH CoE, visit:

[www.hispaniclatinobehavioralhealth.org](http://www.hispaniclatinobehavioralhealth.org)

You can also contact the center directly by email at:

[info@hispaniclatinobehavioralhealth.org](mailto:info@hispaniclatinobehavioralhealth.org)



**REQUEST TA**

\*The Hispanic/Latino Behavioral Health Center of Excellence recognizes the complexities associated with gender and ethnic identification as well as the right of all individuals to self-identify. The Center uses the term Latine with the intention of both facilitating fluent reading and pronunciation and supporting an inclusive and respectful language. Latine is a gender-neutral form of the word Latino that uses the letter e at the end, an idea native to the Spanish language.

The Hispanic/Latino Behavioral Health Center of Excellence is led by the Institute of Research, Education, and Services in Addiction at the Universidad Central del Caribe School of Medicine and is funded by the Substance Abuse and Mental Health Services Administration under grant number H79FG001136.