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ABSTRACT

Data from the first year of a developing plan to implement a bilingual/bicultural mental health service network within a large urban Latino metropolis were gathered from Manos de Esperanza, a Spanish speaking family outpatient/crisis clinic funded by the Van Nuys Community Mental Health Center. First year of planning evolved from a community assessment strategy integrated within an evaluation of program accessibility catchment area-wide. Strategies ranged from the use of 50 key informants to utilization review of 150 human service and mental health agencies in the San Fernando Valley. Client statistics indicated an increase in utilization by Latinos of mental health services since the clinic's development. Major factors involved in planning and developing a mental health service program for urban bilingual/bicultural families were structural in nature and related to the availability, accessibility, and acceptability of services in terms of the Latinos' sociocultural needs. Language and communications were the primary barriers to accessibility. Factors influencing utilization patterns included geographic location, availability of bilingual/bicultural professional and paraprofessional staff, cost for services, and understanding of informal and formal Latino helping networks existing within Latino communities. If services were communicated and available in the population's language, then self referral increased from within the community. (NQA)

DEVELOPING MENTAL HEALTH DELIVERY SYSTEMS FOR THE URBAN BILINGUAL/ BICULTURAL FAMILY

September 17, 1980

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DEVELOPING MENTAL HEALTH DELIVERY SYSTEMS FOR THE URBAN BILINGUAL/ BICULTURAL FAMILY

Introduction

There is an absence of professional literature that identifies specific factors which must be considered in planning mental health services to the Latino community. However, federal mandates (Public Law 94-63) now require that community mental health service delivery systems provide relevant and appropriate services to this and other high risk populations. In theory, community assessment literature reflects a need for expansion of community assessment concepts towards a more complete view of the community.

In fact, most current efforts of community assessment in the mental health field appear to be concerned with identifying needs in the abstract, and gaps in services (Nguyen, T.D., Attkisson, C.C. and Bottino, M.J., 1976). The limited perspective of needs assessment without context, or utility, raises the possibility of not accounting for factors related to the cultural and social ethos in the assessment of a community's character.

Thus, the basic valve of a community assessment strategy is that current information relevant to a community, its people and their needs offers one of the most accurate strategies for effective planning, implementation and evaluation of programs developed to meet the mental health needs of Hispanics throughout the nation.

It is estimated that in the next decade Latinos will become the largest ethnic minority in the country. Data indicates (President Commission Report, 1977) an underutilization rate of 50% for Latinos who do not use mental health services. Yet, most social indicators demographic and economic, show that this population experiences substantially more psychological and emotional stress than the general population.

Eighty four (84) percent of Latinos are urban dwellers. Latinos are the youngest ethnic group represented by half of its population below the age of eighteen. Eighty percent of Latinos living in the United States indicate Spanish as their mother tongue.

One half of all Latino families survive the effects of poverty, social compression and urban decay on a daily basis. All of these factors depict ever growing needs and a changing cultural environment representing Latino urban life today.

In regards to mental health services program planning and development it is clear that the major factors involved are structural in nature and relate to the availability, accessibility and acceptability of services in terms of the sociocultural needs of Latinos. The factor of language and communications for example, remains the primary barrier to accessibility. The ability to receive services by someone who is bilingual/bicultural and sensitive to the individuals language of preference remains a key principle in the current mental health mandates (Federal Register, 1980).

Availability

The question of availability of services has been related to geographic location, availability of bilingual/bicultural professional and paraprofessional staff, and the cost for services. All of those factors influence utilization patterns to some extent. Even more basic to the question of availability is the understanding of the informal and formal Latino helping networks which exist in our communities.

Current literature suggests that social support systems serve to influence when help is sought or whom is sought for assistance (Warren, 1977) (Martinez, 1979). The family remains the strength of the Latino community's helping network. In fact Latino families experience greater stress if little familial support exists. Often these support systems will extend across international borders. Availability of services must involve using the natural support systems of any community.

Acceptability

Acceptability of services refers to a broad range of issues from accountability to the development of culturally specific treatment modalities.

Where the governing board for example is reflective of the ethnic population then the services will reflect more ethnic needs. When treatment is introduced in ways which respect the cultural strengths and integrity of the individual utilization increases. If services are communicated and available in the language of the bilingual population then self referral will increase from within this community.

Data is presented from the first year of a developing plan to implement a bilingual/bicultural mental health service network within a large urban Latino metropolis. This data was gathered from Manos de Esperanza, a Spanish speaking family outpatient/crisis clinic funded by the Van Nuys Community Mental Health Center of the San Fernando Valley . Client statistics (120 cases) presented indicate an increase in utilization by Latinos of mental health services since the clinics development.

The first year of planning evolved from a community assessment strategy integrated within an evaluation of program accessibility catchment area wide. Strategies ranged from the use of key informants to utilization review. It is the contention of the author's that the methods of assessment are as important as the planning for utilization in the organization of long range program plans.

The criteria which both community and program assessment are based upon, comes from the types of services required through federal mandates (P. 94-63). These services include;

1. Inpatient Care
2. Outpatient Care
3. Day Care
4. Partial Hospitalization
5. Emergency Services
6. Children's Services
7. Elderly Services

8. Consultation and Education
9. Liason to Courts - referral
10. Follow-up Care
11. Transitional - Half Way Services
12. Drug Treatment Services
13. Alcohol Treatment Services

All Services are required to be accessible and related to the population characteristics of the catchment area.

Geographic responsibility, and the need to provide services in the language and cultural context of the population are two of the most important criteria for evaluation. New legislation (Federal Register, 1980) for example, requires that if 2,500 residents speak another language as their primary tongue, at least one staff member must be available to provide services. Periodic review in consultation with residents is also a requirement of the Community Mental Health Centers Act.

Most important are the types of culturally specific treatment methods currently being explored in Spanish speaking clinics such as the one in this study. Data is presented which indicates a large amount of utilization by the poor and by the undocumented taxpayer of this urban center. Problems ranging from domestic violence to support for the Latino chronic client have been addressed.

Community assessment strategies and techniques are presented in the description of the methodology used for program planning. Client characteristics and service data is intended to demonstrate the effectiveness of current efforts. Implications are presented as to how community assessment effects social policy. It is hoped that for planners of human service delivery systems the limited focus of community dysfunction can be expanded to include the perspective of community and its existing support systems as potential settings for community development.

RESEARCH METHODS

Description of the Community

Updated data on specific population growth and geographic distribution of ethnic groups in the San Fernando Valley was culled from available census data dated 1970 and some from as recent as 1978 (only for communities within the City of Los Angeles). Analysis of the data obtained points out the numerical underestimation of ethnic groups residing in the San Fernando Valley and other adjacent communities. Although accurate statistics are not clearly reported some approximations and trends can be drawn.

In the last eight years, there has been an increase in both numbers and proportion of Third World individuals living in the San Fernando Valley. The estimated proportion of non-whites approximates 30-35% of the Valley population. The approximate breakdown of ethnic groups is 25% Chicano/Latino, 3.5% Black, and 4% which includes Asian/Pacific and American Indian peoples. The term Asian/Pacific includes ethnic groups of Chinese, Japanese, Korean, Filipino, Samoan, Thai and recent Indo-Chinese refugee groups from Cambodia, Laos and Vietnam who number more than 6,000 in this area.

Latino residents are most numerous in the San Fernando City, Pacoima (41%), Sylmar (27%), Van Nuys, Glendale and Canoga Park areas. Black residents are most numerous in the Pacoima area (18% - 1978) and Sun Valley. There are some 4,000 Koreans in the North Hollywood area and a significant Arabic speaking population in the Sun Valley area. It is also important to recognize, though not possible to list, areas of extremely high population density with respect to certain ethnic groups. There are, for example, a number of well-known and well defined areas of relatively high concentrations of disadvantaged Spanish-speaking residents. These identified pockets of low-income individuals are almost literally isolated from one another. The streets of Blythe, Delano and Bryant in Van Nuys and Northridge serve as perfect examples of this phenomenon.

As with other groups dependent upon limited financial resources, the poor, ethnic population cluster in communities where low rent housing is available. When average household incomes of residents in cities are compared the communities of low socioeconomic status. According to 1970 census information, 12% of families in this area had incomes of less than $7,000 per year and 66% less than $15,000.

Los Angeles City survey of 1977 showed a median family income as $18,146 but indicated an increase of 45% in the number of poverty families (increase in number of families was 6.1%). 1978 figures showed that 11.8% of this area's population was living at the poverty level.

The status of Latinos/Chicanos in the San Fernando Valley is not that dissimilar to conditions elsewhere in the United States. Latino/Chicano families are presently exposed to systemic stress on a day to day basis. The condition just described places this particular population at an enormously high risk for health and mental health problems. The resulting symptomatology includes poverty, hunger, poor nutrition, high morbidity and mortality rates, poor schools, high dropout rates, low educational attainment, delinquency, lower pay for equal work, unemployment, and shortage of adequate, accessible health and mental health care services in the community.

Manos de Esperanza now in its first year of development is a component of the Van Nuys Community Mental Center. The Center has received a community mental health centers grant and is currently in the second year of an eight year funding cycle. Manos de Esperanza's uniqueness lies in the fact that it is the first Spanish-speaking outpatient/crisis service program designed to meet the needs of this population in the San Fernando Valley.

Community Assessment Procedures

The goal of community assessment in this study was to draw upon the existing physical and social characteristics of the Latino community which would contribute to the development of culturally relevant treatment services. A combined ethnography approach and survey study was conducted for this purpose. The goal of the assessment was to gather data on a group of people that is both qualitative and quantitative in nature.

Community network building was the initial targeted purpose for the assessment (see Chart 1). The use of key informants and an informal interview provided a cleaner view of the types of services and networks already established to provide help to the Spanish-speaking population.

The questions of the informal interview were based on the; 1) historical development of services to the Latino community; 2) current perception of the mental health needs of the Latino population, and 3) the availability of resources and services specifically designed to meet this community's needs. Key informants

included professional and paraprofessional service providers, community leaders priests and ministers, political activists and businessmen residing in the catchment area. Approximately fifty key informants were interviewed.

CHART 1

CHRONOLOGICAL PROGRAM DEVELOPMENT

Manos de Esperanza

February, 1979	Initial Operations Grant effective
April, 1979	Latino staff hired--Community Living Resource Center
May, 1979	Initiation of Community Assessment
June, 1979	Bilingual Services--phone survey conducted
June, 1979	Bilingual Communications Specialist hired
August, 1979	Community Organization Activities developed
September, 1979	Festival de Servicios Humanos--planning begins
October, 1979	Bilingual Helpline Established--La Linea Bilingue
November, 1979	Festival de Servicios Humanos--held
November, 1979	Manos de Esperanza--program established
July, 1980	Manos de Esperanza--clinic established

From the data gathered in this phase of research very critical questions regarding the self-determination of Chicano /Latino programs were raised. Almost a dozen community based Latino agencies have developed in the San Fernando Valley. However, a majority of these programs are developed from a social service model of service delivery. Only two are directly involved with drug treatment services. Only one program existed which specifically provided mental health services (only) to the Spanish-speaking client.

Those programs which do exist have continued to struggle in their development as independent non-profit organizations. As with many community based programs these agencies have inherited a number of programatic problems. These problems are summarized as:

1. Competition for funding: ethnic programs are forced to compete for limited funding.
2. Professional/paraprofessional distrust: most social service programs are staff by paraprofessional while the stigma of non-professional status remains present.

3. Territorialism: attitude regarding geographic responsibility and catchment area concept can limit level of cooperative planning.
4. Ethnocentrism: certain programs prefer to work with only one ethnic group leading to a limited opportunity base for funding or program development.
5. Evaluations: in order to prove successful outcome of the program, basic therapeutic stipulations are made (e.g., maintaining appointments, and therapy in the office not in the home). These requirements often discourage utilization.

The chronological development of Manos de Esperanza (see Chart 1) indicates a number of program development activities took place during this first year. A human services faire (Festival de Servicios Humanos) for example, was attended by one thousand people along with thirty Spanish-speaking human service programs who provided information. A bilingual helpline (La Linea Bilingue) was established to provide information and referral and crisis counseling services in Spanish.

Consultation and Education services have been established and presented to medical doctors and nurses, paraprofessional trainees, and parents groups. Community organization activities have included the establishment of some ethnic board representation, a Latino consortium, and a public political forum. Finally, the full development of Manos de Esperanza as a Spanish-speaking outpatient/crisis clinic is the accumulation of the first year plan. The future operational design is to provide a fully staffed Center.

Accessibility Study

The third method of community assessment was an assessment of accessibility for Latino mental health consumers. Approximately 150 human service and mental health agencies in the San Fernando Valley were contacted by phone. With the help of volunteers, each agency was contacted twice, once disguised as a client and once disguised as a mental health worker. Both calls were in Spanish.

The list of programs were selected from the referral information book distributed county-wide. Most of the programs (75%) were identified as having Spanish-speaking capability. In reality, no more than twenty-five programs and only two hospitals could locate the caller with a Spanish-speaking staff member.

The following analysis of service problems was derived from information gathered in the assessment. Client episodes from the first year of services would substantiate these results.

Inherent problems found in the area of accessibility to mental health services by Latinos/Chicanos consist of the following:

1. Location of Services: The San Fernando Valley suffers from an overall lack of mental health services to the poor. Some services are located long distances from communities populated by Latinos/Chicanos. The need for proximity of service location is crucial when seen in the context of the inadequate public transportation system in this area.

2. Staffing Patterns:

   a. Staffing language capability: Access to service is seriously impeded when a population group needing service is non-English speaking and service providers have few or no staff able to speak their language.

   b. Staff attitude: Access to service is also affected by the receptivity or non-receptivity of staff to work with persons from particular ethnic groups or economic status.

   c. Initial point of contact for client: The patient first point of contact with an agency (e.g., emergency room, switchboard operator, receptionist) is often with a staff person who is solely English speaking. Often the non-English speaking clients cannot be referred to someone with multilingual capabilities. Hence, many multi-service agencies house service components targeted for particular population groups but go under-utilized because persons seeking service are deflected elsewhere.

3. Method of Payment: Persons dependent on Short-Doyle funded resources and/or Medi-cal have a limited resource base from which they can request services. Limitations are posed not only from whom they can request services, but also there exists a lack of available services needed in critical areas such as inpatient and day treatment. Moreover, there is a large number of people in the community for whom immigrant status is the basis for ineligibility with respect to publicly funded services. The service needs of this group continue to go ignored.

4. Diagnosis and assessment: The diagnosis and assessment of the problem brought to an agency by a Latino/Chicano is often skewed by societal misconceptions. These persons are diverted into alternate, often inappropriate systems.

5. Poor linkage system: Latinos/Chicanos are often victims of the uncoordinated network of system services.

6. Program treatment modality: Low income families seeking services often do not understand the rationale for particular recommendations and treatment because of cultural differences, ethnic or social. Traditional models utilized to provide services to low income Latinos/Chicanos tend to see the individual as an isolated unit. These models do not touch on the complexity of human development in a multicultural society in which each person is in a feedback relationship with various socioeconomic, environmental, cultural, and political elements contemporaneously. Many agencies do not provide outreach services which truly touch those individuals requiring help.

SUMMARY

The focus of this study is on the communities of economically disadvantaged Latinos/Chicanos in the San Fernando Valley. These are people with the least amount of resources available to them personally and in terms of what the service system provides. The more affluent, acculturated individuals are scattered throughout the Valley and assumably have less need and/or greater access to services. The common denominator in working with "disadvantaged" communities, at whatever level, seems to be the issue of poverty and the underlying dynamics associated with this particular phenomenon. Poverty, however, is not synonymous with the Latino/Chicano culture but nevertheless produces a variety of nonculturally related social pathologies. In short, inadequate services, communication barriers and inaccessibility to appropriate services are important issues which merit attention.

RESULTS

The results presented suggest an increase in current utilization of services through Manos de Esperanza. The results of the first year represent an increase by the Latino community of mental health services, overall.

The development of Spanish speaking direct services integrated with indirect services focused to the community's needs suggests policy level planning and program development must respond to the needs of this growing population.

Description of Client Caseload

The following section presents findings which describe several characteristics of the Latino clients in this study. One hundred and twenty (120) treatment cases were initiated within the past six months of program operation. Ethnicity and demographic characteristics show a close resemblance to the population of the Latino urban community.

In Table I it can be seen that the majority of clients were of Mexican descent. There is a twenty five (25) percent representation of Mexican clients who are undocumented. A fifteen (15) percent representation of other Latino groups indicate a strong presence within the catchment area. The Latino groups represented include Puerto Rican, South American, Central American and Cuban individuals. Both political and economic refugees have been assisted without question of status.

TABLE I

ETHNIC DISTRIBUTION OF
CLIENT CASELOAD POPULATION

n=120

Ethnic Group	n	%
Mexican - Undocumented	52	44.2
Mexican - Documented	31	25.7
Latinos (Cuban, Puerto Rican, Salvadoran Argentina, Spain, Chile)	18	15.0
Chicanos	19	15.1
	120	100.0

Table 2 indicates that over half of the population served was between the ages of 25-54 years old. The next largest group is represented by young adults between 18 and twenty four years of age. Eventhough children are underepresented as active clients it should be noted that most cases are family oriented in treatment. Approximately 200 children are represented in the total caseload.

TABLE 2

AGE DISTRIBUTION OF
CLIENT CASELOAD POPULATION

n=120

Age Groups	n	%
55 years - over	4	3.3
35 to 54 years	34	28.3
25 to 34 years	38	31.6
18 to 24 years	27	22.5
Below 18 years	12	10.2
Unknown	5	4.1
	120	100.0

The client characteristics in Table 3, describes which people were seen in treatment. A majority of persons who requested treatment were female. One third of these women represented single parent families with one or more children. Occassionally, the female initiated contact as the representative of the family. Often, this was done in the hopes of drawing the male counterpart in for support.

TABLE 3

CASELOAD DISTRIBUTION BY
CLIENT CHARACTERISTICS

Sex: (n=120)	n	%
Male	25	20.8
Female	95	79.2
	120	100.0

Language: (n=120)		
Monolingual (Spanish)	90	75.1
Bilingual (English/Spanish)	25	20.8
Monolingual (English)	5	4.1
	120	100.0

Marital Status: (n=120)		
Single	54	45.1
Married	39	32.5
Separated	11	9.1
Divorced	13	10.8
Widowed	3	2.5
	120	100.0

Table 3 also represents the language of choice prefered in treatment. It can be seen that an overwhelming 90 percent of the clients maintain some fluency in Spanish. Over 75 percent prefered to speak only in Spanish. Only four percent spoke no other language but English.

Finally, the marital status of the individuals shown on Table 3 indicate the family to be in a large state of transitional stress. Almost 20 percent of the individuals are either divorced, widowed or involved in a separation. Furthermore, of the single individuals, over half (32 persons)

were families with children where the female is the head of the household. Almost half of the individuals have experienced at least one life stress event as a result of family/marital stress.

Summary

The patterns of utilization and help seeking are characterized by the type of client entering an often difficult and resistant service system. It is apparent that many of these Latino individuals and their families have entered the system in a state of stress or crisis. What is strongly evident is that Spanish speaking individuals can and will use services during times of need.

The various ethnic groups represented and the language preference for Spanish both indicate acceptance on the part of the Latino client population. The female remains the highest utilizer of treatment. The single parent mother appears to be another high risk group represented in this data.

Types of Problems and Referrals

The types of problems and the sources of referral are presented in this section. The author's intention is to present data which contributes to the understanding of the types of mental health services required in this urban center. The development of specialized or culturally relevant treatment services is inherent in the definition of need. The need in this case is defined by the frequency of the problems the Latino client brings to treatment.

Table 4 describes the frequency of the presenting problem. The types of problems range from extreme states of crisis to support and advocacy for the Spanish speaking chronic population. It should be noted that this data reflects statistics from an outpatient/crisis unit.

Almost half (46 percent) of the clients entered into treatment for a problem directly related to family disruption or stress. The most often reported crisis was spousal abuse. Twenty eight percent of the clients were battered women.

Family problems involving marital, family or child counseling was the second largest service requested. Table 4 also shows that crisis

intervention services was almost equal in their request. Both family services and crisis intervention require a large amount of outreach and supportive service.

The categories of psychological trauma and psychiatric treatment reflect a growing increase of services to specific high risk Latino groups. These individuals suffering the trauma of immigration or illegal entry into this country are reflected in ten percent of the caseload. The chronic Spanish speaking client requiring hospitalization or medication increased from one identifiable case to at least a dozen.

Table 4 also reflects a number of high risk groups requiring very specialized services. Five percent of the caseload for example, was represented by individuals reported for sexual or child abuse. Other services such as developmental disabilities, substance abuse and legal aid reflect a referral linking process developed through a program of consultation and education.

TABLE 4

DISTRIBUTION OF PRESENTING PROBLEMS FOR CLIENT CASELOAD

n=120

Presenting Problems :	n	%
Battered Women	34	28.3
Family Problems (marital, behavioral domestic violence)	22	18.3
Crisis Intervention	21	17.5
Psychological Trauma (Immigration, Homosexuality, Depression)	12	10.0
Psychiatric Treatment (chronic, medication, hospitalization)	10	8.3
Child/Sexual Abuse	7	5.8
Social Services	5	4.1
Substance Abuse Drugs Alcohol	4	3.3
Advocacy, Legal Aid	3	2.5
Developmental Disability	2	1.6
	120	100.0

Table 5 offers some evidence about the extensive network developed through Manos de Esperanza. Over fifty percent of the referrals come from health agencies or social service programs. Legal referrals constitute a growing source of client needs

Most important is the link developed through the use of the informal community helping network. Almost twenty five percent of client referrals came from friends, ex clients, or through self referrals. The bilingual helpline (La Linea Bilingue) accounted for over ten percent of the referral network.

TABLE 5

DISTRIBUTION OF REFERRAL SOURCES
FOR CLIENT CASELOAD

n=120

Sources of Referral:	n	%
Social Services Programs	30	25.0
Health Agencies	24	20.0
Legal Services (Court referrals, legal aid.)	17	14.1
Ex Client, friend	20	16.1
Bilingual Helpline	15	12.5
Self Referral	10	8.3
Unknown	4	3.3
	120	100.0

Summary

According to recent literature and the data presented earlier the Latino population is more likely to experience stress resulting from the culture of poverty. The types of problems and the nature of referrals indicate that the decision to seek help is as important as the network used to finally receive it. Health and social services for example, were the highest referral sources used.

The strategies of the community assessment utilized in the program

development phase targeted health and social service programs as the major services utilized by Latinos in the community. Legal services have utilized the program either through direct court referrals or through Spanish speaking lawyers. The high incidence of these referrals is reflected in the fact that the program can provide counseling services to clients mandated for therapy through the courts.

In light of the fact that there has been extreme stress placed on the family, clinical treatment for Latinos is also in a developmental phase. The large number of battered women requesting assistance for example, has required a growing sensitivity to this problem.

The question is one of maintaining the integrity of the individual while at the same time providing a support system of services through a cultural perspective familiar to the family unit.

Battered women and crisis intervention services for example often included the need for basic survival resources. Food, shelter and clothing precluded any type of long range treatment. Women needing to leave the home for example have a difficult time when told only one/two children would be able to stay in a shelter home with her.

Interpretations by both male and female Latinos regarding the nature of what constitute spousal or child abuse is often based on notions of agrarian rural lifestyles. At the same time the stress of living in a socially compressed and economically depressed urban environment increase factors for stress in the family. Isolation, depression, anxiety, and often a general loss of familial support are contributing factors which must be examined from the perspective of the duality of cultures and the balance the individual must maintain between traditional belief systems and current urban lifestyles.

The changing roles of the Latino urban family often are subject to these same pressures. Role responsibilities for example are shifting. In this urban center it is almost a necessity to have both father and mother working. For traditional Latino males this situation can affect the individuals

sense of self esteem. For traditional Latino females the responsibility falls on her to maintain both job responsibilities and her responsibilities to her family.

Because many Latinos have come to this country in pursuit of work often they must leave their families behind. Many for the first time are without the family support they have experienced in their lives. This experience can become traumatic in the sense that there is often a sense of having to face the world alone.

Those that bring their families experience a problem in not being able to understand the larger and unique culture of this society - the language, values and interpersonal interactions are different. The process of adjusting and adapting to a new culture often appears threatening. The greatest threat reported is the feeling of loosing one's identity as a Latino, Mexicano family.

Conclusions

The core requirements for adequate mental health services to Latinos are integrated within Public Law 94-63 and even more recent legislation (Federal Register 1980). It is the application of these requirements that is sadly lacking. The requirements of geographic responsibility, services to the poor and, services to monolingual/bilingual individuals must be advocated for.

Catchment area population is currently defined between 75, 000 to 200,000 residents. Any community is eligible if it meets the requirements of 35 percent of the population below the poverty level or if "poverty sub areas" of 15 percent can be identified. All services must be accessible to the poor.

In regards to services, those presented earlier must be provided either by the funded community mental program or contracted for through the agency. For our program and many others, outpatient services are the first to be developed. However, there is a growing need to become involved in areas where funding is available and current resources do not exist.

Inpatient, partial hospitalization, emergency, transitional care, and day care services to the chronic/acute population for example, are seriously lacking for the general Latino population.

Language requirements indicate that where a limited English speaking population is identified there is a need to provide services "to the extent practicable in the language and cultural context most appropriate." New Legislation (Federal Register 1980) indicates and even more limited view. The new act states that "at least one staff member be designated if 2,500 residents speak another language as their primary tongue."

The final area of concern is the general provisions for review and regulation. Quality assurance refers to the review of clinical practices and procedures. Catchment area review refers to accessibility and acceptability of services to the community. It is at these levels where the role of advocacy must be initiated.

Governing boards, for example must be representative of the catchment area. Community representatives need to assure that these governing boards are responsive to the Latino populations needs. Finally, planners and clinicians must represent the needs of ethnic communities in all levels of service delivery planning.

IMPLICATIONS

Federal mandates such as Public Law 94-63 (1975) have encouraged growing expectation that human service agencies particularly in mental health, will have to be more responsive to local needs. The response of those agencies will come by providing or developing programs appropriate to the unmet needs of a community. Thus a basic value of community research such as this project, is that current information relevant to a community, its people, and their perceived needs offers a preferred strategy for affective planning, structuring and evaluation of programs developed to meet the needs of a particular community.

The overwhelming complexity of community needs and the growing lack of resources to meet those needs, have led assessment strategists (Nguyen et al., 1976) to view the need for services at all levels of social organization where the operations of a human service system occur. Through efforts of applied community assessment studies such as this,

the general focus of mental health needs assessment may be expanded in the near future. This expanded view would include the person's role within the ecological environment, economic system, patterns of interaction, and levels of functional, supportive behavior.

The use of survey and ethnography methods of data collection appears to be beneficial as a means of identifying particular community needs. However, it must be noted that there are still very real limitations to the use of survey and field approaches. This study for example, is not intended to be representative of the community and should not be generalized any further than this study group.

We are not proposing any new alternatives to community assessment methodology but rather, suggest the enhancement of existing methods through the addition of a socio-cultural frame of reference. Within a social framework Broskowski (1974) for example, suggests that the adoption of a systems view in analyzing the functioning and malfunctioning of people and the examination of existing support systems in society are critical, in seeking the underlying problems of people. Warren (1977) referring to the importance of examining community from a social perspective states:

> "community represents a pattern of relationships, associations, settings and cultural nuances that exist and define social reality for the people living in a particular community as much or more than the demographic profile of the population". (p. 272).

For the Spanish speaking, culture is particularly important. As Gomez (1975) states:

> "The importance of culture in understanding regulating and examining human behavior cannot be overemphasized. Culture provides Latinos with a means of conducting the practical activities of Life that incorporate the wisdom and experiences of previous generations. It provides them with an ideology that gives logic and emotional meaning to their whole life experience... To not consider it in assessing the problems and behavior or in developing a treatment plan is damaging" (p. 12).

A second direction related to community assessment in the Latino community is in recognizing the right to quality treatment. For development approaches to community assessment it means recognition of the fact that instruments developed to assess need cannot be culture-free but must in fact, be sensitive of culture. It also means that decision - making from the results of community assessment methods must be responsible and accountable to the community under study. I am speaking directly to the problem that regardless of demonstrable need, psychiatric professionals still hold most of the administrative positions in mental health programs and still determine what mode of service delivery these programs will utilize. Zamorano (1975) summarizes much of the sentiment and role Spanish speaking professionals must play in the area of community mental health. He states,

> "It is clear that in the past the entire range of helping professionals dealt with us as diseased or pathological entities and that now we must assume the role of being our own self definers" (p. 10).

The lack of adequate quality care now being viewed in many respects as an injustice is sure to be a continually re-emerging issue in mental health particularly as the notion moves closer to the development of a national health plan.

For program planners concerned with the improvement of quality mental health service delivery to the Spanish speaking people, the mood is shifting. The initial desire for more services, and the cry for better services, has now changed to a desire for "relevant" services. This need for relevance within the mental health service delivery system represents the developing perspective of Raza researchers that both culture and community must be considered. As Diaz (1975) suggests,

> Building upon the strengths of both culture and the community it curtures will help foster mental health and reduce mental illness thus affording us the opportunity to address the alien values and adverse environmental factors that induce individual and social dysfunctioning and by changing them, to place greater emphasis on the prevention of mental illness and related problems (p. 34)

The type of information collected in this study could serve as a potential resource for mental health planners. First, the data could aid in the identification of the actual patterns of functional behavior of a community rather than focusing only on those dysfunctional patterns. Secondly, as those patterns become clearer, there exists the possibility of identifying potential resources or sources aid already in use by the community. Finally, assuming the goal is to integrate a human service delivery system within a particular community, identifying the informal helping systems of a community offers the possibility of creating linkages to the more formal systems of care. For planners of human service delivery systems the limited focus of community problems and dysfunction can be expanded to include the perspective of community and its existing support systems as a potential setting for community development.

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