

**National Alliance for the Mentally Ill
Latinos in Recovery Teleconference
Moderator: Maria-Jose Carrasco
May 24, 2006
7:00 pm EDT**

OPERATOR: Good evening everyone, and welcome to the Star Center National Teleconference on Latinos in Recovery. At this time all lines have been placed on a listen-only mode and the floor will be open for questions following the presentation.

It is now my pleasure to turn the floor over to your host, Miguel Oyola. Sir, you may begin.

MIGUEL OYOLA, PROGRAM MANAGER, STAR CENTER: Good evening everyone. My name is Miguel Oyola. I'm the program manager here at the Star Center, which is sponsoring the call this evening. The Star Center is one of five national consumer support and technical assistance centers funded by the Center for Mental Health Services, Substance Abuse Mental Health Services Administration, US Health and Human Services. I would like to welcome everyone to the Star Center's National Teleconference, Latinos in Recovery. It's scheduled to run about an hour until 8 pm. Ten minutes will be allocated for speaker presentations with about 15 to 20 minutes for a discussion, and the last 20 minutes will be -- the lines will be open for a Q&A session.

(Inaudible) offers support, technical assistance and resources to enhance self help in diverse communities and promote recovery. We seek to improve and increase the capacity of consumer operated programs to meet the needs of persons living with mental illness. Please note that this Star Center national teleconference call is being recorded for the purpose of transcription and for the creation of an mp3 audio file. Because this call is being recorded we kindly ask you during the question-and-answer portion of the call, please identify yourself by first name only. Both the audio file and the call transcript will be archived and made available to the public on our website at consumerstar.org.

The Star Center has a wonderful guest panel -- guest speakers joining us on this evening call to share their insight, experience and knowledge, George Badillo from New York, and Eduardo Vega from California, both leaders from the national consumer movement Advocates for Latino Mental Health or ALMA. Thank you both for joining us tonight. It's a great pleasure to have you both.

MALE SPEAKER: Thank you.

MIGUEL OYOLA: George Badillo is Peer Educator at Pilgrim Psychiatric Center on Long Island, New York. Mr. Badillo's work is sponsored by the Resource Center, located in Albany, New York. He provides education and information about patient rights, policy issues, and mental health services to mental health consumer peers in outpatient and inpatient settings. Mr. Badillo's approach is to provide peers with the opportunity to meet -- to make informed choices about mental health services and community supports. Mr. Badillo was previously affiliated with the Oral History Project, and served as a bilingual interviewer from 2000 to 2003. He interviewed peers about their previous and unique experiences in state psychiatric hospitals. His personal story of survival and courage is featured in the film "Inside Out: Building a Meaningful Life after the Hospital," produced by Pat Deegan, Ph.D.

Eduardo Vega is currently Director of Education, Assistant Director of Project Return: The Next Step, in Los Angeles, one of the nation's largest and oldest consumer-run peer support programs. Mr. Vega provides training on recovery practice, peer support, community integration, self-advocacy, advanced directives, illness management and personal care planning -- excuse me -- and personal care planning, among others. A recovering mental health consumer -- a recovering mental health consumer with extensive experience as a provider, he has also authored articles, fact sheets, curricula and research review for the SAMHSA Resource Center to Address Discrimination and Stigma Associated with Mental Health, or the

ADS Center, The UPenn Collaborative on Community Integration, Behavioral Healthcare Tomorrow, Mental Health Weekly, and the IAPSRs journal, among others. He has over fifteen years experience in multiple programs in five states as a mental health advocate, social services worker and counselor and holds an M.A. in Psychology from the New York -- excuse me -- from New School for Social Research.

Thank you both for joining us tonight.

MALE SPEAKER: Thank you. It's an honor.

MIGUEL OYOLA: This evening's call will be moderated by Maria-Jose Carrasco, Director of the multicultural action center here at NAMI. Thank you, Maria-Jose for moderating this call. And Eduardo, we had discussed you presenting first so at this time I will turn the floor over to you. Thank you both again for joining us this evening.

EDUARDO VEGA, DIRECTOR OF EDUCATION, PROJECT RETURN: Thanks a lot and I want to say first, I didn't put it on my bio for you, Ramiro, but -- I'm sorry. Miguel. But one of the things I'm most proud of as an advocate is that I was able to get SAMHSA to commit resources to sponsoring a national suicide prevention lifeline in Spanish. I actually now currently sit on the consumer recipient subcommittee advisory board to that body. And it stood out in my mind because what happened one day, and I think this is germane to the experience of a lot of people, is that as I was working at The Mental Health Consumer's Clearinghouse, a person called me looking for resources for help for a fellow in Puerto Rico who spoke only Spanish. And the person that he was -- this person was advocating for was in a bad way and the person was very concerned that he might be suicidal. So I worked at that time for the National Mental Health Consumers Self Help Clearinghouse, and we have, you know, a huge database and lots of web resources on mental health services that are available for people in all sorts of different parts of the country.

So I went into my mental health research mode and suddenly found out that there was no phone line for people to call in Spanish. And I was kind of shocked because, you know, every week somebody calls me trying to sell me something in Spanish. I do speak Spanish, but mostly it's because my name is Eduardo Vega. I get a call from Verizon or from a local assemblyman who wants me to vote for them, and they're right away speaking to me in Spanish. So this is irony that we sort of face. You look around and right now Latinos in the United States are the identified up and coming minority group. They're being targeted all over the country by marketing campaigns of major corporations. Now just today, just yesterday, I saw in my neighborhood a Coors <Company: Molson Coors Brewing Company; Ticker: TAP; URL: <http://www.molsoncoors.com>> sign, a Coors billboard in Spanish. And that was an indication to me that like, you know, Coors is not a beer that you think of as being marketed to Mexicans in general, but my neighborhood, which is very Mexican-American, they're definitely putting out, putting out the signals.

So the sort of tragic irony is that then when you go to look for resources to help somebody or to encourage someone's self help or self advocacy, you find that there's just not that much out there. What I found was kind of shocking to me was that even in Puerto Rico there wasn't a suicide hotline number available for this fellow that he could call, certainly not one that we had access to at the time.

So I felt -- I just wrote a letter and it sort of went all the way around the country and many people responding -- responded to me through an e-mail that I had written saying, yes, you know, there are not resources in our community. You know, how can we learn more? What can we do? Why is it that, you know, all of this money is being poured into marketing for Hispanics and yet money and resources are not going to help people who are in crisis, and in addition, to provide support for people who want to -- who want to use self help and to use peer support. So here at Project Return: The Next Step, we have been partnering with some small organizations in Los Angeles County and we are continuing to try to build that. But there's a lot of issues that I think many people in the consumer movement in particular don't really recognize insofar as they are different for Latinos.

Now, I want to sort of preface this part by saying that first of all that probably a lot of things I'm going to say are wrong. And if you have -- if you want to offer a different opinion, I would really be glad to hear them at the -- in the question-and-answer session. I mean that to say that it's very difficult to make

generalizations about Hispanics particularly in the United States because we're a very homogenous group. I myself don't look typically Hispanic. My father was Dominican, but he was fair skinned and we are not generally easy to categorize. This is one of the problems that I think that faces us both externally and internally as we try to advocate for change is that there's a lot of diversity, you know: diversity of race, ethnic identity, language fluency. There are many Hispanics or people who actively identify themselves as Latinos and Hispanics living in the United States with very little Spanish. And by the same token, there are of course many who speak almost no English. So any efforts to communicate with Latinos as a whole really have to be kind of bilingual conversations. This is my personal opinion.

In addition, one of the big issues that I think that we feel are a difference, particularly when it comes to mental health, is acculturation status. And acculturation and assimilation basically relate to how much people from immigrant communities have assimilated or become part of mainstream American culture and how much they associate with their sort of original culture. One of the very interesting findings I think in recent research literature is that Hispanics who are either first generation or who are born in the US of immigrant parents and later generations have much higher incidence of reported mental illness than people who are immigrants.

Now there's a couple of different theories about why this might be the case. I tend to think that, myself, that one of the big issues really is that immigrants don't seek help and aren't likely to go to hospitals for mental illness. But there are also probably some other issues in there. It is certainly true though that at least things like suicide attempts and hospitalizations for manic episodes, things like that, tend to be higher among Latinos who are already or who were born within the United States.

The -- I guess when we talk about the issues of helping Latinos think in terms of recovery and some of the ideas that the consumer movement has really embraced, there are a lot of challenges. One of them is, and this is the part where I'm going to say things that are wrong so please take note, that Latinos in general I believe tend to adulate the medical profession. They tend to really, really look at doctors as authorities and at least in many Latin American countries, doctors, professionals of other sorts are given a lot more I would guess leeway, a lot more respect than doctors are by mainstream Americans. This leads to a kind of a challenging place I think when we talk about trying to move the mental health system towards transformation or towards a recovery focus because Hispanics want to a lot of times medicalize mental illness. That's to say, associate it with a physical rather than an emotional or a mental problem. And then also just (inaudible) very I guess be even more deferential to physicians and psychiatrists than might otherwise be the case.

Another thing is that, and I get this again, a lot of this is part of my conversation with people across the country, but there's the general feeling that the stigma associated with mental illness is much higher among Hispanics, it's much more intense. This may make it less likely for people to seek help when they need it, and it may also, you know, it leads to certain things like the use of terms like cenedrabia (ph), the use of terms that are maybe more stigmatizing than we would use in English. Now, there is an interesting issue here too which is that sometimes when people physicalize their disorder or their mental illness, that may actually tend to reduce stigma. For instance, if I sit -- if my friend Jose comes to me and says, you know, I'm feeling really bad. I've got a pain in my heart. Then we would go to a doctor, and the doctor may find that really this is something more related to a mental illness or something, but because we talk about it in terms of physical illness, that can be a way to sort of get around the stigma.

The other issues that are kind of specific to Latinos I think is because a lot of us coming from other countries face places where there are little or no mental health resources or where getting treatment means basically being put in shackles in like worse than prison conditions. There's a lot of good reason that people don't want to seek mental health treatment. In addition, there are some culture bound issues like PTSD, which tends to be very high, especially for people who may have emigrated from countries that had either civil war like El Salvador, strong armed dictatorships like Argentina, and others. And this I think actually is an area in which there isn't a lot of general understanding, that maybe mainstream American mental health systems don't recognize how different symptoms may really be related to trauma or something else rather than classical sort of, classical schizophrenia or emotional disorders.

MARIA-JOSE CARRASCO, DIRECTOR OF THE MULTICULTURAL ACTION CENTER: Thank you, Eduardo, for that brief overview. I'll follow-up with some questions later. George, could you provide us a brief, ten-minute overview of the topic?

GEORGE BADILLO, PEER EDUCATOR, PILGRIM PSYCHIATRIC CENTER: OK. I have a little sore throat so I apologize. I've been in -- working in the system since approximately 1998 and I was helping out -- I was helping out the clinics and then eventually I started helping out the Spanish population. I have noticed that I agree with a lot of the stuff that -- I forgot the other person speaking for a moment. What he was saying, you know. I'm of totally different culture and I remember my grandparents always telling me and I always had to run things by them and they always, they always said, you know, if the doctor tells you to take this, you take it. You listen to the doctor, and which I knew that the side effects of the medicine were very bad. And it was very hard, because you always respect your elders in the way I was raised.

I've been working in La Casitas (ph) helping them out and I've noticed that a lot of -- a problem with a lot of the peers I noticed it was illiteracy. A lot of them couldn't read Spanish and it took me time to realize that that's an issue. And, excuse me, my throat. And I want to - a lot of the peers want to work. I know they tell me that, but either they're here illegally, so they're stuck in a place called Family Care and they have to be going to a program and a lot of them just don't know how to out of it. They're not getting the best care. It's a big flop over here in Long Island.

And, excuse me. And it's hard because I noticed that sometimes like some of the other day programs will get the venue, TVs, you know, and somehow it doesn't get to the Spanish programs. I question them about it but I never get anywhere. You know, I don't understand why that's going on. And it was very hard because with the Spanish culture we have, we usually -- like in my family, we know each other's business and we comment and psychiatry usually is -- it's concentrated on individuals and family should be a big part of it I feel because families are important in our culture. And I went to Puerto Rico recently in November and presented with Carol Bianco (ph) and Pricilla Ridgeway (ph) on how to change the system there, and I gave good ideas and examples and they really liked it.

Excuse me, I'm just -- I will answer any questions.

MARIA-JOSE CARRASCO: Thank you. I just have a couple of questions for both of you. Again, I really appreciate it you providing that brief overview. But one thing that seems to be a constant theme was the importance Latinos, many Latinos, place on the doctors. Eduardo mentioned we really treat them with more respect. There's a certain sense of, you know, they are the experts, they know best. So given that we know this, that it's a true characteristic of many of the people in our community, how could peer run services help Latinos, you know, understand importance of the recovery model and to combine both aspects, the importance that the doctors have in the culture, in the cultural aspect, but also the importance of peer run models, self help, peer support, and things like that. What would you recommend for us to do in this area? And that's for either of you, actually.

GEORGE BADILLO: I think we have to get a lot of the peers involved. We have to get a lot of the peers involved in this. I know I tell the Spanish people in New York, I tell them that doctors, you know, we're all human. You know, we all, you know, mistakes could happen and you know the best. You know the best for you, and to speak up for questions and nothing is really a -- nothing is really a dumb answer or a dumb question, you know. And I try to get them that it's OK because you'll be (inaudible). If you speak up more you'll give -- the doctor can better serve you. (Inaudible)

EDUARDO VEGA: That's really the perfect message that George is talking about there, that we -- it's -- I don't think it's really productive to say that some people might want to, you know, don't listen to the doctor. But instead to re -- to emphasize that, you know, we are all experts on ourself, you know. And that in addition to (inaudible) you also have important information and I think one of the things that we can really do is work to promote self help among Latinos. The recovery concept is I think is going to take a little while to take in the Hispanic community. I don't know if you agree, George, but I think that one thing we can do is emphasize, you know, that you can take charge and you can help yourself and you can help your family members. You don't have to be a doctor to help and to address mental health issues. It's especially

important when, like as George was pointing out, when it comes to conversations with doctors, because a lot of times people may be afraid to talk about side effects or how they feel on certain issues. So, and that can lead to all sorts of long term problems, sometimes even really serious health problems. So, I -- those questions are really, are really key. And I think one of the first things that we can do is make sure that self help materials and peer support -- and awareness of peer support get out there into the Hispanic community and that they get translated, available in Spanish, but also that people go out and speak because as George pointed out, you know, it isn't fair as is often assumed by mainstream American society that it isn't the case that all Latinos are very literate so.

MARIA-JOSE CARRASCO: So, it says a big component would be to actually organize or implement campaigns to educate the Latino community about how to be more assertive, how to talk to your doctor, stuff like that. But part of what I would like to hear also from the program's perspective, as people that are managing programs and organizations are implementing them, what could we do to make sure that we take under consideration this knowledge? If we know people that create and run these programs that Latinos have the hardest time sometime, you know, communicating with their doctors or even understanding the concepts that, you know, self help, recovery. What could we do to adapt our programs to make sure that they get the message or that they start to adopt this message from us?

GEORGE BADILLO: A good thing is to get a lot of literature in Spanish. I mean, a lot of times I get this stuff in English and I translate it. And bring the family in. You know, try to get the family to participate.

MARIA-JOSE CARRASCO: Can you expand a little more on that?

GEORGE BADILLO: Excuse me?

MARIA-JOSE CARRASCO: Could you talk a little more about the family? It seems that's a key aspect.

GEORGE BADILLO: Yes. I always tell people, you know, I always try to tell the family, call the doctor, you know, once a week, once every two weeks. Find out what's going on, you know. Listen to your son or daughter. You know, if they're complaining about any sort of side effect or treatment, you know, listen and just call up. Because I feel that as the family gets more involved, you know, they get better treatment. Because I was in the state hospital and I saw a big difference between people that had family come in and ones that never had family. And the ones with family did get a little better treatment, you know, or a little more attentive.

EDUARDO VEGA: Yes, I would support, like, you know, both educating the family and getting them more involved. Sometimes -- there is, there is another side of it, and I'm not saying it to be argumentative, but that sometimes I think family involvement can get in the way of client empowerment. And either, I don't know about you, George, but I've certainly been working with people where they've come in surrounded by a bunch of family and I don't even get a chance to talk to the person, because what will happen is I'll say, "So, Frank. How are you doing?" And the mother will say, "Oh, he hasn't been doing well, he hasn't been doing well. His -- he's not feeling well." And then I'll try to redirect a question to Frank again, and somebody else will say, "Oh no. He can't answer that." Or something like that. So, you know, we are a communitarian society. We have family involvement as important and people feel enmeshed in their families. But it's important, I think, for consumer empowerment that we also let people know that they have strengths and resources on their own. I don't know, do you have a different -- do you disagree with that, George? I wasn't...

GEORGE BADILLO: No, no. I don't disagree. I mean, I see sometime that family was -- at times, you know, was not letting the person speak. I've seen that quite a few and making all the decisions. And the person did not -- wanted to do something else.

EDUARDO VEGA: Yes, so I think your point about like, you know, getting the family involved and getting them educated, maybe the way to go is to say, you know, we've got materials here and we want to talk with you about what you as a family can do.

GEORGE BADILLO: Mm hm.

EDUARDO VEGA: I also want to talk with the -- with George, or we want to talk with the client too separately, and have a talk with them about what they can do, you know, for themselves. So that the -- you get the family involved but at the same time you don't have the consumer dis-empowered.

GEORGE BADILLO: Yes. Yes, that's -- I totally agree. Because I've seen that happen. The consumer gets totally dis-empowered.

EDUARDO VEGA: Exactly.

GEORGE BADILLO: Yes.

MARIA-JOSE CARRASCO: One of the things I wanted to ask is if you could share with us some information about ALMA and the type of work that you are doing. I understand that the nation -- nationwide movement, right, of Latino consumers and families that are interested in recovery and self help. Is that correct?

EDUARDO VEGA: Yes. ALMA was started actually at the alternatives conference last year. Some of us got together after some workshops and had a caucus where we started to talk about what issues (inaudible) to Hispanics, and particularly why Hispanics are not involved in the consumer movement and why we're not really represented at, you know, at advisory boards, at decision making bodies. We're not represented at the level of decision making that really affects our community. It seems to be true that across the country some ethnicities have I guess see a lot of traction and getting recognition in participating in their community, both in general but also specifically when it comes to healthcare policy and healthcare decision.

So we got together and talked about what sort of issues we identify as really important, and how we can get together, form an organization that can work to advocate for the mental health and advance the mental health of Latinos and Hispanic Americans, both within the Latino Hispanic-American community and also on the level of local, regional, and maybe national policy by promoting recovery, promoting consumer empowerment, and getting the Latino voice, the voice of Latinos who are in recovery from mental illnesses represented at those important levels.

ALMA stands, by the way, for Advocates for Latino Mental Health Advancement, and we were happy to come up with that name after a few trials because of course in Spanish it means soul. And I think that we have a very spirited and soulful group of advocates such as George and Roberto Romero, our Executive Director, who has been on the front line helping make mental health services better and more responsive to Hispanics across the country.

MARIA-JOSE CARRASCO: Could you talk about some of the priorities of the group, some of the issues that you identified of a priority for you?

EDUARDO VEGA: Sure. George, do you want to take that one, or...?

GEORGE BADILLO: Priorities? Wow. The priority is to -- is for us to get fair treatment and to be heard and to get educated and have transfers, you know, like to return, not make the mental health system our life. It should just be a pass-through, something that we just go through and go onto fulfill our dreams and aspirations. Because usually when we come in we always have some sort of idea of where we want to go or some sort of dreams, and somehow we get stuck in the system where it should be, you know, we should be back on our feet and going out there and trying to fulfill any of our dreams.

EDUARDO VEGA: Absolutely, like that's what really what recovery is all about, what George is saying. And ALMA is really seeking to bring that message to the Latino community. And also to help reduce the barriers that he talked about. The barriers that in a certain way maybe it may amount to institutional stigma that prevent Latinos and Hispanics from getting help that they need in order to move on to the kind of lives

that they want to have. A couple of our other of our priorities just to get them on paper there would be to sort of advance -- to promote linguistically appropriate and culturally competent mental health practices. And again, to make sure that those practices, which reach and touch Latino consumers, are person-centered and recovery based and really help people who are in the system move towards the kind of lives that they want to lead.

MARIA-JOSE CARRASCO: Where could people go to find more information or if they want to join the group? Do you host conference calls? Or how could people access more information about ALMA?

EDUARDO VEGA: At this point we're working on putting together a website. We are sort of -- we are kind of formative and we have been having a not monthly steering committee calls. What I would like to say is that at this point what we'd really appreciate is if people would write us e-mail, contact us directly. Either they could do that through writing to alma@nami.org or alma@mailgroup.nami.org, or writing to me, personally, vega@almha.org. And we do expect to have a website up soon. We actually have the URL. It's almha.org. But we haven't got our website up yet.

MARIA-JOSE CARRASCO: At this point I think we have around fifteen minutes. I'd like to open the floor to questions and answers from the audience.

OPERATOR: Thank you. The floor is now open for questions. If you do have a question please press star, one, on your touch tone telephones at this time. Thank you.

The first question comes from Michelle from El Paso.

MICHELLE: Hi, yes. I'm calling from El Paso, which as you know -- may or may not know is on the border with Juárez, Mexico. And I was -- wanted to thank our speakers so much because I think they shed a lot of light on the issue of Latinos and mental health. And going back to this issue about doctors and the respect that we pay to doctors, it seems to me like what we were mainly was having to talk about was peer support. And just kind of anecdotally is that I think that we can't underestimate the stigma issue with respect to Latinos. I mean, I live in a community that is 75 percent Latino. I'm very active in the local depression, bipolar support alliance. And out of, you know, 50, 60 members, you know, there is two Latinos. And this is in a city that's overwhelmingly Latino. And I think one of the -- in terms of what I would recommend as it bides (ph) in my experience is that a huge key has to do with the doctors, because doctors are listened to and (inaudible) whatever, is that doctors need to refer the patients to peer support. That is not happening here. An example is we sent out a letter on DBSA letterhead. I got us a grant, to 252 providers. That included LPCs, psychiatrists and psychologists. Of them a good number of them were Latinos. The letter was in English but it cited -- it also had a flyer that was in English and Spanish that said where our support groups were and I ran the support group in Spanish, my phone number, et cetera, and a letter of support from a prominent pastoral counselor who was our professional advisor. That letter went out saying here we are, this is what we do, we've got literature in Spanish. We've got literature in English. You know, the three -- the tenants of recovery are, you know, psychiatrist, therapist, and support group or peer support. And I was manning the cell phone and I got ten phone calls and that was it out of 252 letters and only two of whom had anything to do, interest in Latinos.

And I ran the first support group that DBSA ever had in the whole United States in Spanish, and that was several years ago and I tried to start it up again, but people don't want to come. And I know that it's not because there's like all these services. Texas ranks like 49th out of 50 states in services in mental health spending. And it's, you know, I think the stigma issue is just tremendous. I think people go to a psychiatrist, that's one thing, and they say well, I'm going to see a doctor. But maybe the stigma issue is they don't want to go seek that peer support because then other people will know or et cetera. And I think that a lot of it really has to come from the mental health professionals, the therapist and the doctors to refer patients to, you know, peer support. And I just can't tell you how incredibly frustrating it is and overwhelming because I'm pretty much the only one working on this and, you know. I mean we had -- we had a thing on *telemundo* (ph). We had different things, and my Spanish isn't perfect and I'm embarrassed to do a story on, you know, go on TV and not because of my -- I'm a consumer, but because my Spanish isn't perfect and I would tell people when I ran the group, look, you know, I'm not a therapist. I'm a

consumer, and my Spanish isn't great but at this point this is all we got. I'm the only one that's trained at facilitating your meetings. So I would be there with my little dictionary, you know, whatever, but.

And so here in a city where you have an overwhelmingly Latino community, you know, it's – you'd think that it would be easier here and in fact it's difficult. And we do have quite a few Spanish speaking therapists and Spanish speaking psychiatrists. There's huge wait lists to get in to see them but yet they're not making those referrals. I think somehow they just haven't bought into the peer support, and I don't know what we can do about that. But it's just a huge issue, and just a small suggestion is like with the ALMA website when that gets set up, maybe they could talk to DBSA national and set up a link on the DBSA website, because DBSA actually has the complete website in Spanish now.

SPEAKER: Oh, wow.

MICHELLE: They have everything in Spanish, and so it's wonderful. It's really quite good, but, so you know, building alliances and stuff is good. But I just thought, you know, throw my little \$0.02 worth in about that about, you know, the issue of -- and you know, family, the best thing about family is like for me, I mean, I've been in the hospital 18 times. And, you know, my parents are like what are we going to do. And I told them, look. You can tell everyone under the sun, I don't care. And I told my doctor. Everything that you can tell me, you can tell my parents and to my husband. And you know, and if the patient has to make that known that they want their family involved, a lot of times you know they're just not willing to learn. And someone asked about -- something about literature. I've got five boxes of literature in Spanish sitting on my porch that I can't give away. If anyone wants it, I'm more than happy to send them some. Some of the titles are (Spanish); another one is just called (Spanish), another one (Spanish), (Spanish), (Spanish). And I also have some on bipolar and I also have some on depression in men in Spanish.

EDUARDO VEGA: Well, I think that really underscores an important point, Michelle, which is that just translating things into Spanish really isn't enough. It doesn't really reach people. I think a lot of organizations want to say, oh, we're being culturally competent. Look, we've translated our flyer into Spanish. But really it isn't sufficient and in addition, it doesn't really do the basic thing you need to do, which is to make contact with the community to engage people where they meet. And I think -- I have a couple of ideas, and George, I'd like to hear from you too. Based on what we do here in California and what I've seen work other places, which is that connecting with people in a proactive sense rather than in the hospitals I think can really be a good way to build a foundation for peer support. And what I mean by that is having consumers make connections, maybe set up peer support groups in community centers, at churches, at places that are comfortable for people to be is a really good step, because it helps create a positive foundation where people view peer support groups as something that they might want to go to, as something natural rather than something associated with disease or disability, something that you're going to find only at a hospital.

In my experience talking with people around the country, that has really been a key to them not only promoting peer support, but just connecting with people to promote mental health in general, which is making those important outreach steps to community mental -- community health centers, not just mental health centers, but also church groups and, you know, even like local fairs and stuff like that.

MARIA-JOSE CARRASCO: Thank you. We're ready for the next question operator.

OPERATOR: Thank you. The next question comes from Susan from Frankfurt.

EDUARDO VEGA: We could have questions in Spanish, too. I want to make it known.

MARIA-JOSE CARRASCO: From Susan where?

EDUARDO VEGA: Was there a Susan from Frankfurt on the line?

SUSAN: Yes, I'm here. Can you hear me?

EDUARDO VEGA: Yes.

SUSAN: Can you hear me?

EDUARDO VEGA: Yes

SUSAN: OK, I'm sorry. I guess I was muted and didn't realize it. This question is for Mr. Vega. Could you please tell us what the phone number is for the national suicide hotline in Spanish? I work for a disability rights office in Frankfurt and we do like to get crisis information gathered so if we do get a call we can certainly pass that information on.

EDUARDO VEGA: Well, you can call the national suicide prevention lifeline. The main number, 1-800-273-TALK or 273-8255 and you will get a prompt to speak in Spanish. There's also a separate Spanish number and if we want to take another call, I'm going to run over to my desk and get it for you and I can report that back to you in a minute.

SUSAN: OK, that will be great. Thank you.

EDUARDO VEGA: OK.

OPERATOR: Thank you. The next question comes from Eric from Brooklyn.

ERIC: Hi, good evening, everybody. I just learned about ALMA recently, yesterday when I got the e-mail so I don't know what work is being done in this area. I work as a peer specialist at the Rainbow Heights Club which is the only publicly funded psycho-social club for LGBT consumer, that's lesbian, gay, bisexual and transgender consumers. And I also serve on the multicultural advisor committee of the Commission of the New York State Office Of Mental Health, and there is a stop level of cultural competence when it comes to Latinos, and I wanted to know if your organization is doing anything to address the LGBT community, the issues of, you know, lesbian, gay, bisexual and transgender consumers. There's a lot of issues of trauma, broken family ties. You were talking about how family is important in -- with LGBT consumers it's very common that the families sever the ties because of not accepting the sexual orientation or the gender identity of the consumer. Also, we have problems in which many, many providers still consider homosexuality as a mental illness, which since 1973 was taken out of the DSM as a mental illness. And a lot of providers on moral and religious grounds still homosexuality as a mental illness.

In terms of transgender issues, an example is there was a male to female person who transitioned and she was fully female and one therapist called her by her male name and the client immediately dropped the therapist and the therapist was wondering why did she drop me. And we told her the reason. And so I was -- my question was, I wanted to bring, you know, to this national discussion as a sublevel of cultural competence what, if anything, will you be doing in terms of the needs of lesbian, gay, bisexual, and transgender Latinos who are consumers, George or Eduardo.

GEORGE BADILLO: We -- excuse me. Hi, Eric, this is me, George.

ERIC: Hi, George. How are you?

GEORGE BADILLO: No, in -- I know that out here in Long Island there are pretty much cultural centers to, you know, and I remember being in the ward and there was a person there and, you know, she required -- she wanted her own room and different times of showers, you know, to shower. She didn't want to shower because we all showered together. She got what she wanted. They gave her, her own room, her own set time. You know, and I thought that there were, you know, out here pretty sensitive to that.

ERIC: I know you went to Puerto Rico and I have the impression that they are still not as advanced as especially in New York in terms of addressing the needs of LGBT consumers. Especially, a lot of consumers will not reveal to their therapist that they are LGBT and you know, that hinders the effectiveness of the treatment when you cannot even talk about something so important as your gender

identify or sexual orientation. So I just wanted to make sure that, you know, in any national discussion of Latino consumer issues that please do keep in mind the needs of this underserved population.

GEORGE BADILLO: Yes. Eduardo, do you have any comments?

EDUARDO VEGA: Well, yes. First of all I'd like to thank you for bringing that up and I'd also -- I don't know if we've met. I've been actually to Rainbow Heights a while ago.

ERIC: Oh, my goodness.

EDUARDO VEGA: Christian is a good friend of mine, actually.

ERIC: OK, great.

EDUARDO VEGA: Tell him I said hi. But also, can you -- I would like to say that I think that you really hit the nail on the head, which is that regardless of where you are personally, where we are personally with issues of sexual identity or sexual preference, one of the things that we can all do and that we should all I think of ourselves as doing, at least in the spirit of ALMA, I guess, is advocating for each other. And sometimes that means, you know, helping somebody who doesn't feel that they have a voice or feels that their voice won't be heard or won't be respected, stepping in there when possible to advocate for them. And I know that this happens a lot. This happens a lot in the Latino community already I think to some degree, where you'll have somebody for instance going with somebody to a doctor, either to translate or as a supportive friend. This is one strength, I think, that we have that we can hold on.

ERIC: Yes.

EDUARDO VEGA: So knowing people that have experience in advocacy and are comfortable with these issues is a major, I think is a major tool that we can all use to support each other. So I mean I would like to invite you personally to participate more in our dialogs. We will do that, but in any case, or even if you don't, we want to hear and have links to advocates working across the field who can represent and help us all speak with one voice.

ERIC: OK, I happen to know George here in New York, so I will be in contact with him about this issue.

EDUARDO VEGA: Thank you.

GEORGE BADILLO: OK.

ERIC: Thank you, guys.

GEORGE BADILLO: And I highly recommend you.

MARIA-JOSE CARRASCO: We have time to take two final questions.

OPERATOR: Thank you. The next question comes from Blanca from Los Angeles.

BLANCA: Hi.

GEORGE BADILLO: (inaudible) Hi, Blanca.

EDUARDO VEGA: How are you?

BLANCA: Hi, hi. It's just a comment as Latino who lives here in L.A., I have a suggestion for people who work for the Latino community and their country or nationally. So I think that it is very important that if you want to really, really reach out Latinos, you have to take off the hat that the organization you represent, because if you identify with them as a -- the image worker or NAMI or (inaudible), they don't trust. There

is a lot of mistrust on the Latino community because first of all we come from countries where the government -- we have abused by the government. And also, if the system is trying to reach out, we say, hm, this is something that (Spanish). So it's very, very important if you are a family member, community member, or consumer, you have to identify as one, because if we don't change the strategies we won't be able to reach out Latinos and include them in recovery or entry in the change (inaudible) where our idea is to change the mental health system.

Another thing that is very important is that about Eduardo said that is not important. I know is not, is not important to spread information in Spanish, but it's something. But I think that we need to disseminate the word more in the language that -- different languages. So the lady that has that information and is -- can you please send it to me?

EDUARDO VEGA: Yes, Blanca, no, I think -- what I was trying to say actually was that translating is not enough.

BLANCA: Oh yes, it is not. It is not enough. I know is not enough but it is something.

EDUARDO VEGA: Absolutely.

BLANCA: Better than nothing.

GEORGE BADILLO: And a lot of times I sit there and I -- and say cultures and we talk about food and share experiences as human beings.

BLANCA: Yes.

GEORGE BADILLO: And then before the trust happens, because it took a while for the Spanish, you know, community to (inaudible).

BLANCA: Yes. Eduardo is right when he said that in the Latino community we trust blindly in what the doctor said.

GEORGE BADILLO: Yes.

BLANCA: That is something that is very important. If the system continues trying to reach out Latinos in the system morals or doctor morals, it won't happen and we're not going to be able to change their life. Because like I said, my challenge, my hard challenge, my more difficult challenge is to, is being to bring trust on them. And so what I learn is that I -- when I then -- I go to -- I have to -- I know I have to identify with them as the consumer not as the (inaudible) because they will (inaudible).

GEORGE BADILLO: Yes.

BLANCA: OK, thank you.

GEORGE BADILLO: OK.

MARIA-JOSE CARRASCO: We are ready for one last call, our last question.

OPERATOR: Thanks. Our final question comes from Irma from Brooklyn.

IRMA: Yes. What I wanted to say is that we do need information like in Spanish for the Spanish speaking people, because to me there is not enough. And that there is a problem with many people identifying, you know, the consumer identifying with mental illness, and I feel that's one of the many reasons they do not go to see a doctor or a psychiatrist or a counselor or a therapist. And I have a son who has, who has bipolar and he'll go to his psychiatrist but he will not go to a therapist because he has problems speaking and he

does not feel comfortable because he does not trust the doctor. So trust is very important and I would like to know, what do you suggest on what I am I saying?

EDUARDO VEGA: That goes a little bit to some of the stuff I think we have been talking about, and I think it's good that we're getting to the nitty gritty. What does it mean to establish trust with somebody and to connect with them? This is kind of part of my point about Spanish translation materials. They have to be necessary but not being enough because really, you know, what's the message when somebody hands you a pamphlet. You know, it's like, here read this and that's going to empower you. But what we're trying to do, consumers and peers in the movement, is reach out to each other, is connect to each other. And that really means people meeting one on one and like doing the work that Blanca does, of going out into the community. Saying, hey, I'm here, I'm like you. Let's talk about, let's talk about our lives. Let's move forward and let's go forward together rather than, you know, here's some information so you can learn more about your disease. We want to think about, as George pointed out, you know, about moving forward. Being whole people, you know, making mental illness that -- a smaller and smaller part of what happens in our daily lives. And we can do that by connecting with each other, by connecting with our communities and building support between ourselves.

GEORGE BADILLO: Yes, and I have, like in Long Island, I have written down all the, all the subcommittees and councils that are out in the community and trying to get a peer to sit on them and to attend it, because, you know, in the towns, any town meeting. And, you know, I try to get different peers to go to it. You know, right now there's one lives in Huntington. Can you attend this meeting? You know, so we can have our voice and know what's going on.

IRMA: Well, if you happen to have any in Brooklyn I'd be more than willing to attend.

GEORGE BADILLO: OK, I'll do some research and find, OK?

IRMA: Yes. I'd be more than willing to help out.

GEORGE BADILLO: Because it's important for us to sit on these committees and go into these meetings.

IRMA: I know that in Brooklyn there are not many that are Spanish or bilingual.

GEORGE BADILLO: Mm hm, yes.

IRMA: So...

GEORGE BADILLO: And there's a large Spanish community in Brooklyn.

IRMA: Yes.

MARIA-JOSE CARRASCO: At this point I want to thank Eduardo and George. Thank you very much for taking time out of your busy schedules to take part in this. I want to thank everybody that called in and I want to especially thank the Star Center for allowing me to be part of this. It has been a real pleasure to be part of this discussion. Before I leave I just want to mention something really quick, and that is that NAMI publishes now a Spanish language newsletter that is created since the beginning in Spanish by Latinos and for Latinos, so all of the content has been listed by Latinos. The majority of the content is written since the beginning in Spanish. The newsletter is free of charge and covers all types of issues from recovery to self help to research out there and much more. You can sign up to receive the newsletter online for free at the NAMI website at www.nami.org. The newsletter is called Avanzamos. And we're always also looking for people to submit articles if you are interested. So again I want to thank Eduardo and George for all that they have contributed today. I think a lot of us will be looking forward to hearing more about ALMA and all the wonderful that it is doing. And again, this conference call will be recorded on the Star Center website and that's www.star-consumerstar.org. Thank you very much.

GEORGE BADILLO: Thank you.

MARIA-JOSE CARRASCO: Thank you, good night.

MALE SPEAKER: Thank you Eduardo and George.

GEORGE BADILLO: Thank you.

OPERATOR: Thank you, everyone. This does conclude today's teleconference. You may disconnect your lines at this time and have a wonderful night.

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