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Learning and Teaching Latino Mental Health, Social Justice and Recovery to Visiting Students

A Pilot Study

Aprendizaje y enseñanza de la salud mental, la justicia social y la recuperación de los latinos para los estudiantes visitantes: un estudio piloto

Aprendendo e ensinando saúde mental latina, justiça social e recuperação para alunos visitantes: um estudo piloto

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Resumen

Aproximadamente el 18% de la población de los Estados Unidos es hispana (United States Census Bureau, 2019), de ellos, el 15% tuvo una enfermedad mental diagnosticable en el último año (Substance Abuse and Mental Health Services Administration, 2020); aun así, los latinos reciben la mitad de los servicios de salud mental que los caucásicos (Office of Mental Health, 2020). Los grupos étnicos minoritarios reciben estándares de atención más bajos debido a creencias o actitudes sesgadas de profesionales de la salud (Shepherd et al., 2018). El número de psiquiatras latinos no es suficiente para atender a la creciente población latina en los Estados Unidos (Alarcón, 2001; American Psychiatric Association, 2017). Existe la necesidad de capacitar a estudiantes de medicina y residentes en competencias culturales (Alarcón, 2001). Desarrollamos un estudio piloto de curriculum con las siguientes lecciones: (a) Disparidades de salud y sesgos implícitos, (b) Recuperación en salud mental, (c) Inmigración y aculturación, (d) Entrevista de formulación cultural (e) Valores latinos, (f) Sistemas de salud mental. Las lecciones utilizaron la técnica de enseñanza "aula inversa" con ejercicios interactivos de aprendizaje. Medimos el impacto en conocimiento, actitudes y nivel de comodidad relacionados con el concepto enseñado. Esta enseñanza tiene un impacto positivo en la mejora del nivel de comodidad y el conocimiento de los estudiantes. No hay suficientes oportunidades educativas e información sobre estos temas. Por lo tanto, replicar este plan de estudios y expandir la educación en salud mental latina mejorará los servicios de salud que se brindan a esta comunidad.

Abstract

Almost 18% of the U.S. population is estimated to be Hispanic (United States Census Bureau, 2019), and of that, 15% had a diagnosable mental illness in the past year (Substance Abuse and Mental Health Services Administration, 2020); still, Latinos receive half as often mental health services compared to Caucasians (Office of Mental Health, 2020). Evidence suggests that minority ethnic groups may receive more inferior care standards due to biased beliefs or attitudes held by health professionals (Shepherd et al., 2018). The number of Latino Psychiatrists is not enough to care for the on-growing Latino population in the U.S. (Alarcón, 2001; American Psychiatric Association, 2017). There is a need to train medical students and residents in cultural competencies pertained to the Latino Culture and Health Services (Alarcón, 2001). We developed a pilot study of a curriculum created by Latino bilingual and bicultural mental health providers. The course lessons include (a) Health Disparities and Implicit Bias, (b) Recovery in Mental Health, (c) Immigration and Acculturation, (d) Cultural Formulation Interview, (e) Latino Values, and (f) Mental Health Systems. All topics focused on Latino Mental Health and used the "reverse classroom" teaching technique with interactive exercises. We measured the impact on knowledge, attitudes, and comfort level related to the concept taught in the lessons of this course. Teaching Latino Mental Health has a positive impact on improving the comfort level and knowledge of students. Nevertheless, there are not enough educational opportunities and information about these topics. Therefore, replicating this curriculum and expanding the education in Latino Mental Health will improve the health services provided to this community.

Resumo

Quase 18% dos EUA estima-se que a população seja hispânica (United States Census Bureau, 2019) e, desta, 15% tiveram uma doença mental diagnosticável no ano passado (Substance Abuse and Mental Health Services Administration, 2020); ainda assim, os latinos recebem a metade dos serviços de saúde mental em comparação com os caucasianos (Office of Mental Health, 2020). As evidências sugerem que os grupos étnicos minoritários podem receber padrões de cuidado mais inferiores devido a crenças ou atitudes tendenciosas dos profissionais de saúde (Shepherd et al., 2018). O número de psiquiatras latinos não é suficiente para cuidar da crescente população latina nos EUA. (Alarcón, 2001; American Psychiatric Association, 2017). Há necessidade de treinar estudantes de medicina e residentes em competências culturais pertinentes à Cultura Latino e Serviços de Saúde (Alarcón, 2001). Nós desenvolvemos um estudo piloto de um currículo criado por provedores de saúde mental bilíngues e biculturais latinos. As lições do curso incluem (a) Disparidades de saúde e preconceito implícito, (b) Recuperação em saúde mental, (c) Imigração e aculturação, (d) Entrevista de formulação cultural, (e) Valores latinos e (f) Sistemas de saúde mental. Todos os tópicos enfocavam a saúde mental latina e usavam a técnica de ensino de "aula reversa" com exercícios interativos. Medimos o impacto no conhecimento, nas atitudes e no nível de conforto relacionado ao conceito ensinado nas aulas deste curso. Ensinar saúde mental latina tem um impacto positivo na melhoria do nível de conforto e conhecimento dos alunos. No entanto, não há oportunidades educacionais e informações suficientes sobre esses tópicos. Portanto, replicar este currículo e expandir a educação em Saúde Mental Latino irá melhorar os serviços de saúde prestados a esta comunidade.

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The United States (U.S.) population is continuing to become more diverse. From 2015 to 2016, the U.S.'s Hispanic population grew by 2% up to *57.5* million. Latinos are now the largest racial/ethnic minority group in the U.S., accounting for almost *18%* of the U.S. population **(United States Census Bureau, 2019).** Furthermore, by 2044, more than half of all Americans will belong to a minority group (any group other than non-Hispanic White alone**) (United States Census Bureau, 2019)**.

Despite the Latino population growth, Latinos continue to experience low quality of mental health care and health outcomes **(Chang & Biegel, 2018; Delphin-Rittmon, Andres-Hyman, Flanagan, & Davidson, 2013)**. Cross-cultural disparities in health include language barriers, health literacy, and a lack of cultural competency. Moreover, the perception of mental illness and access to care are critical barriers for Latinos in the U.S. **(Chang & Biegel, 2018)**. For instance, biased beliefs or attitudes held by health professionals contribute to minority ethnic groups receiving inferior standards of care than the general population **(Shepherd et al., 2018)**.

Lack of cultural understanding by health care providers may contribute to underdiagnosis or misdiagnosis of mental illness in people from racially/ethnically diverse populations **(Soni, 2015)**. Treatment decisions made by health professionals based on a patient's race or culture with differing health beliefs and expectations of care contribute to experiences of discrimination with health services **(Delphin-Rittmon et al., 2013)**. Therefore, it is crucial to implement specialized professional training in Latino mental health, including cultural beliefs, conceptualizations of health, language barriers, being an immigrant, and the lack of culturally appropriate intervention addressing Recovery.

Conceptual Context

Recovery in mental health is what people experience as they become empowered to manage their mental illness and substance use disorder to achieve a meaningful life and a definite sense of belonging in their community **(Michael Rowe & Davidson, 2016)**. Being in recovery refers to learning how to live a safe, dignified, full, and self-determined life in the face of the enduring disability, which may be associated with serious mental illness **(M. Rowe & Baranoski, 2011)**. Several communities worldwide have implemented the concept of Recovery in mental health services **(Eiroa-Orosa & Rowe, 2017; O'Connell, Clayton, & Rowe, 2017; Pelletier et al., 2017)**. However, most of these studies are in white populations. Consequently, there is a lack of data and research on the importance of considering sociocultural differences in the translation and implementation of innovative ideas such as Recovery **(Onocko Campos et al., 2017; Stewart, Black, Benedict, & Benson, 2017)**. There is a need for research and education on Recovery adapted to minorities, in particular to the Hispanic population.

Training and supporting diverse and culturally mental health professionals are crucial strategies to improve the quality of care for Latinos in the U.S. **(Delphin-Rittmon et al., 2013)**. Research had also shown that matching Hispanics ethnically and linguistically with their therapists provides better treatment outcomes and a lower probability of premature treatment termination **(Sue, Fujino, Hu, Takeuchi, & Zane, 1991)**. However, the number of Hispanic or Latino Psychiatrists is not enough to care for the on-growing Latino population in the U.S. **(Alarcón, 2001; American Psychiatric Association, 2017)**. Specialized established mental health services for Latinos will provide a framework for future generations to obtain training to then caring and training others. Thus, we developed a curriculum addressing these specialized needs.

Method

Intervention

Culturally sensitivity and recovery-oriented training are challenging to teach. The teaching task becomes challenging when addressing monolingual Spanish speakers in the USA seeking mental health care. Understanding that bias in health care is a significant influence on health disparities motivates us to learn. Thus, the goal of this curriculum is to learn about health disparities, teach skills to avoid bias in mental health and recovery-oriented care specifically for underrepresented minorities.

Participants

Psychiatry residents, medical students, and mental health trainees from psychology, psychiatry, nursing, social work, or public health rotating at the Hispanic Clinic and the Yale Program for Recovery and Community Health (PRCH) participated voluntarily in an educational program focusing on recovery-oriented mental health care for Spanish Speakers. The Yale medical student sub-internship is usually four weeks, but trainees from other disciplines might stay longer.

During the first run of this pilot study, five learners participated in the lessons. Four of them were Psychiatry residents in their home countries (Colombia-1, Chile-1, and Brazil-2), and one medical student visiting from another university from Connecticut.

Procedure

The curriculum offers five one-hour weekly sessions, which take place in person at the Hispanic Clinic; however, since the COVID-19 pandemic, we meet on a virtual platform with videoconference capacities. Yale faculty and fellows facilitated the sessions. The sessions' topics include bias in health services, health disparities, immigration and acculturation, recovery-oriented mental health care, Cultural Formulation Interview, Latino values, and Mental Health Systems. We use an experiential approach to address adults' learning **(Kolb, Boyatzis, & Mainemelis, 2001)** and "reverse classroom" or "flipped classroom" to maximize learning time during the group discussion. Below is a description of the lessons presented to the learners.

Design

We ask the students to complete several parts of the online implicit association test (IAT). The test forces the learner to become aware of biases that they did not know they had. It provides a rationale to be attuned to our reactions and be skillful to elicit the right information to address unique presentations and wishes and cultural and structural issues affecting health outcomes **(Nosek, Greenwald, & Banaji, 2005)**.

It is crucial to learn that the underrepresented minorities in the U.S. do not have the same health outcomes as the general population. Health inequalities for minorities have been present for years, but despite many attempts to address them, they have persisted. Thus, we ask the learners to review pertinent literature **(Smedley BD, Stith AY, & AR, 2003)** and watch the institute of health improvement dialogue videos about Health Disparities and the reasons behind them for a discussion during the session **(Institute for Health Care Improvement, 2018)**.

The immigration experience is unique to each person. It involves grieving and learning a new culture leading to the development of new identities and reshaping aspects of the personality. When this experience is successful, an immigrant can see the world with two cultural perspectives. We ask the learners to review pertinent literature introducing some development concepts and aspects of acculturation and challenges. Discussion focuses on the immigration experiences of the participants. **(Akhtar, 1995; The APA Presidential Task Force on Immigration, 2013)**.

People with lived experience of mental health conditions have a unique perspective crucial for mental health care providers to learn. Recovery-oriented mental health care for the general population has representation in some institutions, but recovery-oriented specific interventions for the Hispanic population are lacking. We introduce concepts of recovery emphasizing person-centered care, the need to instill hope, and recovery-oriented language to stay away from labeling. We provide the learner with selected literature to review, and during the sessions, the learners participate in an experiential exercise about the effect of label perceptions for mental disorders **(L Davidson, O'Connell, Tondora, Styron, & Kangas, 2006)**.

The Cultural Formulation Interview (CFI) is a set of sixteen questions to help the clinician elicit appropriate information to understand the person and cultural and structural background. The learners review the CFI before the class and prepare to practice the questions in

a role play following a clinical vignette. We discuss the Latino values to understand the unique characteristics of the Hispanic culture. The experiential approach provided by the role-playing elicits reflection **(Anez, Paris, Bedregal, Davidson, & Grilo, 2005; Lewis-Fernández et al., 2017)**.

The final session is a review of the mental health systems in different Latino countries. It gives a perspective of the multiple influences shaping policies and mental health outcomes. Participants from diverse backgrounds provide insight into the mental health delivery process in their own countries, eliciting a rich discussion **(Alcalá, Chen, Langellier, Roby, & Ortega, 2017; Jacob et al., 2007)**.

Table 1.
Lessons goals and objectives

Lesson	Goals	Objectives	Educational Strategy
Unconscious Bias and Health Disparities	Create awareness of personal bias and its consequences when mental health care providers are not aware of it. Learn the multiple influences leading to health disparities	Recognize own biases and their role when providing health care. Share experiences after reviewing the Implicit association test and list examples of Implicit bias in health care. List health disparities in the USA List influences that perpetuate disparities and prevent the implementation of recovery-oriented care.	Reverse classroom and group discussion Materials used: IAT https://implicit.harvard.edu › implicit › takeatest Institute for Health Improvement videos: https://youtu.be/NWNgUXyvDuo
Immigration and acculturation	Understand the immigration process and its consequences in Mental Health care	Name challenges related to the Immigration of Hispanics in the U.S. List immigration psychological consequences Name acculturation stages and challenges Describe positive outcomes from immigration	Share experiences of immigration and discussion of the literature with clinical examples Participants are invited to provide examples from the Clinical experience at the rotation
Recovery-Oriented Systems of care	Understand the philosophy of person-first language and its intersection with recovery-oriented practices.	List essential elements of recovery-oriented systems of care Give examples of recovery-oriented language Name consequences of using labels Describe recovery interventions: Citizenship, and Person-Centered Recovery Planning	Discussion of literature reviewed and experiential exercise with recovery-oriented language. Self-reflection about discriminatory language
Cultural Formulation Interview, CFI	Gain skills to be culturally and structurally sensitive when performing an interview	Define culture Name three themes from the CFI Define three Hispanic values List consequences of not understanding the culture of the person being evaluated	Role plays of a clinical vignette using the CFI questions Share Self-reflection of the experience by the interviewee, the interviewer, the observers.
Mental Health Services for Hispanics	Gain perspective about policies and influences of mental health care and outcomes in different countries	Name differences and challenges of mental health services for Hispanics in different countries List health disparities in Latin American Countries. List barriers for equitable mental health services for Hispanics List helpful policies to overcome disparities	Literature review and presentation summary Discussion about how health systems differ in Latin American Countries and the USA

Fuente: elaboración propia

Analysis

The learners completed an anonymous survey before and after the education program. They received a set of questions that evaluated their level of comfort, knowledge, and attitudes using a Likert scale. The questionnaire also had a few free-text questions assessing their description or recovery and feedback to improve the program. Tables 1a and 1b contain the questionnaires used for evaluation in the Appendix section.

Results

We collected information from the learners before and after they participated in all the programmed lessons. Their answers were anonymous and obtained electronically via the Qualtrics Survey platform. We measured knowledge, attitudes, and level of comfort, and we compared the answers obtained. The questions of the questionnaire represented the goals of each lesson. Therefore, they functioned as a needs' assessment tool and as an evaluation of the didactic lessons.

The five learners who participated in this first run of this pilot study, completed the pre-questionnaire, and only four completed the post-questionnaire. Tables 2a and 2b present the results of both questionnaires.

At the beginning of the didactic sessions, most of the learners identified that recovery, recovery-oriented services, and the Cultural Formulation Interview (CFI) were the ones they felt the least knowledgeable. *60%* of the students considered that they were slightly knowledgeable about recovery. *60%* answered that they felt extremely or somewhat uncomfortable about discussing recovery-oriented services. Regarding the CFI, all learners *(100%)* considered themselves as slightly knowledgeable or not knowledgeable at all. On the other hand, most of the students (*60%*) considered they would be somewhat likely to discuss social determinants of health in the Hispanic community.

Besides assessing the level of comfort and knowledge of the learners, we collected answers from the participants about recovery and its challenges in implementation in the students' country of origin. We found a common topic about recovery and its definition as a "way of living, a journey, a process" and focused on patients' needs. Most learners did not participate in courses, seminars, or didactics about these topics before coming to these sessions. The barriers to learning

about culture, recovery, and mental health oscillated between lack of resources, lack of interest from the government and organizations dedicated to mental health, and the low number of opportunities to receive training about these topics.

Table 2a.
 Pre questionnaire results

Questions n=5	
1. Rate your knowledge about Recovery prior to beginning preparation for this class	
Extremely knowledgeable	00% (0)
Very knowledgeable	20% (1)
Moderately knowledgeable	20% (1)
Slightly knowledgeable	60% (3)
Not knowledgeable at all	00% (0)
2. Rate your knowledge of disparities in health/mental health care	
Extremely knowledgeable	00% (0)
Very knowledgeable	20% (1)
Moderately knowledgeable	60% (3)
Slightly knowledgeable	00% (0)
Not knowledgeable at all	20% (1)
3. How likely are you to discuss possible influences of immigration and acculturation in the Hispanic community?	
Extremely likely	20% (1)
Somewhat likely	00% (0)
Neither likely nor unlikely	60% (3)
Somewhat unlikely	20% (1)
Extremely unlikely	00% (0)
4. How likely are you to discuss the impact of culture on patient-provider interactions with patients?	
Extremely likely	20% (1)
Somewhat likely	00% (0)
Neither likely nor unlikely	40% (2)
Somewhat unlikely	20% (1)
Extremely unlikely	20% (1)
5. Rate your comfort level discussing and describing recovery-oriented services	
Extremely comfortable	00% (0)
Somewhat comfortable	00% (0)
Neither comfortable nor uncomfortable	40% (2)
Somewhat uncomfortable	40% (2)
Extremely uncomfortable	20% (1)
6. How likely are you to discuss Social Determinants of Health and its impact on mental health in Hispanics?	
Extremely likely	00% (0)
Somewhat likely	60% (3)
Neither likely nor unlikely	20% (1)
Somewhat unlikely	00% (0)
Extremely unlikely	20% (1)
7. Rate your comfort level discussing barriers to access care experienced by the Hispanic community	
Extremely comfortable	00% (0)
Somewhat comfortable	20% (1)
Neither comfortable nor uncomfortable	00% (0)
Somewhat uncomfortable	80% (4)
Extremely uncomfortable	00% (0)
8. Rate your knowledge of implicit assumptions-bias on health care	
Extremely knowledgeable	00% (0)
Very knowledgeable	20% (1)
Moderately knowledgeable	00% (0)
Slightly knowledgeable	40% (2)
Not knowledgeable at all	40% (2)

Questions n=5	
9. Rate your knowledge of the Cultural Formulation prior to beginning the preparation for this class	
Extremely knowledgeable	00% (0)
Very knowledgeable	00% (0)
Moderately knowledgeable	00% (0)
Slightly knowledgeable	60% (3)
Not knowledgeable at all	40% (2)
10. How would you define recovery?	
"A state of improvement that allows someone to function and have a good quality of life."	
"It is a way of treatment based on what the patient thinks about their recovery, that does not focus on symptoms, but focuses on adaptation in society."	
"Processes oriented to facilitate functioning of a person in their community."	
"A life activity; it is a way to resume life after the experience of mental health change."	
"Process lived by a person in order to build a meaningful life and a positive identity, at the same time they live with the difficulties generated by mental illness."	
11. Have you participated in training about cultural influences in health in the past?	
Yes	40% (2)
No	60% (3)
If answered yes, please specify what and when	
"We had some brief lectures at the beginning of med school, but not super in-depth. Around 3+ years ago."	
"Transcultural and International Psychiatry seminar during residency training."	
If answered no, please comment on reasons or barriers	
"We don't have recovery oriented-services in my country; it is not of interest; it looks like something impossible; learned hopelessness."	
"I had no opportunity."	
"They don't do that in my country."	

Fuente: elaboración propia

After participating in the five programmed didactic sessions, we asked the learners to complete a post-questionnaire. From the five students who participated, four answered the post-questionnaire. In general, most learners considered that their knowledge and comfort level increased after participating in these sessions. Topics such as immigration, culture, Social Determinants of Health, and the CFI showed the most significant change in the level of comfort and knowledge. *75%* of the learners considered that their likelihood of discussing immigration and acculturation's influences changed a great deal after the didactic program. Similarly, all participants considered that they would discuss the impact of culture on mental health and social determinants of health (*100%* answered a great deal or a lot). The CFI ranked low in the participants' knowledge before the sessions; however, *75%* considered their knowledge changed significantly after the session.

The topics that presented the least changes in the comfort level and knowledge of the learners in this pilot study were: recovery, recovery-oriented services, disparities in mental health, and immigration. However, none of them received a score of none change at all or little change, but the difference between the pre and post-questionnaire was lower than the topics mentioned above.

We requested feedback or comments from the participants at the end of the program. All feedback received was constructive and positive. Students considered it was helpful and well-organized. A student requested more didactics about the Hispanic culture, such as the Latino Values. Another student mentioned that all specialties, and not only mental health, should receive training on these topics. A learner mentioned liking the readings and videos provided beforehand and related to the didactic sessions.

Table 2b.
Post questionnaire results

Questions n=4	
1. How has your definition of recovery changed?	
A great deal	50% (2)
A lot	25% (1)
A moderate amount	25% (1)
A little	00% (0)
Not at all	00% (0)
2. How has your knowledge of disparities in mental health care changed?	
A great deal	50% (2)
A lot	25% (1)
A moderate amount	25% (1)
A little	00% (0)
Not at all	00% (0)

Questions n=4	
3. How has the likelihood of you discussing the possible influences of immigration and acculturation in the Hispanic community changed?	
A great deal	75% (3)
A lot	00% (0)
A moderate amount	25% (1)
A little	00% (0)
Not at all	00% (0)
4. How has the likelihood of you discussing with your patients the possible influences of culture on your patient-provider interaction changed?	
A great deal	75% (3)
A lot	25% (1)
A moderate amount	00% (0)
A little	00% (0)
Not at all	00% (0)
5. How has your comfort level in discussing and describing recovery-oriented services changed?	
A great deal	25% (1)
A lot	50% (2)
A moderate amount	25% (1)
A little	00% (0)
Not at all	00% (0)
6. How has the likelihood of you discussing Social Determinants of Health and its impact on mental health in Hispanics changed?	
A great deal	25% (1)
A lot	75% (3)
A moderate amount	00% (0)
A little	00% (0)
Not at all	00% (0)
7. How has your comfort level in discussing barriers to access care experienced by the Hispanic community changed?	
A great deal	50% (2)
A lot	50% (2)
A moderate amount	00% (0)
A little	00% (0)
Not at all	00% (0)
8. How has your comfort level in discussing implicit assumptions-bias in mental health care changed?	
A great deal	50% (2)
A lot	25% (1)
A moderate amount	25% (1)
A little	00% (0)
Not at all	00% (0)
9. How has your comfort level discussing the Cultural Formulation interview changed?	
A great deal	75% (3)
A lot	25% (1)
A moderate amount	00% (0)
A little	00% (0)
Not at all	00% (0)
10. Please provide any feedback, comments, or constructive criticism about the didactics. Feel free to include strengths and/or areas of improvement.	
"I really enjoyed the lessons and that we got readings and videos to watch beforehand, this way we had an idea of what would be covered and could ask questions if we didn't understand something. I wish that all doctors in all fields had these lessons! Thank you for everything."	
"Very cool! Didactic, helpful, and well organized."	
"I think the course is quite useful. I could only participate in three sessions, but I find it helpful. Perhaps you could include a brief look at the values of Latin American culture that were presented at the women's mental health conference, in order to look at cultural protective factors."	

Fuente: elaboración propia

Discussion

The development of this pilot study involved aspects of teaching methodology for interdisciplinary and diverse background students, a needs assessment and the evaluation and impact of the intervention with the questionnaires. The carefully designed training modules provided an increase in knowledge and awareness about the core values of person-centered, strength-based, and recovery-oriented approaches.

Improving awareness and gaining knowledge are only two learning steps **(Chen et al., 2018)**. Developing expertise requires practice and hands-on experience **(Sivarajah et al., 2019)**. During this pilot, the learners did not have the opportunity to apply the concepts learned on patient encounters. However, some of the didactics sessions involved role-play and simulation sessions. The learners are encouraged to continue developing expertise by sharing this knowledge and practice with others when they return to their study/work institution.

Providing a teaching environment where the learner reads, discusses, and gets exposed in advance to the session topic, increases the engagement of the students **(Chen et al., 2018; Kolb et al., 2001)**. We enjoyed and participated in lively discussions, where the students shared their personal or clinical experiences and applied the new concepts they learned during the week. Having a conversation-format where we were all seated at a big conference table, rather than in a classroom setting, opened the room as a safe learning space.

Compared to the topic discussions and conversations, the students showed more interest and more active participation when we utilized role-play as a tool for learning the CFI and a language workshop for recovery-oriented services session. The students informally mentioned that those sessions contributed meaningfully to their learning. Figure 1 depicts the improvement in the learners comparing the pre and post-questionnaires results.

Figure 1.
Pr e and Post-course survey comparison
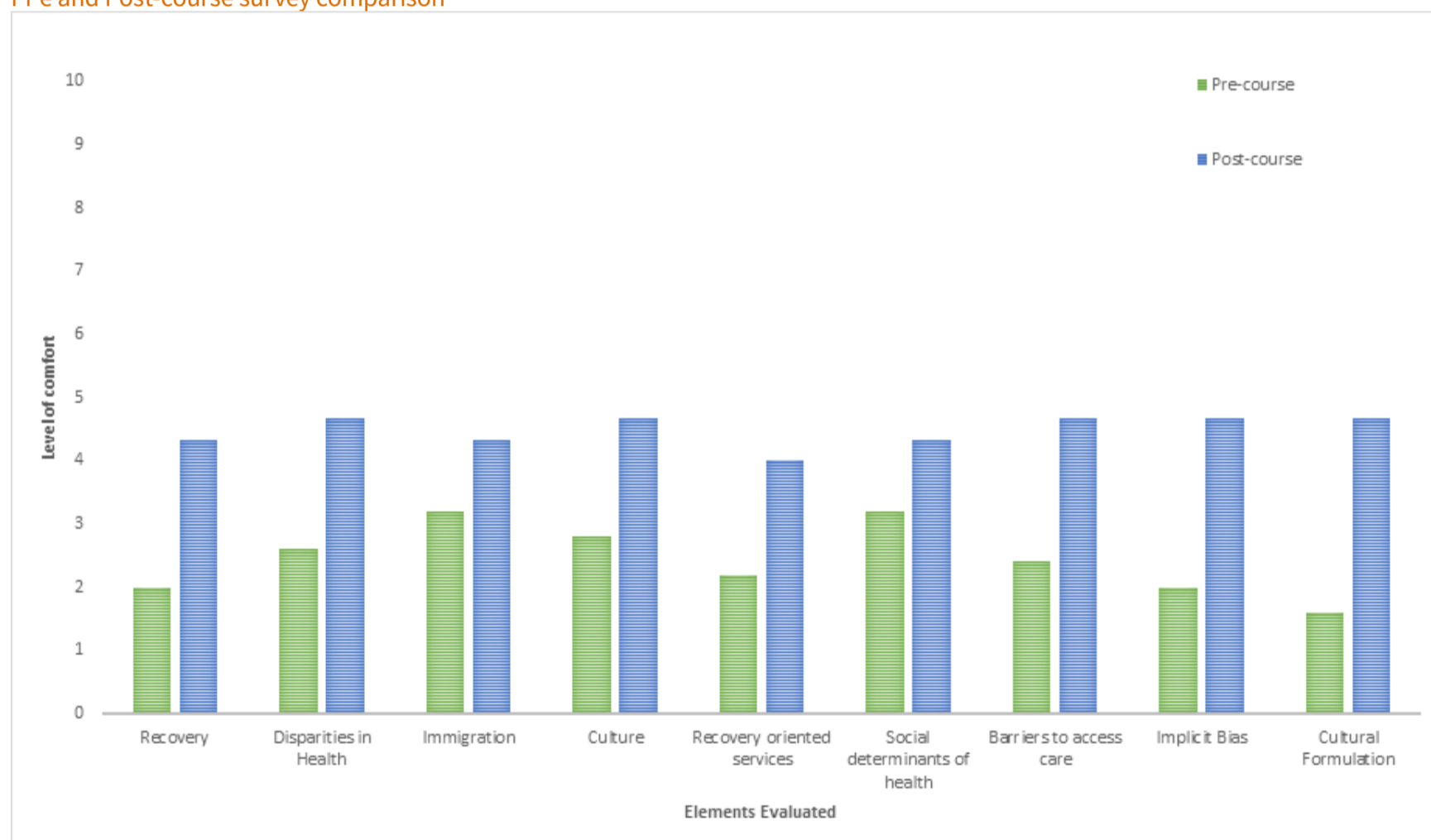
Fuente: elaboración propia

The variety in educational curriculum in medical schools, the different approach in between countries and regions, and the diversity of our learners, limits the understanding of why some topics were better understood than others before the didactic sessions. However, as identified by the pre-questionnaire, Social Determinants of Health (SDOH), immigration, and culture are topics where the students felt the most comfortable before starting the learning sessions. SDOH is a topic frequently taught in Public Health courses or the introduction to Social Studies rather than mental health **(Sharma, Pinto, & Kumagai, 2018)**. Immigration and culture are considered part of these learners' background since they were immigrants and Latinos, so we can speculate that their knowledge about these two areas could be higher because of personal experience rather than formal education on the topic. Nevertheless, immigration is a topic poorly discussed in the home countries of the students since it is a phenomenon that happens when the individual has left their home country; therefore, the students were not exposed to it until they found other immigrants in this country.

On the other hand, new concepts and more specialized areas such as recovery, recovery-oriented services, and the Cultural Formulation Interview (CFI) needed more time and discussion during our sessions. Most of the learners mentioned that these were new concepts and did not hear about them or heard very little in their countries of origin and the stigma of diagnosing a serious mental illness. Understanding the philosophy of person-first language requires that trainees gain awareness about the values of recovery and the impact of one's words on the process of recovery.

Other areas of discussion regarding recovery were that the learners believed recovery-oriented services could not be developed in their origin countries. They considered that the government or health system are not interested or do not have the resources needed for implementation. Assigning more time or possibly a full session for application and implementation of recovery-oriented services in other settings will help develop ideas and options beyond financial limitations.

The conflict between the concepts of Recovery, CFI, and the "traditional educational model" **(Sivarajah et al., 2019)**, based on paternalistic values and focused on eradicating symptoms, was a challenge encountered while teaching some of the lessons. Learners informed that they were used to using diagnostic tools focused on symptoms rather than assessing the person as a whole.

Integrating concepts from a deficit-based to a strengths-based approach to care and culturally-sensitive care is critical for the understanding and application of these concepts in the clinical field **(Larry Davidson, Lawless, & Leary, 2005)**. We recommend that the learners should be exposed early in their academic careers to the concepts of recovery and CFI to facilitate the integration of notions.

Patient involvement, choice, hope, partnership, and collaboration with the family are essential for developing recovery-oriented services **(Corrigan et al., 2018).** The students required extra sessions for discussion of these factors. The learners understood that recovery is not enough to apply and implement recovery-oriented practices into existing traditional mental health clinical services. We discussed that it requires clinicians to make an internal shift in their role to assist a person in fulfilling their individually-defined goals and aspirations and that individuals have the right to a life beyond their illness.

One way of improving the knowledge and acceptance of new concepts is by utilizing familiar themes, such as traditional Latino values **(Anez et al., 2005; Horvat, Horey, Romios, & Kis-Rigo, 2014)**. Utilizing the Latino Values as tools to achieve recovery could benefit the students' learning process and the implementation of it to person-centered care.

During this pilot study, the participants were Latino trainees with a medicine background. It is critical to work on expanding these concepts to non-Latino trainees in order to increase the number of professionals trained in Latino mental health. Since the sessions were created, having in mind Latino trainees, some topics or teaching methods might need to be adapted to the different audiences. Additionally, providing these educational sessions in Latin America, instead of the U.S., would involve focusing more on the concepts of recovery and CFI rather than on immigration and acculturation. Besides the topics mentioned above, continued education on health disparities and implicit bias are components that would be required to be part of the curriculum if it were implemented in Latin America.

The pilot study's main limitation was the small number of participants. Another limitation was the lack of opportunity to implement the learned concepts after completing the five lessons.

We believe that recruiting students and teachers and expanding the information and education about Latino mental health is essential to improve the quantity and quality of mental health care to Hispanics.

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Appendix

Table 1a.
Pre questionnaire

Questions	Likert scale options				
1. Rate your knowledge about recovery prior to beginning the preparation for this class	Not knowledgeable at all	Slightly knowledgeable	Moderately knowledgeable	Very knowledgeable	Extremely knowledgeable
2. Rate your knowledge of Disparities in Health/Mental Health care	Not knowledgeable at all	Slightly knowledgeable	Moderately knowledgeable	Very knowledgeable	Extremely knowledgeable
3. How likely are you to discuss possible influences of immigration and acculturation in the Hispanic community?	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
4. How likely are you to discuss the impact of culture on patient-provider interactions with patients?	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
5. Rate your comfort level discussing and describing recovery-oriented services	Extremely uncomfortable	Somewhat uncomfortable	Neither comfortable nor uncomfortable	Somewhat comfortable	Extremely comfortable
6. How likely are you to discuss Social Determinants of Health and its impact on Mental Health in Hispanics?	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
7. Rate your comfort level discussing barriers to access care experienced by the Hispanic community	Extremely uncomfortable	Somewhat uncomfortable	Neither comfortable nor uncomfortable	Somewhat comfortable	Extremely comfortable
8. Rate your knowledge of implicit assumptions-bias influences on health care	Not knowledgeable at all	Slightly knowledgeable	Moderately knowledgeable	Very knowledgeable	Extremely knowledgeable
9. Rate your knowledge of the Cultural Formulation prior to beginning the preparation for this class	Not knowledgeable at all	Slightly knowledgeable	Moderately knowledgeable	Very knowledgeable	Extremely knowledgeable
Questions	Answers				
10. How would you define recovery?	Free text				
11. Have you participated in training about cultural influences in health in the past?	Yes, please specify what and when No, please comment reasons or barriers				

Fuente: elaboración propia

Table 1b.
Post questionnaire

Questions	Likert scale options				
1. How has your definition of recovery changed?	None at all	A little	A moderate amount	A lot	A great deal
2. How has your knowledge of disparities in mental health changed?	None at all	A little	A moderate amount	A lot	A great deal
3. How has the likelihood of you discussing the possible influences of immigration and acculturation in the Hispanic community changed?	None at all	A little	A moderate amount	A lot	A great deal
4. How has the likelihood of you discussing with your patients the possible influences of culture on your patient-provider interaction changed?	None at all	A little	A moderate amount	A lot	A great deal
5. How has your level of comfort discussing and describing recovery-oriented services changed?	None at all	A little	A moderate amount	A lot	A great deal
6. How has the likelihood of you discussing Social Determinants of Health and its impact on mental health of Hispanics changed?	None at all	A little	A moderate amount	A lot	A great deal
7. How has your comfort level in discussing barriers to access care experienced by the Hispanic community changed?	None at all	A little	A moderate amount	A lot	A great deal
8. How has your comfort level discussing implicit assumptions-bias influences in mental health changed?	None at all	A little	A moderate amount	A lot	A great deal
9. How has your comfort level in discussing the Cultural Formulation changed?	None at all	A little	A moderate amount	A lot	A great deal
Question	Answers				
10. Please provide any feedback, comments, or constructive criticism about the didactics. Feel free to include strengths and/or areas of improvement.	Free text				

Fuente: elaboración propia