

# Promoting Mental Health Careers and Improving Mental Health Outcomes Among Latinx Youth

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“Before I started this program, if anybody ever said they had a mental illness, I’d probably immediately have thought that they were crazy. And I probably would have had this perspective that I myself could never have a mental illness because, as a Latina, I have to be strong and resilient. I can’t show signs of weakness because that’s not who we are.”

Sarahi, the 18-year-old Latina quoted here, enrolled in the Latino Service Providers (LSP) Youth Promotor Internship program as a youth *promotora* (YP) in 2019. Sarahi was interested in psychology because she had seen friends and a family member struggle with mental health. Being a YP helped her overcome the stigma she associated with seeking mental health services:

After doing this program and learning that ... it’s okay to take care of your mental health, I’m defi-

nately more open to seeking mental health services. In fact, I did go to see my school psychologist.... I was so nervous because I didn’t know if my friends were going to see me.... But at that moment I thought ... that my mental health is more important than what people think about me.... This just really highlights how I’m more open to accessing the resources that I need.

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As Sarahi moved into the YP Internship program's second tier in 2020, LSP partnered with a mental health service provider to offer five free therapy sessions to any YP who wanted them. Sarahi took advantage of this opportunity and then continued to work with the therapist on her own. She noted that one reason Latinx people might not seek mental health services is that "they just feel like there isn't someone there for them. It's a lot different speaking with someone who is White as opposed to someone who is Latino or Hispanic and from a very similar cultural background." Sarahi said that the YP program opened her up to careers in mental health, "like being a community health worker, a social worker, a clinical psychologist, all those kinds of different careers to help a community."

Sarahi's experiences as a YP showcase how youth-serving organizations like LSP can design culturally responsive out-of-school time (OST) programs (Erbstein & Fabionar, 2019) that engage, support, and mentor Latinx youth to recognize the risks and assets linked to their mental health and well-being. The YP program simultaneously addressed career readiness by exposing participants to mental health professionals and career pathways, thereby nurturing the bilingual-bicultural mental health workforce of the future. Some researchers posit that youth who make it out of challenging environments do so because they receive support and guidance from nonfamilial adult mentors who support positive racial and ethnic identity development (Stanton-Salazar & Spina, 2003). A critical part of the YP solution was to employ bilingual-bicultural Latinx program staff who worked to develop trusting relationships with participating Latinx youth, their families, and community leaders.

## Program Context

Latino Service Providers is a nonprofit organization in Sonoma County, California, whose mission is to serve as a bridge across generations in Latinx communities. LSP accomplishes its mission by advancing the development of youth leaders; building awareness about health and wellness, culture, and social issues; and advocating for equity across race and ethnicity.

LSP launched the YP Internship program in response to the steady increase of the Latinx population in Sonoma County and an attendant concern for

ongoing mental health disparities (Sonoma County Behavioral Health Division, 2020). Compounding and overlapping traumas in Sonoma County—police brutality toward people of color, historic wildfires, a major flood, the COVID-19 pandemic, and economic and political instability—have complicated and exacerbated mental health distress and disparities.

## Program Purpose and Description

Funded by the Office of Health Equity, California Department of Public Health, under the California Reducing Health Disparities project, the YP Internship program was designed using the *promotores de salud* model. This term is Spanish for "community health workers," referring to lay health workers who provide outreach and services in Spanish-speaking communities (Centers for Disease Control and Prevention, 2019). Evidence indicates that using a *promotores de salud* model can improve Latinx health outcomes (Wasserman et al., 2007). *Promotores* have positively influenced mental health service delivery and outcomes in Latinx communities (Moon et al., 2021; Stacciarini et al., 2012; Waitzkin et al., 2011). While the *promotores* model has been well researched, there are few documented reports of the impact of using young people as *promotores*.

The YP Internship program seeks to reach Latinx transitional age (16–25) youth in Sonoma County. Its goals are to work with Latinx youth and their communities to:

1. Increase mental health knowledge
2. Decrease mental health stigma
3. Increase mental health service-seeking behaviors
4. Increase career readiness and workforce skills among participants
5. Increase the number of bilingual-bicultural mental health providers
6. Improve mental health outcomes and reduce disparities

YPs are required to be bicultural and bilingual in English and Spanish; to be between the ages of 16 and 25; and to live, work, or go to school in Sonoma County. They are also required to make a one-year commitment to the program. For this study, participants were recruited between December and February of each of the three cohort years, May 2018 to May 2021. To

Evidence indicates that using a *promotores de salud* model can improve Latinx health outcomes (Wasserman et al., 2007).

recruit participants, staff posted on social media and delivered presentations at high schools across Sonoma County and at two local universities. Referrals to the program also came from community leaders, YP alumni, school counselors, teachers, professors, and staff or students in other youth programs.

Reducing stigma and mental health disparities in the Latinx population requires strategic messaging that validates community members' beliefs and lived experiences. To this end, the YP program implemented four core strategies:

1. YP engagement and training
2. Community outreach and engagement
3. Mental health career exploration
4. Early intervention mental health services

### **Strategy 1: YP Engagement and Training**

The heart of the program is the recruitment, selection, training, and ongoing engagement of bilingual-bicultural YPs. LSP staff recruit and train YPs to participate in the 12-month project intervention cycle, which begins each May at the end of the school year. After completing a digital application form, applicants participate in a formal interview with LSP staff. Selected youth and their caregivers attend a bilingual orientation to learn more about the project.

Trainings are organized by LSP staff and delivered by trusted subject matter experts, many of whom are Latinx leaders in the community. Training topics include principles of being a community health worker, health inequities, mental health first aid for youth, suicide prevention, LGBTQ+ best practices, domestic violence and sexual assault, substance abuse, careers in mental health, artistic expression, and job-seeking skills. YPs are expected to participate in approximately 124 hours of training per year, which includes a weekend retreat; they must also attend meetings and community engagement activities. They receive quarterly stipends funded by the state grant and other funding sources.

LSP staff and partnering presenters develop positive racial and ethnic identity among YPs by incorporating Latinx indigenous knowledge and cultural practices:

1. Employing bilingual-bicultural Latinx program staff
2. Providing written materials in both Spanish and English when possible and delivering training sessions in Spanish or in English with Spanish interpretation
3. Dedicating one month of the training to cultural and traditional healing practices

4. Encouraging families to share the foods of their cultures at special events and celebrations
5. Using Latinx humor, storytelling, and music at meetings and events
6. Employing an artist in residence who engages participants in artistic projects centered on the Latinx experience.

In addition, LSP strives to address intersectionality when designing and delivering trainings. The work addresses a wide array of communities, including LGBTQ+ individuals, young people in the foster care system, undocumented people, unhoused individuals, and other marginalized groups.

### **Strategy 2: Community Outreach and Engagement**

Because YPs are bilingual and bicultural residents who live, work, or go to school in Sonoma County, they can engage the local Latinx community, offer information in Spanish, interact in a culturally appropriate and acceptable manner, and gain the trust of individuals and families. LSP staff and YPs use a variety of community outreach and engagement strategies to reach Latinx audiences. For example, they not only design and create culturally and linguistically appropriate materials that promote mental health but also engage in informal conversations with friends, family, classmates, and colleagues. They deliver formal presentations, post on social media platforms, put promotional materials on local bulletin boards, and speak to local news outlets when the opportunity arises. Staff ensure that all community outreach and engagement efforts and messages are tailored to the local Latinx community. For example, YPs often conduct *pláticas* (discussions) or host tables at familiar events and places, such as schools, club meetings, community centers, and parks—places where community members can feel safe to discuss sensitive mental health topics.

### **Strategy 3: Mental Health Career Exploration**

Exploration of mental health careers is embedded in the project in multiple ways. Mental health professionals are guest speakers at meetings and trainings. At the end of the year, staff provide training on job-seeking skills with pointers for résumés, cover letters, and interviews. In addition, LSP staff and *concilio* members (volunteer community leaders) coach YPs throughout the year to refine their skills in presentation and

public speaking, interpersonal communication, time management, teamwork, and leadership.

All YPs are trained in community health work and mental health resources and services. They also have the opportunity each year to choose one of four specific tracks: mental health, emergency preparedness, environmental education, and civic engagement. Within these tracks, groups of four to ten YPs design and implement a mental health project of their choice, with the aim of producing a product that will affect some facet of the local community. LSP staff walk each project group through an initial design process that includes all voices and assigns action steps. From there, YPs take the lead on their projects, in the process improving their professional skills and career readiness. Some examples of project outputs include production of a podcast, bilingual videos posted on YouTube, an annual event called Stomp the Stigma, and presentations to younger children.

#### Strategy 4: Early Intervention Mental Health Services

The YP program was designed to be a stigma reduction and prevention program. In 2020, LSP staff added an early intervention component to help YPs cope with a constellation of traumatic events in Sonoma County: fires, floods, the COVID-19 pandemic, and economic and political instability. Staff secured in-kind support from a local mental health provider that specializes in serving transitional-age youth up to age 25. Like Sarahi in the opening vignette, YPs had the opportunity to engage in up to five counseling sessions free of charge; some continued with services beyond the free sessions.

#### Research Methods Sample

All consenting YPs in the three cohort years of the project (school years 2018–2019 to 2020–2021) were included in the research. The project engaged 64 YPs across the three cohort years, which exceeded the goal of 60. However, seven YPs withdrew due to conflicting family and/or school obligations and one did not consent to the evaluation, leaving a total of 56 participants in the evaluation sample, as shown in Table 1. The small sample size and the small number of participants with both pre- and post-participation surveys (less than 20 per cohort) limit the statistical power of the quantitative analysis.

#### Design and Measures

The evaluation of the Youth Promotor Internship program used a mixed-methods design consisting of a pre-post survey and an exit interview administered to participants in all three cohorts.

**Table 1. Cohorts and Sample Sizes**

Cohort	Year (May to May)	YPs Enrolled	Total Evaluation Sample*
Cohort 1	2018–2019	21	17
Cohort 2	2019–2020	22	20
Cohort 3	2020–2021	21	19
Total		64	56

\* Excludes YPs who withdrew from the program or did not consent to the evaluation.

#### Quantitative

The quantitative design included an interrupted time series using a pre-post survey tool developed by the Psychology Applied Research Center at Loyola Marymount University for use by all projects implementing the California Reducing Health Disparities initiative. The survey has an adult version, which was administered to participants aged 18 and older, and an adolescent version, which was administered to participants aged 16 and 17. Surveys were administered at the beginning and end of all three cohort years. The survey has two main parts: *psychological distress* and *cultural connectedness*.

*Psychological distress* was measured using six screening items that ask about the frequency of negative emotions such as feeling nervous or worthless (Kessler et al., 2002). Frequency was scaled from 0, “none of the time,” to 4, “all of the time.” Items were summed to calculate total raw scores, which could range from 0 to 24. A higher score indicates a greater level of psychological distress. Participants were classified into three groups: low (0–4), moderate (5–12), or severe (13 or above) psychological distress (Pirraglia et al., 2011). Total raw scores and levels were used for analysis.

*Cultural connectedness* was measured in two subscales: *cultural connectedness* and *cultural protective factors*. *Cultural connectedness* was measured using four items on a five-point Likert scale ranging from 1, “strongly disagree,” to 5, “strongly agree.” The sum of

the four items was used as a composite index, with a higher score indicating stronger cultural connectedness. *Cultural protective factors* were measured using two items on a similar five-point Likert scale. The sum of the two items was used as a composite index, with scores ranging from 4 to 10 to indicate fewer or more cultural protective factors.

### Qualitative

The grounded theory qualitative study sought to understand how the YPs interpreted their experiences in the program and the meaning they attributed to their experiences. To that end, LSP staff conducted semi-structured in-depth exit interviews with all 56 consenting YPs. The qualitative instrument consisted of five primary objectives and 15 guiding questions, which assessed YPs' level of satisfaction with the program, key learnings, experiences delivering education to the Latinx community, development of professional skills, change in confidence, and change in career interests. Additional questions were added in the last two cohort years about YPs' attitudes toward seeking services, their experience with early intervention treatment sessions, and specific challenges related to the wildfires and the COVID-19 pandemic.

### Data Analysis

For each quantitative measure, we used composite scores for analysis of matched samples for which we had both pretest and posttest scores, using paired *t*-tests to compare pre and post scores and McNemar tests to determine whether changes in psychological distress levels were statistically significant.

For qualitative measures, we recorded each interview, with consent, and then transcribed the data. Using a grounded theory approach, we conducted content analysis by allowing themes to emerge from the data. The local evaluator and a second rater used interrater reliability methods to determine the level of agreement as they identified themes and coded a set of transcripts from the first evaluation cohort. Once

interrater reliability was greater than 80 percent, a coding scheme was finalized and used for subsequent cohorts. Codes were identified and compared across cohorts to develop major theme categories and subcategories.

## Results

### Participant Demographics

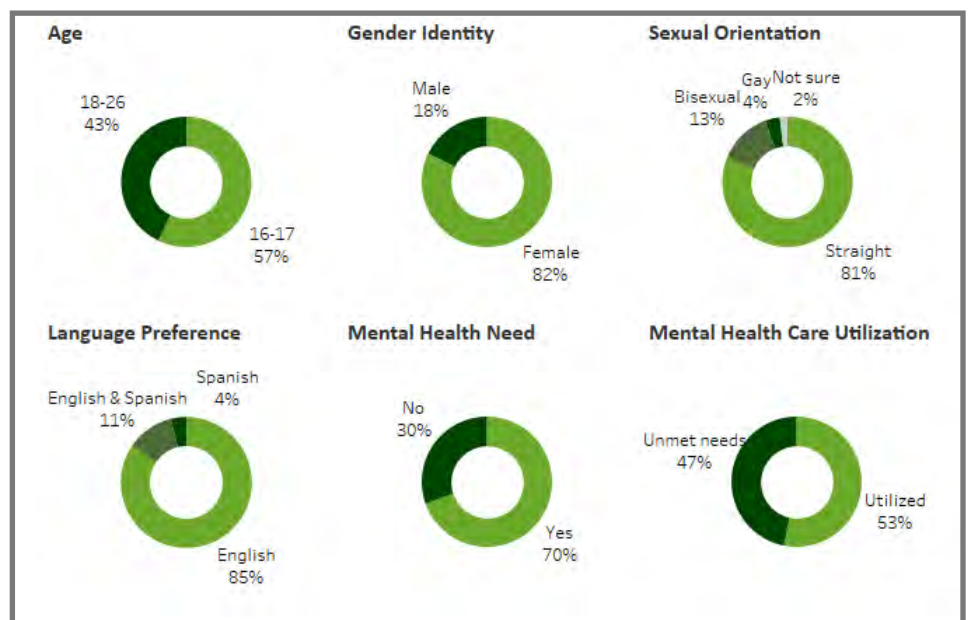
The 56 participants in the sample represented 10 of the 18 traditional public high schools in the county and one of the 12 alternative high schools. Among participants who provided their demographic information, over half were 16 or 17 years old, as shown in Figure 1. The sample had more female representation than male. Most participants identified as heterosexual or straight, while 19 percent selected bisexual, gay, or not sure.

All participants were bilingual; however, 85 percent indicated they were more comfortable speaking English. The majority indicated that they had a mental health need; 53 percent indicated they utilized mental health care and 47 percent did not, pointing to unmet mental health needs.

### Psychological Distress

Figure 2 on the next page shows the pre and post results for the 44 participants who answered the psychological distress questions on both surveys. Before the intervention, 20 percent of respondents fell into the low-level symptoms group, while 30 percent

Figure 1. Demographics of Youth *Promotores*



N = 32-56

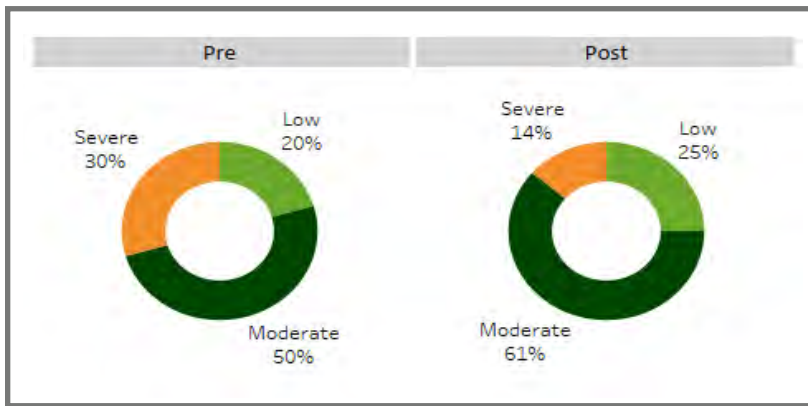
were classified in the severe-level symptoms group. After the intervention, 25 percent fell into the low-level group and only 14 percent into the severe-level group. These changes were not statistically significant. However, across all cohorts, we found a significant decrease in feeling worthless (1.2 to 0.6,  $p < .01$ ) and a marginally significant change in feeling restless or fidgety (2.1 to 1.7,  $p < .10$ ).

In exit interviews, YPs said that they experienced stress due to factors such as school workload, college applications, part-time work, relationships, the pandemic, wildfires, economic and political unrest, and other challenges. In fact, 80 percent of YPs in

in distress, 80 percent said they would do so, and 90 percent said they would be willing to help someone close to them seek services. When LSP gave them access to free mental health services, 84 percent of YPs in Cohort 3 took advantage of the opportunity. Having had that experience helped some YPs to feel more confident in referring others to services, as one YP said:

We were so fortunate to get therapy, and now we can truthfully say that we've done it. It's different to say it and never have done it yourself, you know? I really enjoyed my therapy sessions, and personally they helped me a lot. So, I'd be very likely to encourage someone, and it'd be very genuine.

**Figure 2. Level of Psychological Distress Reported by Youth Promotores**



N = 44

Cohorts 2 and 3 said their mental health worsened due to the pandemic, and 36 percent reported worse mental health because of the wildfires. Some spoke openly about their mental health struggles, saying that the program helped them develop new strategies for coping with distress. For example, a 19-year-old female YP said:

I was feeling terrible every single day.... But it's not something my mom would ever talk about. She's like, "Oh, why are you sad? Your struggles are nothing compared to mine." One day I actually broke down and started crying in front of my entire family. I've never seen any of my family cry, and that was the first time they'd ever seen me cry. I guess my biggest takeaway is just to take care of myself and that, if I need to talk to someone ... I can and I should.

When asked in exit interviews if they would be willing to seek out mental health services if they were

### Cultural Connectedness

In comparison to pretest scores, average posttest scores of *cultural connectedness* increased from 17.7 to 18.6, a difference that was statistically significant at  $p < .01$ . The participants also showed a significant increase in average *cultural protective factors* scores, from 6.9 to 8.1.

Many YPs reported in interviews that the program increased their sense of cultural connectedness, even though the interview protocol did not include any questions asking for this information. For example, 97 percent of YPs said they felt

deeply supported and inspired by the LSP staff, who encouraged them to grow, take healthy risks, and practice self-care. Over half (65 percent) said that being around Latinx peers helped them feel less culturally isolated. One respondent noted:

As a person of color I realized, why are most of my teachers White? And my friends, they're White. I don't have a lot of friends that are Latino. With LSP I found a place where I can relate to others, and they understood what it meant to be Latino. And the majority are first-generation, so it was very helpful. LSP reunites people who thought they were by themselves, and they get that confidence and go out into the community and express that confidence to others.

Another 35 percent spoke about the fact that their bilingualism improved due to working with LSP staff and peers to deliver presentations or host tables at community events in Spanish. Some spoke about a feeling

of belonging and purpose in being able to speak Spanish while educating or serving the Latinx community, especially when parents or elders were present:

I learned Spanish when I was younger, but then I tried to hide it because I felt like I shouldn't speak it, like it was wrong. But with this, I felt really empowered speaking Spanish because I can help people. I understand their needs, and I'm able to communicate with them better.

### Career Development

Using grounded theory, we identified primary themes and subthemes related to career development. Table 2 shows the themes across all three cohort years.

All YPs said they developed at least one professional skill by participating in the program. Most reported having developed multiple skills simultaneously, with interpersonal communication as the most commonly cited set of skills developed. Many interviewees said the program gave them many opportunities to find their voice and created safe spaces for them to leave their comfort zone and build new relationships with peers or with adults from partner agencies. The second

most frequently cited set of skills was public speaking and presentation skills, most likely developed through the presentations and *pláticas* participants facilitated.

Interviewees were asked about their career interests and whether their interests changed during the program. Nearly half (46 percent) stated that they intended to pursue a mental health career, naming such professions as clinical psychologist, clinical social worker, and family therapist. As shown in Table 2, well over half of those respondents said they decided on a mental health career during the program; the rest had previously decided to pursue mental health. One 17-year-old participant said:

I definitely feel that the program inspired me to pursue a career in mental health. Before I thought that there were only specific and limited careers I could go into, but now I see that it's a very broad topic with a lot of career opportunities.

Forty percent of respondents said they were not sure of their educational or career path. Most of those said they were considering an educational pathway that could lead to a career in mental health. A small

**Table 2. Career Development Themes in Exit Interviews**

Primary Theme	Subtheme	% YPs
<b>Workforce skills</b>	Strengthened at least one workforce skill	100%
	Interpersonal communication skills	
	Public speaking and presentation skills	68%
	Job-seeking skills	38%
<b>Career interests</b>	Intends to pursue mental health career	46%
	Decided before program	20%
	Decided during program	26%
	Unsure, still exploring	40%
	Unsure but open to higher education that may lead to mental health career	31%
	Originally interested in mental health career, but changed mind by the end of the program	9%
	Intends to pursue another career (not mental health)	14%

N = 54

group of respondents (9 percent) were initially interested in a mental health career but changed their mind. They may have decided that the field was not a good match for them when they heard from professionals about the challenges, such as heavy workloads and the difficulty of working with people who have experienced trauma.

Another 14 percent of respondents said they intended to pursue an entirely different career, such as law, construction, or engineering. Many mentioned that they enrolled in the program for personal reasons and not because they intended to pursue a career in mental health.

## Discussion

### *Psychological Wellness and Cultural Connectedness*

The compounded traumas of wildfires, the pandemic, and political unrest during the study years made it challenging to measure the program's impact on psychological wellness. Still, the decreases in levels of psychological distress that emerged from survey data may be attributed to the YP Internship program's robust mental health training component. This training may have influenced participants' attitudes toward mental health services: 80 percent indicated that they would be willing to seek mental health services, and 84 percent actually did so when free services were offered.

*“La cultura cura”*—that is, culture cures. A person's well-being depends on belonging and cultural connectedness, which can be expressed through language, food, arts, spiritual traditions, and other realms. Our pre-post survey showed significant improvements in cultural protective factors and cultural connectedness across all cohorts. Interview data corroborated the connectedness finding, with nearly all respondents saying they felt strongly connected to LSP staff and over half expressing a strong connection with peers. This success was predicated on the fact that LSP both employed staff who identified as Latinx and cultivated partnerships with Latinx leaders who acted as mentors and role models. The YPs felt seen and encouraged by staff who looked like themselves and came from similar backgrounds; this sense of belonging built their confidence. Our findings affirm Stanton-Salazar & Spina's (2003) research showing

**Many interviewees said the program gave them many opportunities to find their voice and created safe spaces for them to leave their comfort zone and build new relationships with peers or with adults from partner agencies.**

that nonfamilial adult mentors are a critical factor in helping young people succeed.

The gains in cultural protective factors and cultural connectedness may help explain the improvements in YPs' psychological wellness, particularly the significant decrease in feelings of worthlessness. These findings support the notion that a youth development framework that not only fosters racial and ethnic identity

development (Erbstein & Fabionar, 2019) but also infuses cultural practice and indigenous knowledge has a positive impact on youth mental health.

### *Fostering Interest in Mental Health Careers*

More than one-quarter of participants became interested in mental health careers during the YP Internship program. This finding suggests that the YP model can provide a structure for a much-needed mental health professional pipeline and is a promising strategy for fostering the future bilingual-bicultural mental health workforce. More research is needed to determine how many YP graduates go on to secure degrees in mental health or related fields and how many become licensed clinicians or providers in the community.

### *Limitations*

Challenges with evaluation, staff capacity, and infrastructure should be taken into consideration when looking at the findings of this study. LSP had a small sample of 56 participants and fewer than 20 matched samples per cohort. Although the sample size is low, results show effectiveness is high. Organizations interested in replicating this model will need to consider issues related to efficiency.

Furthermore, the findings related to gains in workforce skills should be interpreted with caution as a snapshot in time. Young people naturally gain professional skills and confidence as they mature or are trained in new skills during their high school and college years.

### *Lessons Learned*

OST professionals who are interested in bolstering youth mental health outcomes and nurturing the next generation of bilingual mental health providers may



consider adopting a YP model. Those who choose this path may benefit from the following recommendations based on LSP's experience.

First, secure a long-term source of funding. LSP had funding for four years, which helped with program stability and staffing continuity. This continuity led to strong name recognition among Latinx youth in Sonoma County; participants frequently talked about the program and recruited friends and family members. By the end of the first four years, the program had more applicants than open spaces.

Second, recruit and train staff who identify as the same race/ethnicity and other identities as the YP participants. Then participants can see themselves represented in leadership roles; staff can act as mentors for self-expression, goal setting, and cultural pride.

Third, intentionally cultivate partnerships with mental health leaders to deliver mental health training. Ideally, these leaders should share the participants' racial/ethnic or other identities to demonstrate to participants that they, too, can pursue and thrive in mental health careers.

Fourth, plan for growth. In years 2 and 3, the number of YPs grew, but the staff did not, and the infrastructure, such as meeting space and technology, remained the same. OST programs should make sure program growth is aligned with staffing and infrastructure capacity.

Fifth, design for evaluation. OST programs considering using a YP model with historically marginalized groups should consider using a community-based participatory research approach to evaluation, especially in the context of ongoing crisis and traumas. LSP found that this approach allowed it to balance fidelity with flexibility and to make consistent program adaptations. OST organizations that are new to evaluation, as LSP was, can seek support and technical assistance from evaluation experts who understand the nuances of working with the target populations.

OST programs that work with historically marginalized youth, employ staff that match the demographics of participants, and are well connected to mental health resources are uniquely positioned to support participants to recognize the risks and assets linked to their mental health and well-being. Such programs can simultaneously, as the YP Internship program did, address career readiness, exposing youth to mental health professionals and career pathways and thereby nurturing the future bilingual-bicultural mental health workforce.

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