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Ishita Verma (guest host):

I'm Ishita Verma, a biology student at Stanford and intern for Stanford Medcast, and I'll be hosting this episode. Dr. Nataly Beck is a psychiatrist who is passionate about providing culturally sensitive and compassionate care to patients, especially to those from the Latino community. Originally from Lima, Peru, she immigrated to the US with her family at a young age. She graduated from Yale School of Medicine and completed her psychiatry residency at Vanderbilt University Medical Center.

After her first year as an attending at Yale, she began her work at Stanford, where she worked in the INSPIRE Clinic for individuals experiencing psychosis, and then went on as co-founder and co-director of La Clinica Latina. Dr. Axel Valle is also co-director and co-founder of La Clinica Latina, leading the clinic's psychology branch. He specializes in treating people with anxiety disorders, obsessive compulsive disorder, and post-traumatic stress disorder. Dr. Valle is also a licensed psychologist in Mexico.

He completed his PhD training at the Wright Institute. He is passionate about providing mental health care and psychoeducation to Latin American people and Spanish speakers. In addition to his work at the clinic, Dr. Valle also provides therapy for Stanford student athletes with the Sports Psychology Center. So let's get started. Dr. Beck, can you start us off by sharing your journey in medicine and what got you interested in the realm of Latino mental health?

Nataly Beck, MD (guest speaker):

My family of origin immigrated to the US from Lima, Peru when I was five years old. And like in many immigrant families, there were many difficulties that we faced as Latin Americans in the US. As an immigrant, my parents instilled in me the need to do my best, especially at school, as we had to overcome these hurdles and also exceed the expectations which are set for foreigners in the US. This along with my desire to be a good role model for my younger siblings helped encourage me to enter medicine from a very young age.

My identity was shaped both in my cultural upbringing as a Peruvian, but also as an American. Being at the intersection of these two cultures was something that I was proud of and I embraced being a Peruvian in the US. I think I was the only Hispanic student in my elementary and middle school. So when I went to college and beyond, I continued to embrace this heritage and culture and it helped to define who I was. My path to psychiatry was a natural one. It was a field in medical school that I loved the most.

I found the field fascinating and so fulfilling. Shortly after finishing residency, moving to the Bay Area and seeing the large Latino population here was wonderful, but I also saw a large unmet need for Latino patients to have providers that spoke their language and who understood their background and culture. Developing a mental health clinic, La Clinica Latina at Stanford, with my colleague Dr. Valle, which was catered specifically for the Latino population, was a natural combination of my love for psychiatry and for the Latino culture and people.

Ishita Verma (guest host):

Thank you so much, Dr. Beck. It's so fascinating to hear your story, and I love how your background really shaped the work that you're doing today. Dr. Valle, along similar lines, what motivated you to create a space specifically tailored to the Latino community?

Axel Valle, PsyD (guest speaker):

I think my motivation was almost like an inevitable inertia to create something like this. I am originally from Mexico City. I grew up there most of my life. I immigrated to the US already as an adult. And I noticed ever since I started practicing in the US and seeing patients that there was a need, not just at Stanford, but in any organization that I've worked, there was a need for a centralized hub for Spanish speakers. And I have many examples where I would get referrals in informally within systems.

So for example, a patient that was a Spanish speaking only person would need therapy. And so my colleagues would ask me, okay, can you see this person? Who else is there that can speak Spanish? Sometimes I would take extra workload and myself or other colleagues would just see all the Spanish-speaking clients, but there wasn't an organized thing or a specific clinic to attract some of these folks. Once I was at Stanford and when I met my colleague Dr. Beck, we were thinking on the same line separately.

So we were actually collaborating with a few clients, and one time I think randomly we started to have a conversation about this and we were like, I'm thinking the same and you're thinking the same. Let's do something and centralize this. And thinking about this question, there is something I remember that an undergrad professor told me in Mexico City when I studied psychology back there that really stuck, and it was that when you see a social issue or a social problem and no one is leading a solution, just by noticing the problem, that makes you a leader.

So Nataly and I were clearly noticing a problem within the community and within the institution, and we had to act. And Stanford really prides itself for being inclusive, and we wanted to take that into practice.

Ishita Verma (guest host):

That's so incredibly commendable of seeing an unmet need in the community and really building a safe sphere for these patients. And as we know, the Hispanic and Latinx community in the US is incredibly diverse. Could you elaborate on the various nations and regions represented within this community and how diversity influences mental health needs and experiences?

Nataly Beck, MD (guest speaker):

Yeah, absolutely. So thanks so much for that question. The Latin American and Hispanic community within the US and in the world is incredibly diverse. And as of 2022, about 20% of the US or almost 64 million people are Latino. We're the nation's largest racial or ethnic minority. And many ethnic and cultural identities are included in the term Latino, including those of African, European, and Indigenous ancestry.

I thought that I'd start out though with some definitions that might be helpful to demonstrate this diversity. So the term Latino is actually a term used in the US. In many Latin American countries, the term Latino is not often used. Many times the identity of a person living in a certain country is defined by their national identity such as Peruvian or Mexican or Guatemalan.

In the US though, Latin Americans and others outside of this culture often referred to those from Latin American countries or from this background as Latino. It's a collective identity in the US, but really there's so much diversity and heterogeneity within this term. Hispanic is a term that refers to people coming from primarily Spanish-speaking countries.

It includes Spain, for example, but doesn't include Brazil, where Portuguese is the primary language. And the term Latino refers to anyone from a Latin American country, including South America, Central America, and some Caribbean islands. It includes Brazil as it's in South America, but doesn't include Spain. And many times the terms Latino and Hispanic are used interchangeably and they do overlap a lot, but I mention these to help highlight some of that rich heterogeneity within our culture.

There are also the differences depending upon the country, upon the region of the world, and even the regions within each country. Along with that, there are differences in the difficult experiences people from different countries may have experienced collectively, such as political turmoil, immigration issues, gang violence, and the trauma resulting from these.

There's also a difference in the experience of a first generation immigrant Latino with that of a second or third generation Latino. For example, there's a phenomenon called the immigrant paradox, which talks about how first generation immigrants, that is the people that directly immigrated from the country of origin to the new host country, tend to do better in mental health outcomes than subsequent generations that were born in the host country.

This has been shown in studies in the Latino population, but also has been shown in other cultures. And the thought behind this, just to explain a bit, is that despite the many challenges from immigration and acculturation, first generation immigrants have greater social networks with a sense of community and stronger connection to their culture, and these serve as protective factors and issues like substance use, religion, and diet.

And in contrast, subsequent generations may have been more normalized into the host society's practices and no longer has as much of that cultural piece serving as a protective factor. The strong sense of pride in one's cultural heritage has been linked as a protective factor in mental health outcomes, and this diminishes in subsequent generations.

Axel Valle, PsyD (guest speaker):

This is so interesting. It makes me think about another dimension of diversity. One of the things that resonates with me that you mentioned when I came to the US, that was the first time that I was calling myself Latino or adopting this label, because in Mexico I was Mexican. That's it. So there is a lot of diversity of thought and a lot of viewpoint diversity between any kind of Latinos depending on national origin, generation, et cetera. So there are a lot of controversies sometimes.

Even the term Latino or Latinx or Latine, this is sometimes something even new for new immigrants. For myself, for example, when I was speaking in English and referring to the Latin American community, I would say Latin American or Latin because that's what I thought it's in English. But now I say, okay, what's the trend? People are saying Latino, Latina, then Latinx and Latine, and it's all evolving. So there isn't a consensus, and I think that makes it really interesting so we can have rich conversations about our differences.

Ishita Verma (guest host):

Wow, I didn't even realize that Latino is a term that's only used in the US. But you're so right. There's so much unique diversity that's all being grouped under one term, and I feel like it just doesn't allow for all the richness that really does exist. And so going forward in this conversation, what word should I use?

Axel Valle, PsyD (guest speaker):

We don't know. I personally go with the term Latino or Latinos. I personally think that includes everyone, but some people would identify with different label. And so I generally just use whatever label the person individually identifies with. We don't claim to know what's the term that must be used. Feel free to use whatever you think is fit. You're not under any kind of test or anything.

Nataly Beck, MD (guest speaker):

I absolutely agree.

Ishita Verma (guest host):

Okay, sounds good. Dr. Valle, you talked about this when we were talking about your journey, but you noticed that there were a lot of barriers with the Latino community showing similar vulnerability to mental illness and the general populations. And you were seeing these disparities in both access and quality of treatment. Can you elaborate more on these barriers to mental health that you were seeing?

Axel Valle, PsyD (guest speaker):

Absolutely, and this is one of the areas that Dr. Beck and I talk a lot about with meetings with other departments and within other medical institutions just to show how important mental health for Latinos is. So there are a few very obvious ones like language, for example. Even though, of course, not all Latinos speak Spanish and not all Latinos are monolingual Spanish speakers, but a good chunk of the population, like Dr. Beck was saying, is. So just language itself is a main barrier.

And by language we can go deeper into that. It doesn't only mean language itself and translate word by word from Spanish or Portuguese into English. It also means cultural language, how we understand to navigate different systems and how to understand what any mental health service, medical service entails. And so there is sometimes a disconnect about that between expectations from potential patients and providers. That's one that I can think of.

Another one that we may elaborate a bit more further along is stigma in mental health, which is a huge thing in many of the Latin American populations. Another one that I can think of is culturation. So depending on which generation the person is, first, second, third generation or beyond, that could speak of how well-adapted the person is to the system in the United States.

And talking about systems, another barrier could be, it's the case for many people, but not for everyone because I don't want to fall into stereotypes necessarily, but a lot of people have different immigration documentation status. And that has a relationship with stigma a lot of the time because some people, they really don't trust the system. And so that is a main barrier to get mental health care, how to navigate that, how to bridge gaps and everything.

And one that I like to talk about a lot is that there are many times instances where there is a lack of cultural understanding from the provider's point of view. Because a lot of the times when we speak about particular populations, in this case Latinos or minorities, we think of like, okay, what is "their" problem? What are their problems that they are facing?

And I think it's important to put our lens also in what are some areas of growth within the system. So sometimes providers may not know exactly how to navigate nuances within Latinos. So that is an issue as well. And something that we at La Clinica Latina at Stanford, we are committed to help people have conversations and understand a bit more.

Joe Forrester:

Hi, there, podcast listeners. I'm Joe Forrester, assistant professor of surgery at Stanford Medicine. Are you ready to dive into the world of surgical stabilization of rib and sternal fractures? Then you're in for a treat because Ribfest 2024 is here to educate and inspire. Ribfest 2024 is not your average conference. It's a unique opportunity to learn from the best in the field featuring a series of lectures, case-based discussions, and hands-on cadaver training.

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Ishita Verma (guest host):

There's so many complex and nuanced barriers that exist, and I'm glad that we're talking about them and raising awareness because these really are the first fundamental steps to change. And on this solution-oriented discussion, I also wanted to talk about La Clinical Latina, which is housed in Stanford's Department of Psychiatry. And we've talked a little bit about how it came to be, but could you elaborate more on the services that the clinic currently provides?

Axel Valle, PsyD (guest speaker):

I can talk a bit about that, and Dr. Beck, let me know if you like to add something. So I want to say that we actually started to operate in an informal way, which is I think in and on itself the hallmark of the Latino style, like we say in Spanish [Spanish 00:15:44] We got together. We had other medical residents that wanted to help, and we just started to operate as a clinic, because there is a process to create the clinic itself and to be authorized and many things.

So we were like, all right, let's just start running it as if it exists and at the same time advocate for having our clinic. And by the way, we did get a lot of support from the Department of Psychiatry to be formalized and be up and running. And so at the psychiatry department, we have specialty clinics, we have the OCD clinic, we have eating disorders clinic, mood and anxiety clinic, and so forth.

And one thing that I wanted to mention is that we have to be careful in thinking about treating Latinos or Hispanics not as a psychopathological category, because we treat anxiety, we treat OCD. It's not like, oh, we treat Latinos. We basically treat at La Clinica Latina, I want to say general mood and anxiety disorders, and we treat other things depending on the expertise of our particular providers at La Clinica Latina. For example, I specialize in OCD, so we treat OCD.

We have a colleague, Dr. Olivia Altamirano, who specializes in psychosis, so we treat psychosis. But in general, there are two branches of La Clinica. One, the psychotherapy branch, that's the one that I lead, and the other one, medication management psychiatry that Dr. Beck leads. So in the psychotherapy side, we provide individual therapy and group therapy as well for different presentations.

Nataly Beck, MD (guest speaker):

I wanted to also add that, yeah, our clinic has grown so much in the last few years since we started it. Like Dr. Valle was saying, we've had so much support from the department and our colleagues. It's really wonderful to see. And we now have seven faculty members and multiple trainees like psychiatry residents and psychology postdocs. We also have a culture and language advisor who is absolutely wonderful and is a Stanford interpreter.

And also we have medical and graduate students. So our clinic is growing each year. And I also wanted to outline the goals of our clinic, especially when we first established the clinic, this is what we have in mind, to help meet the unmet need, having Latino mental health providers by providing culturally sensitive care to Latino and Hispanic patients in Spanish and in English.

We also wanted to help in the recruitment of Latino or culturally sensitive faculty, trainees, medical students, graduate students and staff, and to help in the education of trainees for providing mental health care to the Latino community, and to be leaders in mental health care for Latino patients, and to help decrease stigma within the Latino community for seeking out mental health care. 25% of the Bay Area is Latino. 40% of the population in California is Latino.

And as of 2010, 25% of individuals ages five and older in California come from homes where the primary language spoken is Spanish. And Latinos are less likely to seek out mental health care due to other factors, like we were talking about before, like stigma and access to care in addition to the inequities like in education, socioeconomic status, and the language barrier. And with this growing demand and this unmet need, Dr. Valle and I were passionate to found this clinic.

Ishita Verma (guest host):

Hearing the story and the impact that this clinic is making is truly incredible. It's clear that this focus in culturally centered care is so important and the difference that it's already making with the patient population. You also touched on stigma a little bit. I wanted to unpack this more. We know that there's many different variations of stigma that exist in different communities. Can you talk a little bit more about the norms of the stigma present in the Latino community?

Axel Valle, PsyD (guest speaker):

Whenever I think of stigma, I actually think of reasons for this stigma. Not to defend the stigma, but there are probably reasons for it. I try to think, okay, what would the opposite be? Why is there stigma? Let's say a person feels like they need therapy and they think, okay, my family, they're going to think I'm crazy. [Spanish 00:19:53] What do I do? I don't want people looking at me in my community or something. But there's usually some strength that promotes resilience whenever there is that stigma.

So I'm not saying that stigma is a good thing, but for example, Latinos usually problem solve in a very interdependent way. So they rely in each other. In the US, when there is a mental health problem, there's like, okay, let's look at the institutions. Let's look at services. Let's look at an external source. Who is going to help us? And in Latinos, it's like we have to help ourselves within the immediate family or extended family or community, et cetera. So I think the stigma in a way, there is a relationship between the stigma as a consequence of doing things in a group.

However, it can become a barrier because sometimes people actually need help from professionals. And so though Latinos are generally speaking family oriented and there's this concept of interdependence that's very strong and in many of our countries there isn't a lot of trust in the systems or governments, I think that trusting that an external source will help someone with the most personal problems that we have, it's a difficult thing sometimes.

So I think the issue of trust is something that we need to address. Regardless of that, a lot of people actually overcome that or they actually want therapy. So it's also hard to say how much stigma is there in any particular individual.

Ishita Verma (guest host):

I love that breakdown, and I agree that fostering trust is a really important part in bringing external sources and help. At the clinic, how do you engage the local Latino community and help promote awareness and destigmatizing seeking help?

Nataly Beck, MD (guest speaker):

We're definitely doing outreach. This year we did outreach to many other departments in Stanford to help increase awareness of our clinic. And also this coming year, one of our goals is now to do outreach to other Latinos outside of the Stanford system so they're aware of the services and also to help decrease that barrier to seeking mental health care. Another one of our goals is to have more of a social media footprint where we can post videos or post information to help destigmatize the seeking out of these resources in mental health care.

Ishita Verma (guest host):

That sounds wonderful. I feel like the power of social media, it's so immense when you think about how much of a population you can reach with just a couple posts or some stories. And so that's incredible work that the clinic is doing to reach out to patients.

And then I also want to touch back on, we talked about this a little bit at the beginning, but cultural humility and how it's important for providers to not fall into believing stereotypes about patients or

making assumptions about language barriers and things like that. How can mental health providers ensure that they offer quality care that respects cultural nuances?

Nataly Beck, MD (guest speaker):

Yeah, absolutely. Understanding some of the differences between the Latino and Anglo cultures in the US can be really helpful. There are some key differences, and though these don't apply to everyone, they can be implied in many cases. We mentioned before the importance of extended family in the Latino culture, which serves as a protective factor for mental health in many cases. In contrast, many times in the Anglo culture, it's nuclear family oriented with the mom, dad, siblings, and that's the family.

In Latino culture, elderly parents will often live at home and will be taken care of by their adult children as a way for the adult children to give back, so to speak, and to honor their elders. This leads into the concept that respect for elders and for parental authority persists throughout life. And in contrast, in the Anglo culture, often autonomy from parental approval is seen as a sign of optimal adult development.

There is an emphasis on independence in the Anglo culture from the family, from the parents, whereas in the Latino culture, there's a large emphasis on the importance of community and family, as Dr. Valle was sharing earlier. And in addition, in the Latino culture, there's an emphasis on a higher power such as belief in God or in supernatural forces such as an evil spirit that can cause physical illness. One example is mal de ojo.

Mal de ojo translates to the evil eye, which is the belief that there are people that can transfer negative energy through intense looks or stares causing sickness in the person receiving that look. And many times that belief in the higher power such as God can be really protective and can serve as a source of strength for the patient. In contrast, in the Anglo culture, there's often much less emphasis on supernatural forces, and it's often especially not talked about in medical settings.

There's also in Latino culture the idea of personalismo, it's very person-oriented with an emotive style of communication and interaction. It's also seen in interactions with patients in our clinic, and it's important to reciprocate that warmth that they show in our encounters with Latino patients that we see. I feel that it's often helpful for there to be more sincere emotion and less distance between the Latino patient and provider compared to the Anglo patient when there's more separation between the boundaries of patient and provider that's the standard of care.

Ishita Verma (guest host):

Thank you for breaking down some of these cultural nuances. And I feel like as a physician, it's so important to understand the population that you're serving. And so if a physician wants to learn more about cultural nuances, do you have some recommendations on how they might go about getting this information?

Axel Valle, PsyD (guest speaker):

In terms of cultural humility, the main ingredient for me is just practicing active listening. So becoming an expert in active listening, that's the main ingredient for cultural humility. And I love the question because in a sense that's a cultural difference in and of itself. In the US, there's a lot of trainings for everything. Like, okay, let's learn something. Let's utilize a training model, then learn that and then use it. And sometimes within Latinos, learning happens more bottom up rather than top down.

So it's like, let's do it and then we'll figure it out as we go. There is a lot of informality sometimes, which is not the same as being unprofessional. So like Dr. Beck was saying, recognizing the differences in context, things obvious like language like we talked about, but less obvious ones like noticing certain cultural norms or humor or how the decision making process happens. I was just seeing a person recently,

and I remember they were mentioning how in Mexico, this person was from Mexico, the main meal, the time of that meal is at 3:00 PM.

And in the US, I think it's like 5:00 PM or something. And so even for me, I've been here for years, but I still feel that it's strange. Why is everyone having dinner at 5:00? Something as subtle like that can affect certain choices and how they're going to feel when they come to session, how to plan for certain sessions. So there are subtleties that I think by active listening and understanding where the people are coming from in terms of their context can really help. And I love those differences.

I'm going to put ourselves in the spot here with an example that I love. October, La Clinica Latina, we organized a really cool event for the Hispanic Heritage Month. So we brought music and food, and there was a lot of people and it was for the Stanford community. It was really interesting and really amazing. And when we were doing all the planning, I remember we had tacos. So we have a stand with all the food and everything.

And before the people came, Dr. Beck and I were having a brief discussion of where the line should be, where should people line up for the food, this way left or right? And I remember that's a great question. And for me personally, that maybe I've been less time here in the US, I felt like, what do you mean? When I go eat taco, there's no line. Because in a lot of Latin American countries, there's no line.

It's just like a mess. So it's interesting how differences even amongst us, even amongst Latinos and our own personal experiences can highlight how you can never have a diploma in cultural humility. It's just about really trying to be attuned and like we say in the field, to really meet people where they are.

Ishita Verma (guest host):

I agree, just being observational and being willing to learn and willing to take in what's going on around you can make such a difference. Last question. I wanted to end off on a positive note. What are some success stories or positive outcomes that highlight the impact of culturally centered care on the mental health individuals within the Latino community?

Axel Valle, PsyD (guest speaker):

I tend to think of any success, big or small, whenever a person reports, not just that they are feeling better, meaning that they have less symptoms, but whenever they report that they are getting closer to the kind of light that they want to have, whenever they are practicing more their values, whenever they feel more alive and more engaged in their lives and what's around them. Ultimately, it's about being able to open up and foster connection, which I think is the main ingredient for good mental health services.

Nataly Beck, MD (guest speaker):

There have also been patients, like Dr. Valle saying, that have expressed a lot of gratitude just for feeling heard, and that alone they express so much appreciation for. But also there are some examples of patients that physical ailments in addition to the mental health symptoms, depression, anxiety, and trauma symptoms like hypervigilance.

But when we're able to talk more and understand more about, for example, their belief in supernatural forces or their belief in a higher power or their belief that they have a certain sensitivity to other people that most people don't have, that really allowed this patient to have their symptoms, not only mental health symptoms, but also their physical symptoms to be alleviated in a way that they had been seeking solutions for this for a long time. I'm really glad and thankful for the work that we're able to do and for our wonderful team that we have as well.

Ishita Verma (guest host):

Thank you so much. I feel like I've learned so much to this conversation. And it's wonderful and amazing seeing the work that you and your team are doing, and so thank you again for taking the time to talk to us today.

Nataly Beck, MD (guest speaker):

Thank you so much. It's a pleasure to be here.

Axel Valle, PsyD (guest speaker):

Yeah, thanks for the invite.

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