

# Critical Disparities in Latino Mental Health:

## Transforming Research into Action

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### Executive Summary\*

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#### Overview

In 2004, the National Council of La Raza (NCLR), with support from Eli Lilly and Company, conducted research to inform a range of audiences about the mental health issues that Latinos\*\*\* in the U.S. face. In addition to a literature review, a Latino Mental Health Summit was held at California State University, Long Beach in February 2005 with Latino mental health experts, which led to a focus on six major issues affecting Latino mental health: Depression, Immigration and Acculturation, Chemical Use and Dependency, Domestic Violence, Suicide, and Depression and Co-Morbidity Issues.

#### Latinos and Depression

One in seven Americans is Latino, and although Latinos are the largest racial/ethnic minority in the U.S., they continue to face myriad challenges that affect their quality of life. In particular, the National Alliance for Hispanic Health has recently identified Latinos as a high-risk group for depression, anxiety, and substance abuse.

Depression often co-occurs with other mental or physical illnesses and can result in increased co-morbidity and lost productivity. Although people from different cultures express symptoms of depression in various ways, Latinos tend to experience depression in the form of bodily aches and pains (e.g., stomachaches, backaches, or headaches) that persist despite medical treatment. Depression is often described by Latinos as feeling nervous or tired; other symptoms include changes in sleeping or eating patterns, restlessness or irritability, and difficulty concentrating or remembering.

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\* A complete copy of the report can be downloaded from the National Council of La Raza (NCLR) website: [www.nclr.org](http://www.nclr.org)

\*\* This report was a collaborative effort of the NCLR/CSULB Center for Latino Community Health, Evaluation, and Leadership Training and the National Council of La Raza (NCLR). Britt Rios-Ellis, Ph.D., Director of the NCLR/CSULB Center, was the primary author. For a list of contributors, please see the full report.

\*\*\* The terms "Latino" and "Hispanic" are used interchangeably by the U.S. Census Bureau and throughout this document to identify person of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, and Spanish descent; they may be of any race.

Latinos are less likely to receive care for depression compared to other racial/ethnic groups. For example, among Latinos with a mental disorder, fewer than one in 11 contacts a mental health specialist while fewer than one in 20 Latino immigrants with mental disorders uses services from a mental health specialist. Two sets of issues affect access to treatment for Latinos with mental illnesses:

- **Inadequate sources of treatment** - Latinos are especially likely to seek treatment for mental disorders in non-mental health settings, such as the offices of general health care practitioners or religious organizations. Moreover, the most commonly reported barriers to receipt of mental health care services were lack of knowledge of where to seek treatment, lack of proximity to treatment centers, transportation problems, and lack of available Spanish-speaking providers who are culturally and linguistically trained to meet the needs of Latinos.
- **Insufficient Latino personnel** - Data show that approximately 1% of licensed psychologists with active clinical practices who are members of the American Psychological Association identified themselves as Latino. Moreover, there are roughly 20 Latino mental health professionals for every 100,000 Latinos in the U.S.

## Immigration and Acculturation

The majority of Latinos in the U.S. are native-born, but two in five are immigrants. Although immigrants tend to fare better than their non-immigrant counterparts in terms of mental health issues, the stress experienced by individuals who have left their families and social support systems in their countries of origin has been well documented. A combination of factors, including the acculturation process, isolation due to lack of health insurance, little or no knowledge of the health care system, lack of Spanish-speaking providers, little or no English skills, and low literacy, are important in understanding and addressing mental health concerns among Latinos.

In addition:

- Research has shown that higher rates of mental illness are reported among U.S.-born and long-term residents when compared to recent Latino immigrants.
- Mental health concerns appear to increase among Latino immigrants as they acculturate.
- A well-functioning and supportive family environment may buffer the effects of stress related to the acculturation process.

## Chemical Use and Dependency

One of the most harmful consequences of poor mental health is excessive alcohol and illicit drug use. Cultural dissonance, acculturative stress, discrimination, socioeconomic pressures, loss of social support upon immigration, and exposure to drug and alcohol use often lead to chemical dependency. Substance-use disorder is the most common and clinically significant co-morbidity among people with mental health illnesses.

Several pieces of data highlight the specific alcohol-related concerns for Latinos:

- Cirrhosis of the liver and chronic liver disease is the seventh-leading cause of death among Latino males and the tenth-leading cause of death for Latina females, but is not in the top ten leading causes of death for African Americans, Whites, and Asian/Pacific Islanders.

- Latino youth are more likely than both African American and White youth to have consumed alcohol prior to driving or to have ridden with a driver who has consumed alcohol.
- Latino youth are more likely than their counterparts to have consumed alcohol in their lifetimes and to report current use of alcohol.

With respect to substance use and abuse, research has revealed differing patterns among segments of the Latino population. For example, Mexican Americans and Puerto Ricans are more likely to be past or present drug users than are Cuban Americans. Moreover, although marijuana and illicit drug use have been historically lower for Latinos when compared to African Americans and Whites, Latino youth are now more likely than their African American and White counterparts to have used marijuana and cocaine in the tenth grade. Furthermore, the rise of methamphetamine use among Latinos, especially among Mexican migrant construction workers, food service workers, and agriculture workers, is another serious issue that merits attention. Culturally- and linguistically-relevant treatment programs are sorely lacking, especially those targeting Latinas with children.

## Domestic Violence

Domestic violence is a serious, widespread social problem with mental health consequences for victimized families of all cultural and ethnic groups. Similar to their non-Hispanic counterparts, Latina women are more likely than men to be the victims of domestic violence, but abuse against Latino male partners has also been found. Latinos were not only more likely to have engaged in male-to-female partner violence than Whites, but Latino males were also more likely than their White counterparts to have experienced female-to-male partner violence.

Several factors have been associated with domestic violence and Latinas. These include:

- Poor socioeconomic status, including limited personal resources and low levels of education.
- Unfavorable male partner characteristics, including heavy drinking, generalized violence, a previous history of arrest, and related occupational stress.
- Social or traditional cultural dynamics, including religious practices, fatalistic beliefs, and familial norms that may reinforce a traditional patriarchal structure and may tolerate domestic violence more than the larger mainstream society; cultural scripts that deny a woman's participation in decision-making; oppression and discrimination; and existing attitudes and norms that prevent Latinas from acknowledging the violence in their lives.

These factors may affect whether Latinas disclose their experience of abuse and speak out against their male partners. Other issues such as the lack of documentation, fear of deportation, and lack of available Spanish-speaking, culturally-competent mental health professionals and domestic violence survivor programs exacerbate the fear experienced by Latina immigrants living in abusive relationships and increase their reluctance to seek help. This is particularly true for Latinas with children who are economically dependent on their male partners for survival.

The impact that domestic violence has on the mental health of Latinas has not been systematically examined, though the side effects of being a victim of domestic violence have been associated with negative mental health outcomes, including depression and suicide attempts, post-traumatic stress disorder, varying forms of anxiety, substance abuse, insomnia, and social dysfunction - with physical violence having stronger effects than psychological abuse.

## Latinos and Suicide

Research conducted in the past decade shows that, compared to African Americans and Whites, Latinos were more likely to have attempted suicide, considered suicide, and/or made a specific plan. In particular, Latino elderly have been found to be at increased risk of suicide, which has been associated with the result of perceived inutility, lack of social support, or reaction to exacerbation of a chronic illness, such as recovery from an amputation resulting from diabetes. Latino youth appear to be at a significantly increased risk of suicide when compared to Latinos overall. For example:

- Hispanic adolescent females have higher rates of suicide ideation and attempted suicide than African Americans; approximately one-third of Latina girls seriously contemplate suicide. Latinas aged 12 to 17 were at higher risk for suicide than other youth, with Latinas born in the U.S. at the highest risk. Among Latinas overall, suicide rates were highest among those aged 50-54 years, followed by those aged 45-49 years.
- Persons of Mexican origin accounted for the majority of suicides (56%), followed by persons of other/unknown Hispanic origin (14%), Central and South Americans (11%), Puerto Ricans (11%), and Cubans (8%).
- The suicide method most frequently used by males was firearms (45%), followed by suffocation (34%) and poisoning (7%). In contrast, Latino females were likely to use firearms (29%), suffocation (29%), and poisoning (27%) almost equally.

Risk factors for suicidal behaviors among Latino youth (male and female) are complex and multifaceted, but some of the major factors identified are depression, substance abuse, and mental distress. In response, models emphasizing a comprehensive family approach and an understanding of overall family function appear to be the most effective and accurate from a treatment perspective.

## Depression and Co-Morbidity Issues

Diabetes, cardiovascular disease, and HIV/AIDS disproportionately affect the Latino community and exacerbate depression. When mental illness is coupled with other leading causes of death among Latinos, issues related to co-morbidity become marked. Co-morbid symptoms also complicate accurate diagnosis.

Therefore, the impact of co-morbidity on mental health is of concern for Latinos, particularly due to the historical underutilization of mental health services, lack of access to culturally- and linguistically-appropriate health care by providers who understand Latino-specific mental health issues, and affordability of such services.

## Recommendations

Given the range of issues that need to be addressed, efforts to improve mental health services and outcomes for Latinos should occur on several fronts, as outlined below. However, three overarching recommendations are relevant for all audiences and sectors.

**First, language gaps and linguistic barriers must be addressed at all levels.** Specific examples include the need for:

- Training and placement of Spanish-speaking and culturally-appropriate staff on all national 1-800 health and human service telephone lines

- Availability of Spanish-speaking staff at clinics, shelters, and other service areas
- Inclusion of Spanish-language materials and services in health care settings and availability of professional translation services
- Education for providers on commonly used Spanish mental health-related terms and their contextual meaning
- Strategies to increase the number of Spanish-speaking mental health providers at all levels of mental health care
- Health social marketing strategies to educate Latino communities about mental health issues to break down the stigma that frequently inhibits Latinos from seeking care

**Second, mental health should be integrated into overall health care treatment and services.**

Given the barriers to care and presentation of mental illness within clinics and traditional medical settings, the integration of mental health into the overall health care system is imperative. Care for most illnesses is generally covered through private and public insurance. However, most insurance plans provide only limited coverage for treating mental illness. The divisions that exist with respect to financing mental health care and traditional health services must be eliminated as this separation can result in various negative effects such as the compromise of continuity of care and accuracy and effectiveness of treatment. Given the chronic nature of mental illness and the many ways in which mental illness affects physical well-being, it is critical that the system move toward equal health insurance benefit coverage for mental health and substance abuse.

**Third, collaboration with community-based organizations and services is an effective strategy for improving health care access and treatment.**

Relationships with community-based organizations or services can help to ensure that Latinos with mental health needs are educated and subsequently transitioned into care and treatment, and represent a cost-effective tool that greatly benefits the underserved. In particular, one of the most effective strategies for diminishing the stigma related to mental health problems and facilitating access to care for Latinos is to train community lay educators in mental health. These peer educators, or *promotores*, can then be responsible for conducting individual or group health education sessions within their communities. These peers can also be Latinos who have dealt with mental health issues themselves, thus eliminating the stigma and providing Latinos with positive role models who have successfully managed their illnesses and navigated the health care system. *Promotores* programs offer a level of access to the community that is unparalleled, and because *promotores* reside within the communities they serve community members are more likely to discuss the issues surrounding their mental health status and follow up on referral information. In addition, peer educators can be trained to work in collaboration with providers to provide the social support network often lost upon immigration.

From a **public policy perspective**, several issues are key:

- **Designating mental health as a formal health disparity category.** Mental health must be designated as a health disparity category to validate the understanding that mental health is a part of overall health and, therefore, warrants increased national attention.
- **Increasing access to mental health services for all Latinos.** Latinos, particularly those most vulnerable, such as children, youth, and the elderly, must be provided with comprehensive mental health care. This can be achieved by:
  - **National and state-level advocacy efforts** to promote open access to mental health treatment and services for Latinos and culturally- and linguistically-appropriate care.

- **Funding for services for Latinos who lack health insurance or are unable to pay for diagnosis and treatment.** Such services are especially critical for undocumented Latinos, especially given that a significant share of Latino families consist of members who are both documented and undocumented.
- **Expanding services to address specific concerns that are particularly relevant for Latinos, including domestic violence and substance abuse treatment services.**
- **Mandating policy to ensure representation of Latinos and other racial/ethnic minorities in national studies and drug trials.** Policies should stipulate that a representative number of minorities be included in mental health-related pharmacologic testing. In addition, data should be collected by major racial and ethnic categories to fully understand the impact and outcomes of treatment.

For **health care providers**, two strategies can help to improve mental health services for Latinos:

- **Screening practices.** Providers should routinely screen diabetic, cardiovascular disease, and infectious disease patients for mental health problems, recognizing that a patient with compromised mental health status is less likely to adhere to a medical treatment regimen.
- **Training and education.** “First responders” should be trained in the presentation of mental health symptoms within the Latino community to aid in detection of illness. In addition, training should include linguistic components to educate providers regarding commonly used Spanish mental health-related terms and their contextual meaning. Education and instruction should also seek to increase understanding of the stigma associated with mental health illness in the Latino community as well as the cultural appropriateness of family-centered treatment and care models for Latinos. Moreover, special focus should be given to the particular mental health needs of youth due to the chronic and long-term nature of depression and its extensive prevalence among Latino youth.

This research suggests that **health care organizations** can respond to the needs of Latino communities through the incorporation of family and other approaches in treatment. For Latinos, research points to the effectiveness (in both human and economic terms) of treatment that incorporates the family and community. Cognitive behavioral therapy, family therapy, and group therapy techniques represent culturally-congruent approaches for Latinos due to extended family ties and the strong importance placed on connectedness with Latino cultures. Two additional treatment modalities, Eye Movement Desensitization and Reprocessing (EMDR) and Interpersonal Psychotherapy (IPT), have been proven to be effective when working with Latino populations. Furthermore, *Dichos* Therapy, which employs Spanish proverbs as a therapeutic learning tool to capture popular wisdom, has been found to be very effective, particularly within immigrant Latino populations.

Educational institutions and applied researchers can contribute to improving the mental health of Latinos by:

- **Promoting an understanding of subgroup differences in mental health status and the need for subpopulation-specific mental health research,** particularly in the context of the major demographic shifts and immigration patterns that have occurred in the past decade.
- **Facilitating a greater understanding of the impact of acculturation on mental health** and using that knowledge to inform the development of appropriate mental health treatment approaches for Latinos.

- **Conducting research on the mental health effects of illnesses that disproportionately impact Latinos**, such as HIV/AIDS and diabetes, as well as on the ways that mental health issues further complicate disease-specific states.

This research suggests that **media and communications efforts** can also play a role in improving mental health outcomes for Latinos through:

- **Educational campaigns** to raise awareness of mental health conditions and to promote early access to appropriate treatment and intervention.
- **Strategies that incorporate cultural pride, family involvement, and the retention of protective factors often lost following immigration** into advertising, event planning, and the marketing and implementation of mental health services. Family involvement in mental health treatment would maintain social support levels while helping to eliminate the stigma associated with mental illness.

As the Latino population continues to grow, mental health status is not only an integral part of the development of healthy Latino communities, but also fundamental to the overall health of our nation. Latinos are a young, vital, and growing part of our nation's population, and their impact as productive members of U.S. society will be thwarted if their mental health issues are not adequately addressed. It is estimated that by the year 2050 more than 25% of the U.S. population will be Latino, and given the fact that Latinos are among the most youthful minority population, a significant share will be active members of the U.S. workforce. The development of mental health strategies that meet the needs of this youthful population are not only essential for Latinos, but also imperative to the overall health and productivity of the U.S.