MENTAL HEALTH AND LATINOS IN THE U.S.

The Issue

Mental health disorders pose a serious threat to one's well-being[1]. Latinos in the United States are identified as a high-risk group for depression, anxiety, and substance abuse. They were more likely to have significant psychological distress (6.4%) than Whites (3.1%), and 4.6% of Latinos reported feeling sadness in comparison to 2.8% of Whites. [2]

In comparison to White patients, Latinos are more likely to underutilize mental health services, experience greater delays in receiving needed mental health care, and report being less satisfied with the quality of mental health care received.[3]

Despite being a high-risk group with significant disparities in mental health, research on Latinos and mental health is relatively limited.[4]

Latinos and Barriers to Access to Care

In the United States, some of the most commonly given reasons for Latinos not seeking mental health care include: language barriers, transportation concerns, immigrant documentation and unemployment.[5]

- Language barriers: People with limited English proficiency (LEP) are unable to communicate effectively in English because their primary language is not English and they have not yet developed fluency in this language. In California, the state with the largest Spanish-speaking population, about 40% of persons aged 5 years or older among the state's 14 million Latino population are considered people with LEP.[6]
- Financial barriers/lack of insurance: The lack of health insurance was found to be a significant barrier to mental health care for many Latinos during the year 2013.
- Cultural barriers: A number of Latino cultural values conflict with the American model for mental care and create a number of barriers to seeking mental health care.[5] Some of these include:

  stigma - Latinos are often reluctant and ashamed to engage in self-disclosure with strangers

  machismo - a culture of machismo, where males are supposed to be strong, may prevent men from expressing emotional and mental distress.[7]

  familismo - individuals rely on family, and prefer to not seek help outside the family context. Latinos tend to use fewer mental health services because their own families many times act as informal mental health care providers.[8]

- Shortage of culturally competent mental health providers: In California, while Latinos represent over one-third of the state's population, Latino physicians account for only 5% of the state's physicians. [9]

Culturally Bound Syndromes and Symptoms

Non-Latino providers, or those unaware of cultural perceptions of mental illness among Latinos, may have trouble diagnosing certain symptoms. Latinos tend to somatize or experience depression as bodily aches and pains that persist despite medical treatment, and often describe their depression as feeling nervous or tired for prolonged periods.[10]

Because mental illness is associated with weakness and uselessness in Latino culture, a Latino with a mental illness may be stigmatized if admitting to or showing any signs of mental illness, as it is contradictory to marianismo and machismo. [11]

Moreover, Latinos may report culturally-bound syndromes, such as brujeria (witchcraft), colera (anger), susto (fright, soul loss), mal de ojo (evil eye), nervios (nerves), and ataque de nervios (attack of nerves).[12,]

- *mal puesto or brujeria:* explains illness as the result of hexing, witchcraft, voodoo, or the influence of an evil person.
- *bilis and colera*: an idiom of distress and explanation of physical or mental illness as a result of extreme emotion, which upsets the humors (described in terms of hot and cold.) Bilis and colera specifically implicate anger in the cause of illness.
- *susto:* an idiom of distress principally reported among Latinos in the U.S. and Latin America. Susto is an illness attributed to a frightening event that causes the soul to leave the body, leading to symptoms of unhappiness and sickness. Alternate names include espanto, pasmo, tripa ida, perdida del alma, and chibih.[11]
- *mal de ojo:* a common idiom of disease, misfortune, and social disruption throughout the Mediterranean, Latin American, and Muslim worlds.
- *nervios:* an idiom of distress, refers to a general state of vulnerability to stressful life experiences and to a syndrome brought on by such stresses. Symptoms may be very broad, but commonly include emotional distress, headaches, irritability, stomach disturbances, sleep disturbances, nervousness, easy tearfulness, inability to concentrate, tingling sensations, and dizziness.
- *ataque de nervios*: an idiom of distress principally reported among Latinos from the Caribbean, but also among many Latin American and Latin Mediterranean groups. Symptoms include uncontrollable shouting, attacks of crying, trembling, heat in the chest rising to the head, and verbal or physical aggression. Ataques de nervios frequently occur as a result of a stressful family event, especially the death of a relative.[12]

HEALTH INITIATIVE OF THE AMERICAS | SCHOOL OF PUBLIC HEALTH | UC BERKELEY
1950 ADDISON STREET, SUITE 203 | BERKELEY, CA | 94704
PHONE: 510.643.1291 | FAX: 510.642.7861 | WEB: HIA.BERKELEY.EDU

Latino Children's Mental Health

- When compared to non-Hispanic white children, Hispanic youth are more likely to go undiagnosed for mental and developmental issues.[13]
- Research suggests that Latino children are at an elevated risk for a variety of mental health problems. Latinos are often vulnerable to the deleterious effects of poverty, institutional racism, violence and other types of psychosocial stressors, which have been linked to negative mental health outcomes.[14]

Public Policy Recommendations

- Mental health professionals should receive adequate cultural competency training, their applied skills should be drawn from cultural and medical anthropology, and they should be evaluated through standardized certification exams in preparation for serving Latino clients.
- Cultural competency training is a very important factor in mental health provision. A study in 2014 has shown that cultural competency training has been found to be the most significant factor in improving the provision of mental health care to Latinos.[14]
- Providers should understand that listening to patient narratives describing past experiences such as trauma, injury, social isolation and alienation, can foster both individual and social empowerment within Latino mental health patients. Unlike the American biomedical model, the Latino explanatory model for mental health and illness sees the mind and the soul interdependent, not separate.
- Further surveys, research, training and treatment resources are needed to improve Latino mental health; amongst these, a top priority should be given to the relevant model of Latino community-based translational action research, in which reserach findings are to be promptly translated in policy changes.
- Since the current U.S. economy cannot offer sufficient incentives to state and local agencies to better meet the needs of the Latinos/Latinas, it is important for the immigrant communities to partner with primary care centers, academic institutions, and empower themselves through stronger advocacy with policy makers and public administrators.

References

1. Collingwood, J. (2012). The relationship between mental and physical health. Psych Central. From http://psychcentral.com/lib/the-relationship-between-mental-and-physical-health/0002949

2. CDC. (2011). Health, United States , 2013. From: http://www.cdc.gov/nchs/data/hus/hus13.pdf

3. Perez-Escamilla, Rafael. (2010). Health Care Access Among Latinos: Implications for Social and Health Care Reform. Journal of Hispanic Higher Education, 9, 43-60.

4. López, S. R., Barrio, C., Kopelowicz, A., & Vega, W. A. (2012). From documenting to eliminating disparities in mental health care for Latinos. American Psychologist, 67(7), 511.

5. Wells, A., Lagomasino, I. T., Palinkas, L. A., Green, J. M., & Gonzalez, D. (2013). Barriers to depression treatment among low-income, Latino emergency department patients. Community mental health journal, 49(4), 412-418.

6. Snowden, L. R., & McClellan, S. R. (2013). Spanish-language community-based mental health treatment programs, policy-required language-assistance programming, and mental health treatment access among Spanish-speaking clients. American journal of public health, 103(9), 1628-1633.

7. Arnold, S. (2013). Machismo in the Homily: Why do Historic Influences in Latin America make Machismo Construct Difficult to Wane?.

8. Ayón, C., Marsiglia, F. F., & Bermudez-Parsai, M. (2010). Latino family mental health: Exploring the role of discrimination and familismo. Journal of Community Psychology, 38(6), 742-756.

9. California Physician Facts and Figures (2010). California Health Care Almanac found at : http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/C/PDF%20CaliforniaPhysicianFactsFigures2010.pdf

10. Paniagua, F. A., & Yamada, A. M. (Eds.). (2013). Handbook of multicultural mental health: Assessment and treatment of diverse populations. Academic Press.

11. Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. Clinical Psychology Review, 31(6), 934-948.

12.American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

13. Chaidez, V., Hansen, R. L., & Hertz-Picciotto, I. (2012). Autism spectrum disorders in Hispanics and non-Hispanics. Autism, 16(4), 381-397.

14. Knight, G. P., Berkel, C., Carlo, G., & Basilio, C. (2011). The socialization of culturally related values and the mental health outcomes of Latino youth. Latina and Latino children's mental health, 2, 109-131.

15.Peters, M. L., Sawyer, C. B., & Guzman, M. (2014). Supporting the Development of Latino Bilingual Mental Health Professionals. Journal of Hispanic Higher Education, 13(1), 15-31.

Author Information

- Xóchitl Castañeda, Director, Health Initiative of the Americas, University of California Berkeley School of Public Health
- Vassileios Chatzimpyros, PhD candidate, Aristotle University. Fellow in University of California Berkeley School of Public Health*
- Michael Nemeh, undergraduate research associate, University of California Berkeley School of Public Health

Acknowledgements

This fact sheet was based on the 2010 version, reviewed by Steven P. Wallace, PhD, Associate Director, Center for Health Policy Research and Professor at the UCLA School of Public Health, Caroline Dickinson, Health Initiative of the Americas, School of Public Health, UC Berkeley and Patrick Marius Koga, President & CEO, Veteran, Immigrant & Refugee Trauma Institute of Sacramento (VIRTIS).

Suggested Citation

Castañeda, X. , Chatzimpyros, V. , Nemeh, M. (2014). "*Mental Health and Latinos in the U.S.*" (Fact Sheet) Health Initiative of the Americas. University of California Berkeley, School of Public Health.

*A part of this fact sheet has been co-financed through the action "State Scholarships Foundation's-IKY, from resources of the operational program "Education and Lifelong Learning " of the European Social Fund and the National Strategic Reference Framework 2007-2013.