

Did you know...

Latino Community Mental Health Facts

Rates of Mental Illness

- The rates of mental illnesses in the Latino community are fairly similar to whites.
- Latinos are identified as a high-risk group for depression, anxiety, and substance abuse.¹
- Deborah Duran established correlation between acculturation and depression (Duran, 1995)².
- Women and Latinos are more likely to experience a major depressive episode.³
 - Prevalence of depression is higher in Latino women (46%) than Latino men (19.6%).⁴
- The Common Wealth Fund Survey revealed that surveyed Latino and Asian American girls exhibited more depressive symptoms than the African American or white girls.⁵
 - Among female high-school students in 1997, the rate of attempted suicide among Latino girls (14.9%) was one-and-a-half times that of African American (9.0%) and non-Hispanic white (10.3%) girls.⁶
 - Close to one out of every three Latino female (30.3%) high-school students in 1997 had seriously considered committing suicide.⁷
- There are higher rates of mental illness among U.S. born and long-term residents than among recent Latino immigrants.
 - Place of birth has a significant correlation with the subsequent risk for most psychiatric disorders.⁸
 - A study found conclusively that long-term residence in the United States significantly increased rates in mental disorders, with particularly dramatic increases in the rates of substance abuse.⁹

- A research on suicidal ideation found that foreign-born Mexican Americans are at significantly lower risk of suicide and depression than those born in the United States.¹⁰

Barriers to Treatment

- Latinos are twice as likely to seek treatment for mental disorders in other settings, such as general health care or the clergy, than in mental health specialty settings.
 - Among Latinos with mental disorders, fewer than 1 in 11 contact mental health care specialists, while fewer than 1 in 5 contact general health care providers.¹¹
 - The statistics become more alarming among Latino immigrants with mental disorders. Fewer than 1 in 20 Latino immigrants use services from mental health specialists, while less than 1 in 10-use services from general health care providers.¹²
- The existing studies about language skills of mental health professionals reveal that there are few Spanish-speaking and Latino providers.
 - A national survey revealed that out of 596 licensed psychologists with active clinical practices who are members of the American Psychological Association, only 1 percent of the randomly selected sample identified themselves as Latino.¹³
 - In 1999 CMHS reported the existence of 29 Latino mental health professionals for every 100,000 Latinos in the United States.
- The US Bureau of Census in 1993 reports that more than 1 in 4 Hispanics lives in a “linguistically isolated household” in the US. This reality plus the lack of bilingual mental health providers makes access to care harder for Latinos.
- Lack of culturally competent providers.
 - A 2001 study by Kaiser Family Foundation and Harvard University found that whites believe that Latinos have access to the same or better opportunities for employment and the same access to health care despite obvious evidence to the contrary (Morin 2001).
 - Cho and Solis, 2001, report that 51% of white health care providers believe that their patients do not adhere to medical treatments as a result of cultural or linguistic barriers.
 - Of this same group – 56% report having no form of cultural competency training.

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- Mental illness research does not adequately include Latinos.
 - A 1998 study of the Office of Minority Health reported that states do not have appropriate health data for minority populations. The states that actually collect minority health data routinely break out black and white data only.
- Living in poverty has the most measurable effect on the rates of mental illness. People in the lowest socioeconomic status are about two to three times more likely than those in the highest strata to have a mental disorder.¹⁴
- The lack of services for Latinos worsens when dealing with Latino children and youth.
 - Dr. Margarita Alegría reported during the Surgeon General's conference on mental health and children that, "Latino youths have the highest rate of suicide, yet they are less likely to be identified by their caregivers as having problems (2000)."
 - The Centers for Disease Control and Prevention (CDC) Youth Risk Survey found a 10.7 percent attempted suicide rate among Latino youth, compared with a 7.3 percent rate among African American youth and a 6.3 percent rate for White, non-Latino youth.
 - Tragically, due to lack of cultural knowledge, Latino youth with mental illness are generally misdiagnosed as having anger problems or just conduct disorders.
- Latinos are over-represented in the criminal and juvenile justice system. Many of these Latinos have a misdiagnosed or not diagnosed mental illness.
 - The Building Blocks for Youth report *Dónde Está La Justicia? A call for Action on Behalf of Latino and Latina Youth in the U.S. Justice System* (2002) recently highlighted the alarmingly disproportionate rates of Latino youth in the juvenile justice system.
 - The report found that in almost every state, Latinos and African Americans are over-represented in the justice system and receive harsher treatment than Caucasian youth charged for the same types of offenses. E.G. In Los Angeles Co. in 1998, Latino youth were 2.0 times as likely as Caucasian youth to be arrested for drug offenses and in these cases, the admission rate for Latinos charged with drug offenses was 13 times the rate for Caucasian youth.
 - Many of these youth have emotional disorders and mental health problems. Different studies estimate that 50% to 70% of all youth in the juvenile justice system have mental health problems that usually go untreated or badly treated.

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¹ Quality Health Services for Hispanics: The Cultural Competency Component. National Alliance for Hispanic Health, 2001.

² Duran, Deborah. *Impact of Depression, Cultural Determinants, Psychosocial Factors and the Patient/Care-Provider Relationship on Somatic Complaints of Distressed Latinas*. Dissertation, University of Denver, 1995.

³ Mental Health: A report of the Surgeon General. 1999

⁴ Vega, W. and Amaro, H. "Lifetime prevalence of DSM-III-R psychiatric disorders among rural and urban Mexican Americans in California." *Archives of General Psychiatry*; 55, pp. 771-782, 1998.

⁵ Schoen C, Davis K, Collins KS, Greenberg L, Des Roches C, Abrams M. *The Commonwealth Fund Survey of the Health of Adolescent Girls*. New York, NY: Commonwealth Fund; 1997.

⁶ CDC. Youth Risk Behavior Surveillance — United States, 1997. *MMWR*; 1998, 47: 47.

⁷ Ibid.

⁸ Vega WA, Kolody B, Aguilar-Gaxiola S, et. al. Lifetime Prevalence of DSM-III-R Psychiatric Disorders Among Urban and Rural Mexican Americans in California. *Archives of General Psychiatry*. 1998; 55(9): 771-778.

⁹ Vega WA, Kolody B, Aguilar-Gaxiola S, et. al. Lifetime Prevalence of DSM-III-R Psychiatric Disorders Among Urban and Rural Mexican Americans in California. *Archives of General Psychiatry*. 1998; 55(9): 771-778.

¹⁰ Swanson JW, Linskey AO, Quintero-Salinas R, Pumariega AJ, Holzer CE. A Bi-National School Survey of Depressive Symptom, Drug Use and Suicidal Ideation. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1992; 31: 669-678.

¹¹ Mental Health: Culture, Race, and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General. 2001

¹² Ibid

¹³ Williams, S. and Kohout, J. L. *A survey of licensed practitioners of psychology: Activities, roles, and services*. American Psychological Association, Washington D.C., 1999.

¹⁴ 1999 supplement to the Surgeon General's report on MH.