



Critical Disparities in Latino Mental Health: Transforming Research into Action

Primary Author:

Britt Rios-Ellis, Ph.D.

**Director, NCLR/CSULB Center for Latino Community Health,
Evaluation & Leadership Training**

With contributions from:

Dr. Sergio Aguilar-Gaxiola, Dr. Leopoldo Cabassa, Dr. Raul Caetano, Dr. Yvette Flores, Dr. Hector Gonzalez, Rocio Leon, Dr. Steve Lopez, & Carlos Ugarte, M.S.P.H.

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The Latino Mental Health Summit

- IHH received a grant to support the exploration of Latino mental health issues late in 2004 in collaboration with the newly formed NCLR/CSULB Center for Latino Community Health, Evaluation and Leadership Training
- After extensive deliberation, six key mental health areas were chosen for further research: depression, domestic violence, co-morbidity, chemical use and dependency, acculturation, and suicide.



The Latino Mental Health Summit

- Leading researchers were invited to the Summit to share their expertise via presentations conducted throughout the morning with over 400 mental health professionals, providers, academicians, students, and community members.
- The afternoon was spent in topic specific workshops with mental health care professionals, providers, community based organization staff, and community members in an effort to inform strategies and recommendations to improve Latino mental health access and status.

The Report

- Presentations were videotaped and workgroups were audiotaped to inform the final report.
- Extensive notes were taken and workgroups specific powerpoint presentations were conducted at the end of the Summit.
- These were combined with an extensive review of the literature to provide you with the report entitled: ***Critical Disparaties in Latino Mental Health: Transforming Research into Action***, available at www.nclr.org.



Demographic Overview

- By 2030, Latinos will comprise more than 20% of the US population.
- Although Mexican Americans represent 66% of the Latino population, the Latino population is very diverse, including non-Spanish speaking indigenous populations.
- Most mental health care providers are linguistically and culturally challenged and often unable to effectively treat their Latino patients even if Latinos have access.
- Latinos are more likely to lack health insurance when compared to African Americans and whites (40% vs. 25% and 14%, respectively).
 - 58% of non-citizen Latinos lack health insurance.



Institutional Barriers to Care

- Immigration status, language, cultural competency, cost, transportation, lack of knowledge regarding where to go, lack of proximity, and lack of child care constitute formidable barriers to mental health services
- Latinos experience disproportionate rates of mental health disorders and are more likely to underutilize mental health services.
- Latinos have been identified as a high risk group for depression, anxiety, and chemical use and dependency.

Latinos and Depression

- According to the WHO, depression is the most debilitating health issue because:
 - It presents early in life, usually before age 25
 - Mental health disease represent 5 of the top 10 leading causes of disability in the US and Canada among people 15 to 44 years of age
 - Leads to decreased productivity, poverty and increased morbidity
- NCS data reveal that 17.7% of Latinos will experience depression in their lifetimes
- MAPSS data found that Mexican American females were the most likely to have experienced a major depressive episode in the previous 12 months

Latinas & Depression

- Latinas tend to present depression somatic symptoms that are not usually recognized by culturally challenged health professionals
 - Other symptoms include nervousness, fatigue, changes in dietary and sleeping patterns, irritability, and cognitive problems
- Latinos are less likely to receive care for depression
 - Less than 1 in 11 contacts a provider
 - Among immigrants this number is reduced to 1 in 20
 - 70% of Latinos who do access mental health care do not return for follow up visits

Latinos and Depression

- Latinos are more likely to present with mental health issues at the primary care setting
- Few culturally relevant health care providers
 - Only 1% of APA members identified themselves as Latinos
 - CHMS data indicate that there are only 20 Latino mental health professionals per 100,000
- Cultural barriers could perhaps be best described as
 - “no se lave la ropa en casa ajena”



Latinos and Acculturation

- What happens upon acculturation to decrease mental health, and health status overall?
 - Dissonance between parents and their children
 - Latino children often serve as health brokers for their families
 - Latino children are more likely to attend poorer schools and experience fewer educational opportunities
 - Changes in psychological well-being result from the process of adaptation to US norms and values



Latinos and Acculturation

- Immigrant Latinos report approximately half of the mental health issues of their US born counterparts
 - Non-immigrants, with the exception of Cubans, experience higher rates of affective disorders, anxiety disorders, and chemical use and dependency
- Need to identify, celebrate, and encourage retention of the protective characteristics and mores of immigrant Latinos while we simultaneously prepare them for the new demands and expectations of living as women in the US

Latino Mental Health and Chemical Use and Dependency

- ❑ Risk factors include: cultural dissonance, peer pressure, discrimination, socioeconomic pressures, loss of social support, machismo, and exposure to alcohol and drugs.
- ❑ Cirrhosis and chronic liver disease disproportionately affect Latinos (7th leading cause of death)
- ❑ Latino youth are more likely to have consumed alcohol, driven in a car someone who had consumed alcohol, report current use of alcohol, and report excessive alcohol use than African Americans and whites.
- ❑ Latinos are also at higher risk for alcohol related homicide

Latino Mental Health and Chemical Use and Dependency

- Alcohol and tobacco companies often support Latino cultural events
 - Latinos are not likely to view excessive alcohol use as problematic and males are more likely to agree with the statement “It is good to get drunk once in a while”
- As Latinas acculturate they are more likely to consume alcohol and use illicit drugs
- Mexican Americans and Puerto Ricans are more likely to be present drug users than are Cuban Americans
- Latinos who preferred to be interviewed in English were 2 to 3 times more likely to have ever used drugs compared to their non-English speaking counterparts

Latino Mental Health and Chemical Use and Dependency

- Have experienced a dramatic rise in marijuana and cocaine use among Latino youth
- Methamphetamine use is increasing dramatically, particularly along the border
 - Reports of methamphetamine use and distribution within the maquiladoras
 - Other professions to see a rise include food service, construction, and agriculture
 - Border specific research indicates that Latinos in San Diego are more likely to have used for 7 years or more and initiated at 17, whereas in TJ the age of initiation is 14 and users have consumed meth an average of 12 years



Latinas and Domestic Violence

- ❑ Contributing factors include: alcohol and drug use, machismo, upbringing, discrimination, and disenfranchisement
- ❑ Domestic violence victims account for 22% to 35% of all women seeking mental health services, 25% of all women who attempted suicide, and 23% of all pregnant women seeking prenatal care
- ❑ Victims tend to be younger, have low SES, limited personal resources, and lower educational levels



Latinas and Domestic Violence

- ❑ Cultural norms regarding low expectations of male behavior contribute to the acceptance of domestic violence as the woman is often blamed for insighting the episode
- ❑ Latino males are more likely to report having been the victim of domestic violence
- ❑ Latina immigrants are often placed at increased risk due socioeconomic and environmental dependence on her past
- ❑ Understand that perceptions of violence differ incredibly across cultures and scales must be adated to meet cultural requirements



Latinas and Domestic Violence

- Latinas are more likely to be treated by professionals who miss the symptoms of their abuse as physiological
- When Latinas enter the workforce their male counterpart often feels displaced and becomes violent
 - Economic disenfranchisement and discrimination can lead to frustration that can contribute to domestic violence
- Must examine the gender issues and the “gendered opportunity structures” that exist today



Latinos and Suicide

- Latinos, particularly Latinas, are at increasing risk of suicide in the US
- Suicide is the third leading cause of death among young Latinos
 - Young Latinos are more likely to have considered suicide, and have made a specific plan, and attempted suicide than African Americans and Whites
 - Immigrant Latinos are not at greater risk than non Latinos
 - According to the YRBS, 35.4% of Latino youth felt so sad or hopeless almost every day for 2 weeks, to the extent that they stopped usual activities

Latinos and Suicide

- Models emphasizing health family functioning tend to be more effective
- Academic settings should be made less stressful and less test but more applied learning focused
- Students who perform poorly experience constant negative reinforcement
- Decreased parental time, due to economic demands of the family, often results in less parental-child interaction that can lead to suicide ideation

Latino Mental Health and Co-Morbidity

- Diagnosis of mental health problems is often obscured by multiple diagnoses
- Mental health problems have been related to diabetes, heart disease, HIV/AIDS, immune function, etc....
 - The risk of depression is 30% higher among diabetics
 - As complications, such as amputations, worsen there is an increased probability of suicide
 - Latinos with diabetes and a history of depression are more likely to develop diabetic complications

Latino Mental Health and Co-Morbidity

- Latinos experiencing depression and diabetes are more likely to have higher glucose readings, less likely to self-monitor, less likely to see a doctor, and more likely to report difficulty with ADLs
 - Also more likely to experience stroke, kidney disease, and heart attacks
 - As problems increase they also experience memory loss, disability and greater rates of institutionalization
- Less than 15% of diabetic Latinos with depression are treated medicinally and only 8% are adequately treated and monitored

Latino Mental Health and Co-Morbidity

- HIV positive Latinos who also suffer from depression are less likely to
 - Adhere to regular treatment visits
 - Take their medication regularly
 - Practice safe sex and other HIV risk reducing behaviors
- Further studies of post partum depression are needed to measure the impact of PPD on Latinas
- Many Latinas are also infected with HIV and additional treatment and therapy is needed, as well as better understanding of the impact of syngergistic reactions of medicinal combinations among Latinas

The Cost of Neglect

- Depression is the leading cause of disability
- US reports the highest incidence of mental illness with 26.4% having experienced anxiety, mood, impulse control, or a substance related mental disorder within the past 6 months
 - Annual cost of depression is \$43 billion in direct costs in the US alone
 - \$17 billion through lost work days
 - Suicide in 1998 cost \$15.6 billion
 - Improved access to treatment would be cost saving, both morally and economically

The Cost of Neglect

- Current mental health programs utilize a fail first mechanism by which the less optimal treatment is given first
 - The patient must fail before the more expensive treatment can be administered, often in opposition with physician recommendations
- Studies report that Latinos fare significantly better with psychotherapy based programs, which result in a cost of \$6,100 annually for psychotherapy based programs vs. \$90,000 or more for medication based treatment only



Cultural Recommendations

- La Roche suggests a three-pronged approach:
 - Address chief patient complaints and reduce symptoms
 - Understand that Latino mental health histories often include dimensions of past experiences such as trauma, injury, and social isolation, which warrants empowerment facilitating strategies
 - Programs should include a life course approach to enable professionals to understand the cumulative effects of racism, discrimination, resource disparities, and other hardships

Training Recommendations

- Train general practice physicians and first responders to better identify and understand Latino specific symptoms
 - Training must include linguistic components such as ansiedad, susto, ataques de nervios, to enable accurate diagnosis
 - Providers must be trained to understand the stigma associated with mental health problems among Latinos
- Routinely screen diabetic, HIV positive, CVD, and cancer patients for depression
- Instrumentation specific for Latinos must be developed and tested
- Create a sense of confianza between the provider and patient

Training Recommendations

- Utilize promotores type outreach to educate Latinos regarding mental health issues so that effective community outreach can be conducted immediately and treatment referrals can be followed up with greater initiative
- Providers, case managers, pharmacists and promotores can be linked to provide a more comprehensive continuum of care
- Promotores can also serve as translators and conduct routine follow up (instead of children or other family members)
 - Transportation barriers are often alleviated because promotores are living in the patients' communities

Institutional Recommendations

- Provide open-access to care and allow the physician or provider to decide on the patients' treatment as opposed to just placating symptoms with suboptimal methods
- Medical decisions based on cost ratios do not incorporate the latest science and often cost more in the long term
- 1-800 numbers, such as the suicide hotline, must have Spanish speaking staff and bilingual messaging
- Incorporation of family in the treatment of mental health patients has been proven to be very effective and often results in the avoidance of institutionalization
- Programs that emphasize the retention of protective cultural factors and pride may serve to benefit



Institutional Recommendations

- ❑ Insurance plans must provide adequate mental health coverage
- ❑ The division between traditional health care and mental health care must be eliminated
- ❑ Subsidies or federal funds should not be given to industry members who do not provide adequate mental health treatment options
- ❑ All clinical trials receiving government subsidies should include Latino participants in sufficient numbers to furnish statistically valid samples



Diversity-Based Recommendations

- ❑ Providers must be cautioned to avoid assumptions
- ❑ Mental health diagnostic scales must be adapted to meet the heterogeneous needs of Latinos
- ❑ Domestic violence and chemical dependency treatment programs should have culturally relevant treatment programs and staff designed for Latinos
- ❑ Need to work more closely with the Spanish language media for outreach and education

Outcomes....

- NCLR is currently developing a promotores de salud mental program in collaboration with Eli Lilly and Company that will train and conduct outreach in the Los Angeles area, Miami, and El Paso to educate Latinos about mental health, reduce the stigma associated with mental illness, and provide referrals in collaboration with CBOs
- The promotores will work with an educational tool kit currently under design