# MENTAL HEALTH AND LATINOS IN THE U.S.

## The Issue

Mental health disorders are a serious threat to one's health and can be just as damaging as cancer or heart disease in terms of premature death and lost productivity.[1] Latinos in the United States are identified as a high-risk group for depression, anxiety, and substance abuse. In 2007, Latino immigrants in California were more likely to have psychological distress (9.3%) than Whites (8.2%), and 15.1% of Latino immigrants needed help for mental/emotional distress or use of alcohol/drugs.[2]

Latinos often lack access to critical mental health services—only 10.3% of Latino immigrants in California see a health professional for emotional/mental problems compared to 14.8% of Whites.[3] 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.[4]

Despite being a high-risk group, research on Latinos and mental health is relatively limited. Mental illness affects Latinos throughout the U.S., however, this fact sheet will commonly refer to Latinos in California as a great part of existing research looks at Latinos in that state.

## 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, financial barriers, being "too busy," lacking transportation, and a belief that they can "handle it myself".[5]

- ***Language barriers***: A national survey revealed that out of 596 licensed psychologists with active clinical practices who are members of the American Psychological Association, only 1% identified themselves as Latino.[6] In California, 85% of foreign-born Latinos report experiencing language barriers (i.e. they do not speak English, or speak English poorly).
- ***Financial barriers/lack of insurance***: The lack of health insurance is a significant barrier to mental health care for many Latinos. While Latinos constituted 15.1% of the U.S. population in 2008, as a group, the uninsured percentage increased from 32 to 34% in the time period 2005-2006.[7]
- ***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 many times reluctant and ashamed to self-disclosure to strangers

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

  *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. In California, Latinos with mental illness are more likely to live with their families (62% compared to 22% of Whites in California) and receive grater family support (21.1% versus 12.3% of Whites).[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. The number is even smaller among mental health professionals.[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] 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).[11] For example:

- ***mal puesto or brujeria***: explain illness as the result of hexing, witchcraft, voodoo, or the influence of an evil person.[11]
- ***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. [11]
- ***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. [11]
- ***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.[11]
- ***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.[11]

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## Latino Children's Mental Health

- The top three mental health diagnoses among this group are: mood disorders (25.2% of all diagnoses), adjustment disorders (17.6%), and disruptive behavior disorders (15.4%).[8]
- Of all racial/ethnic groups, Latino children in California utilizing Medicaid have the lowest probability of using psychiatric emergency intervention (9.5% compared to 10.9% for non-Hispanic whites), and the lowest average number of psychiatric intervention visits (1.8 vs. 2.0 for non-Hispanic Whites).[8]

## 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.
- 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. In this respect, it is crucial that the provider also displays religious and spiritual competencies when assessing the complex dimensions of suffering of the Latino patient. Unlike the American biomedical model, the Latino explanatory model for mental health and illness sees the mind and the soul interdependent, not separate.
- More surveys, research, training and treatment resources are needed to improve Latino mental health; the relevant model of Latino community-based translational action research, followed promptly policy implementation, should be given a top priority.
- Since most of the mental health needs are addressed by primary care doctors, it is more realistic to relocate mental health services within primary care centers.
- The current US 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.

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