Addressing Disparities In Mental Health Care For Latinos
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Addressing disparities in mental health care for Latinos is of particular importance given their considerable population growth in the United States. The 2010 US Census reports:

- Latino Americans comprise the largest ethnic/racial minority group in the United States (50.5 million or 16.3%).
- Latinos are also the largest ethnic minority group of children (11.6 million) in the United States, comprising 16% of the population younger than 18 years.

What Health Disparities Research Shows
From the early 1980s to the present, a wave of epidemiological studies have documented the unmet mental health needs of Latino communities.

- Compared with Non-Latino Whites with similar mental health needs, Latinos underutilize specialty mental health services.
- General medical providers are a main source of mental health care for many Latinos and serve as important providers of mental health services and referrals. (Leopoldo et al., 2006)
- A complex combination of structural, economic, psychiatric, and cultural factors influence Latinos’ access to mental health services; improving access to mental health services must take a multidimensional approach. (Leopoldo et al., 2006)
- Latinos who suffer from common mental disorders (e.g., depression and anxiety disorders) are less likely than non-Latino Whites to receive guideline congruent care. (Institute of Medicine [IOM], 2003)
- Epidemiological evidence shows that Latino adults’ rates of psychiatric disorders, on average, are similar to those of non-Latino Whites, yet rates increase the longer they spend time in the U.S. (Burnam AM, et al., 1994; Ortega AN, et al., 2000)
- The immigrant “effect” is an important factor for Latinos when considering mental health disparities. Only 23.8% for foreign born Latinos suffered a lifetime mental disorder while the percentage for U.S.-born was 36.8%. (Ortega AN, et al., 2000)
  - For Mexican-origin adults with any lifetime disorder, the percentages were 28.5% for foreign-born and 47.6% for U.S.-born. (Ortega et al., 2000)

Disparities in Child Health
A landmark study of the use of mental health services by Latino youth (Kataoka et al., 2002) found that Latino children and adolescents were significantly less likely to use mental health services.

- Only 3.9% to 5.8% of Latino children used mental health services compared to African American (4.9% to 6.7%) and non-Latino White youths (6.4% to 8.1%)
- Only 11.6% of Latino youths in this study with the highest need had used mental health services whereas nearly 24% of both African American and non-Latino White youths with the same high level of need had obtained mental health care

Major barriers to Latinos accessing mental health include:
- Lack of health insurance
• High economic strains
• Limited mental health literacy
• Not knowing where to seek services
• Underutilization of and/or lack of access to case management services (Rapp 1998)
• Low acculturation
  Cultural interpretation of symptoms, stigma related to mental illness and its treatments, somatization of psychiatric symptoms, and the availability of general medical providers are believed to explain why less acculturated Latinos and immigrants underutilize specialty mental health services and rely more often on the general medical sector for care than more acculturated Latinos (Castillo et al., 1994; Wells et al., 1995)
• Endorsing self-reliant attitudes.
  Studies have indicated Latinos who endorsed self-reliant attitudes were 40% less likely to use mental health services than respondents who did not endorse these attitudes. (Ortega and Alegría 2002) Self-reliant attitudes are defined as preferring “to solve their emotional problems on their own” and the use of mental health services.
• Having a large supportive network
  Large supportive networks may act as a buffer during times of need and delay or replace the need and urgency to use formal mental health services. (Albizu-Garcia et al., 2001; Pescosolido et al. 1998)

Improving Pathways to Mental Health Care for Latinos
As stated above, a complex combination of structural, economic, psychiatric, and cultural factors influence Latinos’ access to mental health services. Pathways of care begin at the moment of distress or illness onset, then move to the social networks that facilitate care and the pathways within the mental health system itself (Rogler and Cortes 1993).

Focus on Primary Care
Building on the research showing general medical providers are a main source of mental health care for many Latinos, federal, state, and local community efforts focusing on integrating behavioral health care into primary care settings are extremely important. In pediatric care, significant attention must be given to improving the health of children through prevention and early intervention. Private practices need ongoing support in learning best practices for integrating care, conducting enhanced screenings, providing strong supports to families and helping families navigate to services.

Care coordination and case management Services
Both supports are underutilized by ethnic minority’s compared to non-Latino Whites, so efforts to improve awareness of services are extremely important in Latino communities.

Mental health literacy programs are important for increasing the number of Latino individuals and families willing to try the mental health system of care. A good example of a community educational campaign focused on health knowledge and illness attribution was La CLAve. (Lopez et al. 2009)

Considering Family Dynamics in Mental Health Interventions
Families can be a powerful source of support or conflict when Latino individuals seek mental health care. Studies show that relatives who are highly critical or emotionally overinvolved may increase the likelihood of relapse in patients who have been treated for mental health problems.
Thus treatment plans must address family dynamics and caregiver’s attitudes especially. In some Latino subgroups the emphasis on self-reliance dramatically reduces the likelihood of seeking mental health treatment. Thus, modifications of evidence-based interventions must consider language, culture, and life-context. (Bernal et al., 2009). There are important differences between Latino subgroups’s social and historical contexts which are crucial in addressing mental health disparities. There is, of course, great variability between individual families as well.

**The fundamental question that needs to be addressed**
A key question for our society as a whole and the mental health system especially must be: What are the economic, social, and emotional costs to Latino individuals and families in need of care for underutilizing mental health services and for receiving poor quality mental health care? Understanding the costs that these disparities have on society can help garner support for more public and private funding to eliminate these inequalities in care. (López, 2002)

**References**


Institute of Medicine [IOM], 2003; United States Department of Health and Human Services [USDHHS], 2001


