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Exploratory Paper

Recognizing Barriers and Implementing Solutions to Limited Mental Health Care Access Among the Latinx Community in the United States

Mental health has become an increasingly important issue during the previous few decades as technology and other factors have taken a toll on our mental health. Subsequently, mental health disorders and treatment have become a part of everyday conversation and regarded as less of a taboo topic. Psychological disorders impact every group of society, and the Latinx community of the United States is no exception. The Latinx community suffers from mental health issues such as depression, anxiety disorders, eating disorders, psychotic disorders, and more. Yet, this community has limited access to resources to help treat mental health issues such as lack of health insurance. Other obstacles to receiving treatment include cultural stigma and a lack of bilingual psychotherapists. The Latinx community needs easier access to treatment now more than ever as a marginalized population of society who disproportionately struggles with discrimination, prejudice, and other stressors triggered by external factors such as the government (ICE and law enforcement in general). Key institutions involved in this issue include the Latinx community of the United States, psychologists, and the government. Many sources utilized in this paper come from psychological or psychiatry journals as they play an important role in research and implementing solutions related to mental health. Yet the government also plays a key role because they are capable of lifting many barriers which prevent mental health treatment for the Latinx community.

According to data from 2018, the Latinx population of the United States had reached almost 60 million, which is approximately 18% of the US population. Yet, only 5.5% of psychologists claim to offer mental health care services in Spanish and it is projected that by the

year 2030, the need for Spanish-speaking psychologists will increase by 30% (Weber, 2019). As mentioned earlier, the Latinx community suffers from a variety of mental health problems and therefore necessitate treatment, but from the data it appears there are many barriers to mental health care for this community. One obvious obstacle prevalent in the data is a lack of bilingual therapists. Many people of the Latinx community have limited English proficiency (LEP) or are simply more comfortable having therapy in their native language (Caballero et al., 2017). Structural barriers include lack of transportation, lack of insurance, minimum wage jobs, inadequate housing, or undocumented status (Olcón & Gulbas, 2018). Other important obstacles include lack of knowledge about services, health literacy, cultural stigma, and cultural interpretations of illness (Caballero et al., 2017). Although each person is different, for many cases there are no doubt multiple barriers resulting in underuse of health care services or entering into care late (Umpierre et al., 2015). But the Latinx's community lack of presence in the mental health care arena does not diminish their struggles, if not make them even more pronounced.

Data collection from The National Alliance of Mental Illness found that Hispanics fall victim to common mental health disorders like generalized anxiety disorder, major depression, post-traumatic stress disorder (PTSD) and alcoholism “but are at higher risk for severe mental health problems,” (Weber, 2019). In order to treat these mental health problems, it is necessary to address some potential causes of the problems. Several studies focusing on the Latinx community have analyzed how poverty may play a significant role in causing mental health issues. According to data from a study published in 2015, about 26% of the Latinx population lived below the poverty line. Three specific poverty-related stresses are parenting stress, parents' financial stress, and family conflict which may have an adverse effect on Latinx youth (Umpierre et al., 2015). Poverty and low English proficiency (LEP) have been strongly linked together and

poverty stressors contribute to poorer mental health. Other common causes of worsened mental health are trauma, assimilation stressors, discrimination, sexual/physical assault, violence, and social isolation (Caballero et al., 2017). Many of these factors may be a result of migration trauma such as PTSD from violence in home countries resulting in nightmares or recurring memories (American Psychiatric Association, 2014). In addition to PTSD, other mental health disorders such as anxiety, depression, and attention-deficit hyperactivity disorder (ADHD) have been linked to migration trauma (Caballero et al., 2017). Those in the Latinx community who are not immigrants may still suffer from assault and discrimination as American society has positioned Latinx people as perpetual foreigners and therefore an unknown and dangerous “Other”. Additional stress may come from conflict and tension between home culture (family’s culture of country of origin in Latin America) and US culture.

The perception of mental health by the Latinx community, especially older generations, can prevent them or younger generations from seeking out treatment for mental health issues. Their perceptions can be in many ways informed by their home culture values and beliefs instilled in them at a young age, which leads to stigma around the topic of mental health as shown in multiple studies. A 2016 study looking specifically at perceptions of depression and mental health care access among Latinx immigrants in Florida found interview subjects expressed that many people in the Latinx community with mental health issues are treated negatively by others in the community. One participant noted the “lack of understanding” of mental health problems and that many people searching for mental health care may be made fun of and teased. Another common rhetoric is the idea of “being weak” for seeking out help with mental health problems (Martinez et al., 2016). In another study featuring the Latinx community in New York, one participant noted how in her home country (the Dominican Republic), children

with behavioral or mental health problems are called “locos” or crazy and are not accepted in society (Umpierre et al., 2015). The YouTube channel “We Are Mitú” has also created several videos acknowledging the stigma around mental health in the Latinx community where they discuss how therapy and medication may be perceived as a luxury or a “rich white people thing” by some (2018, July 13). Others may take on the mindset of “get over it, be strong” if someone close to them reveals they are experiencing mental health issues (We Are Mitú, 2018, April 24). While perceptions are likely changing, they may also be doing harm to those who are struggling with mental health, further isolating them from their family and the treatment they need.

Research is continuing to be conducted on the subject of Latinx mental health in the United States, and many academics have begun to suggest solutions for the barriers and disparities present. One solution presented which specifically targets Latinx youth is the introduction of mental health screening with pediatric primary care providers. Data has shown that Latinx youth are less likely to be screened for mental health problems than white youth so an increase in screening could prove beneficial in catching problems early on in development (Caballero et al., 2017). Another solution offered is an introduction of entertainment-education (EE) strategies which have proven effective in combination with videos or printed materials to combat stigma and encourage education around mental health. EE strategies have specifically been proven to work well with audiences with lower literacy rates and have already been applied to the Latinx community and mental health in some places. One example is using the structure of a “telenovela” to create a story and characters which the audience can relate to and also learn about mental health (Umpierre et al., 2015). Both studies which presented the above solutions emphasized the importance of providing screenings or EE strategies in the native language of the target group and ensuring they are culturally appropriate and sensitive. One maybe more obvious

solution is to increase the number of trained bilingual psychotherapists and psychiatrists. As the Latinx population continues to increase in the United States, it will be important that more attention and resources are diverted to them, including bilingual services in mental health care.

The election of Donald Trump and his presidency which began in 2017 have no doubt wreaked havoc on the mental well-being of the Latinx population. Trump's time in office has induced fear and stress among Latinx people not only due to his anti-immigration stance but also an increase in law enforcement, specifically with the use of ICE (Immigration and Customs Enforcement) to detain undocumented people. One study has shown a possible connection between decreased mental health and immigration raids state by state (Reuters, 2019). Discrimination is also a prevalent issue for members of the Latinx community who are stereotyped due to their physical appearance, inability to speak English, or other reasons. A National Public Radio article released last year featured an interview with a young sixteen-year-old girl named Katy from El Paso, Texas who is Salvadoran. The interview came just days after a shooting in El Paso in which the shooter claimed to be targeting Mexicans (Lavandera, 2019). During the interview, Katy talks about her awareness of racism and discrimination against Latinx people in her community and her goal of educating others about Latinx immigrants. The article also features a young Latina mother who fears discrimination will take a toll on her daughter and fears for her safety in the midst of increasing numbers of hate crimes against Latinx people (Fadel, 2019). These stresses felt from increased law enforcement, discrimination, and hate crimes are surely having a negative impact on the mental health of Latinx people.

Within the twenty-first century, there has been an unprecedented influx of Latinx immigrants to the Southern United States. This diaspora of immigrants from Latin America in recent years has been largely made up of Central Americans coming from countries such as

Guatemala and El Salvador (Hamann, 2016). Several states in the South which include North Carolina, Tennessee, Arkansas, Georgia have been greatly impacted by an increase in the number of Latinx immigrants (Yee, 2017). Latinx communities in the South have been affected by an increase in ICE raids under George Bush's presidency and a significant number of deportations under Obama which have forever altered their communities. This evidence in combination with an increase in anti-Latino rhetoric are surely contributing to higher stress levels in Latinx immigrants (Hamann, 2016). Even though the South is now home to thousands of Latinx immigrants, there is a lack of resources for the Latinx population living in these areas, mental health care included. The language barrier is also an issue for Latinx people who have a LEP and may find it hard to navigate day-to-day life due to a lack of Spanish speakers and resources in the South. Additionally, there is a lack of research on the topic of Latinx mental health treatment in the Southern US, a topic which needs studying in order to produce solutions. Yet, there are examples of institutions in the South which do cater to Latinx people such as the organization El Futuro in Durham, North Carolina which specifically provides mental health care treatment to the Latinx population.

Now more than ever before, it is becoming increasingly important that the Latinx community in the United States have easy and uninhibited access to mental health care. Providing easy access means removing barriers such as the lack of bilingual therapists, undocumented status, lack of transportation, lack of mental health literacy, poverty, and cultural stigma. For these barriers to be removed, all three institutions involved in the issue, the Latinx community, psychologists, and the US government must do their parts. Some solutions presented by academics to help with removing barriers are the provision of mental health screenings for Latinx youth provided by primary care physicians, entertainment-education videos which inform

the Latinx community on mental health, and training more bilingual psychologists. Yet implementing these solutions must be the responsibility of the government, psychologists, and even the health care system as a whole. Although the Latinx community has a voice and can advocate for themselves to some extent, it will depend on the actors who hold more power such as the health care system and government to work in collaboration with psychologists to aid the community in increasing their access to mental health care.

Bilingual Resources

National Suicide Prevention Lifeline: 1-800-273-8255

National Hispanic Family Health Helpline: 1-866-783-2645

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