

Understanding Mental Illness in the Hispanic Community: Stigma, Idioms of Distress, and Implications for Treatment

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Outline of presentation

- Hispanic/Latino population of the United States
- Stigma, inequity, and barriers to mental health care for Hispanic/Latino populations
- Idioms and belief systems affecting mental health care
- Implications for intervention

Hispanic/Latino population of the United States

The growing Latino population currently comprises 13.8 percent of the total population in the United States, and now represents the largest minority population group.

Latino kids are 21.4 percent of the total population of children under age 5, which is larger than all the other minority groups of young children.

Source: Table 4: Annual estimates of the population by sex and age for the United States: April 1, 2000 to July 1, 2003. Population Division, U.S. Census Bureau.

Within the larger Latino population, there is considerable diversity, with 65 percent of Latinos being of Mexican descent, 9 percent Puerto Rican, 3 percent Cuban and the remaining 23 percent from a wide range of other Latin American countries.

- Although Latinos live in many parts of the country, a majority (82.7 %) of the total Latino population is concentrated within just 10 States.
- 50 percent of all Latinos reside in two states, California and Texas, and in those two states, Latinos represent approximately one third of the state's total population.

Table 1: States with a Large Hispanic Population (all ages)

State	Total State Population - 2003	Hispanic Population - 2003	Hispanic population as a percentage of state population- 2003	Percent of US Latino population	Cumulative percent of US Latino population
California	34,650,690	11,980,884	34.6%	30.6%	
Texas	21,547,821	7,614,414	35.3%	19.5%	50.1%
New York	18,600,527	3,034,125	16.3%	7.8%	57.9%
Florida	16,618,145	3,108,578	18.7%	7.9%	65.8%
Illinois	12,328,721	1,681,674	13.6%	4.3%	70.1%
Arizona	5,470,843	1,525,366	27.9%	3.9%	74.0%
New Jersey	8,444,076	1,234,632	14.6%	3.2%	77.2%
New Mexico	1,838,277	797,141	43.4%	2.0%	79.2%
Colorado	4,447,892	831,314	18.7%	2.1%	81.3%
Georgia	8,438,203	530,896	6.3%	1.4%	82.7%
Total 10 States	132,385,195	32,339,024	24.4%	82.7%	
Total US Population	282,909,885	39,109,582	13.8%		



Sociopolitical Latino Histories

- Mexican Descent

- Comprised of early settlers and recent immigrants
- 1848 Treaty of Guadalupe Hidalgo-annexed TX, AZ, CA, CO, NV, NM, UT, and WY.
- 1993 North American Free Trade Agreement-Mexican workers in US
- Recent anti-immigrant; Prop 187, etc

- Puerto Rican Descent

- 1898-acquisition of PR in Spanish-American war
- 1900 Foraker Act and Jones Act-1917: appointed governor and staff
- 1950s- elected governor and creation of PR Commonwealth
- 1950s unemployment-migration
- ½ of PRs live in US; circular migration

Sociopolitical Latino Histories

- Cuban Descent
 - 1959 Cuban Revolution-> 200,000 Cuban refugees
 - Early 60s- Operation Peter Pan of Cuban children
 - 80s- Mariel flight; “Less desirables”; Recent: Balceros
- Central American Descent
 - Most recent Latino group to arrive
 - Refugee Act: political asylum to all Central Americans
- South American Descent
 - History of positive economic and political relationship with US, rather than colonization
 - More likely to be bicultural, bilingual

Unifying Latino Values and Behaviors

- Familismo
- Personalismo
- Cariño
- Respeto
- Confianza
- Machismo, Hembrismo, & Marianismo

Stigma, inequity, and barriers to mental health care

Surgeon General: Mental Health: Culture, Race and Ethnicity (2001)

- “The mental health field, more so than other health fields, is plagued by disparities in the availability of and access to its services; and for culturally, ethnically, and racially diverse populations, effective mental health treatments are even less available.”
- “Ethnic minorities often find mental health services strange, intimidating, stigmatizing, and unhelpful.”

Minorities and Health Insurance

Uninsured rates (Commission on Medicaid and the Uninsured, 2000)

- Whites: 14%
- Asian Americans: 21%
- African American : 23%
- American Indians: 24%
- Latinos: 37%

Among Hispanics with a mental disorder, fewer than 1 in 11 contact a mental health specialist, while fewer than 1 in 5 contact general health care providers. Even fewer Hispanic immigrants seek these mental health services.

One national study found that only 36% of Hispanics with depression received care, compared to 60% of whites.

Reasons for underutilization

1. Seek psychosocial support from other means

- Many Hispanics/ Latinos rely on their extended family, community, traditional healers, and/ or churches for help during a mental health crisis.
- Estimates of the use of alternative and complementary therapies by Hispanic Americans have ranged from 7 to 44%.

2. Latinos less likely than whites to view mental illness as medically or psychologically abnormal (Romero de Thompson, 2006)

- Only violent, dangerous individuals are referred to professionals for treatment

3. Encounter barriers to access (Alegria, et al., 2008)

- Economic barriers (cost, lack of insurance)
- Lack of awareness about mental health issues and services
- Stigma associated with mental illness
- Lack of education and pervasive poverty
- Language barriers
- Lack of culturally appropriate service
- Mental health professional shortages

Language Barriers

Languages spoken in New Mexico

LANGUAGE	NUMBER	PERCENT
Speak only English	1,072,947	63.5
Speak a language other than English	616,964	36.5
Spanish or Spanish Creole	485,681	28.7
Navajo	68,788	4.1
Other Native American languages	26,880	1.6
German	7,871	0.5
French (incl. Patois, Cajun)	4,332	0.3
Chinese	2,983	0.2
Vietnamese	2,523	0.1
Italian	1,931	0.1
Tagalog	1,603	0.1
Japanese	1,263	0.1
Korean	1,197	0.1
Arabic	980	0.1

- Approximately 80% of Latino immigrants report speaking Spanish as their first language, but speaking English at least “very well.”
- Because of this, many are assessed and treated in English
 - Assessing English bilinguals in English rather than in their native language can result in over-pathologizing anxiety-related and personality disorders, and underdiagnosing schizophrenia and psychosis (L. R. Marcos, 1976).
 - Clients assessed in their second language present as more unsophisticated, passive, inarticulate, and anhedonic (Alicea, 2001).
- ‘Bilingual self’: , individuals who are bilingual often see themselves as two separate entities with different identities based on which language they are speaking (Alicea, 2001)
 - Native language as emotional language
 - Memory of emotions can be language specific

Utilizing language in therapy

- Language switching can be used as a tool both by the client and by the clinician:
 - Bilingual mental health paradigm:
 - First few sessions: utilize client's native language to allow for free exploration of presenting problem; helps build trust and rapport (because of emotional nature of 1st language)
 - As client moves into exploration, switch into second language to allow for emotion distancing and objective valuing of problem
 - However, be aware of when switching used as experiential avoidance
 - Code switching for remainder of sessions
 - Switching back to first language can induce regression
 - Awareness of traumatic material
 - Use of self-talk in 2nd language as "wise mind"

Idioms and belief systems affecting mental health care

Folk illnesses

- Males naturales (natural illnesses)
 - Mal de ojo: social relations contain inherent dangers to the equilibrium of an individual
 - Susto/espanto: akin to an acute stress reaction
 - Empacho: indigestion related to complex interplay of physiological and social factors
 - Nervios: general state of distress related to life's "trials and tribulations"
 - Ataque de nervios: severe stress response (akin to panic attack)

Folk illnesses

- Hot/cold illnesses
- Mal puesto (bewitchment)
 - Provides explanations for prolonged disorders that cannot be accounted for by natural and hot/cold illness
 - Serious disruptions in social relations (e.g. unrequited love, breakups, family conflict) thought to sometimes be followed by bewitchment
 - Thought that spurned individual may seek services of brujo/bruja to hex other party.
 - Fertility
 - Insanity
 - (chronic or treatment resistant conditions)

Folk, religious, and magical healing

- Curanderimso
 - Indigenous method of cure for folk illnesses
 - Range of treatments: herbal, inhalation, sweating, massage, incantations, ritual cleansing (limpias)
- Yerberos
 - Herbalists with extensive knowledge of home remedies with plants. Common in Mexico. Do not use traditional rituals
- Espiritista (Cuba and Puerto Rico)
 - Espiritismo: invisible world of good and evil spirits who can attach themselves to human beings and influence behavior.

Means of coping with adversity

- Fatalismo: notion that little in life is under one's direct control
 - More common in low SES Hispanic groups
 - “poor people learn through recurrent experiences that powerful others and unpredictable forces control their lives” (Jaes-Falicov, 1998).
 - Often seen as negative for individual overcoming psychological adversity
 - Can be used as strength: problem will remain in individual's life and must be accepted, though perhaps not allowed to take over their life.
 - “Controlarse”
 - “Aguantarse”
 - “No pensar”
 - “Resignarse”
 - “Sobreponerse”

Somaticism

- Medically unexplained physical symptoms that commonly denote emotional distress
 - More social acceptable than psychological distress
 - Mind-body connection rather than duality
 - Health care more available than behavioral health care
 - Common amongst migrants and refugees
- Ask clients: do they have any guesses about possible emotional reasons for their physical symptoms?
 - Integrate folk healing

Implications for intervention

Engaging the Latino community

- Earn *confianza* by collaborating with community learners
- Learn (or remember) value of *personalismo*; Rapport is critical
 - warm, genuine, informal interactions
- Develop culturally relevant media and materials
- Collaborate and engage with *families*, not just individuals

Treatment implications

- De-mystify therapy
 - Offer brief explanation of therapy, its similarity to familiar roles of healers in the culture, and the expectation that it will bring some symptoms relief to the client (“gift giving”)
- More directive, active and influencing skills
- Self-disclosure
- Appropriate care will address:
 - Acculturation and Acculturative Stress: Acknowledge acculturation pressures between parents and children as an important first step
 - Discrimination
 - Language Use and Preference: Utilize language matching when possible
 - Family: Respect traditional role relationships determined by age and sex if interviewing the family.
 - Use of genograms

Culturally Appropriate Intervention: Cognitive Behavioral Therapy

- Strength of CBT:

- Considers environmental conditions
- Focus on specific behaviors, thoughts, emotions
- Action-oriented
- Clarity of direction and purpose of tx
- Constructivist orientation allows clients to explore beliefs and own interpretations within own cultural framework

- Weakness of CBT:

- Lack of attention to client history
- Can overly focus on future goals and linear time perspective
- Can introduce therapist value judgment on behaviors and thoughts
- Validity of tracking measures

“Si puedes mirar, ve. Si puedes ver, repara. “

-Jose Saramago