

Mental Health

OF LATINOS IN THE UNITED STATES

THE ISSUE

- Mental disorders are as disabling as cancer or heart disease in terms of premature death and lost productivity.¹
- 80 to 90% of mental disorders are treatable by medication and other therapies.²
- Studies have consistently shown that rates of substance abuse are positively linked with rates of mental disorders.³

MENTAL HEALTH STATUS

- In 2006, Latino immigrants in California were more likely to have psychological distress (4.3%) than whites (3.2%), and 22.0% of Latino immigrants needed help for mental/emotional distress compared to 18.4% of whites.⁴

CULTURALLY BOUND SYMPTOMS

- Non-Latino providers may have trouble diagnosing certain symptoms among Latinos as a result of cultural differences. Latinos may report culturally-specific conditions, such as *susto* (fright), *nervios* (nerves), *mal de ojo* (evil eye), and *ataque de nervios* (an attack of nerves).⁵
- Latinos tend to experience depression as bodily aches and pains (like stomach aches, backaches, or headaches) that persist despite medical treatment. Latinos often describe their depression as feeling nervous or tired for a prolonged period.⁶

LATINO CHILDREN'S MENTAL HEALTH

- 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).⁷
- The top three diagnoses among this group were: mood disorders (25.2% of all diagnoses), adjustment disorders (17.6%), and disruptive behavior disorders (15.4%).⁸

LATINOS AND ACCESS TO CARE

- Despite displaying greater need for mental health care, only 2.7% of Latino immigrants in California saw a health professional for emotional/mental problems compared to 11% of whites.⁹
- Latinos in California may use fewer mental health services because their families may act as informal mental health care providers. They are more likely to live with their families (62% compared to 22% of whites in California) and receive family support (21.1% versus 12.3% of whites).¹⁰
- Nationwide, some of the most commonly given reasons for not seeking mental health care include: language barriers, being "too busy," lacking transportation, and a belief that the participant could "handle it myself".¹¹
- Latinos with health care coverage were significantly more likely to seek care.¹²
- Puerto Rican participants' usage (66%) was much higher than that of participants from Mexico, Central, and South America (20%)¹³

LATINOS AND INSURANCE

- The lack of health insurance is a significant barrier to mental health care for many Latinos. Although Latinos constituted 14% of the U.S. population in 2005,¹⁴ as a group the uninsured percentage increased from 32 to 34% in the time period 2005-2006.¹⁵ The low rate of health insurance enrollment among Latinos is driven mostly by Latinos' lack of employer-based coverage—43% compared to 73% for non-Latino whites, and the fact that a significant percent is undocumented thus being unable to qualify for certain federal and state programs.

POLICY RECOMMENDATIONS

Medical research shows that mental health illnesses are as serious as other conditions and can lead to death. Even though Latinos are more likely to have mental health distress than whites, they are receiving treatment at a lower rate than whites. The need for more culturally specific training within the medical profession and the lack of research and access to health care all contribute to this disparity in mental health services for Latinos. More research, training, and treatment resources should concentrate on understanding Latino mental health.

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