



Mental Health Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration

MENTALHEALTH DISPARITIES AMONG HISPANIC AND LATINO DOPULATIONS

The mission of the National Hispanic and Latino Mental Health Technology Transfer Center is to provide high-quality training and technical assistance to improve the capacity of the workforce serving Hispanic and Latino communities in behavioral health prevention, treatment, and recovery. We disseminate and support the implementation of evidence-based and promising practices to enhance service delivery, promote the growth of a diverse, culturally competent workforce, and bridge access to quality behavioral health services. We are committed to increasing health equity and access to effective culturally and linguistically grounded approaches.

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WHAT ARE HEALTH CARE AND MENTAL HEALTH DISPARITIES?

Health and health care disparities refers to differences in health and health care between populations. Specifically, health care or mental health disparity refers to a higher burden of illness, injury, disability, or mortality experienced by one group of people relative to another group.¹

More generally, health care and mental health disparities are differences in health conditions, access and outcomes to treatment that are closely linked to social or economic disadvantages. Some social factors that often are collectively referred to, as social determinants of health (SDOH) that influence health and mental health disparities include: ¹

- Housing instability
- Food security
- Socioeconomic status
- Race
- Ethnicity
- Age
- Disabilities
- Gender
- Gender identity
- Sexual orientation
- Geographic location
- Income
- Education
- Language proficiency
- Health insurance status
- Health literacy

Social determinants of health (SDOH) are "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks." (Healthy People, 2020)



The Centers for Medicare and Medicaid Services proposed the term Health-Related Social Needs (HRSN) to identify the non-medical factors that determine health care utilization and impact health outcomes. It groups social factors in five domains: housing instability, food insecurity, transportation needs, utility needs, and interpersonal safety. Minority groups such as Hispanic and Latinos have consistently experienced social and economic obstacles to their health and healthcare.³

Hispanics, Latinos, or Latinx are among the groups most impacted by health and mental health disparities. As a group, Hispanics are more likely to: ^{4,5}

- come from a lower income group,
- be uninsured,
- be multiracial,
- be younger,
- have had an unplanned pregnancy,
- have completed less formal education,
- express stronger emotions in their native language,
- have undocumented legal status,
- come from single-parent households, and
- may experience discrimination for being lesbian, gay or transgender.

The Accountable Health Communities Model (AHC) provides essential information about how providers might identify and address HRSN's gaps between clinical care and community services.²



While all Hispanics may face health and mental health disparities, we must be mindful that there are groups of Hispanics that are impacted at even higher rates.

WHAT TYPES OF MENTAL HEALTH DISPARITIES DO HISPANIC AND LATINO FACE?

There are three basic types of mental health disparities that impact Hispanics and Latinos:

1. Disparities in rates of psychiatric disorders

Hispanic adults are at about the same or lower risk for most psychiatric disorders compared with non-Hispanic whites, probably due to the protective factors afforded by strong families and close-knit communities. At the same time, there is a difference between US-born Hispanics, which are about two-thirds of the 59 million Hispanics living in the United States and the one-third who are foreign-born Hispanics.⁵ US-born Hispanics report higher rates for most psychiatric disorders than Hispanic immigrants, which is known as "immigrant paradox" because immigrants that come to the United States often leave behind economic, political, and social upheaval, and face tremendous difficulties along the way. However, they tend to be in better health than their US-born counterparts when they arrive, and during their first years in the country.

Hispanic children and adolescents are at significant risk for mental health problems, and in many cases, at higher risk than non-Hispanic White children. In comparison to non-Hispanic White and non-Hispanic Black, Hispanic adolescents report higher rates of seriously considered attempting suicide, made a plan and have attempted suicide, and have made a suicide attempt that resulted in injury, poisoning, or overdose that required medical attention.⁶

2. Disparities in access to high quality, evidence-based, culturally grounded treatment options

Hispanics are less likely to access evidence-based, culturally grounded treatment options due to limited availability of these services.⁷ Disparities in access to mental health treatment are more prevalent, with only 1 in 10 Hispanics with a mental disorder actually using mental health services from a general health care provider. Even fewer, only 1 in 20, receive services from a mental health specialist, due to factors like stigma, discrimination, lack of knowledge about services, and lack of health insurance, among other factors.⁸



When Hispanics do access services, it is often late in the course of their condition.

3. Disparities in treatment outcomes

As immigrant Hispanics acculturate, many protective factors start to wear off and some may adopt unhealthy behaviors like smoking, excess alcohol consumption and poor eating habits.^{7,9}

Treatment works, and most people who seek specialty mental health care do get better.

WHAT CAN WE DO TO ADDRESS HEALTH AND MENTAL HEALTH DISPARITIES?

MENTAL

Mental Health Providers Need to:

- Be better informed about the AHC Model and commit to address HRSN's in Latino communities.²
- Increase awareness and decrease stigma.
- Be trained in culturally grounded, evidence-based interventions.^{10,11}
- Disseminate and market services directly to communities.

Researchers Need to:

- Acknowledge multicultural guidelines while conducting research.
- Develop evidence-based, culturally grounded interventions that are feasible, acceptable and cost-effective.^{10,11}

Consumers of Services Need to:

- Increase knowledge and awareness of mental health conditions in the community.
- Work to combat stigma and discrimination.
- Make sure that people who need help get it early.

Early identification and treatment are essential if we want better treatment outcomes.



WHERE CAN WE GET MORE INFORMATION? There is a lot of information available, but we need to recognize trusted sources such as:

- National Institute of Mental Health www.nimh.nih.gov
- Mental Health America www.mhanational.org
- American Psychiatric Association www.psychiatry.org
- American Psychological Association www.apa.org
- National Association of Social Workers www.socialworkers.org
- Centers for Disease Control and Prevention www.cdc.gov
- Office of Minority Health www.minorityhealth.hhs.gov
- National Hispanic and Latino Mental Health Technology Transfer Center https://mhttcnetwork.org/hispaniclatino
- Substance Abuse and Mental Health Services Administration www.samhsa.gov

These organizations all have websites with information and resources, including local referral sources. Many of them have materials in languages other than English.

REMEMBER...

MENTAL HEALTH CONDITIONS ARE TREATABLE, AND EARLY IDENTIFICATION AND TREATMENT ARE ALWAYS BEST.



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For More Information

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