

Cultural Insights: Mental Health and the Latinx population

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Disclosure

No known conflicts of interest or financial disclosures

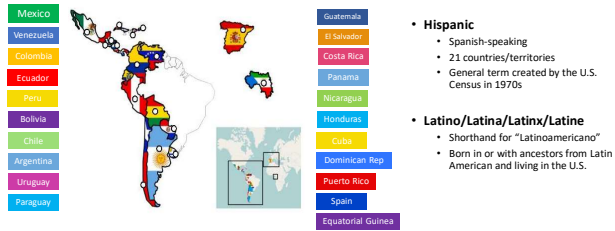
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Objectives

1. Explain psychocultural and sociopolitical barriers experienced by Latinx populations
2. Assess impact of zeitgeist on understanding of psychological symptomatology among Latinx individuals
3. Consider the special circumstances in providing psychotherapy to Latinx individuals and their families
4. Apply clinical tools to infuse cultural sensitivity into evidence-based treatments

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Let's get on the same page



Lopez, Krogstad and Passel, 2021

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Latinx by the numbers



- The Latinx population grew from 50.5 million (16.3% of the U.S. population) in 2010 to 62.1 million (18.7%) in 2020
 - This represents a growth of 23%
- There are 112 counties with more than 100,000 Latinos (70% of the U.S. Latino population)
- Tennessee:
 - 479,187 Latinos (6.9% of the population)
 - 65.2% increase from 2010 (290,059 individuals or 4.6% of the population)
- Knox county
 - 28,568 Latinos (6%)
 - Increase of 90.3% from 2010

U.S Census, 2020; Tennessean, 2020

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Latinx by the numbers



- Language**
 - Spanish, Portuguese, Indigenous dialects (Chuj, Akateko)
 - 65% of all Latines are U.S.-born English native speakers
 - 71% speak other language other than English at home
- Educational attainment**
 - 70.5 % have a high school diploma
 - 17.6 % have a bachelor's degree
 - 5.6 % hold a graduate or advanced professional degree

OMH, 2021; U.S Census, 2020

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Latinx by the numbers

• Employment

- 24.4 % worked within service occupations
- 23.8 % worked in managerial or professional occupations.
- The average Hispanic/Latino median household income was \$55,658 (full time employees)
- In 2019, the unemployment rate for Latinos was 5.1%

• Economics

- World's seventh-largest gross domestic product at \$2.13 trillion USD
- Approx. 4.37 million Latino-owned business
- Contribute \$700 billion to the US economy annually
- Between 2007 and 2012, Latinos launched 86% of all new business in the US

THE LATINO GDP:

If the Latino GDP were a country, it would be the 7th largest in the world trailing only the U.S., China, Japan, Germany, the U.K., and France



OMH, 2021; Sukumaran, 2019; U.S Census, 2020

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Latinx Values

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Latinx Values

DISCLAIMER

This portion of the presentation highlights general values common among the Latinx population. Please remember that every person is unique, and their values may not be reflected by the following slides

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Latinx Values- Collectivism



- Tendency for individuals to define themselves in terms of their social relationships, or group memberships, and in terms of their obligations to in-group members
- Group > self
- Linked to:
 - Ethnic identity
 - Acculturation level
 - Language fluency
 - Immigration history

Hofstede, 1980; Oyserman et. al, 2002

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Latinx Values- Family

- Family defined across 3 or more generations
 - Multigenerational families sharing a household
 - Immigration and socioeconomic factors
 - Cultural value toward elders
- Children as key members of the family
 - Promoting culture and acculturation
 - Children as culture brokers



Landale, 2006

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Latinx Values- Machismo/Marianismo

- **Machismo**
 - Set of values, attitudes, and beliefs about masculinity, or what it is to be a man
 - Encompasses positive and negative aspects of masculinity, including bravery, honor, dominance, aggression, sexism, sexual prowess, and reserved emotions
 - Beliefs encourage traditional roles
- **Marianismo**
 - set of values and expectations concerning female gender roles
 - emphasizes the role of women as family- and home-centered; it encourages passivity, self-sacrifice, and chastity
 - Depicts women in nurturing roles and prescribe respect for patriarchal values

Núñez et. al, 2016

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Latinx Health

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Latinx Health



CDC, 2020

- **Biomedical understanding of health**
 - Holistic care- Importance of family/religious remedies
 - Historical distrust of medical providers
 - Worry that medicines may make one sicker (historically accurate)
 - Access to medicine through *farmacias*



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Latinx Health

- **Somatic presentation of MH concerns**
 - Culturally appropriate given stigma
 - Headaches, constipation, muscle aches
- **Explaining symptoms in terms of metaphors:**
 - “Worms in my head”
 - Tingling
 - “Blood boiling”
 - Hot flashes
 - “Ants in my feet”
 - Numbness linked to neuropathy



Morales, 2002

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Latinx Health

- Lower rate of mortality but at greater risk for chronic illnesses and diseases than the overall population
- Low levels of smoking and drug use
- Genetic risk for diabetes and hypertension
- Lower access to healthcare
 - Immigration policies
 - Jobs that do not provide insurance coverage
 - Cost and model of healthcare



CDC, 2020

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Latinx Health

- Hispanic health paradox
 - Health outcomes of many Hispanics living in the United States today are equal to, or better than, those of non-Hispanic whites
 - However, Hispanic populations tend to have higher poverty rates, less education, and worse access to health care
 - Particularly present among Mexican Americans

Note: Census undercounts of Hispanics, misclassification of Hispanic deaths, and emigration of Hispanics do not fully account for the epidemiological paradox.

Morales, 2002

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Cultural Humility

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Cultural Humility

"To be culturally humble means that I am willing to learn,"
- Joe Gallagher

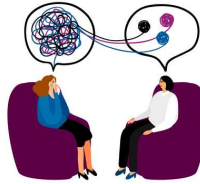
- Lifetime learning
- Openness to learn
- Relinquishing role of expert to the client
- Being responsive to the commonalities and differences among clients
 - Racial
 - National
 - Religious
 - Linguistic
 - Cultural

OMH 2011; Tervalon et. al, 1998

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Cultural Humility- Benefits

- Improve provider-client communication
- Providing services that are relevant to the client's needs and expectations
- Increase compliance with attendance and medication adherence
- Increase patient satisfaction (inclusiveness of cultural factors)
- Improve health outcomes



Betancourt et al., 2005; Majumdar, et al., 2004
Stewart et al., 1999; Williams & Rucker, 2000

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Cultural Humility

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"We need to focus on diversity. Your goal is to hire people who all look different, but think just like me."

- Sensitivity
 - Awareness of specific issues within each culture that may negatively impact the relationship between patient and professional
 - Remember: the responsibility to learn is on **you**; patient should not feel compelled to teach you
- Self-awareness
 - Awareness of one's own worldview, cultural norms, societal beliefs, values and "hot-button" issues that may impact delivery of services

Rust et al., 2006

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Let's practice!

Introspection exercise

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Clinical Tools

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Barriers to treatment



Structural

Later referrals to tx, higher rates of involuntary commitment, fewer specialty services in specific communities



Provider

More frequent misdiagnosis, bias, lack of cultural competency, fewer providers of similar backgrounds



Individual/cultural

Delayed problem recognitions (meds), delayed entry into tx, fear of stigma/discrimination, historical mistrust of providers

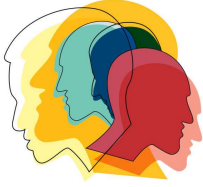


Societal

Stigma, concerns about immigration, impact of records on future legal processes

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Cultural Mistrust



- "Healthy paranoia"
 - Based on recent and generational history, current laws, and past interactions with healthcare providers
 - Impact of mental health services in their families and role in the community
- Perceiving majority-group providers as less culturally competent/sensitive than those who have similar backgrounds
 - Difference between political asylee and refugee?
 - Process of deportation? Typical length of immigration proceeding?
 - DACA?
- Cultural belief of "keeping family business at home"
 - Limited understanding of healthcare in the US

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Consider protective factors

Positive identity development has been shown to buffer effects of oppression

Strong bonds of family/kinship are source of strength and support (may include friends and neighbors)

Religious institutions and spiritual beliefs are sources of strength

Conceptualizing their values as functions of behavior

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Improving engagement in care

- Structural characteristics of the provider
 - Culturally-welcoming environment
 - Ethnic compatibility of staff
 - Flexible hours
 - Child-care arrangements
 - Language options



- Interpersonal characteristics of the provider
 - Engaging in collaborative & active problem-solving (reduce mistrust)
 - Taking time to build trust and rapport
 - Use multiple treatment modalities (personalize treatment)
 - Addressing cultural differences as appropriate (avoid bringing it up all the time)
 - Avoid assumption that racial similarities will enhance therapeutic relationship or outcome



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References

- Bureau, U. S. C. (2022, March 25). 2020 census illuminates racial and ethnic composition of the country. Census.gov. Retrieved June 7, 2022.
- CDC. Office of the Associate Director of Communication. (2020). *Cultural Insights Communicating with Hispanics/Latinos*. https://www.cdc.gov/healthcommunication/pdf/audience/audienceinsight_culturalinsights.pdf
- *Hispanic/Latino - The Office of Minority Health*. (2020). Minority Health HHS. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64&%7E-test-According%20to%20the%202019%20U.S.-aff%20to%20the%20U.S.%20total%20population>
- Hofstede, G. (1980). *Culture's consequences*. Beverly Hills, CA: Sage
- Landolt, N. S., Orogosa, R. S., Beldadon, C. (2008). *Hispanic families in the United States: Family Structure and Process in an Era of Family Change*. Hispanics and the Future of America. Washington (DC): National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK19962/>
- Morales, L. S., Lara, M., Kingdon, R. S., Valdez, R. O., & Escarce, J. J. (2002). Socioeconomic, cultural, and behavioral factors affecting Hispanic health outcomes. *Journal of health care for the poor and underserved*, 13(4), 477-503. <https://doi.org/10.1177/1043986202237332>
- Nuñez, A., González, P., Talavera, G. A., Sanchez-Johnsen, L., Roesch, S. C., Davis, S. M., Arguñales, W., Womack, V. Y., Ostrovsky, N. W., Ojeda, L., Penedo, F. J., & Gallo, I. C. (2016). Machismo, Marianismo, and Negative Cognitive-Emotional Factors: Findings From the Hispanic Community Health Study/Study of Latinos Sociocultural Ancillary Study. *Journal of Latino/a psychology*, 4(4), 202-227. <https://doi.org/10.1037/lat0000050>
- Oyserman, D., Coon, H. M., & Kemmelmeyer, M. (2002). Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-analysis. *Psychological Bulletin*, 128, 3-72.
- Rust, George & Kondwani, Kofi & Martinez, Ruben & Dansie, Roberto & Wong, Winston & Fry-Johnson, Yvonne & Woody, Rocio & Daniels, Elvan & Herbert-Carter, Janice & Aponte, Laura & Strothers, Harry. (2006). *A crash-course in cultural competence: Ethnicity & disease*. 35, 53-29.
- Sukumaran, P. (2019, February 15). Latinos Power the U.S. Economy to a Better Future. *Salud America*. <https://salud-america.org/latinos-economy-us-growth-future/>
- Tennessee, T. (2020). *Nashville 2020 Decennial Census*. The Tennessee. <https://data.tennessee.com/census/total-population/hispanic-population-change/tennessee/040-47/#cmap>