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Current Issues and Developments in Psychology with Regards to
Latina/o Americans

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Author's Note

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Abstract

Past research has shown that the Chicano/Latino community experience mental illness differently than other populations, and they are largely underserved by mental health professionals. This work explores the underrepresentation of culturally diverse individuals seeking and utilizing psychological services due to the lack of cultural sensitivity of therapists; cynicism by mental health professionals, and an outlook that therapy can be used as an oppressive tool by those in power (Sue & Sue, 1999). In short, there is much apprehension towards traditional therapeutic and intervention models in which most therapists have been educated on are based on and designed to meet the needs of a small part of the population—this being White, male, and middle-class persons. Using peer review sources, this study addresses current challenges faced by Psychology as a discipline and discusses new ways to help mental health professionals effectively treat and work with the Latino community.

Keywords: mental illness, psychology, diversity, Chicano/Latino Americans

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Taking Latinas/os into consideration for many societal and health issues is very important—especially since the Latino population is ever-growing. By 2043, the minority population is projected to become the numerical majority (Ortman, 2012). By 2060, the Hispanic population is projected to increase from 55 million in 2014 to 119 million in 2060; by that time, the Hispanic population is projected to account for 29% of the U.S. population. Currently, the Latino population is the fastest growing group in the United States; data from the U.S. Census Bureau shows that 17% of the U.S. population were of either Latino or Hispanic origin. Furthermore, the majority of the growth in the total population came from increases in those who reported their ethnicity as Hispanic or Latino. The U.S. Census Bureau reports, “More than half of the growth in the total population of the United States between 2013 and 2014 was due to the increase in the Hispanic population (Colby & Ortman, 2014). Yet, despite the significant growth of the Latina/o population, they are largely underserved in mental health settings.

Overall, Latinos experience lower rates of most mental health disorders in comparison to the general population in the United States. Results from the National Epidemiologic Survey on

Alcohol and Related Conditions showed that Mexican Americans were at significantly lower risk of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), including substance use disorders, mood disorders, and anxiety disorders (Grant et al., 2004). Furthermore, Latino immigrants experience lower rates of psychiatric disorders than U.S.-born Latinos, coinciding with the "immigrant paradox"—in which foreign nativity seems to shield individuals against mental health issues despite the stressful experiences and poverty often associated with immigration (Burnam, Hough, Karno, Escobar, & Telles, 1987). A study conducted in 2001 showed that fewer than 1 in 11 Latinas/os diagnosed with a mental disorder sought mental health services, and fewer than 1 in 5 Latinas/os obtained general services for mental health problems (Davis & Hogan, 2001). However, a 2007 study indicated that rates of mental health service use among Latinos has increased over the past few years; 34% of Mexicans and 43% of Puerto Ricans who were diagnosed with a mental disorder had used mental health services (Alegria et al., 2007). Albeit, those statistics are still very low rates of using mental health services. Why are Latinos underserved in mental health settings?

Sue & Sue discussed that the reason many culturally diverse individuals don't seek and utilize psychological services is due to the lack of cultural sensitivity of therapists, skepticism by

mental health professionals, and clients' outlook that therapy can be used as an oppressive tool by those in power (1999). Historically speaking, traditional therapeutic and intervention models in which most therapists have been educated on are based on and designed to meet the needs of a small part of the population—this being White, male, and middle-class persons (Fouad, Arredondo, & Root, 2002). However, I contend that there are cultural and political reasons as to why Latinas/os continue to be underserved in mental health settings—going beyond what Sue & Sue discussed.

It is important to consider cultural aspects as reasons why Latinas/os steer away from utilizing mental health services. Latinos have close family ties that branch out to the extended family. A 2013 study looked at how Mexican-American older adults describe, experience, and present anxiety and depression. Over 1/3 of participants reported unavailability of, misunderstanding by, or current fear or rejection by family members as a major barrier to receiving treatment (Letamindi et al.). Also, beside the close family ties, Latinos find personal connections with others more important than the needs of the self; the needs of the group come before the needs of the self (Gloria & Castellanos, 2009). Traditional psychotherapy utilizes open verbal communication and tends to place the individual goals before the collective goals. Next, Latinos tend to abide by

traditional gender roles, and many men have the sense of machismo—the belief that a man needs to strive to be the most manly he can possibly be (López, 2009). Flores reported that Mexican-American men were less likely to seek mental health services because they feared they would seem less masculine to their peers (2013). Another cultural aspect to consider is that many Latinos' primary language is Spanish; according to the U.S. Census Bureau, 37.5 million people in the United States speak Spanish at home (Ryan, 2013). Latinos who are considering mental health treatment may think that the therapist won't be able to understand them or it may be an inconvenience to hire an interpreter. Also, Latinas/os often use natural medicine and home remedies instead of utilizing Western health care and visiting a doctor (Kramer, Guarnaccia, Resendez, & Lu, 2009). Another consideration is religious beliefs among Latinos. The majority of Latinos in the United States identify themselves as Christian, with the majority of Mexicans and Mexican Americans self-identifying as Catholic. According to the Pew Research Center, 61% of Mexican Americans identify as Catholic, 18% identify as Protestant, and 17% were unaffiliated with any religion (Donoso, 2014). In addition, some Latino subgroups may believe in other religious systems, such as *Curanderismo* for Mexican-Americans, *Santeria* for Cuban Americans, and *Espiritismo*

for many Puerto Ricans (Kramer, Guarnaccia, Resendez, & Lu, 2009).

Cultural differences may lead psychologists and mental health professionals to misdiagnose Latina/o clients. For example, *ataque de nervios*, *susto*, and *nervios* are all unique experiences among individuals of Latino descent, and they don't have an exact translation in English (Lewis-Fernandez, Guarnaccia, & Martinez, 2002). Also, to give a specific example, Latinos may describe the symptoms of depression as "nervios", fatigue or a physical ailment. These symptoms are all consistent with depression, but psychologists and mental health professionals who are not aware of how culture influences mental health may fail to recognize that these may be signs of depression (Wang, 2016).

Mental health issues aren't something to ignore; the repercussions are extensive and can be life-altering. Seeking mental health services can help all individuals lead a healthy and fulfilled life (Wang, 2016). Unfortunately, only about 1% of all U.S. psychologist practitioners identify as being Latina/o. However, a therapist doesn't have to be Latina/o to help Latino clients—therapists just have to be culturally competent.

Researchers are beginning to understand the deep importance of therapists being culturally competent (Dingfelder, 2005).

Whaley & Davis define cultural competency as "a set of problem solving skills that includes the ability to recognize and understand the dynamic interplay between heritage and adaptation dimensions of culture in shaping behavior, the ability to use this knowledge acquired about an individual's heritage to maximize effectiveness of assessment, diagnosis and treatment, an internalization of this process of recognition, acquisition, and use of cultural dynamics so that it can be routinely applied to diverse groups" (2007, p. 565). The APA has set guidelines for psychologists that are working with Latinas/os. They include guiding principles such as, "Psychologists respect the roles of family members and community structures, hierarchies, values, and beliefs within the client's culture," and "Psychologists respect the roles of family members and community structures, hierarchies, values, and beliefs within the client's culture (Pine et al., 1990). Simply put, psychologists need to be open-minded and willing to learn, and recognize that culture-specific therapy may require interventions from what they were taught in school, then strive to apply this knowledge in practice. Through this, cultural barriers can be broken and Latinas/os might be more likely to seek and utilize mental health services.

However, there are a multitude of other factors that can explain why Latinas/os are underserved in mental health settings beyond this scope—a lot of them delve into the political nature

of our country and are harder to change without political action. Political aspects in relation to psychology, such as privacy concerns, legal status, history of political abuse of psychiatry, and especially health insurance can also be correlated with why many Latinos don't utilize mental health services.

Health insurance is the primary barrier for many Latinos in seeking mental health services. According to Barreto & Segura, "In 2010, 30.7% of the Hispanic population was not covered by health insurance, compared to 11.7% of the non-Hispanic white population." Factors such as employment, socioeconomic status, education and citizenship requirements provide a clear look into the discrepancy of health insurance among Latinos (Barreto & Segura, 2014). In regards to employment, many Latinos don't receive health insurance provided by their employer, or they work in a field that doesn't offer it to them, such as agriculture or the mining, service, domestic, or construction industries (Barreto & Segura, 2014). With respect to socioeconomic status, health insurance is expensive and it's unaffordable. Data released by the Department of Health and Human Services shows that, prior to the Affordable Care Act, Americans would pay \$328 monthly for a middle-tier health plan. However, after the Affordable Care Act was enacted, plans were

available for less than \$100 a month—but it's still a costly monthly expense (U.S. Health and Human Services, 2013).

Obamacare, or more formally known as the Affordable Care Act, was projected to expand insurance coverage to 9 million Latinos, according to Health & Human Services; the Affordable Care Act provided 4.2 million Latinos, between the ages of 18 and 64, with health insurance coverage—lowering the uninsured rate among Latinos by 7.7% (U.S. Department of Health & Human Services, 2015). However, that still means about 23% of the Hispanic population still isn't insured. In order to be eligible to enroll in health coverage through the Marketplace, an individual must live in the United States, cannot be incarcerated, and must be a U.S. citizen or national or be lawfully present. Undocumented immigrants aren't eligible to buy insurance via the Health Insurance Marketplace, but they may apply for coverage on behalf of documented individuals (Healthcare.gov, 2016).

For immigrants who arrive without documentation, the fear of deportation can prevent them from seeking help. For example, even though millions of children of undocumented immigrants are eligible for health insurance under the Affordable Care Act, most families are afraid to register (Wang, 2016). The application asks for general contact information, including an

address, and they fear deportation if they provide their location (Healthcare.gov, 2016).

Even though, for all intents and purposes, they have the same rights as natural born citizens, naturalized citizens have noticeably lower rates of health insurance coverage than U.S.-born citizens because they still have a fear of being deported. The 2005 Current Population Survey showed that 13.3% of all incomes and 22.6% of low-income U.S.-born citizens were insured, compared with 17.2% of all incomes and 26.2% of low-income naturalized citizens, and compared again with 44.1% of all incomes and 56.1% of low-income non-citizen immigrants (DeNavas-Walt, Carmen, Hill Lee, 2006). In other words, poor undocumented Latinos are extremely likely to not be insured, but even naturalized and U.S. born citizens are very likely to not be insured; they carry the fear of either being deported themselves or their extended family being deported. As of 2014, with the emergence of the Affordable Care Act, 17% of U.S.-born Hispanics, 21% of foreign-born Hispanics who are U.S. citizens, and 49% of foreign-born Hispanics who are non-citizens were uninsured (Krogstad & Lopez, 2014).

Not only do undocumented immigrants fear being deported for purchasing health insurance, the dread of deportation can inhibit them from seeking mental health services. However,

according to 38 U.S. Code 7332, all records of identity, diagnosis, prognosis or treatment of any patient must be kept confidential, and cannot be disclosed to any person or entity other than the patient without special consent. Nevertheless, there are clinics and resources that care for all persons. Many Latino based groups often offer services regardless of legal status (Wang, 2016).

Another factor to consider as to why Latinos don't utilize mental health services is the historical prevalence of political abuse of psychiatry. Political abuse of psychiatry is the misuse of psychiatry in order to obstruct the fundamental human rights of certain groups and individuals in society. This goes back to the reasons given by Sue & Sue as to why culturally diverse individuals don't seek and make use of mental health services—many diverse clients feel as if the therapist will use his/her position of power as an oppressive tool (1999). Little has been reported on political abuse of psychiatry and Latinos, but our nation has a history of neutralizing healthy people who are regarded as a threat to the political system by means of damaging their power and reputation through psychiatric health care. For example, Clennon W. King, Jr., a Black pastor and civil rights activist, was arrested and was confined to a mental hospital for twelve days when he attempted to enroll at the all-white University of Mississippi in 1958. It was believed that

any Black man who tried to enter Ole Miss MUST be crazy, and they secretly restrained him for many days (Tucker, 2002). Also, past presidential candidates were forced to withdraw from the race because of either alleged or diagnosed mental illnesses (McGovern, 1983).

In sum, there isn't just a simple, clear-cut answer as to why Latinos are underserved in mental health settings. It is a multi-factorial answer with facets from both cultural and political aspects of life. The cultural barriers experienced in therapy, such as language, the connection to social structures and religion, can all be eliminated if the psychologist or mental health professional focuses on becoming culturally competent. However, unfortunately, the political aspects are harder to get change to come about without some political action. Until that happens, Latinos will continue to not partake in mental health services.

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