



Mental Health Factors Affecting Hispanic/Latinx Individuals Across the Life Span

Introduction

Over a third of older Hispanic Americans have one or more disabilities and are more likely to have a disability compared to Non-Hispanic White Americans.^{2, 9} However, younger Hispanic/Latinx (H/L) individuals have a lower rate of disability.⁹ Disabilities affect many lives, either directly or indirectly. In the United States, more than 1 in 4 H/L people live in multigenerational households.⁴ Therefore, even H/L individuals who do not have a disability may have a loved one in their home who does. On average, H/L caregivers are younger, have children under 18 living in the home, and are caring for a parent or grandparent with 1-2 conditions.⁸

Experiences vary with each person and factors like age, moving to a new country and how someone has adapted can affect how they manage their mental health. The purpose of this fact sheet is to explore factors affecting the mental health of H/L people in the United States across the life span. Also, recommendations for improving services and overall response are discussed.

Factors Affecting Mental Health

H/L individuals with a mental health diagnosis are twice as likely to use mental health services from a general health care provider than a mental health specialist- with only 1 in 20 using services from a specialist. In some cases, H/L individuals will go to a general health care provider for somatic symptoms and share these more easily than mental health concerns.³ For example, an individual may report chest pain or shortness of breath without sharing or recognizing that it could be a panic attack. According to the National Hispanic Council on Aging, older adults, immigrants and refugees, and racial/ethnic minority groups in the United States are more likely to have low health literacy. Health

literacy is defined as “the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”¹⁰ This can affect if a person has a useful dialogue with their doctors and what they consider important to report. A parent’s health literacy can potentially affect what kind of treatment a child receives as well. H/L youth use anti-depressants and medication for attention-deficit/hyperactivity disorder (ADHD) at half the rate of non-Hispanic white children.³

A broad definition of acculturation is the “process by which individuals adapt to a new living environment and potentially adopt the norms, values, and practices of their new host society.”¹ Acculturation can vary between children, parents, and grandparents especially if they are different generation immigrants. Parents and children may not agree on cultural practices and expectations. Evidence shows that differences in acculturation levels between family members can contribute to family conflict, stress, and negative mental health outcomes.⁶ Another consideration related to acculturation is how social networks typically change when an individual moves to a new country. Social ties have been found to be especially important during the settlement process and some first-generation women have reported relying on a small social network to meet their social needs.¹² Furthermore, reasons why an individual moved to a new country and if it was voluntarily can influence acculturation.⁶

Managing one’s mental health is important and can impact the ability to live independently. Studies have shown that depressive symptoms are a risk factor for older H/L individuals developing disabilities that affect activities of daily living.^{5, 11} Also, H/L caregivers are more likely to experience caregiver strain and be affected by depression. This strain can be related to how half of H/L caregivers

feel they are the only person to care for their family and many feel isolated as a result.⁴ However, H/L caregivers often report that caregiving gives them a feeling of purpose or meaning which may be due to the emphasis on familism that many H/L adults value.⁸ This value likely contributes to why H/L caregivers describe caregiving as more than just the correct thing to do.⁴

Recommendations and Resources

A widely used, educational approach to improve health literacy in H/L communities is the *Promotor de Salud* (Health Promoter/Facilitator) model. This model uses community presentations and other events to provide bilingual information to Spanish-speaking communities. It is a flexible model that allows *promotores* (community health workers) to respond to the community's changing needs.¹⁰ Also, since H/L individuals with mental health concerns often go to primary care providers (PCPs) it is recommended to collaborate with PCPs. For more information, in Spanish and English, you can visit [the CDC's page on Promotores de Salud](#).

It is important to remember that simply speaking Spanish is not the same as understanding an individual's culture and how it affects them.⁴ Providers should practice cultural humility which includes self-examination, respectful relationships, and a willingness to learn. To learn more, you can read the National Hispanic and Latino Mental Health Technology Transfer Center Network's (MHTTC) [cultural humility fact sheet in English](#). MHTTC also provides this [fact sheet in Spanish](#).

Exploring and being aware of the effects of acculturation on an individual and families can help providers to better understand their unique experience. Due to acculturation's influence on health outcomes, a recommendation is having culturally informed psychosocial support groups that support the development of an individual's expanding self. Holding onto important parts of one's culture while being open and finding ways to integrate positively into a new community promotes healthy mental health.⁷

Spanish-speaking support groups for caregivers can improve caregiver strain and feelings of isolation. These support groups create the opportunity to have caregiver workshops that can help improve

caregiver outcomes.⁴ The Diverse Elders Coalition offers free online training on recommended practices to support multicultural family caregivers. You can access this information by visiting the [Family Caregiving for Diverse Elders Resource Hub](#).

Lastly, providers should not assume that individuals are aware of next steps and services. Information should be provided on resources and how to access them. You can learn more about Area Agencies on Aging and what supportive services they provide by reviewing an [information packet provided by the National Association of Area Agencies on Aging](#).

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