

The Current Status of Latino Mental Health in the United States

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Listing of Professional Reports Related to Disparities in Access to and the Provision of Quality Mental Health Care for Racial and Ethnic Minorities

- U.S. Surgeon General's first ever report on mental health, *Mental Health: A Report of the Surgeon General*, 1999
<http://www.surgeongeneral.gov/library/mentalhealth/home.html>
- U.S. Surgeon General supplemental report, *Mental Health: Culture, Race Ethnicity*, 2001
<http://www.mentalhealth.samhsa.gov/cre/default.asp>
- Institute of Medicine Report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, 2002
<http://www.iom.edu/report.asp?id=4475>
- President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*, 2003
<http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html>

Brief Overview of Findings from Referenced Reports

- Mental illness does not discriminate!
- According to the World Health Organization, one in four people in the world will be affected by mental health or brain disorders during their lives, but few will seek or receive help.
- Individuals from racial and ethnic minority groups tend to underutilize mental health services.
- Effective treatments are available for most disorders, but Americans do not share equally in the best that science has to offer (Mental Health: A Report of the Surgeon General, 1999).
- Stigma and shame deter many Americans, including racial and ethnic minorities from seeking treatment (Mental Health: A Report of the Surgeon General, 1999).

Brief Overview of Findings (continued)

- Disparities in mental health services exist for racial and ethnic minorities, and thus, mental illness exacts a greater toll on their overall health and productivity (Mental Health: A Report of the Surgeon General, 1999).
- Multiple studies show that in comparison to the majority population, minorities have less access to and availability of care, and tend to receive poorer quality mental health services (Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General).
- Studies show that poor mental health and psychological distress are linked to poverty –In 2004, the overall poverty rate in the U.S., was 12.7%. The rates were much higher among most racial and ethnic minority groups (24.7% for African Americans, 21.9% percent for Hispanics).

Brief Overview of Findings (continued)

- According to Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General, those in the lowest strata of income, education and occupation are two to three times as likely to have a mental disorder as the highest strata and often lack health insurance.
- Barriers to minorities seeking treatment include cost of care, societal stigma, and the fragmented organization of services (Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General).
- Too often, when symptoms reach the point of crisis, which many will and is common among racial and ethnic minorities, the most expensive services are required through emergency rooms and inpatient treatment. In many cases, jails and detention centers have become the front-line “providers” of mental health services, causing a much greater financial burden than if prevention and community-based resources were readily available and affordable to everyone.
- Mental health workers must consider cultural factors and influence when working with people of all ethnicities and cultures.

Brief Overview of Findings (continued)

- According to the U.S. Surgeon General’s report, Mental Health: Culture, Race and Ethnicity, a supplement to the Surgeon General’s 1999 report on mental health, “Cultural differences must be accounted for to ensure that minorities, like all Americans, receive mental health care tailored to their needs”.
- Reports also show that the burden of mental illness goes beyond the fragmented service system and into the business sector. It is in the interest of corporations to provide adequate mental health coverage as part of their employee benefits. Research shows that untreated depression costs firms \$31 billion a year in lost productivity.
- On a more positive side, more is known today about the causes of mental illness than ever before, and through groundbreaking research, treatments that work are available. According to recent reports, about 70 to 90 percent of mental illness are treatable. In fact, some findings report that 80 percent of patients with depression can recover now, and 74 percent of patients with schizophrenia can live without relapses if early intervention is made. Recovery is possible, and everyone regardless of their age, sex, religion, race, ethnicity or national origin should have the same rights to meaningful access and receive these critical services.

Additional Facts Specifically Pertaining to Hispanic Mental Health

- United States 2000 Census data shows people of Hispanic backgrounds are the fastest growing ethnic group in our country. In fact, the U.S. Census Bureau estimates that ethnic and racial minorities will constitute 47 percent of the nation's population by the year 2050.
- According to the Youth Risk Behavior Survey of 1997, Hispanic-Latino students were significantly more likely to have consumed alcohol in their lifetime, to report current alcohol use, and to report episodic heavy drinking than African Americans (Caetano & Galvan, 2001).
- While Hispanic-Latino youth are less likely to receive mental health services, they are more likely to become involved with the juvenile justice and/or child welfare systems (Vega & Alegria, 2001).

Additional Facts (Continued)

- Even when receiving services, Hispanic-Latino youth "in care" still receive fewer therapeutic services and remain "in care" for longer periods than other groups (Vega & Alegria, 2001).
- A study conducted in 2001 with high school students indicated that 25% of Hispanic-Latino students meet the criteria for clinical depression, and the rate was even higher among Hispanic-Latina teenage females, reaching 31%, the highest rate of any group (Flores & Zambrana, 2001). Figures such as these have been repeatedly appearing in professional literature as of late, and unfortunately will continue if action is not taken immediately to address the complex issues on hand.
- Hispanic-Latino youth have the highest rate of suicidal attempts reaching 10.7% compared to 6.3% for white youth and 7.3% for African American youth – this trend clearly demonstrates the need to increase access to mental health services, especially crisis intervention services for Hispanic-Latino youth (Vega & Alegria, 2001).

Additional Facts (Continued)

- According to the Youth Risk Behavior Survey of 2005, 11.3% of Hispanic-Latino high school students (9th thru 12th grade) actually attempted suicide, the highest % of any group. Rates were higher for both Hispanic-Latino male and females as well.
- A survey from the Commonwealth Fund revealed that Hispanic-Latino adults had the highest rate of depressive symptoms of any group with 53% of Hispanic-Latina females and 36% of Hispanic-Latino males reporting moderate to severe depressive symptoms a week prior to survey interviews (Collins, Hall & Neuhaus, 1999).
- Hispanic-Latino deaths linked to cirrhosis and other` chronic liver disease ranked as the eighth leading cause of death in the late 1990`s for Hispanics-Latinos, but did not appear as one of the ten leading causes of death for either African Americans or whites (Caetano & Galvan, 2001).`

Additional Facts (Continued)

- Between 1991 and 1998, Hispanic-Latino emergency room admissions for drug use increased by 80% (United States Department of Health and Human Services, 2000).
- The use of heroin within the Hispanic-Latino community is particularly serious. In 1997, Hispanics-Latinos accounted for 32% of treatment admissions for heroin and 32% of all Hispanic-Latino drug use related deaths resulted from heroin use (Caetano & Galvan, 2001). These figures do not even include the tens of thousands of deaths among Hispanic-Latino men and women from the sharing of HIV contaminated syringes.
- A lack of qualified bilingual and bicultural health and mental health care professionals exist throughout the United States. Many Hispanics-Latinos have Limited English Proficiency and possess the legal right to have the same access rights to quality services as other groups who do not have language barriers with health care and mental health care professionals. *This right is given to them under Title VI of the United States Civil Rights Act of 1964 and must be protected and enforced.*

Additional Facts (Continued)

- Studies show that patient satisfaction is higher when the patient and doctor are of the same race or ethnicity and that minority physicians tend to care for minority patients in greater numbers and to work in medically underserved areas (United States Department of Health and Human Services, 2000).
- Although Hispanics-Latinos now account for over 13% of the total U.S. population, they comprised only 4.6% of physicians, 4% of psychologists, 7% of social workers, and 2.4% of nurses in 1999 (Bureau of Labor Statistics; American Medical Association; Bureau of the Census).
- The majority of psychologist and social workers in the nation, who are the primary care providers in both the mental health and substance abuse fields, in 1998, were non-Hispanic-Latino white, 84% and 65% respectively.

Listing of Recent Known Reports Focusing on Policy Recommendations and/or Changes in Various Systems Related to Hispanic Mental Health

- The Status of and Proposed Future Direction of Mental Health and Substance Abuse for Hispanics in New Jersey – Mental Health Work Group, Health Subcommittee, Governor James E. McGreevey's Hispanic Advisory Council on Policy Development Initiatives, November 2002 –
Copy of Report Available Through Henry Acosta, (609) 838-5488, ext. 205 or hacosta@njmhi.org
- Mental Health Issues and Platform Committee Policy Report - National Hispanic-Latino American Agenda Summit (NHLAAS)– <http://www.hispanicagendasummit.org/home.htm>
- National Congress for Hispanic Mental Health Action Plan – <http://www.mentalhealth.samhsa.gov/cmhs/SpecialPopulations/HispMHCongress2000/>

Primary Areas in NHLAAS Report

- Community Education and Outreach Awareness Activities
- Access to Care
- Workforce Development
- Culturally Competent Research and Evidence-Based Practices

More is Needed ! Next Steps...

- National Latino Behavioral Health Coalition
- National Center of Excellence on Improving the Delivery of Mental Health Services to Hispanics-Latinos

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