Examining the Role of Culture and Society on Mental Health Perceptions Among Latinx Young Adults in Washington State

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Abstract

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Introduction:

Latinx young adults face unique mental health challenges influenced by systemic barriers such as limited access to culturally relevant care and financial hardship, cultural values including religion, *machismo*, and *familismo*, alongside the challenge of balancing U.S and Latinx cultural expectations. While these factors can provide support they also contribute to stigma and discourage help seeking. Existing research often emphasizes these barriers but rarely centers how Latinx young adults themselves define mental health and wellbeing This study addresses the gap by exploring culturally grounded perspectives to inform more inclusive, community-based mental health interventions.

Objective:

This qualitative study explores Latinx young adults perceptions on mental health and the systemic, social, and cultural factors shaping these views, with the aim of informing culturally responsive interventions.

Methods:

A thematic analysis was conducted on 10 semi-structured interviews with Latinx young adults (ages 19-25) in Washington State.

Results:

Five major themes were identified from the interviews 1) what mental health and wellbeing means to Latinx young adults, 2) systemic challenges and reimagining mental health systems for Latinx communities, 3) family, peers, and cultural connection as a source of support & coping mechanisms, 4) stress, responsibility & the weight of adulting early, and 5) cultural stigma and generational silence around mental health. Participants highlight the need to improve the visibility, accessibility, and cultural relevance of mental health resources and services within Latinx communities.

Conclusion:

The findings of this qualitative study illustrate how systemic, social, and cultural factors shape Latinx young adults definitions, experiences, and use of mental health resources. By centering their voices, the study provides valuable insights to inform future mental health efforts. These results highlight the need for culturally relevant approaches that reflect core values such as family support, peer connection, and shared cultural identity.

BACKGROUND

The Latinx population in the United States (U.S) experiences a high rate of mental health conditions, including anxiety, depression, and post-traumatic stress disorder.[1] Epidemiological studies in the U.S report that the lifetime prevalence of anxiety disorders among Latinx ranges from 9% to 22%, while depression rates vary between 3% to 24%.[2] These rates differ based on factors such as sex, nativity, place of residence, and ethnic subgroup.[2] Recent data indicates that over one-in-five Latinx adults report a mental health illness, yet only 36.1% of those individuals receive care.[1]

Economic hardship stands out as a major barrier to treatment in Latinx community. Studies indicate that Latinx individuals experience higher poverty rates than non-Hispanic whites, limiting their financial resources to afford mental health treatment.[3] Another crucial driver influencing help-seeking behavior within Latinx communities is mental health literacy.[4] This encompasses the ability to recognize mental illness symptoms, understand potential causes and risk factors, identify available professional and self-seeking resources, and maintain supportive attitudes toward accessing care.[4] These aspects are heavily influenced by cultural norms and values. Given that Latinx individuals frequently navigate complex healthcare systems, examining their mental health knowledge, perceptions and attitudes toward seeking care is essential for improving access and utilization of mental health services.

Furthermore, young adults, typically spanning ages 18 to 25, face a transitional stage from adolescents to independent adulthood. This period is often marked with significant life changes, which can contribute to heightened anxiety and depressive symptoms.[5] For Latinx individuals, this period is further complicated by intra-cultural stress, stigma, and financial barriers, which are often overlooked in discussion of mental health disparities.[5]

Systemic and Structural Barriers

When examining the obstacles that hinder access to mental health services for Latinx individuals, several interconnected systemic barriers come into play. These include the need for culturally competent providers, financial constraints, and the structural burden of navigating both U.S. and Latinx cultural expectations, all which contribute to the underutilization of mental healthcare.

One significant obstacle is the underrepresentation of Latinx mental health professionals. The underrepresentation of Latinx health professionals makes it more difficult for individuals to find providers who understand their unique cultural backgrounds, reinforcing mistrust and discouraging help-seeking. According to the American Psychological Association (2021), over 80% of the psychology workforce in the U.S is made up of White psychologists, with Latino representing just around 8% of the field.[6] This disparity limits access to providers who share a cultural background with Latinx patients, making it more difficult for individuals to find care that feels relatable and culturally sensitive.[4] Clinicians who understand their patients' cultural backgrounds are often perceived to provide higher quality of care, which has led to an increased emphasis on cultural competency in healthcare.[7,8] Cultural competence is defined as delivering care that accommodates the patient's diverse values, beliefs, and behaviors, including adjusting services to address their social, cultural, and linguistic needs.[7]

For Latinx emerging adults, particularly those in academia, the challenge is compounded by the need to navigate multiple structural and cultural influences including academic culture, U.S culture, and Latinx culture while balancing personal and financial responsibilities.[5] Religious beliefs, while often a source of strength, can also create obstacles to seeking professional help by framing mental illness as a lack of faith or spiritual weakness. Similarly, *machismo* further complicates mental health help-seeking behaviors, particularly among Latino men, by reinforcing the idea that vulnerability is a sign of weakness. This intersection of cultural and socioeconomic stressors highlights the urgent need for more accessible culturally responsive mental health services for the Latinx community. Understanding how cultural values intertwined with structural barriers shape mental health outcomes in Latinx young adults is essential improving access to care and reducing stigma. By acknowledging, understanding, and addressing these cultural and structural barriers, mental health professionals, educators, and policymakers can work toward creating more inclusive effective support systems for Latinx young adults.

Cultural Influences on Mental Health

Cultural values and beliefs deeply influence how mental health is understood and addressed in Latinx communities. Values and norms such as religion, *familismo*, and *machismo*, combined with strong cultural stigma around mental illness, play a significant role in shaping how mental health is perceived within the Latinx communities.[9–11] Stigma remains one of the greatest barriers to mental health service utilization among Latinx individuals.[6] Notably, cultural beliefs, which are often closely tied to stigma, are the most frequently reported obstacle, with 41.2% of Latinx individuals identifying it as a barrier to accessing mental health services.[6] Mental illness has historically been viewed as a sign of weakness within the Latinx community, that often prevents young adults from seeking care.[5,9]

Religion and Faith

Faith holds significant influence in many Latinx communities, to the extent that religious institutions, such as churches, serve as primary sources of education and social support.[12] As a result, these communities often place more trust in religious resources than in mental health services.[12] While religious faith can provide strength during times of stress and mental illness, it can also shape perceptions that discourage the presence of mental illness and seeking professional help.[12] Many Latinx individuals with strong religious beliefs perceive mental illness as a weakness or associate it with religious concepts such as punishment, lack of faith, or unholy practices.[10,12] These religious beliefs often link mental illness to sin, a lack of faith, or the idea that it can only be cured through prayer, creating barriers to seeking professional help. In some cases, these perceptions can lead to greater suffering and even increase the risk of suicide.[12] Recognizing these perceptions is crucial, as they influence access to care, willingness to seek help, and mental health education. Research conducted by Caplan at Rutgers State University of New Jersey, found that Latines experience mental health issues at a similar rate to white non-Hispanics in the U.S.[12,13] However they are only half as likely to seek treatment, primarily due to stigma shaped by cultural and religious beliefs.[12,13] Many Latinx individuals remembered growing up in communities where those with mental illness were alienated, and their families avoided discussing or acknowledging its existence.[13] This reinforced the belief that depression and other mental health disorders stemmed from a lack of faith or prayer.[13] In addition, Caplan's study found that 77% of Latino interviewees believed depression was caused by a "lack of faith in God" and focus group discussions revealed that some associated mental illness with demonic

or diabolical forces.[12,13] These deeply ingrained cultural beliefs, along with stigma, contribute to significant barriers the Latinx community faces in understanding and seeking mental health care. Within Latinx communities, mental health is often viewed through a spiritual lens rather than a medical condition, with many believing that the solution lies in strengthening one's faith and praying more.[12,13] Understanding the intersection of faith, stigma, and mental health in Latinx communities is essential in addressing these barriers and promoting culturally responsive mental health education and services.

Familismo

Familismo is a fundamental cultural value in Latinx communities that emphasizes the importance of family relationships, interdependence, and mutual support.[11,14,15] It underscores the need to prioritize strong relationships with family members, show respect, and provide instrumental social support during the time of need.[11,14,15] In this context, *familismo* is considered a protective factor that promotes overall well-being and helps reduce symptoms of depression.[11,14,15] Research has shown that during mental health crisis or periods of distress, *familismo* serves as a safeguard, fostering positive relationships within family and creating a reliable support system.[11,14,15] On the other hand, the absence of *familismo* can contribute to negative mental health outcomes.[11,14,15] Research by Robins and Alessi has shown that a lack of family support is closely linked to suicidal thoughts and behaviors.[15] This finding supports the cultural idea that *familismo* can help protect against mental health challenges.[15] While not all Latinx embrace *familismo*, research indicates that those who do uphold this value experience lower rates of depression, suicide, and other internalizing mental heath disorders, as well as reduced substance use issues.[15] Therefore *familismo* is seen as a protective factor for various outcomes, particularly mental health.[16]

However, *familismo* may also be understood as placing the needs of one's family above one's own and making personal sacrifices to support the family unit. Latinx children raised with this value are often expected to put their personal wants and needs aside in favor of the family's well being.[16] This idea of sacrifice is deeply embedded in *familismo* research and is also connected to other Latinx cultural values. Children who were raised by immigrant parents are often aware of the significant sacrifices their parents have made, leaving behind family and friends, enduring difficult and dangerous journeys to the U.S, adapting to a new language, and working long hours.[16] As a result, these children feel a strong sense of responsibility to give back and support their families in return.[16] A study by Fuligni and colleagues suggest that while *familismo* can be a positive value, an excessively strong sense of family obligation may have negative effects on adolescents.[16] This added pressure can contribute to emotional strain and mental health challenges.[16]

Machismo

Machismo is a deeply rooted cultural belief that influences perceptions of mental health within Latinx communities. This cultural concept embodies a set of values that emphasizes traditional masculinity, often encouraging hyper masculine traits.[10] It creates expectations and behaviors for men in Latino cultures to demonstrate strength, assert dominance, and strictly adhere to gender roles.[10] As a result, Latino men are often expected to suppress vulnerability, remain self-sufficient, and handle challenges without seeking external help.[10,17] These norms can hinder Latino men's ability to express vulnerability or seek help during challenging times.[17] Research indicates that Latino men are less likely than Latina women to use mental health services, even

when experiencing similar levels of distress.[18] This disparity is often rooted in traditional masculine norms, or *machismo*, which fosters less favorable attitudes toward mental health support. A survey on mental health stigma among Latinos revealed that a significant portion of the respondents viewed depression as a personal weakness.[17] Specifically 71% of males viewed depression as a sign of weakness, while over half (57%) of males believed that individuals with depression could snap out of it if they wanted to.[17] The stigma reinforced by *machismo*, creates significant barriers for Latino men in acknowledging and addressing mental health struggles.

Existing research highlights how systemic barriers and cultural values jointly shape mental health outcomes and perceptions among Latinx young adults. Systemic factors such as a shortage of culturally competent providers,financial hardship, and adapting to U.S culture can further limit access to care. While religious beliefs can be a source of strength, it may also contribute to stigma by framing mental illness as a lack of faith. *Familismo* provides emotional support but can lead to stress when individuals are expected to prioritize family needs over their own. Additionally, *machismo* often discourages Latino men from expressing vulnerability or seeking help. However, much of the existing literature focuses on challenges without exploring how Latinx communities define mental health and wellbeing in their own terms. The limited research on young adults is concerning, as young adults face distinct experiences and challenges that may increase their vulnerability to mental health issues like stress, depression, and anxiety. The intersection between structural and cultural challenges contribute to the underutilization of mental health services and highlight the urgent need for more inclusive culturally responsive interventions. By centering the voices of Latinx young adults, the researchers' work has helped to shift the narrative and build on the strengths within the Latinx community.

PURPOSE OF THE STUDY

The study aims to understand Latinx young adults' perceptions of mental health and wellbeing, and to explore the cultural influences that shape these views. By focusing on young adults, who often navigate the intersection of traditional and modern cultural influences, and bicultural contexts, this research will contribute insights that could inform targeted intervention and support systems within the Latinx community. Ultimately the goal is to foster community wellbeing and bridge gaps in mental health care by implementing a community health worker-centered intervention that respects cultural values while promoting mental health awareness, accessibility, and treatment.

Research Questions:

1. How do Latinx young adults define and perceive mental health and well-being?
2. What cultural, social, and systemic factors influence their perspectives?

THEORETICAL FRAMEWORK

This study utilized the social-ecological model (SEM), which provided a lens for examining the subjective meanings and lived experiences of mental health and emotional wellbeing as described by participants.[19] The framework outlines five interconnected levels: individual, interpersonal, organizational, community, and public policy, each of which contributes to shaping an individual's overall wellbeing.[19]

At the outermost level, public policy encompasses laws and regulations that shape access and accessibility to mental health care, either creating barriers or support for Latinx communities.

The community level captures how interactions among organizations and networks impact resource availability and shape the environments where Latinx individuals live and work, such as cultural clubs, sports, and local neighborhood networks. The organizational level highlights how schools, clinics, and community-based organizations shape health outcomes through their policies and services, particularly in areas like language accessibility and staff representation. At the interpersonal level, close relationships and dynamics such as *familismo*, stigma, and social support play a significant role in shaping mental health through social norms and networks. Lastly, the individual level focuses on personal factors, including stress, coping mechanisms, cultural identity, and internalized stigma shaping mental health outcomes. Applying the SEM throughout the theme development process in our research on Latinx mental health provides a deeper understanding of how these interconnected levels shape perceptions of mental health.

METHODS

This research is part of a community-based participatory study developed through a collaborative partnership between the Latinx Health Board, the University of Washington School of Public Health, and the Department of Psychiatry Behavioral Sciences within the School of Medicine. The Latinx Health Board consists of multiple public health practitioners working across various areas of the public health field. The board initiated this partnership by reaching out to UW researchers to co-develop and implement the study. All procedures received approval from the University of Washington (UW) Institutional Review Board (IRB) on April 16, 2024, and from the Heritage University IRB on May 20, 2024. This research focuses on a subsample of 10 participants selected from a broader set of 19 interviews conducted as part of the larger project. The interviews aimed to explore the mental health, wellbeing, and sense of belonging among Latinx young adults in Washington State.

Author Positionality

As part of efforts to enhance the study's trustworthiness, the three authors on the analytics team each developed individual positionality statements.The first author is a Master of Public Health candidate. She is a first generation Mexican American, born in Washington State, who identifies as Latinx and is fluent in English and Spanish.

Interview Guide Development

The interview guide explored the following topics: 1) definitions and concepts of mental health and wellbeing; 2) how young adults learn and discuss mental health and wellbeing; 3) personal experiences with mental health and coping as a young adult; 4) help-seeking behaviors and support systems; 5) access to services and community needs related to mental health; and 6) experiences of belonging and community connection. The interview guide was developed by the Latinx Health Board, a UW researcher in the Department of Psychiatry and Behavioral Sciences, and course instructor in the UW School of Public Health.

Study Eligibility

Participants were eligible to participate in the larger study if they met the following criteria: a) identified as Latinx- defined as Latinx/Latino/Latina/Latine or as members of Indigenous communities from Latin America; b) were between 18 and 26 years of age; and c) resided in Washington state.

Recruitment Process & Participant Selection

The study sample consisted of 10 Latinx young adults who were either currently enrolled in a college or university or had recently graduated from institutions across Eastern and Western Washington. The five participants from Heritage University were intentionally selected to ensure representation from Eastern Washington, while the remaining five were randomly selected from the broader sample to capture a diverse range of perspectives across regions. Current students and recent graduates were selected for this study, as their experiences provide valuable insights on mental health and wellbeing encountered both personally from home and within the academic environment, while living away from home. Recruitment was conducted between April and September 2024 using a combined purposive and convenience sampling method. Purposive sampling allowed us to gather rich, relevant qualitative data specific to Latinx communities, which convenience sampling helped to efficiently recruit participants within the constraints of a strict timeline. Individuals who expressed interest and met the eligibility criteria were invited to a Zoom session to complete the verbal informed consent process. As a token of appreciation, each participant received a $100 electronic gift card.

DATA COLLECTION

UW School of Public Health undergraduate students and one graduate student (first author) conducted semi-structured-interviews with Latinx young adults. Following consent, participants took part in individual interviews lasting between 30 to 90 minutes. The average time to complete the interviews was 40 minutes and 48 seconds (with the shortest being 15:24 minutes and longest 79:57 minutes). All interviews were conducted through Zoom. Interviews were recorded, and an audio transcript was produced through manual transcription or voice recognition technology for data analysis. Demographic information was collected during the interview using an optional verbal questionnaire. Items included age, gender, city or ZIP code, parental status, place of birth, number of years lived in the U.S, languages spoken, health insurance coverage, access to a healthcare provider, and current college enrollment status.

ANALYSIS

This study used Braun and Clarke's six-phase thematic analysis approach to examine participants' personal experiences with mental health and wellbeing.[20] Thematic analysis was selected to provide a detailed and systematic exploration of the narratives shared in the interviews. This method offers a flexible yet rigorous approach for analyzing qualitative data and identifying patterns of meaning across participants narratives. Given the exploratory nature of this research centered on mental health experiences of Latinx young adults, this method allows for a rich, detailed understanding of the shared perspectives. In the first phase, all interview transcripts were carefully read to gain familiarity with content and context. During the second phase, the research team developed an initial codebook using a combination of deductive and inductive coding. Deductive codes were based on the study's research questions, while inductive coding allowed the team to refine the codebook by incorporating new codes that emerged organically from data. In the third phase, preliminary codes were reviewed and grouped into broader, more robust themes. This was followed by a deeper analysis in the fourth phase, in which themes were refined to ensure alignment with the research questions and that they are strongly supported by the data. In the fifth phase, themes were clearly defined and finalized. Finally, in the sixth phase, direct quotes from participants were selected to exemplify each theme and ensure interpretations remained closely tied to the data.

Coding and analysis were conducted using Dedoose, a web-based qualitative analysis software.[21] Two Master-level public health researchers, collaboratively coded one transcript to develop a preliminary approach to coding. Additionally, the senior author and the UW lead researcher co-coded a second transcript, followed by a joint review and debrief to refine and finalize the codebook. While formal intercoder reliability scores were not calculated, any discrepancies in the coding process were addressed through team debriefings with the UW lead researcher and both Master-level researchers. These discussions helped ensure consistency in the application of codes across transcripts.

RESULTS

The average age of the participants was 21.1 years old (SD= 1.85) and ranged from 19-25 years of age. 50% of participants self-identified as female and 50% of participants self-identified as male. Approximately 70% of participants resided in Eastern Washington, including communities such as Grandview, Toppenish, Yakima Valley, and Cheney. The remaining 30% were based in Seattle, located in Western Washington. The interviews were all conducted in English. Following the coding process and an in-depth review of the transcripts, five key themes emerged through a combination of grouping codes and identifying recurring patterns across participants' narratives. These themes emerged: 1) What Mental Health and Wellbeing Means to Latinx Young Adults 2) Systemic Challenges and Reimagining Mental Health Systems for Latinx Communities, 3) Peer and Cultural Connection as a Source of Support & Coping Mechanisms, Stress, 4) Responsibility & the Weight of Adulting Early, and 5) Cultural Stigma and Generational Silence Around Mental Health.

Qualitative Themes

What Mental Health and Wellbeing Means to Latinx Young Adults

Young adults described mental health in a variety of ways, emphasizing emotional stability, self-awareness, and self-acceptance. For many, mental health is about being content, emotionally balanced, and in tune with one's own feelings and needs. Participants highlighted the importance of recognizing when they are not okay and recognizing the need to prioritize self-care and seek support from others. Some described mental health as a foundation for overall wellbeing, impacting not only emotions but also physical health.

One participant stated:

"To me, mental health means that you're happy, or you know that you're doing well, and that you're prioritizing the stuff that's important to you... making sure that you're okay and knowing that you have people to support you. But also knowing when to support yourself."

Another participant shared:

"Mental health is like definitely the foundation of who we are as people... our feelings, how we feel, how we see things. How it affects us emotionally, obviously, how it can affect us physically, too."

Wellbeing was described by Latinx young adults as being a multi-layer concept encompassing emotional, physical, and mental health. Self-awareness was a key element in their definitions,

with many participants emphasizing the importance of recognizing and embracing one's emotional state, even during difficult moments. Mental health was frequently identified as a core component of overall wellbeing, with participants noting that emotional health plays a central role in achieving contentment and happiness. Physical health also emerged as a vital aspect of wellbeing, with participants highlighting the importance of regular exercise, proper sleep, and a balanced diet. Many respondents viewed wellbeing as integral to mental health and physical health.

One participant shared what wellbeing meant to them:

"Wellbeing to me… the first thing I think of is mental health because that's a really big aspect of rest of people, and if you're not mentally like at the point you need to be, then you're gonna lack all the other wellbeing, like, physically, emotionally, and just like things like that. But, mental wellbeing is a big one, and then physically making sure you're physically healthy, physically well, and then emotionally, that kind of ties with like being mentally well, as like a part of it, like a branch."

Systemic Challenges and Reimagining Mental Health Systems for Latinx Communities

A recurring theme was the challenges in accessing mental health resources, driven by structural barriers such as time, cost, and cultural disconnects. Participants identified these systemic obstacles as key factors hindering access to mental health care for Latinx individuals, particularly those from working-class or immigrant backgrounds. Several participants emphasized that while some mental health services exist, many families remain unaware of them or uncertain about how to navigate the systems required to access them. Schools emerged as key points of exposure to mental health education and resources, particularly for youth. However, the benefits of school-based awareness often did not extend to parents or older family members, creating an intergenerational gap in understanding and engagement. Many noted that parents working long hours lack the time, energy, or opportunity to engage in conversations about emotional well being. As a result, families were often disconnected from mental health initiatives targeted at youth.

One participant who attended high school in Yakima Valley shared:

"Through my high school, I found out we have services like those offered by the Family United Center [a behavioral health agency that provides mental health and substance use services]. There are counselors at our schools, but I don't think many parents are aware of these mental health resources. Especially in a predominantly Hispanic community and among Mexican American farmworkers, parents often don't see their children much due to their long working hours. Kids are at school most of the day, and by the time parents come home, they're either too tired or the kids are engaged in outside activities, making it hard to connect. It's not just my personal experience; I've seen it among my peers too."

Participants suggested a range of solutions to improve mental health access in their communities. These include making services and resources more visible, accessible, approachable, through multiple outreach platforms such as social media, local radio, public flyers, and billboards. Additionally, the importance of expanding access points beyond traditional clinical settings to better serve Latinx communities was identified as a critical need. Participants advocated for services that meet people where they spend their time, whether in schools, farms, or community

centers. Attention was placed on reaching older generations who may not use digital platforms, and on designing services that are physically accessible during working hours for farmworkers.

Affordability emerged as a key recommendation among participants. Many stressed the need for free or low-cost counseling, particularly for uninsured individuals. Participants consistently identified cost as a significant barrier preventing members of their community from accessing mental health care. Several suggested implementing no-cost counseling services within schools and colleges to make mental health support more financially accessible for students.

Cultural responsiveness approaches that create space for open conversations about mental health were identified as a vital need. Many young adults emphasized the importance for informal support options such as peer-led groups and community workshops for those hesitant to seek traditional therapy. Participants also highlighted language accessibility as a barrier, noting that available services often do not reflect linguistic or cultural realities of their communities. Additionally, several respondents expressed a need for greater representation, emphasizing young people with multiple, intersecting identities often feel overlooked in existing mental health spaces.

One participant reflected:

"*I think representation is so needed when it comes to finding what we need."*

Building trust and community was another central focus in improving mental health utilization. Participants recommended consistent check-ins from trusted adults, particularly during vulnerable life stages such as middle school, to provide a reliable source of emotional support. This highlights how accessibility is not only about physical proximity but also about cultural relevance, affordability, and trust.

Another participant shared:

"Sometimes therapy or those behavioral programs don't feel approachable. I think I'd feel more comfortable with informal support, like community-based."

These findings highlight the need for systemic change that addresses not just the availability of mental health resources but also their visibility, accessibility, and cultural relevance, within Latinx communities.

Family, Peers, and Cultural Connection as a Source of Support & Coping Mechanisms

Participants frequently described the importance of culturally grounded relationships, social support networks, and personal coping mechanisms in navigating mental health challenges such as social withdrawal, stress or sadness, negative self-image or losing interest in activities. Many shared that being able to connect with peers who shared similar cultural backgrounds created a sense of belonging and emotional safety. These relationships provided validation and understanding that were often missing or lacking in their immediate family dynamic or in their daily experiences at school, work, or within the broader community.

One participant reported:

"Something that has positively influenced these conversations is the fact that we know we have each other's backs. I think another factor is that most of my friends are Mexican. We share experiences of having difficult parents or parents who aren't emotionally present. Also, because we're all from low-income backgrounds, we understand that struggle. Knowing these experiences and having lived them, we know how to help each other. We're friends, and that's crucial, but even if it were someone else I didn't know, I would try to be there for them. However, I might not relate to their experiences as deeply."

Student centers, cultural organizations, school-based counselors, and peer support groups were commonly mentioned as safe spaces where participants felt heard, accepted, and emotionally supported. These environments allowed them to explore their mental health openly without judgment.

A graduate was asked about their sources for learning and seeking information on wellbeing:

"Heritage University is a little bit smaller than most universities. You really have that one-on-one with your professor. And that's something I really appreciated because I felt like I wasn't a number. I was an actual human being kind of thing. Yeah. And so that really helped me get a lot of resources. And just everywhere that you went on campus, they provided you anything that you needed. And that's something that I really really valued. And that's why I really liked it."

A student talked about finding belonging at university through cultural clubs:

"I would say so, especially when it's like a student of color club, like being able to relate with everyone is really nice knowing that you're not the only one at the university who comes from that background is so nice and reassuring."

Although many participants described challenges communicating with family about mental health, some shared stories of emotional support, particularly from mothers who have offered words of encouragement or siblings who spend time with them during times of stress or transitional periods. These moments of familial care stood out as powerful sources of comfort, helping to ease the burden against the weight of external pressures such as succeeding academically and professionally.

A couple of participants stated:

" I was actually very surprised. I thought she [her mother] would just say, "Oh, you're worrying too much." But she helped me realize that I'm stronger than I think I am. At the beginning of the quarter, I wanted to drop out because I just couldn't handle it anymore. But she helped me realize that while I'm doing this to support them, I also need to do what's best for me"

"For me, I guess, like I have more of a connection to my mom than my dad. So like when I'm going through something, it's like my mom first and then my dad…So she like cherish me, like take care of me more. And then my dad just tells me straight up like this is what you need to do."

Furthermore, a range of coping mechanisms were identified. Many participants turned to physical activities such as soccer, going to the gym, or activities with family to release stress and manage anxiety. Creative outlets like music, painting, and journaling were also described as essential tools for emotional processing and self-reflection.

One participant noted:

"I would say, I do try to journal every single night, or at least those specific nights where I can't sleep because I'm just thinking, my mind's consistently going. So, what I do now is I put on like a specific playlist that I have, and just journal away like, what are the thoughts that I'm having? What is it that is worrying me so much?"

Overall, this theme highlights the vital role of culturally relevant relationships, supportive spaces, and adaptive coping strategies in promoting emotional wellbeing among Latinx young adults.

Stress, Responsibility & the Weight of Adulting Early

Many participants described the emotional burden of navigating adulthood at a young age, often compounded by cultural and familial pressures. Participants shared experiences of anxiety, stress, and self-doubt as they juggle responsibilities not just for themselves but also for their families. Many participants expressed a deep sense of responsibility toward their families, often describing the pressure to succeed academically and professionally not solely as a personal goal, but as a way to honor their families sacrifices.

"Like me, most of my friends are pursuing an education not only for themselves but also because our families didn't have the opportunity. So, we're always worried about whether we're going to disappoint our parents or let them down if we don't succeed in our education. We carry the weight of knowing we're doing this for ourselves, but also for the people who helped us get here."

The weight of these expectations often manifested in uncertainty and about life choices, including doubts about educational or career paths and anxiety about major life transitions such as graduation or entering the workforce. Participants frequently questioned whether they were making the "right" decisions and worried about how this would affect their family.

Furthermore, many participants reported feelings of isolation, especially when moving away from home or navigating environments where their cultural background was not reflected or understood. The disconnect between their lived experiences and those around them contributed to a decline in their sense of belonging, which further intensified feelings of stress and anxiety.

"Definitely here at my university. we have a really big white population here at Eastern, so sometimes it can be a little bit like nerve wracking, I guess, to feel pretty belonging. I know i'm a pretty light skin Hispanic, but I just wish I had more of like a Hispanic community here at Eastern. so I feel like that would probably be like one of my biggest issues, or the lack of belonging."

Overall this theme highlights how familial obligation and cultural expectations intersect to shape the mental health experiences of Latinx young adults. This factors contribute to a early sense of adulthood and significantly impact emotional wellbeing

Cultural Stigma and Generational Silence Around Mental Health

The theme highlights the cultural and generational barriers that shape how Latinx young adults experience and discuss mental health. Across the interviews, participants described silence and stigma surrounding mental health and emotional wellbeing within their families and communities. This was rooted in traditional values, cultural norms like machismo, and religious beliefs. Mental health was often not acknowledged as a legitimate issue, and when emotional distress did arise, it was frequently met with practical solutions such as "*Let's go clean*" rather than emotional validation or open conversation.

Participants shared that talking about feelings was often avoided or discouraged, especially among older generations. This emotional avoidance created a disconnect between young adults and their parents or caregivers, who may hold on to "old school" beliefs shaped by immigrant experiences and spiritual views. For some, *machismo* reinforced expectations of emotional toughness, particularly among men which further suppressed vulnerability. Others noted that religious beliefs positions prayer or spiritual healing as the primary response to struggle, often in place of professional mental health care. Additionally, the lack of awareness and dialogue around mental health was compounded by limited access to culturally relevant resources and persistent misunderstandings. While some participants felt comfortable talking to friends, many expressed difficulty opening up to family members, who they felt either lacked understanding or prioritized advice and action over emotional support. This then underscores the intergenerational and cultural disconnects that complicate mental health communication and help-seeking among Latinx young adults.

Two different participants shared:

"My parents are very religious, so they view things differently. For example, if I were to tell them I have anxiety—which I don't think I do—but if I did, their response would be that I need to pray more. They don't really believe in mental health issues. For instance, there was a recent suicide in our hometown a few months ago, and their reaction was to question the person's relationship with God. I'm religious too, but they see it from a perspective where you should only turn to God for your problems. They think if you need medication for depression, you're just trying to medicate away the problem, and that won't help if you don't have a relationship with God. That's why I don't talk to them about mental health."

"Being a Latino is hard, since we don't talk about it, is like a lot of the Machismo I guess you could say. Since, like, while you're a man, you can't talk about your like mental health, your feelings. So, you just keep like… just keep it to yourself. So, I get like that has a big impact on people, like on me. At first it was like, "Oh, I'm a man. I'm not supposed to be feeling this type of way". But as I got older, like, I started understanding and doing more research on it, like, it is okay to feel that way. It's okay to ask for help. You can't just keep it to yourself, cause then it becomes too much, and you can't deal with it…I guess, like, there's the Machismo in the Latino community like that has a big effect on people I guess."

DISCUSSION

This qualitative study examined the meanings and lived experiences of mental health and wellbeing of Latinx young adults, both the positive and negative impacts it has had. Collectively, the results of the study reflect the experiences of how Latinx young adults define and perceive mental health and wellbeing, the multi-level influences of systemic structures, community,

organizational, interpersonal and individual factors. The findings from this study highlighted five key themes shaping the mental health experiences of Latinx young adults in Washington state: how young adults define mental health and wellbeing, systemic challenges to mental health care, the value of family, peer and cultural connection, the emotional burden of early adult responsibilities, and cultural stigma surrounding mental health. Participants described limited awareness and access to mental health resources, particularly among immigrant families and working-class communities, and emphasized the need for culturally relevant, affordable, and community-based support systems. Peer relationships and culturally affirming spaces, such as students clubs and cultural organizations, emerged as vital sources of emotional support and belonging that feed to their wellbeing. Many participants reported experiencing stress, anxiety, and self doubt as they navigated academic and family responsibilities, often feeling pressure to succeed for their families' sake. Finally, cultural stigma rooted in *machismo*, religion, and generational silence often discouraged open conversations about mental health, particularly among older family members. Together these insights underscore the importance of culturally responsive, accessible, and trust building approaches to improving mental health outcomes in Latinx communities.

An important aspect of future mental health and wellbeing interventions for Latinx young adults should prioritize understanding how they personally interpret and define mental health and wellbeing. Incorporating an individual's ethnic identity and culture has become vital in developing psychiatric treatment plans. [22] Thematic analysis revealed that many participants viewed mental health and wellbeing as interconnected, often describing mental health as the foundation for overall emotional wellbeing. Mental health was characterized by emotional balance, self-awareness of when one is struggling, and acceptance of oneself. Wellbeing on the other hand, was more commonly associated with physical behaviors such as exercising, sleeping well, and maintaining a healthy diet. It was also associated with emotional aspects such as experiencing contentment, happiness, personal growth and a sense of life fulfillment. This has important implications for mental health care delivery, as it suggests a need for an inclusive, culturally bounded approach that addresses emotional, physical, social, and spiritual elements of health. This is important for services aimed at young adults, as their ethnic identities and experiences of marginalization can significantly influence how they perceive and engage with mental health care.[22].

Systemic barriers rooted in cultural disconnect, time, and financial constraints limit Latinx young adults' use of traditional mental health services. Many shared that traditional services often feel unwelcoming or inaccessible, expressing a preference for more informal, community-based forms of support. While numerous interventions exist for Latinx populations, many evidence-based programs in the U.S were originally designed using Eurocentric cultural norms and frameworks, often without input from culturally specific experts or consideration of the unique needs or experiences of marginalized communities.[23] This disconnect is further underscored by Hardwood and colleagues cross-cultural studies comparing Puerto Rican and European American mothers.[24] Their research revealed major differences in parenting values and practices. While European American mothers tend to prioritize fostering self-confidence and independence, Puerto Rican mothers place greater importance on obedience and respect.[24] These findings reinforce the need for culturally responsive approaches to mental health support, particularly in family-centered interventions. Parent training programs are evidence-based

interventions shown to improve childhood mental health outcomes.[25] However, it may not be effective if they do not account for cultural variations in parenting norms and expectations. The voices of Latinx young adults in this study, many of whom cite their parents' influence on how they understand and discuss mental health, emphasize the importance of designing and adapting programs in collaboration with Latinx communities. This approach can help ensure that programs are culturally relevant and responsive to the values and lived experiences of families they are intended to support.

In addition, for Latinx young adults in particular, having providers who are bilingual and familiar with cultural dynamics of Latinx family life may increase comfort and willingness to engage in formal mental health care.[26] Culturally specific mental health interventions have been linked to improved therapy engagement, greater retention, and higher levels of satisfaction among participants.[26] The findings also emphasized the importance of trust and sense of community in making mental health services feel more approachable. This aligns with existing research that youth with marginalized identities often carry skepticism toward mental health systems, especially when these systems have historically excluded or misunderstood their experiences. [22] Considering this, interventions that leverage cultural values and existing support systems may be especially effective. Mindfulness-based coping strategies have shown to reduce depression, stress, and anxiety, often through online platforms.[27] However, research done on these interventions has been focused on white or upper-to middle-class populations, with limited inclusion of Latinx communities.[27] A prominent exception is *Amigas Latinas Motivando el Alma* (ALMA), a culturally tailored, community-based intervention designed to address depression and anxiety among Latina immigrant women.[27] Findings from ALMA highlight the potential of culturally grounded programs to reduce depressive symptoms and improve mental health outcomes in Latinx populations.[27] These findings suggest that future interventions aimed at Latinx young adults should not only incorporate evidence-based approaches like mindfulness, but also be cultural responses, grounded in the values, relationships, and lived experiences that shape how this population understands and seeks support for mental health. Bridging this gap requires a shift toward collaborative intervention design that centers the voices, needs, and cultural strengths of Latinx communities.

Latinx young adults view family, peer, and cultural connections as essential sources of support when navigating mental health challenges. Young adults in this study frequently emphasized feeling most supported by individuals who shared their cultural background to close familial ties, particularly siblings or their mothers. These reflections underscore the cultural emphasis on strong familial bonds as key sources of support.[28] This supports existing literature where these relationships can play a protective role in mental health, buffering the effects of stress.[28] In particular parental support has been linked to reduced levels of anxiety and depression in Latinx youth, which can help explain why many young adults in this study turned to their families during challenging times.[28] One example of how these cultural strengths can be integrated into mental health programming is the Bridges/*Puentes* intervention developed to support Mexican American youth during the transition from middle to high school.[29] The program involves nine weekly sessions for both youth and parents, delivered in schools.[29] Youth and parents begin with simultaneous separate sessions before coming together for joint sessions that reinforce family communication and support.[29] Compared to a control group, youth who participated in Bridges/*Puentes* demonstrated fewer internalizing and externalizing behavioral issues,

suggesting that culturally grounded, family-based interventions can effectively promote mental and emotional wellbeing.[29] These findings suggest that mental health interventions for Latinx youth and young adults may be most impactful when they acknowledge and build upon existing sources of support within families and cultural networks.

Additionally, while strong familial relationships serve as a key source of support, they are also accompanied by emotional burdens stemming from family expectations. The findings suggest that participants experienced high levels of anxiety, stress, and self-doubt that were often tied to the pressure of achieving academic and professional success as a means of honoring their families' sacrifices. This sense of responsibility, while rooted in deeply familial commitment, appeared to contribute to significant emotional strain among many young adults. This supports existing literature on *familismo*, where one prioritizes family needs over individual needs.[16] Young adults often feel expected to prioritize their families wellbeing over their own personal desires or needs.[16] Many participants expressed a deep sense of responsibility to give back and support families in recognition of their sacrifices. Exploring *familismo* within family dynamics offers valuable insight into how families function and the key factors that influence overall mental health and wellbeing. This understanding can guide the development of interventions and practices that enable researchers and practitioners to better support the Latinx community in culturally responsive and effective ways, particularly by integrating and involving family as a central component.

Cultural stigma and silence surrounding mental health does not remain unnoticed within Latinx communities. Many participants described how cultural norms, particularly those influenced by *machismo* and religious beliefs, contribute to emotional avoidance and discourage open conversations. Several young adults reported difficulty initiating mental health discussions with family members, noting that these topics are often dismissed or misunderstood. These findings aligned with Caplan's research, which noted that many families tend to avoid discussing or acknowledging mental illness.[13] Latinx male participants pointed to *machismo* as a barrier to emotional expression, noting that the cultural expectation is to appear strong and suppress vulnerability. This is consistent with prior research indicating that *machismo* can inhibit Latino men from acknowledging distress or seeking mental health support during times of need.[10,17] Additionally, several respondents recalled instances where family members, particularly parents, framed mental health issues as a result of spiritual disconnection, suggesting their struggles stemmed from not being close enough to God. This reflects broader beliefs within some Latinx communities, where mental illness is sometimes viewed as a weakness rooted in a lack of faith or engagement in unholy behavior.[12,13] In place of seeking professional help, individuals are often encouraged to turn to religious practices, such as emphasizing the need to pray more or strengthen their spiritual connection as the primary solution to their mental health concerns.[12,13]

Strengths

The rigor and relevance of this study are supported by several key strengths. First, this community-based participatory approach was rooted in collaborative partnership with the Latinx Health Board and academic institutions, ensuring the study was community-informed and culturally grounded. This participatory model increases the relevance, credibility, and potential for meaningful impact of the findings. Second, the use of the SEM allowed for a holistic analysis of mental health, examining the different layers of the model. The model ensured data

interpretation captured the complexity of mental health as experienced by Latinx young adults. Third, cultural relevance and positionality of the research team included Latinx-identifying members, and the interviewers were close in age to the participants. Having researchers who share lived experiences and were close in age with participants facilitated rapport during interviews and allowed for more in-depth interpretations. Fourth, the study's intentional sampling strategy ensured geographic and contextual diversity by including participants from both Eastern and Western Washington. Lastly, the semi-structured interviews generated rich qualitative data which allowed participants to share detailed and personal narratives, supporting the emergence of the themes. The interview guide was developed through collaboration with community and academic partners to align with lived experiences and research goals.

Limitations

This study has several limitations that should be acknowledged. First, the use of purposive and convenience sampling limits the generalizability of findings, as participants were not randomly selected and may not represent the broader population of Latinx young adults in Washington State. Second, the sample used in this study represents only a subset of a larger, broader population. This small sample size also limits the generalizability of the findings, as it may not capture the full diversity and complexity of experiences within the target group. Future research with larger, more representative samples is needed to validate and expand upon these findings. Third, all participants were currently enrolled in college, which may influence their perspectives on mental health, access to resources, and exposure to mental health discussions. As such, the findings may not reflect the experiences of Latinx young adults who are not in college or who have not pursued higher education, whose challenges and support systems may differ. Lastly, the data is shaped by personal narratives and memory, which can introduce subjectivity and variability in the depth and scope of responses. Additionally, the public nature of the interview format (e.g., being recorded over zoom) may have limited how openly participants felt they could talk about sensitive topics like mental health. While this method offers rich contextual insights into lived experiences, it may not capture the full range of perspectives or allow for systematic comparison across participants.

CONCLUSION

Overall, the insights shared by Latinx young adults in this study provide valuable guidance for shaping future evidence-based mental health interventions. By centering their lived experiences, this data can help inform strategies that promote community wellbeing and address existing gaps in mental health care. By incorporating how young adults define mental health and wellbeing, and by grounding interventions in cultural values and trusted community relationships, we can enhance relevance, increase engagement, and reduce stigma. These culturally centered approaches are essential for promoting awareness, improving access, and ensuring more equitable and effective mental health support for Latinx communities.

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