

Patterns of Mental Health Support Seeking Among Latina Immigrants

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A thesis

submitted in partial fulfillment of the

requirements for the degree of

Master of Public Health

University of Washington

2024

Committee:

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Program Authorized to Offer Degree:

Public Health

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Abstract

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Latina immigrant women are more likely than Latino immigrant men to experience mental health disorders such as depression, anxiety, and PTSD, but are also less likely to seek mental health services. We sought to describe patterns of mental health care utilization across demographic characteristics and identify barriers to mental health care. We also described patterns of mental health support seeking across different types of mental health concerns (depression, anxiety, and PTSD). Most of our sample were born in Mexico (83%) and the majority were monolingual Spanish speakers (84%). Most Latina immigrants reported minimal to mild levels of depression, anxiety, and PTSD. Latina immigrants with reported moderate to severe levels of anxiety were more likely to seek mental health support from a professional. Similarly, those who reported moderate to severe levels of PTSD were more likely to seek mental health support from a professional. Familismo should be further examined among Latina immigrant with varied family support to further investigate impact seeking mental health. Our findings suggest the need for more accessible mental health services for Latina immigrants with depression, anxiety, and PTSD symptoms.

Background

Mental Health Service Utilization Among Latinos

Previous research has shown Latinos are less likely than Whites to seek services for mental health problems.¹ This may be because Latinos have less access to care and receive poorer quality mental health services, compared to other racial and ethnic groups.¹ This pattern of mental health service utilization is particularly concerning given that Latinos have a higher prevalence of major depressive disorder and greater levels of depressive symptoms than non-Latino Whites.^{2,3} Latinos who are immigrants are also 40% less likely to utilize mental health services than immigrants of other race/ethnicities.⁴

Previous research has shown that several factors are associated with health service utilization among Latino immigrants, including country of birth, language spoken, age at migration, years of residence in the United States, and generational status.^{5,6} For example, one study found that Latino immigrants who report Spanish as their primary language had lower rates of mental health service use than those who spoke English⁵. Similarly, another study found that Latino immigrants who had resided in the US 10 years or less had significantly lower rates of mental health service utilization than those who had resided in the country for 21 years or more.⁷ Latinos who are young adults (18 – 25) are less likely than Latinos that are middle aged (26 – 49) to visit a mental health professional.⁸ Additionally, previous research has shown that being married decreases mental health service utilization among Latinos.⁹ Socioeconomic factors, such as being unemployed and low income, also contribute to lower mental health service utilization patterns for Latino immigrants.⁹

There is evidence that Latinos rely on different sources for mental health support. Some studies suggest that Latinos with strong family support are more likely to use informal or religious services for mental health-related concerns rather than a mental health professional.¹⁰ When evaluating personal perceived need and social perceived need (need perceived by family and friends) for mental health services, social perceived need was significantly associated with mental health service utilization among Latino immigrants.¹⁰ Further research speaks to *Familismo* (family-centered value that emphasizes the importance of family loyalty, closeness, and support) are important factors in mental health service

utilization, particularly in seeking mental health services for depression and anxiety from professionals.^{6,10,11} Familismo can serve as a natural support system for Latinos during mental health distress. However, Familismo may deter Latinos from seeking mental health services from professional mental health providers as discussing mental health outside the family support system can cause shame.¹⁰

Mental Health Service Utilization Among Latina Immigrants

Latina immigrant women are more likely than Latino immigrant men to experience mental health disorders such as depression, anxiety, and PTSD, but are also less likely to seek mental health services.^{9,12} Exposure to trauma is significantly greater in Latina immigrants than for non-immigrant Latinas, with Latina immigrants being more likely to have PTSD along with depression.¹² Latina immigrants with PTSD and depression have limited social support and experience challenges in developing trusting and supportive relationships in the U.S., therefore lack the natural support system *Familismo* may provide when seeking mental health services.¹³ Few studies have assessed patterns of mental health utilization among Latina immigrants. Furthermore, little is known about mental health support from non-professional providers for Latina immigrants.

To address the gap in literature, we sought to describe patterns of mental health support seeking in a community-based sample of Latina immigrants. We used data from a study evaluating the efficacy of a community-based mental health intervention (Amigas Latinas Motivando el Alma) aimed at reducing depression and anxiety among Latina immigrants in King County, Washington. We sought to describe patterns of mental health care utilization across demographic characteristics and identify barriers to mental health care. We also described patterns of mental health support seeking across different types of mental health concerns (depression, anxiety, and PTSD). We hope the results will inform future research on mental health service utilization among Latina immigrants and assist with developing interventions aimed at improving access to mental health support services for Latina immigrants.

Methods

ALMA Study Design

This study used survey data collected from a study evaluating the effectiveness of the Amigas Latinas Motivando el Alma (ALMA) intervention for preventing and reducing depression and anxiety among Latina immigrants. This study was conducted in Washington State in partnership with two community-based organizations (CBO) in the Seattle area. Both community-based organizations provided social services to Latina immigrants that included English classes, employment opportunities, and parenting support. The CBOs also served as the sites for the ALMA intervention.

Study Sample

The analysis for this paper was based on the 224 Latina immigrants who completed baseline surveys. To be eligible for the study, participants had to be at least 18 years old, Spanish speaking, and identify as a Latina immigrant. The study excluded women with high levels of depressive symptoms, defined as a score of 20 or higher on the Patient Health Questionnaire-9 (PHQ-9), and those with a history of bipolar disorder, or schizophrenia. These women were also referred to mental health services for further support.

Data Collection Procedures

Surveys were administered either in person or by phone by trained bilingual interviewers in Spanish. Participants were recruited among organization clients from September 2018 to March 2020 using fliers, social media, and word of mouth. The study was approved by the University of Washington Human Subjects Division and all participants provided informed consent.

Measures

Mental Health Support Seeking: We assessed mental health support seeking with five questions. The first question asked, “*Where would you go if you felt depressed, anxious, distressed?*” with multiple choice responses including “*Family*”, “*Doctor*”, “*Church/Pastor*”, “*Friend*”, “*Agency*”, and “*No one*”. Participants had the option of choosing more than one response. One question asked about barriers to mental health support seeking, “*What reasons would keep you from seeking help for mental health issues?*” with possible responses being: (1) *Don’t want others to find out*, (2) *Don’t know whom to call*, (3) *Don’t think the problem is bad enough*, (4) *Cost*, (5) *Don’t believe treatment works*, and (6) *Other*. We created three categories of barriers, Stigma (comprised of response options 1 and 3), Access (comprised of response

options 2 and 4), and Any, which included response options to all 5 and the “*Other*” write-in responses that weren’t categorized into the previous two categories described. The third question asked, “*Have you ever been prescribed medication for depression or anxiety?*” with optional responses being “*No*”, “*Yes*”, and “*Yes, but didn’t take it*”. Another question asked whether they had ever in their lifetime visited a mental health specialist (psychiatrists, psychologists, counselors, etc.) for problems with their emotions, nerves or mental health. A fifth question asked whether they had ever in their lifetime visited a non-professional provider (priest, minister, friend, etc.) for problems with their emotions, nerves or mental health. Responses were collected as binary answers of “*Yes*” or “*No*”.

Depressive Symptoms: Depressive symptom severity was assessed using the PHQ-9, which asks the participants the frequency with which they have experienced symptoms of depression within the past two weeks. Responses included “not at all”, “several days”, “more than half the days”, and “nearly every day”. Responses were summed to create a total score ranging from 0 to 27, with total scores greater than 9 indicating moderate to severe levels of depression. The PHQ-9 has been validated for Spanish speakers¹⁴.

Anxiety Symptoms: Anxiety symptom severity was measured using the GAD-7 scale, which has been validated in a Spanish speaking community sample¹⁵. The scale asks how frequently participants have experienced common symptoms of anxiety using the following response options. Responses were summed for total scores ranging from 0 to 21, with total scores greater than 9 indicating moderate to severe levels of anxiety.

Post-Traumatic Stress: The Post-Traumatic Checklist (PCL-C) is a 6 item scale used to measure symptoms of post-traumatic stress disorder.¹⁶ Participants were asked how much they were bothered over the past month by traumatic experiences responding with either “not at all”, “a little bit”, “moderately”, “quite a bit”, or “extremely”. Responses were summed for total scores ranging from 6 to 30, with total scores greater than 14 indicating moderate to severe levels of post-traumatic stress disorder symptoms.

Demographics: Demographic questions included age, education level, marital status, income, country of origin, legal status, years living in the United States, employment status, and language(s) spoken.

Data Analysis

Our analytic sample included participants who completed baseline surveys at the time of their baseline assessment (n=224); we excluded 2 enrolled participants that were missing responses to the mental health care questions. Descriptive statistics were calculated for all study variables, including the number of observations (n), and percentage of observations within the sample (%). We conducted chi-square tests to test for differences between categories of mental health support seeking (professional, non-professional and neither) across low and high levels of depression, anxiety, and PTSD. We used a *p*-value of less than .05 to define statistical significance.

Results

Table 1 describes the characteristics of our sample population of Latina immigrants. About half of our sample reported living in the U.S (52%) between 10 to 19 years and most were born in Mexico (83%). Most reported entering or staying in the U.S without permission (59%) and the majority were monolingual Spanish speakers (84%). Additionally, about 42% of our Latina immigrant sample obtained a high school diploma or equivalent degree. More than half of the sample reported income of over \$22,000 (53%), while the rest reported income under \$22,000 (47%). Similarly, 45% of the sample reported being employed while the rest reported not working (54%). Over half reported to be married (68%). Within our sample, 62% of Latina immigrants reported experiencing barriers to seeking mental health support. In terms of mental health, most reported minimal to mild levels of depression, anxiety, and PTSD. However, 25% reported moderate to severe levels of depression, 26% reported moderate to severe levels of anxiety and 42% reported moderate to severe levels of PTSD.

Table 1. Participant Characteristics (N=224)		
Characteristics	Total	
	n	%
Age		
under or 40	121	54
over 40	103	46
Years in the US		
Less than 10	49	22
10-19	116	52

20 or more	59	26
Country of Origin		
Mexico	185	83
Other	41	18
Legal Status		
Citizen or current visa/permission	62	28
Entry and/or stay without permission	132	59
Preferred not to or did not answer	22	10
Language		
Spanish Monolingual	189	84
Some English	35	16
Education Level		
Less than high school degree	75	33
High school degree or equivalent	95	42
Some college or college degree	54	24
Income		
Under \$2200	106	47
\$2200 or Greater	118	53
Employment Status		
Working	100	45
Not Working	122	54
Marital Status		
Married	153	68
Single	71	32
Depression - PHQ 9		
Minimal- Mild (0-9)	167	75
Moderate- Severe (10+)	57	25
Anxiety - GAD 7		
Minimal- Mild (0-9)	166	74
Moderate- Severe (10+)	58	26
PTSD		
Minimal- Mild (0-14)	131	58
Moderate- Severe (15-30)	93	42

Missing data from certain variables like Legal Status due to introduction of the question at a later time than baseline start of Wave 1

We describe patterns of mental health support in Table 2. Most participants' preferred source of mental health support was their family (39%). Most reported barriers to seeking mental health support (62%), including stigma (38%) and access (29%) related barriers. Some women reported having been prescribed medication for depression and anxiety (34%), with a few reporting having been prescribed medication but never taking it. Additionally, 42% had ever sought mental health support from a professional 26% reported seeking mental health support from a non-professional.

Table 2. Patterns of Mental Health Care Support (n=224)		
Variable	n	Percent
Preferred Source of Mental Health Support		
Family	87	39
Friend	28	13
Doctor	23	10
Church/pastor	28	13
Agency	13	6
No One	28	13
Barriers for Seeking Support		
Any	138	62
Stigma	86	38
Access	66	29
Prescribed Mental Health Medication		
No	147	66
Yes	77	34
Yes, but I didn't take it	13	6
Sought Support from a Mental Health Professional		
No	129	58
Yes	95	42
Sought Support from a Non-Mental Health Professional		
No	165	74
Yes	59	26

Table 3 describes the characteristics of our sample across three groups, those who sought mental health support from professionals, non-professionals and neither (those who did not seek mental health support). Latina immigrants younger than 40 years reported less mental health support seeking than women 40 years or older and were also less likely to seek help from a professional. Among participants who had been in the US for less than 10 years, almost half (47%) reported not seeking any form of mental health support, whereas those in the US for more than 20 years were more likely to seek support from either a mental health professional (42%) or non-professional (28%). Similarly, almost half (47%) who were in the US without permission also reported not seeking any mental health support, whereas 49% who were citizens reported seeking support from professionals. Many Latina immigrants who reported access as a barrier to seeking support, did not seek support for their mental health (49%). The same was true for those who reported stigma as a barrier (41%). In comparison, of Latina immigrants who

reported no barriers, 47% did not seek any mental health support and 42% sought support from non-professionals.

Among participants who reported moderate to severe depression, 47% sought mental health support from professionals, 21% from non-professionals, and 32% reported not seeking mental health support. Among participants with moderate to severe anxiety, 51% sought mental health support from professionals, 18% from non-professionals, and 31% reported not seeking any support. Among participants who reported moderate to severe PTSD, 49% sought mental health support from professionals, 22% from non-professionals, and 29% reported not seeking mental health support. Results from chi-square tests showed that Latina immigrants with reported moderate to severe levels of anxiety were more likely than those reporting minimal to mild levels of anxiety, to seek mental health support from a professional than from a non-professional (p-value=.048, $\chi^2=3.91$) and those that did not seek help at all (p-value=.02, $\chi^2=5.84$). Similarly, those who reported moderate to severe levels of PTSD were more likely than those who reported minimal to mild severity levels of PTSD, to seek mental health support from a professional than from a non-professional (p-value=.0004, $\chi^2=12.33$). Lastly, when comparing participants seeking mental health support from non-professionals and not seeking any support, we did not observe a statistically significant difference across severity levels of depression, anxiety, nor PTSD.

Table 3. Descriptive Table of Immigrant Women who sought support for their mental health from a non-professional and/or professional (n=224)

Characteristics	Professional (n=95)		Non-Professional (n=59)		Neither (n=103)	
	n	%	n	%	n	%
Age						
under or 40	45	33	30	22	61	45
over 40	50	41	29	24	42	35
Years in the US						
Less than 10	17	30	13	23	27	47
10-19	48	37	27	21	55	42
20 or more	29	42	19	28	21	30
Country of Origin						
Mexico	80	38	49	23	81	39
Other	14	30	10	22	22	48
Legal Status						
Citizen or current visa/permission	37	49	19	25	20	26
Entry and/or stay without permission	46	31	33	22	69	47

Preferred not to or did not answer	7	29	6	25	11	46
Language						
Spanish Monolingual	74	34	48	22	94	44
Some English	21	53	10	25	9	23
Education Level						
Less than high school degree	26	31	17	20	40	48
High school degree or equivalent	41	38	23	21	44	41
Some college or college degree	28	42	19	29	19	29
Income						
Under \$2200	47	39	26	21	49	40
\$2200 or Greater	48	36	33	24	54	40
Employment Status						
Working	46	39	30	26	41	35
Not Working	47	34	29	21	62	45
Marital Status						
Married	50	29	39	23	82	48
Single	45	53	19	22	21	25
Barriers						
Stigma	32	33	25	26	40	41
Access	25	36	10	14	34	49
Any	55	36	30	20	66	44
No Barriers	8	11	30	42	34	47
Depression - PHQ 9						
Minimal- Mild (0-9)	64	34	44	23	82	43
Moderate- Severe (10+)	31	47	14	21	21	32
Anxiety - GAD 7						
Minimal- Mild (0-9)	61	32	46	24	82	43
Moderate- Severe (10+)	34	51	12	18	21	31
PTSD						
Minimal- Mild (0-13)	42	29	34	23	71	48
Moderate- Severe (14-30)	53	49	24	22	32	29

Discussion

Our study sought to describe patterns of mental health support seeking among Latina immigrants. Our findings showed that many Latina immigrants in our sample experienced moderate to severe levels of depression, anxiety and PTSD, yet they experienced barriers to mental health support seeking and many did not seek mental health support at all. Their preferred source of mental health support was from their family. Mental health support seeking was lower among those that were married than those who reported being single. Mental health support seeking was also lower for Latina immigrants who had been in the

U.S less than 10 years and those that had entered or stayed without permission when compared to those who reported being in the U.S from more than 10 years and those who were citizens or preferred not to answer. Additionally, Latina immigrants who reported moderate to severe anxiety and PTSD were more likely to seek mental health support from professionals than non-professionals than those reporting minimal to mild levels of anxiety and PTSD.

Most participants reported barriers to seeking mental health support, including stigma about seeking care and access to care. Given that participants reported preferences for seeking support from family over a mental health provider, participants may be minimizing mental health care concerns or have limited understanding about when they should seek help from a mental health professional. Future studies should evaluate how stigma impacts mental health support seeking among Latina immigrants to understand how mental health professionals influence stigma in relation to mental health support.

Access to care was another top barrier, likely because many in the sample were low-income and undocumented which may have limited their access to health insurance. This is similar to previous research which has found that cost or lack of insurance is a significant barrier to seeking mental health support for Latinos in the U.S.⁹ Lack of access to professional support may also explain why many participants preferred family or other types of non-professional mental health support. Future research should further examine barriers relating to access, such as access to professional (counselors, psychologists, etc.) mental health providers.^{5,17}

Despite reporting mental health concerns, most Latina immigrants reported not seeking mental health support from any source. This supports previous research that highlights the disproportionately high number of Latinos with mental health disorders with low mental health service utilization¹. Even among those with moderate to severe mental health levels of depression, anxiety, and PTSD symptoms many did not report seeking professional mental health services.

Our findings provide new insight on Latina immigrants seeking mental health support. For example, participants reported stigma as the greatest barrier to seeking mental health support which included “not wanting others to find out” which may be indicative of shame surrounding their mental health. *Familismo* should be further examined among Latina immigrant with varied family support (i.e., trust, attitude, family

dynamic) and without tangible emotional family support (i.e., deceased parents, in different country) to further investigate how stigma can impact seeking mental health support from various sources such as non-professionals (family) and professionals (counselors). Understanding this role is particularly important, as Latina immigrants may not have family in the U.S., yet may still be influenced by values and attitudes their families have on seeking mental health support, along with social isolation post-immigration.¹⁰

Limitations

Our study had some limitations, including a somewhat small and homogenous sample size. Future studies with larger samples should examine patterns of mental health service utilization among Latina immigrants from different countries of origin. Latina immigrant women from other countries may have different cultural norms and understandings of mental health supports particularly when seeking mental health supports from professionals versus non-professionals. Additionally, cultural beliefs may influence the way Latina immigrants express symptoms of mental health distress. Previous research has pointed to a perception within the Latino community that mental health services are meant for persons with very serious mental illness, not for people who are functioning; therefore, participants may have minimized their mental health symptoms or support seeking in our survey.¹⁰ Finally, our survey did not ask participants about their insurance status, which is a potentially large barrier to accessing mental health services.

Conclusion

Our findings suggest the need for more accessible mental health services for Latina immigrants with depression, anxiety, and PTSD symptoms. Reducing the cost of mental health services and providing more education on how and where to seek mental health services could help address barriers to access. Further research should be conducted to determine other barriers that might influence patterns of mental health service utilization among Latina immigrants. Additionally, social supports such as family should be examined to determine its impact on seeking mental health supports for Latina immigrants as most of our sample reported family as their preferred source of mental health support. Investigating barriers and

social supports can be essential to addressing low mental health service utilization among Latina immigrants with moderate to severe mental health symptoms.

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