

## Latino Immigrant Adolescents and Mental Health

Latino immigrant adolescents in the United States face unique challenges in accessing mental health care. Among other challenges, family structure and acculturating to the United States leads to difficulties with basic access to mental health information and mental health care. While the studies reviewed for this paper demonstrate the challenges these young people and their families face, they also offer ideas to support and assist Latino immigrant adolescents seeking mental health treatment.

Latino immigrant adolescents are a growing group in the United States, with Latinos accounting for more than 50% of the US immigrant population (Garcia et al. 2011, 500) and being more than 17% of the overall US population (Pineros-Leano, Liechty, and Piedra 2015, 567). More than 30% of Latinos in the US are under the age of 18, which is significantly higher than other ethnic groups (Garcia et al. 2011, 500). Multiple surveys indicate that Latino adolescents have “higher rates of mental health problems and associated negative outcomes...than non-Latino white and black youth” (Garcia et al. 2011, 501). Most startlingly, some studies have shown that mental health quality for Latino immigrants drops dramatically with continued exposure to the United States (Pineros-Leano, Liechty, and Piedra 2017, 567). Overall, this group faces many unique stressors and barriers to obtaining information and care about mental health once they have immigrated to the United States (Calvo 2017; Garcia et al. 2011; Lawton and Gerdes 2014; Pineros-Leano, Liechty, and Piedra 2017).

In the literature addressing the health information needs and challenges of Latino adolescents, similar themes appeared. Family relationships are of high importance for Latino families (Corona, Campos, and Chen 2017; Lawton & Gerdes 2014; Kwak et al. 2017), yet the

unique challenges of acculturation can place stress on those valuable relationships (Garcia et al. 2011, 501). This familial tension along with discrimination and other stress factors leads to issues accessing health information and health care (Calvo 2016, Garcia et al. 2011, Lawton and Gerdes 2014, Rios-Salas and Larson 2015).

Calvo (2016) explored the connection between health literacy and quality of care while controlling for demographics and health care access. Using a simple health literacy survey of Latino immigrant adults by phone, Calvo found that health literacy is indeed associated with quality of care, regardless of other demographic, socioeconomic, or other barriers. The challenges are beyond language barriers and basic access to health care; instead, a lack of basic health literacy seems to be the essential problem (50). This finding highlights the need for increased health literacy screening for Latino immigrants by encouraging health professionals to help them to navigate the complex US health system. Calvo suggested the importance of using simple assessments for those screenings, so as not to put further stigma or shame onto those being assessed (50).

While this particular study (Calvo 2016) was limited to Latino immigrant adults, it is relevant to the lives of Latino immigrant adolescents because the health literacy of the adults around them will affect the health literacy of adolescents. If the health literacy of Latino immigrant adults is acknowledged and then increased, that can impact the care of adolescents. Many Latino adolescents may also need to be a support to the adults in their lives when it comes to health care and health literacy.

One reason the health literacy of adults has such an impact on Latino adolescents is the strong pull that familism, “a core Latino value that emphasizes close family relationships and

prioritizing of family before the self” (Corona, Campos, and Chen 2017, 46), has in Latino culture. These researchers explored familism and how the family support inherent in familism has an effect on everyday health, known as the main effect model, and health during stressful situations, known as the stress-buffering effects model (48-50). Their research on adults in various ethnic groups on a college campus demonstrated that familism has effects in both models: the effect of familism is strong for everyday health but is limited in stressful situations (60-61). The effects of familism were stronger in Latino American and East Asian American survey respondents as opposed to European Americans, perhaps because familism is a more closely held trait in those two groups (62). This kind of research into the effects of familism on individuals is valuable and relevant to Latino adolescents for the insight it gives into the significant impact of their family culture on adolescents.

Numerous studies discussed the prevalence of stressful situations for many Latino immigrant families (Garcia et al. 2011, Rios-Salas and Larson 2015). Kwak et al. (2017) specifically studied the relationship between stress and cortisol rhythms by testing the saliva of Latino mothers and daughters for cortisol levels. For the study specifically chose adolescents as part of the study because of a gap in the literature for that age group (84); they also selected the Midwest because of the potential differences between the stressors of those families as compared to Latino immigrants in more commonly studied states such as Texas and California (92-93). Cortisol patterns and relations to stress were observed because disruption in cortisol patterns can be a sign of future physical and mental health issues (83-84).

The results of the survey indicated that there was a significant difference in cortisol patterns between those with low or medium stress as compared to high stress: those who

experienced more stress had more disruption in their patterns than others (Kwak et al. 2017, 91). The researchers hypothesized that higher stress levels could cause significant negative health outcomes (93). Further study in the area could bring about ideas to support Latino adolescents experiencing high stress and and thereby improve their health outcomes.

Garcia et al. (2011) discussed the high rate of mental health issues and participation in high risk behaviors for Latino adolescents in the United States. Behind these high rates are the challenges families face in the acculturation process to the United States. Parents and adolescent children struggle with understanding mental health issues and in communicating with each other about these issues (501). Even if the issues are discussed, they often have difficulties in accessing mental health treatment and to receive culturally appropriate treatment in some areas of the United States (501, 505). Their study sought to learn what Latino adolescents know about mental health and finding appropriate resources, comparing and contrasting groups living in urban and rural areas.

Of all the respondents of the survey from Garcia et al. (2011), less than 25% of those adolescents were able to identify a resource for mental health intervention (505). However, “Female respondents and those residing in the urban setting were three to five times more likely to indicate they were able to identify a community resource that could help a Latino adolescent with a mental health problem” (505). The authors suggested that this may indicate that a lack of culturally and linguistically appropriate specialists in rural areas. Many respondents did report feeling comfortable with the idea of receiving culturally appropriate mental health services (505), which may indicate that they would take advantage of such services if they were available. The study urges health and other helping professionals to work towards ensuring Latino

adolescents are aware of the mental health services available and to pursue further research to support this group (507).

Young immigrant Latinos face many obstacles and stressors when acculturating to the United States, especially if they live in areas with fewer bilingual resources (DeJonckheere, Vaughn, and Jacquez 2017, 400). To explore this topic, DeJonckheere, Vaughn, and Jacquez (2017) interviewed a nine young immigrant Latino students who attended a bilingual immersion magnet school in Cincinnati, Ohio. These researchers sought to understand the experiences, challenges, and strengths of adolescent Latinos in order to suggest ideas to support this population in the future. The individual stories that arose from these student interviews were fascinating and cast a personal light on a large problem. Through these interviews, they uncovered specific types of stressors, coping strategies, and supportive networks amongst the group. Their main finding was identifying five types of stressors prevalent among the group, including “immigration stress, language stress, academic stress, family stress, and peer relationship stress” (419). While this qualitative sample size was small, their findings were consistent with other research on stress in Latino youth and revealed a number of ways to support young Latinos and their families.

The difficulties related to acculturation and other stressors often leads to difficulty obtaining access to both intervention and information. Lawton and Gerdes (2014) argue that by integrating cultural information regarding Latino adolescents and the acculturation process with mental health treatments, more effective interventions can be used for this population. For example, as young people become accustomed to U.S. culture, relationships with their families can become strained, especially when considering the importance of familism and family

cohesion in most Latino families (387). A suggested intervention for mental health is education about this gap and giving families tools to communicate in spite of the changes (390, 394).

These and other similar interventions for Latino immigrant families are considered promising and an area of future research.

Beyond acculturation and family challenges, Rios-Salas and Larson (2015) considered other struggles that Latino adolescents face, such as structural societal issues and discrimination. Using data collected from the Children of Immigrants Longitudinal Study conducted in the early 1990s, they measured depressive symptoms, self-esteem, perceived discrimination, socioeconomic status, and adolescent characteristics (118). They found that discrimination does correlate negatively with adolescent mental health and that those with higher socioeconomic status experiencing discrimination tend to have better mental health than those with lower socioeconomic status experiencing discrimination (122). However, among those adolescents experiencing average or no discrimination, those with higher socioeconomic status had worse mental health reports (122). A more nuanced approach on more recent data is warranted, but the authors determined that their findings do support the current literature and highlight the need for more research on the topic.

Some challenges and opportunities arise when it comes to treatment of mental health for Latinos of all ages. Where previous research had focused on white middle-class people or a lack of separation in the data of immigrants and non-immigrants, Pineros-Leano, Liechty, and Piedra (2017) considered eleven studies regarding Cognitive Behavioral Therapy (CBT) and the adaptations necessary specifically for Latino immigrants in different communities. It is this last part focusing on cultural adaptations that is most relevant to Latino adolescents focusing on

mental health. For example, the importance of having CBT facilitators be both bilingual and bicultural in order to adapt material appropriately was highlighted by a number of studies (572-573). One study they referenced also had promotoras (health promoters) to help connect the participants and facilitators when those two groups had significant background differences (573).

Pineros-Leano, Liechty, and Piedra (2017) note other cultural adaptations beyond bicultural and bilingual facilitators, such as including specific discussion of the immigrant experience (574), but they acknowledge that it is difficult to determine the effectiveness of adaptations based on the way the studies were carried out. CBT was found to be effective treatment for Latinos, but still more research is needed to say definitively how cultural adaptations support the use of CBT (575). Nevertheless, the conclusions are promising for Latino immigrant adolescents and their families.

Across the research analyzed for this paper, findings about this group and their challenges regarding mental health were consistent. Demographic statistics sometimes varied slightly, but these variations were explained by the difference in publication years. The conclusions of the articles surveyed here agreed on the broad strokes of the challenges facing Latino adolescents in their search for mental health information, including acculturation, discrimination, and more. Nearly all agreed on one essential point: further study is needed to better support this group.

One gap in the literature reviewed was any discussion of how Latino adolescents relate to technology and its ability to supplement the search for health information. Even in articles specifically discussing and researching Latino immigrants adolescents published within the last six years, technology use is not addressed. This is in direct contrast to Okoniewski et al. (2014)

and their assertion that “Understanding how adolescents use technology to meet their health information needs...will be critical for the development of technology that adolescents find useful and has the potential to decrease health disparities” (653) Considering that most young Latinos have access to mobile technology (Lenhart 2015, 2) while also facing significant health disparities, this population seems ripe for benefiting from technological resources to guide them in mental health information seeking and access to treatment. Research that considers the insights from Okoniewski et al. in conjunction with the needs of Latino immigrant adolescents would have fascinating implications for this population.

The work of Calvo (2016) and its focus on the impact of low health literacy on low quality of care for Latino immigrants correlated with the work of Kimbrough (2007) on health literacy for immigrants in general. Both focused on the importance of communication between providers and patients and increasing the cultural competencies of health care providers. The health care providers, whether they are aides, nurse, or doctors, are key in fostering health literacy, which in turn is essential for increased quality of care. One of the conclusions of Kimbrough was that more research needed to be done on the suggestions that came out of the focus groups interviewed. It was interesting to see Calvo’s work as an example of some of that very research Kimbrough suggests to build on the conclusions about the impact that health literacy has on health care outcomes.

The research found in the literature about methods to support Latino immigrant adolescents in accessing mental health information and care are promising. However, the barriers discussed in this paper for this population, their families, and other immigrant groups in the United States remain and may increase in the coming years. Researchers have named a



number of areas where more research is warranted, yet in light of the significant barriers one area that should receive focus is on how to encourage and equip health care providers, educators, and librarians to support this group. Despite the challenges, there are many opportunities to create effective change for Latino immigrant adolescents and their families.

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