

The Role of Acculturation, Acculturative Stress and Familismo in the Underutilization of Mental Health Services by Latino Immigrants Diagnosed with Depression: Obstacles to Treatment

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Review of Related Literature

Since 1965 we have witnessed the steady increase in the Latino population in the United States as a result of increased immigration and the growth of the population living within the country. As a nation we have been faced with developing ways to address the educational, housing, employment, limited English proficiency and health needs of this ethnic group. One area of grave concern that has emerged over the years is the issue of mental health within the community. Mental health is not just an area of concern in the Latino community but within the general population as well. It has been noted that 1 in 4 people are diagnosed with a mental illness each year (National Alliance of Mental Illness, 2004). Mental illness is the leading cause of disability in the United States.

Latinos experience significant levels of psychological distress as evidenced by the numbers of persons diagnosed with psychiatric disorders such as anxiety, mood and substance abuse disorders. Major depression is the most frequently diagnosed mental disorder in this population, as it is in the general population. In the general population there is increased interaction between those diagnosed with mental disorders and the mental healthcare service system as they seek out treatment for the distressful symptoms they are experiencing. However, Latinos do not evidence the same patterns of access and utilization of mental health services as seen in the general population. Mental illness impacts the quality of life of individuals diagnosed thereby impacting the individual's productivity, the family and the community. The rapid increase in the Latino population, the prevalence of mental illness, particularly depression in this community and the underutilization of mental health care services present a challenge for mental health care practitioners, primary care providers, as

well as policy makers (Guarnaccia, 2007).

The present study seeks to understand the factors that serve as barriers to Latinos as they attempt to access treatment and their retention in treatment. It was hypothesized that Latino immigrants with depression dropout earlier from treatment due to experiencing acculturative stress. Research questions posed were:

1. What factors contribute to Latinos dropping out from clinical treatment of depression?
2. What factors act as barriers to treatment and retention in treatment in a Latino population diagnosed with depression?

Such concepts as acculturation, acculturation and familismo will be explored in answering these questions to determine their impact on help-seeking behaviors.

The Literature Review will be organized in the following sections:

- Mental Health Status of the Latino Community
- Risk Factors for Depression in the Latino Community
- Underutilization of Mental Health Services in the Latino Community
- Barriers to Treatment for Depression in the Latino Community
- Issues with Retention of Latino Clients in Clinical Treatment for Depression

Mental Health Status of the Latino Community

Research by Kanter, Santiago-Rivera, Rusch, Busch, & West (2010) indicates that the Latino community evidences high rates of depression, frequently do not seek out treatment and when in treatment terminate treatment prematurely. The mental health status of Latinos is impacted by a number of factors, gender, age, length of residency in the United States, socio-economic status, unemployment, lack of health insurance, immigration status (documented/undocumented), discrimination, the stress associated with acculturation. These leave Latinos vulnerable to experiencing psychological distress. Latinos life experience of disadvantage and discrimination can contribute to higher mental health help-seeking behaviors and different mental health issues than seen in the general population.

Research (Kanter et al., 2010) points to the high incidence of mood and anxiety based disorders in the Latino community. This can be linked to the levels of stress generated by life in a society where as an ethnic minority group Latinos struggle to maintain their culture while coexisting within the dominant culture. For many, heightened levels of stress did not begin with their arrival in the United States. Many immigrants experience trauma prior to their arrival in the United States as a result of the political and economic conditions there. In many

instances, this was compounded by the process of migration. During the process of physically leaving their homeland immigrants experience physical and emotional distress resulting from the length of travel, the manner of travel, etc. This is especially so for those who enter the country illegally. For the immigrant, the process of acculturation where the cultural and social norms of the new society are markedly different from that of that of the country of origin results in stress. Previous trauma, stress generated by the migration process and difficulties in acculturation may result in long-lasting psychological and behavioral problems, as seen in the presence of anxiety disorders, depressive disorders, Post Traumatic Stress Disorder and increased incidence of suicide (Lv, 2010).

Major depression is the most frequently diagnosed mental illness in the general population. The rates of major depression in the Latino community are consistent with those present in the general population. It is important to understand the differences in the presence of psychological distress across racial and ethnic groups. Social and cultural experience determines the exposure of individuals to life stressors and defines their abilities to cope with those stressors. Being a member of a minority group does not necessarily translate into poor mental health (Bratter & Eschbach, 2005).

Mendelson, Rehkopf & Kubzansky (2008) report that research on the prevalence of major depression in the Latino community has been limited and those empirical findings have been mixed. However, they point out that there has been extensive research into the prevalence of major depression among non-Latino whites (Mendelson et al., 2008). Research by Bratter, & Eschbach (2005) notes that racial and ethnic variations in the presentation of psychological distress indicate that patterns of affective disorders are linked to structural disadvantage, disparities in access to mental health services, and coping resources.

Research in this area reveals mixed findings. Early community based studies indicated that Latinos had increased incidence of depression and depressive symptoms than the majority white population. Lewis– Fernandez cites two epidemiological studies conducted in Los Angeles the Epidemiologic Catchment Area Study (LA-ECA) and the National Comorbidity Study (NCS) – 1990-92. The LA-ECA study compared the rates of mental health in a Mexican-American sample to that of a non-Latino white sample of residents of Los Angeles. The National Comorbidity Study (NCS) – 1990-92 was the first large scale field survey studying the prevalence of mental illness in the United States. According to the findings of these studies the rates of psychiatric disorders and depression were similar between the Latino and non-Latino white population in Los Angeles and the United States (Torres, 2010).

A later epidemiological study the NCS-Revised conducted from 2001-02 indicated that Latinos were at a non-significantly heightened risk of developing major depression than Non-Latinos whites. These studies were criticized because they were conducted in English and the research population was comprised of acculturated Latinos. The Latino participants were all Mexican-Americans and were English-speaking. Therefore, the sample was not representative

of a cross-section of the Latino community (Torres, 2010).

In contrast to the findings of the early epidemiological studies a study by Torres (2010) points out those non-Latino whites have higher rates of depression than Latinos. There have also been studies whose findings indicate that Latinos have higher rates of psychiatric disorder than whites (Kouyoumdjian, Zamboanga & Hansen, 2003). These findings are contradictory and points to the need for a synthesis of research concerning the prevalence of depression in the Latino community and the general population (Mendelson et al., 2008).

Studies (Pincay, & Guarnaccia, 2007; Uebelacker, Pirraglia, Tigue, & Haggarty, 2012) comparing the prevalence rates of psychopathology between Latinos and other ethnic groups found that both Latinos and non-Latino whites have a higher incidence of depression than African-Americans (Lewis-Fernandez, 2005). There have been few studies done on the mental health status of other ethnic groups such as Asians and Native Americans. The clinical literature shows that Native Americans experience high rates of substance abuse, suicide, and depression. Prevalence of depression in the Native American community is significantly higher than in other ethnic groups, such as, Latinos, African-Americans and Asians. Asians are at the opposite end of the spectrum as a consequence of the perception of them as “a model minority” (Bratter, & Eschbach, 2005, p.623). There is limited critical research on their mental health status.

Kouyoumdjian et al. (2003) state that though there may be differences in the prevalence of psychopathology between Latinos and whites the direction of these differences is inconsistent. These researchers propose that there may be greater within group differences than between group differences. Latino is a social construct that can be viewed as either an ethnic or racial category. Latinos are a heterogeneous group that is comprised of many sub-ethnic groups differing in terms of socioeconomic status, language and culture. You have Mexican-Americans from Central America, Puerto Ricans and Cubans from the Caribbean, and Ecuadorians from South America.

Alegria, Mulvaney-Day, Torres, Polo, Zhun, & Canino, (2007) examined the prevalence of depressive, anxiety and substance use disorders in a sample of Latinos residing in the United States. The data was drawn from the findings of the National Latino and Asian American Study which drew upon a nationally representative sample of Latinos. This study was the first nationally representative study of English-and Spanish-speaking Latinos to compare lifetime and past-year prevalence rates of psychiatric disorders across Latino subgroups. Half of the respondents were Spanish-speaking making the sample more reflective of the Latino population. The sample was comprised of male and female Latinos, inclusive of varied subgroups, generational status, nativity, English language proficiency, age at migration, and length of residence in the U.S. The findings of the study indicate that lifetime psychiatric disorder prevalence estimates are 28.1% for men and 30.2% for women. There were increased rates of psychiatric disorders in English language proficient, third generation U.S. born Latinos.

Among subgroups Puerto Ricans has the highest incidence of psychiatric disorders. Cubans had a lower incidence of psychiatric disorders than either Mexicans or Puerto Ricans.

However, those Latinos born in the United States exhibit the higher rates of depressive symptoms and depression when compared to recently arriving Latino immigrants. The *immigration paradox* states that the longer you are in the U.S. the more likely you are to experience mental health problems. Lv (2010) suggests that mental health status is a multidimensional concept that differs across sub-ethnic groups and generations. The researchers propose that recent immigrants are not impacted by depression because the culture of their country of origin is still intact. Latino youths appear to be at increased vulnerability to experience depression (Chang, Garcia, Huang & Maheda, 2010). Mexicans living in the United States have higher rates of depression than those living in Mexico (Torres, 2010).

Chang et al., (2010) report that age is another factor in the development of mental illnesses such as, depression. The older the immigrant is when he/she arrives in the United States the less likely they are to experience depression. According to research by Chang et al., (2010) immigrants arriving between the ages of 0 to seventeen years of age evidence high levels of depressive symptoms and depression. They argue that younger immigrants are at a greater risk to develop mental illness because as they enter their teens they are in the process of developing their cultural identity. Thereby, making them vulnerable to experiencing cultural confusion and culture shock (Chang et al., 2010).

However, the findings of Takeuchi (2007) contrast with those of Chang et al. (2010). According to Takeuchi (2007) individuals who migrate after their 20's are far more likely to experience a major depressive episode than those who migrate when they are younger. Those who migrate after age 14 experience higher levels of stress than those who migrate at a younger age. They assert that older immigrants experience heightened levels of mental illness as a result of greater pressure to conform to the values and norms of their society and to abandon those of their country of origin.

Research (Hiott, Grzywacz, Arcury, & Quandt, 2006) indicates that gender plays a role in the presentation of psychological distress in Latinos. A study by found that Mexican-American women and other Latinas have higher prevalence rates of psychiatric disorders than their male counterparts. Latino men have a higher incidence of substance abuse/dependence and Latina women have higher rates of Panic Disorder and Dysthymia (Perez & Fortuna, 2005). Feeling excluded because of one's ethnic background contributes to anxiety and depression for men. Women are affected more so by separation from family resulting in more depressive symptomology (Holt et al., 2006).

Risk Factors of Depression in the Latino Community

Latino immigrants are at risk for developing mental illness, particularly depression. Research (Mendelson et al., 2008) on depression and the mental health status of the Latino community have identified several factors that influence emotional well-being. These factors are socioeconomic status (SES), previous traumatic experience, familismo, acculturation and acculturative stress. Much of the research on Latinos has suffered as a result of the inadequacy of data. In some instances, small local samples were used while at other times large samples were used that were representative of a single sub-ethnic group (Lv, 2010). Much of the data, whether a small local sample or a large sample, was drawn exclusively from Mexican-Americans. In this way the heterogeneity of the Latino population was ignored. There is need for national data to provide us with a clearer and more accurate understanding of the mental health status of Latino immigrants (Lv, 2010).

Circumstances in their Countries of Origin

When we look at the current status of mental health in the Latino community it is necessary to understand the stressors that have lead to heightened levels of depression in the community. In many instances, immigrants are coming from countries where they live in the midst of political conflict and warfare. Economically, they experience poverty and unemployment. They have limited access to healthcare and are unable to address health or mental health issues they may have experienced. Some are forced to leave their homelands after natural disasters. As a result of the conditions in their countries of origin they experience heightened levels of psychological distress before entering the United States (Lv, 2010).

The process of migration itself can be another source of psychological and physical distress. As individuals travel long distances, face physical challenges associated with physical relocation, the manner of travel, etc. there is an increase in physical and emotional distress. The physical distress is coupled with psychosocial distress resulting from broken family ties and disrupted social networks. This results in emotional, mental and physical health difficulties. Thus, previous trauma and stress generated by the migration process may result in long-lasting psychological and behavioral problems, as seen in the presence of anxiety disorders, depressive disorders, Post Traumatic Stress Disorder and increased incidence of suicide in the Latino community (Lv, 2010).

Socioeconomic Status

Kouuyoumdjian et al. (2003) state that there is an association between low socioeconomic status and high rates of depression. Latinos have lower median household incomes and higher rates of poverty than seen in the general population. In most instances, Latinos come from socially disadvantaged conditions in their homelands and this situation is

perpetuated when they arrive in the United States. They have difficulty finding work and are relegated to low-income jobs because of limited or lack of education and of English language skills. Research (Perez & Fortuna, 2005) indicates that there is a link between low socioeconomic status and depression in Latinos. Thus, one can deduce that socioeconomic risk factors are of special concern for Latinos. The environments that they migrate from and to are characterized by economic despair making them vulnerable to both chronic stress and psychological distress (Kouyoumdjian et al., 2003).

Lv (2010) explains the link between low socioeconomic status and stress. He states that "... because there is a discrepancy between demands of an individual and his/her potential responses to fulfill those demands, stress is generated. And persons with low socioeconomic status generally experience more stresses and consequently more stress-related disorders" (p.17). These external factors generate an emotional response and a change in the individual's internal status leading to psychological distress.

For many immigrants economic success and social mobility improve mental health outcomes by enabling them to cope more effectively with acculturative stress and increase their feelings of competence. Higher socioeconomic status is associated with more effective social support systems and greater access to healthcare (Lv, 2010). However, individuals of higher economic status may experience stress as they find that despite their achievements they remain outsiders in the host society. They may experience discrepancies between their aspirations and their achievements resulting in feelings of psychological distress.

Acculturation

Acculturation is a dynamic, multidimensional process by which two cultures in constant contact engage in an exchange of ideas, traditions and characteristics that result in cultural change in the individual or group during the process. This process of acculturation is not limited to new immigrants but impacts the immediate descendants of immigrants as well (Wang, Schwartz, & Zamboanga, 2010). Acculturation is an important phenomenon to understand when looking at Latino immigrants because of its connection with overall well-being and mental health (Finch, Frank & Vega, 2004).

There has been a great deal of research (Wang et al., 2010) focusing on ways to define acculturation. Achuleta (2010) states that contemporary theories of acculturation emphasize psychological and sociological approaches. Psychological approaches tend to emphasize cultural learning, social identity and acculturative stress. This approach focuses on the development of affective, cognitive and behavioral skills necessary for successful cultural adaptation. Sociological approaches such as the assimilation model emphasize social integration, such as the movement into larger social institutions. Psychological adaptation and sociological integration are complementary rather than exclusionary components of the

acculturation process. Acculturation is about cultural change and acquisition that results when two very dissimilar cultural groups engage in sustained interaction with one another. It leads to varying levels of psychological and sociocultural adaptation that aid in the structural inclusion of a group (Achuleta, 2010, p.15).

A study by Sam (2006) says that acculturative change is both process and outcome. As the two cultures interact one notes the process of change that occurs when the person is acculturating and the type of change as an outcome of the acculturation process. Researchers have concluded that acculturation has both directionality and dimensionality.

Directionality is conceptualized as being unidirectional and bidirectional. Unidirectional change is change moving towards the goal of being more like the dominant culture. In bidirectional change there would be reciprocal influence and change between the two groups. Though the change/influence would be reciprocal it would not be equal as the dominant group would exert more control (Sam, 2006).

Sam (2006) addresses the issue of unidimensional and bidimensional models of acculturation. Dimensionality addresses the issue of cultural identity, which is inclusive of values, practices, traditions and beliefs. The unidimensional model is a deficit model in that it looks upon change as a loss by one group (Latinos) involved in the interaction. In this instance, Latino cultural retention and American cultural acquisition are viewed as opposite extremities on a spectrum. According to this viewpoint when the Latino immigrant acquires the values and characteristics of American culture he loses the values and characteristics of his culture of origin (Wang et al., 2010).

A bidimensional model of acculturation views the culture of origin and American culture as independent and distinct from one another. You don't have to lose the values and characteristics of your culture of origin when you adopt the values and characteristics of American culture. The result of this process of acculturation is biculturalism with the individual embracing both cultures. Individuals who are able to integrate the values of their culture of origin with that of their new culture evidence more positive mental health outcomes. In this way they maintain their traditional support networks while adopting certain aspects of their new culture. These individuals report fewer depressive symptoms. Maintaining this balance can prove to be challenging (Torres, 2010).

Torres (2010) in speaking of the Bidimensional Model of Acculturation states that the orientation toward the mainstream and the culture of origin occur on a distinct continuum. This model emphasizes the difference between cultural contact and cultural continuity. Cultural contact refers to the preference for participating within the mainstream culture, an Angloorientation. Cultural continuity refers to the maintenance of one's culture of origin, a Latino orientation. Some (Torres, 2010; Berry, 2006) refer to these two dimensions of acculturation as assimilation and separation. An individual may choose to incorporate both

cultural dimensions, referred to as integration. Integration is associated with healthier psychological outcomes. In situations where an individual may choose to emphasize one culture over the other, separation, they will experience increased levels of psychological distress.

Berry (2006) rejected a unidimensional view of acculturation. Instead he proposed a transactional model of stress and coping. He suggests that psychological health and well-being are influenced by the immigrant's acculturation experience, an appraisal of acculturative stressors and the coping skills used (Torres, 2010). When discussing acculturation it is important to understand the extent to which the individual identifies with his/her own cultural orientation and the extent to which he/she identifies with the cultural orientation of other groups. Berry (2006) identified four categories assimilation, integration, separation and marginalization. Assimilation the immigrant rejects the cultural values of his/her country of origin and adopts the cultural values of his/her new society. Integration the immigrant maintains his/her cultural values while adopting the cultural values of the new society (bicultural). Separation the immigrant rejects the cultural values of the new society while maintaining the cultural values of his/her country of origin failing to integrate into mainstream culture. Marginalization the immigrant experiences feelings of alienation and identity loss as he does not identify with the culture of the host society and loses both cultural and psychological contact with his/her traditional culture (Berry, 2006).

According to Lv (2010) there are two ways of viewing the impact of acculturation on the immigrant's mental health. The first point of view maintains that higher levels of acculturation are associated with higher levels of stress resulting in an increase in mental health problems. The second view point maintains that once an individual is acculturated into the culture of the mainstream there is an easing of psychological distress and as a result the immigrant experiences improvement in his/her mental health status. This perspective views loyalty to the culture of origin as the source of psychological distress.

Latinos immigrate to the United States and face the daunting task of acculturating into their new society. Theirs is a struggle to maintain ties with their culture of origin while engaging in the activities of daily living and becoming productive members of their new society. This is a challenging task as they try to maintain a sense of balance between the two cultures.

English language fluency is looked upon as a measure of acculturation. Empirical research (Takeuchi., Alegria, Jackson, & Williams, 2007) states that immigrants who learn to speak English report less life time and 12 month mental disorders. English language fluency impacts the Latino immigrant's ability to obtain health care services. It would also allow them to communicate their concerns and symptoms more clearly to the primary healthcare or mental healthcare practitioner.

Other empirical studies (Lara, Gamboa, Kahramanian, Morales, & Bautista, 2005; Grant, Stinson, Hasin, Dawson, Chou, & Anderson, 2005) exploring the relationship between acculturation and mental health in Latinos are inconsistent in their findings. It has been suggested (Grant et al., 2005) that increased exposure to mainstream culture, along with cultural changes in the individual which are consistent with American culture result in negative outcomes for Latinos. Lara et al. (2005) contradicts these findings. Research by Lara et al. (2005) indicates that an orientation to the mainstream culture is not a risk factor in the mental health status of Latinos.

Croyle (2007) conducted a study to assess self-harm among Latinos. The study compared rates of self harm in a sample of Latino and non-Latino white undergraduate students enrolled in a local college. The results of the study indicated that acculturation as a whole did not appear to influence overall self-harm reporting in the Latino sample. When the sample was separated by gender into males/females and acculturation was looked at in terms of Mexican and Anglo orientation it was noted that Mexican orientation was negatively correlated with self-harm in Latino men. In looking at the female participants Mexican orientation appeared to play a protective role. Anglo orientation was not related to an increase in self-harm risk.

Wang, et al. (2010) conducted a study of acculturative stress, acculturation and psychological functioning in a sample of Cuban American college students in Florida. The findings of the study indicated that individuals with a Latino cultural orientation had high levels of self-esteem. The students were not oriented towards acculturation, did not feel pressured to stop speaking Spanish and as a result experienced lower levels of internalizing symptoms. Such a pattern of findings further highlights the importance of maintaining one's ties to the heritage culture, and highlights the protective role of the heritage culture. Those oriented towards American culture also reported high levels of self-esteem. The researchers state that the findings of this study were consistent with those of previous studies which suggest that bicultural individuals, who endorse both the heritage and receiving cultures, may report the most favorable adjustment.

Torres (2010) states, that the relationship between mental health and acculturation is complex. Studies that have found a link between low levels of acculturation and mental health issues should take into account that when immigrants leave their homelands they leave behind their support network. It is difficult to develop a new support network as they come to a new country where they don't speak the language and have minimal support. As a result, Latino immigrants may experience psychological stressors.

Torres (2010) states that other studies report that Latino immigrants who are highly acculturated experience psychological stressors as well. This results from the pressure placed on them by the dominant society to conform. High levels of acculturation have been associated with heightened levels of depressive symptoms, more psychopathological symptoms and increased rates of chemical dependence Croyle (2007).

A study by Caetano, Ramisetty-Mikler, Wallisch, McGrath, & Spence (2008) examined the association between acculturation, heavy episodic drinking, and DSM-IV alcohol abuse and dependence among Hispanics along the Texas-Mexico border. The findings indicated that acculturation was associated with lower rates of alcohol use disorders among men and a higher frequency of heavy episodic drinking among women. The findings suggest that acculturation has different effects on drinking for women and men. This indicates that women may develop more alcohol-related problems as they acculturate. The researchers state a factor that should be considered when looking at the results is the U.S. society's more liberal norms governing female drinking. The "bimodal" distribution of risk, in which only men in "very Anglo" group are at a lower risk than the others, may be unique to the Border. The association between acculturation and alcohol use disorders does not appear to be linear and the effect of acculturation is not uniform on individuals' drinking behavior.

For many immigrants the process of acculturation is quite challenging. Much research points to the development of psychiatric disorders such as depression, anxiety and substance abuse as a result of difficulties in mediating change. Latinos deal with both general life stressors and the stress generated by the acculturation process. This has had a negative impact on mental health and general well-being in the Latino immigrant population.

Acculturative Stress

Acculturative stress has been defined as the stress that develops as a result of the process of acculturation. Crockett, Iturbide, Torres, McKinley, Raffael, & Carlo, (2007).states that acculturative stress results from "incongruent cultural values and practices, language difficulties and discrimination" (p.347). Stress emerges when the individual finds a situation to be threatening and the coping resources available to the individual are not adequate to address the problem. The immigrant faces pressure from the host society to assimilate. For Latinos this can be seen in the pressure they experience in learning to speak English. This becomes stressful as the individual does not have the resources available in his/her social support network to cope with the task. The immigrant may feel that he/she lacks intercultural competence or may experience discrimination. This leads to a subjective perception of stress and results in negative emotions (Crockett et al., 2007).

Wang et al. (2010) assert that acculturative stress differs from other forms of stress in that it is embedded in the experience of acculturation. There has been an association between acculturative stress and a decline in the immigrants' health status. Research (Kouyoumdjian, et al., 2003) indicates that acculturative stress results in depression, anxiety, psychosomatic symptoms, suicidal ideation and identity confusion. Not only have psychological problems been identified but immigrants also face problems in the area of daily living, occupational functioning, physical health and decision making abilities (Kouyoumdjian et al., 2003).

Kouyoumdjian, et al. (2003) noted that Latino immigrants present with several risk factors which intensify the effects of acculturative stress. These risk factors are identified as lack of social support due to the absence of immediate and extended family members, low socioeconomic status, lack of English language skills, unemployment, lack of education and cognitive attributes comprised of poor expectations and attitudes towards acculturation. In many instances, they lack role models in their community who have successfully mediated the acculturation process to model their own behaviors after. Quite a number of immigrants develop feelings of alienation as a result of the acculturation process which result in acculturative stress.

Discrimination plays a major role in the development of acculturative stress. Latinos face discrimination based on ethnicity, race and language. Racial inequality is embedded in the institutions in our society and limits opportunities to persons who are not part of the dominant group.

Ethnic identity can be a buffer against the side effects of acculturation. Wang et al. (2010) suggest that the sense of belonging to an ethnic group plays a powerful role in protecting the individual from acculturative stress. The immigrant feels the pull of his culture of origin and the push towards the culture of the new society. His sense of identity will serve as a means for him to find balance.

Research by Wang et al. (2010) indicates that language is an indicator of acculturative stress as Spanish speaking Latino immigrants feel intense pressure to speak English. This creates tension within the individual as many immigrants want to retain their native language as a means to hold onto their native culture. Therefore, the greater the preference for Spanish the higher the levels of acculturative stress that the immigrant will experience.

Crockett et al. (2007) point out that not only do new immigrants experience acculturative stress but it is also seen in later generations, including second generation college students. It is noted that the children of immigrants acculturate at a faster rate than their parents. The second generation may feel trapped between the opposing values of their peers and their parents. They also may feel conflicted because their values are in opposition to those of their parents who are less acculturated.

In a study of Mexican-American college students the researchers (Crockett et al, 2007) found that acculturative stress was associated with higher levels of depression and anxiety symptoms. Active coping was associated with better coping and fewer depression symptoms. Avoidant coping was associated with poorer adjustment and higher levels of depression and anxiety. Parental support, peer support and active coping buffered the effects of high acculturative stress on anxiety symptoms and depressive symptoms among the college students who participated in the study.

In a study conducted by Wang et al. (2010) the relationship between acculturation,

acculturative stress and psychosocial functioning was explored. The sample was chosen from among Cuban college students in Miami, Florida. The findings of the study indicated that participants who were highly oriented to their Latino heritage evidenced high levels of self-esteem. Those participants who were oriented towards Latino culture did not feel the pressure to speak Spanish and to acculturate. As a result they experienced lower levels of externalizing symptoms and psychological distress.

A study by Marsiglia, Kulis, Garcia-Perez, & Parsai, (2011) explored hopelessness as a construct distinct from that of depression. From the perspective of the study hopelessness was viewed as a culture specific response to acculturative stress, family stress and other challenges faced by Mexican-American immigrants. Hopelessness “is conceptualized as an individual’s negative expectancy regarding the future and it is characterized by negative emotions, pessimistic expectations, and loss of pleasure in life” (p.10). Those who experience hopelessness feel that negative outcomes are inevitable and that nothing can be done to change these negative outcomes.

Familismo

Familismo has been defined as a cultural value in the Latino community that extols the primacy of the family (Torres, 2010). The family consists of the nuclear family the extended family and kinship networks. The individual exists within the confines of the family. Familismo provides a sense of belonging, pride and obligation. The family provides support for its members, both material and emotional. It is a cultural factor that promotes well-being while performing a protective function. The strong ties between family members have been attributed to helping newly immigrated individuals adjust to their new culture. However, Latino families may face challenges to maintaining strong support networks after immigration and in coping with the changes in values due to acculturation.

Ayon, Marsiglia & Bermudez-Parsai, (2010) suggests that familismo is a protective factor in Latino families that helps to mitigate the negative affects of acculturative stress, discrimination and lead to improved mental outcomes for Latino men and women. These researchers conducted a study to explore the direct and moderation effects of perceived discrimination and familismo on internalizing symptoms among two generations of Latinos, youth and parents, within one household. The findings of the study indicated that familismo and discrimination had direct but opposite effects on internalizing symptoms. Perceived discrimination was linked to an increase in the internalizing symptoms of the youth participating in the study. Though the parents who participated in the study reported higher levels of discrimination there was no link between their depressive symptoms and the effects of discrimination.

Parents and youth participating in the study experienced high levels of familismo.

Familismo is associated with the decrease in negative mental health outcomes. Ayon, Marsiglia & Bermudez-Parsai, (2010) reported lower levels of substance, drug abuse and child maltreatment. Thus, the first prong of the researcher's hypothesis that discrimination and familismo had direct but opposite effects on internalizing symptoms was supported. However, the second prong of their hypotheses that there was an interaction effect between discrimination and familismo on internalizing symptoms of mental health among Latino families such that high levels of familismo will reduce the harmful effects of discrimination was not supported in that there was no interaction effect between discrimination and familismo on internalizing symptoms of mental health of the Latinos participating in the study. Thus, familismo does not decrease the negative effects of discrimination.

A study by Santiago-Rivera, et al., (2011) explored the role of acculturation, acculturative stress and familismo in the premature termination of treatment of patients diagnosed with depression. The findings of the study indicate that familismo, measured as family commitment and connectedness was extremely important to the participants in the study. The findings of the study did not indicate that familismo, commitment to the family, played a significant role in the early termination of treatment. The researchers (Santiago-Rivera, 2011) did indicate that in an attempt to engage clients in therapy it would be beneficial to encourage family members to become involved in treatment.

Underutilization of Mental Health Services in the Latino Community

When we look at the Latino community we must bear in mind that it is a community that has experienced tremendous growth over the past forty years. We must also bear in mind that it is a community that is presently experiencing a myriad of problems in areas such as, education, health, economics, politics and social. One of the most pressing problems that this community is facing is that of mental illness. According to NAMI (2004) are at a high-risk for developing mental illness, particularly depression, anxiety based disorders and substance abuse. It has been noted that 48% of U.S. born Mexican-Americans show evidence of mental illness or substance abuse (Barrera, 2008).

Research indicates that Latinos have a very low rate of utilizing mental health services. The under use of mental health services is a growing concern within the mental health field. Barrera (2008) points out that Latinos have historically had a low rate of utilizing mental health care. He points to studies conducted in 1959, 1969 of Mexican-Americans to support this assertion (Santiago-Rivera, et al, 2007). Research by Alegria et al. (2007) point to studies conducted in the 1990's that show that fewer than 1 in 11 Latinos with a mental disorder sought out specialty mental health services. 1 in 5 received care for a mental health problem from a general practitioner.

According to Alegria et al. (2007) mental health use among Latinos has improved over the past decade. The researchers took into account the heterogeneity of the Latino community when conducting their research. Their findings indicated that Puerto Ricans used mental health services more frequently than other Latino ethnic groups. Mexicans had the lowest usage rates among the ethnic groups. English-speaking US born Latinos had higher usage rates than Spanish-speaking foreign born Latinos. The data that they used for the study was based on Despite the improvement noted in utilization of mental health services Latinos are still not using these services effectively. Barrera (2008) suggests that Latinos underutilize mental healthcare services more than any other ethnic group.

Barriers to Treatment for Depression in the Latino Community/Ecological Model

The underutilization of mental health care services by Latinos has prompted researchers to begin to identify the barriers that exist to the effective utilization of the mental health care services in the Latino community. The theoretical framework used to help understand the barriers that Latinos face when attempting to interface with the mental health care system to obtain services is Urie Brofenbrenner's Ecological Systems Theory (Brofenbrenner, 1989) as cited in Rodgers (2009). Research in the area of mental health treatment has uncovered environmental/ecological influences that play a role in forming individual decisions to seek out treatment (Vogel, Wade, Wester, Larson & Hackler, 2007). These ecological influences are identified as family, friends and the social networks in which an individual interacts. The individual's development is a consequence of his/her interaction with their environment.

According to Barrera (2008) the individual is embedded in differing levels of expanding environmental settings, which are embedded in even larger settings. "Varying levels of environmental influences impact and interact with an individual's feelings, behavior and overall functioning" (p.10). Ecological influences and interactions with the environment play an important role in the individual's life. The ecosystem is comprised of four levels: microsystem, mezzosystem, exosystem and macrosystem. At each level there are barriers to mental health care in the Latino community.

Barrera (2008) identifies the following barriers to effective mental health utilization. The microsystem level: 1) language; 2) self-reliant attitude; 3) religious beliefs; 4) alternative treatments; 5) attitudes towards mental healthcare services; 6) citizenship status; 7) unfamiliarity with mental healthcare services; 8) stigma of mental illness; 9) inability to recognize mental illness; 10) acculturation; and 11) cost/lack of insurance. Barriers at the mezzosystem level: 1) Lack of bilingual/bicultural professionals; and 2) Location and accessibility of mental health care facilities (Barrera, 2008). Barriers at the exosystem level: 1) System bias; 2) lack of information; and 3) Current practices (Barrera, 2008). Barriers at the macrosystem level: 1) cultural barriers (Barrera, 2008).

Research by Ponce, Hays, & Cunningham (2006) points to language as a major barrier in the underutilization of mental healthcare services by Latinos. Language is a necessity in communicating culturally influenced ideas and beliefs that are linked to one's environment (Lewis-Fernandez, Das, Alfonso, Weissman & Olfson, 2005). Communication is key to seeking information and accessing care within healthcare service system. Most Latinos speak Spanish and most mental healthcare practitioners speak English. This makes it difficult for the Latino client to go to a clinic and communicate his symptoms, his feelings and his needs to the mental healthcare practitioner. As a result of the low availability of bilingual providers, Latinos who speak primarily Spanish use significantly fewer specialty mental health services compared to their English-speaking counterparts (Alegría, et al, 2007). Thus, even when in treatment they tend to drop out early because they can not see any benefit to the treatment. Non-English-speaking Latino patients report that they have had negative treatment experiences with healthcare providers when experiencing communication barriers and cultural incompatibility, creating hesitancy for future use (Ponce, Hays, & Cunningham, 2006).

Mental illness carries a stigma in the Latino community. Individuals who are mentally ill are looked upon as *loco*, crazy or *locura*, madness, which has a very negative implication. In this situation the individual feels ashamed and tries to hide his/her disorder for fear that others will find out. To have a mental illness not only affects the individual diagnosed with the disorder but the family as well. In men mental illness is looked upon as a weakness (Barrera, 2008).

Issues with Retention of Latino Clients in Clinical Treatment for Depression

According to Kouyoumdjian, et al., (2003) Latinos experience high rates of premature treatment termination. Drop out rates have been associated with minority racial status, low socioeconomic status and low educational level. The researchers conducted a survey of Mexican-Americans who had dropped out of treatment at a community-based clinic in the Southwest. The survey respondents reported they had stopped going to treatment for the following reasons: lack of benefit from therapy, self-perceived improvement, lack of health insurance and environmental constraints such as time off from work, financial costs and transportation. **Summary**

Latinos are the fastest growing ethnic minority group in our nation. Presently, there are 50.5 million Latino men and women who reside in the United States of diverse national backgrounds. Latinos face a myriad of problems as they try to acculturate into American society. An area of major concern for this population is mental illness. A significant number of Latinos have been diagnosed with depression or present with depressive symptoms. Latinos underutilize mental health services, tending not to seek out treatment for mental health issues such as, depression. When they do obtain mental health care services they drop out early from

treatment. This is an issue of serious concern for health care practitioners and policy makers in our nation.

There has been much interest in understanding the barriers that exist which prevent Latinos from obtaining mental health care. Using an ecological model developed by Urie Brofenbrenner factors serving as barriers have been identified at microsystem, mesosystem, exosystem and macrosystem levels. Understanding these factors will assist health care practitioners in the development of more effective service delivery systems.

The role of acculturation, acculturative stress and familismo were also explored to determine how they impact the immigrant's mental health status. A link has been established between the process of acculturation and the development of mental illness. Acculturative stress emerges out of the acculturation process as Latino immigrants attempt to acculturate into the new society while maintain ties with their culture of origin. Immigrants who learn to integrate the values and characteristics of their culture of origin with that of their new culture experience less stress. A strong ethnic identity can act as a buffer to protect the immigrant from the side effects of acculturation. Familismo provides a support system for immigrants and their families helping to mediate the effects of the acculturative process, acculturative stress, discrimination and poverty that impact the lives of immigrants.