



Mental Health & Latino Kids

Latino youth are far more likely than their peers to have mental health issues, which often go unaddressed and untreated.

Why? Immigration, cultural identity, poverty, bullying, discrimination and other complex factors create high stress levels among Latino youth, which can contribute to mental health challenges.

But there's good news, too.

Interventions to reduce family, school and community stressors can have a positive effect on the mental health of this population. A few promising policies also are emerging.

This Issue Brief is a summary of the *Salud America!* "Mental Health and Latino Kids: A Research Review," which assessed research on mental health incidence, factors, services, and promising policies and program for Latino youth. The full research review is available at <http://salud-america.org/healthymindsresearch/>.

The Evidence

Latino children suffer alarming mental health issues.

- 22% of Latino youth have depressive symptoms, a rate higher than any minority group besides Native American youth.
- More than 1 in 4 Latina high-schoolers have thought about committing suicide.
- Latina high-schoolers are more likely to attempt suicide than their white peers (15.1% to 9.8%).
- 32.6% of Latino students say they feel hopeless and sad, and participate less in things they enjoy as a result (vs. 27.2% of whites, 24.7% of blacks).

Latino children do not access mental health services as much as their peers.

- Only 8% of Latinos say their child has ever used mental health care services (vs. 14% of whites).
- Latino children had half of the outpatient mental health visits that their white peers had.
- One study found 38.3% of school-aged Latino children and 37.2% of Latino preschoolers had a clinical need for mental health services; yet only 17.3% of school-aged Latino children and 10.8% of Latino preschoolers had received mental health services in the past year.
- Despite the higher rates of suicide attempts among Latino youth, these children are less likely to be identified as suicidal, and less likely to receive crisis intervention services than others.

The migration experience causes stress, anxiety, and depression in Latino children.

- Before migrating to the U.S., 38% of Latino children are separated from their parents for up to a year and 32% of Latino children are separated for longer than a year.
- Latino families face economic hardships, difficult travel conditions, and stressful family separations during migration to the U.S.
- After migrating to the U.S., Latinos are stressed by social status changes, language issues, discrimination, and immigration status questions.
- For instance, compared to peers in their native land, Puerto Rican youth living in New York were lonelier and more depressed, anxious, exposed to more violence, and more likely to be discriminated against.

Family stressors contribute to Latino children’s mental health.

- Thoughts of suicide were between 2.3 and 8 times higher for Latino students who felt low levels of connectedness and communication within their families.
- Latina youth had more depressive symptoms when stressed by traditional “machismo” gender roles (males lead the home and generally have more freedom, fewer family obligations) and “marianismo” (demure and nurturing behavior among mothers and daughters).
- Latino youth also face stress from: serving as family translator for Spanish-speaking parents.
- In a study of Latino infants, having married parents and having a father with at least a high school education were associated with higher infant cognitive scores.

Community stressors are associated with symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD) among Latino youth.

- **Discrimination:** Depression among U.S.-born Latino high schoolers is significantly associated with discrimination from teachers/students. For Latino boys and girls, perceived discrimination was associated with symptoms of depression.
- **Violence:** Latino youth report greater symptoms of depression and PTSD due to exposure to violence than do their white peers.
- **Poverty:** Latino children live in poverty at a rate nearly 3 times greater than their white peers (31% to 12%). Latino families in an impoverished neighborhood reported: discrimination, police harassment, being ignored by police, elected leaders, or school staff. Latino kids endure more detrimental effects from poverty-related stress than African Americans.
- **Teacher stress:** 46% of teachers reported high daily stress, which has several negative consequences (poor teacher performance, poor student outcomes) and is linked to high turnover rate, which disproportionately impacts schools in low-income neighborhoods.
- **Bullying:** 17.2% of Latino students report being bullied at school. Latino bullying victims report frequent worries, sadness, and fearfulness. Race-related bullying has negative emotional and physical health effects. Latino parents list bullying as their No. 1 child health concern.

Programs that involve exercise and sports can improve Latino children’s mental health.

- Compared to whites, Latina youth are less likely to be physically active, less likely to play team sports, yet more likely to be depressed.
- 40% of Latina youth reported better ability to cope with anger and stress after participating in a program teaching physical activity, goal-setting, and emotional regulation.
- Latino children who participated in a P.E. class three times or more a week reported less sadness than those who took it two times or less a week.
- In a study of Latino 4th-graders from low-income families, those who participated in three 20-minute sessions of aerobic activity (running, jumping, cycling) had higher self-esteem and lower depression levels than those who walked or played foursquare.

Programs at the school and community levels can improve children’s mental health.

- School-based bullying prevention programs can decrease bullying by up to 25%.

- A program w/ bilingual school social workers reduced depressive symptoms in Latino 3-9-graders who had PTSD.
- A program w/ home visits and educational sessions led to higher levels of school engagement among Latino 7th-graders and reduced stress, anxiety.
- Other promising, but unevaluated, programs include:
 - César Chávez Futbol Academy, in Salinas, Calif.;
 - Chalk Talk in Boston that mixes group therapy and sports participation;
 - a home visit program helps identify behavioral/developmental issues in kids and boost treatment and support for families in low-income areas of Omaha, Neb.;
 - San Antonio's Early Childhood Well Being project help teachers make mental health referrals for kids ages 0-6;
 - and the Baby's Space curriculum helps kids build social, physical, cognitive, and emotional skills through play, discovery, and formation of warm relationships.

Policy and Practice Implications

For all: Ensure that mental health interventions and policies for Latino children (especially immigrants) are sensitive to issues specific to this group, including bullying, acculturation, discrimination, and other immigration-related factors.

For health policy leaders:

- Mandate greater diversity of the mental health workforce.
- Provide economic incentives for providers to improve provider-patient communication.

For mental health care providers:

- Seek culturally appropriate education for providers.
- Make mental health care interpreters more available.
- Consider that some parents and children may be more comfortable interacting with a Spanish-speaking or bilingual mental health professional or a *promotora*.
- Follow American Academy of Pediatrics (AAP) Task Force on Mental Health recommendation that providers ask patients at least 2 questions about behavior and functioning during every child doctor's visit.

For community centers/nonprofits/schools:

- Consider incorporating culturally-relevant mental health programs into other programs, especially those that include physical activity and wellness.
- Include parental mental health education and involvement for successful mental health interventions and programs.
- Schools should utilize the Whole School, Whole Community, Whole Child approach to incorporate community engagement, school staff education, and the family-school connection to address multiple factors influencing the mental health of Latino children.