



Latino men and mental health services: How do the two connect?

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2005 National Conference on Men's Health
Atlanta, Georgia

This research was supported by the National Institute of Mental Health (P01 MH59876), Alegría (PI).

Précis

- A qualitative study designed to explore and understand individual and contextual factors that shape Latino men's pathways to mental health services from four perspectives:
 - Latino men who have used mental health services (current and past users)
 - Latino men who have never used mental health services
 - Key informants who provide services to Latino men (mental health clinicians and one spiritual healer or *espiritista*).



Background

- Epidemiological studies indicate that Latinos underutilize mental health services (Hough, Landsverk, & Karno, 1987; Kessler, 1994; Vega, Kolody, Aguilar-Gaxiola, & Catalano, 1999).
- Men of color use mental health services at lower rates than whites (Möller-Leimkühler, 2002).
- Little is known about the pathways that Latino men follow to seek mental health services.



Men and Mental Health Services

- Men seem not to think that they have a mental health problem until the problem is very serious (Albizu et al., 2001; Rickwood & Braithwhite, 1994).
- Men are less likely to seek services for mental health reasons than for physical symptoms (Möller-Leimkühler, 2002)
- They do not deem psychosocial problems and distress as legitimate reasons for seeking help (Corney, 1990) or because seeking help displays weakness on their part (Kellogg Foundation, 2002).
- For Latino men, their access to mental health services might be limited by lack of health insurance coverage (Kaiser Commission, 2000).



Data Collection Methods

- Interviews with clinicians (N=11)
- Interview with “*espiritista*” (N=1)
- Interviews with Latino men currently receiving mental health services (N=9)
- Interviews with past users (N=9)
- Focus groups with non users (N=20)

Sample

- Purposive
- 50 participants
 - 11 clinicians (psychologists and social workers)
 - 1 *espiritista* (individual interview)
 - 38 Latino men
 - 9 current users (individual interviews)
 - 9 past users (individual interviews)
 - 20 non-users (focus groups)

Findings

Individual Factors

- Attitudes, Perceptions, Beliefs, and Self-efficacy
 - difficulties recognizing that they had a mental health problem
 - problems identifying what to expect from mental health treatment since they did not view themselves as “/ocos” (main qualifier to seek mental health services) or in need for treatment
 - limited knowledge about what to expect from the therapeutic process
 - sense of agency curtailed by stigma about mental health problems and economic factors such as lack of health insurance

Passages

- *“Antes pensaba que sólo los locos lo necesitan. Tenía un tabú dentro de mí.”* (“Before [using mental health services] I thought that only crazy people needed them. I had a taboo inside of me.”)
- *“nadie educa a uno sobre los diferentes tipos de terapia”* (“no one teaches you about the different kinds of therapy.”)



Impact on Pathways to MHS

These factors combined delayed the contact with a mental health provider (among men who received and were receiving mental health services at the time of the interviews).



Contextual Factors

- Competing demands (job situation) and migration-related experiences (adjustment, discrimination) associated with mental health problems
- A MH provider cannot do anything about them (non-users)

Passages

- *“Yo era un comerciante en mi país. Aquí sufro. No tengo lo que necesito porque no me alcanza con lo que me gano.”* (“I was a businessman in my country. Here I suffer. I don’t have what I need because I do not make enough.”)



Passages

- “*Aquí fue donde por primera vez experimenté discriminación.*” (“It was here where I first experienced discrimination.”)

Passages

- *“Ahora tengo problemas en el trabajo. Necesito terapia pero no puedo darme el lujo de faltar al trabajo. No tengo seguro médico para salud mental y estoy ahorrando dinero para una casa. Yo me estoy desatendiendo la salud por atender los asuntos financieros”* (“Now I have problems at work. I need therapy but I cannot afford to spend time away from work. I don’t have mental health coverage, and I am saving money to buy a house. I am not taking care of my health so I can deal with financial issues.”)

Passages

- *“Los hombres latinos van al médico pero le tienen más miedo a la cuenta por los servicios que al médico.”* (“Latino men go to the doctor but they fear the bill for services more than the doctor.”)
- *“El sistema te acorrala y crea problemas de salud, el sistema produce gente neurótica.”* (“The system corners you and it creates health problems, the system produces neurotic people.”)

Passages

- *“Los hombres latinos están abrumados con los problemas económicos.”* (“Latino men are overwhelmed with financial problems”)
- *“El desempleo es un problema, la gente tiene menos opciones”* (“Unemployment is a problem, people have fewer options.”)
- *“Un consejero no puede resolver el problema del trabajo, del dinero”* (“A counselor cannot solve job and money problems.”)



Conclusions

- The data collected point to the need to develop innovative ways to enhance these men's ability to seek help (Addis and Mahalik, 2003).
- These findings point to the need of developing strategies to link, engage, and retain Latino men to mental health services in ways that respond to their needs and circumstances.



Conclusions, cont'd

- To what extent do we have to alter the concept of mental health service delivery to meet the needs of Latino men so that it incorporates social, economic, and contextual issues into clinical work?