

**Loco, Exagerando, Buscando Atención:  
Barriers to Mental Health Access in the Latinx Community**

By

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## **Abstract**

*In order to assist members of the Latinx community in getting access for mental health concerns, we must first examine the stigmatization on mental health and barriers that affect Latinos from getting access. The purpose of this study is to comprehend the views on mental health, the stigma behind mental health, and how social media can be a positive outlet for emotions. Although research has shown that mental illness is a major issue that transcends culture and race, many Latinx community members view mental illness as morally wrong or a disgrace which disrupts them from getting access. Through the method of content analysis; I coded YouTube videos, their comments and articles. I found that people talked about the stigma they faced inside and outside the Latinx community, about the difficulties they had in getting access to mental health services, and the ways their families' ideals about pride and faith made it difficult to talk about mental health concerns.*

## **Introduction**

Approximately 1 in 10 Hispanics with a mental disorder use mental health services from a general health care provider, while only 1 in 20 receive such services from a mental health specialist (Maria Jose Lisotto, M.D., 2017). Research has shown that many members of the Latinx community view mental health issues as negative and find that seeking help from a mental health specialist is a form of loss of faith and pride. The Surgeon General's report on mental health estimates that fewer than one in 11 Latinos with mental disorders have contact with mental health specialists, and fewer than one in five contact general health care providers for a mental health-related problem (DHHS, 2001). It is expected that as a function of the Affordable Care Act (ACA) greater attention will be paid to the screening and treatment of mental health concerns within the primary care setting. (Villatoro et al., 2014) Therefore,

research that examines the barriers, especially culture-specific barriers, to mental health services for Latinos is imperative to ensuring justice in mental health care treatment and services.

Additionally, it is very important to note that not all Latinos share the same experience of mental distress, however, the content in this paper shares experiences which are prevalent in many Latino communities.

The purpose of this study is to not only understand Latinx views on mental health but to better understand the mechanisms impeding Latinx individuals from receiving necessary support for their well-being. Although research has shown that mental illness is a major issue in the world (DHHS, 2001) certain Latinx community members view mental illness as morally wrong or a disgrace which affects them finding access. Similarly, Latinos are often hesitant to receive mental health advice, whether it is for themselves or their children, due to “inherent biases that medical practitioners often have regarding their culture” (Ayon et. al., 2010). These biases that medical practitioners often have about minorities simply prolong the missing connection between cultural competency and public health. Without understanding and respecting the diversity of the population that they are serving; medical practitioners are not providing equitable service to these communities (DeAlmeida, 2018).

The method for this research is content analysis with focus on social media as an outlet and how Latinos use media such as YouTube, their YouTube comments and articles as a positive outlet for emotions. The main concentration will be YouTube videos, their comments and articles. Because Latinos are less likely to share their actual feelings through in person interactions, I find that videos and articles create a safe space for people to be more expressive and vulnerable. The goal of this research is not only to better understand mental health in the Latinx community but to also understand the mechanisms impeding the Latinx community from

receiving necessary support for their well-being. Because mental health continues to be stigmatized in many Latino communities, Latinos are less likely to seek help especially if their culture, morals, income and education are not giving them the access needed to get help. Additionally, immigrating to a country that is unknown to someone can also cause issues such as language barriers and how they communicate to others in trying to understand what they're feeling or what they are going through. This in turn prevents them from believing that things such as "mental health" actually exist or even is an actual concern. I argue that Latinx individuals continue to be underserved by mental health services due to both cultural and institutional barriers. I find that some turn to social media as an outlet and coping mechanism to connect with others in the absence of comprehensive or accessible mental healthcare resources.

## **Literature Review**

### ***Social Stigma and Mental health***

Stigma is a set of negative attitudes and beliefs held by society (societal or public stigma) or the individual (internalized or self-stigma) (Corrigan and Penn 1999). Mental health stigma occurs when people have negative thoughts and beliefs of those with mental health illnesses or mental health treatment. Mental health stigma is related to an assortment of negative outcomes including discrimination in housing and employment, reduced usage of mental health services, and poor mental health outcomes. These implications may be particularly noticeable for ethnic minorities such as African Americans and Latinos who already suffer from other types of discrimination (DeFreitas et al., 2018).

When it comes to defining Stigma, Erving Goffman (1963) describes this phenomenon as "an attribute that is deeply discrediting, that reduces someone from a whole and usual person to a tainted, discounted one" or having a "spoiled identity." To further support his definition, Dudley

(2000), who worked from Goffman's initial conceptualization, defined stigma as "stereotypes or negative views credited to a person or groups of people." Further, believing that these attributed characteristics or behaviors are viewed as different from or inferior to societal norms. Because of this, stigma is seen as a general aspect of social life. This could have complications for everyday interactions which could lead the stigmatized to feel skeptical of engaging with those who do not share their "stigma" since it could lead to being ignored or even belittled.

Stigma, therefore, affects individuals' ability to move throughout their daily routines and gain access to resources and institutions. Ahmendani (2011, p. 4), explains that "Social stigma is structural in society and can create barriers for persons with a mental or behavioral disorder. Structural means that stigma is a belief held by a large faction of society in which persons with the stigmatized condition are less equal or are part of an inferior group." In this context, stigma is embedded in the social framework to create inferiority. This belief system may result in unequal access to treatment services or the creation of policies that unreasonably and differentially affect the population. "Social stigma can also cause disparities in access to basic services and needs such as renting an apartment" (Ahmedani, 2011, p. 4). In short, this belief system may result in inequality. Society identifies and labels individuals with mental and behavioral illnesses as unequal, suggesting that people with mental and behavioral disorders are often seen in lower socio-economic groups which makes them inferior to higher society. Therefore, labeling them in one category and differentiating them from "non-ill" people. This in turn creates disparities in finding access to basic services.

Moreover, Crocker (1999), demonstrates that stigma is not only held among others in society but can also be internalized by the person with the condition. The impact society can have on a person's internalization of stigma can make them feel inadequate and even guilty

about their condition. Additionally, the collective representations of meaning in society – including shared values, beliefs, and ideologies – “can act in place of direct public/social stigma in these situations” (Crocker & Quinn, 2002). Thus, in self-stigma, the knowledge that stigma is present within society, can have an impact on an individual even if that person has not been directly stigmatized. This impact can have a toxic effect on a person’s self-esteem and self-efficacy, which may lead to altered behavioral presentations.

Mental health is the overall wellness of how you think, regulate your feelings and how you behave. Mental health includes our emotional, psychological and social well-being which can affect how we think, feel, and even act. It also helps us determine how we make choices, handle stress and relate to one another. Certain symptoms that are related to mental health issues are anxiety, stress, and depression. In general, mental illness is something people are not ashamed of but do not wish to talk about. As people, we are continually expanding our understanding about how the brain works and to make available treatments to manage mental health conditions successfully.

Therefore, when talking about mental health and stigma we need to remember that the stigma on mental illness is particularly powerful as a barrier in seeking care. Lack of information about where to seek services, society at large and communities are barriers which prevent Latinos from removing the stigma associated with mental illness. What I argue is that we know little about how to effectively overcome these barriers and want to learn/inform how we can strategies more effective ways to help Latinos seek treatment when it is needed and how to acknowledge/understand what they are going through.

### ***Cultural Barriers to Mental Health Treatment***

Cultural concepts, terminology, and informal care plays a major role in Latinos' behavioral health which aids to the disconnection between mental health service delivery and the attention needed in Latino communities (Barrera & Longoria, 2018). Barrera found that after documenting and exploring Latino's behavioral health, these cultural factors were critical as the Latino population continued to grow. In addition, he noted, not all Latino's shared the same experience of mental distress; however, the experiences were prevalent in many Latino communities especially along the United States and Mexico border.

Racial and ethnic minority groups are underserved by the mental health system due to the common mistake of mental health practitioners failing to accurately "read relevant cultural cues" of their mental illness (Dow, 2011, p.145). For Dow, it is important for mental health professionals to learn the beliefs and perceptions minority ethnic individuals have surrounding mental illness from a cultural context. Dow adds that this is important for working with ethnic minority individuals because "people from different cultures explain mental illness differently; therefore, their way of dealing with it is different too" (p. 176). Furthermore, "the manner in which individuals present their symptoms, how they communicate about their health problems, and the decisions they make about health care are all influenced by cultural beliefs and values concerning illness" (p. 177). It is therefore important to understand the cultural variables that may affect or impact the way ethnic minority individuals, such as Latinos, perceive mental health services and treatments. These cultural variables are gender constructivism's machismo (regarding men) and marianismo (regarding women), familismo (family-oriented), personalismo (personable-oriented), individualismo (self and/or individualistic focus), and fatalismo (fate-oriented) (Paniagua, 2005). Many of these factors do in fact influence mental health outreach. Since many Latinos feel comfortable reverting to these practices (because they have been used

and passed down from previous generations in their families) it should be in practitioners' best interest in assessing and incorporating these practices when diagnosing (especially if these practices play an important role in how the client views mental illness). Practitioners should therefore, modify their therapeutic strategies during the beginning of treatment so that they are aligned with the client's belief system and if they cannot adhere to them, they should then refer the client elsewhere.

According to Guarnacia, Martinez and Acosta (2005), in many Latino communities, mental illness is associated with people suffering from being "loco" or crazy. Someone who is "loco" is seen as severely mentally ill and violent. In many cases they believe being "loco" is incurable. This is where the concept of *fatalismo* (fatalism) or supernatural phenomena comes from. In many Latino communities, mental or emotional problems can attribute to experiences being out of their control. *Fatalismo* is believed to determine an individual's fate or destiny which is completely out of their control and can create a sense of vulnerability. This can create feelings of unease because they believe their fate can be unchangeable. Similar phenomena are *susto* (shock/fright), *mal de ojo* (evil eye), *nervios* (nerves/anxiety), *espanto* (spooked), and *miedo* (fear), which have very similar symptoms of diagnosable mental disorders (American Psychiatric Association, 2005; Baer et al., 2003). *Mal de ojo*, or the evil eye, is an illness that is transmitted through the eyes and can affect an individual's perception making them believe they have suffered from an "illness" carried through the air and received through the eyes. Because of this, religion plays an important role in the belief of *fatalismo* and these phenomena. Therefore, making it imperative that mental health practitioners understand how to interpret phenomena such as *fatalismo*, *mal de ojo*, et al., when trying to relate and interpret Latino's beliefs. In understanding Latino's religious beliefs and ideas, practitioners can help recognize what Latino's



are trying to explain and what they are feeling or going through and how to give them the resources and help needed.

When talking about cultural barriers, acculturation (adopting, acquiring and adjusting to a new cultural environment) seems to be a further concern for members of the Latinx community. Miranda and Matheny (2000), argue that “both individual characteristics and environmental factors should be assessed when in counseling Latinos who are experiencing acculturative stress. Counseling interventions should be aimed at helping Latinos to build additional coping resources, to increase their proficiency in the English language, and to adopt more effective acculturation strategies.” They argue that counselors should include family interventions in counseling strategies to help build cohesion and support from members of their family. Which should be pushed more since the process of acculturation is thought to have varying impact on health and mental health. Additionally, some studies have even argued that with additional time spent in the United States (i.e., with progressive generational status), general health status and mental health well-being decreases.

Because the children of immigrants acculturate more quickly than their parents, second-generation youth may feel caught between the opposing values of their parents and peers or experience conflict between their own values and those of their less acculturated parents. Cervantes et. al. (2013) argues that such discrepant expectations can create family tension and that the aspects of acculturative stress salient to college students may relate less to English-language proficiency or unfamiliarity with prevailing cultural practices and more to cultural self-consciousness and the experience of conflicting value systems.

Therefore, building cohesion from members of their family can potentially boost members to be open to outside help and can ultimately help them build connection to those who

are diagnosing them so they don't misdiagnose or misinterpret what they are trying to identify. Therefore, it is imperative that counselors should consider the inclusion of family members when trying to establish or diagnose someone. This can serve as a way for families to learn to communicate with one another while also learning about how mental health can affect a person in their family. This can potentially push people to be open in sharing their experiences where they would otherwise not be able to share if they were to do it alone.

For example, Mulvaney-Day, Alegría, and Sribney (2007), believe that family is a strong support system within the Latino population. *Familismo* is an important value for Latino individuals and can be defined as the high importance that is placed on family. Latinos rely heavily on their families in order to get their psychological, social, and emotional needs met; they also seek advice and direction from their families during important times in their lives or when making important life decisions. Conally, Wedemeyer, and Smith (2013) asserted that Latino individuals place their families' needs above their own individualistic needs because aiding each other is considered an important moral responsibility. Paniagua (2005) added that, when a mental health practitioner attempts to begin an assessment or treatment process without the consideration of their Latino client's nuclear or extended family, the service delivery may result in failure. This is due to the fact that Latino individuals most often "turn to" and "rely on" their family during times of stress or difficulties in their lives. By considering *familismo*, practitioners can understand some potential barriers to treatment, such as if a family member disapproves of the treatment; it can also offer the practitioner a tool to better motivate the client and his/her family during the treatment process (Interian & Diaz-Martinez, 2007). By utilizing culturally adaptive techniques that are accepted by family members involved in the treatment process of an individual family member or the entire family altogether, the practitioner can

develop a strong therapeutic alliance between the practitioner and the client (Añez, Paris, Bedregal, Davidson, & Grilo, 2005; Organista, 2000).

These points argued are either good or bad depending on whether the family is open to being vulnerable about their situation or not. In many instances they can end harshly, especially if the family sees this as a waste of time or are closed-off about what their family is currently going through. None the less, this could be a start in trying to help build cohesion within family members or even establishing family problems that everyone can help work on as a whole.

### ***Immigration Stressors***

Researchers have also found that mobility between social locations can affect health outcomes as well. Alcántara, Chen, and Alegría (2014), for example, found an association between perceived downward social mobility and increased odds in reporting fair and poor physical health and major depressive episodes among Latino immigrants. Latino immigrants experience a variety of stressors that span both temporal and sociopolitical landscapes and that are rooted in structural processes beyond individual-level preventative behaviors. Ornelas and Perreira (2011) classify these stressors into three different categories: pre-migration experiences (e.g., political or socioeconomic turmoil in the country of origin), migration experiences (e.g., physical journey to destination country), and post-migration experiences (e.g., racial/ethnic discrimination in the country of settlement). They found that stressors from each category strongly contribute to negative mental health outcomes for Latino immigrants.

For many Latinos, immigrating to another country is a major risk. Immigration involves an individual, family or group re-assessing the conditions of their homelands and considering relocating to a different country, ultimately making a risk in moving and forming a new life in an unfamiliar place. For many immigrants coming to America is an opportunity to have a better life,

education, job etc. but coming to a different country can create stressors that contribute to mental health issues which they are unfamiliar with such as anxiety and depression. Additionally, discrimination, acculturation and mobility shift as an entire identity shift, can affect the way they feel or perceive themselves which can negatively affect them mentally.

One of the most well-researched factors related to understanding mental health stigma for ethnic minorities is lack of knowledge. There is much research which suggests that ethnic minorities may have misinformation about mental illness. “This misinformation about the cause of mental illness is a potential factor in perpetrating stigma beliefs” (DeFreitas et al., 2018). These ideas—i.e., not believing in biological causes of psychological disorder—are related to beliefs about how treatable psychological disorders are perceived to be and how likely those with mental illness will recover. When examining what Latino immigrant populations understand about mental health, much research has focused on acculturation. “Research suggests that greater acculturation is related to less stigma and more willingness to seek mental health treatment” (DeFreitas et al., 2018). This reduction in stigma may be due to acquiring knowledge of disorders as a part of becoming more familiar with American culture. Poor knowledge of mental health disorders is particularly problematic because the lack of knowledge about a mental illness often is related to individuals experiencing fear or anxiety about mental illness.

Additionally, Kremer, Moccio, and Hammell (2009) found that news of detentions and raids caused some immigrant families to go into hiding for days at a time, contributing to the further isolation and marginalization of undocumented immigrants. Moreover, families of those detained often have little to no information on the whereabouts of their detained family members, causing confusion, anxiety, and stress (Kremer, Moccio, and Hammell 2009). Additionally, Familiar et al. (2011) “found that migrant relatives in Mexico suffer from elevated

levels of depression and anxiety, a finding that further validates the interconnectedness of Latinos and points to the transnational, macro-level externalities of U.S. immigration policies.”

(p.4)

Given these dynamics, the effects of personally knowing someone who has been detained and deported can cause health issues due to increased stress, anxiety, and fear of oneself or a family member being placed under those conditions. McGuire (2014) argues that the enforcement of ‘draconian rigid policies’ of detention and deportation can have especially significant effects on the mental health of immigrant families, especially for the children and spouses of those left behind. In what Enriquez (2015), describes as ‘multi-generational’ punishment, U.S. citizen children and their undocumented parents often share in the risks and punishment associated with undocumented immigration status. In other words, immigration enforcement is not just impacting undocumented immigrants it is also spilling over to their U.S. citizen family members.

### ***Coping Strategies***

For many individuals using different coping mechanisms helps towards handling challenging situations or stressors. In classic stress and coping theory, coping strategies play a critical role in the stress–adjustment relation. Coping is a regulatory process that can reduce the negative feelings resulting from stressful events. Generally, active coping (in which the problem is managed cognitively or through action) is thought to lessen the devastating effects of stress, whereas avoidant coping (in which the problem is ignored or repressed) is thought to be less effective; empirical research has largely supported these predictions (Compas et al., 2001).

For many Latinx communities anonymity is important when coping. Having an anonymous platform to share in a safe space may be an effective tool to provide mental health care before reaching a period of crisis. Latino youth are nearly twice as likely to use social media platforms, with 16% of Latino youth using anonymous sharing or question platforms compared with 9% of whites (Madden et al., 2013). When individuals are anonymous, they are able to discuss any experiences or emotions, especially those that they may not feel comfortable disclosing with someone they know (Davenport, 2002). Anonymous disclosure is appealing to youth because they do not have to worry about risks such as “rejection, reduction of their autonomy and personal integrity, loss of control or self-efficacy, and/or the possibility of hurting others” (Kang, Dabbish, & Sutton, 2016). Finally, anonymity grants individuals a space that equalizes participation in a way that provides room for freedom and honesty (Kang et al., 2016), also a space where factors such as age, status, gender, sexual orientation, and more, do not affect how others will respond (Palme, 2002).

Conversely, older generation Latinx members who use avoidant coping, find praying, religious practices, distraction, medication and ignoring their problems, as a form of coping. This in turn, is less effective and potentially worsens conditions and can lead them to dismiss their children’s concerns. Because the children of immigrants acculturate more quickly than their parents, second-generation youth may feel caught between the opposing values of their parents and peers or experience conflict between their own values and those of their less acculturated parents (Miranda et al., 2006; Padilla et al., 1986). This is a main reason I find that understanding how second and first generation view mental health is important. To understand the mechanisms impeding many Latinx communities from receiving necessary supports for their well-being and understanding the reasons as to why they don’t seek the help needed.

In conclusion, many members of the Latinx community lack understanding as to what mental health is because they're being misinformed and don't have the education to learn about cues related to it which leads them to largely ignore it. This is the main reason why many Latinx members don't seek help and often times face difficulties understanding what is considered a mental health concern and how to interpret it or explain it to a health care professional. Furthermore, financial hardships are a major concern as to why Latinos don't get the help needed. Approximately 25% of Latinos live below the poverty line and impoverished communities generally lack resources that promote wellness (Lawton & Gerdes, 2014). In fact, 18% of Latinos have felt disrespected because they couldn't pay, speak English or simply because they were of color (Suite et al., 2007), further perpetuating the internalization of mental health concerns so that they could avoid such situations. In short, mainstream U.S. Society has a large influence on how the Latinx Community perceives mental illnesses, themselves and their culture which connects to their immigrant experience at large.

## **Data and Methodology**

### ***Qualitative Content Analysis***

To best analyze the ways in which Latinos utilize social media as a tool to address mental health concerns, I conduct a content analysis of social media posts by Latino immigrants and children of immigrants. The main concentration will be YouTube videos, their comments and articles with a total of 10 sources from each of these categories to support my research. Because many individuals from Latino cultures are less likely to share their actual feelings through in person interactions (Soto et al., 2005) (cite), I find that videos and articles create a safe space for people to be more expressive and vulnerable.

Additionally, Postill And Pink (2012), suggest that social media can prompt users to constantly update one another on news and even share digital content. This article argues that using social media for content analysis can provide statistical overviews that offer useful backgrounds for ethnographic work. They further argue that everyday life of the social media ethnographer involves living part of one's life on the internet. "Keeping up to date with and participating and collaborating in social media discussion" (Postill et al., 2012) Making this experience not only a virtual one but a connected one to the material world in ways we never thought. This is a main reason why I find that content analysis with focus on social media can be good for this research, it can help people connect through social media instead of face to face which often times is complicated or even hard to allow people to open up.

The goal of this research is not only to better understand mental health in the Latinx community but to also understand the mechanisms impeding the Latinx community from receiving necessary supports for their well-being. Because mental health continues to be stigmatized in this community, many Latino cultures are less likely to seek help especially if their culture, morals, income and education are not giving them the access needed to get help. Additionally, immigrating to a country that is unknown to someone can also cause issues such as language barriers and how they communicate to others in trying to understand what they feel or are going through. This in turn prevents them from believing that things such as "mental health" actually exist or even are an actual issue. I hope to find, categorize, identify & discuss the meaning of words, phrases and sentences to identify the underlying meaning of these specific themes to better understand the Latinx community and the mechanisms hindering them.

Based on the themes prevalent in previous research, I expect that vloggers will discuss themes of family, pride, culture and stigma. However, I utilize a grounded theory approach



(Glaser and Strauss, 1967; Charmaz, 2006) where I look for emergent themes across various new media platforms. As I examine online media, I take note of similar phrases, terminology, and code for values or beliefs that affect the perception on mental health. Additionally, I take special note of institutional barriers and examine how individuals with different cultural backgrounds and generational differences discuss mental health.

### **Findings & Analysis**

Data gathered from YouTube videos illustrate common themes in barriers to healthcare access among Latinx populations. These barriers include language barriers, different cultural beliefs/values/norms, religious beliefs and generational differences. Additionally, structural barriers to mental health care access include limited availability, affordability, lack of education about mental illness and stigma.

#### ***Language barriers***

To begin, although language can be a practical barrier, language and culture are often intertwined thus illustrating how overlapping barriers can doubly disadvantage many members in the Latinx community to gaining access to effective mental healthcare. If potential clients feel unwelcomed in spaces of therapy, it is hard for them to express what they are going through or even begin to describe what they are feeling or how to interpret it. For example, psychotherapy, which is viewed as talk therapy, depends on clients' ability to articulate their feelings. As a result, making language a significant factor for providing effective mental health care. According to Vega and Alegria (2001), language barrier plays a significant role in the underutilization of mental health care by Latinos, and this barrier appears to have no solution in sight as the number of Spanish-speaking people continues to increase while the number of bilingual mental health professionals remains comparatively low.

For example, a woman, named Monica Villalta, a National Director of Inclusion and diversity officer of NAMI (National Alliance on Mental Health) in Arlington Virginia, shared her experience with language and mental health services in a YouTube video by *Yahoo life*. *Yahoo Life* is a YouTube channel that focuses on lifestyle home to inspiring style, beauty and sharing wellness conversations. In the YouTube video *Unmuted” Breaking the Stigma Around Latinx Mental Health | Yahoo Life*, 2020, she mentions “When we go to these systems of care who offer mental health services, we don't feel welcomed. They don't speak to us in our own language, so those are some of the various beginnings with our own cultural stigma. In some areas of mental health versus what the system does to us when we want to get help. Right when we want to get help, we kind of feel like we don't, we don't belong there like it's not for us right.” This is something various videos touch on, they felt that language barrier was a huge part preventing from getting access but her experience, in particular, shared something that may have come from a personal experience, since many didn't really touch on feeling unwelcomed. This shows that it is not only difficult for Latinos to open up in general but having someone that doesn't understand them or speak their own language is a huge concern.

Indeed, having a poor English-speaking ability presents challenges to Latinos seeking mental health care services. Therefore, the inability to communicate their service or treatment needs results in a greater chance of dropping out of treatment. For example, in a study by Laval, Gomez, and Ruiz (1990), they supported the view that Spanish-speaking monolingual clients who have communication difficulties with English-speaking monolingual mental health professionals tend to drop out early from treatment or may not seek treatment altogether (Alegria et al, 2002).

Often, immigrants rely on children as translators. Thus, in spaces of therapy, they are missing their linguistic and cultural brokers. Garcia et al. (2009) mentions, “families may experience differential acculturation rates where youth gain English language skills and cultural understanding more rapidly than their parents do.” This phenomenon shifts the power differences from parent to adolescent when parents rely on their children to translate in various situations. “This acculturation gap may lead to family stress, a decrease in effective parenting, and an increase in risky behaviors, such as substance use, that are linked to poor mental health” (Garcia et al., 2009). Cultural and linguistic disconnect are a major stressor for Latinx parents who must cope with intergenerational tensions when communicating with their more acculturated children. Confronting similar barriers in spaces of mental healthcare would only exacerbate these issues and their feelings of exclusion and isolation.

These issues touched on further supports the issue that language, especially for those who have to rely on their children to translate, can create many negative impacts in many Latino families. Not only does it put stress on their children but the parent for not being able to communicate and having to use a second party to do so. In these instances, there is no way for parents to be expressive or to fully get their thoughts and feelings out especially if they have to rely on someone else to do it.

### ***Cultural Barriers***

It is important to take a look at culture and how it contributes to mental health stigma. Cultural differences, especially within a Hispanic community can face challenging times. Hispanics often times prefer to seek general medical care, spiritual leaders or even turn to religious practices/ homemade remedies to cope with negative emotions. The main reasoning behind some of these alternatives is that cultural differences often times lead mental health

providers to misunderstand and misdiagnose members of the Hispanic/Latinx community. For example, someone can describe certain symptoms of depression as “nervios” (nervousness), tiredness and many other symptoms to a doctor or provider who is not trained in how their culture influences a person’s interpretations of symptoms and can make assumptions about what they’re experiencing and can misdiagnose them with a different issue.

In the EP4: “Unmuted” *Breaking the Stigma Around Latinx Mental Health* | *Yahoo Life* YouTube video, a man named Jason Rosario (founder and creative director of TheLivesofMen) shared “some of us in our communities of color, young children, get diagnosed with different diagnoses that are really negative, instead of getting the care they need. Especially with kids, we often look at a young child that might be acting up and we would say that the kid is just out of control, but there’s a broader issue.” To further support him another woman shared “but I think it’s also not having the language or not even understanding what it looks like. Often times we have the idea of what depression and anxiety looks like in our community and we don’t necessarily think about the other ways that it shows up. Sometimes it shows up in your body, headaches or you might suffer from lower back pain. A lot of us attribute that to stresses of work but we really don’t connect that to what’s happening in our bodies and in our minds and in our emotions.”

Further emphasizing that whatever someone is experiencing may look like something to someone else but can actually be something else. For example, culture might impact how acting out is perceived. Boys of color (particularly African American boys or darker Latinos) are often punished or disciplined more versus trying to figure out the root causes to help them (Lopez 2003-*Hopeful Girls, Troubled Boys*). Culture, therefore, impacts not only how one might express mental health issues but also how people from outside a culture might perceive actions

differently. Therefore, it is vital for health care providers to understand different cultures and how they interpret what they are experiencing and how they communicate it back.

### ***Family***

For the Latinx, families can have a sense of cultural pride that can lead to the stigmatization on mental health conditions. Comments such as “toughen up” and just “get over it” can negatively affect a person’s understanding of the emotions they are feeling and can lead to further problems in the future.

In the YouTube video *What’s the deal with Latinos NOT talking about mental health?* /*The Kat call S3 Mitu*, a young Latina touches on her families experience with therapy and how it is often hid. She states “My mother hid that she was seeing a therapist from me when I was younger and my father has been very anti-therapy until today (he’s in his 60’s) and he sees his own therapist. I can’t help but feel that my parents hid and hesitated going to therapy for the same reason that, I may not always speak so openly about going to therapy myself.” What I believe the reasoning behind this is that Hispanics/Latinos believe that if you don’t speak about something it isn’t really happening. Therapy is something really frowned upon because it is often associated with being crazy or psychotic; it’s just seen very negatively. And if people find out that someone is seeking out help or speaking to someone, they assume that this person has serious problems and is out of “control” that they can’t handle it on their own which results in them looking for a professional’s help, which isn’t the case at all.

Similarly, a YouTube video by Mitu, *LATINOS TALK: Mental Health - Mitú, 2018*, touches on another person’s perspective about opening up with problems being faced. This person states: “Well, I think as, like, Latinos, if we have a problem, we just speak to our family

or we kind of swipe it under the rug. It's seen more so, like, for lack of better term, more of a "white" thing. Even when we speak to our families, we are told to be super strong."

Being strong and not talking about issues being faced is something Latinos tend to do quite often. They have a mentality that they can't show weakness and when you do show weakness it makes you vulnerable. They tend to be very dismissive about having problems and they want to put this persona that they are doing great and that everything is fine. Often times being strong derives from other family members or even friendships. When Latinos see other family members or friends doing better or living a normal life, they want to avoid being a target of chisme (gossip), which makes them avoid any problems or mental issues occurring. Just like anyone else, they don't want to be a target or have people saying "did you hear? This person's son/daughter/wife/husband is crazy? They're seeing a psicologo (psychologist)" or even just being a topic brought up into people's conversation is something they highly wish to avoid.

### ***Values/norms***

For the Latinx community their values and what they believe in is a huge part of their culture. They are often times taught to continue teaching their values and beliefs to their children and to continue their family's legacy. Understanding the specific cultural values possessed by individuals can assist in the understanding of their views toward mental illness and treatment options, leading to the development and implementation of effective interventions.

For example, a young Latina woman (anonymous) shared her story on the YouTube channel Mitu. Mitu exclusively targets Latino audiences which allows them to share and create meaningful content that people could access through their computers and smartphones. With over 60,428 views and 357 comments, the video *What's the deal with Latinos NOT talking about*

mental health? /The Kat call S3 Mitu, shares a view from mother and son where a young woman interrupts their conversation and shares “culturally, we're taught that those of us who seek help are "crazy" or "complexed”. We're taught to be stronger and push through the pain, and that seeking help in forms of therapy or medication is seen as, weakness. Plus, add on the expectation that if our parents and our grandparents have suffered so much without any outside help, then why can't we?”

To further support her, a young Latina (anonymous) from the *LATINOS TALK: Mental Health - Mitú, 2018* which has over 66, 731 views and over 263 comments mentions that her family would say things to her like “Get over it.” She further goes on saying “You hear that a lot in Latino families, especially if your parents grew up, like, in Mexico, like mine did, where they really just had to get over it and just kind of not worry about mental health.” Additionally, another video (*Stigma of Mental Illness in the Latinx Community, 2016*) mentioned that we tend to keep things under the “table/rug.” They believe that Latinos need to practice acceptance a little more and that the idea of toughness hinders the progression on mental health access. That the Latino community leaves people feeling invalidated especially when they mention things like “just get over it, stop being a crybaby, don't be so dramatic.”

A great example of this is shown in a comment by a young man named Mouse who shared a very personal experience of his in a comment on the *Stigma of Mental Illness in the Latinx Community, 2016* YouTube video where he states:

“My family is very unfortunate since they have a harsh background. They grew up with mental illnesses such as depression and anxiety, I was bullied with my luck and I got depressed. My mental health got worse because I never sought the help I was supposed to receive because I was supposed to "stay strong" or "get over it". What's worse is that

apparently, we don't seem depressed or we're not supposed to be bc we're all "loud", "crazy", "goofy".”

These videos suggest that many of the times parents aren't aware of the troubles their children face and they often believe that being strong and getting “over things” is the answer to their troubles. This often, however, does not help the situation and further pushes their health to worsen. This further supports that because many typical Latino families are loud, fun, etc. they “cannot” experience things like mental illness or depression. That it isn't possible for people to be depressed or have mental health concerns because they're meant to be happy, loud people. Which is not the case at all, many people can share a different persona in front of family but can still have mental health concerns when alone. They just don't share that side openly to prevent backlash from family.

This repeated theme of “getting over it” or of suffering like one's parents did echoes themes raised by Vargas et al. (2015) who argues, “close associates, such as relatives, friends, or acquaintances, viewed participants' depression as a sign of personal weakness or lack of drive to feel better, as if, “you want to feel [depressed]... [and] that with just a little extra effort, you can get out of it.” Attributions of personal weakness included failings in personal responsibility, self-indulgence, exaggeration, or feigning of illness. Other people viewed depression as something which “does not exist, something that you cause yourself,” through excessive investment in your own dilemmas (“believing in your own crap”), dwelling on problems, attending too strongly to negative circumstances, or apathy about negative emotive states (“you let yourself fall and let it happen”). (Vargas et al. 2015, p252) Similarly, commenters (under pseudonyms) in the *What's the deal with Latinos NOT talking about mental health?* /The Kat call S3 Mitu YouTube video,



noted that they were urged to internalize their feelings of distress instead of displaying weakness by expressing emotions to others:

Hey ItsMe:

“Yes, this is very true in the Latin culture. We are often told to get over it and that nothing is wrong. Many have to keep their troubles to themselves which can do more harm than good. Hopefully things can change and people see mental health is important which should not be ignore.”

We need justice in America:

“Agreed. I've been seeing a psychiatrist, and my parents think that all I really need to get over my anxiety and depression is some sun and fresh air. I can't tell you how often I need to explain to them why it's not that simple. I can't make them understand. :(“

Hey ItsMe:

“Yeah, getting over the problem is not that easy and sometimes talking about it can help. This can lead to a higher suicide rates which can be prevented if we get the help.”

These comments further reinforce the argument that internalized feelings do in fact harm people and can worsen mental illness. Not being able to express or internalizing problems can lead to life-threatening outcomes such as suicide which can negatively affect families and potentially cause more mental health concerns within those families. In many instances family members can end up feeling guilty for dismissing that particular family member who was in distress. Therefore, this repeated theme of “getting over it” or internalizing feelings of distress needs to be touched on thoroughly within many Latinx community members. These themes do not help remove the stigma on mental health but further reinforces them. If we can help shift these beliefs/norms that many Latinos believe in, then we can help the de-stigmatization on mental illness and the “get over it” view on mental health from being so normalized in Latinos views.

## ***Religious beliefs***

Religion can also play a big role in the cultural stigma on mental health. Many Latinos are very religious and rely on their religious faith to get through their life. Being religious and believing in God is a major thing in many Latino cultures. It's almost very rare to not have strong religious beliefs if you're Latino. The video on *Stigma of Mental Illness in the Latinx Community*, mentions that religion and spirituality are a major part of Hispanic culture, it plays a major role in the way that mental illnesses are viewed as well. While church going does have its benefits (both emotionally and spiritually), it's not enough to cure mental diseases. Many people assume that because of the stigma, there is less chance that Hispanics will commit suicide (which isn't the case at all).

Additionally, *What's the deal with Latinos NOT talking about mental health?* |*The Kat call S3 Mitu*, mentions that religion can also play a big role in the cultural stigma that Latinos have about caring for their mental health. They stated "Many deeply religious people might feel that all you have to do is pray, and God will take care of it. Now, there's nothing wrong with turning to prayer, meditation, or any other sort of spirituality in difficult times, but that doesn't have to be your only solution when your health is at stake. So, no need to drop out of your church choir just because you're seeing a therapist or taking medication for your mental health. You can do both. But it's not just cultural stigma standing in the way of caring for our mental health."

Being religious is not an issue at all when it comes to mental health. If people find that religion/spirituality helps them, continuing these practices can be a form of therapy but not the only solution to helping your mental health. As stated above, you don't have to quit going to church or your religious groups/choirs but knowing that some situations do in fact need diagnosis

or to further be explored is critical especially when you don't necessarily know the severity of it. For example, Villatro et al. (2014, p.7), emphasizes the importance of religion and spirituality on Latino culture and every day beliefs. "In particular, religion and faith are believed to play important roles in maintaining mental health and coping with mental illness. For example, as part of the Catholic faith, Latinos often times consider confession (confession) as a form of therapy where they can share their concerns and receive advice from trusted religious leaders."

To oppose this Caplan (2016), argues that religion is a passage for moral values and therefore, some religious teachings may contribute to moral judgments about the causes of mental illness. Caplan argues that "attribution theory suggests that people create casual explanations for negative outcomes (such as illness). This theory provides a theoretical understanding of how religious beliefs contribute to the development of stigma" (Caplan 2016). To further support this, Caplan believes that religious and supernatural underlying attributes of illness include the belief that mental illness is the result of moral or spiritual failings, demonic possession, witchcraft and occult practices. He further states that "stigma about depression is directly related to beliefs about "malevolent" supernatural forces and sinfulness as perceived causes of depression"

The meaning behind comparing these views is to show how the role on religion for many members in the Latinx community are viewed from other perspectives. For example, many Latino communities do in fact believe that religion, faith, confession and home remedies can indeed cure/help whatever the person is going through. However, religion can also contribute to judgements from people who appear to have mental illnesses/concerns and can further push the stigma they experience on mental health by making people feel as if the person experiencing these things had done something (sinful) in order to have gotten this. Further proving that

religion, although it could be healthy in some ways, it can also be harmful and further push the stigma on mental health and contribute to people ignoring or even prolonging their need for mental health assistance.

Similarly, a young man under the name J H shared a comment on the *What's the deal with Latinos NOT talking about mental health? |The Kat call S3 Mitu:*

“My mom is very religious and thought mental health can be solved by praying but once we started a dialogue it helped. I understand the struggle of not getting through to people and am hoping everyone out there can get talking about mental health because it is serious...”

J H's comment further supports that being open to talking about these issues, especially with overly religious people who are willing to listen, can really help. Many people may not be open to talking about it but being able to sit and try to explain to someone can help to better their understanding about what mental health is and further their views/understandings on the topic. This can potentially help them to look into resources for themselves or even share what they have learned with others. This can change the dynamic (which was expressed above) between parents and children. Having an open dialogue with people who are open to discussing topics like mental health can contribute to reconstructing judgement. This dialogue can help parents understand that whatever they/ their children are experiencing isn't due to sin or malevolent/supernatural causes but due to factors, signs and symptoms that vary within people that affects their mental health. If explained properly, this can create less judgment and even help remove the stigma on mental health.

### ***Generational Differences***

There are differences in experiences, attitudes, and how Latinos identify themselves when it comes to their generation. For example, Latinos can be divided into three groups: first, second and third generation. First generation Latinos, for example, are more likely to express views as more conservative than second generation. Whereas, second and third generations may have similar levels of education and income and are either English dominant or bilingual. Because of this their beliefs could be very different and the way they express/communicate can also help destigmatize their views on mental health.

Two different videos bring up different generations and similar experiences. In *Latino Talk: Mental Health-Mitu*, a young Latina mentions that “If you're, like, first generation, like, your parents bust their ass to, like, survive, to take care of you, you know, to be there. You never wanna make it seem like they failed you as a parent.” When she says she doesn't want it to seem like her parents failed her, she's talking about seeking mental health resources, she feels that seeking help at all is basically her parents failing. Parents in general, always want to give their children as much, if not more of what they didn't have growing up especially if they grew up in a low-income household. If that family has a really strong belief system and feels that they have given you everything and you somehow are going through something difficult or suffering mentally, they tend to feel as if they failed you. That they did something wrong along the way that had caused this to you, therefore, failing as parents.

Whereas, a woman from the *EP 4: 'Unmuted' Breaking the Stigma Around Latinx Mental Health/Yahoo Life* video says that “In my family, we grew up with three generations of my family silencing about issues that happened in the past that we kind of knew about. What we were talking about was death by suicide three generations ago and I think that fear to talk about this nebulous condition that was a secret, that there was so much shame around it, it took years

for me to be here in a different culture to understand that I can speak about these things and share my story.”

Although both videos touch on different generations, they still experience similar concerns when talking about mental health problems. Similarly, both women felt safe enough to share their experiences online rather than at a therapist’s office where it is private. Thus, showing us that they felt comfort/vulnerable enough to share their experience in a public space to show others that they are not alone especially if they are experiencing the same situations. This can positively influence other people to openly share/look for resources in relating to and understanding other people’s stories.

Cervantes et al. (2013), shares that “compared with non-immigrant second and third generations, first-generations more commonly report immigrant-related stressors, such as having to leave people behind in their home country, the difficulty of leaving family, friends and neighborhood and have to start over after immigrating.” Additionally, first and second generations reported that their parents expected them to maintain traditional customs and values whereas this was not a huge stressor for third-generations.

Many of these factors analyzed add to the stigma on mental health. If Latinos are taught to bring their traditions, customs and values along with having to leave their country and start a new life, this can definitely cause many stressors and can potentially push them to stigmatize mental health in the ways their parents would because that is what they are accustomed too. I also believe that once different generations get more accustomed to life in a different country, they can potentially change their views on mental health especially if they are taught that mental health is normal and many people do seek help for it.

## **Institutional Barriers**

The Latinx/Hispanic community faces institutional barriers that impede access to mental health services, which often results in deterring Latinos from finding/using formal mental health services. For example, absence in language of services within mental health facilities such as lack of interpreters and lack of information in the language preferred, are of major concerns to Latinos with limited language proficiency. This can hinder finding access and getting the proper care needed within a community looking for proper health service/access to resources.

## ***Social Determinants of Health***

Race, ethnicity, age, disabilities, gender identity/sexual orientation, geographic location, income, education/ socioeconomic status, language proficiency, health insurance, status, housing instability and many other factors are often collectively referred to as social determinants of health. In the YouTube channel *Mental Health Bytes* by the National Hispanic and Latino Mental Health Technology Transfer Center (MHTTC), they ensure high-quality, effective mental health treatment and recovery support services that help reduce health disparities among Latinos/Hispanics experiencing mental disorders (in particular mental illness). In this video, (*Mental Health Bytes: Mental Health Disparities Among Hispanic and Latino Populations*, 2020), Luis R. Torres, PHD, a Latino social Worker committed to increasing equity in mental health care to communities of color, provides an overview of the main health and mental health care disparities that Hispanic/Latinos face daily. These disparities include social determinants of health, mental health disparities, access to treatment and many other. He provides recommendations to mental health providers, researchers, and consumers of mental health services after his presentation to ensure people get informed on resources available.

In this YouTube video, Torres mentions that “Some researchers, providers, consumers and advocates have begun to refer to these determinants as social influencers of health instead of social determinants to convey the message that we can do something to change them whereas the term determinant has a finality to it that makes it harder to think about solutions.” He further explains that there are groups of people who share many of these characteristics and have consistently experienced social and economic obstacles to their health and access to health care.

Furthermore, he mentions that Latinx/Hispanics are among the groups most impacted by health and mental health disparities. Hispanics are more likely to be from a lower income bracket to being uninsured, multi-racial, younger, to have less formal education and to speak a language other than English and have other factors that can increase challenges. There are also further factors that can increase challenges, for example unplanned pregnancy, single-parent household, un-documentation, gay/lesbian or transgender in conservative communities, can contribute to health disparities. Therefore, making it imperative to be mindful that there are groups of Hispanics being impacted at even higher rates.

Similarly, Ahmedani (2011) argues that “when society attributes, upon a person or group of people, perceived behaviors that do not adhere to the expected social norms, discomfort can be created. This often leads to the generalization of the connection between abnormal behavior and mental illness, which may result in labeling and avoidance. This also may be why society continues to avoid those with mental and behavioral disorders whenever possible.”

Ahmedani's views similarly connect to Torres' views in many ways. For example, there are many factors which pose challenges in getting healthcare and access. If members of these groups have perceived behaviors not adhered to expected social norms or are of low-income brackets, they will avoid or even label abnormal behaviors/mental illness negatively. If a person



doesn't feel like they fit in a society they internalize this which further deters them from receiving/looking for mental health resources.

This can be a concern especially if Latinos immigrate into a different country. This can further lead the stigmatization of mental health. If Latinos already have a difficult time adjusting to a country because of their race, income, socioeconomic status, etc., they definitely will avoid being labeled or seen as something "different" within a society. Many of the times mental health concerns are seen as something personal and if people cannot "get better" they are seen to lack personal effort or are even blamed for their conditions. So, if society contributes to this avoidance or this specific view on mental health, this can further push Latinos with mental health concerns to avoid seeking the help needed or even being informed on the topic.

### ***Health Services***

An issue for many people is Healthcare. For Latinos many of them don't have the adequate or consistent access to healthcare in the country. This could be due to the economic barriers to accessing mental health resources especially that among working Latinos. In the *What's the deal with Latinos NOT talking about mental health? |The Kat call S3 Mitu* YouTube video, they mentioned the demographics that about 36 percent of Latinos have jobs that provide insurance coverage. That means Latinos are actually more likely than white non-Latinos to hold a blue-collar job that doesn't provide health insurance. Furthermore, in 2014, they stated: "it was reported that only about 36 percent of Latinos with depression received mental health care, while 60 percent of white non-Latinos dealing with depression got care." They further go on explaining that when a minority of Latinos have access to sufficient healthcare, sometimes, they are forced to put a price on their health and if they can't afford it, it's very difficult to find a solution. They then shared an example: "8.2 percent of Latinos with insurance used antidepressants, versus 1.8

of those who are uninsured. More than anything, it's an example of why the fight for fair and accessible healthcare in this country should be at the forefront of every Latino's mind. And this is especially important because we don't address mental health, the stakes are very high."

Similarly, the YouTube video *What's the deal with Latinos NOT talking about mental health?* /*The Kat call S3 Mitu* argues the disparities and access to mental health treatment which are more prevalent with only one in ten Hispanics with a mental disorder actually using mental health services from a general healthcare provider and even fewer (only one in 20), receiving services from a mental health specialist. They mention that all of these factors are due to stigma, lack of knowledge about services and lack of health insurance. Latinos are less likely to access evidence-based culturally grounded treatment options due to the limited availability of services to lack of health insurance to stigma and discrimination (along with many other factors). They mentioned "when we do get the access to these services it is often later in the course of the condition. This then leads to disparities and outcomes with Hispanics not deriving as much benefits from treatment as they could have." They further go on exploring the options that we can do to tackle health and mental health disparities as mental health providers. They believe that "We can increase our efforts to train ourselves in culturally grounded interventions and do more to disseminate and market our services directly to Latino communities while increasing awareness and decreasing stigma early on." Furthermore, researchers can continue to work with providers and communities to develop evidence-based culturally grounded interventions that are feasible acceptable to Hispanic communities, easy to implement by providers and are cost effective. An example given was Cognitive behavioral therapy.

Additionally, the YouTube video *What's the deal with Latinos NOT talking about mental health?* /*The Kat call S3 Mitu* touched on stigma contributing to why only 27 percent of Latinos

with a probable need for mental healthcare reported that they would seek treatment, versus the 40 percent of white non-Latinos who would. “Where does this stigma come from” they ask. The answer was “this stigma is only further perpetuated when there’s a serious lack of Latino psychologists to normalize the field and make it culturally accessible for our families.” They found that in 2013, only 5 percent of psychologists identified as Latinos, that is a very low amount and something that should be further explored.

Moreover, a woman commenter named Maria shared in *LATINOS TALK: Mental Health - Mitú*, 2018 YouTube channel with over 263 comments:

“I’ve been to therapy and so have my family members, we are Mexican. ...By me being vocal and in peace with my progress and results of therapy I’ve seen friends and family be open for it. I do want to share. My therapist was a Hong Kong immigrant and that helped fully. I tested two white therapists and they were very robotic, didn’t get me or comprehend me. I noticed with my therapist being Asian, we shared being immigrants. We shared the racism, being woman and the spiritual metaphysical beliefs of life that my Mexican ancestors gave me. She was able to see me in my struggle I had then and respected my culture. But also gave awareness to my own path of thriving as a Mexican woman, not a minority and to move past it. To me that helped the most.”

This comment made me understand that being able to bond with someone is very crucial in Latino families. If Latinos cannot bond with someone or feel that they cannot share something with them, there really isn’t a way for them to feel comfortable. This disconnect can create tensions in them and make them feel that therapy/healthcare services aren’t for them or that maybe they aren’t really going through something and there is no point in trying to talk about things with someone, especially if they feel they are going to be dismissed, misunderstood or

even unheard. Furthermore, the women felt a form of connection due to their immigrant and ethnic backgrounds even though there was a language barrier. They formed a bond through these similarities which helped Maria feel that comfort and that feeling of being heard/seen that she was looking for. Where she, conversely, was lacking with her past two white therapists who didn't get her or comprehend her. This is ultimately what people truly want, they want to feel that they are being heard and seen. Feelings should be validated and they shouldn't feel as if someone is just sitting there agreeing with them and not really forming a bond, or just being robotic (as Maria stated).

To have better access, therefore, healthcare should make it necessary for bilingual speaking people to be more readily available for those in need or even create different alternatives for Latinos to be informed on resources they can have access to. There seems to be lack of inclusivity of minorities especially within the Latinx community. Many of the times they do struggle to find medical help because a majority of these services only provide English speaking specialists and they can't form a connection with them. It is very important to spread awareness on these issues, to create better ways in getting access and to help Latino's drift away from this stigma associated with mental health.

Of the most important reasons why mental health care is not adequate is due to a lack of resources. Therefore, it appears that there are many economic factors that play a role in access. From the demographics given above it appears there is a low priority placed on mental health and this can be due to funding (insurance companies) and the government. Much of this can additionally be due to stigma. The impact of different cultural traditions, attitudes, values and beliefs on stigma seems to vary between and within countries which can also affect the

understandings of mental health among health professionals and their attitudes towards treating individuals in their communities.

### *Limitations*

Although a lot of information can be found through this process, there was a lack of involvement and connection. This is due to the limitation of COVID-19 being present and not being able to do interviews face-to-face. Face-to-face contact with Latinos who face mental health concerns could have helped understand people's feelings on a deeper/personal level. Not having contact affected not knowing how they handle certain situations with facial expressions and body language. Additionally, there could have been different scenarios for situations like this. For example, COVID-19 could have made people feel less open to talking about mental health or could have helped them be more open. This pandemic has showed us how crucial and significant mental health care providers are, especially since mental health concerns were high at this time. Either way COVID-19 was a limitation in that people would have not felt comfortable talking in person or even being vulnerable at this time.

Additionally, not getting enough information on how Latinos feel about mental health because they suppress expressing their feelings and don't like to be seen in a certain way is another concern with this method. If Latinos don't like to talk about this topic because it is so sensitive to them, I find that some things are left out and lack of understanding as to why they feel the way they do is fully dismissed. Furthermore, this method is very time consuming and could be subject to increased errors which could affect the study.

Moreover, many of the videos examined had many views but either had comments disabled (out of fear of people being attacked) or had many comments openly shared which

affects the comfort/vulnerability people felt in sharing their experiences. This limitation shows us that many people may not feel safe online or can even experience backlash, therefore, it can prevent people from sharing their thoughts openly in these spaces. Additionally, social media can increase many health concerns, it can cause unhappiness if used too much or without caution which can affect the study and understanding how social media can be positive for mental health.

Lastly, there is lack of information from the perspective of healthcare providers or specialists through this process. Perspectives from healthcare providers/specialists can help to better determine the stigma on mental health and whether or not information given from people who shared their experiences is accurately represented. This can further support whether or not resources are the problem or society at large is.

### ***Conclusion***

The results of this project indicate that many Latinx community members are discouraged from seeking mental healthcare due to their cultural norms, social pressures, religion, lack of access to bilingual resources/providers, and lack of comprehensive healthcare, along with many other social barriers. Many people throughout these videos/comments and articles shared similar views and discussed common feelings on anxiety, depression and other mental health concerns which aid in the stigmatization of mental health.

The examination of stigma on mental health and barriers that affect many Latinos from getting access indeed helps to further assist members of the Latinx community in getting access for mental health concerns. The study was able to comprehend the views on mental health, the stigma behind mental health and how social medias as YouTube can be a positive outlet for emotions.

This project successfully determined that social media is indeed a positive outlet for emotions. While many videos had high number of views, two videos in particular *We are Mitú. What's the Deal with Latinos NOT Talking About MENTAL HEALTH? | The Kat Call S3 - Mitú, 2018* and *We are Mitú. LATINOS TALK: Mental Health - Mitú, 2018* both had over 60,000 views and over 300/400 comments which were made visible to the public. Many of these videos shared people's experiences and thoughts on mental health and created a safe space for people to be vulnerable and to share their own personal experiences within their families. Additionally, anonymity on platforms such as YouTube allows people to share their experiences using alternative names without sharing their identity which can be very helpful in protecting themselves and from receiving negativity. While being anonymous, nothing can come back to them, therefore they can get access to these resources, learn more about the stigma on mental health, and share/comment their own experiences with others without fear.

Further research should be taken into consideration when finding the right resources and support to find access. Underrepresentation in many Latino communities lack adequate tools for support and should further be studied. There are various cultural and social barriers along with inadequate tools missing for mental health support which should further be explored.



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