

Stigma Keeps Some Latinos From Depression Treatment

March 26 2010, By Randy Dotinga

A new, small study of low-income, depressed Latinos finds that those who stigmatize mental illness are less likely than others are to take medication, keep scheduled appointments and control their condition.

The findings could help physicians develop a series of question to identify patients who might especially be resistant to care and then help them understand how treatment works, said lead study author William Vega.

“Unfortunately, mental-health stigma turns out to be one of the most serious barriers for people receiving care or staying in care,” said Vega, professor of medicine and [social work](#) at the University of Southern California.

Many cultures have [stereotypes](#) about [depression](#) and [mental illness](#), he said, with some viewing it as something that will brand a family for generations. Latinos, in particular, value resilience and think, “it’s a cultural value to be able to handle your own affairs,” he said. “If you can’t, it implies that you’re weak.”

While it might not be surprising that Latinos stigmatize mental illness, “like many things, it’s all anecdotes and innuendo until you do something more solid, like a research study, and start finding out what the issues are,” said Vega, who worked on the study with fellow researchers while at the University of California at Los Angeles.

In the new study, published in the March/April issue of the journal *General Hospital Psychiatry*, researchers surveyed 200 poor, Spanish-speaking Latinos in Los Angeles. They all had visited local primary care centers; 83 percent were women. All had shown signs of depression in an initial screening.

Another screening found that all but 54 of the 200 individuals were mildly to severely depressed. Researchers deemed 51 percent as those who stigmatize mental illness, based on responses to questions about things like the trustworthiness of a depressed person.

The researchers found that those who stigmatized mental illness were 22 percent less apt to be taking depression medication, 21 percent less likely to be able to control their depression and about 44 percent more likely to have missed scheduled mental-health appointments.

The findings “shows evidence that stigma does exist, and it’s related to things that are important to provide as part of proper treatment,” Vega said.

Jamie Walkup, a Rutgers University associate professor of psychology who studies mental health and stigma, said the key is to find ways to “push back against these negative ideas, hoping that a person with depression will no longer let an aversion to being a person with depression stop them from doing what they may need to do to get help.”

It might be worth asking, he said, “whether it may sometimes make more sense to switch gears with a patient who, for whatever reason, finds it intolerable to think of themselves as having depression.”

In such cases, doctors could find other ways to work with these patients without insisting that they acknowledge their diagnosis.

More information: Vega W, Rodriguez MA, Ang A. Addressing stigma of depression in Latino primary care patients. *General Hospital Psychiatry* 32(2), 2010.

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