

Culture, stigma affect mental health care for Latinos

March 23 2011, By Sylviane Duval



Latinos benefit from antidepressants like everybody else — only they do not use them nearly as often. The trick is getting past some cultural barriers.

A study appearing in the March-April issue of *General Hospital Psychiatry* confirms that the stigma of mental illness, poor communication with physicians and the underuse of antidepressants all play a major part in delaying the recovery of Latinos from depression.

The study authors followed the recovery of 220 Latinos who screened positive for depression at two clinics in Los Angeles County over 30 months. Overall, they found that nearly 70 percent of participants improved, albeit slowly, following a course of antidepressants and with the benefit of good physician-patient communication, but stigma remained an important barrier. Most of the participants were underemployed, Spanish-speaking Latinos with limited education, who had access to health care insurance.

“Doctor-patient communication is often the primary tool for bridging the gap between patients’ perspectives and the biomedical model that underlies medication-based treatments for depression,” said lead author Alejandro Interian, Ph.D., of the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School.

Previous studies affiliated with the Center for Multicultural Mental Health Research show that only 36 percent of depressed Latinos receive treatment compared with 60 percent of non-Latino whites. Latinos also are less likely to start on a course of antidepressants than whites and more likely to stop before the course runs out.

Sherrie Segovia, Ph.D., the mental health coordinator at the Hope Street Family Center/CHMC in Los Angeles, works predominantly with Latino immigrants. Her experience is consistent with Interian’s results.

“A high number of women receive prescriptions for [antidepressants](#) while complaining of headaches, backaches and stomach aches,” Segovia said. “Once confronted with the possibility of mental illness, they are unwilling or afraid to take medication. Some of their beliefs are associated with religion and cultural mores, while others have concerns with the stigma of being ‘crazy’.”

Interian said that skilled physician-patient communication could allay

these worries while respecting cultural concerns.

He recommended increasing the number of [mental health](#) professionals who speak other languages and understand different cultures, while ensuring that quality care is available to socially disadvantaged populations.

Segovia said, “The challenges from a clinician’s perspective are related to treatment that is culturally sensitive, as many Latinos also suffer from the effects of immigration, isolation and poverty.”

More information: Interian A, et al. The long-term trajectory of depression among Latinos in primary care and its relationship to depression care disparities. *Gen Hosp Psychiatry* 33(2), 2011.

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