**Medical Health**

“Mental health is fundamental to overall health and productivity. It is the basis for successful contributions to family, community, and society. Throughout the lifespan, mental health is the well-spring of thinking and communication skills, learning, resilience, and self-esteem.”

### The Population

- Mental disorders are as disabling as cancer or heart disease in terms of premature death and lost productivity.2
- 80% to 90% of mental disorders are treatable by medication and other therapies.2
- Suicide is the eighth-leading cause of death in the United States, and 80% to 90% of people who die by suicide are suffering from a diagnosable mental illness.2
- Almost one-third of Americans have had one or more serious mental disorders during their lifetime. At any one moment, major mental disorders affect almost 15% of the nation's population.3
- Studies have consistently shown that rates of substance abuse are positively linked with rates of mental disorders.1

### Latinos and Access to Care

- Among Latino Americans with a mental disorder, less than 1 in 11 contact mental-health specialists, and less than 1 in 5 contact general health-care providers. Among Latino immigrants with mental disorders, less than 1 in 20 use services from mental-health specialists, and less than 1 in 10 use services from general health-care providers.1
- While the percentage of mental-health professionals who speak Spanish is not known, only about 1% of licensed psychologists who are also members of the American Psychological Association identify themselves as Latino. There are only 29 Latino mental-health professionals for every 100,000 Latinos in the United States, compared to 173 non-Latino white providers per 100,000 non-Latino whites.1
- Adult Mexican immigrants who have lived in the United States less than 13 years have lower rates of mental disorders than Mexican Americans born in the United States, and adult Puerto Ricans living on the island tend to have lower rates of depression than Puerto Ricans living on the mainland. This information suggests that factors associated with living in the United States are related to an increased risk of mental disorders.1
- The incarcerated are at high risk for mental disorders compared to those who are not, and Latino men are nearly four times as likely as white men to be imprisoned at some point during their lifetimes.1

### Latinos and Insurance

- The lack of health insurance is a significant barrier to mental-health care for many Latinos. Although Latinos constitute 12% of the U.S. population, they represent nearly 1 out of every 4 uninsured Americans. Nationally, 37% of Latinos are uninsured —more than double the percentage for whites.1,5,6
- Studies have consistently shown that people in the lowest strata of income, education, and occupation have higher levels of psychological distress and are about 2 to 3 times more likely than those in the highest strata to have a mental disorder. Latinos are almost 3 times as likely to live in poverty as whites.5,11-13
- In 1999, the per capita income of Latinos was less than half that of whites ($11,621 compared with $24,109).5,7
- The low rate of health insurance enrollment among Latinos is driven mostly by Latinos’ lack of employer-based coverage—43% compared to 73% for non-Latino whites. Medicaid and other public coverage reach 18% of Latinos.8

### Culturally Bound Symptoms

- Non-Latino providers may have trouble diagnosing certain symptoms among Latinos as a result of cultural differences. Latinos often report symptoms differently than non-Latinos, such as susto (fright), nervios (nerves), mal de ojo (evil eye), and ataque de nervios (an attack of nerves).1
- Latinos tend to experience depression as bodily aches and pains (like stomachaches, backaches, or headaches) that persist despite medical treatment. Latinos often describe their depression as feeling nervous or tired for a prolonged period.10

### Latino Adolescents

- Latino youth experience or engage in proportionately more anxiety-related and delinquency problem behaviors, depression, and drug use than do non-Latino white youth.8
- The current cost of treating children and adolescents for mental illness is estimated at nearly $12 billion, significantly more than expected based on previous estimates. Despite these annual expenditures, nearly three-quarters of psychologically troubled youth do not get the care they need. Latino and African-American children are the most likely to go without needed care.9

### California’s Elderly

- Emotional problems like depression or anxiety impair the daily activities of nearly 1 of every 8 of California’s age 65 and older population. One-quarter report that they do not feel calm and peaceful most of the time. Those most likely to report mental-health problems include people of color, those with limited English ability, and Medi-Cal recipients.4
Latinas

- Depression is an illness that affects the body, mood, and thoughts. The rate of depression in American or other Latinas is about twice that of men. Among the various causes for depression are changes in brain chemistry, living through painful and difficult events, and even taking medications for other illnesses.¹¹

- One study found that Latinas who immigrate to the United States without their children were 1.52 times more likely to experience depression than Latinas who immigrated with their children or who had none.¹²

- According to the 2003 Youth Risk Behavior Survey, Latina adolescents are more likely to feel sad or hopeless, seriously consider attempting suicide, and make a suicide plan than non-Latina white or African-American adolescents (Figure 1). Of the three groups, Latina adolescents in grades 9-12 have the highest attempted suicide rate in the United States, almost 1.5 times that of non-Latina white and African-American females of the same age (Figure 2).¹³

This fact sheet was revised by Yvette G. Flores, PhD, clinical psychologist, and Professor of Chicana/o Studies, UC Davis.

The information presented in this fact sheet was assembled by Xóchitl Castañeda, California-Mexico Health Initiative Director, with the support of the CMHI staff.

References


