

## Education

# Culturally Responsive Civic Engagement: A Pathway to Mental Health Equity for Latinx Youth

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## Abstract

### Description

The COVID-19 pandemic magnified the existing inequities in the mental healthcare system that disproportionately affects communities of color, especially Latinx youth. This population faces disparities in the availability, accessibility, and quality of mental health services. This call to action to combat current mental health disparities entails ongoing collaborative efforts that address the plights of this community through community-based research studies. These studies inform efforts to mobilize health professionals, policymakers, and community partners across sectors to collaboratively dismantle systemic disparities and promote culturally-responsive initiatives.

### Keywords

Latinx youth; Latinx, Hispanic or Latino; mental health services; community mental health services; healthcare disparities; marginalized communities; equitable healthcare; minority health; mental health

## Introduction

Our nation is at a crossroads facing a global public health crisis and a domestic mental health crisis; the situation has worsened from dire to catastrophic. The COVID-19 pandemic caused devastating challenges for individuals across the nation, which were compounded for communities of color. It exposed existing inequities in the current healthcare system, which disproportionately affect underserved demographic groups. This disproportionate impact of the pandemic resulted in greater reports of depression, anxiety, and stress in the Latinx community. (Latinx is a gender-neutral term for people from a Latin American country). The impact on this group was exacerbated by uncertainty, social isolation, loss of employment and income, mortality, and social suffering.<sup>1</sup>

Latinx youth make up one of the largest and fastest-growing ethnic minority populations of Latinx in the United-States (US) and suffer from higher rates of mental health issues than their peers. Among Latinx youth, 22% report

depressive symptoms, which is higher than all other groups except Native American youth.<sup>2</sup> Despite this, Latinx youth are less likely to receive mental health treatment (8%) compared to their Caucasian peers (14%).<sup>3</sup> This discrepancy highlights the urgent need to address current health disparities by exploring the needs of the Latinx community and their access to culturally-informed mental health services.

We aim to reform the current system-wide dynamics of mental healthcare for Latinx youths. Our current system underscores the right of all individuals to access mental healthcare, yielding unfortunate consequences for these youths and their families.<sup>4</sup> Reforming our system involves replacing current structures with coordinated and culturally-informed practices and policies to facilitate equitable access to mental health services. These initial steps could begin with instituting a culturally-informed system of care that accounts for risk factors (eg, acculturation issues, stigma and shame, language barriers, and geographical location), affecting

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the Latinx community and leveraging a multi-disciplinary community-academic partnership to inform caregivers how Latinx cultural values can be applied to deliver responsive and equitable behavioral healthcare.<sup>5</sup> Furthermore, educational equity is intrinsically linked with health equity, reflecting the significance of employing a mental health equity framework to improve Latinx youths' social and academic development.<sup>6</sup> Advancing educational equity for Latinx youths means addressing inequities through the lens of mental health.

## Scope of the Problem

The current structural inequities in the US healthcare system place Latinx youths at a higher risk for poor mental health outcomes.<sup>4</sup> Despite the increased prevalence of mental health disorders among Latinx adolescents and their families, they encounter unmet mental health needs stemming from disparities in the availability, accessibility, and quality of mental health services.<sup>1</sup> Until we acknowledge and address these limitations of our healthcare system and the disparities in the social determinants of health, we continually fail to foster the social and emotional well-being of this vulnerable population. Consistently pursuing opportunities to tackle ingrained health injustices within our nation remains paramount.

In order to identify approaches for mental health interventions, we need to investigate the impact of multiple contextual factors to provide targeted and culturally-informed interventions for Latinx youth. Confronting these mental health concerns involves examining personal, cultural, and institutional aspects relevant to this population in the context of immigration, discrimination, cultural values and practices, and intersections of multidimensional identities and social determinants of health. Children of Latinx immigrants often do not seek mental healthcare services due to socioeconomic, logistical, or cultural challenges.<sup>7</sup> Furthermore, individuals from the Latinx community may experience and express mental health conditions, such as stress and depression, differently.<sup>8</sup> Healthcare providers should develop a deeper awareness and knowledge about cultural attitudes and beliefs that can impact the spectrum of behaviors considered "typical" or "atypical" in multicultural and

linguistic groups for the diagnosis of various psychiatric processes.<sup>9</sup>

## Current Interventions

We can begin addressing the mental health needs of Latinx youth by exploring how their culture fundamentally influences and shapes their perceptions of symptoms, mental disorders, and mental health services. Cultural influences, such as family unity (familismo) and collectivistic values, impact how individuals from the Latinx community respond to receiving a medical diagnosis, as well as their treatment preferences.<sup>10,11</sup> Ignoring the role of cultural values and preferences serves as a detriment to minority communities. Probing how communities of color employ cultural values and beliefs to navigate the healthcare system can inform the development of culturally sensitive healthcare delivery to provide a standard of care all individuals deserve.<sup>12</sup> Disparities in health outcomes reflect the importance of healthcare providers acknowledging the unique elements of the lived experiences of these youths. Symptoms of psychiatric disorders vary across cultures and also affect how individuals explain, understand, and cope with their disorder.<sup>13</sup> Healthcare providers applying a biomedical approach of implementing a medically-defined understanding of psychiatric symptoms may misinterpret an individual's culturally-specific expression and manifestation of a disorder.<sup>8</sup> Instead, clinicians should consider the importance of avoiding cultural stereotypes and learn how to ask comprehensive questions that elicit information relevant to the patient's cultural identity. Instead, clinicians should consider the importance of avoiding cultural stereotypes and learn how to ask comprehensive questions that elicit information relevant to the patient's cultural identity. This method will help improve cultural competence in a way that facilitates effective communication between the provider and patient as well as enhances health outcomes.<sup>9</sup> The introduction of the Cultural Formulation Interview (CFI) in the Diagnostic and Statistical Manual-V (DSM-V) is a 16-question interview protocol that healthcare providers can use to improve diagnostic practices by assessing patients' experiences through the cultural dimensions of psychiatric illnesses.<sup>14</sup> A lack of cultural competency and humility by healthcare providers can lead to the underdiagnosis or misdiagnosis of mental health conditions that

worsen health outcomes in the Latinx community.<sup>8</sup>

Thoughts and questions of whether the healthcare provider will truly understand their concerns and lived experiences should not inhabit the minds of individuals of color seeking mental health support. A recent New York Times article highlights the difficulties people of color encounter in finding a therapist with a shared cultural background who understands the intersection of their identities and demonstrates a willingness to integrate their beliefs, practices, identity, and cultural background into their counseling sessions.<sup>15</sup> In 2015, 86% of psychologists in the US were Caucasian, which does not reflect the diversity of the US population, which is 62% white and 38% racial/ethnic minority.<sup>16</sup> These data reinforce that people of color face challenges locating providers who look like them and can empathize with their experiences. However, it is not sufficient to simply increase the number of clinicians of color, further collective action is required to increase the quality of care and satisfaction for patients of color through an emphasis on cultural competence to improve rapport with patients.<sup>5</sup>

The CFI can help providers engage with patients of diverse backgrounds by examining mental health concerns through a social and cultural framework in order to incorporate patients' perceptions of illness and treatment.<sup>14</sup> Current studies depict how patients experience more effective mental health treatments when they feel that their therapist values culture through demonstrations of multicultural competence.<sup>17</sup> This further shows that cultural competence is not only demonstrated by knowledge about different cultures, but also by a provider's ability to provide a space that makes patients feel welcome, heard, and understood.<sup>15</sup> The CFI can help elicit concerns or barriers from patients such as perceived racism, language barriers, or cultural differences that compromise the quality and delivery of care.<sup>14</sup> Efforts to reduce mental health disparities among communities of color should seek answers to questions about how we can help patients feel seen and validated.

Acknowledging cultural differences but not implementing them during therapy may compromise care for the Latinx community. Health-

care providers can respond to these differences by providing a differential diagnosis in the context of culture, modifying evidence-based interventions to accommodate culture and language, and considering cultural and linguistic characteristics during test administration and results interpretation.<sup>5</sup> These efforts should be informed through ongoing collective dialogue between community agencies, clinicians, and service providers across all levels to advance culturally responsive mental health services and address existing Latinx behavioral health disparities.<sup>5</sup> Existing measures of mental health services employ traditional, disease-oriented methods from a health service perspective that do not accurately capture the experiences of marginalized Latinx communities.<sup>8,18</sup> These current methods lead to the relevance of more community-based participatory research (CBPR) to direct first-person perspectives on contemporary mental health discourses and practices that illustrate the barriers the Latinx population faces when accessing mental health care.<sup>8</sup> Exploring interpersonal and cultural contexts of barriers to mental health services for the Latinx community necessitates community-driven research dedicated to understanding and addressing the disparities in the diagnosis and treatment of mental health disorders in this population. Therefore, pursuing innovative community-based approaches to address culturally unique issues affecting Latinx youths' mental health requires a person-centered approach through sociocultural contextualization rather than an ethnocentric perspective of mental health diagnosis and treatments.

CBPR efforts to improve mental health equity should consider cultural differences in values, practices, and history in combination with the practicality of research applications to bridge the gaps in understanding the disparities in mental health services for Latinx youth. Findings from CBPR can lead to developing and implementing evidence-based and culturally-appropriate preferences for intervention and remediation that assess the cultural variations in the clinical presentations of disorders to help these individuals feel heard and understood.<sup>15</sup>

The goal of promoting mental health and reducing disparities among Latinx youths requires interactive collaboration by means of community-focused and inclusive measures

that develop through effective communication, innovation, and cohesiveness between the partnerships between marginalized communities and various institutions.<sup>19</sup> Developing and maintaining a meaningful partnership between community members, researchers, and institutions requires well-balanced community consultations, open collaboration, and mutual respect throughout the process of achieving the overarching goal of positive systemic change.<sup>19</sup> Prioritizing methods to address mental health inequities among Latinx youths entails taking both a top-down and bottom-up approach through community engagement that empowers all voices of the community to take ownership in solutions for the design, implementation, and evaluation of equitable community-driven interventions that improve mental health and access to culturally-informed services. These holistic approaches, such as school-based interventions or family involvement in child mental health treatment, encourage engagement of community members across multiple levels: youth, parents, teachers, healthcare providers, researchers, non-profit organizations, community stakeholders, and policymakers.<sup>7,19</sup>

Researchers in one clinical and CBPR study found that teachers and school systems played a significant role in referring Latinx children to mental health services and these factors predicted the utilization of such services.<sup>7</sup> Future CBPR studies should further examine the impact of school-based interventions and parent engagement on Latinx youths' utilization of mental health treatment. Culturally-responsible policies can emerge through CBPR that facilitate the development of models that engage teachers and parents in promoting the well-being and academic success of these youth.<sup>7</sup>

In another CBPR study, researchers found that when talking about psychiatric disorders, focusing on the "wellness" aspect of the mental illness served as a culturally appropriate strategy to promote communication between the researcher and the participants.<sup>20</sup> Thus, normalizing the experiences of these youth be achieved by modifying the language surrounding mental health.<sup>20</sup> This process of changing the narrative around mental health concerns among Latinx youth can begin with engaging

in culturally appropriate language that focuses on mental health promotion and wellness to destigmatize psychiatric clinical labels and prevent them from being perceived as socially damaging.<sup>20</sup> Findings from this CBPR study underscore the utility of a "wellness" approach when addressing cultural stigmas Latinx communities face when accessing mental health care; this method helps to shift the mental health narrative and make seeking professional medical help less daunting.<sup>20</sup> Implications from this study advise how members across sectors of academia, healthcare, and community-based organizations can respectfully engage and respond to the specific needs of the individuals from this community by amplifying the voices of communities of color that often remain marginalized.

These studies inform community members about barriers that impact access and utilization of mental health services among Latinx youth and their families. They also elucidate implications for clinical practice, policy, and advocacy to uplift the voices of this community.<sup>10</sup> The disparities in mental health services involve layers of complex issues that must undergo careful dissections to understand and address the plights of the Latinx community. Further exploring factors and processes that specifically affect this population's access and utilization of mental health services is imperative.

## Conclusions and Recommendations

The call to action to address current mental health disparities requires ongoing collaborative efforts. These efforts should focus on employing comprehensive, accessible, and culturally responsive initiatives across cultural settings and healthcare systems. Culturally affirming practices addressing disparities can be achieved by developing and incorporating more CBPR studies on the multifaceted influences on Latinx adolescent mental health. These studies can direct how we mobilize allied health professionals, policymakers, and community partners to dismantle systemic disparities ingrained in the healthcare system.

Values of social justice, civic responsibility, ethnocultural diversity, person-centered approaches, and culturally-sensitive community en-

gagements should guide and inform efforts to promote mental health equity that capture the experiences of Latinx youths. Significant barriers exist for this population, but we can take actions to develop a mental health framework that positions equity at the center to provide these youths with the support and opportunities to thrive. To catalyze this transformation in the mental health infrastructure, we must expand current mental health discourses and practices beyond textbook-defined symptoms and treatments through contemporary engagements that elicit perspectives from people with diverse backgrounds and engage community members across sectors. The inclusion of the CFI in the DSM-V, and the implementation of the biopsychosocial approach in mental health, reflect positive developments in exploring the intersection of cultural diversity in the mental health framework.

Further considerations could involve examining community-based ethno-cultural services in the delivery of mental health services facilitated through collaborations and partnerships between community members of all levels, as significant evidence suggests that individuals from culturally distinct communities tend to utilize elders in their community, religious leaders, or traditional healers to deal with mental distress over professional healthcare providers.<sup>21</sup> We must continue promoting the voices of marginalized communities to build upon this conversation to promote positive mental health outcomes for this population. We hamper endeavors to build toward an equity-centered society if current structures continue to exist and impede future directions to pave a pathway towards mental health equity for Latinx youths.

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### Conflicts of Interest

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### References

1. Moon KJ, Montiel GI, Cantero PJ, Nawaz S. Addressing emotional wellness during the COVID-19 pandemic: the role of promotores in delivering integrated mental health care and social services. *Prev Chronic Dis.* 2021;18:E53. doi:10.5888/pcd18.200656
2. Guzmán A, Koons A, Postolache TT. Suicidal behavior in Latinos: focus on the youth. *Int J Adolesc Med Health.* 2009;21(4):431-439. doi:10.1515/ijamh.2009.21.4.431
3. Coker TR, Elliott MN, Kataoka S, et al. Racial/Ethnic disparities in the mental health care utilization of fifth grade children. *Acad Pediatr.* 2009;9(2):89-96. doi:10.1016/j.acap.2008.11.007
4. Lawton KE, Gerdes AC. Acculturation and Latino adolescent mental health: integration of individual, environmental, and family influences. *Clin Child Fam Psychol Rev.* 2014;17(4):385-398. doi:10.1007/s10567-014-0168-0
5. Paris M, Silva MA, Diaz E, Bedregal LE, Cole RA, Añez-Nava LM. The Connecticut Latino Behavioral Health System: a culturally informed community-academic collaboration. *Psychol Serv.* 2016;13(2):140-147. doi:10.1037/ser0000065
6. Center on Society and Health. *Why Education Matters to Health: Exploring the Causes.* Virginia Commonwealth University; 2014. Accessed December 15, 2021. <https://societyhealth.vcu.edu/media/society-health/pdf/test-folder/CSH-EHI-Issue-Brief-2.pdf>
7. Ortega AN, Chavez L, Inkelas M, Canino G. Persistence of mental health service use among Latino children: a clinical



- and community study. *Adm Policy Ment Health*. 2007;34(4):353-362. doi:10.1007/s10488-007-0114-2
8. Carpenter-Song E, Chu E, Drake RE, Ritsema M, Smith B, Alverson H. Ethno-cultural variations in the experience and meaning of mental illness and treatment: implications for access and utilization. *Transcult Psychiatry*. 2010;47(2):224-251. doi:10.1177/1363461510368906
  9. Fogel A, Nazir S, Hirapara K, Ray S. Cultural assessment and treatment of psychiatric patients. *StatsPearls*. Treasure Island, FL: StatPearls Publishing; 2022. <https://www.ncbi.nlm.nih.gov/books/NBK482311/>.
  10. Rastogi M, Massey-Hastings N, Wieling E. Barriers to seeking mental health services in the Latino/a community: a qualitative analysis. *J Syst Ther*. 2012;31(4):1-17. doi:10.1521/jsyt.2012.31.4.1
  11. Cabellos PL, Bratton SC. Empowering Latino families: effects of a culturally responsive intervention for low-income immigrant Latino parents on children's behaviors and parental stress. *Psychol Sch*. 2010;47(8):761-775. doi:10.1002/pits.20502
  12. Prasad SJ, Nair P, Gadhvi K, Barai I, Danish HS, Philip AB. Cultural humility: treating the patient, not the illness. *Med Educ Online*. 2016;21:30908. doi:10.3402/meo.v21.30908
  13. Bredström A. Culture and context in mental health diagnosing: scrutinizing the DSM-5 revision. *J Med Humanit*. 2019;40(3):347-363. doi:10.1007/s10912-017-9501-1
  14. Aggarwal NK, Jarvis GE, Gómez-Carrillo A, Kirmayer LJ, Lewis-Fernández R. The cultural formulation interview since DSM-5: prospects for training, research, and clinical practice. *Transcult Psychiatry*. 2020;57(4):496-514. doi:10.1177/1363461520940481
  15. Caron C. It's hard to search for a therapist of color. These websites want to change that. *The New York Times*. July 16, 2021. <https://www.nytimes.com/2021/07/16/well/mind/find-black-latinx-asian-therapist.html>
  16. Lin L, Stamm K, Christidis P. How diverse is the psychology workforce? *Monit Psychol*. 2018;49(2):19.
  17. Soto A, Smith TB, Griner D, Domenech Rodríguez M, Bernal G. Cultural adaptations and therapist multicultural competence: two meta-analytic reviews. *J Clin Psychol*. 2018;74(11):1907-1923. doi:10.1002/jclp.22679
  18. Kapke TL, Gerdes AC. Latino family participation in youth mental health services: treatment retention, engagement, and response. *Clin Child Fam Psychol Rev*. 2016;19(4):329-351. doi:10.1007/s10567-016-0213-2
  19. Ruiz-Casares M. Research ethics in global mental health: advancing culturally responsive mental health research. *Transcult Psychiatry*. 2014;51(6):790-805. doi:10.1177/1363461514527491
  20. Stacciarini JM, Shattell MM, Coady M, Wiens B. Review: community-based participatory research approach to address mental health in minority populations. *Community Ment Health J*. 2011;47(5):489-497. doi:10.1007/s10597-010-9319-z
  21. Gopalkrishnan N. Cultural diversity and mental health: considerations for policy and practice. *Front Public Health*. 2018;6:179. doi:10.3389/fpubh.2018.00179