Comprehensive Mental Health Care and Suicide Prevention for Latinos in the U.S

Francie Tupper

Carroll College

Introduction

According to the 2020 United States Census, over 60 million U.S citizens reported their race as Hispanic/Latino, indicating a 23% increase from the 2010 Census (Jones et al.). Research suggests that by 2060, Hispanic/Latino U.S citizens will make up around 25% of the population, constituting the largest minority group in the nation (Silva and Van Orden, 44). Population is not the only aspect of Hispanics/Latinos in the U.S that is rising: suicide risk and rates for this population have been on the rise since 2000 (Silva and Van Orden, 44). Despite this increase, Latinos in the U.S have received little to no attention regarding suicide rates, likely due to what has been deemed "the Latino Paradox" (Silva and Van Orden, 44). The Latino Paradox states that overall death rates of Latinos in the U.S is much lower than is expected given that the majority of Latinos in the U.S have low socioeconomic status (Silva and Van Orden, 4). Suicide rate of Latinos in the U.S is statistically lower than that of non-Latinos, but the rate is rising, presenting an issue that must be addressed before it is too late.

The cause of the increase in Latino suicide rate is complicated and requires vast amounts of research as suicide risk and rate are heavily influenced by many outside factors. According to the Center for Disease Control (CDC), veterans, people in rural areas, middle-aged individuals, those with tribal heritage, and sexual/gender minorities are the most at risk populations in the U.S. However, over all, suicide is affected by age, sexuality, veteran status, race, ethnicity, disability status, industry, occupation, and area of residence all greatly impact suicide risk, ideation, and rates ("Disparities in Suicide"). Now, what is important to understand is that these factors influence *all suicide rates*, not just those of specific groups. When the suicide rates of specific groups are examined, researchers are able to further study how each of these aforementioned factors influence the suicide rate of certain races, genders, ages, and populations.

This is just as important as recognizing global factors associated with suicide. Understanding factors that affect suicidality helps researchers create interventions to prevent suicide and lower suicide rates. In depth explorations of suicide rates in specific populations help create even more specific interventions. One could claim that understanding nuances in specific populations is even more important as different cultures and identities require different intervention strategies and something that works for the majority of the population may not work for a specific group. And so, the goal of this paper is revealed: Latinos living in the United States face a plethora of difficulties that increase their risk of mental health issues and suicide; in order for mental health professionals to provide effective care, it is crucial to learn about and understand the risk and protective factors associated with being a Latino in the U.S, why mental health care must be different for Latino clients, and how to include these practices in a mental health setting.

Literature Review

As aforementioned, suicide rates of Latinos in the U.S are rising (Jones et al.), yet, due to the Latino Paradox, trends in Latino death rates tend to go unrecognized (Silva and Van Orden, 44). In order to fully understand how to bring attention to these rising rates *and* combat them, one must consider the multitude of factors that contribute to suicide amongst Latinos in the U.S. There is not one single factor that will cause suicide; instead, factors like age, location, and veteran status, are pieces to a complex puzzle that create suicide risk and rate for all populations (“Disparities in Suicide”). When studying the suicide rate of a specific population, these factors become even more nuanced and prevalent. Different populations are affected by these factors in different ways. While Latinos in the U.S are certainly affected by all of the aforementioned factors, important areas that unequally affect this population in regard to suicide risk are as follows: country of origin, place of birth, area of residence, generation, age, sexuality, gender,

acculturative stress, immigration policies, perceived burdensomeness, and belongingness (Alvarez-Hernandez and Mowbray; Basa-Garcia et al.; Becerra et al.; Furman et al.; Ivey-Stephenson et al.; Oakey-Frost et al.; Silva and Van Orden). These risk factors will be the main focus of this paper, but readers should keep in mind that each individual will differ in their suicide risk based on their life experiences and circumstances.

Place of birth, generation, and country of origin, are closely related and affect suicide risk for Latinos in the Unites States. Place of birth refers to whether or not the individual was born in the United States or immigrated to the United States during their life. Foreign-born Latinos in the U.S, that is, Latinos who were born outside of the U.S and later moved there, tend to have lower suicidal rates and ideation than U.S born Latinos (Silva and Van Orden, 45). Similarly, generation plays a role in suicidality as well, specifically regarding Latino youth in the U.S: second generation Latino youth (born in the U.S with immigrant parents) have a higher risk of suicide than first generation Latino youth (born outside of the U.S) (Silva and Van Orden, 45). This trend appears to continue across generations—third generation Latino youth are at a greater risk for suicide than both first and second generation Latino youth in the United States (Silva and Van Orden, 45-46). Finally, country of origin is tied to both place of birth and generation; it refers to the country in which the individual was born. Considering the previous discussion of the trend in suicide for U.S born Latinos, this point will focus on Latinos in the U.S who were born in other places. Most notably, Puerto Ricans living in the United States report the highest rates of suicide and suicidal ideation when compared to all other demographics as well as Cuban and Mexican-Americans (Baca-Garcia et al.; Silva and Van Orden). All three of these factors are closely related and demonstrate a small part of the nuance that makes up the suicide risk factors for Latinos living in the United States. Another factor is the age of the Latino individual.

The age of a Latino individual in the United States plays a large role in suicide risk. According to the Suicide Prevention Resource Center, Latinos in the United States who are 25 to 34 years old are at the highest risk for suicide completion, followed by 15-24 year old Latinos in the U.S. Upon examining the 2019 Youth Risk Behavior Surveillance (YRBS) data from the United States, Latino youth in the U.S show similar rates of suicidal ideation, attempt, and completion, all falling between that of non-Hispanic white and non-Hispanic black individuals ("Disparities in Suicide"). Considering the fact that Latino suicide rates in the U.S are lower than those of non-Latino individuals, it is striking to see such similar rates amongst different racial and ethnic youth in the country. Further, these numbers change when taking gender and sexuality into account.

The same YRBS data reports that in 2019, almost 47% of all high schoolers who identified as lesbian, gay or bisexual (LGB) seriously considered attempting suicide compared to less than 15% of heterosexual students ("Disparities in Suicide"), regardless of race. In this same report, LGB students attempted suicide over three and a half times more than heterosexual individuals ("Disparities in Suicide"), again, regardless of race. So, LGB individuals overall are at a higher risk for suicide than their heterosexual counterparts. When race/ethnicity is added into the mix, suicide rate changes: Latino LGB individuals are at a greater risk for suicide completion, and this risk increases year after year (Alvarez-Hernandez and Mowbray, 8-9). Regarding gender, Latino women are at a higher risk for suicide than Latino men; this includes suicide consideration, attempts, and completion (Alvarez-Hernandez and Mowbray; Silva and Van Orden). Alongside these harrowing statistics, there are other suicide risk factors that affect all Latinos in the U.S, despite their sexuality or gender.

Some of these factors are acculturative stress, immigration policies as well as perceived burdensomeness and belonging. Acculturative stress occurs when an individual declines in health (mental and/or physical) due to their assimilation into a new culture (acculturation) (Torres et al., 19). Acculturative stress is positively correlated with negative psychological outcomes, meaning increased stress from acculturation decreases an individual's psychological wellbeing (Corona et al.; Torres et al.). As the National Alliance on Mental Illness (NAMI) reports, both psychological distress and prolonged stress heighten an individual's risk for suicide (National Alliance on Mental Illness). An additional factor to acculturative stress and suicide risk is immigration policies in the United States.

A recent study examined the mental health of Latinos in the U.S following implementation and enforcement of aggressive imigration policies between 2014 and 2018. The results showed that, in states with more arrest rates based on the aggressive enforcement of these policies, Latinos reported worse mental health than in states with less aggressive implementation (Bruzelius and Baum, 1787-1788). Additionally, a study published in 2020 reports that Latinos in the U.S experience large amounts of anxiety, depression and overall stress under the current immigration laws due to excess family and personal stress (Becerra et al., 53-54). All in all, more aggressive immigration policies appear to lead to greater psychological distress in Latino populations, which increases the risk for suicide.

The final suicide risk factor for Latinos in the U.S to be discussed is that of perceived burdensomeness and belongingness. These aspects relate to someone's own perception of themselves, what they contribute, and how well they fit in. Perceived burdensomeness refers to an individual's perception of being a burden on others while perceived belongingness refers to how well an individual fits into their surroundings (Oakey-Frost et al., 254). Latinos who have a

high perceived burdensomeness show an increase in suicide behaviors (Oakey-Frost et al., 260-264). Furthermore, when a Latino expresses great feelings of "thwarted belongingness" (i.e. feeling like their need to fit in is largely going unrecognized and unmet), their suicide behaviors increase as well (Oakey-Frost et al., 260-264). What these results show is that suicide behaviors for Latinos in the U.S are largely influenced by how they believe they are perceived in the world around them (Oakey-Frost et al., 260-264). In order to gain a better understanding of suicide risk for Latinos in the U.S it is crucial to know and recognize these risk factors; however, there are other factors that must be acknowledged too.

It is important to recognize the suicide risk factors for this population, but realizing the protective factors surrounding this population may help in the prevention of suicides within this population. In general, the CDC reports six protective factors that can help with reducing suicide risk in all populations: coping mechanisms; cultural and religious beliefs; support and connection from friends, family, and the community; healthy relationships with caregivers; access to healthcare (both physical and mental); and decreased access to anything that could result in purposeful death. Again, these protective factors can and do benefit Latinos in the U.S. However, in order to understand and serve this population, more in depth knowledge of protective factors specific to this group are necessary. These factors include cultural concepts such as familismo, respeto and religiosity; health education; acculturation and cultural identification; and ethnic identity.

Familismo, respeto and religiosity all tend to be integral pieces of the Latino culture, whether in the United States or outside of it (Corona et al.; Miranda et al.); all three can also help moderate negative psychological effects for Latinos in the United States (Corona et al., 71-72), contributing to a lower risk for suicide. Familismo refers to connectedness and loyalty to as well

as support from one's family (Corona et al.; Miranda et al.) and can be an effective moderator for Latinos in the U.S who are struggling with acculturative stress (Miranda et al., 271-272). Similarly, Latino college students with a strong sense of familismo show decreased symptoms of depression, anxiety, and overall stress (Corona et al., 71-72), which decreases the risk for suicide. Familismo is one of the most important cultural values for Latinos in the U.S in reducing psychological and acculturative stress (Corona et al.; Miranda et al.), thereby reducing the risk for suicide. Respeto and religiosity also play important roles.

Respeto is a general understanding of how to be respectful of a person depending on a variety of factors such as age, race, gender, etc. and is an important value in Latino families (Calzada et al., 77). Religiosity refers to how religious a person is and is also a significant characteristic of Latino cultural values (Corona et al., 71-72). Greater valuation and integration of respeto in life can buffer the effects of anxiety due to both discrimination and acculturative stress (Corona et al., 71-72). Additionally, there is a negative relationship between the value of respeto and suicidal behaviors: the greater the value of respeto, the lower the presence of suicidal behaviors (Corona et al., 71-72). Regarding religiosity, its effects are similar to those of respeto: moderation of anxiety caused by discrimination and acculturative stress (Corona et al., 71-72). It should be noted, however, that the type of religiosity plays a crucial role in its benefits; extrinsic religiosity appears to be associated with greater depressive symptoms (Corona et al.; Smith et al.). This means that religiosity due to external pressure or for self-advancement may make depressive symptoms worse (Corona et al.; Smith et al.). It is important to keep that in mind when evaluating religiosity as a protective factor. The next protective factor is not a cultural value; instead, it revolves around knowledge of mental health.

An issue facing the majority of United States citizens, regardless of race, is that of the stigma surrounding mental health disorders and suicide, although the stigma toward seeking help for these issues is decreasing (Parcesepe and Cabassa, 12). Decreasing that stigma is crucial when working with Latino clients in the United States; Latinos in the U.S who receive more education on depression and its symptoms tend to have less of a personal stigma toward seeking help for depression and less of an overall stigma toward those who do suffer from depression (Lopez et al., 5). Both findings are important, but the latter suggests that increasing mental health education in this population can potentially increase the social and community support as well. To further support this, use of mental health services by Latinos in the U.S is greatly affected by self-perceived need *and* community-perceived need for these services (Chang and Biegel, 556-557). So, a Latino individual is more likely to seek help for mental illness if those around them are keen to their mental health symptoms (Chang and Biegel, 556-557). Finally, mental health interventions that incorporate mental health literacy appear to be an effective part of treatment as long as the information is communicated in a culturally applicable manner (Pérez-Flores and Cabassa, 437-438). How this information should be disseminated will be discussed later. The final two protective factors included focus on cultural and ethinic identity.

In general, greater cultural and/or ethnic identities are associated with better mental health outcomes (Corona et al.; Oakey-Frost et al.; Silva and Van Orden). This is likely closely related to the previously mentioned aspects of familismo, respeto, and religiosity, as all three are greatly valued in Latino cultures (Silva and Van Orden, 46). Interestingly enough, recent research suggests that, while it is important to maintain strong ties to one's culture of origin, *biculturalism* may improve mental health outcomes for Latinos in the United States (Schwartz et al.; Tikhonov et al.). Biculturalism refers to maintaining one's own cultural beliefs and values while

simultaneously adopting those of the "host society" (Tikhonov et al., 495). In this case, it is most beneficial for Latinos in the United States to neither ignore American culture nor give up their culture of origin (Tikhonov et al., 499-500). In adopting a bicultural identity, Latinos adapt to the new culture and handle the acculturation process better, leading to better psychosocial outcomes, especially when considering Latino youth in the U.S (Berry et al., 325). Promoting bicultural integration is an effective strategy for Latinos in the United States (Berry et al.; Schwartz et al.; Tikhonov et al.). As has been shown, the factors affecting the suicide risk and rate of Latinos in the U.S is complex, but this knowledge is useless unless one understands why working with this population requires specific awareness and strategies, and how to implement them.

Despite the decreasing stigma surrounding mental health, many individuals of all races and ethnicities still struggle to access mental health care, sometimes due to a lack of culturally competent practices. Latinos in the United States are one group in which this can be the case (Furman et al., 172). Additionally, many Latinos in the United States do not seek care for health issues (including mental health) due to an overall lack of trust in the U.S healthcare system (Furman et al., 172). In order to be an effective mental health practitioner, one must understand how Latino beliefs and experiences, like the previous examples, affect help-seeking behaviors. By taking these aspects into consideration, culturally competent work with Latinos in the United States becomes much more attainable through specific interventions and strategies. The information that is necessary to understand regards the assumption of homogeneity, transmigration, acculturation, the social welfare system, and Latino values (Furman et al., 167-174).

Assumption of homogeneity refers to the fact that terms like "Hispanic" and "Latino" generalize and homogenize the diverse populations that migrate to the U.S from Latin America

(Furman et al., 168). Just like the multiple cultures that exist within North America and even the United States itself, there are many different cultures within Latin America. As a mental health professional, it is important to understand that Latino clients will not all have the same beliefs, values, or backgrounds as Latin America is a place full of differing cultures and experiences (Furman et al., 168) In order to create a culturally competent practice, the provider must learn about a client's individual beliefs and backgrounds and how those affect their life (Furman et al., 168). Yet, it is still important to note that there are similarities between Latino cultures and Latino individuals in the United States, all of which should be taken into consideration. Similarly, a provider must understand the experience of transmigration to create a better client-provider relationship.

Transmigration, according to the Mirriam-Webster Dictionary, is simply the travel from one place to another. In this case, transmigration refers to the migration of people from Latin America to the United States for various reasons. Migration into the United States through the southern border can be dangerous and poses many risks to those that attempt it (Furman et al., 169). Aside from the overall risks of the journey to arrive in the United States (legally or not), there tends to be a decrease in overall health for recent immigrants to the U.S (Goldman et al., 1166-1168). The overall health of these immigrants is not only worse than other U.S citizens, but is worse than the health of individuals in the home country, suggesting that the migration process is potentially detrimental to migrant health (Goldman et al., 1166-1168). This aspect of overall declining health needs to be considered when working with Latinos in the U.S. A subgroup of Latino migrants that are at an especially high risk for mental health decline are those that travel to the U.S (again, legally or not) for migratory work; they are known as "labor transmigrants" (Furman et al., 169).

Labor transmigrants face more risks than other transmigrants in the U.S due to the fact that they continuously move from place to place and do not stay in the United States (Furman et al., 169). Because of this, these transmigrants rarely qualify (or even try to qualify) for U.S citizenship; being illegal, these individuals are often used as cheap laborers who do not have rights like minimum wage, unions, or even safe working conditions (Furman et al., 169). In this way transmigrants face not only the risk of deportation but also risk personal health and safety in a place in which they cannot legally receive aid nor do they have insurance to pay for it (Furman et al., 169). Furthermore, the lack of a "home-base" adds to transmigrant distress since it limits the amount of social interaction and support (Furman et al., 169). Even more, as was previously discussed, immigration policies can create even more stress, especially for an undocument transmigrant. A labor transmigrant who is likely already stressed due to the need to travel to the U.S for work is distressed even more by the lack of labor rights, the risk of deportation, immigratino policies, and the lack of emotional and social support (Furman et al., 169). This could create mental health issues in any person, regardless of race, so it is necessary to understand the transmigratory lifestyle when working with Latino clients in a mental health care setting.

The next reason that mental health care needs to be strategically different when working with Latino clients is because of acculturation. Acculturation is a potential risk factor regarding suicidality for this population, as aforementioned, so it makes sense that it is an especially important topic to understand and incorporate when working with Latino clients. While the relationship between acculturation and mental health is complicated, the research suggests that stress caused by acculturation is associated with worse mental health outcomes (Corona et al.; Torres et al.). However, there has been research to suggest that psychological distress due to

acculturation may decline as immigrants age (Furman et al., 169-170). Nonetheless, it is important that a mental health professional understand the risk factors associated with acculturation for Latinos in the U.S. Further, being aware of the positive effects of biculturalism can help practitioners create culturally appropriate services. Appropriate services also require a good understanding of the social welfare system in the U.S and how it affects Latinos in the country.

Acknowledging barriers of and trouble accessing the social welfare system in the U.S are crucial in understanding how to treat Latino clients' mental health. Within the social welfare system, Latinos who are not proficient in English tend to be turned away and denied assistance due to social worker assumptions that the individual was not eligible; additionally, if the individual does receive assistance, they are typically made to wait four times longer than someone who is proficient in English (Furman et al., 171-172). Regarding discrimination, Latino children are taken away from their guardians more often and quicker than white children in the United States, suggesting that some aspects of discrimination are at play regarding which cases are reported, substantiated, and closed first (Furman et al., 171-172). Available services are lacking overall in the social welfare system, but especially those that are accessible to Latino clients. This system is complex in any language, so trying to navigate it with little to no English proficiency is very difficult. The social welfare system is lacking in spanish-speaking providers, making access even harder than it already is (Furman et al., 171-172). Finally, the general focus of the social welfare system directly clashes with Latino cultural values (Furman et al., 171-172). The U.S, and the social welfare system, operates through an individualistic lens, while most Latino cultures maintain a collectivist mindset (Furman et al., 171-172). The welfare system in the U.S focuses on individual responsibility and tends to disregard the needs of the family unit as

a whole, nor does it address the overall oppression and discrimination that this population faces and has faced (Furman et al., 171-172). This can lead to unsatisfactory job placements that conflict with the family system or cause even greater oppression and discrimination, worsening the psychological outcomes for Latinos in the U.S (Furman et al., 171-172). In addition to the potential system failures that affect mental health practice with Latinos in the U.S, barriers may arise that are specific to a client and specific to differing understandings of client-provider relationships.

Arguably the most important factor that goes into working with Latino clients is the difference in cultures and practices between these clients and providers. The starkest contrast is the type of cultures that exist in the U.S and in Latin America. The United States practices an individualistic culture, meaning that responsibility and choice is based on each person individually. In Latin America, however, the majority of cultures practice collectivist cultures, which tends to include "mutual empathy, deference to group interest over individual interests, and conformity to group expectations, providing a sense of belonging and respect to the individual" (Furman et al., 172-174). Where this becomes incredibly important when working with Latino clients in a mental health setting is in the realm of family support and involvement (Furman et al., 172-174). Strong family connections can help Latinos in the U.S overcome poverty, can decrease the risk of substance abuse, and can help protect against community-based factors that lead to increased stress (Furman et al., 172-174). Moreover, mental health professionals need to understand, accept and be aware of any biases they may have when working with Latino clients; they must also be aware of the role of race in practice. It is essential that professionals understand the privileges they have had and take a less dominant role in the process (Furman et al., 172-174). By acknowledging that they are not experts in the client's

culture and that they want to learn from the client, the therapeutic relationship will be more productive (Furman et al., 172-174). Alongside these stark cultural differences, nuanced differences in interactions with Latino clients are important to know as well.

Professional relationships are different under the premise of a Latino culture, which is why it is crucial to understand these differences in order to practice comprehensive mental health care with Latino clients. For example, a Latino client may refer to the mental health professional as “doctor”, regardless of the professional’s actual degree (Furman et al., 172-174). Furthermore, Latino clients are likely to inquire about a professional’s family life because family is so integral to their culture in general and the mutual sharing helps build a strong professional relationship (Furman et al., 172-174). Professionals must use appropriate disclosure during this time, but must also understand that disclosure about family is expected of the professional (Furman et al., 172-174). Finally, it is important in any mental health setting to foster a warm and trusting environment, but it is paramount to do so when working with Latino clients (Curtin et al.; Furman et al.). In the same regard, informed consent is always important, but informed consent needs to go even further for Latino clients (Furman et al., 172-174). The professional should clearly explain any treatment plans that will be in place and what it will look like every step of the way; if there are language barriers, it is even more important to engage in explanation with the client in order to build a trustworthy and effective therapeutic relationship (Furman et al., 172-174) The explanation as to why mental health practice must be different for Latino clients appears dense, but if practitioners can understand the differences between themselves and their clients and take an active role in self-education and self-awareness, both professionals and their clients will be better able to access and complete the therapeutic process.

There are many aspects required when becoming culturally competent mental health practitioners. Regarding accessibility of social services, hiring spanish-speaking social workers or even readily accessible translators would better the accessibility and improve the quality of services for Latinos living in the U.S (Furman et al., 171-172). For social workers (including mental health professionals) who work with Latinos in the U.S, training is a key element of fostering culturally competent practices (Furman et al.172). The training should focus on understanding a client's worldview, how it shapes their life, and how worldviews are different between cultures (Furman et al., 172-174). Other areas of training that will benefit both client and provider are providing hope; being a warm and genuine practitioner; client empowerment and gaining control over life; certain rituals that can help with transition and with "cleansing"; and helping the client find meaning in their life (Furman et al., 174). Another way to better Latino client care in a mental health setting has to do with overall health literacy.

Increasing health literacy and access to healthcare is beneficial to Latinos for general health reasons and mental health reasons (Cabassa et al.; Lopez et al.). As previously noted, mental health education can decrease the stigma felt towards others with mental illness and toward oneself regarding seeking help (Lopez et al., 5). In a systematic review of the effectiveness of health literacy, the researchers found that "using fotonovelas and soap opera narratives, incorporating Latino/a music and art, and delivering these interventions in English and Spanish in trusted community locations (community centers and schools)," are successful ways in which to promote overall health literacy in Latino populations (Pérez-Flores and Cabassa, 437). Furthermore, the program Bridges to Better Health (B2BH) has shown to be successful in aiding in treatment of Latinos with serious mental illness (SMI) (Cabassa et al., 169-171). B2BH focuses on connecting all aspects of health and making sure clients receive the

care they need: a Latino client is assigned a social worker who acts as an advocate for the client, connects them to primary care providers, and helps better their health literacy so they can be more involved in their health treatment (Cabassa et al., 169-171). This method has shown to increase patient activation (or ability to self-manage), self-efficacy, reception of preventative primary care services and lead to an overall higher rating of chronic illness care (Cabassa et al., 169-171). In bettering a client's health literacy, they are better able to seek out help and be an active participant in their treatment (Cabassa et al.; Lopez et al.)

Finally, like with all persons struggling with mental health and potential suicidality, mental health treatment for Latinos in the U.S should focus on decreasing risk factors and increasing protective factors. Some risk factors cannot be changed, like place of birth, generation, country of origin, sexuality, gender, and age. However, others, like acculturative stress, impact of immigration policies, and perceived burdensomeness and belonging can all be changed with the help of a culturally competent mental health professional. Providing the client with tools to decrease their acculturative stress (including the stress of immigration policies), and help lower their perceived burdensomeness while increasing their sense of belonging can help. This may include talk therapy (in English or Spanish), education on coping mechanisms, mindfulness teachings, or implementation of certain types of therapy like cognitive behavioral therapy (CBT), dialectical behavioral therapy, wilderness therapy, group therapy, etc. Within each of these contexts, it is important to take the previous research into account by focusing on aspects of Latino culture that decrease psychological distress.

To decrease this psychological distress in a therapeutic setting, a provider should focus on increasing a client's protective factors. A provider can help the client strengthen their cultural values like familismo, respeto, and religiosity, if the client values them (Corona et al.; Miranda et

al.). Involving the client's family and religious life in the healing process may help considering the strong family values present in many Latino cultures (Corona et al.; Furman et al.). Decreasing a client's personal stigma toward mental illness and community stigma can also help better their mental health (Lopez et al., 5); community perception of mental illness is important in a client's mental health (Chang and Biegel, 556-557) and should be taken into account as well. Lastly, perhaps the most important way a provider can help their client is by focusing on cultural/ethnic identity (Corona et al.; Oakley-Frost et al.; Silva and Van Orden). As aforementioned, bicultural identity seems to be the most successful way in which Latino clients healthily adapt to their surroundings (Berry et al.; Schwartz et al.; Tikhonov et al.). Adopting a bicultural identity appears to cause the *least* amount of mental health issues and psychological distress (Berry et al.; Schwartz et al.; Tikhonov et al.), which is why it should be a focus of mental health work with Latino clients. A professional can help their client balance their culture of origin and their new culture in a way that does not create more acculturative stress while still helping the client feel like they belong. In doing so, a mental health professional will be an incredible asset to the betterment of mental health within this population.

Methods

Previous research brings to attention the rising suicide rates of Latinos in the U.S as well as factors that have the potential to increase that rate or decrease it (Silva and Van Orden; "Suicide Rising"). Additionally, many researchers have taken action and begun investigating the most effective treatment options for this population (Cabassa et al.; Furman et al.; Pérez-Flores et al.; Rivas-Drake et al.; Torres et al). Further, other studies have illuminated the need to alter the current state of mental health practice when working with Latino clients in the United States in order to provide the most effective and beneficial care to these clients (Berry et al.; Furman et

al.). Needless to say, the amount of research that has been done to investigate these issues is vast and continues to grow. I hope to add to this body of knowledge by exploring the underlying features of successful mental health care for Latinos in the U.S. By consolidating and reviewing previous research on Latino suicide in the U.S (including risk and protective factors) as well as how to be culturally competent and aware when working with Latino clients in a mental health setting, I hope to provide a guide as to *why* mental health care needs to be different for Latinos in the U.S and *how* providers can go about training and educating themselves and staff to provide to best, most competent mental health care for Latinos in the U.S.

Discussion

The literature demonstrates that suicide rates for Latinos in the U.S is increasing (Silva and Van Orden, 44-45) due to a multitude of risk and protective factors and the fact that mental health practices need to be different for this population than the majority population in the country (Furman et al., 167-174). As of 2015, the suicide rate for Latinos in the U.S is 5.84 per 100,000. This number has been increasing since 2000 (Silva and Van Orden, 44). While the suicide rate for Latinos in the U.S is lower than that of other populations, this steady increase needs to be addressed. Risk factors include country of origin, place of birth, area of residence, generation, age, sexuality, gender, acculturative stress, immigration policies, perceived burdensomeness, and belongingness (Alvarez-Hernandez and Mowbray; Baca-Garcia et al.; Becerra et al.; Bruzelius and Baum; Furman et al.; Oakey-Frost et al.). Protective factors include cultural concepts such as familismo, respeto and religiosity; health education; acculturation and cultural identification; and ethnic identity (Berry et al.; Cabassa et al.; Calzada and Fernandez; Corona et al.; Furman et al.; Lopez et al.; Miranda et al.; Pérez-Flores and Cabassa; Tikhonov et al.). Identifying the risk and protective factors is not enough.

Mental health care must be specific when working with Latino clients due to a wide range of reasons: practitioner and client differences, immigration status, occupation, acculturation, assumed heterogeneity, and cultural beliefs/practices (Furman et al., 167-174). Recent literature has posited guidelines for providing mental health care for Latinos in the U.S (Cabassa et al.; Furman et al.). These suggestions include helping clients reevaluate cultural practice and beliefs, altering them if need be, and strengthening them; helping clients work through the acculturation and conflicts between their culture of origin and American culture; increasing overall health education; creating a safe and egalitarian environment; acknowledging and working to eliminate any biases towards certain groups as a practitioner; and educating oneself to offer culturally appropriate mental health services (Cabassa et al.; Furman et al.). In doing so, the suicide rate of Latinos in the U.S may cease to increase and the rates of mental illness in this population could decrease.

Conclusion

The results of the literature included in this paper point to a need for more comprehensive mental health care for Latinos in the United States. This should include better access to Spanish-speaking professionals and services, employing evidence-based practices like Bridges to Better Health and Wellness (B2BHW) (Cabassa et al.), and professionals actively acknowledging the differences between themselves and their Latino clients as well as any biases or weaknesses they may have. It is crucial to better the mental health care for Latinos in the U.S because the Latino population is quickly growing—the U.S Census estimates the Latino population to make up at least 25% of the population within the next 40 years (Jones et al.). Mental health care professionals must take client individuality into account when providing service; providers need to update and alter their practices to best fit the client's needs, especially when there are cultural

differences between themselves and the client. This concept is particularly important when working with latino clients. It is critical that professionals in the mental health field understand the differences that exist between themselves and their Latino clients so they can actively work to address them in an open and professional way. All people, no matter their race, ethnicity, gender, beliefs, deserve comprehensive and effective mental health treatment. In order to do so, mental health professionals must constantly update their repertoire and adapt to each and every client and their needs. If professionals can adjust their practices to do so, the nation may well see a decrease in the Latino suicide rates in the U.S and better mental health for the nation as a whole.

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