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How the Stigma of Mental Health Harms Hispanic Adolescents

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How the Stigma of Mental Health Harms Hispanic Adolescents

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How the Stigma of Mental Health Harms Hispanic Adolescents

Abstract

The stigmatization of mental health is a detriment to society. Learning healthy coping mechanisms or seeking professional mental health services are crucial to preventing others from perpetuating bad and problematic behaviors and better the mental health of the general population. The focal point of this research is how the stigma of mental health specifically harms Hispanic adolescents because mental health disparities disproportionately affect Latinos (a sizable minority group in the United States) in comparison to their white counterparts. Four Hispanic adolescents were virtually interviewed to document their anecdotal experiences with the stigma of mental health issues in their families. The analysis of studies conducted by Susan Caplan and William Vega et al. are used to bridge and apply concepts of mental health stigma to the participants' responses. It was found that poverty, language barriers, fear, societal stigma, and discriminatory stigma accumulate to make proper mental health treatment inaccessible and cause harm to a person's mental well-being. This research has shown the harm stigma does to Hispanic adolescents' mental health because of destructive cultural, religious, and societal values held by those in this community.

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Introduction

Thesis Statement

The stigma of mental health perpetuated by Hispanic households has a detrimental effect on adolescents by demonizing mental health issues, discriminating against those with mental health struggles, and making their household an unsafe space to delve into related issues. These stigmas stem from several factors that will be further discussed in this research paper, such as negative religious implications and Latino culture.

Background Statement

Vega et al. began studying an aligning issue in 2010. They studied stigma in Latino primary care patients with depression to try to find ways to minimize it so that treatment could be administered without any resistance. This is akin to learning about generational stigma in Hispanic households that withhold adolescents from getting the proper mental health care they need. Caplan researched efficient methods of measuring and identifying stigma in Latinos, and how religion plays a role in perpetuating it, in 2016.

Personal Statement

Numerous Hispanic peers have family members that treat mental health as a taboo topic and discourage seeking mental health services. These anti-mental health attitudes are deeply rooted in generational and cultural stigma. I've seen the detriments of downplaying and stigmatizing mental health issues directly negatively affect people in my life which led me to want to research this important and multifaceted topic.

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Review of Literature

Measuring the Stigma of Depression

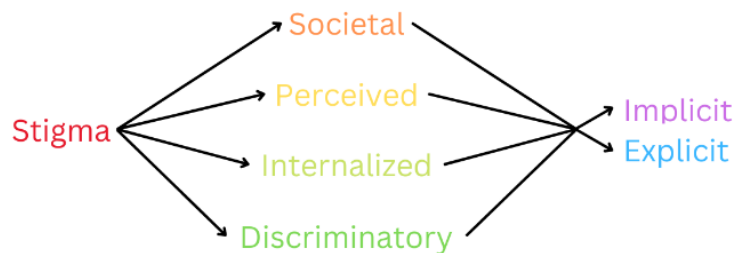
In 2016, Caplan wrote *A Pilot Study of a Novel Method of Measuring Stigma about Depression Developed for Latinos in the Faith-Based Setting* where she sought to find valid measures to understand the effects of interventions that aimed to destigmatize mental illness. She hypothesized that when measuring stigma, those who answered anonymously would garner a higher level than those who answered face-to-face.

Caplan decided to use a method called Preguntas con Carta where she used playing cards to cast votes. Additionally, she conducted an in-person survey to answer seven stigma questions. There were concerns that social desirability bias would compromise her results if she used common measures. Between the two methods, Preguntas con Carta held more potential in identifying and measuring stigma in communities without being swayed by social desirability bias, answering in a way that shows them in a favorable light (Caplan, 2016)

Caplan Measuring Stigma

Caplan (2016) has defined four distinct broad categories to sort types of stigmatizations: societal, perceived, internalized, and discriminatory stigma which can all be further categorized into either explicit or implicit stigma. Explicit stigma measures conscious responses through surveys while implicit stigma measures unconscious responses through measuring reaction times to certain phrases in a lab setting.

Social desirability bias can confound results that measure explicit stigma, but implicit stigma



remains unaffected by it because participants are unaware their stigma is being quantified. Thus,

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we can explain how Caplan found that Preguntas con Carta held more potential in identifying and measuring stigma in community-based settings over more conventional methods.

Vega et al. Measuring Stigma

Vega et al. (2010) have sorted stigma into two distinct themes, public stigma and discrimination, and self-stigma. The former aligns with Caplan's descriptions of societal and discriminatory stigma, and the latter aligns with her description of internalized stigma. Public stigma and discrimination include exclusion from one's interpersonal circle and can cause a patient to reject a diagnosis to avoid being labeled and publicly stigmatized. Self-stigma primarily includes the destructive internalization of negative attitudes portrayed by friends, family, and peers. This internalization can cause a patient to reject treatment.

Stigma in Primary Care Patients

Vega et al. conducted the study *Addressing stigma of depression in Latino primary care patients* in 2010 to display information that shows how the stigma of depression in Latino primary care patients inhibits treatment meant to remedy it. This information can be used to shape treatment to mitigate stigma in Latino patients. With depression being one of the top mental health issues in America, especially in minorities with a low SES, providing depression treatment faces two main barriers. These barriers are inconsistencies with physicians identifying depression in patients and management of depression that is ineffective.

Clinically defined markers of depression vary across different ethnic groups. Furthermore, a physician's competency can affect how a patient may effectively or ineffectively be conveyed information and if they are accepting of suggested treatment(s) (Vega et al., 2010). Latino attitudes towards accepting treatment for depression seem ironic because they recognize it as a serious condition but are wary of administering any depression medication. Rather, Latinos

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find counseling as a more appropriate method of treatment against depression, more so than non-Hispanic white and African American counterparts possibly because prescribed medication raises the perceived severity of the issue.

Statistical Disparities

17% of the United States population, or 55 million people, were represented by Latinos. Caplan (2016) found that the issue of Latinos experiencing heavy mental health disparities could be attributed mainly to language barriers and socioeconomic status (SES), specifically being in poverty. Taking these disparities into account still showed that Latinos used mental health services only half as much as non-Hispanic white people.

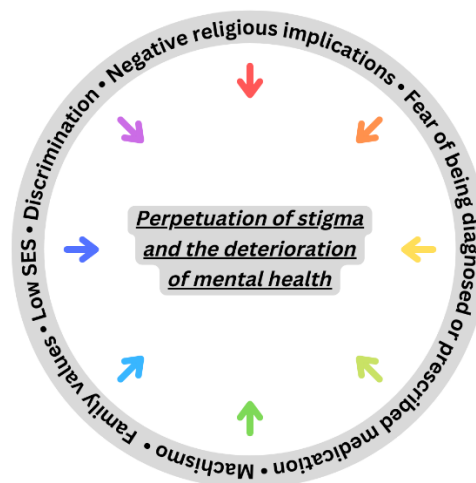
Societal Stigma and its Relation to Latinos

An important part of treating depression in Latinos is understanding how societal stigma restrains it. There is a wariness of receiving societal stigma from getting diagnosed with depression and being prescribed medication to treat it. This societal stigma some Latino patients are afraid of is affirmed by American population studies that confirm high levels of it and other negative attitudes towards mental illness, recent research states Latinos also have these attitudes (Vega et al., 2010).

Similarly, to Caplan, Vega et al. believe that low SES may contribute to Latino patients facing health disparities, specifically in purchasing medication or treatment. Vega et al. also allude that low SES may take precedence over stigma when rejecting treatment in some cases. US studies that specifically researched stigma in Latino patients commonly highlighted fears of discriminatory stigma. These patients feared they would face an interpersonal level of social discrimination from their friends, family, and peers for medicating and receiving treatment for depression (Vega et al., 2010).

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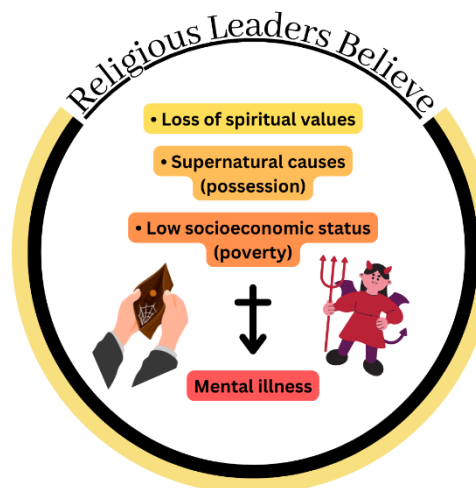
Machismo, otherwise defined as masculine pride, and its values may act as a barrier to accepting diagnoses or finding help because they uplift and prioritize strong men. Seeking help, unless incapable of work, can be a sign of weakness that would devalue these men. The pursuit of personal care may also be discouraged because Latino culture has very strong family values and in doing so can be perceived as selfish because a person is prioritizing themselves over their family.



Stigma and its Relation to Religion

Religion has an interesting influence on how stigma is perpetuated. Many rely on religious figures and healers in one's community so as to not draw stigma for explicitly seeking mental health care. Even certain religious education is capable of directly influencing one's own moral judgment because of religions' ties with forming morals.

A study that Caplan (2016) cited surveyed religious leaders from different religions where common explanations of mental illness included low SES, supernatural causes, and the loss of spiritual values. The latter two explanations can be attributed to how religion plays a role in stigmatizing mental illness, especially when religion holds high cultural importance to many Latinos.



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Conclusion

Stigma, fear, religion, machismo, and Latino family values drive negative perceptions and stigma of mental health. These instances of the stigma of mental health are unique in that they are heavily driven by Latino culture, implying that these issues are not exclusive to the United States. It possibly alludes that in Latin America, these issues may be further enhanced because of more strongly practiced cultural values that led to the stigma of mental health. Low SES, language barriers, physician incompetence, failed depression management, fear, and the four types of stigmas (especially societal and discriminatory stigma from one's household) accumulate to make mental health treatment inaccessible and deteriorate mental health.

Caplan's research generalized to any 1st or 2nd generation Latino adult, but results may have been more concise had more specific inclusion criteria, such as a limited age range, been included. Furthermore, the criteria 1st or 2nd generation was self-reported, so, those who were past those generations may not have been as strong culturally leading to a possible confound. Vega et al. did an exemplary job in analyzing what inhibited Latino patients from receiving the proper care they needed for their depression, but more research on Latino patients with other mental disorders or illnesses could provide even more insight than this initial study.

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Appendices

Methodology

Participants were all hand selected by the researcher's social network of peers who attended the University of California, Merced. All participants met the criteria of being an adolescent raised in a Hispanic household and have faced mental health adversities as a result of stigmas perpetuated by their families. Participants were verbally interviewed with a nine-question questionnaire through the application FaceTime. "How were the participants affected by stigma" and "what are the origins of these stigmas" were things kept in mind when formulating the interview questions. Questions were also formed to be self-reflective and thought-provoking to allow participants to provide broader in-depth responses as opposed to single-word answers.

Informed Consent Form

TITLE OF STUDY

How Stigma of Mental Health Harms Hispanic Adolescents

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PURPOSE OF STUDY

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to identify the psychological effects that stigma surrounding mental health has on adolescents who live in Hispanic households.

STUDY PROCEDURES

You will be interviewed virtually through the iPhone application FaceTime. The questions you will be asked are to gain an interpersonal viewpoint on what you, the participant, has experienced regarding the research topic. Your verbal responses will be transcribed, and certain responses will be quoted in the researcher's final research paper to serve as anecdotal experience.

RISKS

There are no foreseeable risks associated with this study. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

BENEFITS

There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study may aid in better understanding how these cultural stigmas affect adolescents in the Latino community and provide insight on how to mitigate any harmful effects.

CONFIDENTIALITY

Your responses to this interview will be anonymous. Please do not respond with any identifying information during your interview. Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning code numbers for participants that will be used on all research notes and documents
- Keeping interview transcriptions, and any other identifying participant information in secured documents that the researcher solely has access to
- Omitting any information that may be used to identify a participant from the researcher's paper

Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the Primary Investigator, please contact the Institutional Review Board at (865) 354-3000, ext. 4822.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read, and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

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Questionnaire and Responses

1. How does your family stigmatize mental health?
 - a. Mental health isn't something that isn't really talked about. Only recently when issues came up with my brother. Prior to that it was nonexistent. If you're depressed, you're only sad.
 - b. In my household as well as in many other Hispanic households the discussion of mental health is a difficult topic to bring up as you are seen as weak, and our feelings are quickly invalidated/dismissed. My father sees therapy as something that is only for “crazy” people. As they dealt with many issues throughout their life and did not need therapy, they think I am overreacting as they didn't need therapy and are just fine. My father tends to invalidate my feelings when I tell him my struggles, he said he has gone through worse and didn't need therapy so I should be fine. He tells me I have more than he did at my age, and I should be thankful not sad.
 - c. It's something that isn't talked about. when suggesting family therapy was a good option, their response was "you think we're crazy?" defensive topic.
 - d. It's not talked about, the few times it's talked about, it's often that common mental illnesses are labeled as crazy and delusional. The same applies when seeking for therapy and that it's only for crazy people are people who aren't normal.
2. Where do you think these stigmatizations stem from?
 - a. Generational perpetuation of stigma and dismissal of mental health issues.
 - b. I believe that this stigmatization comes from a lack of understanding the importance of mental health. From what my parents have told me they have been taught that therapy is for “crazy” people. They were also raised thinking that if you struggle with

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- mental health, you are weak or that it'll pass. Furthermore, where my parents are from, they do not have access to therapists or psychiatrists as they are unable to afford it. This has led my father to have bad coping mechanisms to escape from his issues, but he doesn't see that as he wasn't taught that. As a result, he believes he is "just fine" which has led him to think you do not need therapy. When talking to him about myself harm struggles, he invalidating my feelings saying he has gone through worse and is "just fine" or didn't need to do "stupid things" like that. From them struggling with mental health and still being able to continue they believe that therapy is nonsense as they didn't need it to continue with their life.
- c. The subject is taboo, subconsciously feel like I can't get into. Traditional Mexican values lift men who are strong and not emotional and lift women who are submissive and complacent.
 - d. From traditional values that come from the past. My parents talk to me about people who were labeled as crazy from where they were from. They probably had undiagnosed mental illness that was untreated. Out of fear to not be associated with those crazy people, they in turn stigmatize those people with mental health issues.
3. Has this stigmatization been pushed onto you for having mental health struggles?
- a. Yes, my depression was dismissed as sadness because depression to my family didn't exist.
 - b. No, I wouldn't say my family has pushed their ideologies of mental health onto me as mental health is not something we talk about often or hardly ever. As I deal with mental health issues and go to therapy, I believe that it has helped me steer away from the stigmatization my father has of mental health issues/therapy. My ideologies on

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- mental health are different from that of my father as I dealt with my dad calling me stupid and many other names while dealing with mental health issues it made me realize that it only makes the other person feel worse.
- c. The stigma made me keep everything to myself. If I say something about it, I know I'm going to be met with hostility and denial. If I were to seek help, I would do so in secrecy.
 - d. Yes, many times where I would express my own opinions/emotions, they would be overlooked or invalidated. When expressing concerns of anxiety or a need for coping, they often reply with simplistic solutions in order to avoid acknowledging I had any mental health concerns, such as, "don't feel that way."
4. How did the shunning/dismissal of mental health concerns affect you and make you feel?
- a. At first it made me feel really crappy because they're my parents, people who you should feel comforted by, but they did the opposite and made me feel unseen and unheard. After time, I gave up and gave into their beliefs.
 - b. The dismissal of mental health concerns has greatly affected me in the sense that it has caused me to bottle up my feelings and hide my feelings in fear of being yelled at. This has led me to hold everything in and after some time I blow up and say everything I've been bottling up. As I've had to deal with my mental health issues in private my parents don't know that there are days where I didn't want to do anything besides lay in bed due to how bad it was, when this would happen, I'd get in trouble and get called lazy alongside other insulting names. The first time I was caught self-harming my father threatened to send me away to a boot camp type of program and calling me stupid for doing it. This has resulted in me suffering in silence for

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- many years which has only worsened my mental health as it went untreated for many years. Lastly, as I was never able to express my feelings in my household, I now overshare my feelings very quickly (trauma dump) to people I don't even know very well.
- c. It made me feel like I had nobody to talk to in my family because I can't outwardly seek a diagnosis because they'd think I was crazy for even suggesting it and downplay it. It made me more distant and more self-reliant when it came to personal issues.
 - d. It doesn't help my mental health needs and often at times made them worse. Because of this, I had to seek out coping mechanisms on my own, such as going to the gym. Or seeking mental counseling from friends who would actually be willing to listen to me and acknowledge the importance of mental health.
5. Have you ever held these or similar views on mental health?
- a. I saw many friends who were fine one year, but not the next year.
 - b. No, I believe that mental health is important and love hearing others out on their concerns as I understand it can be hard to have a good support system.
 - c. I haven't, I think it should be something more talked about it because it is a common struggle across a spectrum of various severities.
 - d. When I was younger and more impressionable, I would follow through with what my parents said, but when I learned more about mental health's importance, I acknowledged it more especially when it became more relevant in my life.
6. Was the stigmatization of mental health in your family more subtle or blunt (small comments vs. blown out disapproval)?
- a. Varied.

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- b. It was definitely more blown out of proportion.
 - c. Small comments.
 - d. Blunt outright mentions of disapproval of those who acknowledged mental health issues.
7. How so?
- a. It ranged from small comments like "you'll be fine" or blunt and rude responses saying a person was attention seeking.
 - b. When I was first caught self-harming, my father yelled at me to tell him why I did it and that what I did was stupid. He further continues by threatening to take me to a boot camp program to "fix" me. In rare occasions he would bring it up saying it was stupid and explaining to him I needed therapy would always lead to arguments, mainly us yelling at each other.
 - c. It was an unwritten rule to not speak about it. I've noticed some struggles within my family, but I've never talked about it to them outwardly.
 - d. They would say those who sought out help were crazy and reference their Catholic faith as a justification as to why mental health issues exist because if you do, you're not a believer of God. Because if you had mental illness, you were associated with the devil. If you have full faith in God and are happy with him, you will not have mental illness.
8. Did you address mental struggles if you were unable to seek help from family?
- a. Not really.
 - b. For a while I did not address my mental struggles as I grew up not having a support system from my family. My family raised me in a way where you have to struggle in

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silence, we do not express our feelings. As a result, I was never able to express my feelings to my family or friends. My father made me think that if I told others they may lash out at me the way he did or that they would send me away. It was not until college where I began to seek help for my mental issues, which helped me be more open and I also began being more open about my struggles with my close friends.

- c. No
- d. Yes, I have sought therapy through my school's mental health services. yes, afraid of their opinions and responses because more often than not, when I seek help and guidance, I'm met with disapproval which made me feel worse.

9. If not, why not?

- a. Something I suppressed, but once entering high school, I was able to communicate with my counselor and they helped me a lot and helped me bring issues to my parents and present them in a way so that they knew it wasn't a joke.
- b. N/A
- c. I don't know where to reach out to professionals because I don't know where to start. I've talked to my friends comfortably because I know they have similar struggles.
- d. N/A

Conclusion

- Participants commonly stated that mental health was a taboo topic within their households. Mental health struggles and mental illness were often compared or were equivalent to lunacy and craziness.

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- In Participant D's response to question 7, they mention their mother upholding similar religious values that leaders in Caplan's study held, specifically mental illness being the result of association with the devil, or as the leaders described, supernatural causes.
- All participants felt as though they couldn't turn to their families to address their mental struggles. Participants A, B, and D sought alternatives to their families, receiving aid from their social networks and psychological professionals.
- Participants most often faced societal stigma and the consensus of their perceived stigma was the disappointment of not being able to turn to their household. Participant A stated "[their dismissal] made me feel really crappy because they're my parents, people who you should feel comforted by," which showed their dismay.

Shortcomings

Participants of other studies were not specifically adolescents, making corroborations specifically about them using research not tailored to them was difficult. Furthermore, questions in the interview could have been used as an opportunity to strike this specific flaw, more specifically incorporating the participants' age group into the questions, but they were not. If their responses were to be used to fill the void of others' research, more participants would have needed to be gathered, rather than only four.

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