

# Health Policy Brief

July 2021

## Uncovering Unique Challenges: Variation in Unmet Mental Health Needs Among Latinx Ethnic Groups in California

D. Imelda Padilla-Frausto, Susan H. Babey, Joelle Wolstein, and Hin Wing Tse

*“Mental health is an essential aspect of overall health and well-being.”*

**SUMMARY:** The Latinx population is diverse, with unique experiences, cultural backgrounds, and demographic profiles. However, most research examines Latinx ethnic groups as a single, homogeneous group. To better understand the mental health needs of this diverse population, this policy brief uses data from the 2015–2019 California Health Interview Survey (CHIS) to examine unmet mental health need across adult Latinx ethnic groups in California. Nearly half (45%) of all Latinx adults who felt they needed mental health services experienced unmet need for mental health care. That unmet need ranged from 38% among South Americans to 56% among Puerto Ricans. In another measure of mental health need, 6 out of 10 (61%) of all Latinx adults with serious

or moderate psychological distress had unmet need for mental health care; among the ethnic groups, the rate ranged from one-half (52%) of South American adults to three-quarters (75%) of Central American adults (excluding Salvadoran adults). These findings emphasize the importance of examining variation within the Latinx population by ethnic group to identify and help meet the disparate needs of these populations. Policy recommendations that may help reduce unmet mental health needs among diverse Latinx ethnic groups include promoting mental health literacy, increasing access to culturally and linguistically appropriate mental health services, and supporting policies on collecting and reporting disaggregated data on Latinx ethnic groups.

**M**ental health is an essential aspect of overall health and well-being. Mental health includes emotional, psychological, and social well-being at every stage of life. According to the Centers for Disease Control and Prevention (CDC), 1 out of 5 adults experiences a mental illness in a given year.<sup>1</sup> Although mental health conditions are experienced across all demographic groups, gaps in care vary by race and ethnicity. Mental health literature suggests that Latinx adults nationally have rates of mental illness that are similar to the rate for non-Latinx Black adults, higher than that of non-Latinx Asian adults, and lower than the rate for non-Latinx white adults.<sup>2</sup> However, Latinx adults have higher levels of

unmet need for mental health services than non-Latinx white adults.<sup>3</sup> In addition, recent data from California suggest that rates of serious psychological distress are higher among Latinx adults than among white adults.<sup>4</sup>

The Latinx population is the second-fastest-growing racial and ethnic group in the U.S. and the largest racial and ethnic group in California.<sup>5</sup> With a range of ethnic backgrounds, sociodemographic profiles, and length of residence in the U.S., the Latinx population is highly diverse.<sup>6</sup> Despite this variation, most studies combine all Latinx ethnicities and treat them as a single population. Because of the diversity of this population, however, there is substantial

*“Disaggregated data on the Latinx population would allow the identification of varying needs and support the development of tailored interventions.”*

variation in both health status and access to care,<sup>7</sup> including mental health need and unmet needs for mental health services. Disaggregated data on the Latinx population would allow the identification of varying needs and support the development of tailored interventions and policies.<sup>8</sup>

This policy brief uses data from the 2015–2019 California Health Interview Survey (CHIS) to examine mental health need and unmet need among the overall Latinx population and seven Latinx ethnic groups: 1) Mexican, 2) Salvadoran, 3) other Central American (including Panamanian, Costa Rican, Nicaraguan, Honduran, Guatemalan, and Belizean), 4) South American, 5) Puerto Rican, 6) other Latinx ethnicities (including Spanish American, Cuban, and Latinx with other Caribbean origin, such as Dominican), and 7) two or more Latinx ethnicities. Measures and ethnic group disaggregation are described in more detail in the Data Source and Methods section of the brief. Please note that all data presented in this brief were collected prior to the COVID-19 pandemic.

#### **Variations in Perceived Need and in Psychological Distress Among Latinx Ethnic Groups in California**

In California, 75% of the adult Latinx population is Mexican, followed by 7% with two or more Latinx ethnicities, 5% Salvadoran, 5% other Central American, 3% South American, 1% Puerto Rican, and 4% other Latinx ethnicity. The exhibits that follow make clear the importance of viewing these ethnic groups separately in terms of mental health and access to care.

## **DEFINITIONS**

### **Serious Psychological Distress (SPD)**

Based on the number and frequency of symptoms reported in the past year, SPD is an estimate of adults with serious, diagnosable mental health challenges such as depression or anxiety that warrant mental health treatment within a population.<sup>9</sup>

### **Moderate Psychological Distress (MPD)**

Based on the number and frequency of symptoms reported in the past year, MPD is an estimate of adults with moderate mental distress — that is, distress that is clinically relevant and warrants mental health intervention within a population.<sup>10</sup>

### **Perceived Need for Mental Health Services (PN)**

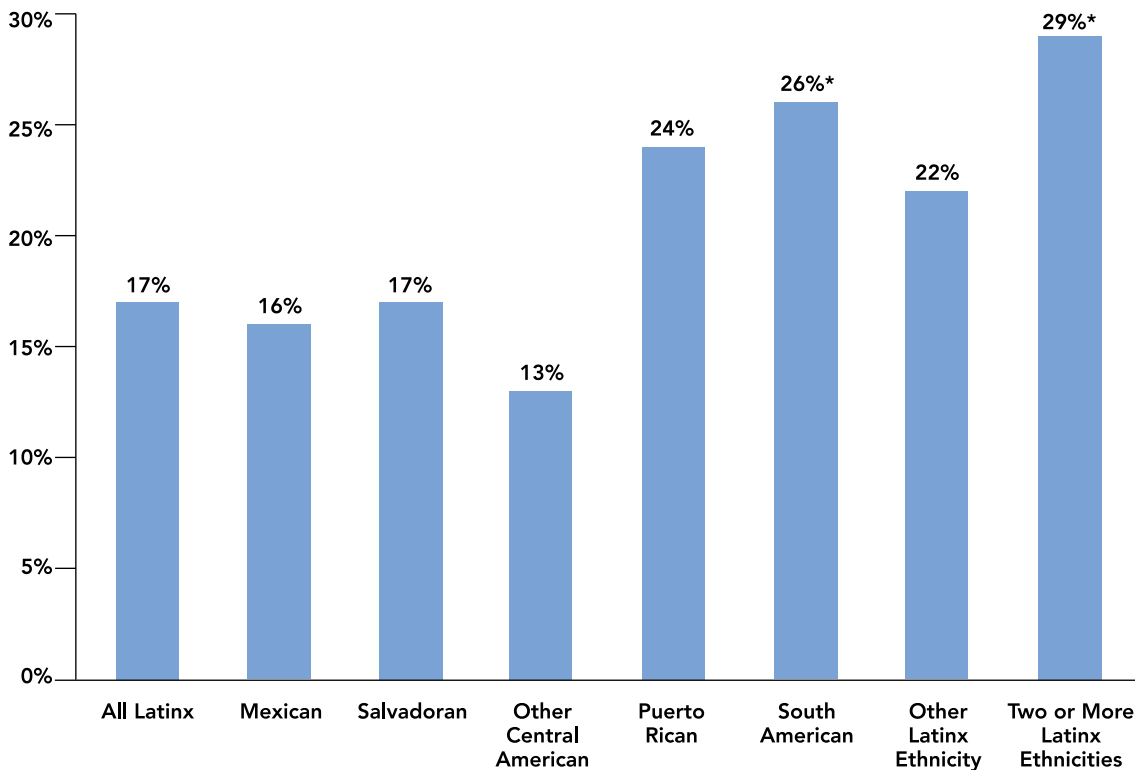
Based on the self-reported need to see a professional for problems with mental health, emotions, nerves, or use of alcohol and/or drugs in the past year, PN is an estimate of adults who felt they had a need for mental health services.

### **Unmet Need for Mental Health Services**

Based on self-reports of not seeing a mental health or medical provider in the past year for mental or behavioral health problems among adults with a perceived need for mental health services or with serious or moderate psychological distress, unmet need is an estimate of adults with an identified need for services who did not receive the care they needed.<sup>11</sup>

## Percentage of Latinx Adults Ages 18 and Older With Perceived Need (PN) for Mental Health Services, California, 2015–2019

Exhibit 1



\*Difference from all Latinx is statistically significant at  $p < .05$ .

“Other Central American” includes Panamanian, Costa Rican, Nicaraguan, Honduran, Guatemalan, and Belizean adults. “Other Latinx Ethnicity” includes Spanish American, Cuban, and Latinx with other Caribbean origin, such as Dominican.

Data source: Pooled 2015, 2016, 2017, 2018, and 2019 California Health Interview Survey (CHIS)

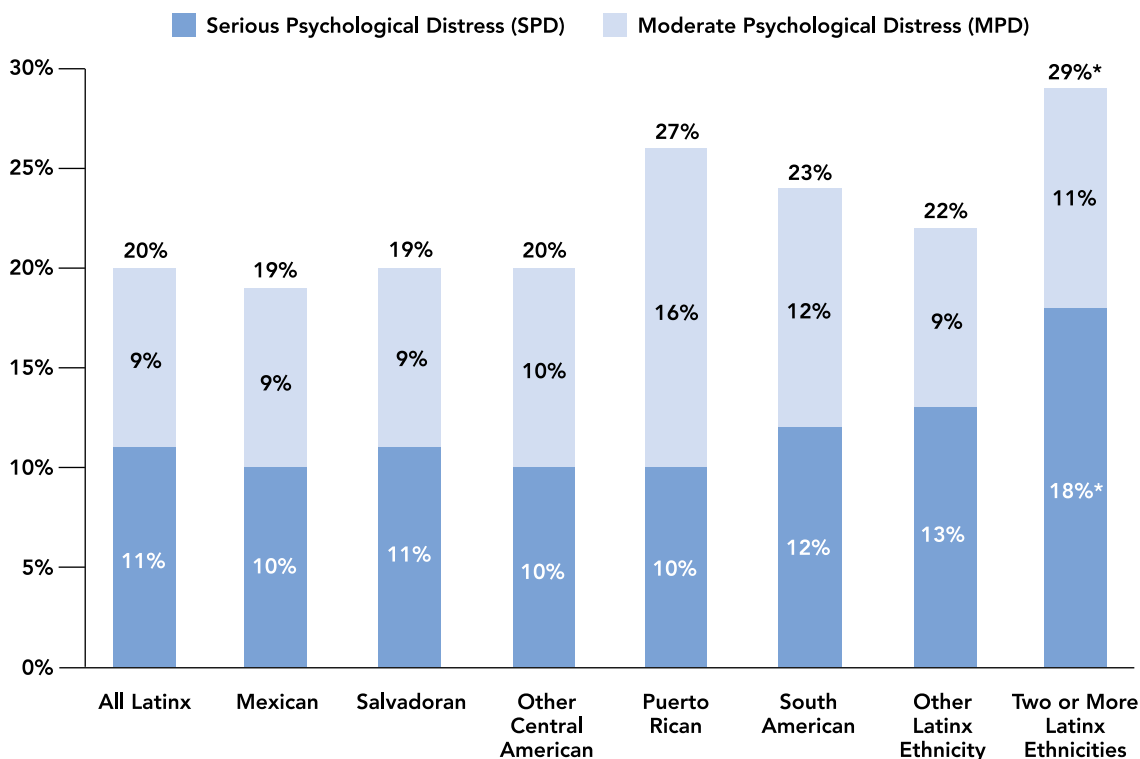
Mental health needs are measured in two different ways: 1) *perceived need*, with individuals asked whether they feel they need help with mental, emotional, alcohol, or drug problems; and 2) *serious or moderate psychological distress*, based on a person’s reporting of symptoms related to depression or anxiety.

**Perceived Mental Health Need:** Overall, 17% of Latinx adults in the state said they had needed help with emotional, mental, alcohol, or drug problems in the past year (Exhibit 1). However, compared to that overall figure, larger proportions of those identifying as “two or more Latinx ethnicities” or as South American said they needed mental health care (29% and 26%, respectively).

“Mental health needs are measured in two different ways: 1) *perceived need* and 2) *serious or moderate psychological distress*.”

## Exhibit 2

## Percentage of Latinx Adults Ages 18 and Over With Serious or Moderate Psychological Distress, California, 2015–2019



\*Difference from all Latinx is statistically significant at  $p < .05$ .  
Note: SPD+MPD may not equal total due to rounding.

“Other Central American” includes Panamanian, Costa Rican, Nicaraguan, Honduran, Guatemalan, and Belizean. “Other Latinx Ethnicity” includes Spanish American, Cuban, and Latinx adults with other Caribbean origin, such as Dominican.

Data source: Pooled 2015, 2016, 2017, 2018, and 2019 California Health Interview Survey (CHIS)

“Latinx adults were more likely to report symptoms associated with SPD and MPD than they were to have a perceived need for mental health care.”

**Psychological Distress:** Among Latinx adults overall, 11% have serious psychological distress (SPD), and an additional 9% have moderate psychological distress (MPD, Exhibit 2). However, compared to all Latinx adults, those identifying as “two or more Latinx ethnicities” were more than 1.5 times as likely to have SPD (18%).

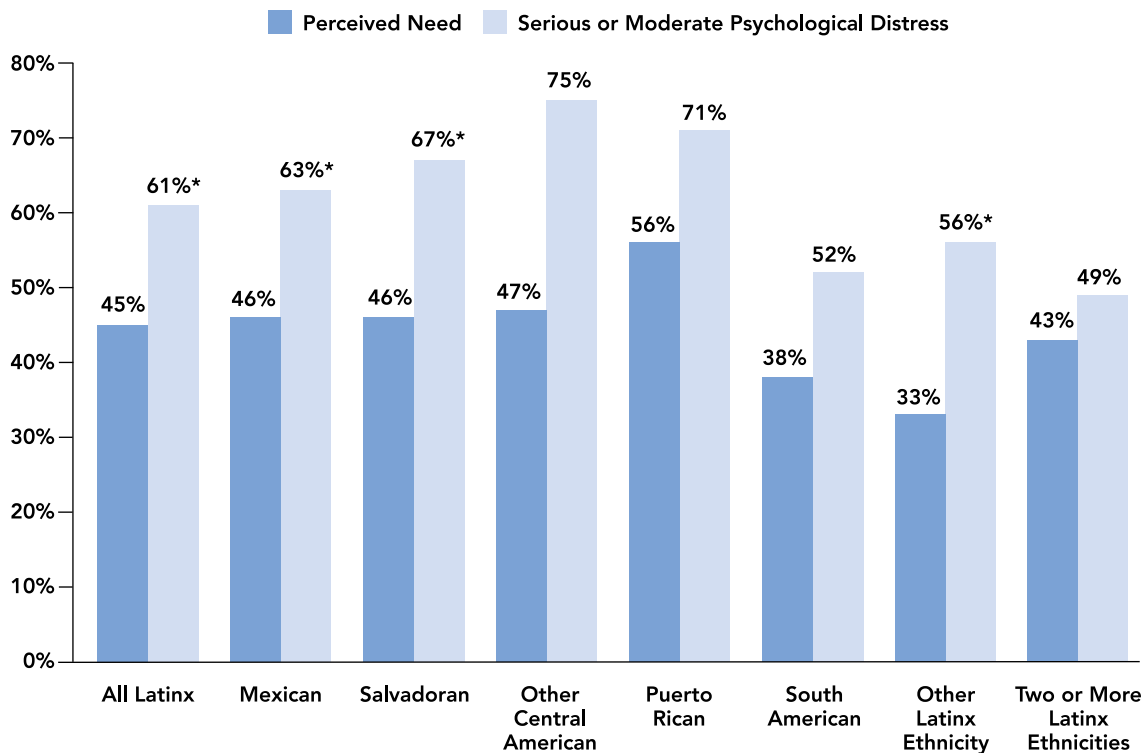
**Perceived Need vs. Psychological Distress:** Latinx adults were more likely to report symptoms associated with SPD and MPD than they were to have a perceived need (PN) for mental health care (20% SPD/MPD in Exhibit 2 vs. 17% PN in Exhibit 1). In particular, this was true for adults identifying as Mexican (19% SPD/MPD vs. 16% PN) and as “other Central American” (20% SPD/MPD vs. 13% PN;  $p < .1$ ).

#### Unmet Need for Mental Health Care

Unmet need is defined as having a need for mental health care but not receiving it.

### Percentage of Latinx Adults Ages 18 and Over With Unmet Need for Mental Health Care by Perceived Need and Psychological Distress, California, 2015–2019

Exhibit 3



\*Difference between perceived need and serious or moderate psychological distress is statistically significant at  $p < .05$ .

Note: Difference in unmet need for perceived need between “all Latinx” and “other Latinx ethnicity” is statistically significant at  $p < .1$ . Difference in unmet need for serious or moderate psychological distress between “all Latinx” and “two or more Latinx ethnicities” is statistically significant at  $p < .05$ .

“Other Central American” includes Panamanian, Costa Rican, Nicaraguan, Honduran, Guatemalan, and Belizean adults.

“Other Latinx Ethnicity” includes Spanish American, Cuban, and Latinx with other Caribbean origin, such as Dominican.

Data source: Pooled 2015, 2016, 2017, 2018, and 2019 California Health Interview Survey (CHIS)

We examined this separately for adults with a perceived need for mental health services and for adults with serious or moderate psychological distress, then compared the estimates for the two measures to identify Latinx ethnic groups most likely to experience unmet need for mental health services.

**Unmet need by PN:** Nearly one-half (45%) of Latinx adults overall who had a perceived need for mental health services experienced unmet need for mental health care; across the individual ethnic groups, the proportions experiencing unmet need ranged from one-third (33%) among “other Latinx ethnicity” to more than one-half (56%) among Puerto Rican adults (Exhibit 3).

**Unmet need by SPD/MPD:** Six out of 10 (61%) Latinx adults with serious or moderate psychological distress experienced unmet need

for mental health care. Across the different groups, proportions ranged from approximately half (49%) of those identifying as “two or more Latinx ethnicities” to three-quarters (75%) of “other Central American adults” (Exhibit 3).

**Difference in Unmet Need by PN vs. by SPD/MPD:** Latinx adults overall with a perceived need for mental health services had significantly lower unmet need (45%) than Latinx adults overall with serious or moderate psychological distress (61%) (Exhibit 3). Among the individual ethnic groups, statistically significant differences between these two measures of unmet need were also found among those who were Mexican (46% vs. 63%), Salvadoran (46% vs. 67%), “other Latinx ethnicity” (33% vs. 56%), and “other Central American” (47% vs. 75%,  $p < .1$ ).

“Latinx adults with a perceived need for mental health services had significantly lower unmet need than their counterparts with serious or moderate psychological distress — in particular, Mexican, Salvadoran, ‘other Latinx ethnicity,’ and ‘other Central American.’”

*“The Latinx population is the largest racial and ethnic population in California, and there are important variations in mental health needs and unmet need across Latinx ethnic groups.”*

### **Policy Recommendations**

The Latinx population is the largest racial and ethnic population in California, and there are important variations in mental health needs and unmet need across Latinx ethnic groups. The following recommendations are aimed at improving mental well-being and access to mental health care for all groups within this diverse population.

**Promote mental health literacy both generally and for specific Latinx ethnic populations.** Latinx adults overall, and Mexican and Central American adults in particular, were more likely to report symptoms associated with serious psychological distress (SPD) and moderate psychological distress (MPD) than to say they needed mental health care. These findings suggest a need for promoting mental health literacy in all Latinx communities, which could also help with reducing stigma about mental health problems and seeking care. Furthermore, we found higher levels of unmet need among those with SPD/MPD than those with PN in the Latinx adult population overall, and specifically among Mexican and Salvadoran adults and those identifying as “two or more Latinx ethnicities.” These findings suggest that increasing mental health literacy could help increase the utilization of services and reduce the gaps in care. Existing evidence suggests that higher mental health literacy is associated with greater use of mental health services.<sup>12</sup> Strategies that mental health advocacy groups and mental health service providers can employ to help promote mental health literacy include:

- **Increase production and dissemination of multilingual mental health literacy materials.** Since perceived need is one of the strongest predictors of using services, supporting mental health literacy among all Latinx populations is crucial. Materials that educate all Latinx ethnic groups about the early signs and symptoms of needing mental health care, the importance of appropriate and timely care, and where to access care should be provided in Spanish and

Indigenous languages as well as in English. The materials can be disseminated through various formats — e.g., television, radio, telenovelas, social media, and printed media.

- **Partner with families and community- and faith-based organizations to develop and disseminate mental health literacy materials where Latinx adults learn, work, eat, play, and worship.** Families and community- and faith-based organizations can be important partners in promoting mental health literacy, reducing stigma, normalizing discussions about mental health, providing first-aid mental health, and encouraging the use of mental health services.

**Increase culturally sensitive and linguistically appropriate mental health services.** Mexican, Salvadoran, and “other Central American” adults experience greater inequities in mental health care than those in other Latinx ethnic groups. Recommendations for federal, state, and local policymakers to help address the gaps in care for Latinx adults overall and for specific ethnic groups include:

- **Increase Latinx representation in decision-making processes for culturally competent programs and services.** Latinx ethnic communities and stakeholders can provide valuable insight regarding culturally appropriate mental health services and help reduce gaps in care.
- **Implement the National Culturally and Linguistically Appropriate Services in Health and Health Care Standards (National CLAS Standards).**<sup>13</sup> The National CLAS Standards provide practical guidelines for improving the quality of health care services, and they advance health equity for diverse communities by providing a framework to help health care organizations introduce and sustain culturally and linguistically appropriate services.
- **Create and support educational and employment pathways for a more culturally and linguistically diverse mental health workforce.** Promotoras (also

known as community health workers), peer support specialists, mental health advocates, and mental health ambassadors are key members of the mental health workforce in some Latinx communities. Increased efforts are needed to support higher education opportunities for mental health workers, including scholarships, training, workforce development, and employment advancements. Undocumented graduate students and Latinx mental health professionals need to be included in these efforts.

- **Promote trauma-informed care.** Training and awareness about the historical and political trauma related to Latinx immigration and colonization must be considered in culturally sensitive services.

**Support Policies on Data Disaggregation for Latinx Ethnic Groups.** Disaggregated data on Latinx ethnic groups can inform equity-based policies to address unmet need for mental health care among Latinx ethnic groups. Examining the Latinx population only as a single homogeneous group masks variation within this population. Suggested policy recommendations for federal, state, and local policymakers include:

- **Develop and raise awareness of clear guidelines and standardized measures for collecting and reporting disaggregated data on Latinx ethnic groups.** Existing research suggests that one factor contributing to the lack of disaggregated data and information in the scientific literature on Latinx health is a lack of clear guidance about the collection and reporting of disaggregated racial and ethnic data.<sup>6</sup>
- **Improve accessibility and reporting of disaggregated data on Latinx ethnic groups.** Policymakers, advocates, and community members need disaggregated data to promote policies and funding that support linguistically and culturally appropriate services for vulnerable and often marginalized Latinx ethnic groups.

## Data Sources and Methods

This policy brief presents pooled data from the 2015, 2016, 2017, 2018, and 2019 California Health Interview Survey (CHIS), conducted by the UCLA Center for Health Policy Research (UCLA CHPR). We used data collected in interviews with 23,794 Latinx adults, sampled from every county in the state. All analyses presented here used replicate weights to provide confidence interval estimates and statistical tests that account for the complex survey design.

For our analyses, we disaggregated data on Latinx ethnic groups to the extent possible based on sample size and statistically stable estimates. For instance, while the pooled data provided a large enough sample size to produce statistically stable estimates for Salvadoran adults, the sample sizes for other Central American ethnic groups were too small and needed to be combined. For a better understanding of the unique experiences of all Latinx ethnic groups, future research needs to provide further disaggregated analyses.

Perceived need for mental health services was measured with one question: “Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions, or nerves or your use of alcohol or drugs?” A “yes” response was coded as a perceived need for mental health services. Serious psychological distress in the past year (SPD) was defined as having a score of 13 to 24 on the Kessler-6 (K6), a validated measure designed to estimate the prevalence of diagnosable mental disorders within a population.<sup>9</sup> Moderate psychological distress in the past year was measured by using a K6 score of 9 through 12 — a clinically relevant level.<sup>10</sup> Unmet need for mental health services was measured with two questions: “In the past 12 months, have you seen 1) your primary care physician or 2) a mental health professional for problems with your mental health, emotions, or nerves or your use of alcohol or drugs?” A “no” response to both among those with SPD, MPD, or a perceived need (PN) for mental health services was coded as the individual’s having unmet need for mental health services.

## Author Information

D. Imelda Padilla-Frausto, PhD, MPH; Susan H. Babey, PhD; and Joelle Wolstein, MPP, PhD are research scientists at the UCLA Center for Health Policy Research. Hin Wing Tse is a CHIS researcher and data dissemination coordinator at the UCLA Center for Health Policy Research.



The California Health Interview Survey covers a wide array of health-related topics, including health insurance coverage, health status and behaviors, and access to health care. It is based on interviews conducted continuously throughout the year with respondents from more than 20,000 California households. CHIS interviews were offered in English, Spanish, Chinese (both Mandarin and Cantonese), Vietnamese, Korean, and Tagalog. CHIS is designed with complex survey methods requiring analysts to use complex survey weights in order to provide accurate variance estimates and statistical testing. CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Public Health, the California Department of Health Care Services, and the Public Health Institute. For funders and other information on CHIS, visit [chis.ucla.edu](http://chis.ucla.edu).

10960 Wilshire Blvd., Suite 1550  
Los Angeles, California 90024



The UCLA Center  
for Health Policy Research  
is part of the  
UCLA Fielding School of Public Health.

**UCLA  
FIELDING  
SCHOOL OF  
PUBLIC HEALTH**

The analyses, interpretations, conclusions,  
and views expressed in this policy brief are  
those of the authors and do not necessarily  
represent the UCLA Center for Health Policy  
Research, the Regents of the University  
of California, or collaborating  
organizations or funders.

#### PB2021-7

Copyright © 2021 by the Regents of the  
University of California. All Rights Reserved.

Editor-in-Chief: Ninez A. Ponce, PhD

Phone: 310-794-0909  
Fax: 310-794-2686  
Email: [chpr@ucla.edu](mailto:chpr@ucla.edu)  
[healthpolicy.ucla.edu](http://healthpolicy.ucla.edu)



Read this publication online

## Funder Information

Support for this policy brief was provided by a grant from The California Endowment.

## Acknowledgments

The authors truly appreciate the UCLA CHPR communications team for their support in copyediting, designing, and disseminating this policy brief; Julian Aviles for statistical support; and Andrew Juhnke and Parneet Ghuman for CHIS data access support. The authors are grateful to the following reviewers for their thoughtful and thorough reviews: Luis Orozco, LCSW, Whittier Counseling Center; Bianca Gallegos and Héctor Manuel Ramírez, co-chairs, Latino Underserved Cultural Communities (UsCC); Carmen Perez, co-chair, Service Area Leadership Team (SALT), Service Area 4, and Luis Guzman, PhD, clinical psychologist and Latino and API Underserved Cultural Communities liaison, Los Angeles County Department of Mental Health; Daniel Eisenberg, PhD, faculty associate at the UCLA Center for Health Policy Research and professor of Health Policy and Management in the UCLA Fielding School of Public Health; and Dr. Sergio Aguilar-Gaxiola, PhD, director of the UC Davis Center for Reducing Health Disparities and professor of clinical internal medicine.

## Suggested Citation

Padilla-Frausto DI, Babey SH, Wolstein J, Tse HW. 2021. *Uncovering Unique Challenges: Variation in Unmet Mental Health Needs Among Latinx Ethnic Groups in California*. Los Angeles, CA: UCLA Center for Health Policy Research.

## Endnotes

- Centers for Disease Control and Prevention. *Mental Health Fast Facts*. <https://www.cdc.gov/mentalhealth/learn/index.htm>. Accessed May 10, 2021.
- McGuire TG, Miranda J. 2008. New Evidence Regarding Racial and Ethnic Disparities in Mental Health: Policy Implications. *Health Affairs* 27(2):393-403.
- Center for Behavioral Health Statistics and Quality. 2020. *Results from the 2019 National Survey on Drug Use and Health: Detailed Tables*. Rockville, Md.: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. <https://www.samhsa.gov/data/report/2019-nsdub-detailed-tables>

- Padilla-Frausto DI, Kabir F, Wright B, Salem S, Crawford-Roberts A, Tse HW. 2020. *Serious Psychological Distress on the Rise Among Adults in California*. Los Angeles, Calif.: UCLA Center for Health Policy Research.
- Krogstad JM. *Hispanics Have Accounted for More Than Half of Total U.S. Population Growth Since 2010*. 2020. Washington, D.C.: Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/07/10/hispanics-have-accounted-for-more-than-half-of-total-u-s-population-growth-since-2010/>
- Alcántara C, Suglia SF, Ibarra IP, Falzon AL, McCullough E, Alvi T, Cabassa LJ. 2021. Disaggregation of Latina/o Child and Adult Health Data: A Systematic Review of Public Health Surveillance Surveys in the United States. *Population Research and Policy Review* 21:1-9.
- Zsembik BA, Fennell D. 2005. Ethnic Variation in Health and the Determinants of Health Among Latinos. *Social Science & Medicine* 61(1):53-63.
- Chang CW, Biegel DE. 2018. Factors Affecting Mental Health Service Utilization Among Latino Americans With Mental Health Issues. *Journal of Mental Health* 27(6):552-559. doi: 10.1080/09638237.2017.1385742. Epub 2017 Oct 5. PMID: 28980838.
- Kessler RC, Green JG, Gruber MJ, Sampson NA, Bromet E, Cuitan M, Furukawa TA, Gureje O, Hinkov H, Hu CY, Lara C, Lee S, Mneimneh Z, Myer L, Oakley-Browne M, Posada-Villa J, Sagar R, Viana MC, Zaslavsky AM. 2010. Screening for Serious Mental Illness in the General Population With the K6 Screening Scale: Results From the WHO World Mental Health (WMH) Survey Initiative. *International Journal of Methods in Psychiatric Research* 19(S1): 4-22. Erratum in 2011: *International Journal of Methods in Psychiatric Research* 20(1):62. <https://doi.org/10.1002/mpr.310>
- Prochaska JJ, Sung HY, Max W, Shi Y, Ong M. 2012. Validity Study of the K6 Scale as a Measure of Moderate Mental Distress Based on Mental Health Treatment Need and Utilization. *International Journal of Methods in Psychiatric Research* 21: 88-97. <https://doi.org/10.1002/mpr.1349>
- This definition of unmet need has limitations, as it does not include all of the important MH programming that is provided by laypeople, peers, and nonprofessionals; for some, these services may be all that they need.
- Bonabi H, Müller M, Ajdacic-Gross V, Eisele J, Rodgers S, Seifritz E, Rössler W, Rüsch N. 2016. Mental Health Literacy, Attitudes to Help Seeking, and Perceived Need as Predictors of Mental Health Service Use. *Journal of Nervous and Mental Disease* 204 (4 ): 321-324. <https://doi.org/10.1097/nmd.0000000000000488>
- Office of Minority Health Resource Center, U.S. Department of Health and Human Services. *The National CLAS Standards*. Retrieved from <https://minorityhealth.hhs.gov/omb/browse.aspx?lvl=2&lvlid=53>.