Acculturation and Cultural Concepts of Distress in Hispanic and Latino Communities

National Hispanic and Latino MHTTC
September 20, 2019

Roberto Lewis-Fernández, M.D.

Professor of Clinical Psychiatry
Columbia University
Director, NYS Center of Excellence for Cultural Competence and Hispanic Treatment Program
Co-Director, Anxiety Disorders Clinic
New York State Psychiatric Institute

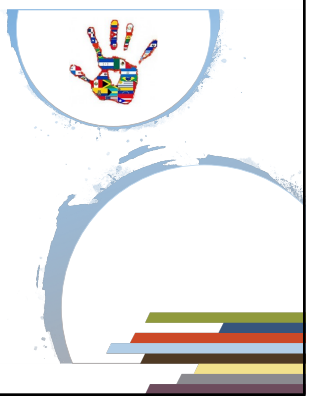
Outline

- Community characteristics of Hispanics/Latinos in the US
- Prevalence of mental health conditions
- Impact of acculturation
- Role of cultural concepts of distress
- Disparities in treatment utilization and engagement
- Conclusions

COMMUNITY CHARACTERISTICS

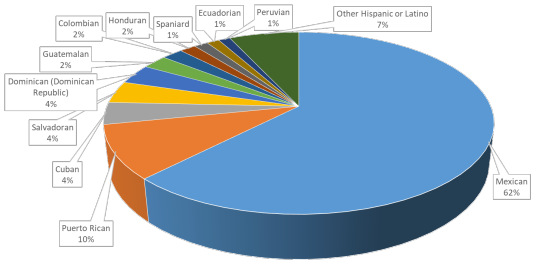
US Latino population, 2017

- 57 million
  - 18.1% of US population
  - 33.5% foreign-born
- Up to age 17: 25.2%
  - 5.6% foreign-born
- Age 18 and older: 16.0%
  - 46.3% foreign-born



Source: U.S. Census Bureau, 2017

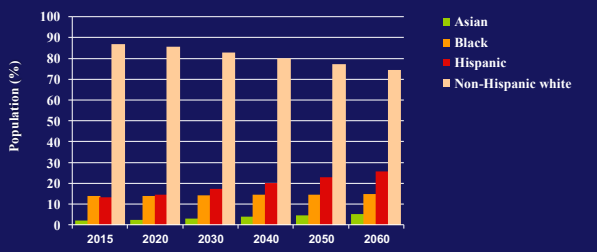
US Latinos by country of origin



Source: US Census Bureau (2017). 2017 American Community Survey 1- Year Estimates

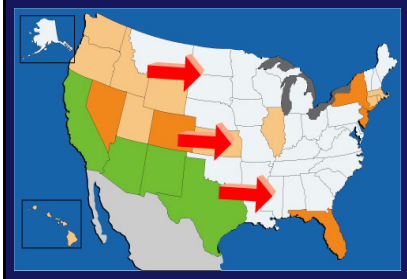
US society composition is changing rapidly

Projected Distribution of the US Population by Racial/Ethnic Group, 2015 to 2060



2014 National Population Projections

West to east migration trend



Latino Population as a Percentage of Total Population by State

- 25.0 or more
- 12.5 to 24.9
- 6.0 to 12.4
- Less than 6.0

Latinos were 15.8% of US population in 2009

Highest % growth in the South

US Census Bureau: census.gov/mso/www/pres_lib/hisorig/sldo1.htm; US Census American Community Survey 2009

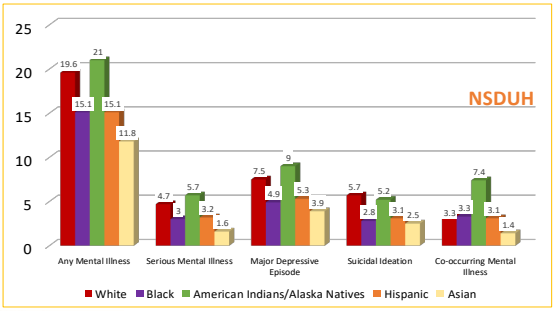
Other community characteristics

Latinos vs. whites: 2017 census

- Low income
  - Poverty level: 19.4% vs. 6.1%
- Low education
  - No HS diploma by age 25: 31.3% vs. 7.1%
- Importance of Spanish
  - Only speak English: 27.9% vs. 94.4%
- High un-insurance and under-insurance
  - Uninsured: 17.8% vs. 7.8%

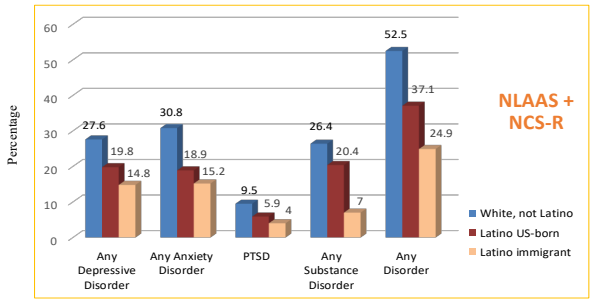
PREVALENCE OF MENTAL HEALTH CONDITIONS

Mental Illness Distribution by Race/Ethnicity, United States, 2015-2016



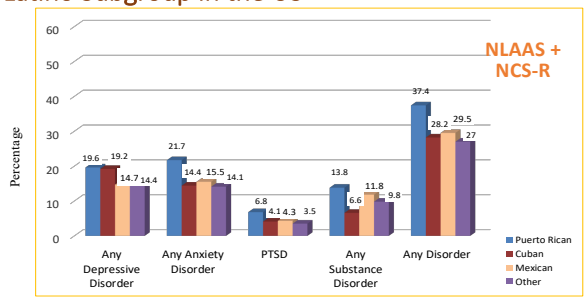
Source: Substance Abuse and Mental Health Services Administration (SAMHSA), restricted online data analysis system (RDAS). Survey: National Survey on Drug Use and Health: 2-Year R-DAS (2015 to 2016), http://rdas.samhsa.gov/#/survey/NSDUH-2015-2016-RDCDYN/crosstab/?

Lifetime Prevalence of Psychiatric Disorders in US, non-Latinx whites, US-born Latinos, immigrant Latinos



Source: Alegria, M., Canino, G., Shrout, P.E., Woo, M., Duan, N., Vila, D., Torres, M., Chen, C.N., & Meng, X.L. (2008). Prevalence of mental illness in immigrant and non-immigrant U.S. Latino groups. *The American Journal of Psychiatry 165*(3):359–369. doi:10.1176/appi.ajp.2007.07040704

Lifetime Prevalence of Psychiatric Disorders by Latino Subgroup in the US



Source: Alegria, M., Canino, G., Shrout, P.E., Woo, M., Duan, N., Vila, D., Torres, M., Chen, C.N., & Meng, X.L. (2008). Prevalence of mental illness in immigrant and non-immigrant U.S. Latino groups. *The American Journal of Psychiatry 165*(3):359–369. doi:10.1176/appi.ajp.2007.07040704

IMPACT OF ACCULTURATION

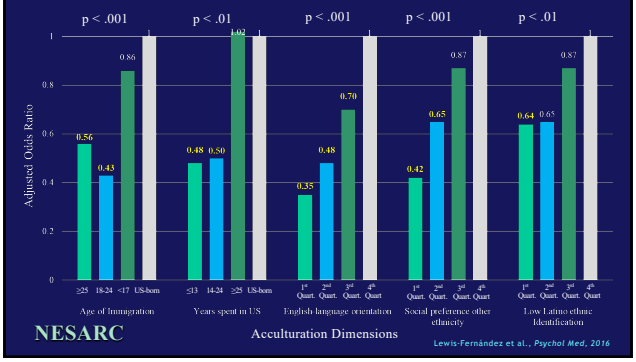
Psychopathology increases with acculturation

Greater acculturation in Latinos is associated with higher prevalence of:

- Mood/anxiety disorders
- Suicidal ideation and attempts
- Substance use disorders
- Psychotic-like symptoms
- *Ataque de nervios*

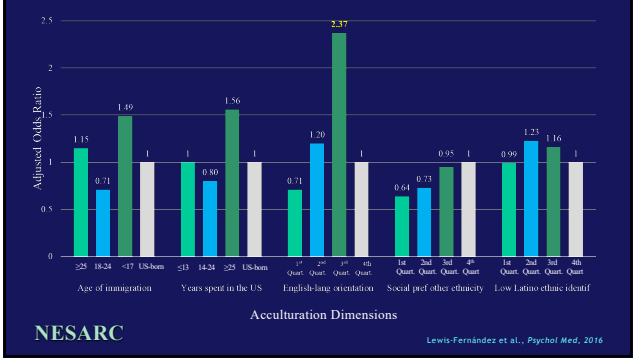
Effect of acculturation increases linearly for most Latino subgroups

Odds of Depression/Anxiety among Mexican Americans, by Acculturation Level



But not for Puerto Ricans

Odds of Depression/Anxiety among Puerto Ricans, by Acculturation Level



Something special about Puerto Ricans

- No evidence of acculturation effect on mood/anxiety disorders
- Higher LT prevalence of any psychiatric disorder than other Latinos
- Higher rates of suicidal ideation and attempts than other Latinos
- Effect of acculturative stress on internalizing symptoms and antisocial behaviors even in Puerto Rico

So any explanation for effect of acculturation must:

- Explain why effect increases linearly
- Be consistent with Latino subgroup variation

Possible explanations

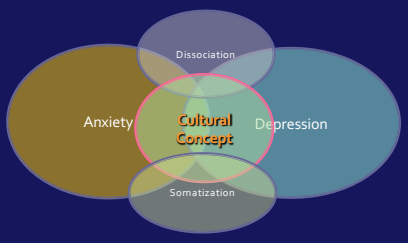
- Loss of protective cultural factors
  - Family cohesion and support, ethnic pride, spiritual practices to cope with adversity, *resignación* (acceptance/resignation)
- Cumulative adverse experiences
  - Discrimination, acculturative stress, substance abuse, marital disruption
- Relative deprivation
- Frustrated status
- Ethnic density
- Sending country prevalence of disorder

Clinical implications

- Focus on the meaning of the acculturation index in each person and subgroup, as it may differ
- Likely candidates of adverse effect:
  - Acculturative stress
  - Intergenerational conflict
  - Demoralization
  - Marital disruption
  - Racial/ethnic discrimination
  - Loss of family cohesion & support, ethnic pride, adaptive resignation, and spiritually oriented coping
- Clarify and reinforce adaptive acculturation pathways found
- Psychotherapies tailored to maladaptive acculturative coping (e.g., intergenerational family disputes)
- Preventive strategies w/ at-risk Latino youth (e.g., school-based)

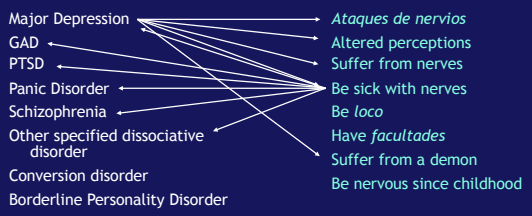
ROLE OF CULTURAL CONCEPTS OF DISTRESS

Diagnoses & cultural concepts



Source: Peter Guarnaccia, PhD

DSM-5 & Caribbean cultural concepts



Uses of cultural concepts

- Avoid misdiagnosis
- Obtain useful clinical information
- Improve clinical rapport and engagement
- Improve therapeutic efficacy
- Guide clinical research
- Clarify the cultural epidemiology

Most frequent symptoms of 1st ataque (N=77)

Panic-like symptoms	
Became nervous	90%
Trembled a lot	77%
Palpitations	75%
Chest pressure	75%
Felt like was suffocating	61%
Heat in chest	56%
Afraid of going crazy	53%
Afraid of dying	39%
Dizzy	35%
Loss of control	
Became hysterical	69%
Lost/afraid of losing control	64%
Screamed a lot/out of control	56%
Dissociative symptoms	
Surroundings seem unreal	53%
Body felt unreal	42%
Lost consciousness	35%
Period of amnesia	29%
Anger and aggression	
Felt anger	52%
Broke things	26%
Suicidality symptoms	
Suicidal thoughts	26%
Suicide attempt	14%
Other symptoms	
Cried/attacks of crying	88%
Fainted	43%

Guarnaccia et al, CMP, 1996

Lifetime prevalence of ataque de nervios

- Psychiatric samples of Puerto Ricans
  - Massachusetts (N=89): 55.1%
  - Puerto Rico (N=97): 51.5%
- Community studies of Latinos
  - Puerto Rico (N= 912): 13.8%
  - US (N=2,554): 5.4% – 10.9%

Guarnaccia et al, JNMD, *1993; Lewis-Fernández, Guarnaccia et al,* Perspectives in Cross-Cult Psychiatry, *2005; Guarnaccia, Lewis-Fernández et al.,* IJSP, *2008*

Ataque *as independent outcome marker*

Adjusted OR's (95% CI) of *ataque* vs. no *ataque:*

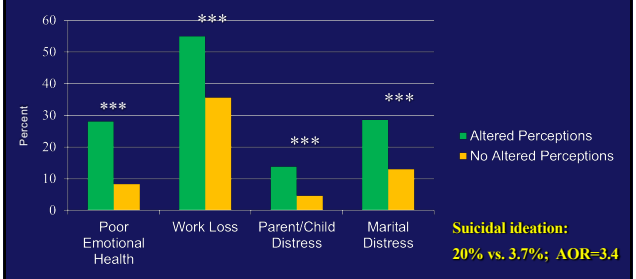
MH-related disability	**2.25**	(1.5-3.4)
Suicidal ideation	**2.4**	(1.5-3.7)
Outpatient MH care	**2.2**	(1.3-3.8)

Adjusted for age, gender, education, income, marital status, psychiatric disorders, chronic medical conditions, traumatic exposure, ethnic origin, time in US, language, use of religion for MH problems

NLAAS; N=2,554

Lewis-Fernández et al., *JNMD,* 2009

Altered perceptions and impairment in NYC primary care clinic (N=1,005)



Suicidal ideation: 20% vs. 3.7%; AOR=3.4

***p<.001**

Olfson, Lewis-Fernández et al., *Am J Psych* 2002

Altered perceptions as independent outcome marker

Adjusted OR's (95% CI) of altered perceptions vs. no altered perceptions:

MH-related disability	**1.8**	(1.2-2.7)
Suicidal ideation	**2.3**	(1.5-3.6)
Outpatient MH care	**1.7**	(1.1-2.6)

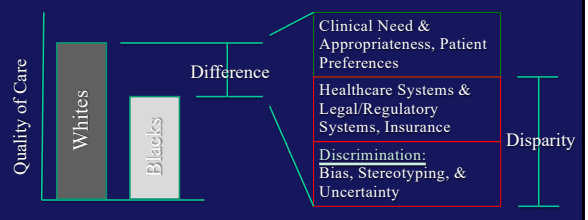
Adjusted for age, gender, education, income, marital status, psychiatric disorders, chronic medical conditions, traumatic exposure, ethnic origin, time in US, language, use of religion for MH problems

NLAAS; N=2,554

Lewis-Fernández et al., *JNMD*, 2009

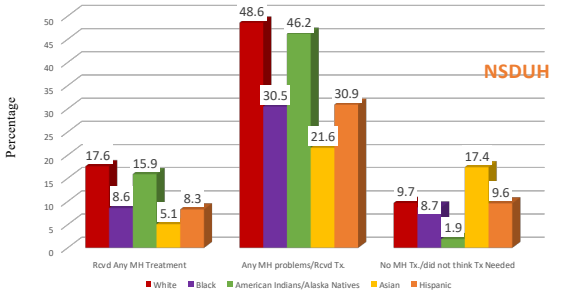
DISPARITIES IN TREATMENT UTILIZATION AND ENGAGEMENT

Disparities = differences except due to clinical need & appropriateness & patient preferences (IOM)



Institute of Medicine, *Unequal Treatment*, 2002

Mental Health Treatment Utilization by Race/Ethnicity, United States, 2015-2016



Source: Substance Abuse and Mental Health Services Administration (SAMHSA)'s restricted online data analysis system (RDAS). Survey: National Survey on Drug Use and Health: 2 Year R-DAS (2015 to 2016). //rdas.samhsa.gov/#/survey/NSDUH-2015-2016-RD2YW/crosstabs/7

Aspects of engagement

- Engagement incorporates various stages of health care including:
  - Initiation of care
  - Participation in health care visits
  - Adherence to treatment
    - E.g., medication taking, CBT homework
  - Retention

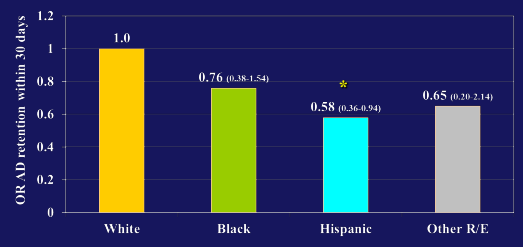
O'Brien et al., *Soc Psych Psy Epi,* 2000; Kreyenbuhl et al., *Schiz Bull, 2009*

Limited engagement is the rule

- All R/E groups, including NL Whites, have low engagement
- Engagement tends to be lowest in underserved minorities
  - Lower acceptability of mental health care (e.g., higher stigma)
  - Lower initiation of care once ill
  - Lower continuity of care
  - Lower visit participation
  - Lower medication adherence
  - Lower retention
- Occurs in context of poorer access to and quality of care for these groups

Cooper et al., *Med Care,* 2003; Fiscella et al, *Med Care,* 2002; Harman et al., *Psychiatr Serv,* 2004; Miranda & Cooper, *J Gen Int Med,* 2004; Olfson et al., *Am J Psychiatry,* 2006

Odds Ratio of AD retention over 30 days (N=829)



Adjusting for age, sex, & pretreatment MH status

Olfson et al., *Am J Psychiatry*, 2006

Cultural concepts of distress

48-year old Dominican woman

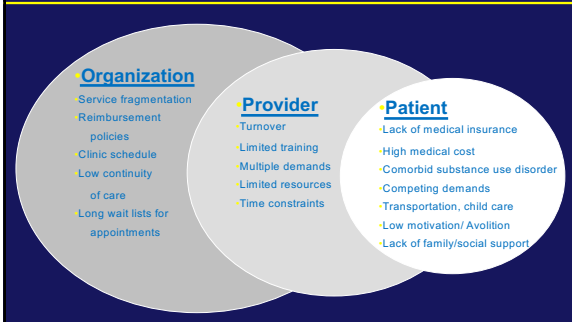
- Stopped AD at wk 6 after substantial improvement of MDD
- AD "very necessary" to "control too much liquid in brain that causes the depression", but patient is "nervous since childhood" and has *ataques de nervios* (attacks of nerves)
- Therefore relapse is inevitable, and ongoing AD is useless and harmful, causing "effects on other organs"
- Had stopped AD in past and expects will need to restart AD in future once her MDD relapses

Disparities in access to & quality of care

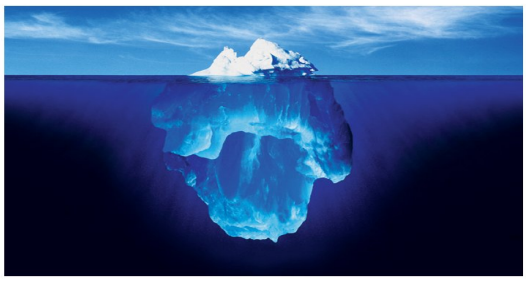
- Depressed racial/ethnic minorities are less likely than majority whites to:
  - Have access to care
  - Be identified as being depressed
  - Be engaged in participatory communication
  - Receive
    - Equal assessment time
    - Guideline-concordant care, in terms of dose, duration, and number of visits

Borowsky et al, *JGIM*, 2000; Young et al, *AGP* 2001, Miranda et al, *Hlth Serv Res*, 2003; Olfson et al, *AGP*, 2009; Alegria et al., *Hlth Affairs*, 2016; Aggarwal et al, *Pt Educ Couns*, 2016; Lewis-Fernández et al., *J Clin Psych*, 2018

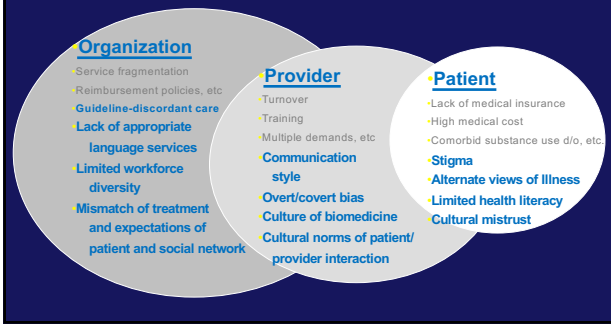
Barriers to engagement: The usual suspects



These barriers are just the tip of the iceberg



*Barriers: **Beyond** the usual suspects*



Cultural/structural competence & engagement

- Delivery of mental health care should be consistent with health expectations, values, and social context of consumers
- Structural barriers to care must be overcome to increase engagement

CSC engagement strategy levels

- Patient
  - DECIDE
- Provider
  - Multifamily Group Intervention
  - Motivational Pharmacotherapy
  - Cultural Formulation Interview
- Organizational
  - Cultural Consultation Service
- Community
  - Community Partners in Care

PROVIDER LEVEL

CC Engagement: Provider level Motivational Pharmacotherapy

- Manualized pharmacotherapy + Motivational Interviewing (MI), with cultural adaptations
- Non-engagement conceptualized as ambivalence
- Incorporates MI spirit, goals, and techniques
- MI spirit in MPT:
  - Empathic, non-confrontational
  - Developing discrepancy
  - Rolling with resistance
  - Working with patient's strengths, building self-efficacy
  - Patient and clinician as equal experts

Balán et al., *Psychiatry,* 2013*;* Lewis-Fernández et al., *Psychiatry,* 2013

Providing AD information – Usual care

Patient: I have now been taking these medications for almost 10 days and I still don't feel any different.

Clinician: Sure, It's important to understand that these medication typically take a few weeks until they begin to work. [Educating]

Courtesy of Alejandro Interian, PhD

Providing AD information – MI-consistent

Patient: I have now been taking these medications for almost 10 days and I still don't feel any different.

Clinician: You're not happy about this. You've gone through the trouble of meeting with us, filling your prescription, and taking your medication, and at this point, you really want to feel better. [Empathy]

Courtesy of Alejandro Interian, PhD

MPT: Evoking change talk

Taking care of my family	Devotion to God
Personal hygiene	Raise my children well
Being energetic	Good health
Be popular	Enjoying life
Help family in my country	Being well-educated

Values & Goals Card Sort

- 34 values and goals listed on cards
- Asked to select three most important
- Briefly explore each value and goal

"How have your values and goals been affected by your depression?

Offer a summary of the patient's description of how the depression has affected their life values and goals

Balán, Moyers & Lewis-Fernández, *Psychiatry,* 2013

MPT: Evoking change talk

Patient: I have now been taking these medications for almost 10 days and I still don't feel any different.

Clinician: You're not happy about this. You've gone through the trouble of meeting with us, filling your prescription, and taking your medication, and at this point, you really want to feel better. [Empathy; reflection to evoke change talk]

Patient: Yes, I definitely want to feel better. I hate feeling like this. [Change talk]

Clinician: This depression you are going through is really making a difference in your life. [Empathy, developing discrepancy]

Patient: I know, I've had enough, I'm ready for a change. [Change talk]

Courtesy of Alejandro Interian, PhD

Cultural adaptations in MPT

- Elicit patient's cultural understandings of illness
- Use patient's own illness terms
- Negotiate "expert" role and power differential
- Lists of concerns about AD's derived from qualitative data
  - Use in negotiating AD onset, choice, dosing, timing of doses
- Confidence-building exercise tailored to low-income migrants
- Tailor course of ADT to expectations about *nervios*
  - Stepped care, minimum dose, minimum duration

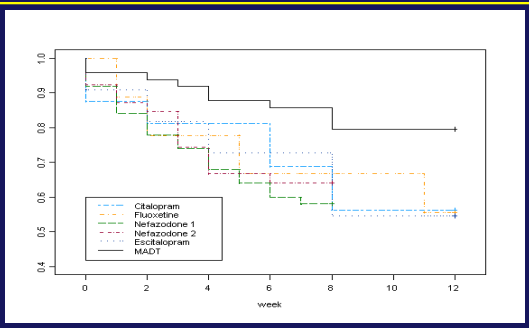
Balán, Moyers & Lewis-Fernández, *Psychiatry,* 2013

Concerns about ADT among Latinos

- Stigmatization of ADT
- Disparaging views about ADT
- Notions about medications that conflict with ADT
- Folk ideas about ADT, including when/how to take
- Concerns about adverse effects of ADT
- Fear of dependence and addiction

Vargas et al., *Transcultural Psychiatry*, 2015

Retention in MPT



Lewis-Fernández et al., *Psychiatry*, 2013

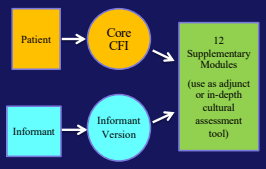
Impact of MPT on patient engagement

<u>39-year old Dominican woman</u>

- Nearly discontinued ADT for MDD at week 3, one week after increase to sertraline 50mg/d
- Mild tremor indicated "my *nervios* are becoming uncontrolled"
- Side effect related to fear of progressive loss of motor and behavioral control, resulting in family chaos
- Negotiation of medical and cultural views led to clarification of side effect and medication switch to venlafaxine XR
- Patient completed 12-week ADT trial

CSC Engagement: Provider level DSM-5 Cultural Formulation Interview

- Systematic set of interviews to guide cultural assessment during evaluation/ treatment planning with any consumer by any provider in any care setting
- CECC NYSPI led its development and inclusion in DSM-5
- Three components:



International Field Trial found it feasible, acceptable and

Aggarwal et al., 2013, 2014, 2015, 2016, 2017; Lewis-Fernández et al., 2014, 2016, 2017

Goals of CFI

- Elicit patient's story, listen to person's perspective
- Clarify meaning of illness or predicament
- Learn and use patient's vocabulary
- Increase rapport and trust, enhance alliance
- Obtain information to align treatment with patient's expectations
- Evidence caring
- Expand what counts as evidence in assessment
- Help empower patient

Aggarwal et al., 2013, 2014, 2015, 2016, 2017; Lewis-Fernández et al., 2014, 2016, 2017

What is culture?

- Culture as process of meaning making
- Linked to participation in multiple social groups
- Culture has always been mixed or creolized
- Risks of thinking of culture as static group characteristics
- Must engage person to elicit cultural views

Fish don't know they are in water

DSM-5 Definition of Culture

Values, orientations, knowledge, and practices that individuals use to understand their experiences

Aspects of a person's background, experience, and social contexts that may affect his or her perspective

The influence of family, friends, and other community members (the individual's *social network*) on the individual's illness experience

Core CFI Domains & Questions

CULTURAL DEFINITION OF PROBLEM

Definition of Problem

1. Own definition
2. How describe to social network
3. Most troubling aspect

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

Causes

4. Cause of problem
5. Cause per social network

Stressors and Supports

6. How environment is supportive
7. How environment is stressful

Role of Cultural Identity

8. Key aspect of background or identity
9. Effect on problem
10. Other concerns re cultural identity

CULTURAL FACTORS AFFECTING COPING AND HELP SEEKING

Self-coping

11. Methods of self-coping

Past help seeking

12. Help seeking from diverse sources

Barriers

13. Barriers to obtaining help

CURRENT HELP SEEKING

Preferences

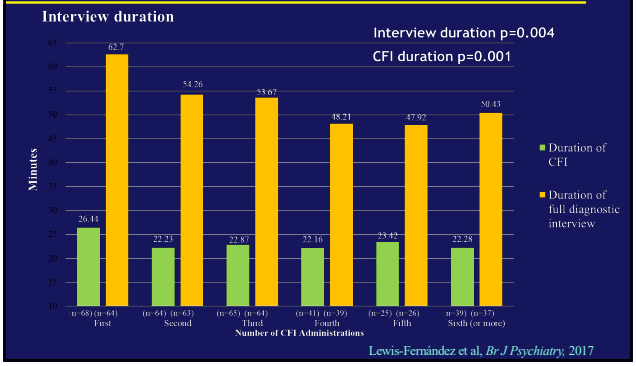
14. Most useful help at this time
15. Other help suggested by social network

Clinician-Patient Relationship

16. Concerns about misunderstanding affecting care

Lewis-Fernández et al, *Br J Psychiatry*, 2017

Results of CFI Field Trial



Lewis-Fernández et al, *Br J Psychiatry*, 2017

CFI Online Training Module

Goal: To foster **person-centered, culturally competent, recovery-oriented** treatment planning by offering practitioners cutting-edge interactive online training on effective use of CFI

In partnership with: Center for Practice Innovations (CPI) at NYSPI/Columbia University, experts in online training

Key features:

- 55-minute training session
- Available online through CPI web platform
- "Action Planners" to support implementation in real-life program settings

http://nyculturalcompetence.org/cfionlinemodule/

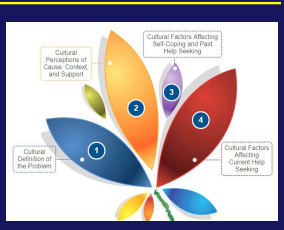
Aggarwal et al., *Psych Serv*, 2018

Conclusions

- Intra-Latino variations in risk of mental health problems
- Lower service access than non-Latino whites
- Value of understanding impact of acculturation and cultural concepts of distress
- Cultural and structural aspects of care affect engagement
- Established engagement strategies must be enhanced with cultural/structural competence (CSC) approaches
- Promising CSC interventions being developed at patient, provider, organizational, and community levels
- Partnership among all stakeholders is essential for success

roberto.lewis@nyspi.columbia.edu

CFI Online Training Module



http://nyculturalcompetence.org/cfionlinemodule/