



MENTAL HEALTH ISSUES AMONG OLDER HISPANIC AND LATINO ADULTS IN THE UNITED STATES



Diversity is growing among aging populations in the United States. There are approximately 4.7 million older Latinos in the United States, which is 9.2% of the total older adult population.¹ This population is heterogenic and underrepresented in research posing challenges for practitioners. Although there is an increasing amount of research on older adults in the United States, Latino older adults remain underrepresented in research and underserved clinically.

Prevalent Mental Health Disorders Among Older Latinos

Depression: The prevalence of depression among Latino older adults is higher than other groups with studies reporting up to 32% depression rates for Latinos, 15% for non-Hispanic Whites and 26% for African Americans. Variations on these rates exist according to the country of origin and acculturation levels. These fluctuations are also impacted by the way depression is defined, type, validity and reliability of measures employed, and language.²

Neurocognitive disorders: Studies indicate Hispanics are about 1.5 times more likely to have Alzheimer's or other neurocognitive disorders than older non-Hispanic Whites. Health conditions such as cardiovascular disease and diabetes, which are associated with increased risk for Alzheimer's contribute to these differences.³

Recommendations for Providers

Language. Although English language proficiency has increased among younger Latinos, it has not changed significantly among older Latinos in the past 10 years. According to a recent analysis on US Census Bureau data 80% of Latinos born between 1946-1962 speak Spanish at home, while 83% of those born prior to 1946 speak Spanish at home.⁴ Providing translators, interpreters or having access to a Spanish speaker professional might facilitate services to monolingual clients with Limited English Proficiency.⁵

Recommendations for Providers (cont.)

Health literacy. Latinos age 65 and older are at risk of not receiving adequate health care services, not obtaining needed medications and poorer prognosis due to limited health literacy or lack of comprehension on discharge instructions.

Providers could improve health literacy by creating and disseminating educational materials in Spanish or other dialects.^{6,7} Some studies have reported that Latino elders became enthusiastic about participation in therapy, and came to feel their opinions mattered if they were offered explanations as to how their participation would lead to change.^{2,8,9,10}

Psychoeducation on the intersection between physical conditions and mental health disorders is essential for Latino older adults.



Culturally responsive treatment. Manifestation of mental health symptoms are partly dependent upon linguistically and culturally determined concepts of illness, which require culturally competent clinicians and testing tools. Lack of culturally responsive services may result in misdiagnosis and increased symptomatology.³ It is essential to acknowledge the role of family, cultural values, acculturation levels and to explore the adult's immigration journey, including age at the time of immigrating.⁹ Culturally responsive services will increase engagement and improve outcomes.



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