



Southeast (HHS Region 4)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

Landscape Report

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# **HISPANIC MENTAL HEALTH IN THE SOUTHEAST**

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## Introduction

As of July 1, 2022, the Hispanic population accounts for 19.1% of the total population of the United States, making it the largest ethnic or racial minority in the country and the second fastest growing minority after Asian Americans.<sup>1</sup> Like many minority communities, the Hispanic community faces complex challenges and displays distinctive strengths when confronting mental health issues. While nearly 22% of Hispanic Americans report living with a mental health condition, only one-third report receiving any kind of mental health services or treatment.<sup>2</sup>

Several factors influence this community's engagement with the behavioral health care system, including language and cultural barriers, access to preventive care, and lack of adequate health insurance. **As this population continues to grow, it is imperative that mental health clinicians equip themselves with information, structural competency, and cultural humility to meet the mental health needs of the Hispanic community.**

The purpose of this report is to shed light on the current mental health landscape for Hispanic individuals seeking mental health care in the Southeastern states and the clinicians who serve them.



## A Growing Community

Similar to other regions across the United States, the Hispanic population in the Southeast has experienced dramatic growth in the last few decades. Florida has the largest Hispanic population in the Southeast and the sixth largest Hispanic population of any state in the country (26.4%).<sup>3</sup> Georgia also has a large Hispanic population (10.5%). These two Southeastern states also have a unique makeup of Hispanic and Latino communities with various countries and cultures of origin (listed in descending order of population): Florida (Cuba, Puerto Rico, Mexico, Colombia, and The Dominican Republic); Georgia (Mexico, Puerto Rico, Guatemala, El Salvador, and Colombia).<sup>4</sup> The Hispanic communities in Florida and Georgia continue to experience expansive growth. Three Florida counties (Miami-Dade, Broward, and Orange County) were in the top ten counties for Hispanic population increase from 2010 – 2020, and Charlton County in Georgia was in the top three for percentage increase (557%) during the same time period.<sup>5</sup> The remaining Southeastern states have relatively smaller Hispanic populations compared to other states in the country. For example, in Mississippi and Kentucky this community comprises about 3% of the population per state. **However, the Hispanic population has more than doubled in Alabama, Mississippi, and Tennessee over the past two decades, making the Southeast one of the fastest growing regions for this community.**<sup>3</sup>

### Top Ten States with the Highest Percentage of Hispanic Population<sup>3</sup>

- |                       |                     |
|-----------------------|---------------------|
| 1. New Mexico (50%)   | 6. Florida (27%)    |
| 2. California (40.3%) | 7. Colorado (22.5%) |
| 3. Texas (40.2%)      | 8. New Jersey (22%) |
| 4. Arizona (32%)      | 9. New York (19%)   |
| 5. Nevada (30%)       | 10. Illinois (18%)  |





## Mental Health Risk Factors - Continued

- **Legal Status Concerns:** Fear of deportation can lead some individuals to never seek treatment, even for a serious mental health concern.
- **Cultural Barriers:** According to the American Psychological Association (APA), only 5% of all American psychologists identify as Hispanic.<sup>9</sup> Providers who are non-Spanish speaking or who do not identify as Hispanic may receive training on how to provide culturally competent and sensitive care to Hispanic populations. However, only providers whose employers are recipients of federal funding are mandated to complete the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\)](#) trainings.<sup>10</sup> Cultural misunderstandings can lead not only to an individual feeling ostracized but can also result in an incorrect diagnosis and inappropriate or ineffective treatment options.
- **Cultural Stigma:** One of the largest barriers to engaging in mental health services is cultural stigma. Like many ethnic and cultural groups, the Hispanic community is disproportionately affected by the impacts of stigma. Research has shown that mental health stigma is a large predictor of help-seeking behaviors in Hispanic populations and that high levels of stigma in this community lead to concealment of symptoms and lack of openness with family and friends.<sup>11,12</sup> For some individuals living with a mental health condition in the Hispanic community, their community's own cultural beliefs concerning mental health can keep them from engaging in much needed care. For example, in communities where mental health is not readily discussed, people may have limited knowledge about how to seek the help they need. Similarly, in communities where mental health concerns are heavily stigmatized, those living with a condition may seek to avoid receiving a negative label and are thus more likely to "suffer in silence".

## Mental Health Protective Factors



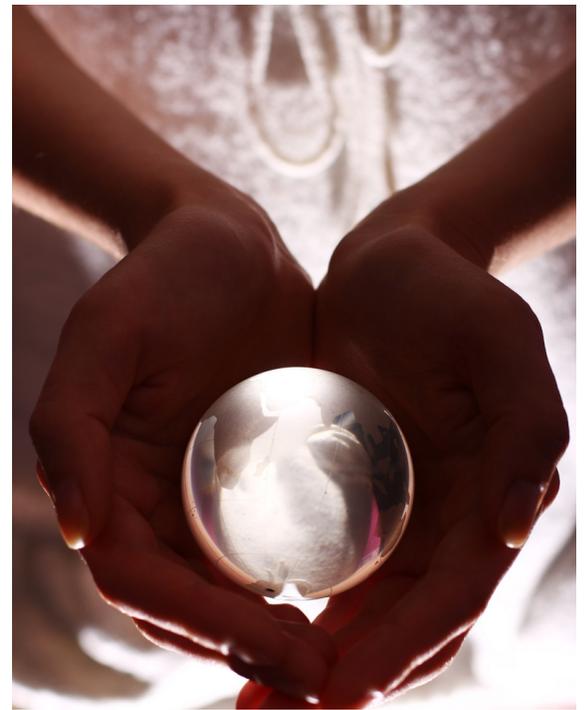
In contrast to these barriers, however, the Hispanic community also demonstrates various **protective factors that may lessen or ameliorate mental health risk**. Across all ethnic groups and populations, access to effective care and social connectedness serve as protective factors.

- **Family:** Family functioning is one of the most important and powerful protective factors for this specific population. "Familismo," which does not have a direct English translation, is a central value for the Hispanic community involving the commitment and dedication to one's family. The interdependent nature of "familismo" means that the needs and values of the family are more important than the individual. Research shows that youth who feel strong family ties like those demonstrated in "familismo" are less likely to attempt suicide.
- **Ethnic Affiliation:** Ethnic affiliation and pride also serve as protective factors for Hispanic people, particularly for adolescents. Youth who show greater involvement with Hispanic cultural practices and events tend to exhibit fewer depressive behaviors and have fewer suicide attempts. Additionally, ethnic pride is associated with higher self-esteem in Hispanic teenagers.

## Mental Health Protective Factors - Continued

- **Religion:** Religion also plays a major role in the Hispanic community. In particular, the religious opposition to suicide has been shown to prevent suicide attempts. Hispanic individuals are more likely than their white counterparts to identify as “very religious” and to belong to faiths or denominations that prohibit self-harm on moral grounds.

These protective factors can be drawn upon when providing and adapting services for the Hispanic community. Services that involve the entire family, play on cultural pride, and acknowledge religious belief may be especially beneficial for Hispanic mental health consumers.<sup>13</sup>



*Services that involve the entire family, play on cultural pride, and acknowledge religious belief may be especially beneficial.*

## Action Items for Southeastern Clinicians and Agencies

What, then, can clinicians and agencies in the Southeast do to address the mental health concerns and leverage the mental health strengths of the Hispanic community? Primarily, current providers can **become more culturally humble and more linguistically competent**. Southeastern mental health care facilities and agencies should emphasize recruiting and retaining Spanish-speaking providers. This can be done by partnering with training programs to identify and hire multilingual staff, by offering financial compensation for multilingual ability, and by establishing supervisory support systems to ensure that multilingual staff are not overburdened at work. Clinicians can also undergo CLAS, structural competency, and cultural humility trainings. Agencies can make these trainings mandatory or incentivize them, depending on the needs of the communities they serve. Clinicians should be trained in these cultural skills even if they already speak Spanish.<sup>14</sup>

Clinicians and agencies must also understand that most evidence-based mental health interventions are not developed alongside Hispanic people or with the Hispanic community in mind. Therefore, it is **imperative that practices and services are adapted to meet the needs of the Hispanic community**.

# ADAPT SERVICES TO BETTER MEET THE MENTAL HEALTH NEEDS OF HISPANIC PATIENTS



Facilities and organizations that serve Hispanic communities can take the following steps to adapt services to better meet the mental health needs of their Hispanic patients:

- Understand the [current demographics and cultural makeup](#) of the Hispanic community in your area.
- Understand and address the unique mental health disparities faced by members of the Hispanic community by learning more about the [social determinants of mental health](#).
- Understand and address the structural barriers that members of the Hispanic community may face when engaging in mental health services by conducting a mental health needs assessment.
- Know the cultural factors that can impact seeking and accessing healthcare (e.g., community's views on mental illness, religion, gender norms) by distributing a [Knowledge, Attitudes, and Practices \(KAP\) survey](#).
- Designate funding and resources for community-based participatory interventions in areas with Hispanic populations by creating a partnership with a grassroots organization that is headed by and works for the Hispanic community.
- Explore evidence-based treatment modalities that have already been adapted for or adopted by the Hispanic community by viewing resources developed and/or curated by the [Mental Health Technology Transfer Center Network \(MHTTC\)](#) or the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#).

## References

1. United States Census Bureau: [Hispanic Heritage Month 2023](#).
2. Substance Abuse and Mental Health Services Administration, Office of Behavioral Health Equity: [Hispanic and Latino Americans](#).
3. Statista: [Percentage of Hispanic Population in the United States, by State \(2022\)](#).
4. Federal Reserve Bank of Atlanta (2015): [A Changing Composition: Hispanics in the Southeast](#).
5. Pew Research Center (2022): [U.S. Hispanic Population Continued its Geographic Spread in the 2010s](#).
6. 11Alive (2023): [Demand for Spanish-speaking Licensed Mental Health Providers Peaking](#)
7. KFF State Health Facts: [Poverty Rate by Race/Ethnicity \(2022\)](#).
8. Semprini, J. Abdinasir, A. Benavidez, G. (2023). [Medicaid Expansion Lowered Uninsurance Rates Among Nonelderly Adults In The Most Heavily Redlined Areas](#). Health Affairs, Vol 42, Issue 10.
9. American Psychological Association (2018): [Spanish-speaking Psychologists in Demand](#).
10. United States Department of Health and Human Services: [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#).
11. Eghaneyan, B. H., & Murphy, E. R. (2020). [Measuring mental illness stigma among Hispanics: A systematic review](#). Stigma and Health, 5(3), 351–363.
12. Mendoza, H. (2015). [Mental Health Stigma and Self-Concealment as Predictors of Help-Seeking Attitudes among Latina/o College Students in the United States](#). International Journal for the Advancement of Counselling, Vol 37, 207–222.
13. Suicide Prevention Resource Center (2023). [Risk and Protective Factors: Hispanic Populations](#).
14. Furman R, Negi NJ, Iwamoto DK, Rowan D, Shukraft A, Gragg J. [Social Work Practice with Latinos: Key Issues for Social Workers](#). Soc Work. 2009 Apr;54(2):167-74.



This publication was released in November 2023 by the Southeast Mental Health Technology Transfer Center (Southeast MHTTC)

This product was prepared for the Southeast MHTTC under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). This work is supported by grant SM081774 from the Department of Health and Human Services, SAMHSA.

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At the time of this publication, Miriam Delphin-Rittmon served as SAMHSA Assistant Secretary. The opinions expressed herein are the view of the creators, and do not reflect the official position of the Department of Health and Human Services (DHHS) or SAMHSA.

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