WHAT BARRIERS LIMIT ACCESS TO MENTAL HEALTH SERVICES AMONG LATINX OLDER ADULTS, WHAT FACTORS FACILITATE CARE ENGAGEMENT, AND HOW DO THESE INFLUENCES SHAPE THEIR EVERYDAY EXPERIENCES?

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ABSTRACT

Mental health is vital to an individual's emotional and psychological wellbeing. Mental health care is important for coping with life's unpredictability. When thinking of the pursuit of mental health, the age group in which this type of care is common tends to be a younger demographic. However, older adults are often overlooked for this type of care. The elderly Latinx community often tends to view mental health negatively, as several were not exposed to believing in that type of care growing up, which prevents access to care. Therefore, this community is a vulnerable population that needs access to this care to improve their mental wellbeing.

The focus of my project is the older adult Latinx community because this community is often underserved for mental health care. Barriers are what make older adults reluctant to seek assistance for mental health; hence, the purpose of this project is to identify the barriers that make this population undertreated. This would be done through a literature review of published articles that explore the barriers and facilitators this community faces. Elders are often pillars of their families and are essential to keep family traditions, history, and wisdom. As a result, it is important to bring awareness to mental health barriers of the Latinx elderly community to garner support and provide a safe environment for the generations that follow in their footsteps.

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INTRODUCTION

Latinx elderly populations face significant barriers to accessing mental health care, which are best understood through the lens of the Intersectionality framework. The Intersectionality framework is a social theory created by Professor Kimberlé Crenshaw in which she uses to explain how identities are interconnected to mutually create advantages or disadvantages for a set group of people. Professor Crenshaw utilized this framework to highlight the oppression of African-American women. Her definition is as she states:

> " Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LBGTQ problem there. Many times that framework erases what happens to people who are subject to all of these things. Some people look to intersectionality as a grand theory of everything, but that's not my intention."

In terms of access to mental health care, the Latinx community often faces issues with power, inequality, and discrimination. Intersectionality unites these identities of being Latinx and an older adult rather than having them separate. This framework emphasizes that the identities are mutual and fortify one another in order to create drawbacks. For this literature review, this framework helps explain how overlapping identities such as age, ethnicity, socioeconomic status, language, and immigration status all come together to create compounded disadvantages in regards to healthcare access.

Latinx is the term referred to in this paper to individuals of Latin American descent. It is a non-binary term to be inclusive of all gender identities for this particular community. This project also focuses on older adults, the definition for older adults of this paper is any adult over the age of 65 years old. In many situations the elderly community is a group that tends to be

overlooked for mental health-care problems. The reason being is that this particular community tends to view mental health with stigma. This specific community is not accustomed to mental health being a type of care. The older adult community commonly sees mental illness as a form of weakness or failure. Mental illness used to be seen as a taboo subject and expressing sad emotions to another can be perceived as a burden by some. This cycle of stigma can lead to furthering isolation without discussing their circumstances and can worsen an individual's physical health. Depression symptoms in this community are often masked as being a natural part of the aging process. Throughout my research there are evident barriers that make elders reluctant to seek assistance for mental health. Therefore, the purpose of this project is to highlight what these barriers are making this particular community undertreated and how these barriers affect their everyday experiences.

METHODS

A literature search was conducted using the following terms in two databases (Google Scholar and PubMed): (Latinx OR Latino AND Latina OR Hispanic) AND (older adult* OR elderly OR aging) AND (mental healthcare access OR mental healthcare availability OR mental health services accessibility) OR (access to mental care) AND (disparities OR barriers OR underserved OR equity) AND ("health services research" OR policy) AND (United States OR U.S. OR USA) NOT (child* OR adolescent* OR pediatric*) NOT (veteran) NOT (international) NOT (cancer) NOT (Disease) Filters: in the last 10 years, Free full text, English, Humans, Aged: 65+ years. These sources were chosen to capture academic research on the topic.

The search returned a total of 115 articles. The author then reviewed the titles and abstracts to determine which articles were most relevant to the goals of the paper. Articles that did not clearly relate to the topic or did not provide useful information were excluded. After this

screening process, 11 articles were selected for full review. These articles were used to inform the analysis and discussion in this paper.

LITERATURE REVIEW

Through the review of the previous articles this led to the formation of the first research question:

What Barriers Limit Access To Mental Health Services Among Latinx Older Adults?

The Latinx older adult population faces multiple, overlapping barriers that prevent them from accessing mental health care. These barriers are not limited to one factor but rather include structural inequalities, cultural beliefs, socioeconomic challenges, and technological limitations. The following articles collectively illustrate how these issues interact to create significant disparities in care. Daniel Jimenez has a published research article, "Centering Culture in Mental Health" where he illustrated the barrier of lack of culturally responsive care and provider bias which in turn leads to underdiagnosis and undertreatment for this community. Jimenez states, "A study measuring mental healthcare utilization among older Latinos and Whites across the U.S. showed that only 24% of Latinos compared to nearly 35% of Whites initiated mental health treatment when they needed it" (Jimenez 10). Furthermore, Vivian Miller and colleagues mentions the gaps of medical coverage limiting mental health services in her article, "A Critical Policy Analysis of Medicare Parts B and D: Focus on Latin/x and African American Older Adult Mental Health". Miller mentions the following service utilization rates, and that "successful mental healthcare access can be gauged via service utilization rates, which are reported to be highest among Whites (17.1%) compared with African Americans at 8.6% and Hispanics at 7.3%" (Miller 117). Policy design negatively impacts this community further widening the gaps in medical coverage for this community. Patient-Centered Medical Homes is also a topic of

interest because of coordinated care. Wassim Tarraf's article, "Patient Centered Medical Home Care Among Near-Old and Older Race/Ethnic Minorities in the US: Findings from the Medical Expenditures Panel Survey", mentions minority older adults are less likely to receive coordinated care. These barriers are no longer isolated but instead are reinforcing one another to result in significant disparities in access to care (Tarraf 2). Utilizing the intersectionality framework with these articles, age, race, and policy design are all interesting to create systemic inequalities. This particular community is facing both age-related healthcare dependency and racial disparities which is restricting their access to quality mental health services.

Not only are age, race, and policy design intersecting, but ethnicity, cultural norms, and generational beliefs also augment stigma and utilization of mental health care services. Robert Rosales mentions this fatalistic belief of "fatalismo", the beliefs that outcomes whatever they may be are already predetermined. In his article, "Si Dios Quiere: Fatalismo and Use of Mental Health Services Among Latinos with a History of Depression", Rosales highlights the preference for family or religious coping as opposed to professional care. Stronger fatalistic beliefs are linked with lower likelihood of utilizing mental health services and discourages individuals from seeking the help they need (Rosales 758). Individuals with fatalistic belief tend to have a preference for family support and religious coping where it reduces the reliance on a more formal system of care. Moreover, individuals with this belief tend to limit attitudes towards mental health and contribute to this negative stigma of mental health and therefore avoid necessary treatment. Even with services available, cultural perceptions can reduce the utilization of said resources. Intersectionality can help intersect ethnicity, cultural norms, and generational beliefs as older Latinx adults can be heavily influenced by traditional values which can increase the stigma of mental health and reduce the usage of mental health services.

Utilizing the intersectionality framework other barriers may include economic and language barriers for this community. In a scholarly publication published in CSUSB by Jasmine Soriano titled, “Factors that Contribute to Disparities in Access to Mental Health Services within Hispanic Adults”, she introduces barriers limiting navigation of the healthcare system in the perspective of older Latinx adults. Soriano mentions, “The American Psychological Association found that only 5.5% of psychologists in the United States are Spanish speaking” (Soriano 4). The lack of Spanish speaking psychologists can further increase the reports of language barriers for this community. This is evident as in the article Soriano mentions Latinx adults reporting language barriers. Furthermore, in Miller’s article high costs of medical bills are mentioned where Medicare coverage only covers about 50% of the older adult population leaving 50% uncovered (Miller 119). Those that are covered have to pay 20% themselves. Now this cost can vary depending on their income, tax, and marriage status. These barriers, high costs, lack of insurance, and transportation are all issues that limit the access necessary for services. Through the lens of intersectionality, high costs, language, income, and age all intersect. Many older Latinx adults have limited English proficiency to understand their diagnosis and treatment, majority have a fixed income, and this makes healthcare difficult to be able to navigate and afford without significant support.

As we approach a more technological future, technology and medicine is coevolving. Telehealth expansion has evolved yet somehow it has also created new inequalities for this community. Hafifa Siddiq has a published article titled, “Determinants to Tele-Mental Health Services Utilization Among California Adults: Do Immigration-Related Variables Matter?” In this article Siddiq mentions that oftentimes immigrants have lower usage of telehealth due to language barriers and documentation concerns (Siddiq 966). This is important to consider

because as this project included the older Latinx community it does not exclude the immigrant population which makes up for a good portion of this population. In addition to this barrier, Leah Ferguson's article, "Impact of community-based Technology Training with Low-Income Older Adults" depicts how lack of digital literacy limits the participation of older adults in telehealth, however, training programs demonstrate the improvement of access (Ferguson 639). Ishanti Ganguli's investigation, "Patient Characteristics Associated With Being Offered or Choosing Telephone vs Video Virtual Visits Among Medicare Beneficiaries", demonstrates "Medicare beneficiaries reported that clinicians commonly offer, and that these beneficiaries commonly choose, telephone visits even when video visits are available" (Ganguli 12). Among the disadvantaged population, such as Latinx older adults, telehealth visits tend to be audio only as opposed to video, allowing for the facilitation of short term care in telephone visits as opposed to long term care via video visits. This limited access to technology can in turn reduce the quality and effectiveness of care that this community is facing. Age, immigration status, and digital access are all barriers that intersect with one another. This community of Latinx older adults may often encounter technological, language, and even legal barriers simultaneously which reduces their access to modern healthcare services. While these barriers are intersecting, the modernization of the healthcare system is also widening the gaps of access and further creating disparities for unequal access to mental health services.

Throughout my research there are prevalent barriers affecting this community however, it is not often mentioned how these barriers end up affecting their everyday lives. Therefore, this led to the formulation of the second question:

What Factors Facilitate Care Engagement, And How Do These Influences Shape Their Everyday Experiences?

The intersection of these barriers can lead to a delayed diagnosis and untreated mental illnesses. As Jimenez mentions, depression rates can range to upwards of 10% ranging from 10-35% among older Hispanic adults (Jimenez 10). Delayed diagnosis of such conditions can lead to a worsening of symptoms and even disability in some circumstances. Delayed diagnosis of any kind can lead to prolonged suffering and a lack of treatment for any condition. Jimenez states "This is consistent with data suggesting older Latinos demonstrate higher rates of depressive symptoms"(Jimenez 10). Along with higher rates of depressive symptoms older Latinx adults tend to have a higher level of chronic stress as opposed to White older adults. With increasing percentages of these conditions, increased anxiety and depressions can affect mobility, independence, and hinder their daily activities. This lack of access to care can directly impact their everyday experiences and their functioning, untreated mental illnesses can contribute to higher disability levels and can lead to a decreased quality of life. Via intersectionality, age and ethnicity can converge in order to create an increased risk of untreated conditions and reduce the ability for independent living and everyday experiences.

Another result of reduced access to care results in cultural coping and persistent symptoms. This is prevalent in the Rosales' article, which focuses on the belief of fatalism and this belief creates a reliance on family and religions instead of professional care. Fatalism can lead to a prolonged form of depression because this belief reduces the likelihood of seeking treatment (Rosales 750). This can lead to the masking of emotional struggles, by masking these emotions can remain unaddressed for long periods of time. Cultural factors can result in long-term unmanaged symptoms. Factors such as cultural identity and generational norms can engage with one another to result in emotional struggles that can remain unaddressed in the everyday experiences of this particular community.

Another result of barriers is the poor management of conditions in terms of policy and status. Miller's article, “A Critical Policy Analysis of Medicare Parts B and D: Focus on Latin/x and African American Older Adult Mental Health”, limited access to care can lead to gaps in management of conditions. This limited access can be observed in therapy and in medications. This fragmented care leads to a reduction in follow-up appointments and coordination with management (Miller 117). As mentioned above, this fragmented care can lead to high out-of-pocket costs for this community which can lead to discouragement of continuing treatments. Tarraf also mentions that minority older adults tend to have lower rates of coordinated primary care enrollment (Tarraf 13). This results in an increase to instability of mental health management that affects the daily routines and health management of this group of individuals. Under the lens of intersectionality policy, socioeconomic status, and age from the inconsistent treatment for these individuals lead to the difficulty of stress stemming from socioeconomic barriers.

Soriano mentions financial strains and language barriers; these two barriers can sum to the increase of stress (Soriano 4). This can lead to a lower likelihood of seeking treatment as discussed prior. In Park’s article, “Impact of comorbid mental health needs on racial/ethnic disparities in general medical care utilization among older adults”, Park illustrates the economic strains and language barriers in this system (Park 7). Both financial strain and language barriers can lead to an increase in stress, this would lower the likelihood of seeking care despite symptoms. There is an evident pattern here in which these barriers contribute to the reluctance of seeking proper care. This reluctance can further worsen symptoms to extremes. Healthcare costs as mentioned by Park are costly and can lead to delayed or skipped treatment. Economic strain can lead to chronic stress and anxiety. Furthermore, language barriers make it difficult to

communicate symptoms or even seek help. The Latinx older adults are less likely to seek treatment despite demonstrating high depressive symptoms. Their daily lives are being impacted by financial insecurity and this limitation in access to proper support.

The intersection of all barriers in particular telehealth can lead to the social isolation and digital exclusion of this particular group. As Siddiq mentions in their article, there is a reduced telehealth use among older Latinx immigrants (Siddiq 967). This intersects with Ferguson's article as they mention digital literacy improves this access to the healthcare system (Ferguson 642). Digital literacy is vital for the reduction of gaps in care, however, this literacy is often lacking and overlooked for these communities. Ganguli's article mentions the reliance on phone-based care possibly reducing the quality of care. Ganguli states, "This study found that many patients reported choosing telephone visits when given the option, suggesting the need to support telephone visits when appropriate while addressing multilevel barriers to video use (e.g., clinic infrastructure and interpreter availability)" (Ganguli 1). These missed opportunities for care can lead to unmet mental health needs for these individuals opting for telephone visits instead of video calls. This lack of digital literacy as described can lead to an increase in social isolation and a reduction in engagement with healthcare. However, there are training programs that can improve participation, these programs depict the importance of digital inclusion and how they can minimize the gaps in care. Many Latinx older adults often rely on phone-based care, but this reliance can often do more harm than good in terms of reducing the quality of treatment that they are receiving. This is why it is important to create intervention methods that can allow for digital literacy to better accommodate these telehealth barriers. Older adults prefer to have telephone visits as it is easier to manage than having to attend a video visit with zero to little knowledge. The intersection of these barriers affects the everyday experiences of this community

by limiting the connection they can have with healthcare providers and support systems according to their needs.

Moreover, if these barriers persist this can lead to severe consequences in the lives of this particular group of individuals. In Deborah Padgett's article, "Homelessness, housing instability and mental health: making the connections", Padget demonstrates how untreated mental illnesses can escalate into severe outcomes (Padgett 198). If mental illnesses continue to go untreated then it can worsen symptoms and lead to more extreme outcomes such as substance use and homelessness. As mentioned in the article, mental illnesses in some extreme cases are linked to substance use and, in some cases, can often be intertwined with homelessness (Padgett 197). This intersection of mental illness, substance use, and homelessness can lead to a daily struggle of housing insecurity and a lack of basic needs. When mental illness goes untreated it can escalate into more serious life disruptions for this particular group of individuals.

INTERVENTION METHODS

In light of the barriers and their effects being intersected there are possible targeted interventions that can create a positive impact on policy improvements. In Hankyung Jun's article they propose an intervention method that supports Medicare as those with access to this specific type of coverage demonstrate a reduction in depression symptoms (Jun 1). Access to this specific type of care can increase financial stability and access to a more professional type of care. This is because access to this specific type of care can lead to a decrease in financial stress and burden which can in turn improve their well-being. Like mentioned before, individuals with coverage tend to have a lot less to pay out of their own income. This helps reduce the financial burden of having to pay large amounts to better their health. This can then reduce the skipping of treatment as it becomes easier to manage financially. This is evident in older Latinx immigrants;

with the gaining of coverage there is a significant decrease in depressive symptoms. The more coverage there is the more individuals can receive the care they need without having to worry about external factors. If mental health is improved, then the daily functioning of this community tends to increase and positively transform their everyday experiences.

A more targeted approach including these important policy improvements could be broken down into three levels. These levels can include the community level, healthcare system level, and a policy level. Regarding the community level, there should be a culturally sensitive mental health education available for individuals. Utilizing this resource there could be a reduction to the stigma through a faith-based or a family-centered approach. These approaches are important as they involve an important aspect of their lives and intersect it with the importance of mental wellness. Within these resources something important to promote this type of care could be community health workers that promote mental health. This can include individuals of this particular age group and ethnicity that can help promote wellness in areas where this group is prevalent. In terms of the healthcare system there could be an increase to bilingual and culturally educated providers. This can lessen the gap of language barriers and allow for more older adults to have providers that can understand their language and correctly diagnose them accordingly. These community health workers can connect older Latinx adults to resources available and often underused in their particular community. Another approach that is important is a more holistic approach where it integrates mental health into primary care. Integrating mental health clinicians into more sections of the healthcare system, including into the Patient-Centered Medical Homes (PCMH) models of care, would enable a more holistic approach. This is because PCMH models of care create an approach that targets and treats both physical and mental health simultaneously (Tarraf 6). This type of care reduces stigma and

fragmentation through immediate access, addressing conditions occurring concurrently, and utilizing behavioral health consultants. Patients can receive immediate access because instead of relying on referrals to outside specialists, these specialists are already integrated in the team for primary care of these individuals. Addressing both physical and mental health allows for the management of both, for example, treating depression that is a result of a rising chronic condition whether it be from diabetes or another condition. The utilization of behavioral health consultants is important as they provide intervention methods such as pain management or altering medication for behavioral changes, this impact can improve physical health in a variety of ways. These implementations can help improve better coordination for older adults.

At a policy level the expansion of insurance coverage is important to reduce strain and inequalities for these individuals. Latinx older adult immigrants are also filled with fear from seeking care, a better implementation of protection for this group of individuals is important to protect their status and help reduce fear as a barrier. Rebuilding that trust is important for immigrants to trust local organizations, not just government programs because trusting the local community can lead to decline in the fear of immigration. As telehealth expansion becomes more common, funding for more digital literacy programs is important for all seniors because it allows for better accessibility for not just telephone visits but also video visits. These literacy programs can focus on hands-on training for individuals to practice using electronics and ask questions when they experience issues. These programs can highlight the use of apps that are important for viewing their records, booking appointments, and virtual consultations. These programs are important to increase the confidence of older Latinx adults to navigate technology in light of telehealth expansion. These methods of intervention all intersect to address race, status, age, and

language at the same time. All these different intervention methods when intersected can help create an important method of intervention for all in the older adult Latinx community.

CONCLUSION

Throughout this literature review one thing is for certain and that is that the limited access to mental health services for the older adults of Latinx community is not as a result of a singular barrier but rather due to various intersected inequalities that shape and widen the gaps of accessibility for this type of care. Barriers such as policy, insurance coverage, language, and digital telehealth systems all become intersected alongside cultural beliefs and stigma to create this unequal system. These barriers result in being misaligned with the actual necessities that this group of people really need. Utilizing the lens of intersectionality these barriers are not isolated but rather broaden the gaps that can exclude the older Latinx community from receiving the mental health support they need. It is important to raise awareness of this issue because this community continues to be affected in their everyday experiences whether that may be their emotional wellbeing, their independence, or their quality of life.

This literature review also demonstrates meaningful intervention methods that can be able to facilitate care management. Approaches such as culturally sensitive methods, bilingual and bicultural providers, improved insurance coverage, and more support methods focused on community play an important role in increasing the access to care. These methods not only reduce the stigma and improve long-term outcomes regarding their health but also encourage more individuals to seek the care they need. When mental health services become culturally relevant and accessible, this can lead to a positive impact on the daily lives of Latinx older adults. This can be observed in the reduction of stress, improving functioning, and strengthening the relationship between the healthcare systems and the community that they serve.

If these barriers continue to be overlooked, disparities in the mental health care system will prolong and negatively impact the healthcare system the more it tends to evolve. Advancements as mentioned in the telehealth system can be beneficial but if not addressed can deepen inequalities if issues like digital literacy and access are not taken into account. It is vital to implement intervention methods at multiple levels including the community, healthcare system, and policy levels. Increasing culturally informed care, expanding coverage, improving language access, and investing in digital literacy programs are key interventions in order to reduce healthcare disparities.

Overall, addressing mental healthcare access for Latinx older adults is essential in order to improve their wellbeing and daily experiences. This population plays a vital role within their families and communities, and their mental health should not be overlooked. The older adult community is important because these older adults are often pillars of their families and are essential to keep family traditions, history, and wisdom still intact. By recognizing and addressing the barriers they face, while also strengthening the factors that support care engagement, there is an opportunity to create a more equitable and inclusive healthcare system for future generations. As a result, it is important to bring awareness to mental health barriers of the LatinX elderly community to garner support and provide a safe environment for the generations that follow in their footsteps.

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