Addressing the Gaps in Mental Health Care for Spanish-Speaking Individuals in Durham, N.C.: A Needs Assessment and Compilation of Relevant Empirical Literature

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ABSTRACT. The present report supplies a short historical background of Latino immigration into Durham, NC and incorporates various sources to provide a comprehensive view of Latino immigrant child and adolescent mental health. It addresses the negative impact of acculturation on mental health and outlines documented barriers to obtaining mental health care for Latino immigrants. Noting the repeated references of cost and language as barriers to care, the report presents several strategies, such as task shifting and Health interventions, that can be used to improve access to care. Finally, it connects the presented strategies to existing resources in Durham.

1. Introduction to Latino Immigration in Durham, NC

For generations, Latin American immigrants to the United States settled in concentrated areas, the majority of which were in the Southwestern United States. However, in 1990 the Latino immigrant population began to spread across the United States, inhabiting “new destinations” throughout the American Southeast (Flippen & Parrado, 2012). A particularly large number of Latinos immigrated to Durham, NC. The 1990 census registered 2,054 Hispanics in Durham County, representing roughly 1.1 percent of the total population. As Latino immigrants continued to settle in the Southeastern United States, the Hispanic population in Durham grew exponentially in the years that followed, reaching 17,039 in 2000 and 39,332 (13.4 % of the total population) as of the July, 2014 census population estimate.

A number of political and social factors have contributed to the rise of Durham as a “new destination” for Latino immigrants, including recent growth of the city’s technology and research sectors (Flippen & Parrado, 2012). The rapid growth of these sectors has resulted in an increase to commercial and residential construction and a commensurate need for low-skilled laborers. With an initial group of immigrants already established in the area, secondary immigration from outside the state has been ongoing as news of the ample employment opportunities has spread (Flippen & Parrado, 2012). However, as the Latino community has continued to expand, their position in the labor market has remained largely the same. Roughly a third of Durham’s Latino population lives at or below the poverty line (“From Tobacco to Tortillas,” 2014). Further, the average household income in a typical Latino neighborhood in Durham, NC is $39,000, less than 70% of the $56,000 average household income for non-immigrant neighborhoods in Durham. These wealth inequalities are reflected in insurance coverage and health service utilization rates, for which Latino immigrants are more likely to be uninsured and less likely to seek health services than their non-Latino counterparts (NC Minority Health Facts, 2010).

The link between poverty and mental health problems is a well-established one, as is the positive association between poverty and childhood and adolescent mental illness. Poverty increases the likelihood an individual will meet criteria for almost all mental disorders (Lipman & Boyle, 2008), and children from impoverished backgrounds are 2.7 times more likely than non-impoverished children to develop mental health problems, particularly conduct and behavioral disorders (Lipman & Boyle, 2008). Additionally, research has supported the claim that “area-level indicators of less advantaged SES have been associated with mental health even after adjustment for individual-level SES,” suggesting that living in lower-income neighborhoods may have a negative impact on mental health independent of individual socioeconomic status (Lund et al., 2014). These findings highlight the
importance of considering childhood and adolescent mental health within Durham’s Hispanic community. The potential negative mental health impacts of this community’s high poverty rate, poor health insurance coverage and ethnic minority status are altogether alarming.

2. Mental Health in Latino Communities

As the number of Latino immigrants has continued to grow in recent years, there has been a corresponding rise in the number of Spanish-speaking individuals presenting for mental health services in Durham County (Samoff et al., 2014). The rise in individuals seeking services for care has called attention to the psychological well-being of children and adolescents in immigrant communities and has sparked several community-level needs assessments for Latino communities on a local, state, and national level.

One such assessment includes the Surgeon General’s supplemental report (2001) on mental health. This report outlined the effect of culture, race and ethnicity on mental health in America. Most notably, the report included a number of epidemiological findings illustrating that Latino youth experience a significant number of mental health problems, including anxiety and substance abuse, and that in most cases, they experience more symptoms of psychological distress than their non-Latino counterparts. However, the majority of supporting data for these claims comes from studies that assess mental health using various problem behavior checklists, rather than formal diagnostic instruments.

Existing research on Latino immigrant child and adolescent mental health has suggested that children and adolescents born outside of the U.S. exhibit higher-than-average levels of anxiety and distress. A 1999 study by Glover and colleagues assessed the anxiety symptoms of Hispanic youth using the Youth Self Report (YSR) version of the Child Behavior Checklist (CBCL), both of which have been cross-culturally validated for Latino samples (Glover et al., 1999). The researchers found that Hispanic students in a Texas middle school exhibited more anxiety-related problem behaviors than non-Latino students and suggested that this could be a result of “either higher risk for anxiety symptomatology or a culturally related bias in the reporting of such symptoms” (Glover et al., 1999).

In addition to anxiety-related problem behaviors, Satcher (2001) reported that Hispanic youth and adolescents exhibit higher levels of distress than their non-Hispanic counterparts. A 1992 study by Roberts and Sobhan found that when controlling for age, gender, perceived health, and socioeconomic status, Mexican-American adolescents exhibited more depressive symptoms than the Anglo-American majority. The elevated levels of anxiety and distress exhibited by children and adolescent-aged Latino immigrants are well documented on a national scale (Polo & López, 2009). These national findings are also reflected in Durham-specific data. Twelve percent of adult respondents in a Durham Latino community health survey said “depression, anxiety, and other mental illnesses” were the most pressing health problem for their community (Samoff et al., 2014).

The cumulative effects of elevated anxiety and distress levels can present in a variety of different ways. Auerbach (2007) suggests that adolescents with both high levels of neuroticism and emotion regulation deficits are more likely to engage in “risky” behaviors (operationalized as criminal behavior, unsafe sexual behavior and illicit drug use in the context of this study), likely as a maladaptive coping strategy. A 1995 study suggested that Latino students, born inside and outside of the United States, engaged in more risk-taking behaviors than their non-Latino peers (Brindis, 1995). In Brindis’ study, problem and risk-taking behaviors were classified as substance use, self-violent behaviors, sexual risk behaviors, and acts of violence.

Substance use disorders, considered to be both a mental illness and a risk factor for mental illness, are a particularly relevant problem in Durham’s Latino community. Forty-four percent of respondents in a 2014 Latino community health survey endorsed “addiction to alcohol, drugs, or medications” as the most pressing health problem for their community (Samoff et al., 2014). Similar results were found in Durham’s Youth Risk Behavior Survey, which showed that 32% of Durham County high school students reported having at least one drink of alcohol in the past 30 days and 35% reported using marijuana one or more times in the past 30 days (Samoff et al., 2014). To provide a national comparison, the 2014 National Survey on Drug Use and Health found that 22.8% of adolescents reported having at least one drink of alcohol in the past 30 days and 9.4% reported us-
ing marijuana one or more times in the past 30 days (Center for Behavioral Health, 2015). The differences in national and Durham-specific data suggest that contextual factors may be associated with drug use in Durham.

A number of researchers have also shown that Latino adolescents may be more predisposed to self-violent behavior. As presented in the Brindis (1995) study, Latino students are more likely to engage in self-violent behaviors than their non-Latino peers. Correspondingly, a national survey of high school students found that adolescent-aged Latino males and females reported more suicidal ideation and specific suicide attempts than their non-Latino peers (Satcher, 2001). This was reflected in a Durham-specific survey as well, which found that 14.7% of Latino high school students had previously made a plan about how to kill themselves, higher than the figure of 10.7% for their white counterparts (Samoff et al., 2014). These findings highlight a concerning rate of depression and suicidal ideation within Latino communities specifically.

A 1992 study by Jeffrey Swanson and colleagues highlighted an alarming trend of increased suicidal ideation among adolescent-aged Latino immigrants. Swanson found that when surveying adolescents on both sides of the Mexican-American border, adolescents living in the United States reported higher scores on the Center for Epidemiologic Studies Depression Scale (CES-D), higher rates of illicit drug use and higher levels of current suicidal ideation (Swanson et al., 1992). Similarly, a cross-national comparison of suicide attempts, drug use, and depressed mood found that immigrants were significantly more likely to report illicit drug use, suicide attempts or depressed mood than their counterparts living in their country of origin (Peña et al., 2015). These findings suggest that Latino immigrant youth living in America are exposed to various social conditions in America, such as racial discrimination and social pressure to conform to cultural norms, that negatively impact their mental health. The process of adjusting to life in a non-native country, conceptualized as “acculturation,” is likely accompanied by a number of significant stressors. Notably, the experience of acculturation has been linked to unfavorable mental health outcomes (Koneru et al., 2007).

3. Acculturation and its Impact on Mental Health

“Acculturation” has been defined in various different ways across the existing literature. For the purpose of this paper, acculturation can be understood as the dual process of cultural and psychological change that occurs in times of migration. Acculturation may be associated with positive mental health outcomes when immigrants reconcile their cultural differences and undertake assimilation, adapting to American culture while preserving aspects of their native cultural identity. Though while acculturation may lead to harmonious assimilation into a new culture for some, empirical literature suggests that the stress that accompanies acculturation can also have significant negative impacts on the mental health of immigrants in the United States. Acculturation and accompanying stressors have been associated with poor mental health outcomes among American immigrants, including high rates of substance abuse (Koneru et al., 2007).

The elevated levels of anxiety and distress that accompany acculturation have been conceptualized as “acculturative stress” (Berry, 2005). Dr. John Berry proposed that acculturating individuals must yield and assimilate to the dominant culture in order to resolve the cultural conflict associated with immigration. One example of cultural conflict is the shift in gender roles that is often experienced following immigration. Many Latin American countries have rigid gender roles that promote patriarchal culture, whereas the United States promotes more independence and fluidity in gender roles. This cultural conflict can be amplified when men are unable to find jobs and women become the primary earner (Rees et al., 2015). “Acculturative stress” can emerge when immigrants encounter cultural conflicts that they perceive as “problematic” (Berry, 2005). Although stress generally connotes a negative experience, health psychologists posit that stress can fall along a spectrum that consists of positive and adaptive elements (e.g., adapting to American gender roles while maintaining trust and effective communication in the home) at one end and negative and maladaptive elements at the other extreme (Berry, 2005). Maladaptive acculturative distress is characterized by marked difficulty adapting to novel cultural practices and has been associated with elevated levels of anxiety and distress in...
children and adolescents (Polo & López, 2009). While the Durham-specific data does not mention accultur-ation specifically, acculturative stress could potential-ly contribute to the various mental health problems evident in the Durham Latino community (Samoff et al., 2014).

While there is a dearth of research supporting acculturative stress and specific mental health outcomes, existing studies have found associations between acculturation and depression (Hovey & King, 1996; Koneru et al., 2007; Lorenzo-Blanco & Unger, 2015). Mikolajczyk and colleagues (2007) analyzed data from the adolescent sample of the 2003 California Health Interview Survey and compared findings across immigrant and non-immigrant groups to determine the relationship between acculturation and mental health. The survey collected demographic information and measured depressive symptomology with a reduced version of the Center for Epidemi-ologic Studies Depression Scale (CES-D). The CES-D includes acculturation-specific items and had been validated within immigrant communities prior to this study. “Acculturation was operationalized into an interval variable, including the language that the interview was conducted in, the language spoken in the home, the number of years residing in the United States and citizenship status (Mikolajczyk et al., 2007). Overall, the researchers found significant differences between Latino and non-Latino white adolescents, with Latino adolescents reporting higher levels of poverty and lower levels of social support. After adjusting for socioeconomic status and social support, the researchers identified a significant correlation between acculturation and depressive symptomology. Low levels of acculturation were associated with higher levels of depressive symptoms (Mikolajczyk et al., 2007). Again, despite the lack of acculturation data for Durham, this association between acculturative stress and depressive symptoms could help explain the large number of Latino immigrants that cited “depression, anxiety, and other mental illnesses” as a pressing community health problem (Samoff et al., 2014).

A number of studies have also linked accul-teration to elevated rates of suicidality in Latino ad-olescents (Cespedes, 2009; Lipsicas & Mäkinen, 2010; Swanson et al., 1992). Lipsicas and Mäkinen (2010) completed an empirical review and concluded that immigrant status influences suicide risk. Specifically, these researchers found that acculturative stress was a significant and independent predictor of suicidal ideation in adolescent-aged Latino immigrants across the United States (Lipsicas & Mäkinen, 2010). Another cross-sectional study conducted to “determine the relationship between acculturative stress, depressive symptoms, and suicidal ideation in a sample of immigrant and second-generation Latino-American adolescents” found that acculturative stress, depressive symptoms, and suicidal ideation were highly inter-correlated, with acculturative stress and depression serving as significant and independent predictors of suicidal ideation (Hovey & King, 1996). The demonstrated inter-correlation between acculturative stress, depression and suicidal ideation suggests that many of the 14.7% of Latino high school students in the Durham area that had previously made a suicide plan (Samoff et al., 2014) may also have been experiencing acculturative stress at the time that they made such plans.

A number of national studies have linked acculturation to substance use in Latino adolescents (Carvajal et al., 2002; Goldbach et al., 2015; Lorenzo-Blanco & Unger, 2015). Goldbach and colleagues surveyed Latino adolescents across four American cities and found that acculturative stress was associated with a heightened risk of alcohol use. The data also suggested that acculturative stress was a “salient mechanism related to alcohol use” in Latino populations (Goldbach et al., 2015). Similarly, a 2015 study by Lorenzo-Blanco and Unger indicated that acculturative stress was correlated with cigarette smoking in Latino youth. Again, there is no Durham-specific data on acculturative stress and its relationship to substance use. However, national data suggests the
nity health survey (Samoff et al., 2014). Additionally, Durham County lacks providers that are able to provide culturally competent care to Latino children and adolescents, given that few clinicians employed by the county identify as Latino or possess Spanish-language skills (Community Needs, 2014). While the barriers listed above are not comprehensive, they represent large hindrances to accessing mental health care for the Latino community.

In examining mental health needs and service utilization by Hispanic immigrants across the Mid-Southern United States, Bridges and colleagues (2012) found that the most common barrier to service utilization was cost, with 59% of survey respondents reporting it as the reason that they did not seek mental health care. This was reflected in a 2014 Durham County community needs assessment, in which 45% of Latino respondents indicated a need for more affordable healthcare (Samoff et al., 2014). With roughly a third of Durham's Latino population living beneath the poverty line (Samoff et al., 2014), it is reasonable to assume there would be significant financial barriers to accessing mental health care. The majority of Durham County Latinos surveyed they would turn to safety-net clinics; however, these clinics are often over-crowded and do not provide specialty care to Spanish-speaking residents (Samoff et al., 2014). There are several agencies that link low-income and uninsured residents to specialty care, such as Project Access of Durham County and Duke University's Local Access to Coordinated Healthcare (LATCH) program, but their resources are limited and Spanish-specialty care can be difficult to access (Samoff et al., 2014).

Similarly, lack of insurance can pose a large barrier to accessing care, specifically for Latino immigrants (Bridges et al., 2012; Samoff et al., 2014). The Bridges survey (2012) of Hispanic immigrants across the Mid-Southern United States found that 35% of respondents lacked insurance, citing this problem as the main reason why they did not use mental health services. In 2014, the median household income for an immigrant neighborhood in Durham was $39,000, less than 70% of the $56,000 median household income for non-immigrant neighborhoods (Samoff et al., 2014). It is therefore not surprising that the majority of Latino immigrants in Durham County cannot afford private insurance plans (Samoff et al., 2014). For non-immigrant individuals who cannot afford private health insurance, plans are subsidized by the government; however, immigrants face significant barriers in signing up for government-subsidized plans, ranging from lack of credit history to mixed immigration status and fear of deportation (Samoff et al., 2014). Lack of health insurance within Durham's immigrant communities has resulted in an uninsured rate among foreign-born Hispanic children that is more than four times greater than the uninsured rate among native-born Hispanic children (Samoff et al., 2014).

Bridges and colleagues (2012) also found that language posed a major barrier to service utilization, with 31% of survey respondents reporting lack of Spanish-language services as a barrier to accessing mental health care. For Durham County, an Alliance Behavioral Healthcare community needs assessment found that only 20 behavioral health care providers reported offering Spanish-specialty services (Community Needs, 2014). This number is drastically lower than the suggested number of 72 providers for a population of 39,332 individuals (Community Needs, 2014). However, increasing the number of Spanish-speaking providers alone may not be sufficient to overcome the cultural barriers faced by Latino immigrant communities in seeking mental health care. Indeed, the Surgeon General's report on mental health outlined the need for not only bilingual but also bicultural providers (Satcher, 2001). When mental health patients and providers are “ethnically matched” treatment adherence and outcomes can be improved (Satcher, 2001). There is currently no data on the ethnicity of mental health providers in Durham County; it is worth keeping in mind, however, that not being paired with an ethnically-matched provider could pose a barrier to care for some individuals.

5. Implications for Practice

Potential Strategies

The pervasive mental health problems and barriers to care that many Latinos in Durham face suggest a need to scale up affordable and culturally competent mental health care. Mental health care in the United States generally encompasses the counseling and medication regimens that are provided by highly-trained professionals such as psychologists, psychiatrists, licensed clinical social workers and licensed counselors. However, the resources needed
to implement this quality of care in Spanish-speaking and immigrant communities are still lacking. The need for Spanish-specialized care coupled with the lack of providers who can supply this care indicates a need for more creative solutions. Some ways in which Spanish-specialized care could be improved have already been suggested in the treatment literature for other, similarly low-resourced communities. Task Shifting is an innovative approach to mental health care in which counseling responsibilities are shifted to individuals with narrowly-tailored training, commonly referred to as “lay-providers.” Under this approach, respected community members or existing spiritual providers can be given evidence-based training and begin to deliver mental health care under the supervision of a licensed practitioner (Kakuma et al., 2011). This approach is particularly useful because it is implementable even for a community with limited resources, and typically costs very little for the patients. Another positive aspect to this approach is that the lay-providers are generally respected community members, potentially facilitating trust between providers and patients (Kakuma et al., 2011). Task shifting also opens the door for intersectoral collaborations such as partnerships with schools or churches to increase mental health awareness, detection of mental health disorders, referrals and service delivery (Kakuma et al., 2011). Task shifting has been proven to improve access to and quality of care in a number of low-resource settings (Kakuma et al., 2011; Tran et al., 2014) and could be a unique and promising avenue for intervention in Durham’s Latino communities.

The majority of task shifting evidence has been collected from low- and middle-income countries; however, pilot programs have already taken place in Central North Carolina (Tran et al., 2014). In 2013, a team from Duke University and the University of North Carolina at Chapel Hill piloted “Amigas Latinas Motivando el Alma (ALMA), a promotora (Hispanic/Latino community member with specialized training in health education and promotion) intervention designed to reduce stress and promote coping skills among recently-immigrated Latinas” (Tran et al., 2014). The researchers identified potential promotoras through established community contacts, including church leaders, community activists, and other agencies already serving the communities (Tran et al., 2014). With training in social network building and effective coping, participants in the ALMA program showed a significant decrease in depressive symptoms and increases in productive coping strategies and perceived social support (Tran et al., 2014). Overall, the results from ALMA program suggest that task shifting interventions could potentially be effective in the Durham Latino community. Task-shifting interventions are of little to no cost for the patient, eliminating the financial barrier to accessing mental health services, and can be altered and generalized to fit a multitude of different populations.

Telecounseling interventions utilize telecommunications technologies to provide behavioral health care from a distance. It has emerged as a promising intervention for racial and ethnic minorities, as it has the ability to connect patients with ethnically matched providers in remote locations (Jang et al., 2014). Telecounseling has been shown to produce significant short-term effects in ethnic minority communities, including “large improvements across measures of depression, anxiety, quality of life and psychosocial functioning” (Dorstyn et al., 2013). Still, the emerging nature of telecounseling technologies has limited long-term data collection (Dorstyn et al., 2013). Despite telecounseling’s proven effectiveness in ethnic minority communities, there have been relatively few studies of its effectiveness in linguistically isolated communities (Jang et al., 2014). Jang and colleagues (2014) examined the effect of video counseling sessions between linguistically isolated Korean-American patients and Korean-American providers in other parts of the country. They reported an 86% completion rate and significant reductions in depressive symptomologies both following treatment completion and after a 3-month follow-up (Jang et al., 2014). The above findings suggest that telecounseling interventions could be utilized in Durham to improve access to Spanish-specialty care and subsequently improve mental health care within Latino communities.

Health Promotion Programs can be delivered by specialists or trained community members and are particularly powerful tools for intervention, as they seek to educate communities of individuals about how to have better control over their own health and wellbeing (WHO, n.d). They can be introduced in various settings but are most commonly implemented in
schools and faith-based communities. A 2015 study introduced a mental health promotion and prevention program in an urban elementary school and found considerable improvements to both functioning and academic achievement among Latino students (Montañez et al., 2015). The study was limited in its collection of mental-health specific findings, but the program’s results included increases to pro-social behavior and classroom compliance, as well as improved academic achievement (Montañez et al., 2015). A similar program targeted domestic violence prevention and self-esteem improvement in Latina women (Fuchsel, 2014). Implementing an empowerment-based psychoeducation curriculum, the participants reported improved self-esteem levels and knowledge of healthy relationship dynamics (Fuchsel, 2014). Both of the above interventions illustrate the effectiveness of education- and promotion-based interventions in Latino communities. Their ability to impact large groups of people and target clinical and sub-clinical levels of dysfunction make them a particularly promising strategy for the Durham Latino community.

6. Existing Community Resources and Opportunities for Intervention

The presentation of mental health problems and barriers to care within the Durham Latino community does little to accurately represent the strength of the community and its existing resources. Despite pervasive mental health problems, Durham’s Latino population encompasses several robust religious communities, has implemented an expansive English as a Second Language (ESL) program in Durham Public Schools (DPS) and has founded several limited but efficacious non-profit health centers. It is important to operate within these existing structures in order to effectively and efficiently address mental health with Durham’s Latino community.

Religious Communities: The vast majority of Latinos living in the United States are affiliated with religious communities and seek out religious leaders for mental health care (“The Shifting Religious Identity of Latinos in the United States,” 2014), making these leaders a potentially fruitful avenue for intervention. In Durham specifically, Immaculate Conception Catholic Church serves as a religious center for many Latinos and offers Spanish-language services, connections to various Latino outreach groups and partnerships with a number of social justice organizations that focus on Durham’s Latino population. Religious partnerships utilize religion “as a means of connecting to the target community’s cultural values and traditions... thereby increasing the impact of the health-related content” (Schwingel & Gálvez, 2015). Thus, working alongside Immaculate Conception could increase the impact of a mental health intervention while simultaneously strengthening the community’s existing resources. Similarly, Latinos most often seek mental health services from religious leaders. A 2012 study found that religious leaders are the leading provider of mental health services for Latino immigrants (Bridges et al., 2012). A partnership with local religious communities would allow for these services to be improved, studied and expanded. Health promotion programs could be particularly effective in this context, as they can be delivered to a large number of individuals at once. The benefits of partnering with a religious community are multi-faceted. Religious organizations provide established community connections, are tightly associated with cultural and community values and have the potential to strengthen and expand existent mental health services.

Durham Public Schools offers a substantial ESL program which employs approximately 79 ESL instructors throughout Durham County’s public schools (“Durham Public Schools,” n.d.). Instituting a program in collaboration with DPS’s ESL would provide access to care for a large number of children and adolescents, given that federal law mandates school attendance. Additionally, ESL instructors have Spanish language training, eliminating the language barrier. Successful community-based interventions work within existing sectors (in this case parents, families, school counselors, teachers, and administrators) to establish common goals and decide the best way to achieve them (Kakuma et al., 2011). ESL teachers could be trained to identify acculturative stress and ask students how they are coping with it, participating in both initial evaluation and referral. Subsequently, school psychologists could be trained to identify and adapt to the needs of acculturating students. A 2015 report addressed the need to provide culturally competent care to immigrant families and offered suggestions for developing these competencies in school psychologists (Garcia-Joslin et al., 2015). The
authors highlighted the importance of understanding the “cultural context of social, emotional, behavioral, and/or academic concerns,” educating school personnel about the language acquisition process, and involving the family in the intervention process (Garcia-Joslin et al., 2015). Partnering with school systems allows for broader outreach within a network of Spanish-speaking professionals and certified school psychologists.

Existing Health Centers: Recognizing the need for affordable Spanish-specialty care, a number of nonprofit health centers and various institutional collaborations have been founded in the Durham area. Most notably, El Futuro was founded in 2004 in an attempt to address the growing need for culturally competent mental health and substance abuse care for central North Carolina's growing Latino population (“About Us,” n.d.). They provide services in exchange for a nominal fee “in order to promote personal responsibility.” Each year, more than 1,600 adults and children present to El Futuro for services, with 82% of individuals served showing clinical improvement and 96% of individuals served reporting “feeling helped” (“About Us,” n.d.). El Futuro has had a tremendous impact on the mental health of Durham's Latino community; unfortunately, their influence is limited by funding and staffing. A partnership with El Futuro could be established to provide valuable resources in exchange for community connections and knowledge on existing clinical interventions. This partnership would enable expansion and support of existing mental health services.

7. Gaps in Existing Literature

Several gaps in existing literature were identified throughout the process of completing this project. It is notably difficult to find mental health prevalence data for children and adolescents. There is no Durham-specific data for this population and national data is sparse. Increasing research with an aim to cross-culturally validate diagnostic measures would improve the clinical significance of findings in ethnic minority psychology.

There is currently little to no research identifying specific causal pathways between acculturation and mental health problems. Existing research is limited to correlational studies, which are useful but unable to establish causality. Increasing research activities with an aim to study the specific causal pathways behind acculturative stress could be useful, as it has the potential to shape our understanding of the acculturation process and future interventions. Additionally, the influences of both acculturation and religion on mental health have both been studied in detail, but very little work has been done regarding the impact of religion as a mediator in the acculturation process. It is well documented that Latino immigrants seek out religious communities; however, there is very little data on the effect of religious community membership on acculturation and acculturative stress.

The most notable research gap pertains to which types of specific interventions are most efficacious in low-income immigrant communities. Task-sharing has been proven effective in many low- and middle-income countries, yet there is a dearth of data regarding task-shifting in low-income communities within higher-income countries. Research should be expanded to further explore the implications of task-shifting in these communities. These interventions are particularly valuable on account of their ability to reduce language and cultural barriers. Similarly, there is as of yet no data on the efficacy of telecounseling for Latino communities. Existing research has assessed the feasibility of telecounseling, but has not examined its ability to connect culturally and linguistically isolated individuals via comprehensive mental health care. All in all, more research is needed to assess the relative efficacy of different forms of Spanish-specialty interventions.

8. Conclusion

The recent rise in Durham, North Carolina’s Latino population calls attention to the need to expand Spanish-specialty mental health care in the city. A number of needs assessments have documented the mental health of Latino communities and found alarming rates of mental illness (Samoff et al., 2014; Auerbach et al., 2007). The acculturative distress that can often be a result of immigration and living in non-native countries further compounds the mental health problems of many Latino immigrants (Polo & López, 2009). However, when assessing access to mental health care, it is clear that there are several systematic barriers impacting Latino immigrants, particularly high cost and lack of bilingual providers.
Elevated levels of mental illness and systematic barriers to care suggest a need to present creative and cost-effective solutions, much like those that have been implemented in lower- and middle-income countries. Task-shifting, telecounseling, and health promotion programs have the ability to connect Latino immigrants to culturally competent care for free or at a reduced cost. There are a number of community resources that could be used as a starting point for these interventions, including religious communities, Durham’s public school system and existing safety-net clinics. This paper took an equally creative approach in referencing multiple different types of literature, which ranged from empirical articles and book chapters to census data and news stories. Several gaps in this literature were also noted. In particular, little data currently exists regarding how to implement creative care solutions within Latino communities, and specific causal pathways between acculturative stress and mental health disorders have not yet been identified.

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