

Differences in Behavioral Health Service Utilization, Mistrust, and Stigma Between Latinxs and Whites

Caché Harris, Carrie Baeckstrom, Jonathan Marquina, and Jasmine Mena, PhD

Introduction

- → Prior research indicates that Latinxs use mental health services at lower rates compared to Whites (Benuto et al., 2019).
- → Various factors have been examined to understand and explain Latinxs' lower mental health services utilization rates, including *fatalismo*, education, and gender differences (Anastasia & Bridges, 2015; Bridges et al., 2012).
- → In addition, some research has found that Latinxs may have a higher level of mental illness stigma possibly due to limited mental health literacy (Interian et al., 2007). Furthermore, language barriers and cultural mistrust may discourage help-seeking (Falgas et al., 2017).
- → In order to meet the needs of the growing U.S. Latinx population, it is necessary to understand the interlocking influence of stigma and mistrust on service utilization which this study addresses.

Research Aims and Hypotheses

- 1. Compare the mental health service utilization patterns of Latinxs and Whites
- 2. Latinxs will report higher levels of stigma and mistrust compared to Whites
- 3. Latinx and White users of mental health services will report lower stigma and mistrust than nonusers

Method

Sample:

- →Convenience sample (N = 149). Fifteen were excluded due to missing data (n = 1) or did not identify as White or Latinx (n = 14)
- →Participants self-identified as non-Latinx White (52%) and Latinx (48%); the majority were women (74%); the mean age was 42.76 (SD = 17.29) and more Whites (93%) than Latinxs (70%) completed high school or above.

Measures

- →Demographic Characteristics: Age, Gender, Education
- →Service Utilization Interview (Bridges, et al., 2012)
- →Perceived Devaluation and Discrimination Scale (Link, 1987; 12-items)
- →Medical Mistrust Index (LaVeist, Isaac, & Williams, 2009; 7 items)

Procedures

→IRB Approved; Convenience sample (health clinics); Self-administered survey

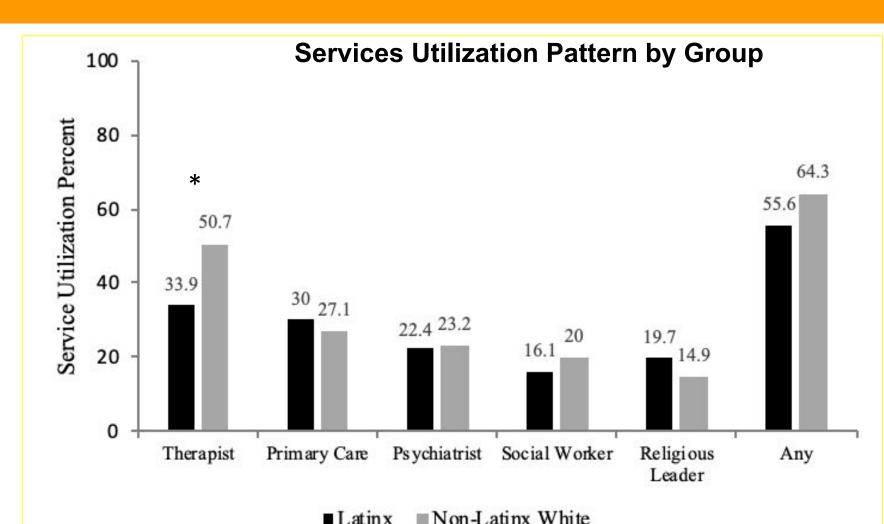
Results

Services Utilization

Latinxs and Whites did not differ significantly on the frequency of service use by provider type, except therapist; Whites were significantly more likely to see a therapist than Latinxs (p = .04).

Satisfaction with Services

Latinxs (55.6%) and Whites (64.3%) did not differ significantly on satisfaction with services provided by any provider type (p = ns).



Group Differences in Stigma and Mistrust Latinxs and Whites did not differ significant

Latinxs and Whites did not differ significantly on stigma [t(116) = -.03, p = .45] or mistrust [t(113) = -.23, p = .82].

Mental Illness Stigma & Mistrust & Prior Service Use Latinxs who used mental health services (M = 2.71, SD = .39) reported significantly higher mental illness stigma compared to Latinxs who had not used services (M = 2.45, SD = .28), [t(50) = -2.76, p = .008]. No difference was observed between Whites who had (M = 2.60, SD = .34) and had not used services (M = 2.58, SD = .37), [t(63) = -.25, p = .80]. No differences were found with mistrust.

Discussion

- → Many factors impact service utilization including and beyond ethnoracial identity.
- → Latinxs' lower use of therapists compared to Whites may indicate a lack of access to providers with cultural and linguistic competence.
- → Latinxs who used services had higher levels of stigma than those who did not, which suggests that encounters with service providers may have had a negative effect. This may be especially true if the provider lacked cultural competence.
- ➤ Similarities between Latinxs and Whites indicate that it would be universally beneficial to address mental health literacy to reduce mental illness stigma and provider mistrust.

Limitations

→ Clinics provided similar services, but the demographic characteristics of the staff varied (greater cultural and linguistic diversity in the clinic that primary served Latinxs).

References

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Contact Information

Caché Harris: ch053@bucknell.edu

Carrie Baeckstrom: cab070@bucknell.edu

Jonathan Marquina: jm084@bucknell.edu

Professor Jasmine Mena: jam102@bucknell.edu