



| COVID-19 POLICY BRIEF SERIES

Depression and Anxiety among Latinos: Urgent Call for Mental Health Services

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BACKGROUND

Latinos have been disproportionately affected by COVID-19 infection and deaths nationally and locally. In Washington state, as of June 4th, 2021, Latinos comprise nearly one third (29%) of all COVID-19 cases although they are only 13% of the state's population.¹ The global pandemic has had major social, economic, and health impacts.^{2,3} As a major stressor, the COVID-19 outbreak and the policies utilized to prevent the spread of infection have also had negative impacts upon the mental health of Latinos, particularly with regards to depression and anxiety. According to United States based epidemiological studies, lifetime prevalence of any anxiety disorder among Latinos ranges from 9% to 22% and depression from 3% to 24% varying by sex, nativity, place of residence, and ethnic subgroup.^{4,5,6} As reported by the Institute for Health Metrics and Evaluation (IHME), in 2019 the prevalence of depression for men and women of all ages and races/ethnicities in WA state was 5.36% and the prevalence of anxiety was 6.54%.^{7,8}

“Blacks and Latinos have substantially lower access to mental health and substance-use treatment services.”⁹

Research has consistently identified that Latinos experience disparities in the availability, access, and provision of quality mental health care that is culturally and

linguistically competent; face a higher risk of practitioners misconstruing or misdiagnosing their symptoms; and are less likely to receive care consistent with evidence-based treatment.^{10,11,12} Such barriers include lack of insurance, documentation status and fear of deportation, racism, and discrimination.

During the pandemic, many Latinos have experienced poverty as well as unemployment, in addition to food and housing insecurities. These stressors have been associated with greater occurrence of mental illness.^{13,14} The COVID-19 pandemic has spotlighted these disparities and stressors when accessing mental health care as well as accessing testing and vaccinations.⁹ These realities are an urgent concern that warrants strategic attention.

With regards to the prevalence of adults experiencing mental illness and low rates of access to care, Washington state ranks 37 out of 50 states, plus D.C., indicating higher prevalence of mental illness and lower rates of access to care.¹⁵

A major barrier experienced by Latinos nationally and locally is the lack of a bilingual, bicultural mental health workforce. A study conducted by the Latino Center for Health found that among board certified Latino physicians in WA state, only 3.1% (12/392) reported a psychiatry specialty.¹⁶ This scarcity is more pronounced in rural communities. With regards to the ratio of mental health provider (MHP) to population in Washington state, the 2021 County Health Rankings revealed a lower ratio of practitioners in rural counties compared to urban.¹⁷

The Latino Center for Health is a state-funded interdisciplinary research center at the University of Washington. Housed administratively at the School of Social Work, the center conducts community-engaged research through capacity building and authentic partnerships with community stakeholders to promote the health and well-being of Latino communities in Washington state (<https://latinocenterforhealth.org/>).

Ratio of Mental Health Providers to population in WA ¹⁷

WA State:	1 to 250
King County:	1 to 220
Yakima County:	1 to 300
Douglas County:	1 to 1,450



BACKGROUND CONTINUED

With the onset of the pandemic, mental health issues and symptomatology have been reported to be exacerbated among Latinos including grief due to the deaths of family members, friends and colleagues, depression and anxiety due to being an essential worker, social isolation, fears, unknowns, including uncertainty regarding vaccinations, food and housing insecurity, job loss, and other stressors.¹⁸ Children and adolescents have also experienced losses, isolation and trauma, resulting in more youth reporting increased symptoms of depression and anxiety.¹⁸ A special note: research has shown that children of depressed parents are at an elevated risk for depression and anxiety themselves.¹⁹

This survey study provides important data regarding the prevalence of likely major depression and likely general anxiety disorder and identifies factors that are related to and contributing to a higher prevalence of these two disorders. Along with presenting the salient findings, we make key policy recommendations that, if implemented, will make a transformative difference in promoting the access and utilization of culturally and linguistically responsive mental health services to urban and rural Latinos in Washington state.

DATASET

We used data from the “Understanding Washington Latinos’ Experiences Around COVID-19” survey developed by the Latino Center for Health. The survey was administered to patient populations of SeaMar Community Health Centers in Western Washington State who met inclusion criteria. From the 18,167 patients that met these criteria, 2,500 were selected for the survey. Males and those preferring Spanish were oversampled due to lower expected responses from these two populations. In addition, the sample was stratified across three regions in the state: the north region of Western Washington, the Puget Sound region, and the remainder of the Western portion of the state.

The final sample consisted of 363 respondents. Results reported in this brief are based on unweighted analysis of eligible survey respondents.

MEASURES

We used the Patient Health Questionnaire (PHQ)-2 and the Generalized Anxiety Disorder (GAD)-2 screener to categorize participants as “depression likely” or “anxiety likely”. The PHQ-2 consists of the first 2 questions of the PHQ-9 and uses scores from 0-6, with a cutoff score of 3 or higher suggesting major depressive disorder is likely. Similarly, the GAD-2 consists of the first 2 questions of the GAD-7, scores range from 0 to 6, and a cutoff of 3 or greater identifies probable cases of generalized anxiety disorder.²⁰

**Please refer to the appendix for the research questions that guided our examination of mental health data obtained in our study and other information related to the data set and measures.*

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KEY FINDINGS

In our survey study, 13% and 16% of respondents scored “depression likely” and “anxiety likely”, respectively. Additionally, 9% of participant’s scores indicate clinically significant comorbidity of anxiety and depression. These reflect elevated scores as reported by Latinos in comparison to known pre-COVID-19 data.

An important contextual reality should be noted. Research has identified and substantiated over several decades a paradox known as the Latino immigrant paradox in which recent Latino immigrants to the United States (residing in the country less than 13 years) tend to manifest better mental health than US born Latinos. This is important to note since our sample has substantially more immigrants (70% foreign born) than U.S. born Latinos (25%). In addition, our survey study does not examine lifetime experience of depression and anxiety, nor does it report symptomatology. In studies that do, elevated depression

and anxiety scores are often reported. Thus, it is reasonable to posit that the overall percentage of respondents in our current study likely manifesting depression and anxiety is underreported.

Latinos are disproportionately affected by stressors which negatively impact their mental health. Out of all respondents, **39% indicated that they were unemployed, 41% reported that they were uninsured and 57% of the respondents completed a high school education or less.**

Overall, scores for “depression likely” and “anxiety likely” were higher among younger (18-30 years old) and older participants (>65 years old), females, divorced, those with higher education and lower incomes, which is consistent with what has been previously reported in literature.

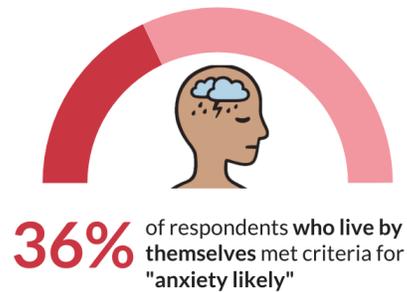
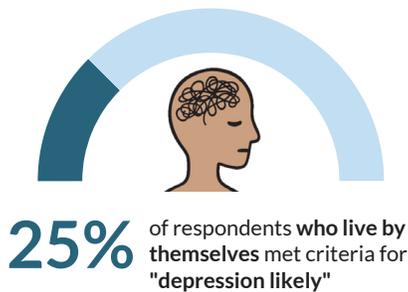
Based on our survey, the prevalence of depression and anxiety among Latinos in WA State increased during the pandemic.

> **Pre-COVID-19 Pandemic**

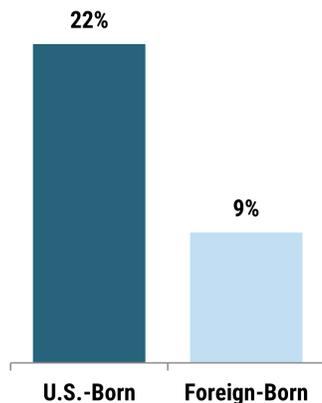
In 2019 the prevalence of depression for men and women of all ages and races/ethnicities in WA state was 5.36% and the prevalence of anxiety was 6.54%.^{7,8}

> **During COVID-19 Pandemic**

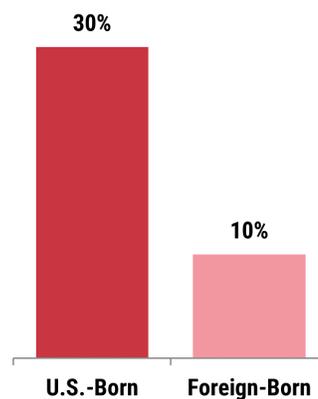
In our recent survey study, 13% and 16% of respondents scored “depression likely” and “anxiety likely”, respectively.



Depression Likely



Anxiety Likely

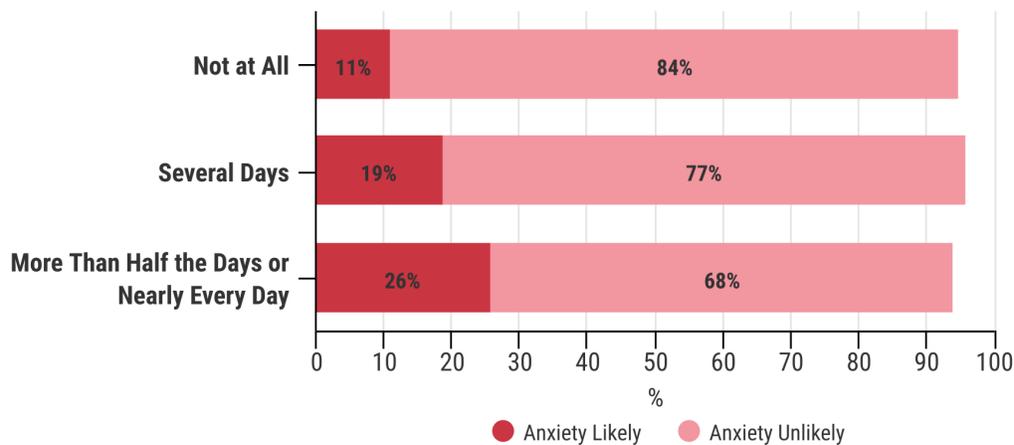




MORE KEY FINDINGS

Depression Likely	Anxiety Likely
<ul style="list-style-type: none"> • 21% of English language speakers reported “depression likely” scores, compared to 8% of Spanish language speakers • Those with new caretaking responsibilities (e.g., caring for an aging parent or ill family member) fall more frequently into the “depression likely” category (21%) than those who did not face added responsibilities (12%). We did not see this difference for those with new childcare responsibilities. • Unemployed and retired individuals reported the highest percentages of “depression likely”, 16% and 22% respectively. • Those who lost their job due to COVID met criteria for “depression likely” more than those who did not lose jobs (17% vs. 11%). • Participants with government sponsored health insurance (Medicaid/Apple Health, Medicare, Military, or Indian Health) have a higher percentage of “depression likely” (21%) compared to those without any health insurance (11%). • Respondents who were worried about running out of food and not having enough money to buy more for half of the days or nearly every day in the last 3 months were twice as likely to meet “depression likely” criteria, compared to those who were not at all worried (21% vs 10%). • Individuals who were worried about paying their rent or being evicted more than half the days in the last 3 months and those who worried nearly every day are more likely to meet criteria for “depression likely” than those who did not, 26%, 19%, and 10% respectively. 	<ul style="list-style-type: none"> • More English language speakers reported experiencing “anxiety likely”(25%) than Spanish language speakers (10%). • Participants with new caretaking responsibilities scored higher for “anxiety likely” (21%) compared to those who did not experience new caretaking responsibilities (15%) and this is statistically significant. However, findings reveal that new childcare responsibilities do not seem to result in more anxiety in respondents. • Unemployed and retired participants reported the highest percentages of “anxiety likely”, 18% and 22% respectively. • Individuals who lost their job due to COVID reported a higher percent of “anxiety likely” (20%) compared to those who did not experience job loss (16%). • Respondents with government sponsored insurance (e.g., Medicaid/Medicare) were more likely to report meeting anxiety criteria (25%) than those who lacked any insurance (13%). • Of those that reported being worried about paying rent or being evicted more than half the days in the last 3 months, 39% met criteria for “anxiety likely” and 27% of those worried nearly every day met criteria. In comparison, 11% of participants who were not at all worried about rent or eviction scored in the “anxiety likely” range.

Anxiety Due to Food Insecurity



*Note: Percent totals do not add up to 100 due to rounding and missing responses.



RECOMMENDATIONS

There exists a critical urgency to improve mental health access and services among the Latino community in Washington state. Based on the findings from this study, the following eight recommendations support key areas to impact and improve the mental health services for the increasing number of Latinos in Washington state.

Short-term Recommendations	Long-term Recommendations
<ol style="list-style-type: none"> 1. Make permanent the temporary waivers for telehealth (telemedicine and telemental health) services. This will establish a stable financial mechanism of reimbursement for telehealth services demonstrated to address many barriers of access that exist in WA state, particularly the scarcity of bilingual mental health providers and limited transportation, especially in rural communities. 2. Increase access to evidence-based, culturally responsive telephone CBT depression care. Research conducted in partnership with the Yakima Valley Farm Workers Clinic highlights the effectiveness of reducing depression symptomatology and increase functioning of patients with major depression through a brief 8-session manualized cognitive behavioral intervention. In addition, findings reveal that it diminishes stigma, increases participation, including among immigrants and men. 3. Provide support for training to make effective use of <i>promotores</i>—community health workers— who can be valuable as trusted community members to address hesitancy in seeking vaccinations and mental health services, provide trustworthy information in Spanish, and help Latinos move beyond stigmas and barriers in navigating mental health services. 4. Provide up-to-date information in Spanish regarding mental health services on government and health related websites and include salient information that addresses immigrant experience and trauma experiences of Latinos. 	<ol style="list-style-type: none"> 5. Promote workforce development by increasing the pipeline of practitioners graduating from schools of social work, nursing, public health, psychiatry, and psychology to address the shortage of bilingual and bicultural mental health practitioners. 6. Towards this end, fund training and supervising of seniors in undergraduate programs as well as existing staff of providing organizations to deliver specific evidence-based manualized depression treatment via telephone to patients of providing organizations across the state. 7. Incentivize college and university educational programs across the state to strengthen and enhance their equity curriculum through developing and implementing Latino mental health curriculum and tracks—promoting excellence and responsiveness to students committed to Latino communities and other marginalized populations.



TELEHEALTH

With regards to the delivery of mental health services via telehealth, the overwhelming majority of respondents reported being extremely satisfied (19%) and very satisfied (43%)—a total of 62% of the sample. This salient finding, along with the study’s key findings, give evidence that the pandemic has elevated the respondents’ concerns and stressors and increased their risk for depression and anxiety.

These findings support some of the key recommendations we have proposed to improve access and utilization of mental health services by Latinos.



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APPENDIX

RESEARCH QUESTIONS

1. What is the prevalence of likely Major Depressive Disorder based on the Patient Health Questionnaire-2 (PHQ-2) Screener?
2. What is the prevalence of likely General Anxiety Disorder based on the Generalized Anxiety Disorder 2-item (GAD-2) screener?
3. What factors are related to a higher prevalence of likely Depressive Disorder and likely General Anxiety Disorder?

DATA SET

Data were collected between October 28, 2020 and February 3, 2021 by mail or by phone. Participants received a \$20 gift card. A total of 381 patients completed the survey for an adjusted response rate of 17%. However, 18 additional survey respondents were excluded from the analysis due to ineligibility based on age and ethnicity. Thus, the total sample for this study is 363 respondents.

MEASURES

The reliability and validity of these ultra-brief versions of the PHQ and GAD have been assessed in primary care settings as well as in the general population (Löwe et al., 2010). These scales are helpful in identifying patients at risk for Major Depressive Disorder or Generalized Anxiety Disorder who then require an evaluation by a physician or psychologist to receive a diagnosis.

PARTICIPANT INCLUSION CRITERIA

- Age of 18 years or more
- Self-identified Hispanic or Latino ethnicity
- Preferred language of Spanish or English
- One or more outpatient visits between January 1, 2020 and July 31, 2020
-

STATISTICAL METHODS AND SOFTWARE

- Univariate analysis
- Stratified analysis by the following factors: demographic and socioeconomic characteristics, caregiving responsibilities and COVID related issues
- We used STATA version 16 software