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## Examining Latino Differences in Mental Healthcare Use: The Roles of Acculturation and Attitudes Towards Healthcare

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## Background

- IOM report finds disparities in mental health utilization for racial-ethnic minorities, particularly Latinos (Institute of Medicine 2003).
- Latinos underutilize mental health services compared to non-Latino whites.
- We investigate the relative contribution of self-reliant attitudes and culturally specific factors in mental healthcare services for Latinos of Mexican, Cuban and Puerto Rican origin.

## Explanations for Differential Use

### • Ethnicity-specific factors

- Limited English language proficiency
- Immigrant status (Vega, Kolody, and Aguilar-Gaxiola 2001)

### • Self-reliance

- Racial-ethnic differences may be due to attitudinal differences or interpretation of mental health problems.

--Belief that one can overcome illness without medical intervention (Ortega and Alegria 2002)

## Data and Sample

Data on individuals' use of mental healthcare services and individual characteristics come from the Medical Expenditure Panel Surveys (MEPS), sponsored by the Agency for Healthcare Research and Quality.

MEPS is a series of surveys based on clustered and stratified samples of households that provide nationally representative estimates of healthcare use, expenditures, and insurance coverage for the US non-institutionalized population. Pooled series of respondents age 18-64 in 2002 and 2003.

Sample adults aged 18 and older, sample size of 30,234. The final sample includes 5,959 Mexicans, 340 Cubans, 623 Puerto Ricans and 23,312 whites.

## Multivariate Models

Series of logistic regression models predicting the odds of using mental healthcare services in the past year

Examine coefficients for each ethnic subgroup gap at baseline model (net of controls)

Compare the gap coefficients including the mediating effects of language of interview, immigrant status, and medical self-reliant attitude

# Examining Latino Differences in Mental Healthcare Use: The Roles of Acculturation and Attitudes Towards Healthcare

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## Descriptive statistics for service utilization measures by ethnic group

		Non-Latino white	Mexican*	Cuban	Puerto Rican
Any healthcare use	Percent	9.3	4.5 <sup>a,b</sup>	5.7 <sup>a</sup>	8.3
	SE	.003	.003	.013	.012
Mental health specialist	Percent	4.8	1.8 <sup>a,b</sup>	3.0 <sup>a</sup>	5.0
	SE	.002	.003	.009	.010
Non-mental health specialist	Percent	6.4	3.2 <sup>a,b</sup>	3.0 <sup>a,c</sup>	5.4
	SE	.002	.003	.008	.009

\* Latino subgroup-white difference is statistically significant  $p < .05$   
 \* Mexican-Puerto Rican difference is statistically significant  $p < .05$   
 \* Cuban-Puerto Rican difference is statistically significant  $p < .05$   
 \* No statistically significant Mexican-Cuban differences

- Mexicans report the lowest use of mental health services
- Cubans are intermediate, and report higher levels than Mexicans for any use and specialist use
- The pattern for Puerto Ricans is more similar to whites than it is to other Latinos.

## Logistic Regressions Results

- For all three outcomes, Mexicans reported lower use of mental health care services, and the difference is not completely accounted for in our models.
- For all three outcomes, self-reliant attitudes were associated with less use of mental health care services, but they do not account for the lower usage patterns for Latino subgroups. Respondents who hold self-reliant attitudes about their illness are less likely to use mental health services.
- For all three outcomes, we found that respondents who took the interview in Spanish were less likely to see a mental health care provider.
- Language partially explains the Mexican-white difference, but do not fully account for Mexicans' lower use.
- Cubans' lower odds of service use are accounted for by Spanish language at interview and time in the US.

## Discussion/Conclusion

- Utilization patterns in use of specialty, non-specialty, and any type of mental healthcare differ across the three Latino subgroups.
- The predictive efficacy of acculturation variables on ethnic group differences varies by subgroup.
- Language barriers play a key role for Mexicans' use of mental health services, and partially mediate the gap in service use between this group and non-Latino whites
- Self-reliant attitudes towards healthcare are associated with lower use, but these attitudes do not explain the ethnic gaps in use.

## Logistic Regressions

### Logistic regression models of any mental health care use

	Model 1		Model 2		Model 3		Model 4	
	Odds	SE	Odds	SE	Odds	SE	Odds	SE
Mexican	.459***	.037	.456***	.037	.655***	.070	.643***	.078
Cuban	.586**	.138	.508**	.132	.809	.234	.952	.236
Puerto Rican	.883	.135	.762	.132	.864	.154	.596**	.118
Self-reliant attitudes towards medical care					.800**	.0165	.798**	.016
Spanish language interview					.640**	.099	.739	.124
Time lived in the US (native = reference group)								
<5 years					.439*	.174	.506	.204
5-9					.392***	.095	.374***	.101
10-14					.562*	.163	.563	.167
15+					.900	.119	.897	.128

All models include controls, age, gender, self-rated mental health, employment status, marital status, insurance coverage, education, income, region, MSA residence.  
 Exponentiated coefficients. Standard errors in second column.  
 \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

### Logistic regression models for specialty health care use

	Model 1		Model 2		Model 3		Model 4	
	Odds	SE	Odds	SE	Odds	SE	Odds	SE
Mexican	.365***	.083	.350***	.0519	.534***	.100	.528**	.125
Cuban	.601	.195	.498*	.175	.836	.317	1.019	.343
Puerto Rican	1.040	.231	.975	.219	1.112	.263	.667	.176
Self-reliant attitudes towards medical care					.758***	.0212	.756***	.021
Spanish language interview					.486**	.109	.633	.147
Time lived in the US (native = reference group)								
<5 years					.600	.340	.623	.349
5-9					.593*	.165	.482*	.164
10-14					.284**	.122	.248**	.101
15+					1.013	.172	1.009	.170

All models include controls, age, gender, self-rated mental health, employment status, marital status, insurance coverage, education, income, region, msa residence.  
 Exponentiated coefficients. Standard errors in second column.  
 \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

### Logistic regression of non-specialty mental health care use

	Model 1		Model 2		Model 3		Model 4	
	Odds	SE	Odds	SE	Odds	SE	Odds	SE
Mexican	.486***	.046	.487***	.0465	.675	.0783	.641***	.077
Cuban	.446**	.128	.405**	.114	.628	.193	.732	.226
Puerto Rican	.836	.164	.706*	.153	.795	.176	.629	.166
Self-reliant attitudes towards medical care					.821***	.0202	.818***	.0201
Spanish language interview					.736	.128	.792	.145
Time lived in the US (native = reference group)								
<5 years					.259**	.128	.330*	.173
5-9					.307***	.108	.348**	.115
10-14					.733	.222	.806	.250
15+					.946	.199	.857	.182

All models include controls, age, gender, self-rated mental health, employment status, marital status, insurance coverage, education, income, region, msa residence.  
 Exponentiated coefficients. Standard errors in second column.  
 \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$