

Hello! I am excited to start my term as the NHPA Research Subcommittee Chair. To do research well, you need to come up with good research questions. To come up with good research questions, you need to know what is not going well or what could be improved. The mission of the Research Subcommittee is to foster and promote Latinx research and develop Latinx researchers. To help stimulate Latinx medication-related research questions, we will share facts about the Latinx patient population and its medication use. We will describe how these impact pharmacists and what pharmacists can do to make a difference. Of course, we will point out when more research is needed – which is most of the time.

This newsletter, the focus is mental health. This is such an important topic because mental health is key to everything people do and it is so underrated by the Latinx culture (in my humble opinion as well as various qualitative researchers). Now onto some facts!

In the US, overall, mental health issues are going up for 12–49-year-old Latinx individuals. Being able to afford health care is a substantial barrier to access; 18% of Latinx individuals do not have health insurance. About 16% of Latinx individuals reported a mental health problem within the past year; a rate similar to non-Latinx white individuals.

- Of those with a mental health problem, 10% of Latinx adults sought care from primary care provider for this problem; only 5% received care from a mental health specialist
- Up to 57% of Latinx adults (between 18–49 years old) with serious mental illness did not receive treatment
 - Latinx adults are 50% less likely to receive antidepressant or psychotherapy for a mental health disorder than non-Latinx white adults
- Many Latinx individuals with mental health disorders also have substance abuse issues
 - Almost 90% of Latinx individuals over 12 years old with a substance use disorder did not receive treatment

Identifying mental health issues can be challenging as Latinx individuals may focus on physical not psychiatric symptoms as these are more socially/culturally acceptable; also, they may not be associating the two. Encourage patients to talk to you about their psychological symptoms and how they manage them. Introspection, mindfulness, and talking about emotions are healthy behaviors and should be encouraged. Use your clinical judgement to decide if the patient should be referred to a health care provider for treatment. Follow up with them and let them know the importance of getting good care.

Poor communication with health care providers is commonly reported by Latinx adults. Language concordance, not feeling rushed, and establishing rapport are key. We do not have enough bilingual Spanish speaking health professionals. Let people know if you speak conversational and medical Spanish or consider learning them. Another option is to connect the patient with a free Spanish interpreter via telephone. Hopefully, your company provides one. Provide educational materials to patients in their preferred language. Even if they are speaking to me in English, I ask which language they would prefer for educational materials.

Please contact Beatriz Manzor Mitrzyk, PharmD at bmitrzyk@umich.edu with questions or comments.

References:

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