

# DEPRESSION CARE & LATINO-SPECIFIC SOCIAL DETERMINANTS OF HEALTH



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# Welcome



**Lisa Serrano-Eftychiou**

*Pharmacy Manager, NHPA President-Elect*

City of Hope, Department of Pharmacy Services  
Los Angeles, CA

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- All participant microphones will be muted, but please feel free to type your question into the Q & A box for the panelists to address during our Q & A session at the end.
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# Depression Care & Latino-Specific Social Determinants of Health

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## Disclosures

Beatriz Manzor Mitrzyk, PharmD, BCPS, BCACP  
has no relevant financial relationships with  
commercial interests to disclose.



# Depression Care & Latino-Specific Social Determinants of Health

In this webinar, we will complete the following objectives:

- Describe current data about depression, depression management, and SDOH specific to the Latino/Hispanic population
- Explain the intersections among depression management, Latino ethnicity, and SDOH
- Apply practical solutions to identify and reduce disparities related to SDOH and improve medication adherence and mental health outcomes

# Terminology

- **Hispanic, Latino/a, Latinx, Latine**
  - Hispanic is insulting to many of Latin American heritage; it is reminiscent of the colonial powers responsible for the slaughter of 10s of millions of indigenous people
  - Latino/a refers to everyone from Latin America
  - Latinx doesn't flow easily with the Spanish language; some feel that it's an anglicized term
  - Latine is commonly used among Spanish speakers; more easily pronounced
- **Ethnicity is a social construct**
  - categorization based on cultural, national, language, origin, traditions, and/or religion
- **Heritage**
  - handing down of culture/traditions from one generation to another
- **Ancestry**
  - where your parents/family/ancestors originated (came) from
- **Race is a social construct**
  - categorization based on physical traits

Describe current data about depression, its management, and SDOH inequities specific to the US Latine population












# Depressive symptoms are commonly reported by US Latine adults

- Between 6-38% of US Latinx adults report an episode of depressive symptoms within the past year
- Overall, similar (7-8%) to non-Latinx white adults
  - However, Latinx adults are **up to 50% less likely** to seek or receive care for depression
  - More likely to report **severe** MDD
- World Health Organization (WHO) reports that mental illness related stigma is the most substantial obstacle to seeking care for all populations

# Suicide mortality rate is lower among Latine individuals

- Age-adjusted death by suicide for non-Latine white is 15.28 and 7.89 per 100,000 for Latine individuals
- Rates are increasing for Latine young adults
- Some evidence suggests that lower rate may be from underreporting, a lack of screening for suicidal ideation, and several complex social issues, including stigma
- Also, healthcare provider attitudes toward individuals who report suicidal ideation may also negatively affect mental health outcomes

# Common Types of Depressive Disorders

<p><b>Major Depressive Disorder</b></p>  <p>Symptoms present for longer than two weeks</p>	<p><b>Persistent Depressive Disorder</b></p>  <p>Depression present for most days during a two-year period</p>	<p><b>Bipolar Depression</b></p>  <p>The depressive episodes that often accompany the manias of bipolar disorder</p>	<p><b>Postpartum Depression</b></p>  <p>Can occur soon after delivering a baby</p>
<p><b>Premenstrual Dysphoric Disorder</b></p>  <p>Significant mood symptoms that occur during the menstrual phase</p>	<p><b>Seasonal Affective Disorder</b></p>  <p>Depressive episodes that reoccur in the winter months</p>	<p><b>Atypical Depression</b></p>  <p>Depressive episodes with reactive moods, increased appetite and sleep</p>	

# Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) MDD Diagnosis and Assessment

- At least 5 of the following symptoms present during the same 2-week period (and at least 1 of the symptoms must be diminished interest/pleasure or depressed mood)
  - **Depressed mood**
  - **Diminished interest/loss of pleasure in almost all activities (anhedonia)**
  - Significant weight change or appetite disturbance
  - Sleep disturbance (insomnia or hypersomnia)
  - Psychomotor agitation or retardation
  - Fatigue or loss of energy
  - Feelings of worthlessness
  - Diminished ability to think or concentrate or indecisiveness
  - Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for death by suicide



# Patient Health Questionnaire (PHQ)

- Self-report measure designed to screen, diagnoses, and assess depressive symptoms over time
- 1-5 minutes to complete
- Scores range from 0 to 27; higher scores indicating greater severity
- Available in Spanish and other languages
- Scores > 10 have a sensitivity of 88% and a specificity of 88% for MDD
- Assesses suicidal ideation
- One of the best-validated and widely-used depression scales in clinical practice and research
- Respondents are asked how much in the past 2 weeks they have been bothered by each symptom, with the response options being: “Not at all”, “Several days”, “More than half the days”, and “Nearly every day.”

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_  
=Total Score: \_\_\_\_\_

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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# PHQ-9 Scores for MDD Severity

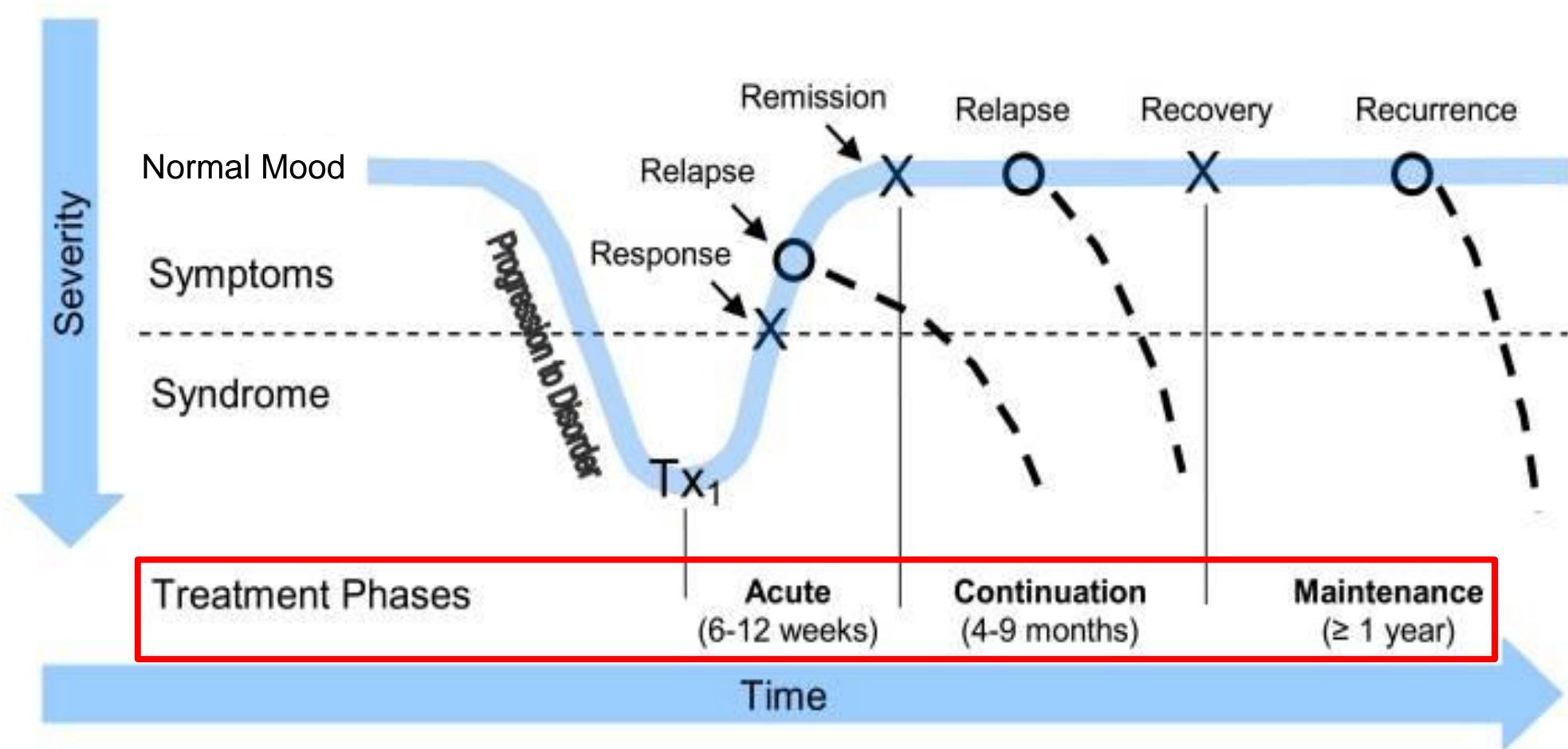
## Scoring

- 20–27: Severe
- 15–19: Moderately severe
- 10–14: Moderate
- 5–9: Indeterminate or mild
  
- Response is 50% reduction from baseline or a decrease from baseline of at least 5 points to <10
- Remission is score of <5

## Suicide mortality

- Item 9 asks about ideation
- Higher scores for item 9 associated with increased risk of an attempt
- However, most deaths by suicide occurred when response was “not at all” to item 9
- Cannot solely rely on item 9 to assess suicide risk; may miss a large portion at risk of suicide mortality

# MDD Clinical “Phases” and Possible Outcomes



- Response is a reduction in symptoms by 50%; Remission (full) is absence of symptoms for 2 months
- Relapse is an episode within 6 months of response or remission (return of symptoms)
- Recurrence is an episode 6 months after response or remission (new episode)
- Recovery is sustained remission; therapy could be discontinued or prolonged if aim is prevention

Challenging to accurately and reliably measure depressive symptoms changes over time



- Depression symptoms can improve or worsen regardless of intervention
- Evidence unclear on how to define response and remission
- Unclear exactly how changes in rating scale scores affect the outcomes most important to patients (e.g., quality of life and social connectivity)
- Need for pragmatic and scalable ways to assess treatment progress



# Older Latine adults report certain depressive symptoms up to 2x more often compared with older non-Latine white adults



Sadness



Anhedonia



Psychomotor symptoms



Sleep disturbances



Guilt

# Question 1

Which depressive symptom is reported twice as often by older Latine adults than older non-Latine white adults?

- A. Fatigue or loss of energy
- B. Loss of interest in almost all activities
- C. Hallucinations or delusions
- D. Weight changes

# Question 1

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Explain the intersections  
of depression  
management, Latine  
ethnicity, and SDOH

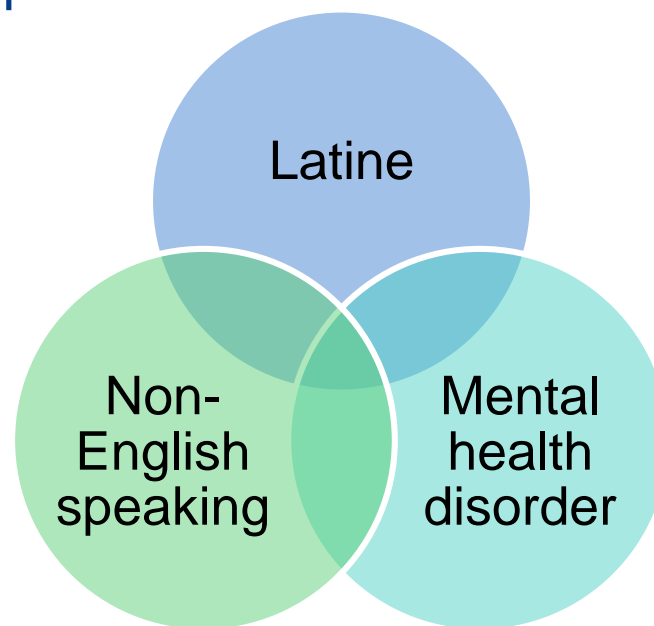


# What is a Health Disparity?

- “...a particular type of health difference that is linked with social, economic, and/or environmental disadvantage,” and that adversely affects groups of people who have systematically experienced greater obstacles to health.”
  - Healthy People 2030
- “...preventable differences in the burden, disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups and communities.”
  - Centers for Disease Control and Prevention (CDC)

# What is intersectionality?

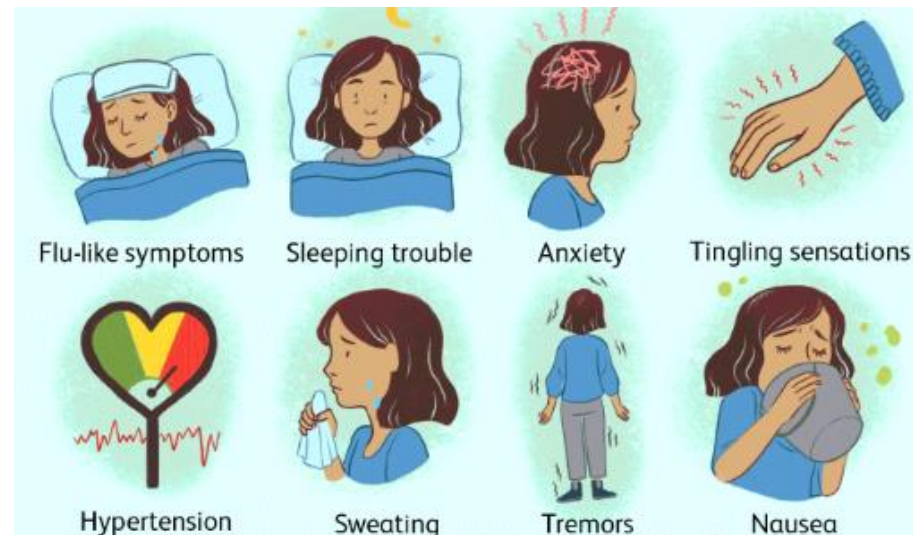
- Way that the systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination “intersect” to create unique dynamics and additive or synergistic effects
  - Example of 3 intersections: a minority individual, with low English proficiency, and a mental health disorder
- These systems of oppression are mutually reinforcing and should be assessed and addressed together to prevent one from reinforcing another
- Exist within the context of injustice and structural discrimination and racism



# Intersectionality can complicate adherence

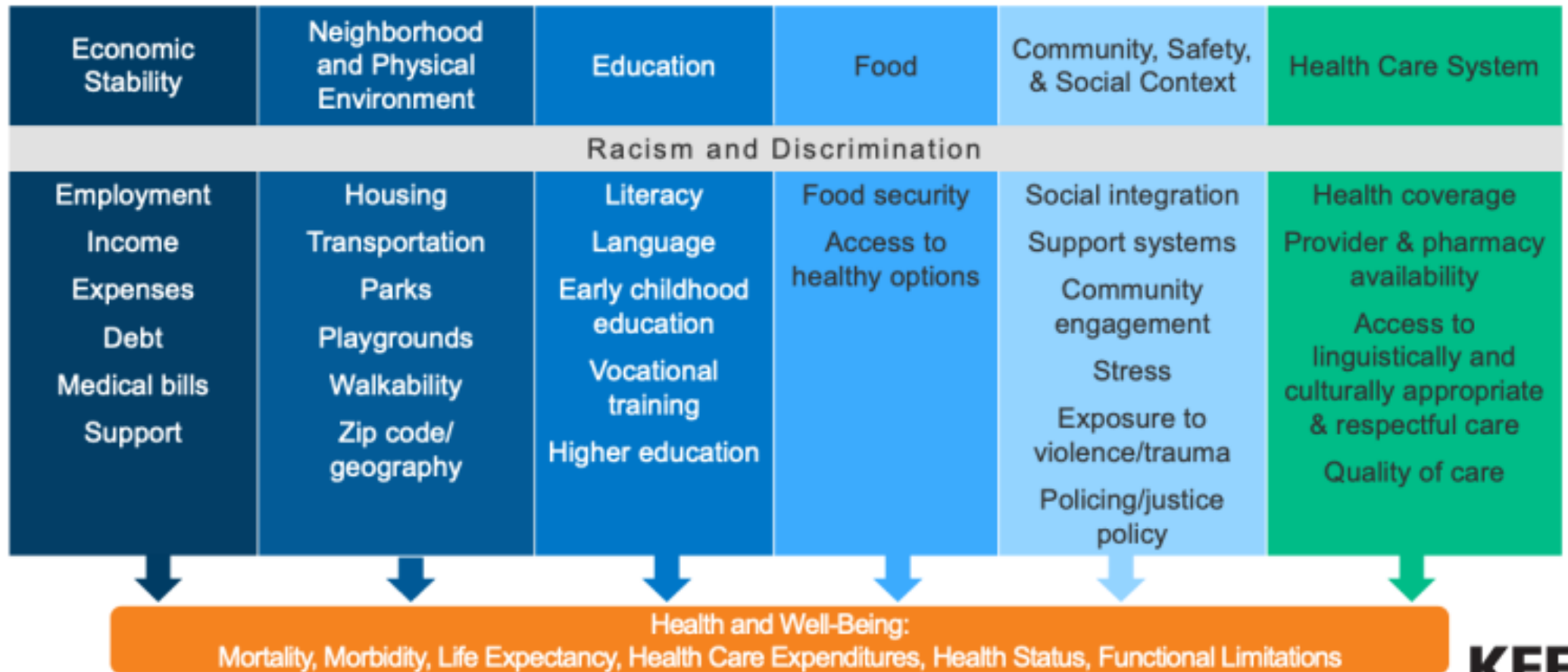
- A non-English, **Spanish speaking, older women** is taking an **antidepressant** for **MDD**. This is her secret.
- The prescription medication label is written in English, as is the information sheet provided with the medication
- After 3 months of taking the antidepressant every day, she stops because the bottle is empty
- Within a few days, she begins to experience antidepressant discontinuation syndrome. She attributes her symptoms to “mal de ojo” or “evil eye” after a recent encounter with a distant cousin

Antidepressant  
discontinuation  
syndrome  
symptoms



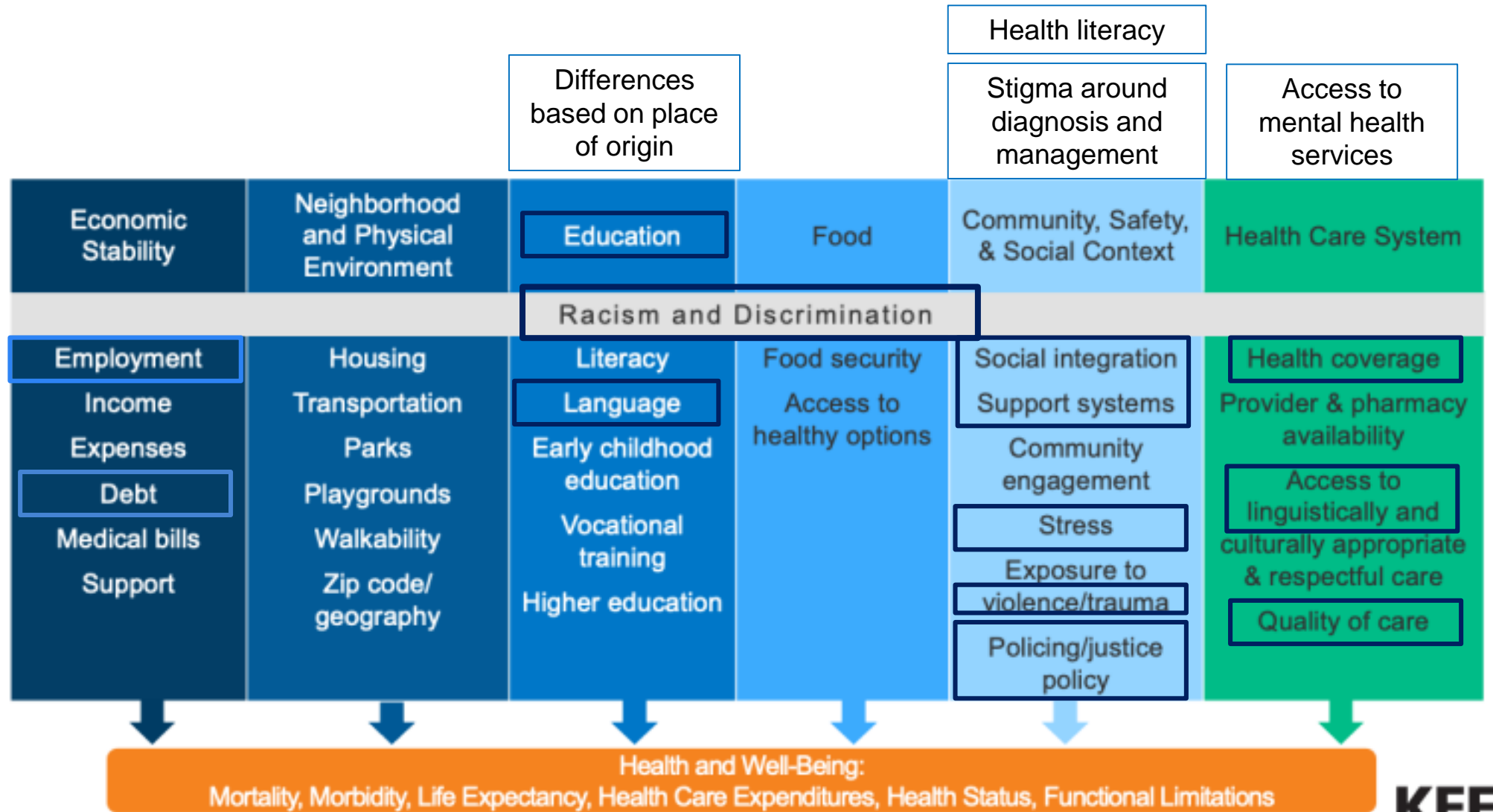
# Social Determinants of Health (SDOH)

Systemic and structural discrimination cause of SDOH inequities






# Latine Determinants of Mental Health Inequities





## SDOH Risk Factors for MDD Specific to US Latine Individuals

- Institutional and systemic barriers limit access to mental health services
  - Reduced help-seeking behaviors
  - Less access to healthcare or quality healthcare
  - Navigating healthcare system
- Stigma
- Discrimination
- Recent immigration
- Immigration status
- Acculturation status
- History of trauma
- Generational conflicts
- Poverty (reported in 19%)
- Language and cultural discordance
- Medical mistrust



**To reduce  
health  
disparities, must  
address at the  
systems and  
structural levels**

- Pharmacists and pharmacy personnel can make a big difference in an individual's life at a personal level
  - We can make changes within our scope of influence to improve the care of our patients, who ever they may be
- However, to address health inequities that are differences that occur because of unjust, unfair, biased laws, policies, or rules, we must take action at the systems or structural level
- Voting, petitioning, spreading awareness, and being an ally are ways to make these kinds of changes

# Barriers to seeking and receiving depression care Common with Latine and many others



“Not helpful” or “not needed” sometimes related to severity of symptoms



Cognitive behavioral therapy less effective if uncomfortable sharing feelings or lack mental health vocabulary



Worry about dependence or addiction to antidepressants



Concerns that they will not be themselves with medication

# Barriers to seeking and receiving depression care Common with Latine and many others



Fear of and myths  
about side effects



Misinformation  
about  
effectiveness



Mistrust of health  
care providers  
and/or prior  
treatment



Concurrent substance  
use disorder complicates  
care



Discontinuation  
syndrome  
symptoms

## Question 2

Which of the following is **not** a social determinant of mental health inequity specific to Latine individuals?

- A. Assimilation
- B. Language concordance
- C. Acculturation status
- D. Stress related to immigration

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Which of the following is **not** a social determinant of mental health inequity specific to Latine individuals?

- A. Assimilation**
- B. Language concordance
- C. Acculturation status
- D. Stress related to immigration

Explanation: Assimilation, the process whereby individuals or groups of differing ethnic heritage are absorbed into the dominant culture, is not associated with SDOH.

Apply practical solutions to identify and reduce disparities related to SDOH and improve medication adherence and mental health outcomes





# Individual Level Action for Patients and Healthcare Professionals



Awareness of how common mental illness is and not necessarily life long



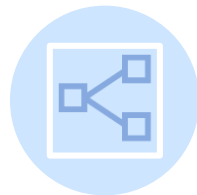
Learn to feel comfortable talking about emotions and encourage it in others



Practice mindfulness and self-reflection



Gain knowledge about mental health, mental illness, and treatment



Familiarity = Close relationship with someone with mental illness



## Personal level actions for Healthcare Professionals

- Self-reflection to identify and address own stigmatizing thoughts and behaviors
- Familiarity – learn about others
- Talk openly about mental illness
- Educate others about mental illness
- Promote concept that physical and mental health are equally important



## Personal level Actions for Healthcare Professionals

- Awareness of stigmatizing language and not using these in any context
- Calling out others when they promote stigma or stereotypes
- Listen
- Build rapport
- Show compassion
- Be supportive
- **Language concordant health information**
- **Culturally concordant care**

# 988 Mental Health Crisis and Suicide Prevention Number



- Three-digit, nationwide phone number connects callers directly to mental health professionals
- Available 24 hours
- Call, text, or chat
- English and Spanish
- Direct video calling for American Sign Language (ASL)
  
- Caller location information is not transmitted with a 988 call for possible dispatch of emergency services
- Calls are automatically routed by area code to the nearest crisis center based on caller phone number area code not their geolocation



## Question 3

Which of the following could reduce barriers to depression care for Latine individuals?

- A. Expecting patients to trust healthcare professionals
- B. Not taking action to point out information that could be perceived as a stereotype
- C. Language discordance
- D. Culturally specific health information

## Question 3

Which of the following could reduce barriers to depression care for Latine individuals?

- A. Expecting patients to trust healthcare professionals
- B. Not taking action to point out information that could be perceived as a stereotype
- C. Language discordance
- D. Culturally specific health information**

# Conclusions

- MDD is common among US Latine individuals
- Death from suicide is rising among Latine young adults and youth
- Stigma, intersectionality, and inequities make MDD more difficult to diagnose and manage
- Individual level actions such as – listen, share, reflect, and practice mindfulness – improve interpersonal interactions
- Latine-specific determinants of mental health inequities are rooted in discrimination
- Actions at a systems or structural level can reduce depression-related health inequities



## Helpful resources

- #988
- Mental health resources for marginalized communities <https://afsp.org/mental-health-resources-for-marginalized-communities/>
- Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline at 1-800-662-4357
- SAMHSA Behavioral Health Spanish-Language Resources  
<https://www.samhsa.gov/sites/default/files/spanish-language-resources-obhe-10202020.pdf>



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# Depression Care & Latine-Specific Social Determinants of Health

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Thank you for your attention!  
Questions?

# NHPA Programs Update



- **Upcoming Webinar**

- NHPA Webinar #3- COVID-19 Updates

Speaker: **Keri Hurley, PharmD, MPH, BCACP, Aph**

*Health Sciences Associate Clinical Professor*

- Date: December 12, 7:30 – 8:30 pm EST

- **NHPA Newsletter**

- NHPA Quarterly Newsletter is scheduled for distribution on Tuesday, November 21st.
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