



WHY THIS MATTERS

The Hispanic population endured rates of infection and death from COVID-19 that were some of the worst in the nation. Hispanic people were about twice as likely to die from COVID-19 compared to White people.¹ Hispanic child poverty rates are higher than any other racial group.² Hispanics are the youngest major racial/ethnic group in the country with a third of their population younger than 18 years old. Because poverty, marginalization, and poor health all contribute to a decline in youth mental health, we need to prioritize our Hispanic children.

WHAT'S HAPPENING IN WISCONSIN?

Wisconsin's Hispanic population grew by 33% between 2010 and 2020. More than half (52%) of Hispanic young adults ages 18-24 in Wisconsin experience poor mental health, higher than the national average (44%) for this group.¹⁰

Hispanic youth also have poorer physical health than their counterparts. Nearly a fifth (19%) of Hispanic high school students report being obese and having some of the lowest levels of physical activity.¹¹

Half (51%) of Hispanic youth in Wisconsin live in low-income families. Hispanic youth in Wisconsin are the least likely to be insured among 14-24 year olds.¹² These socio-economic factors impact the ability of Hispanic families to access and receive care.

WHAT THE RESEARCH SAYS

During the pandemic, 76% of Hispanic high schoolers reported poor or declining mental health, more than any other racial/ethnic group.³ Depression and suicidality have steadily increased in recent years for Hispanic youth ages 12-25.

Yet, the majority (57%) of Hispanic young adults with serious mental illness receive no treatment.⁴ Significant treatment gaps exist between Hispanic youth and non-Hispanic Whites.⁵

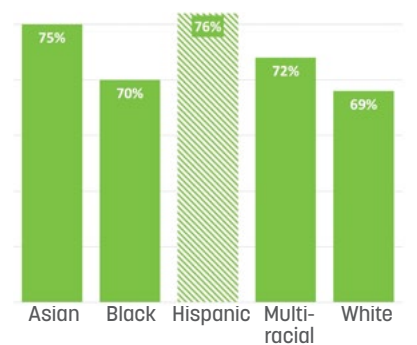
Notably, two thirds (65%) of Hispanic adults with a mental health condition do not receive mental health care themselves.⁶ When caregivers reduce their own stress, anxiety, and depression, they have better relationships and interactions with their children, which can improve their children's mental health.⁷

Many Hispanic families share a cultural reluctance to discuss mental wellness and fear there is a stigma associated with seeking traditional mental health care. Those who choose to get treatment often face additional barriers:

- Lack of insurance coverage and ability to pay for services
- Lack of Hispanic and bilingual mental health professionals
- Lack of culturally sensitive providers

When Hispanic people do seek treatment, they are twice as likely to turn to a primary care provider as they are a mental health specialist.⁸ Evidence shows that providers can employ culturally adapted practices when treating Hispanic patients to increase the effectiveness and equity of behavioral health care.⁹

PERCENT OF YOUTH IN U.S. WITH POOR OR DECLINING MENTAL HEALTH IN PANDEMIC



Source: *Where Do We Go Next? (Research for Action, 2021)*

THE VALUE OF FAMILISMO

Many Hispanic communities have a shared value of familismo, a cultural foundation that emphasizes connectedness and strong family bonds. Family and community connections strengthen and protect youth mental health.

- National Alliance on Mental Illness

- continued -

WHAT WE CAN DO

◉ FAMILIES:

- Ask children how they feel and discuss their emotional well-being.
- Model openness by identifying and discussing your own feelings, emotions, and mental health.
- Learn how mental health affects a child's overall health and their ability to succeed.
- Emphasize Hispanic family values and community connections that protect youth mental health.
- Seek mental health supports and services for struggling adults and kids.

◉ SCHOOLS

- Ensure schools are welcoming, inclusive, and supportive of all students.
- Foster a positive school culture, to ensure that students are connected to at least one adult in the school.
- Implement [trauma-informed teaching](#) school-wide.
- Support the physical health of students (movement, nutritious school meals, later start times) and teach the connection to mental health.
- Recruit staff who are Hispanic and bilingual.

◉ PROVIDERS:

- Ensure mental health checks are part of routine preventative care.
- Provide and promote services in Spanish and English.
- Recruit staff who are Hispanic and bilingual.
- Understand the role of *familismo* and storytelling (*cuento*) in Hispanic patients.
- Engage in cultural competency training. Understand the strengths of Hispanic families.¹⁶
- Understand the effects of generational trauma, poverty, and discrimination on mental health.

◉ COMMUNITIES

- Cultivate community resources to support mental health care that include faith, arts, family, and that celebrate Hispanic culture.
- Create opportunities for Hispanic youth to get involved with their community and build positive relationships with safe, supportive adults (volunteering, working, mentoring) which promotes emotional well-being.

WHAT HELPS

Strong family and community bonds help protect Hispanic families from poor mental health. The ability to talk with family members is a sign of healthy relationships and serves as a key protective factor. Nearly all (99%) of Hispanic parents surveyed in Wisconsin reported their youth ages 14-17 can share ideas and talk about things that matter. This was higher than any other racial group and higher than the national average for Hispanic families.¹³ Other protective factors are kids' connection to school, work, and community.

Nearly all (93%) of Hispanic teens in Wisconsin have at least one adult mentor in the community who could provide advice or guidance.¹⁴ Most Hispanic students (81%) report feeling safe in their neighborhood.¹⁵ Leveraging these strengths and community connections helps build healthy habits and positive relationships which improve youth mental health.

REFERENCES:

¹ Hill, L. and Artiga, S. (8/22/22) COVID-19 Cases and Deaths by Race/Ethnicity. Kaiser Family Foundation.

² DeParle, J. (9/11/22). Expanded Safety Net Drives Sharp Drop in Child Poverty. *New York Times*.

³ Research for Action. (June 2021). *Where Do We Go Next? Youth Insights on the High School Experience During a Year of Historic Upheaval*.

⁴ SAMHSA, 2018 National Survey on Drug Use and Health: Hispanics.

⁵ SAMHSA. (7/28/22). *Using Cuento to Support the Behavioral Health Needs of Hispanic/Latinos*. SAMHSA Blog.

⁶ National Alliance on Mental Illness. (June 2022). *Mental Health By the Numbers*.

⁷ Chen, Y. and Ramos-Olazagasti, M. *Over one third of lower-income Latino adults living with children have frequent anxiety or depressive symptoms, and most do not receive mental health services*. National Research Center on Hispanic Children & Families.

⁸ Mental Health America. *Latinx/Hispanic Communities and Mental Health*. The State of Mental Health in America. Accessed 12 September 2022.

⁹ SAMHSA. (7/28/22). *Using Cuento to Support the Behavioral Health Needs of Hispanic/Latinos*. SAMHSA Blog.

¹⁰ KIDS COUNT. Population Reference Bureau analysis of national data. Annie E. Casey Foundation Kids Count Data Center. <https://datacenter.kidscount.org/>

¹¹ Centers for Disease Control and Prevention. 1991-2019 High School Youth Risk Behavior Survey Data. YRBS Explorer.

¹² KIDS COUNT. (See footnote 1)

¹³ KIDS COUNT. (See footnote 1).

¹⁴ KIDS COUNT. (See footnote 1).

¹⁵ McCoy, Katherine. 2019 Wisconsin Youth Risk Behavior Summary Report. Madison: Wisconsin Department of Public Instruction, 2020.

¹⁶ Cabrera, N., Alonso, A., Chen, Y., Ghosh, R. (2022). *Latinx Families' Strengths and Resilience Contribute to Their Well-Being*. Bethesda, MD: National Research Center on Hispanic Children & Families.

