

Cultural Factors among Hispanic Mental Health Patients

Frank Hernandez, Ph.D.

Agenda

- Introduction:
 - - Spanish, Spaniards, bilinguals and the practical problems
- Treatment Considerations:
 - - Psychopathology prevalence among Spanish speakers
 - - Overview of significant differences in the belief systems of Spanish-speakers and non-Spanish-speakers
- Assessment Considerations:
 - - Assessment of the neuropsychological functioning of the Latino patient with English-normed tools
 - - Overview of significant cognitive differences between Spanish-speakers and non-Spanish-speakers
 - - Assessment tools - When and how to use them

Spanish and Spaniards

- Spanish = Castilian, but not Catalan, Galician, or Vasque.
- Spanish as 2nd or 3rd most spoken language in the world.
- The U.S. as the 4th Spanish speaking country in the Americas, 5th in the world.
- Spanish variations among Spanish regions and among Latin American regions.
- *Puente's conservatism*

Psychopathology prevalence among Hispanics

- *Martin Ramirez' example illustrates how important it is to evaluate the patient within his/her ecology.*
- Misconceptions about which conditions are more prevalent.
- Cultural stereotypes are self-fulfilling prophecies.

TABLE 5. Distribution of Axis I Diagnoses Across Ethnic Groups^a

Axis	Anglo	Black	Hispanics
Substance abuse (n)	28.7% (83)	31.7% (19)	21.1% (16)
Affective disorders	24.9% (72)	21.7% (13)	19.7% (15)
Adjustment disorder	19.7% (57)	18.3% (11)	35.5% (27)
Delirium	14.5% (42)	20.0% (12)	10.5% (8)
Organic or substance induced mental disorder	13.5% (39)	15.0% (9)	7.9% (6)
Primary thought disorder	9.7% (28)	16.7% (10)	7.9% (6)
Dementia	8.3% (24)	3.3% (2)	1.3% (1)

$\chi^2 df_{12} = 21.51; p \leq 0.05.$

^a % Refers to column percent. Percent in each column totals more than 100% since several patients had multiple Axis I diagnoses.

Collins et al. (1992)

Typical Health Beliefs in America that May Not Be Shared by Latino Patients

- Pain should not be tolerated. Unlike many other cultures in which pain is seen as part of life, the typical American attitude to pain is to turn it off as soon as possible
- One should leave the doctor's office with a prescription
- Medications should be powerful but free of risk, and strong medicines should be available only by prescription
- A belief in the magic of high technology and a feeling of entitlement to it
- Management of microbes is more important than bolstering resistance to them
- The body is a machine, proper maintenance (healthy diet and exercise) will prolong its useful life, and technology enables replacement of defective or worn-out parts
- Belief in the sanctity of the doctor/patient relationship and the right to individualized treatment
- Mental diseases are not as important or as "real" as somatic diseases

The Spanish-speaker assessment using English normed tools / tests

- The ethical guidelines of the APA are clear but perhaps not practical; evaluate on a case by case basis via a risk / benefit ratio.
- 23 vs. 30 phonemes.
- Syllables are easy in Spanish.
- Spanish aphasics errors occur with consonants 95% of the time. 50% occurrence with English aphasics.
- Some Spanish aphasics revert to a Latin root when making *mistakes, i.e., “vidal” for “vital”*.
- Latin languages have a flexible word order; particularly Spanish. Spanish aphasics have a reduction in grammatical combinations. English aphasics have difficulty respecting the word order.

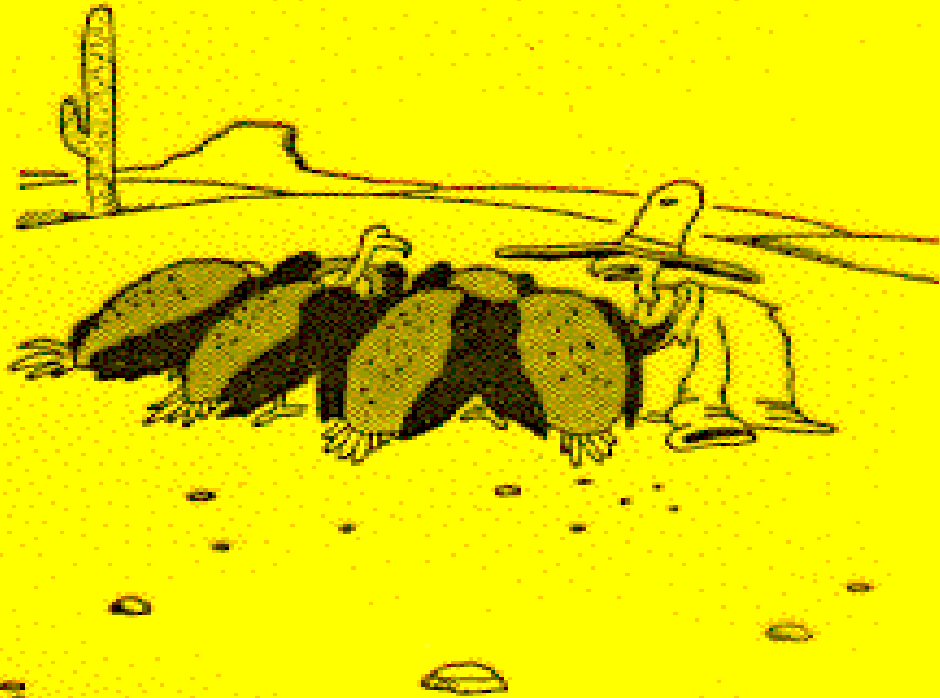
Some cognitive / neuropsychological differences

- *Articles are learned simultaneously in Spanish, I.e., “La mano”, “La silla”. Therefore, agrammatism could manifest itself differently.*
- *With regard to written language - Spanish has a phonographic written system, I.e., for every written word there is only one way of reading it right. But words can be written in different ways, I.e., “muger / mujer”.*
- *In Spanish there is no homographic heterophony = words written in the same way and read in different ways, I.e., read / read.*
- *Spelling does not exist in Spanish (in the way the English speaker thinks of spelling). In Spanish: “How do you spell mujer?” A: “With a j”. How do you spell “mano” A: “mano”.*
- *Variations in recall secondary to contextual encoding*

Are there culture-free tools / assessments?

- Not really
- Some norms are available
- Research with people belonging to a very low socioeducational status suggests that even simple neuropsychological constructs are under the influence of learning and practice
- Bilingual proficiency inventory is available

THE FAR SIDE



by Larson

10-23

© 1982 Charles M. Schulz
Distributed by Universal Uclick Systems

"Hey! Look at me, everybody! I'm a cowboy! . . .
Howdy, howdy, howdy!"

Q

&

A

Bibliography

& others sources of information

- Ardila, A., Roselli, M., Puente, A.E. Neuropsychological Evaluation of the Spanish Speaker (1994). Plenum Press, New York.
- Stavans, I. The Hispanic Condition; Reflections on Culture and Identity in America (1995). Harper Collins Publishers, New York.
- Figueredo, J.M., Boerstler, H. The Relationship of Presenting Complaints to the Use of Psychiatric Services in a Low-Income Group. American Journal of Psychiatry 145:9, September, 1988.
- <http://www.hisp.com/links.html>
- <http://www.hisp.com>
- <http://www.hispanic.org>