

Hispanic Men Perceptions About Depression and Attitudes Toward Mental
Health Treatment

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Abstract

The following literature review analyzes different studies concerning the views and beliefs of Hispanic men regarding depression and their attitudes toward help-seeking behaviors. Men are less likely to be diagnosed with depression and utilize mental health services, compared to women, yet the suicide rates conflict with the previous statement (Rochlen et al., 2010). The purpose of this paper is to identify and discuss potential factors contributing to the underdiagnosis of depression in Latino men and their underutilization of mental health treatments. Factors discussed include stigma, masculine norms, male gender role conflict, cultural/religious beliefs, and treatment preference; they will be treated as perceived barriers to help-seeking behaviors. Coping strategies and protective factors will be discussed as an alternative to professional treatment. Conclusions suggest a need for further research and examination of each subgroup individually to address differences. The findings of this paper can be used to improve services and encourage Hispanic men to seek professional mental health treatment.

Keywords: depression, Hispanic/Latino men, stigma, help-seeking behaviors, protective factors

Hispanic Men's Perceptions about Depression and Attitudes Toward Mental Health Treatment

Depression is a worldwide problem. In the United States, the prevalence of major depressive episodes in 2017 was 7.1% with an estimated 17.3 million adults (NSDUH, 2018). Latino's have lower depression rates compared to their Non-Latino Counterparts (Martinez Tyson et al., 2015). Gender differences are also evident in depression rates among the Latino population. Women have higher depression rates than men, but suicide rates are four times higher in men than in women (Rochlen et al., 2010). This evidence suggests an underdiagnosis of depression among Hispanic men and underuse of mental health services.

Many studies have been conducted to analyze the direct determinants and mediators influencing help-seeking behaviors among Hispanic men. Factors including conformity to masculine norms, male role and male gender role conflict, stigma, culture/ethnicity, and other perceived barriers are examined in this literature review. Martinez Tyson, Arriola, & Corvin (2015)

provide a socio-ecological model that suggest four different levels at which barriers to mental health treatment are perceived: societal, community, interpersonal, and intrapersonal level. There is vast research focused on direct components such as masculine norms and male gender role but mediators such as stigma and restrictive emotionality also need to be discussed to fully understand men's attitudes toward mental health treatment (Davis, 2015).

The underutilization of mental health resources among men in the Latino population may be due to factors associated with frustration finding the right treatment (Rochlen et al., 2010), the association of depression with weakness (Davis, 2015), or the lack of access to mental health services (Martinez Tyson et al., 2015). Hispanic men might also prefer alternative means to professional treatment. Coping strategies include participating in religion (McFarland, 2009), spending time in distracting activities, and engaging in denial of the problem (Rochlen et al., 2010). Social support from other sources such as family, friends, and church might be more appealing to Hispanic men. Furthermore, the Latino community also counts with protective factors that decrease the likelihood of experiencing depression. These variables include religious affiliations (Holt et al., 2014; McFarland, 2009), being born outside the U.S. (Martinez Tyson et al., 2015), and emotional family connectedness.

In addition to our discussion of preferences, Latino men might prefer treatment choices depending on age, facilitation to access, and family

involvement (Dwight Johnson et al., 2013). A main reason why Hispanic men are not seeking professional help is due to the lack of services targeting their individual and cultural needs. Patients might be discouraged to seek help if they lack trust in the system due to previous failed experiences with treatment (Rochlen et al., 2010).

The purpose of this research is to analyze all the factors influencing how Hispanic men feel toward help-seeking behaviors. Mediators, coping strategies, and protective factors will be assessed to better understand the relationship between perception of depression and attitudes toward mental health treatment. Overall, this paper attempts to better educate professionals on the cultural differences and needs of men, specifically the Latino culture, and develop services targeting their treatment preferences and psychological needs.

Literature Review

Martinez Tyson and colleagues (2015), discuss a socio-ecological model representing four levels at which Hispanic men perceive barriers to seek professional help. There's the societal level at which factors like economic barriers such as lack of health insurance and transportation are listed. In addition, people reported inability to communicate with health providers and immigration status (fear of deportation) as perceived barriers. Followed by the community-level which consists of negative reactions from the community like lack of understanding and social rejection. The third level

discusses interpersonal factors such as the need for social support from family and friends. Fourth and final level, identifies the intrapersonal factors composed by denial, shame, stigma and lack of knowledge of where to look for help.

Continuing with the discussion of the intrapersonal level, Hispanic men underutilize mental health services due to their association of mental illness with weakness and the belief that professional help is only needed in severe psychopathology (Davis, 2015). Additionally, Latino men may stay away from the medical system due to failed previous experiences. The lack of faith in providers and frustration for not finding the right treatment might discourage men from seeking help in the future (Rochlen et al., 2010). This evidence indicates a need for improved services and treatments targeting specifically Latino's beliefs and needs.

Another major factor directly influencing the attitudes of Hispanic men is conformity to masculine norms. In Vogel, Heimerdinger-Edwards, Hammer, & Hubbard (2011) study, the relationship between masculine norms, stigma, and attitudes toward counseling was measured. In this investigation, stigma is a mediator for conformity to masculine gender roles and attitudes toward counseling. The results suggest that a greater endorsement of dominant masculine roles is associated with more negative attitudes toward counseling and the greater the level of self-stigmatization in men, the less favorable attitudes toward seeking professional mental help. Traditional masculine norms expect men to be independent, strong and stoic, which is inconsistent

with help seeking behaviors. In addition, Lindinger-Sternart (2015), explains that these traditional masculine norms are not associated with vulnerability or weakness, as seeking help would be considered. Therefore, men with greater conformity to masculine norms are more likely to endorse less favorable attitudes toward mental health treatment.

There's also an argument stating an inability to recognize depressive symptoms among men due to the differences in which they are present. Rochlen et al. 2010 suggest that disparities among gender groups might be due to the use of specific criteria to diagnose depression, which might be gender biased. The argument suggests that men exhibit alternative symptoms, differing from the traditional depressive symptoms, which interfere with the recognition of a problem (Rochlen et al., 2010). This idea is referred to as male or masked depression. Male/masked depression introduces the use of substance abuse (Addis, 2008), overworking, or wearing a façade of stability as a way to hide depressive symptoms (Rochlen et al., 2010).

Furthermore, male gender conflict contributes to Latino men's negative attitudes toward mental health treatment. Men are taught at a very young age to be emotionally restrained. They grow up hearing phrases such as "boys don't cry" , impacting their beliefs about displaying behaviors associated with weakness or vulnerability (Voget et al., 2011). By seeking help or professional treatment, men experience male role conflict (Rochlen et al., 2010). This gender conflict results in men not wanting to discuss their

problems in counseling to avoid being perceived as weak or feminine (Lindinger-Sternart, 2015). Men believe that by using mental health services they are being encouraged to be vulnerable (Davis, 2015). In addition, the study performed by Rochlen and colleagues (2010), found that men agree that their roles may hinder their ability to recognize depressive symptoms and accept that there's a problem. According to further results, men expressed that being a man means providing and protecting for your family and there's no need to be happy to be successful.

In further support of male roles, conflicting with help-seeking behaviors in Hispanic men, cultural beliefs affect whether men seek professional help or not. Cultures that adopt more dominant gender roles lead to less positive attitudes toward treatment (Lindinger-Sternart, 2015). Two traditional masculine ideologies found in Latino men include machismo and caballerismo. Machismo beliefs are characterized by aggressive, dominant behaviors and emotional restrictiveness (Lindinger-Sternart, 2015). In contrast, caballerismo refers to positive characteristics such as chivalry, emotional connectedness (Davis, 2015), respect, and value for the family. Lindinger-Sternart (2015), mentions that machismo is correlated with poor psychological health and emotional restraint is associated with Depression in Latino men.

Equally important, internalized judgement and stigma affects how Latino men perceive help-seeking behaviors. Common barriers to seek psychological help include shame, stigma and beliefs that mental illnesses

represent weakness (Martinez Tyson et al., 2015). Self-stigmatization about masculinity may be attribute seeking help behaviors as a failure to be a man (Vogel et al., 2011). Greater endorsement of public stigma and self-stigma is associated with more negative feelings toward mental help. Public stigma refers to society's negative views toward help seeking while self-stigma is the internalized views resulting from public stigma (Vogel et al., 2011).

Depression stigma has a direct effect on treatment behaviors. In their study, Vega et al. (2010) found that Latino men experiencing greater stigma are less likely to manage depressive symptoms, take medication, and tend to miss more treatment appointments. They identified stigma to be a barrier for quality care. In addition, Lindinger-Sternart (2015) states where stigma plays a significant role in men's attitudes toward mental help. For example, she found that men who play sports, have joined the military, or pose a career that is associated with protecting others such as a police officer, seem to have higher levels of stigma and more negative views about psychological help. Men may be afraid of diagnosis for concern of judgement and discrimination (Vega et al., 2010).

As a consequence, Latino men might prefer a specific treatment or an alternative to professional help. The study conducted by Martinez Tyson and colleagues (2015) found that among the Latino community, psychotherapy is the most used. An examination of the antidepressant use among Hispanic subgroups identified Mexicans to be the subgroup that uses drug medication the least with only 3.3% of use. It was also found that psychotherapy is the

form of treatment most preferred by Hispanic men. Cultural factors influence the variability among ethnic groups.

Another factor that influences the preference for counseling is age. Dwight Johnson et al. (2013) found that older Mexican men are less likely to agree to medication and prefer counseling instead. This study examined preferences for other types of treatment plans. The suggested plans incorporated family involvement, help with transportation, telephone/home-based treatments, and services that helped address other problems simultaneously. Older men also reported to feel more safe receiving care from a psychiatrist than a social worker or primary health provider. This might be due to perceived level of expertise in the field.

To conclude, coping strategies and protective factors will be discussed in this research. The Hispanic population counts with positive qualities and characteristics that allows them to cope with psychological problems and many times avoid them. Place of birth was identified as one of the key factors that protect Hispanics in the U.S from having inflated levels of depression. Foreign-born Latinos have significantly lower prevalence rates of depression than Latinos born in the United States. Unfortunately, this protective factor disappears as Latinos age in the country (Martinez Tyson et al., 2015). No sufficient data was found to explain this phenomenon, but it could be attributed to acculturation.

Religion serves as a protective factor as well. Based on Holt et al. (2014), engagement in religious affiliations provides coping strategies such as feeling spiritually connected to others. Through the practice of religion, people are found surrounded by others who share the same faith and similar interests. This provides greater social support and sense of belonging (McFarland. 2009). In contradiction, religion can also cause negative effects on mental health. Religious involvement can cause individuals to believe that illness is a result of punishment for breaking religious norms (Holt et al., 2014). Men endorsing strong religious beliefs might think that their overall health is determined by a higher power and that professional intervention would be seen as lack of faith.

Discussion

Men of minority groups seek professional help significantly less than other men (Vogel et al., 2011). One of the purposes of this paper is to gather research on Hispanic men's attitudes toward mental health treatment and provide professionals with knowledge to improve current treatments. There is variance among the Hispanic subgroups and emphasis on those differences is necessary to better understand Latino men treatment preferences. Cultural beliefs, economic barriers, immigration status, language barrier, and age, affect how Latino men feel about depression and psychological health. Disparities seen in the underutilization of mental health services by Hispanic men might be due to erroneous approaches to encourage treatment (Dwight Johnson et al., 2013). The role of gender has

been proven to be very significant among the Latino population and should be considered when treating male patients.

Implications

Although all the articles used for this literature review studied specifically the men population, results cannot be certain due to the small population sizes and lack of information about Hispanic men. Other limitations include the need to look deeper at differences among subgroups. There is definitely variability and differences among cultures and grouping all Latino ethnicities in one big group discards factors contributing to the disparities among groups. There is not enough research studying the role of religion in attitudes toward help-seeking behaviors. Age is another factor that needs to be addressed more thoroughly. Differences in depression prevalence between Latinos born outside the country and Latino born in the U.S. needs more attention. Acculturation should be studied and discussed with the explanations to the disparity between foreign-born Latinos and Latinos born in the country. The contrast is high and further evidence is needed to determine a cause. Overall, further research is needed to better understand the factors contributing to Hispanic men's attitudes toward mental health treatment.

Conclusion

Depression is described as the common cold because it is so common. In opposition, Latino men have the lower prevalence of depression due to

lack of diagnosis. In general, Hispanic men are less likely to seek professional help (Martinez Tyson et al., 2015). As a result, there's an underutilization of mental health services. Hispanic men experience barriers such as stigma, male gender role conflict, cultural beliefs and economic restraints . Religion, age, and place of birth contributes to the influence on treatment choice. The purpose of this paper is to discuss those, and other factors, impacting Latino men's attitudes toward mental health treatment.

Perhaps focusing on theories that build on the strengths of the individual might attract more men to participate in mental health services (Lindinger-Sternart, 2015). Physicians and mental professionals need to pay more attention to how the role of gender affects how men perceive, express and feel about depression, to improve intervention programs (Addis, 2008). Other important factors should also be considered to promote the use of mental health treatments. Adding the involvement of family, transportation, telephone-based therapy, and providers who speak the same language as a patient, will increase the level of engagement of Latino men in psychological health services.

In equal importance, more knowledge should be given at the community level. People grow up hearing misconceptions about mental health and adopt negative views toward seeking help. There needs to be an improvement in how treatment is given and normalizing seeking help. Educating the public should be the center of attention and of great importance. My suggestion would be to start educating adults in these

specific communities. For Hispanics, family and cultural beliefs are very important to be followed. Adults have a strong power over the views that children and teenagers adopt regarding mental health issues. We should start by informing adults and change the way they think and feel about mental illness and psychological health.

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