A Personal Perspective on Depression Among Latino Students*

Axel Franco, a UCLA undergraduate working at our Center had a personal interest in depression among Latino students. He decided he wanted to learn more about the matter. To this end, he formulated three basic questions and reviewed the literature to find answers. The following is an edited version of what he learned (with an added Center perspective). It is offered as an information resource for teachers, parents and others wanting a brief introduction to the problem.

Axel's Personal Interest

Axel has a young relative about whom he is concerned. He describes noticing a lot of marks on her arm and asking how they got there. Then:

She said "They're nothing, just some scratches from the dog." We left it at that. Deep down, however, I knew those "scratches" were cuts. Later when I noticed those cuts again, I decided I had to do something. I pointed it out again, this time telling her I knew that they were not just some dog scratches and she needed to tell us the truth. She finally disclosed that she had been cutting herself for over several years, that she had been depressed since middle school, wanting to even take her own life to end the suffering and sorrow. What she related filled me with pain and grief. She had been inflicting self-pain as the only way she could see to cope with her depression. That really scared me, because it reminded me so much of my own feelings.

Axel's Questions

Why are the rates of depression so high among Latino students? What does research say about countering depression among Latino students? What policies and interventions are in place to support these students?

What Axel Learned

According to the National Institute of Mental Health (2018), Depression is a disorder that causes severe changes in how an individual thinks, feels, and handles daily activities. It can also lead to other illness (e.g., cardiovascular disease).

Watkins (2007) states that in the last fifty years adolescent and childhood depression has significantly increased, along with an increase in research into treatments for young people. However, still lacking is an intense research focus on minorities.

Abstract from *Mental health and Latino kids: A research review* by Ramirez, Gallion, Aguilar, & Dembeck (2017).

Latino youth are far more likely than their peers to have mental health issues, which often go unaddressed and untreated. Latino youth have the highest rates of suicidal behavior and suicide attempts among minority groups, and higher rates of depressive symptoms than any minority group besides Native American youth—an especially alarming situation given that Latinos younger than 18 are the fastest-growing segment of the U.S. population. Immigration, cultural identity, poverty, and discrimination create high levels of stress among Latino youth. Interventions to reduce family and community stressors may have a positive effect on the mental health of this population.

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^{*}The material in this document reflects work done by Axel Franco as part of his involvement with the national Center for MH in Schools & Student/Learning Supports at UCLA.

The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA,

Question 1: Why are the rates of depression so high among Latino students?

Available findings on Latino adolescents suggest higher rates of depressive symptoms than Whites and other ethnic groups (Twenge & Nolen-Hoeksema, 2002). A study conducted by Garcia, Skay, Sieving, Naughton, and Bearinger (2008) reports that 1 in 5 Latino high school students have had suicidal thoughts. Nolen-Hoeksema and Girgus (1994) reported that, after age 15, females are twice as likely to display depressive symptoms as males. Saluja and colleagues (2004) found 11.5% of male adolescents reported significant depressive symptoms in comparison to 32.2% of females. Garcia and colleagues found that 30-40% of ninth-grade Latina girls say they have had suicidal thoughts and 14-19% report having attempted suicide within the past year.

Why are the rates so high? As Ramirez and colleagues indicate, various sources of stress have been implicated (e.g., cultural identity, poverty, discrimination, immigration, acculturation). For example, Latino students may experience cultural discrepancies and conflicts with family cultural values which can lead to internal conflict and the onset of depressive symptoms, particularly among females (Cupito, Stein, & Gonzales, 2015).

Question 2: What does research say about countering depression among Latino students?

Cupito et al. (2015) stress the importance of the cultural values of affiliative obedience, familism, and filial obligations. They note that studies indicate that adherence to such Latino familial cultural values appears to protect against depressive symptoms.... However, some studies suggest that familial cultural values differ across gender, with females reporting greater obligations and fewer freedoms compared to their male counterparts." These values correlate with fewer depressive symptoms among females. For males, only familism correlated with fewer symptoms. These data suggest that internalizing a Latino family's cultural values may protect adolescents from developing depressive symptoms.

It is noteworthy that Cupito and colleagues also report a significant negative correlation between school belonging and depressive symptoms. In this context, it is noteworthy that Latino students enrolled in a predominantly non-Latino school displayed higher levels of ethnic identity than those in a predominantly Latino school. These findings suggest the hypothesis that the composition of a school's student body effects ethnic identity, self-esteem, and depressive symptoms.

A 2004 study by Umaña-Taylor reports a positive relationship between ethnic-identity and self-esteem among Latino students. In 2007, Umaña-Taylor and Updegraff examined the degree to which Latino adolescents' "self-esteem, ethnic identity, and cultural orientations mediated or moderated the relation between perceived discrimination and depressive symptoms." Their analyses indicate that "higher levels of ethnic identity exploration and resolution significantly predicted higher levels of self-esteem for both boys and girls. Furthermore, self-esteem partially mediated the relation between perceived discrimination and adolescents'' depressive symptoms. Additional analyses revealed that boys' cultural orientations moderated the relation between perceived discrimination and depressive symptoms. Taken together, findings indicated that various aspects of the self (i.e. self-esteem, ethnic identity, cultural orientations) can protect and/or enhance the risks associated with discrimination."

Question 3: What policies and interventions are in place to support these students?

The literature suggests that schools need to have the ability to recognize symptoms of depression and work the family and student to develop an individualized approach (e.g., Crundwell & Killu, 2010). It is recommended that a teacher or other staff member become the student's confidant and liaison. The liaison is to communicate regularly (e.g., weekly) with parents and other teachers. Specific strategies mentioned include implementing daily goals, encouraging/incorporating physical activity, providing accommodations to address individual and cultural differences and minimize stress, and encouraging social interactions. Some of these strategies also are seen as having relevance for prevention.

Some Concluding Thoughts from Axel

Clearly, more research is needed to clarify factors causing youth depression in general and among specific subgroups. With respect to Latino adolescents, research to date suggests that onset of depressive symptoms can be reduced through a greater sense of cultural identity. Such identity, alongside high self esteem, seems to have a mediating effect (e.g., is a protective buffer).

All this points to the importance of a close tie to family and cultural values and a safe, accepting environment in schools. Both at home and school, students need the type of support that makes them feel positively connected to significant others.

What is the Role for Schools: The UCLA Center's Perspective

Monto, McRee, & Deryck, (2018) report a study of high school students in 11 U.S. states that found nearly 18% had engaged in at least one act of nonsuicidal self-injury (NSSI) in the past year. The research identified youth who may be at higher risk for NSSI, including younger females, and those experiencing risk factors such as bullying, depression, suicidal thoughts or behaviors, and substance use. The authors suggest that school- and community-based programs could help address these risk factors, as individual clinical interventions alone may not be adequate.

From our perspective, it is essential for policy makers to think beyond discrete interventions if they are to ensure equity of opportunity for every student to succeed at school. Given sparse resources, schools must embed their focus on all learning, behavior, and emotional problems into a unified, comprehensive, and equitable system of student/learning supports. And in doing so, they must outreach to the community and weave school and community resources together.

Whatever the problem, schools must include improvements that enhance:

- understanding the nature and scope of the problems manifested by students in terms of the transaction of environmental and personal factors (e.g., both cultural and personal diversity)
- understanding the ways that many problems manifested by different students overlap
- outreach to re-engage those who have disconnected from learning at school
- a comprehensive system for addressing barriers to learning and teaching that provides personalized instruction and special assistance and does so in ways that are culturally sensitive and that enhance a positive school climate
- sustained engagement by providing a learning environment that maximizes feelings of competence, self-determination, and relatedness to significant others and minimizes threats to such feelings.

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