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Review article

Latino immigrants, depressive symptoms, and cognitive behavioral therapy: A systematic review

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ABSTRACT

Background: In order to address the needs of the growing Latino immigrant population, this study aimed to systematically review peer-reviewed articles of intervention studies that used cognitive behavioral therapy to treat depressive symptoms among Latino immigrants in the U.S.

Methods: We searched PsycINFO, PubMed, and Medline databases from January 1995 through July 2016 as part of a registered review protocol (PROSPERO) following PRISMA guidelines. Inclusion criteria were intervention studies that used cognitive behavioral techniques to treat depressive symptoms among a predominantly U.S. Latino immigrant sample – or subsample with disaggregated results, and the use of standardized measures of depression. We used the National Heart, Lung, and Blood Institute quality assessment tools for systematic reviews to assess risk of bias.

Results: We identified 11 studies that met inclusion criteria. Nine of the included studies reported a reduction of depressive symptoms. Each study used a least one cultural adaptation to deliver the intervention. Using an existing content model, cultural adaptations were categorized as (a) cognitive-informational adaptations, (b) affective-motivational adaptations, and (c) environmental adaptations.

Limitations: Heterogeneity of articles in terms of sample size, cultural adaptations, methodological rigor, and setting limited comparability of effectiveness across studies.

Conclusions: Culturally adapted CBT to address depressive symptoms among Latino immigrants appears promising but further research is needed. The most commonly used cultural adaptations included language, inclusion of migration experience, and adjusting for literacy level. Study design elements and adaptations were often responsive to geographic characteristics and available resources.

1. Introduction

Although treatable, depression affects about 350 million people around the world and it persists as the leading global cause of disability (World Health Organization, 2015). In the U.S., 25 million adults suffer from major depression disorder yearly (National Alliance of Mental Health, 2013). Depressive symptoms in parents, particularly mothers, are associated with poorer outcomes for children (Augustine and Crosnoe, 2010; Murray et al., 2010) and loss in work productivity (Wang et al., 2004). Lifetime prevalence of depression among Latinos follows that of the general population (Interian et al., 2008; Jackson-Triche et al., 2000), though rates vary among Latino immigrants. Compared to the general population, Latinos tend to be under diagnosed and less likely to be treated than white individuals (Alegría et al., 2008, 2007a, 2007b; Cabassa et al., 2006). Even more worrisome, although immigrant Latinos report better mental health compared to the overall population (Breslau et al., 2005), their mental health worsens with increased exposure to the U.S. (Alegría et al., 2008, 2007a; Stone and Balderrama, 2008; Stone et al., 2007).

Rates of depression among recent Latino immigrants are difficult to assess and poorly understood. Immigrant and U.S. native born Latinos make up 17.1% of the U.S. population (Stepler and Brown, 2016); and while this population remains concentrated in nine states and metropolitan areas, the most rapid and sustained growth has occurred in nongateway states with new growth Latino immigrant communities (Lichter and Johnson, 2006, 2009). Prevalence studies of depression among immigrants have typically been conducted in urban areas with large, established immigrant populations (Coffman and Norton, 2010) and thus, may not be generalizable to more recent immigrants in new growth communities. Elevated depressive symptoms were found in 25–26% of Latino immigrants in Philadelphia (Bennett et al., 2007) and in Charlotte, North Carolina (Coffman and Norton, 2010), respectively.

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Another study compared levels of depressive symptoms among Latino immigrants living in San Francisco, Mexicans living in Mexico City, and Puerto Ricans living in Puerto Rico. Latino immigrants were found to have higher levels of depressive symptoms compared to non-immigrant Puerto Ricans and Mexicans; and when compared to white individuals, all three groups had significantly higher levels of depressive symptoms (Munet-Vilaró et al., 1999).

However, other studies using nationally representative data in the U.S. found similar rates of depressive disorders between Latino immigrant and non-immigrant adults (Alegría et al., 2007a) and adolescents (Lee and Liechty, 2015). Further, the latter study found that neighborhood ethnic density protected against onset of depression one year later only among immigrant –but not among non-immigrant– Latino youth (Lee and Liechty, 2015), thus highlighting the importance of geographic context and immigrant status for understanding risk of depression. This literature indicates that the prevalence of depression and levels of depressive symptoms among Latino immigrants compared to the general population is mixed and inconclusive. More research is needed to better understand the needs of this population. Social investments in depression screening, prevention, and treatment and the wellbeing of immigrant families will pay dividends in the future. As a young population, U.S. native born Latinos—many who today have one or more immigrant parent—will make up a sizable portion of the future labor force (Fry and Passel, 2009).

1.1. Contextual factors and Latino immigrant mental health

The rapid growth and dispersal of the Latino immigrant population into new growth communities underscore a heightened need to evaluate treatment models tailored to specific service needs of Latino immigrants. Language and geographic context play a critical role in service access for Latino immigrants. Those with limited English proficiency (LEP) have lower odds of receiving mental health services than their English-speaking counterparts (Sentell et al., 2007; Bauer et al., 2010). Service barriers can exacerbate depressive symptomology for those living in emerging communities; the shortage of bilingual service providers magnifies the loss of community and basic cultural resources such as Spanish language religious services and supermarkets that carry familiar cooking ingredients (Shattell et al., 2009; Villalba et al., 2007). Qualitative studies indicate that while Latino immigrants recognize and understand depressive symptoms, they often attribute such indicators to the difficulties associated with the migration experience and acculturating to a new country (Cabassa et al., 2007; Karasz and Watkins, 2006; Martínez Pincay and Guarnaccia, 2007) rather than as a treatable condition.

Although the reasons underlying depressive symptoms among Latino immigrants remain complex, researchers have speculated that acculturation and English-language competency play a role (Torres, 2010). Immigrants face increased vulnerability to mental health issues (Salas-Wright et al., 2014), in part because of the type of jobs they find in the U.S (Martínez Pincay and Guarnaccia, 2007). Many Latino immigrants— especially those of Mexican and Central American origin—are monolingual Spanish speakers with low levels of education, which in turn consigns them to low-wage jobs without health insurance or opportunity for advancement (Andrade and Viruell-Fuentes, 2011). Such disadvantages place Latino immigrants at increased risk for poverty and occupational hazards, and decreased access to services throughout the lifespan (Andrade and Viruell-Fuentes, 2011; Vega et al., 2009). Furthermore, these disadvantages can contribute to the development of chronic stress and symptoms of depression (Beeber et al., 2008). In addition, Latino immigrants frequently must deal with a public services sector with varying abilities to address basic issues of linguistic access and cultural sensitivity (Piedra, 2010; Piedra et al., 2011). Such institutional barriers add to the stress of economic survival and may contribute to an immigrant's sense of alienation in both the public and private spheres. Over time, such stressors may erode one's mental health (Adkins et al., 2009).

1.2. Mental health practice with Latino immigrants and the need for cultural adaptations

Interventions that target Latino immigrants raise the issue of cultural adaptations. A groundbreaking report by the U.S. Surgeon General found dismally low participation rates in research among Latinos and other minority participants (U.S. Department of Health and Human Services, 2001). Although a follow-up study found improvements in Latino participation in clinical trials addressing depression, it also found that few trials are ethnic-specific or have sufficient numbers of Latino participants to analyze separately; and participation in clinical trials remains low (Santiago and Miranda, 2014). Because most research on treatment for depression continues to be conducted with white middle class populations (Santiago and Miranda, 2014), adaptations are needed for use with minority populations (Barrera et al., 2013; van Loon et al., 2013). Cultural adaptations help to ensure that: a) the concerns of the participants are addressed, b) the therapeutic content is consistent with their cultural and linguistic norms and beliefs, and c) the intervention reflects the client's worldview (Cabassa and Baumann, 2013; Griner and Smith, 2006). Such adaptations have also been known to increase treatment retention rates (Yancey et al., 2006).

Previous studies indicate that cultural adaptations are necessary to work effectively with Latino immigrants to treat depressive symptoms (Barrera et al., 2013; Grinner and Smith, 2006). A wide range of cultural adaptations have been used with immigrant populations (Kalibatseva and Leong, 2014; van Loon et al., 2013) and can be categorized as follows: (a) cognitive informational adaptions, (b) affective-motivational adaptations, and (c) environmental adaptations (Castro et al., 2004). While core aspects of prevailing treatments will mostly likely apply, adaptations in service delivery remain essential (Barrera et al., 2013). For Latino immigrants, such modifications might include attention to treatment preferences, such as group treatment over individual therapy (Stacciarini et al., 2007) and counseling as an alternative to medication to treat depression (Givens et al., 2007).

1.3. Cognitive Behavioral Therapy with Latino immigrants

Cognitive Behavioral Therapy (CBT) remains widely used and the most evaluated treatment for depression for Latinos (Collado et al., 2016) and Latino immigrants (Antoniades et al., 2014); and thus, holds promise for Latino immigrant populations (Stacciarini et al., 2007). Key elements of CBT therapy include structured and often manualized approaches to monitor and modify problematic thoughts and behaviors that contribute to depression (Muñoz and Miranda, 2000). In addition, CBT has been modified and tested extensively with Spanish-speaking populations. For example, the Community Partners in Care (CPIC) is a federally-funded project (Miranda et al., 2003b, 2003c) that provides empirically tested Spanish translations of CBT manuals to the professional community at no cost (Muñoz and Miranda, 2000).

However, despite the diffusion of CBT approaches with Latino individuals, to date, there has been no synthesis of findings on CBT with Latino immigrants to address depressive symptoms, or of the cultural adaptations commonly used to augment CBT with this growing population. The closest the literature comes to addressing this gap can be found in two systematic reviews. In the more recent study, Collado et al. (2016) summarized 36 studies of depression treatment for Latinos that examined a variety of interventions: Behavioral Activation, CBT, Interpersonal Therapy, Problem-Solving Therapy, and Structural Ecosystems Therapy. Among these treatments, CBT was by far the most widely used treatment (Collado et al., 2016). Regrettably, the reviewers treated the Latino population as a homogeneous group and did not disaggregate findings for Latino immigrants or by geographic characteristics.