

# Mental Health

## SectionConnection

ISSUE TWO – 2009

### LATINO IMMIGRANTS: EXPERIENCES OF TRAUMA AND BARRIERS TO MENTAL HEALTH

Amanda Blackwell, BA and Debra Ford, MSW, LCSW

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Across the world, immigrants flee their homelands to escape hunger, poverty, and oppression. The United States of America has served as a safe haven for immigrants from Latin America for decades. Leaving their families, friends, and lives behind, individuals and families come in search of safety, shelter, and pursuit of “the American Dream.”

Latino immigrants migrate to the United States from approximately 26 nations and experience significant differences in language, ethnicity, economic status, and culture. The Latino community represents the largest and fastest growing ethnic group in the United States. Today, Latino immigrants make up 14 percent of the U.S. population (Rios-Ellis, 2005). Within the next two decades, studies project that persons of Latino heritage will be our largest minority group, representing more than 20 percent of the total U.S. population (Rios-Ellis, 2005).

#### Exposure to Trauma

Stressors in the migration process can be linked to forms of mental illness that may include depression, post-traumatic stress disorder (PTSD),

substance abuse, and increased rates of other psychiatric disorders (Foster, 2001). Trauma related to the migration process has three temporal points. Immigrants may experience traumatic effects of any one, or all, of these time-defined arcs in the process.

#### Pre-migration Trauma

Pre-migration trauma refers to trauma experienced in the community of origin during that period of time directly prior to migration, and it often includes circumstances or events that lead to relocation. Pre-migration trauma is frequently caused by extreme poverty, abuse, rape, imprisonment, war, and separation from family. Mental health literature gives evidence to support the idea that those individual experiences that took place prior to migration are directly linked to psychological conditions that may be experienced several years after immigrants have settled in a new country (Foster, 2001).

#### Migration Trauma

According to recent studies, clinical levels of psychological distress may also be associated with trauma suffered during the transit to a new land (Foster, 2001). Migration is a

*(Latino Immigrants, continued on page 3)*



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# From the Chair

Christina E. Newhill, PhD, LCSW  
Chair, Mental Health Specialty Practice Section

Welcome to the second *Mental Health SectionConnection* newsletter for 2009. The articles in this issue illustrate topics that involve the needs of clients that social workers hold the greatest commitment to, i.e. those who are at-risk, vulnerable, oppressed and/or disadvantaged. In the first article, “Latino Immigrants: Experiences of Trauma and Barriers to Mental Health,” Amanda Blackwell and Debra Ford discuss the challenges faced by Latino immigrants who have fled their homelands to escape hunger, poverty, and oppression and who, through the process of immigration, may experience various forms of trauma. The authors discuss special barriers to mental health services and treatment that such clients face, and how culturally competent interventions can help them achieve successful service outcomes.

Another vulnerable and at-risk population served by social workers in mental health is individuals with severe cognitive impairments. In the second article, “Alzheimer’s Disease and Related Dementias: Social Work’s Role in Helping Individuals and Families Cope,” Elizabeth Gould discusses Alzheimer’s disease, which is the most common form of dementia, and addresses the needs of the individuals with the illness and their families. Social workers may encounter clients with such cognitive impairments in a range of mental health settings and it is critical that we are competent in identifying the presence of cognitive impairment and understanding the needs of individuals with dementia and their family members, who are often in the role of the individual’s caregivers.

Finally, Lynn Hagan presents Part II of her two-part series “Postpartum Mood Disorders: Baby Blues and Beyond.” In the last issue of *SectionConnection*, Lynn discussed the milder postpartum mood disorders. In this issue, she addresses the very serious disorder known as postpartum psychosis and, to illustrate the tragic consequences that can occur, she provides a brief review of the highly publicized case of Andrea Yates, who drowned her five children in the throes of experiencing postpartum psychosis.

I hope you enjoy this latest issue of *SectionConnection*.

## Mental Health

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(Latino Immigrants, continued from page 1)

dangerous process for many. Women, in particular, have reported months of sexual assault and forced labor in order to reach their destination. In transit, many immigrants witness the disappearance and death of friends and family, while others are captured and sold into bondage.

### Post-migration Trauma

Even after surviving trauma in their homelands and distress during migration, many immigrants face extensive trauma after arriving in the United States. Latino immigrants come with hopes for work and a better life, yet they are often faced with unemployment, inadequate living conditions, limited social support, discrimination, and barriers to obtaining mental health and other services. High levels of acculturative stress, along with previous stressors, increase psychological distress and put Latino immigrants at a higher risk for the development of psychological problems (Foster, 2001; Kouyoumdjian, Zamboanga, & Hansen, 2003).

The story of Ismael Cabrera gives an account of the trauma one family experienced during the migration process, which is all too familiar to many Latino immigrants across the nation. Cabrera, a 37-year-old native of Mexico City, put himself and his family in great danger when he paid a smuggler (known as a ‘coyote’) to help them cross the U.S.-Mexican border seven years ago. After arriving in Laurel, Mississippi, he worked in a chicken slaughterhouse for four years. In 2005, Cabrera got a job as a welder for a local industry. Unfortunately, in August of 2008, he was one of approximately 600 undocumented immigrants arrested in an Immigration and Customs Enforcement (ICE) raid at the company. Cabrera was arrested and spent one month in a Louisiana detention center where he fell victim to almost continuous verbal assault. Facing deportation, Cabrera’s wife and two children suffered. With no income as security, they faced both emotional and economic hardship. Cabrera now questions if his migration for a better life is worth the discrimination he faces every day (MSNBC, 2009).

### WE WANT TO HEAR FROM YOU

If there are general themes or specific content that you’d like to see in *Section Connection*, or you have comments or questions regarding anything you’ve read in current or past issues, let us know by sending an email to [sections@naswdc.org](mailto:sections@naswdc.org).

### Issues Affecting Latino Immigrants

The process of immigration is indisputably linked to psychological issues among Latino immigrants. In fact, anxiety, depression, PTSD, and substance abuse have been connected to various immigrant populations in the United States, as well as other countries. Past studies conducted among Mexican Americans have shown they have a higher risk for depression and depressive symptoms than Caucasians or African-Americans (Kouyoumdjian et al., 2003). Immigrants may suffer from PTSD, depending on the frequency, duration, and multiplicity of traumatic experiences suffered during various stages of migration (Kouyoumdjian et al., 2003). “Cultural dissonance and acculturative stress, discrimination, socioeconomic pressures, loss of social support mechanisms upon immigration, and exposure to drugs and alcohol often lead to chemical use and dependency” (Rios-Ellis, 2005, p.10). In addition, compounding factors, such as mental health disorders and substance abuse, place Latino immigrant women at a greater risk for domestic violence (Rios-Ellis, 2005).

### Economic Barriers to Services

Only one in 11 Latino immigrants with mental disorders contacts mental health specialists, and of those only one in 20 actually utilizes mental health services (Rios-Ellis, 2005). Low socioeconomic levels place individuals at a higher risk for stress-related mental illness which serve as a significant barrier to obtaining treatment. Multiple sources confirm that a variety of socioeconomic concerns impede access to mental health services (Dark, 2007;

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Kouyoumdjian et al., 2003; Rios- Ellis, 2005). These include:

- Costs of services
- Lack of insurance
- Lack of transportation
- Rigid work schedules

### Language Barriers

Not only does language proficiency limit awareness of available mental health services, but language barriers increase the difficulty of utilizing public transportation, completing paperwork, and communicating with mental health personnel (Kouyoumdjian et al., 2003). Furthermore, Latino immigrants assigned to a monolingual therapist may not experience a great deal of success based on the therapist's limitations to fully extract and understand emotional expressions when presented in non-native language (Dark, 2007). English-speaking immigrants are also more likely to utilize mental health services. Proficiency in the dominant language allows individuals to know what services are available, as well as openly communicate with mental health providers.

### Legal Implications

Fear is an additional obstacle for Latino immigrants in need of mental health services. Immigrants who have not achieved legal status fear deportation. For those who may have a temporary or refugee status, there is also some

anxiety that they will be denied immigration if they appear to be “flawed” in some way or in need of assistance to function. Consider the issues faced by Mr. Cabrera—separation from family, forced incarceration, subject to routine verbal abuse, living with the perpetual stress of daily uncertainty as to his status or release, and anxiety about his family's physical and material needs. This fear is real, as many immigrants know friends, family, co-workers, and community members who have been further traumatized by immigration enforcement (Dark, 2007). Documented immigrants are far more likely to seek treatment for mental health disorders. While they also experience barriers, they have the liberty to seek services without the fear of deportation.

### Cultural Considerations

Latino culture plays a significant role in an immigrant's views of mental illness and access to community services. Latino culture contributes to the underutilization of mental health services (Kouyoumdjian et al., 2003). The Latino community often perceives mental health problems, such as anxiety and depression that may develop during immigration, as manifestations of physical or spiritual problems. Therefore, they are more likely to seek medical attention for somatic complaints without discussing the root cause of distress. This causes them to seek treatment from a physician rather than a social worker or psychologist.

Familism refers to one's strong identification and loyalty to family (Kouyoumdjian et al., 2003). Because of strong family ties, persons of Latino heritage are more likely to seek help from within the family system. Latino families supply significant levels of support during times of psychological distress. Likewise, family members report high levels of satisfaction with the support received. Latino culture also places a greater stigma on psychiatric disorders than Eurocentric ethnic groups. Latino persons are less likely to see the importance of utilizing mental health services because their cultural collectivisms encourage strong dependency on the family and the church (Kouyoumdjian et al., 2003).

## Opportunities for Social Workers

“Until Latinos are able to receive care by professionals who represent their population, understand their cultures, and speak their languages, mental health issues will continue to disproportionately affect the fastest-growing sector of the U.S. population, and the stigma surrounding mental health care will further deter Latinos from accessing services” (Rios-Ellis, 2005, p.7). What can social workers do to increase access to mental health services for Latino immigrants?

### Ensure Culturally Competent Practice

Social workers must gain an understanding and awareness of issues affecting Latino immigrants. It is not enough to consider ethno-cultural generalities. There may be vast differences between the Haitian, the Mexican, and the Guatemalan experiences. The professional social worker must be aware not only of the issues for the presenting client but must also consider the potential catastrophes encountered and endured based on a framework of knowledge about the socio-economic and political climate in the country of origin.

Beyond simply translating materials into Spanish, a clinical social worker must utilize assessment techniques and therapy styles that are culturally competent for work with the Latino population (Foster, 2001). Outcomes may be affected by enlisting the support of members of the family or faith community. Ongoing professional education about culturally-sensitive techniques and interventions is a requirement in many states and should be embraced by the clinician.

### Outreach and Advocacy

Education is essential. Social workers bear responsibility for educating their clients, communities, therapists, physicians, and clergy about the availability of services. It is the social worker who can also assess gaps in services and advocate for additional resources.

They can organize awareness campaigns to inform others of the hardships immigrants face in a new country (Kouyoumdjian et al., 2003).

Social workers can advocate for community mental health providers to offer flexible hours, provide services in a convenient location, and ensure immigrants can access services by public transportation (Kouyoumdjian et al., 2003).

Social workers also must reach out to the Latino community at the local level. The immigrant population must know that there are services to assist them in adapting to a strange culture. By connecting Latino immigrants with the necessary resources to adapt to life in the United States, the social worker contributes a great deal to enhancing the physical and emotional well-being of entire communities.

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# ALZHEIMER'S DISEASE AND RELATED DEMENTIAS: SOCIAL WORK'S ROLE IN HELPING INDIVIDUALS AND FAMILIES COPE

Elizabeth Gould, MSW, LCSW

A diagnosis of dementia represents more than memory loss. Diagnostic criteria also require one or more additional cognitive changes significant enough to interfere with social and occupational functioning. Social workers may encounter issues of cognitive impairment in a variety of ways. For example, they may work with individuals and families experiencing a significant transition or crisis such as loss of a job, marital conflict, or changes in managing complex tasks like budgeting. As the American population continues to live longer and Alzheimer's prevalence continues to escalate, it is critical that social workers be able to identify cognitive impairment, know the diagnostic process, and select the most appropriate social work interventions for individuals and families.

Alzheimer's disease is the most common cause of dementia and accounts for 60 to 80 percent of cases (Alzheimer's Association, 2009a). Other typologies include vascular dementia, mixed dementia (Alzheimer's disease and another dementia, most commonly vascular dementia), Parkinson's dementia, dementia with Lewy bodies, frontotemporal dementia, physical injury to the brain, normal pressure hydrocephalus, Huntington's disease, and the very rare Creutzfeld-Jacob disease.

Alzheimer's is a fatal and progressive brain disease. In 2006, Alzheimer's disease was reported as the underlying cause of death for 72,914 people in the U.S., making it the seventh leading cause (Alzheimer's Association, 2009a). Severe dementia causes complications, such as immobility, swallowing disorders, or malnutrition, increasing the risk for pneumonia. Pneumonia is the most commonly identified cause of death among older adults with Alzheimer's disease or a related dementia. It is important to note that underreporting of Alzheimer's disease as an underlying cause of death has been well documented.

## Importance of an Early Diagnosis

Although there is no cure for Alzheimer's disease, it is essential that a person be diagnosed as early in the disease process as possible. Early diagnosis allows the individual and family to discover available services, address safety and security issues before a crisis occurs, benefit from available treatments, participate in clinical trials, plan for the future, settle legal and financial matters, and complete an advance directive.

Social workers can help individuals and families to understand the warning signs and when it is time to see a doctor. Most people don't know the difference between typical aging and Alzheimer's disease. Current data suggest that less than 35 percent of people with Alzheimer's disease or other dementias have a diagnosis of the condition in their medical records (Boise et al., 2004; Boustani et al., 2005; Ganguli et al., 2004; Valcour et al., 2000).

The Alzheimer's Association recently updated the 10 warning signs of Alzheimer's, which can be used as an educational and public awareness tool. The warning signs capture the multiple cognitive domains that can be affected by dementia and translate the diagnostic criteria into language patients and families can understand.

## The Diagnostic Experience

Getting a proper diagnosis can be a challenge for individuals and families who notice changes not due to typical aging. Not all physicians are trained to diagnose Alzheimer's disease or related dementias. The process of diagnosis helps to determine other causes and treatable conditions, such as depression, delirium, drug interaction, thyroid problems, excess use of alcohol, or certain vitamin deficiencies. A comprehensive exam should include a medical and psychiatric history, a physical and neurological exam that

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may include brain imaging, lab tests, an evaluation of the person's ability to perform common daily activities, a mental status exam, and a family or caregiver interview.

People with early-stage dementia who serve as advisors to the Alzheimer's Association provided their insights on how to make the diagnostic experience better in the *Principles for a Dignified Diagnosis* (2009b). The Principles explain that people with a suspected cognitive impairment would like their concerns to be taken seriously by providers. Patients want to understand the purpose of certain tests, appreciate receiving difficult news in a plain but sensitive way, and need guidance for living with the disease.

Social workers need to emphasize the importance of family involvement in the diagnostic process. Family members and others who know the individual well may be the first to recognize changes, such as forgetting important events, avoiding social activities, decreased interest in favorite hobbies without any real explanation, or not paying utility bills. A younger individual may begin having difficulty performing job-related tasks at work. A doctor will not be able to observe these changes during a typical office visit, since a proper diagnosis requires prior knowledge of the person's ability. A family interview provides valuable information in the diagnostic process.

### Living with Alzheimer's Disease and Related Dementias

Social workers can help provide some guidance for living with the disease. People with dementia should be encouraged to continue or begin daily

physical exercise and to follow a nutritious diet while maintaining regular doctors' visits to manage other medical conditions, such as diabetes or heart disease. An important aspect of living with the disease is maintaining physical health and well-being while participating in enjoyable activities.

The individual and family members are likely to experience a range of emotions during the disease process, and it is important to tap into a variety of coping skills. Education about the disease process will help to manage expectations and plan for the future. Family and friends, as well as formal support services, can help with managing daily physical activities and emotional needs.

A person can live with a dementia for as many as 20 years from diagnosis. Generally, changes are gradual and a person can live fairly independently in the early years of the disease process. The authors of the *Alzheimer's Action Plan* explicate the process of adjustment as "heading towards a new normal" (Doraiswamy, et al., 2008). It is a process of changing expectations, focusing on what matters, and living in the moment. Individuals and families are advised to keep daily routines, engage in familiar activities, and limit new situations to make the adjustment process more manageable.

### Caregiver Experience

Although the experience differs based on individual circumstances, caregivers' common experience includes significant physical, emotional, and financial demands. The experience is affected by a variety of factors, including the

caregiver's ability to adjust to the diagnosis and to be comfortable in a new role. It is a process of redefining the relationship with the person and grieving the loss of who he or she was.

Other demands include navigating the healthcare system, getting necessary in-home help, and covering the cost of care. If the person was diagnosed at a younger age, there may be significant financial implications. Termination of employment results in a severe reduction of monthly income and loss of retirement benefits, with long-term implications. Social workers can help individuals apply for benefits, obtain community services, and advocate for healthcare needs with other providers.

Caring for a person with Alzheimer's disease poses special challenges, and increased levels of care can be taxing on the caregiver's well-being. Caregivers are at risk of becoming socially isolated and withdrawn which may lead to other problems, such as depression, anger, or substance abuse. It is important that a social worker watches for signs of stress and offers ways and tools to help ensure the caregiver's health. Caregivers typically respond well to hands-on training that provides the necessary skills for managing the changes that occur with a dementia diagnosis. Other interventions, such as supportive listening, empathy, validation and psychosocial support, are also effective.

Currently, an estimated 5.3 million Americans of all ages have Alzheimer's disease (Alzheimer's Association, 2009a). As the older adult population increases, the prevalence of the disease will continue to rise. Social workers have the skills to help people with dementia and family members adjust to a new diagnosis and a new way of living.

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## Resources

***The 10 Warning Signs of Alzheimer's Disease***  
[www.alz.org/alzheimers\\_disease\\_know\\_the\\_10\\_signs.asp](http://www.alz.org/alzheimers_disease_know_the_10_signs.asp) (Page also includes a checklist for physician visits, as well as the *Principles for a Dignified Diagnosis* referenced in the article.)

**For caregivers:** [www.alz.org/stresscheck/show\\_all.asp](http://www.alz.org/stresscheck/show_all.asp)

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# POSTPARTUM MOOD DISORDERS: BABY BLUES AND BEYOND PART II

Lynn Purnell Hagan, PsyD, LCSW

In the previous issue of *Mental Health SectionConnection*, milder postpartum mood disorders were discussed. In this article, the serious issue of postpartum psychosis and a brief review of the Andrea Yates case in Houston will be examined. While this author did not treat Ms. Yates, the case is well documented, and information is drawn from court records, news reports, and presentations by the defense psychiatrist.

## Postpartum Psychosis (PPP)

Psychosis that occurs postpartum is a rare but serious psychiatric illness that usually requires urgent intervention and often hospitalization. Postpartum psychosis (PPP) occurs in one to two per 1000 births in the general population. Symptoms start abruptly, often within three days to three weeks of birth (Chaudron, 2006).

Women with PPP may exhibit anxiety, obsessive thinking, and severely disrupted sleep. They may be subjected to suicidal and/or homicidal thoughts. These thoughts often are directed toward their infants through a delusion. They may be at high risk for harming themselves and/or their infants—hence, the reason for immediate medical intervention (Chaudron, 2006). Women diagnosed with PPP are very likely to experience it again in later pregnancies (Mental Health America, 2009).

Postpartum psychosis is most intimately associated with bipolar disorder, which occurs at a rate of 260 per 1000. However, those who experience this psychosis may not have a history of bipolar disorder (Chaudron, 2006); additionally, not all women who are diagnosed with bipolar disorder will experience symptoms of PPP. Women who have experienced PPP have a 50 percent probability that they will be later diagnosed with bipolar disorder (Puryear & Parnham, 2006).

## Case in Point: The Tragedy of Andrea Yates

In a sensational story and subsequent court drama, Andrea Yates drowned her five children in her home outside Houston, Texas in June 2001. This is not a presentation of legal issues, but rather a presentation of the events leading to the murder and how these events could have been interpreted differently to perhaps have prevented the tragedy and given Ms. Yates the emotional help she needed.

## Marriage, Family, and Decompensation

Andrea Yates remained pregnant or breastfeeding almost constantly for a period of seven years. She had a history of psychiatric illness, including a history of postpartum mood disorders, beginning with her first pregnancy, and a fear of harming her children. Two suicide attempts after her fourth pregnancy, compounded by having to care for her ailing father, were driven by struggles to resist satanic voices telling her to kill her infant. Shortly after having a fifth child (against medical advice), Andrea's father died; within six months, she became almost catatonic, lost interest in life, and was anxiety-ridden. After two hospitalizations, Andrea continued to decompensate and became severely psychotic when antipsychotic medications were discontinued by physicians or if she ceased taking them. She said that she believed Satan was directing her to kill her children to save them from Hell. Within a few days of titrating off antipsychotic medication, Andrea drowned all five of her children (Denno, 2003; Spinelli, 2006).

## Opportunities Missed

A series of errors, missed opportunities, and warning signs led up to the tragedy of Andrea Yates and her children. Andrea had a history of mental illness since she was an adolescent. She experienced hallucinations after the birth of her first child and required two psychiatric

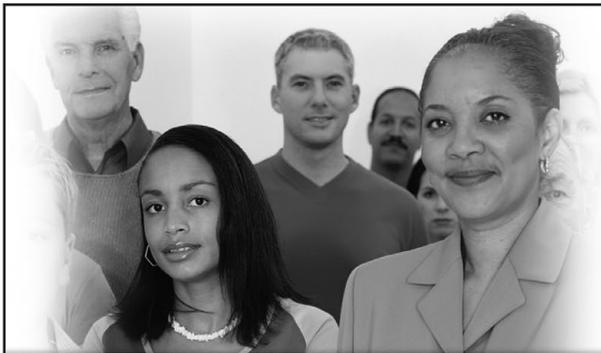
hospitalizations after her fourth pregnancy. She was hospitalized twice after her fifth pregnancy (Spinelli, 2006). Additionally, Andrea's family had a history of bipolar disorder and depression (Denno, 2003).

Family and friends displayed denial and an apparent fear of stigma related to Andrea's mental illness. She had been described as being mute and catatonic while scratching bald spots into her scalp to remove the sign of the beast she believed she displayed. Her husband, Rusty, appeared indifferent to her withdrawal after her father's death. Another friend observed that Andrea was not toileting appropriately and demonstrated unusual behavior (Spinelli, 2006). The Yates family embraced an extremely rigid belief system. They had become involved with a minister who zealously preached about hell and damnation. This may have contributed to her religious delusions (Spinelli, 2006). The Yates

children were home-schooled by their mother. This additional work contributed to stress, compounded routine parenting responsibilities, and contributed to a climate of social isolation (Spinelli, 2006).

Andrea had an inadequate level of care. She was misdiagnosed and was discontinued from antipsychotic medication. Influenced by policy and insurance limitations, mental health hospitalizations were not of sufficient duration. She exhibited symptoms of catatonia and suicidal ideation at discharge. There was an extreme lack of communication between various physicians regarding Andrea's ongoing history of psychosis (Puryear & Parnham, 2006).

Despite warnings about the likely recurrence of postpartum illness, the couple continued to have more children. Between 1994 and 2000, Andrea had six pregnancies (one miscarriage) and five



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children. She breast-fed between, and during, pregnancy. Her body did not have appropriate interval time to reestablish hormonal equilibrium (Denno, 2003). Andrea seemingly did not understand that the risk of medication would be less than the risk of recurrent illness (Spinelli, 2006). Interestingly, there were no mandatory classes covering women's mental health in any medical school (Puryear & Parnham, 2006). During a 1999 hospitalization, a social worker filed a report with protective services after Andrea reported she felt overwhelmed living in a converted bus with four children, three of whom slept in the luggage compartment. Rusty told the social worker that he was training his sons, including the three-year-old, to use power tools. The case was not pursued (Spinelli, 2006; Puryear & Parnham, 2006).

## Opportunities for the Future

What can social workers learn from this story? Social workers must realize there is a spectrum of postpartum mood disorders with a range of symptoms that may appear up to a year after delivery. Identifying clients' risk factors and making sure they get treatment sooner rather than later are essential to prevent or shorten episodes.

The social work model of assessment is of particular importance as it includes not only a complete physical and family history, but also incorporates environmental factors such as limitations in the physical environment as well as in the household climate. Clearly, in the case of the Yates family, multiple social factors elevated risk to the children.

Identifying prior mental health and postpartum symptoms is a significant element of an assessment for women who have recently given birth. Screening tools, such as the Edinburgh Postnatal Depression Scale (EPDS), can help to identify women who may be experiencing postpartum mood disorders. Available through a variety of online sources, the EPDS can be downloaded and printed for patients. Most Web sites include scoring instructions for the clinician.

However, such inventories are only a single tool best used to supplement the evaluation process.

Core values of the social work profession include supporting healthy parent-child relationships. By understanding the spectrum of postpartum mood disorders from short-term exhaustion to serious psychosis, professional support and intervention is essential in restoring a healthy balance and building coping skills. Acting swiftly at any sign of significant break with reality is vital to the prevention of future tragedies.

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## Resources

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