New Immigrant Parents’ Understandings of Behavioral and Emotional Problems in Adolescence and their Service Use Patterns*: Preliminary Findings from the Latino Adolescent Health, Migration, and Adaptation Project

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Introduction

The Latino Adolescent Migration, Health, and Adaptation Project (LAMHA) is a mixed-method, descriptive study of mental health status and needs of first-generation immigrants. Researchers are examining mental health symptomatology in recent Latino immigrant youth and their primary caretakers in North Carolina, where there has been a tremendous increase in first-generation immigrants. The study seeks to contextualize mental health scenarios in their cultural and community-situated context.

Methods

This analysis focuses on two parts of the overall LAMHA data collection: parent interviews in which parents responded to a series of scenarios and a series of open-ended questions, and then read the scenario in a face-to-face interview and asked to respond to a series of questions adapted from the work of Arthur Kleinman. The questions are designed to elicit health behaviors. The authors then read the interviews separately with the goal of identifying differences in parents’ level of concern about particular behaviors, parents’ views of the cause of behavior, parents’ views of the impact of the behavior, and finally what they do think parents would take regarding particular behaviors, and finally what do they think parents would get the best care in the U.S. versus Mexico. These differences were then compared to highlight what parents believe is the best course of action in their scenario.

Preliminary Analysis of Current Study

Most parents said they would try to work with their children both before and after talking with a psychologist. Many parents mentioned specialty care for some sicknesses and some cases of these subjects and these cases, right? So, I think yes, I would look for professional help. Yes."

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Parents’ Views of Behavioral and Emotional Disorders

- Parents are sensitive to the stresses of adolescence; they see this period as a vulnerable time.
- Parents see an interaction between developmental vulnerability and family relationship issues. When parent-child relationships are not strong, parents see adolescents as vulnerable to mental health problems.
- With increased knowledge and understanding of mental health disorders, parents are more likely to recognize symptoms.
- Parents are more likely to seek professional help.
- Parents are more likely to discuss their concerns with healthcare providers.
- Parents are more likely to use traditional healers.

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Scenario 1

Depression

For the last month, Alicia, a 15 year old girl, has had trouble sleeping. She wakes up at 3 a.m. most mornings and cannot get back to sleep. She’s been doing better with her parents and stays in her room whenever she’s home. She has recently quit her after school activities thinking that she doesn’t enjoy them. She now gets up at 5 a.m. and cannot go back to sleep. She’s become more argumentative with her parents and has not been doing well in school. She has recently quit her after school activities saying that she doesn’t enjoy them. She has started sleeping in her room whenever she’s home. She’s become more argumentative with her parents and has not been doing well in school.

Scenario 2

Obsessive-Compulsive Disorder

For the last year, Pablo, a 14 year old boy who has always been very neat, has started collecting compulsions. He keeps things in order and is always making sure that everything is in its place. He has a long list of things that he likes to do and he is always making sure that they are done exactly right. He also has a strange habit of checking his clothes and the things that he brings home from school. He has become very obsessed with cleanliness and order.

Scenario 3

Post Traumatic Stress Disorder

For the last eight years, after the move to the U.S., Enrique has had trouble sleeping. He wakes up at 3 a.m. most mornings and cannot get back to sleep. He has recently quit his after school activities thinking that he doesn’t enjoy them. He now gets up at 5 a.m. and cannot go back to sleep. He’s become more argumentative with his friends, Diego no longer wants to accompany his mother to church on at least a daily basis. He does not want his mother to keep praying or doing religious things others might happen to his family.

Scenario 4

Oppositional Defiant Disorder

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Discussion Points

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*See Use Service Patterns Handout