



Latino Adolescent
Migration, Health,
and Adaptation



<http://www.cpc.unc.edu/projects/lamha>

Preliminary Findings from the Latino Adolescent Migration, Health, and Adaptation Project

New Immigrant Parents' Understandings of Behavioral and Emotional Problems in Adolescence and their Service Use Patterns

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What is the Latino Adolescent Migration, Health, and Adaptation Project (LAMHA)?

- Methods
 - mixed-method, descriptive study
 - mental health status & needs of immigrant youth & their families
- Participants
 - statewide sample of 280 Latino immigrant youth & primary caretakers
- Survey instrument
 - mental health symptoms
 - family functioning
 - community and school variables.
- Service use patterns
 - approximately half the sample
 - Adapted from the CASA (Burns, et al.)
- Two qualitative studies
 - parents' beliefs about mental health problems
 - youth's migration experiences



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What Did We Ask?

- Factual Areas
 - age at entry
 - length of time in the U.S.
 - family structure
 - separation during migration
 - parent & child employment
 - school participation.
- Mental Health Measures – Youth and Parents
 - Child Behavior Checklist (Achenbach)
 - Youth Self-Report (Achenbach)
 - Trauma Symptom Checklist for Children (Briere)
 - Children's Depression Inventory (Kovacs)
 - MASC (anxiety) (March)
 - CESD (parent depression)
 - Trauma (parent)
- Motivations for immigration
- Acculturation Measures for Youth and Parents (Tropp et al.)
- Family Functioning: Familism (Vega), FACES (Olsen)
- Youth Reported Delinquency
- Views of School (SSP, Bowen & Richman)



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Who is Included?

- 12 – 18 year olds and a primary caregiver
- Had to have been born out of the U.S. in a Latin-American Country.
- We sampled urban and rural counties with high growth in the Latino population.
- We asked school systems to give us the names and contact information of students who identified as Hispanic or Latino.
- Recruited by phone.



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Who are our Participants?

- Mothers answered the survey 79%
- Boys interviewed 51%
- Girls interviewed 49%
- Average age 15 yrs
- Immigrated from Mexico 71 %
- Living with two biological parents 59%
- Were working full- or part-time 73%
- Other represented countries include:
 - Chile, Colombia, Costa Rica, Ecuador, Honduras, El Salvador, Venezuela



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Immigration

- Age of Arrival
 - Between birth and five years 20%
 - Between six and ten years of age 30%
 - Eleven years old or above 41%
- Average Age at Arrival 9 years
- Average length of separation from one or both parents 2.5 years



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Summit Purposes

- To share information
- To stimulate discussion which may result in program and policy changes
- To help us understand what our findings reflect in the real world
- To learn what questions you might have that our data might speak to



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The Current Analysis

- Is preliminary
- Focuses on two parts of the study
 - Semi-structured qualitative interviews with parents regarding their understanding of teen behavior problems
 - Survey with a portion of the sample examining service use patterns and attitudes.



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Goal of the Current Analysis

- To begin to understand how parents' beliefs about behavioral and emotional problems influence help-seeking
- To learn what parents say about what services they would be open to using and why.



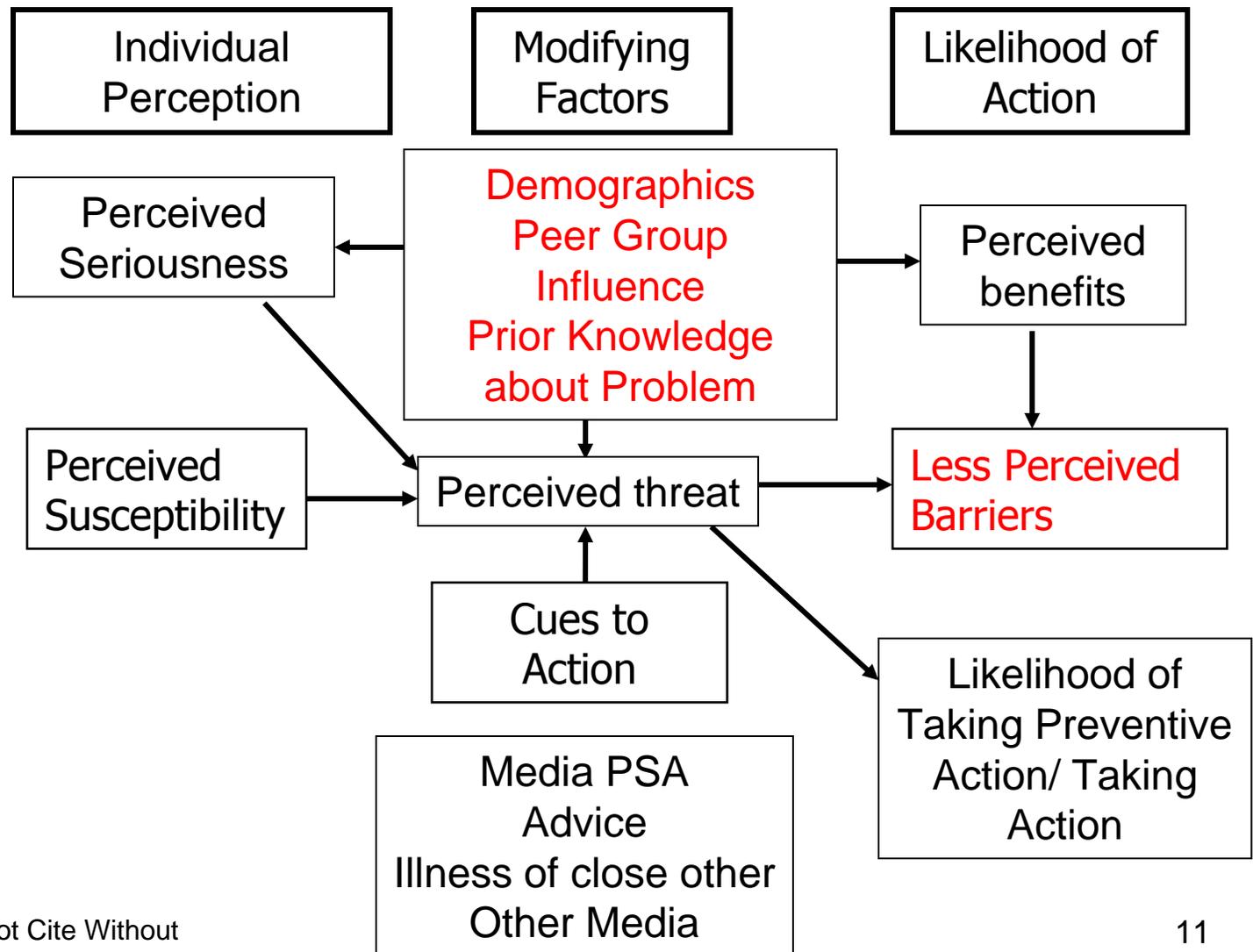
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Health Belief Model

Becker et al., 1974



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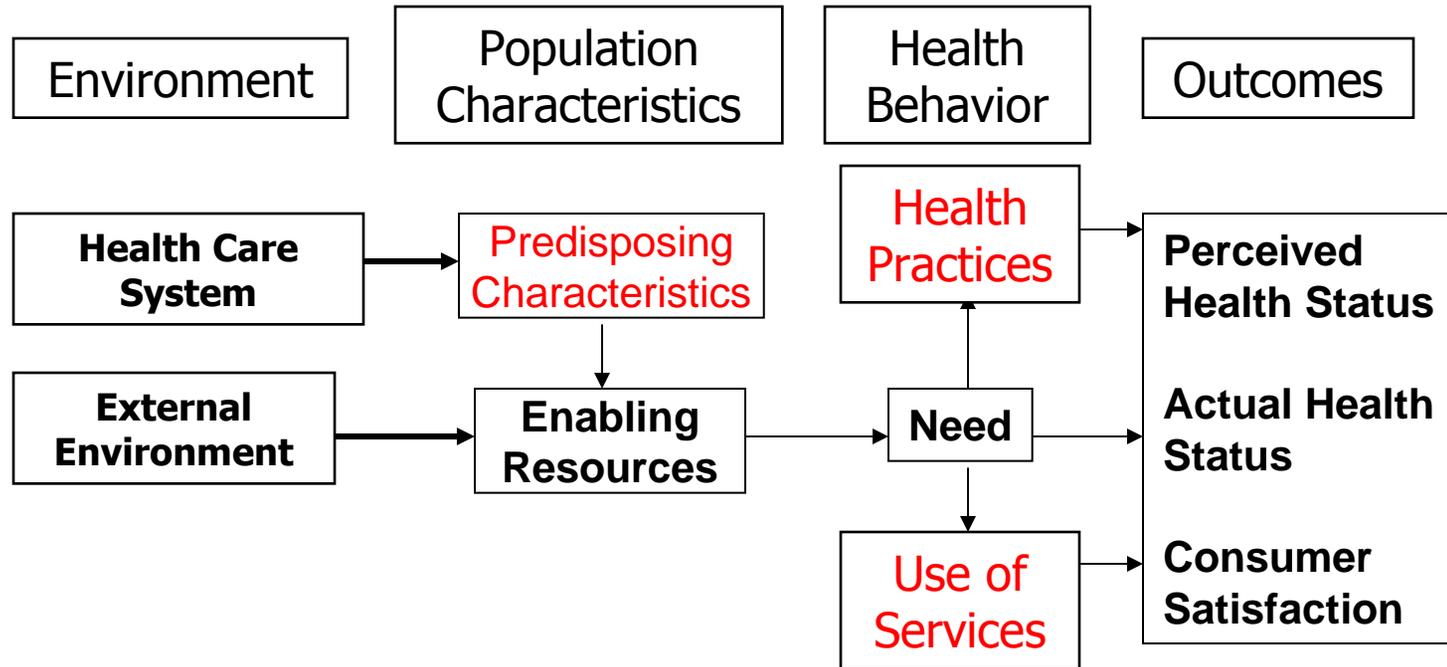
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Emerging Behavioral Model

Anderson, R. (1995)





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Past Work

- Berkman, C. Guarnaccia, P., Diaz, N., Badger, L. & Kennedy, G. (2005). Concepts of mental health and mental illness in older Hispanics. *Journal of Immigrant and Refugee Services* 3 (1/2), 59-85.
- Kleinman, A., Eisenberg, L, & Good, B. (1978). Culture, Illness, and Care: Clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine*, 88, 251-258.
- Yeh, M., Hough, R.L., Fakhry, F. McCabe, K., Lau, A., Garland, A. (2005). Why bother with beliefs? Examining relationships between race/ethnicity, parental beliefs about causes of child problems, and mental health service use. *Journal of Consulting and Clinical Psychology*, 73 (5), 800-807.



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What are we doing that's new?

- There's been no comparison of disorders – are some behaviors seen as problematic but not others?
- Giving parents a voice to describe how they think about these issues in their own words versus imposing a structure on their answers.



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Method

- Created six scenarios designed to represent emotional and behavioral problems of youth
- Face to face interviews with parents - taped
- Divided into cells of urban/rural with symptoms and urban/rural without symptoms
- Scenarios were read to the parents and an adaptation of the Kleinman questions were asked after each



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Kleinman Questions

- What do you call the problem?
- What do you think has caused the problem?
- Why do you think it started when it did?
- What do you think the sickness does?
- How severe is it?
- What sort of treatment should one receive?
- What are the chief problems the illness causes?
- What do you fear most about the illness?



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Scenarios

- Depression *
- Obsessive-Compulsive Disorder*
- Post Traumatic Stress Disorder*
- Oppositional Defiant Disorder*
- Conduct Disorder
- Normal Bereavement

*Focus of today's analysis



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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 becoming more argumentative with her parents and stays in her room whenever she's home. She has recently quit her after school activities saying that she finds them "boring." In fact, she doesn't seem to enjoy much of anything. She used to enjoy doing her friends' hair and talked about owning her own shop after high school. But her friends have not come over lately and she shrugs when her mother tries to talk with her about her plans for the future.



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Views of Depression

| Cause | | Worried? | | Action | | Treatment Preference | |
|------------------------|----|---------------|----|------------|----|---------------------------|---|
| Family Relationships | 11 | Problem | 15 | Support | 10 | Same | 4 |
| Parental Modeling | 0 | Not a Problem | 1 | Monitoring | 1 | Better Here | 7 |
| Nature/ Temperament | 0 | | | Systemic | 3 | Better U.S. but no access | 1 |
| Life Events | 5 | | | Spiritual | 2 | Better in Mexico | 4 |
| Peer Group | 3 | | | Healer | 0 | | |
| Development | 10 | | | MH Prof | 11 | | |
| Discipline | 0 | | | Police | | | |
| Religion | 0 | | | Res. Tx | 1 | | |
| | | | | None | 1 | | |

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Family Relationships Can Make Children Susceptible to other Influences.

- “...They [the parents] are the pillars of the family...they are the role model to their kids. If one smokes, the kids will smoke too because they see it in their home...If it [the problem] is in the school, perhaps they are not getting the attention at home and their friends are giving them bad advice...And by the time one sees it, the children are lost and it becomes a difficult situation, no?”



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Obsessive-Compulsive Disorder

- Diego is a 12 year old boy who has always been very neat. Recently, he has had trouble completing his homework because he says he must start over whenever he makes a mistake. His room is quite organized for his age. He keeps shirts, socks, pants, and shoes organized by color. He became very upset with his sister when she did not put his clothes away according to his system. His mother noticed that his hands were red and chafed. When she asked him about it, he told her he was washing his hands many times every day in order to “keep the germs from getting out of control.” Instead of playing soccer with his friends, Diego now wants to accompany his mother to church on at least a daily basis. He told her he needs to keep praying or terrible things might happen to his family.



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Views of Obsessive-Compulsive Disorder

| Cause | | Worried? | | Action | | Treatment Preference | |
|---------------------------|---|---------------|---|---------------------|---|--------------------------------|---|
| Family Relationships | 1 | Problem | 8 | | | | |
| Parental Modeling | 7 | Not a Problem | 7 | Support | 3 | Same in Mexico versus U.S. | 2 |
| Nature/ Temperament | 6 | | | Monitoring | | Better Here | 3 |
| Life Events | | | | System | | Better but difficult to access | |
| Peer Group Development | 4 | | | Spiritual Healer | | Mexico Better | 2 |
| Discipline | | | | MH Prof | 6 | | |
| Religion | 1 | | | Police | | | |
| | | | | Res. Tx | | | |
| | | | | None | 7 | | |

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Two Contrasting Views of OCD

- Yes, I would be worried. I would be worried because this, this is not a normal thing. For children to wash their hands constantly. Now, if I had taught him this, then I would say ok, I taught him this, right? But if I had not taught him this, the- very exaggerated, washing his hands once in a while for whatever reason is good, but not so exaggerated that he is compulsive that all the time he is thinking that he is going to get sick or that someone is going to hurt him, this is, this is something bad.” — *A parent describing their level of worry about a child with Obsessive-Compulsive Disorder*
- The kid behaves very well...A lot of times parents help them to be organized. Many times, kids are restless, and they are very disorganized. But, there are those, no, they are very organized by themselves...Many times they are like that on their own...I think that he was always organized from the beginning. There are beginnings where everything is right...He was a very good kid. In the future, he will be a good kid...perhaps, one of the best ones, who excels and everything...He will be someone in this life.” — *A parent’s reaction to the Obsessive-Compulsive Disorder Scenario*



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Post Traumatic Stress

- Enrique is a 16 year old boy who was present at a neighborhood fight about six months ago. The fight ended in a fatal stabbing. After the incident, the family's priest asked Enrique how he was doing. He said, "Fine, those guys weren't after me" and changed the subject. Recently, his little brother complained at the breakfast table that Enrique kept waking him up at night with his "screaming." Enrique said he'd had a few bad dreams lately. He's also been late for supper because he is taking a much longer route home from school. This route avoids the entrance to the apartment complex where the fight took place. His mother has become worried about him because she found a knife in his school back pack.



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Views of Post Traumatic Stress

| Cause | | Worried? | | Action | | Treatment Preference | |
|------------------------|----|---------------|------------|------------------|-------------|--------------------------------|---|
| Family Relationships | 1 | Problem | 16 | | | | |
| Parental Modeling | | Not a Problem | | Support | 7 | Same in Mexico versus U.S. | 4 |
| Nature/Temperament | 2 | | Monitoring | 1 | Better Here | | |
| Life Events | 12 | | | System | 4 | Better but difficult to access | 1 |
| Peer Group Development | 1 | | | Spiritual Healer | 2 | Mexico Better | 2 |
| Discipline | | | | MH Prof | 6 | | |
| Religion | | | | Police | 2 | | |
| | | | | Res. Tx | 2 | | |
| | | | | None | | | |

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The Impact of Witnessing Violence

- “He is traumatized because of what he saw. It gets recorded in their mind, right?...And it’s recorded in the mind of the kids and it can disturb one’s mind and people can stay traumatized....It can change [their lives] because they won’t have the thoughts they used to have. They won’t be calm; they will have fear and be alert (*pendiente*) that something similar will happen. And they won’t be able to go outside...This is why I think their lives will change and they won’t be the same.”



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Oppositional Defiant Disorder

- Pablo is a 14 year old boy who is always in trouble. He has a terrible temper and is constantly fighting with his brothers teachers and kids in the neighborhood. His parents will ask him to do simple tasks around the house and he ignores them. Whenever he is late for school or curfew, he says that it is someone else's fault. He's started hanging out with a group of boys that everyone considers "trouble."



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Views of Oppositional Defiant Disorder

| Cause | | Worried? | | Action | | Treatment Preference | |
|------------------------|----|---------------|----|------------|---|--------------------------------|---|
| Family Relationships | 11 | Problem | 16 | | | | |
| Parental Modeling | 5 | Not a Problem | | Support | 8 | Same in Mexico versus U.S. | 2 |
| Nature/ Temperament | 2 | | | Monitoring | | Better Here | 3 |
| Life Events | 6 | | | System | 3 | Better but difficult to access | 2 |
| Peer Group | 7 | | | Spiritual | 1 | Mexico Better | |
| Development | 2 | | | Healer | | | |
| Discipline | 3 | | | MH Prof | 6 | | |
| Religion | | | | Police | | | |
| | | | | Res. Tx | 7 | | |
| | | | | None | 3 | | |

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Where do these Problems Come From?

- “Well, I understand that sometimes there is a child in a family who has a lot of rebellion, also, or violence. Because sometimes, in the family, look, in the family there is everything, there are very rebellious children, there are docile children, there are ones who pay attention when they are going to do something and others no. It’s like a tree that gives a lot of fruit, some good and some bad. But, sometimes, also, it can be the good influence of the parents, or the influence of friends. But I think that there is always more influence outside that inside the house. Because, I see that sometimes there is a parent that doesn’t drink, that doesn’t smoke, and his children drink and smoke. There are parents who drink and smoke and their children don’t do it. And, I don’t know, I think that sometimes it is inside one’s self. In one’s way of thinking.”
- *A parent describes his/her own multifaceted way of understanding child behavior – alternating between nature, nurture, and peer group influences.*



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Conduct Disorder

- Esteban is a 16 year old boy who recently was arrested for breaking into a neighbor's home where he had stolen money and electronics. Because of robberies in the neighborhood, the police searched his room and found other stolen goods and the bones of small animals. He explained to the police that he liked dog fighting and described in detail how he enjoyed watching one dog attack and kill another. The bones in his rooms are "souvenirs" from the dog fights. He's had numerous problems at school through the years but his teachers usually give him a second chance because he convinces him that he will change his ways.



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Normal Bereavement

- Daniella is a 17 year old girl whose aunt died two months ago. This aunt lived with the family and she and Daniella were close. Since the death, Daniella has had trouble sleeping, poor appetite, and has been very sad. Her mother has found Daniella talking aloud when no one else is with her. When asked, she says she is talking with her aunt. She's still involved with family and friends and is making plans for her upcoming graduation. She is tired a lot and often seems to be day dreaming or not able to concentrate on the tasks in front of her.



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Other Themes

- Parents' views of how professionals should help
- Parents' views of adolescence
- The impact of migration on symptoms
- Treatment in Mexico versus the U.S.
- The need to prevent behavior problems
- The commitment of parents to their children's well-being



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Parental Involvement in Treatment

- “Well, in this case we will both go, when it comes to the children, one needs to go as a couple...because it is both of our problems...then to see what he [the professional] can tell us and in case he needs to talk to our son or daughter, we will take them.”
- “...To a specialist first, before anything, a doctor that would *tell me* about this change from a child to a young person, adolescent. And we would look for a solution.”



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The Need for Guidance in Adolescence

- “Sometimes we don’t know how to answer our children or how we don’t know how to guide them and how to, help them. And sometimes they don’t feel absolute confidence in us either. To talk about their needs or what they feel or what is wrong and sometimes they look in other people and there are people who see like they are helping them but they are doing more harm. So, I think, yes, I would look for someone professional because this person is specialized in these subjects and these cases, right? So, I think yes, I would look for professional help. Yes.”
— *A parent describing why they would pursue professional help for a child with symptoms of PTSD.*



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Institutional Discrimination and Depression

- “In this case, my son, the main problem is feeling discriminated against...it’s not that they make racist comments, but the authorities that don’t give them permission to get a [driver’s] license, this makes them frustrated. They feel that it doesn’t matter what they do. They are not a part of this country...And really, the fact that they drop out is not their fault, it is our fault as parents because we bring them here...without documents...But we are here to work, to be honest...But I think this is one of the reasons that they lose their dream...”



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How Might Treatment Help?

- “Since we are immigrants, they make us feel that we are third class citizens. A person from a third class and that we are not worth the same as someone from here. These things could affect her [referring to the girl in the depression scenario]. The racism that exists between races here. The psychologist could help explain that we are all equal.”
—A parent describing how a mental health professional might be helpful to a girl with depressive symptoms.



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Approaching a Problem in Mexico

- “In Mexico, the first thing that we will do is a family meeting to talk to her. And when there is a family meeting, one becomes a psychologist because one begins to study the person and one finds things out. And one member of the family will say, “Your daughter has this problem and needs a psychologist or a psychiatrist,” not for a crazy person but for guidance.”
 - *A parent describing the approach one would take in Mexico to a child with symptoms of Obsessive Compulsive Disorder*



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Treatment Here and There

- “The treatment I feel is the same here and there. Simply that I feel like here there is more specialization than there. The truth is that here there is more specialization in many sicknesses and there – no – because we are from a small village, we have to go very far and then we have to pay for where we sleep and everything. It is very hard there, life there.”
— *A parent describing differences between obtaining mental health treatment in the U.S. versus Mexico*
- “Well, in Mexico, I have all my family. It’s easier to go see a doctor. You don’t have to make an appointment like here. If you are sick, then you go. They don’t charge what they charge here. And the medicines are not that expensive, the treatment, the hospitals. There are many places one can go and it’s practically free. The only thing is that there will be many people so you will have to be in line. But here, if you don’t have health insurance, if you don’t have Medicaid or if you don’t have this, it’s very difficult and they don’t examine you well.” — *A parent describing differences between obtaining health care in the U.S. and Mexico*



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Preventing Problems Before They Start: Parental Monitoring

“First of all, when the children have friends, then one needs to investigate what kind of friends they are...You need to select your kid’s friends...”

“Well, you will keep them from going out with them [problematic friends] and prevent them from hanging out with them...if they don’t listen you need to send them to a reformatory.”



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A Parent's Love

- “There isn’t anything but love. Trying to, to love them. That you made mistakes when they were younger, but parents aren’t perfect. There isn’t a school on how to be a parent. You learn as they grow. So, you try to talk and tell them that you love them profoundly and that a son is everything in your life...So you have to get close to him and try to tell them, to them...I love you, son, I care about you son...So, no, what I feel is the most important is love.”



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Service Use Patterns (n=164)

- **Importance of Getting Help**
 - 98% say that it's important to get help for emotional and behavioral problems
 - 99% say would probably get help for kid displaying problems
- **Barriers to getting Intervention**
 - Time
 - 77% worried that they would not have enough time in general
 - 94% worried they would not have enough time to go to appointments
 - 70% reported that they would have to miss work to take their adolescent
- **Cost**
 - 72% worried about the cost of services
 - Of those who were concerned about the cost:
 - 76% had no insurance
 - 17% worried that their insurance would not cover services
- **Information**
 - 80% stated that they did not know who in their community helped adolescents
 - 40% wished that their community offered different types of services. Of those:
 - 35% wished for more professional helpers/career counseling,
 - 27% for more recreational
 - 28% prevention programs,
 - 0% said once traditional/cultural healer

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Preliminary Findings from unweighted
data

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Service Use (Continued)

- Culture
 - 27% would find it difficult to speak with someone outside their family about personal issues
 - 22% said it was difficult to ask for help
 - 23% said they would feel shame asking for help
 - 12% worried about what their family would think
 - 10% worried about what their friends would think
 - 11% worried about what other people would think
- To Best Help, Helpers Should:
 - Speak their language
 - 81% say language is important or very important
 - 9% say language is not important at all
 - Understand their culture
 - 68% say cultural understanding is important or very
 - 21% say it would not be important at all



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More Service Use

Are they getting services?

- Only 3% of parents said adolescents have received mental health services, but 38% of adolescents had received health services in the last year. Nine percent of adolescents received special school services, 4% received services from Department of Social Services, and 5% have been court involved



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Discussion Points

- Parents are sensitive to the stresses of adolescents; 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.
- Like many in the general population, symptoms of Obsessive-Compulsive Disorder are often not seen as problematic. Only with this disorder, did some parents say this is normal and exceptionally good behavior.



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Further Discussion Points

- Most parents said they would try to work with their children first before seeking outside intervention.
- When parents mentioned outside intervention, they most often mentioned specialty mental health care.
- No parents in this investigation mentioned using a traditional healer for these types of issues.
- Many parents saw mental health services as something that would help them parent better.
- The place where treatment was preferred was not based on quality, but on access. Those from larger cities in Mexico, saw treatment there as preferable. Those from rural areas said they would have had no access to treatment in their home countries.