Introduction

Cancer is the leading cause of death among Latinos in the U.S. (Miller et al., 2018). Compared to non-Hispanic Whites, Hispanic cancer patients are at higher risk for poor mental, physical, and social outcomes in the five years following treatment, including lower levels of perceived social support and higher levels of depression (Yanez et al., 2018). Latino patients and survivors face disproportionate barriers to health care, including financial lakh, lack of insurance coverage, and discrimination (Nupi, 2018). Research demonstrates how these barriers compound the distress associated with diagnosis and survivorship (Costa-Muhle et al., 2017). However, few studies have examined the barriers to unmet needs regarding psychosocial support following diagnosis for Latino patients.

This study assessed the experiences and priorities of Latinos living with cancer regarding psychosocial support among a sample of Mexican-born, Spanish-speaking patients and survivors residing in the U.S.

Abstract

To assess the unmet needs and barriers to psychosocial support among Latino patients and survivors in the U.S., the study team conducted a focus group with six patients and survivors, all of whom were Mexican immigrants. The focus group explored their perspectives towards psychosocial support and their experiences seeking support.

Participants encountered significant barriers to psychosocial support, especially financial barriers. Although participants benefited from valued psychosocial support, they experienced shame when seeking help. The perception of illness as a weakness, coupled with the stigma around mental health in the Latino community, made it difficult to seek support. Participants expressed (two primary unmet needs): 1) Spanish-speaking providers and 2) culturally-specific resources in Spanish.

Data and Methods

Data was gathered from a virtual focus group with six Mexican-born cancer patients and survivors in the U.S. Participants were recruited from partner locations who serve predominantly Spanish-speaking, Latino communities. Latino or Hispanic-identifying patients were invited to complete a survey to assess their clinical characteristics and sociodemographic background prior to completing the focus group. Focus group participants were all first-generation immigrants from Mexico and were currently uninsured. The focus group was conducted in Spanish and wereAudio recordings were transcribed, coded, and analyzed in Spanish and English. The coding scheme used in this qualitative descriptive approach based on study goals and emergent themes in the data.

Results

1. Participants reported increased psychosocial distress following diagnosis, including anxiety, depression, and social isolation. Many struggled to access mental health care.

2. Financial toxicity was the most prevalent barrier to care, including lack of insurance coverage, loss of income associated with time off work, and lack of reliable, affordable transportation.

3. Participants experienced guilt and a sense of isolation when reaching out for support. Participants attested to this experience to the stigma around mental health and the perception that being diagnosed with a mental illness like cancer was a sign of weakness or deficiency in the Latino community.

4. When participants did engage in psychosocial support, they identified culturally-specific, Spanish-language support as lacking. Locating a provider who was fluent in Spanish was also challenging, and support options that acknowledged the immigrant experience were largely inaccessible.

Conclusions

Findings illustrate the need to reduce financial barriers to care, and diversify psychosocial support resources for Latino patients and survivors, especially Mexican immigrants. The paucity of legal protections for Mexican-born immigrants contributes to these barriers. Thus, financial navigation may be critical in mitigating the loss of income and underinsurance that first-generation immigrant experience.

References


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