

# Improving Mental Health in Marginalized Communities With CKD

Historically marginalized and underserved populations with kidney diseases are vulnerable to unique challenges when it comes to mental health and kidney health. In the next few articles, we dive into these issues and the opportunities to improve care for patients in some of these communities.

## Issues Impacting Care in Latinx Populations

By Flor Alvarado, Vanessa Evans, and Lilia Cervantes

One in five Hispanic or Latino/a/e/x (herein Latinx) individuals in the United States is affected by mental illness, yet among those affected, only 36% received mental health services (compared with 52% of White individuals with mental illness) (1). In the limited research exploring mental health in individuals with chronic kidney disease (CKD), Latinx individuals were at greater risk of experiencing depressive symptoms compared with non-Latinx White individuals; however, they were less likely to be treated for depression (2, 3). This raises a critical concern about the availability of appropriate mental health services for Latinx individuals with CKD.

### Barriers to mental health support

The accessibility of mental health services in Latinx individuals in the United States may be impacted by the maldistribution of social determinants of health, including structural (i.e., the sociopolitical and economic context impacting access/quality of health care, socioeconomic status, and exposure to structural racism and discrimination) and intermediary (i.e., social risk factors, sociocultural context, and personal lived experiences) determinants (4) (Figure).

In terms of structural determinants, Latinx individuals compose the minoritized group with one of the largest uninsured healthcare coverage rates in the country (18%), significantly affecting their access to care (5). Even with insurance, it is challenging for Latinx patients to find a mental health practitioner who is culturally and language concordant. Many Latinx individuals also experience challenges that include personal experiences with discrimination in clinical encounters or fear of deportation; they have also witnessed racism and discrimination shared by the media. All of these examples may understandably foster a general lack of trust in the US health care system (6).

Regarding the intermediary determinants, the Latinx population is disproportionately impacted by social risk factors including food insecurity, housing instability, and financial strain, further affecting health care access (6–8). Furthermore, the pervasive stigma surrounding mental health persists in many Latinx communities and may lead to a reluctance in accessing care (8, 9). Other cultural beliefs and values may affect willingness to seek mental health care, such as *fatalismo* (attitude that a person's plight is religiously based or fate), *machismo* (attitude associated with exaggerated masculine pride), and *marianismo* (attitude associated

with self-sacrifice and putting the needs of others first) (10). Traditionally, family relationships have been an important aspect of the Latinx culture (i.e., *familismo*), although it is important to note that family dynamics can serve as both a source of support or stress (8–10). The latter may occur in the context of multigenerational households in which adults have extended caregiving and financial responsibilities, delaying their own health needs. There may also be a desire to downplay symptoms to avoid burdening or causing shame to one's family (10).

### Strategies to promote mental health well-being

To promote the mental health well-being of Latinx individuals with CKD, the nephrology community can implement diverse strategies (Figure). Health care teams can screen for mental health well-being, inquire about coping mechanisms and social-emotional support (e.g., family, religion, or other spiritual support), and direct patients to culturally responsive mental health services and resources. Future research should assess the associations between mental health disorders and CKD outcomes, identify barriers to mental health screening, and develop culturally responsive and community-based interventions to improve mental health well-being of Latinx individuals with CKD. ■

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**Figure. Potential barriers to obtaining mental health services among Latinx individuals with kidney diseases and strategies to improve care access and quality**

|  <b>Barriers to obtaining mental health services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  <b>Strategies to improve care access and quality</b>                                                                                                                                                                                                                                                                                                                                                                                  |
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| <b>Structural Determinants</b><br>Access and quality of health care <ul style="list-style-type: none"> <li>• High uninsurance rates</li> <li>• Language and cultural discordance between clinicians and patients</li> <li>• Limited availability of language-access services</li> </ul> Socioeconomic status <ul style="list-style-type: none"> <li>• High poverty rate</li> <li>• Disparities in educational attainment impacting Latinx individuals</li> </ul> Structural racism and discrimination <ul style="list-style-type: none"> <li>• Discriminatory public policies toward Latinx immigrants</li> </ul>                                  | <ul style="list-style-type: none"> <li>✓ Talk openly and normalize mental health wellness.</li> <li>✓ Provide culturally responsive resources to promote mental health well-being (e.g., contact information of local and online bilingual mental health clinicians, educational materials about mental health well-being).</li> <li>✓ Use multidisciplinary teams (i.e., inclusion of social worker, community health worker) to screen for mental health well-being, and link patients to community resources.</li> </ul> |
| <b>Intermediary Determinants</b><br>Social risk factors <ul style="list-style-type: none"> <li>• High rates of food insecurity, housing instability, and financial strain</li> </ul> Sociocultural context <ul style="list-style-type: none"> <li>• Stigma surrounding mental health</li> <li>• Family-related concerns; downplaying mental health symptoms to avoid burdening or shaming family</li> <li>• Other historical cultural beliefs/values: <i>fatalismo</i>, <i>machismo</i>, and <i>marianismo</i></li> </ul> Personal lived experiences <ul style="list-style-type: none"> <li>• Discrimination during clinical encounters</li> </ul> | <ul style="list-style-type: none"> <li>✓ Inquire about coping mechanisms and social support (e.g., family, religion/spiritual, or other); screen for social isolation/low social support.</li> <li>✓ Enhance social/emotional support as needed (i.e., provide information about in-person and online peer support groups, refer to peer-to-peer programs).</li> <li>✓ Demonstrate empathy; provide sufficient time for open dialogue and questions.</li> </ul>                                                             |

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## Addressing Mental Health in Undocumented Immigrants Living With CKD

By Sri Shyamkumar, Dominique Pean, and Rajeev Raghavan

People who suffer from chronic kidney disease (CKD) are twice as likely to have self-reported fair or poor health status compared with those without CKD (1). The World Health Organization defines “mental health” as a state of well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community (2). The mental health of marginalized groups, particularly undocumented immigrants, is further strained by cultural systemic barriers to their mental health including language barriers, health care coverage, disease characteristics, differences in beliefs, and trust with the health care team. Practicing cultural sensitivity with undocumented immigrants can give health care professionals a better idea of how to provide better care to patients with CKD (3).

### Language barriers

Undocumented immigrants often face a language barrier to care, with nearly 50% reporting a lack of English proficiency (4). This challenge compounds the stress of expressing health concerns during vulnerable moments, contributing to mental health strain. This may erode trust with primary care physicians or the nephrology care team. Using a medical interpreter during conversations may improve care.

### Residency status and health care coverage

Undocumented immigrants are often excluded from government, state, or employer-based insurance plans, which may limit access to affordable and preventive health care (4, 5). Undocumented immigrants residing in states that do not provide scheduled dialysis rely on emergency dialysis treatments; this is known to increase anxiety, morbidity, and mortality (5–7). Undocumented immigrants with kidney failure report an exceptionally low quality of life when surveyed using the validated Kidney Disease Quality of Life survey (8, 9). Physicians should be familiar with resources that support mental health and well-being for undocumented immigrants. One example is El Futuro, a nonprofit organization that provides advice, education, and support groups in the Latinx community (10).

### Disease characteristics

CKD is a silent disease. Diagnosis requires laboratory testing, and symptoms manifest only in late stages. Nephrology care teams should acknowledge limitations such as medication costs and access to primary care that disproportionately affect undocumented immigrants. These limitations may accelerate progression of diabetes mellitus and hypertension, the leading causes of CKD.

### Addressing beliefs

Discussions around diet and medications often overlook cultural preferences, such as fasting or dietary restrictions, leaving patients feeling overwhelmed rather than empowered. Kidney care practitioners should inquire about patients’ cultural or

religious preferences as they relate to treatment, and customize treatment plans to fit their patients’ unique needs. We note that this is not unique to undocumented immigrants and should be considered for all patients.

### Next steps

A viable approach to address mental health in undocumented immigrants with CKD might mirror strategies studied to improve mental health for patients with kidney failure. This includes establishing a patient-navigation program tailored to meet the cultural and linguistic needs of a patient. A portion of the clinical visit should be dedicated to discussing this patient population’s unique mental health challenges. Nephrologists should also familiarize themselves with resources offered on a community and state level to alleviate the mental health burden of chronic health conditions on the undocumented immigrant population. These strategies, along with use of a multidisciplinary team, can be utilized to provide high-value care to undocumented immigrants. ■

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Drs. Shyamkumar and Pean report no conflicts of interest. Dr. Raghavan reports being an advisor for the GlaxoSmithKline Lupus Educators Advisory Board and a speaker for Boehringer Ingelheim/Eli Lilly & Co.

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