

A Review of the Literature about Depression in Late Life among Hispanics in the United States

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Depression is a common psychiatric disorder with devastating effects on the older Hispanic population. This review synthesizes the research on depression among older Hispanics in the United States to educate and provide direction for further research and practice. A literature search of PubMed, CINAHL, and PsycINFO databases was conducted. Article titles, abstracts, and texts of articles were scanned for those that met the inclusion criteria for this review. Inclusion criteria included the following: research studies published between 2000 and 2012; studies published in the English language; studies about depression that included older Hispanics (50 years old and older) who resided in the United States; and studies about depression, acculturation, and other associated stressors that may contribute to depression in this population. The results of this review indicate that acculturation, associated stressors, health-related factors, and psychosocial factors may have a negative impact on older Hispanics' mental health. More research is needed to further explore Hispanics' perceptions and experiences of depression as well as the cultural dimensions of Hispanic depression. The cultural formulation can be a useful framework for assessment, prevention, and treatment of older Hispanics with depression. Knowledge regarding depression and what causes it can lead to better assessment practices, early detection, and culturally sensitive interventions, care and services.

Depression is considered the most common psychiatric disorder among older adults (Townsend, 2008). Unrecognized depression in older adults has been associated with increased mortality, comorbidity, and poor quality of life (Aranda, Lee, & Wilson, 2001). It also has been identified as the leading cause of disability across all racial/ethnic groups in the country (Dunlop, Song, Lyons, Manheim, & Chang, 2005). Depression has been linked to delays in access to medical care, resulting in late diagnosis and treatment of medical illnesses among older Hispanics (Rodriguez-Galan & Falcon, 2009). Higher levels of depressive symptoms have been associated with cognitive decline in older Hispanics (Rotkiewicz, Al Snih, Raji, Kuo, Markides, & Good-

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win, 2006). Most seriously, depression has been associated with high rates of suicide attempts among Puerto Ricans (Oquendo, Lizardi, Greenwald, Weissman, & Mann, 2004).

Hispanics are the fastest-growing minority group in the country (US Census Bureau News, 2008). Hispanics also represent the largest minority group in the United States, making up 16.3% of the total US population (US Census Bureau, 2010). In addition, older Hispanics comprise one of the fastest growing age-ethnic populations in the US (Erving, 2007). By 2030, it is projected that Hispanics age 65 and older will comprise 11.2% of the United States elderly population, and by 2050, 17.5% (Erving, 2007). The growth of the Latino elderly population is projected to exceed that of other ethnic/racial groups in the first half of the twenty-first century (Angel & Hogan, 2004).

Studies measuring depression among ethnic minorities and white non-Hispanics in different parts of the US have suggested that older Hispanics report the highest levels of depression (Gonzalez, Haan, & Hinton, 2001; Jang, Chiriboga, Kim, & Phillips, 2008; Rodriguez-Galan & Falcon, 2009; Russell & Taylor, 2009). In fact, researchers who used the Center for Epidemiologic Study Depression Scale (CES-D) to measure depressive symptoms among minority groups and European-Americans reported that 26% of African-Americans, 32% of Cubans, and 30% of non-Cuban Hispanics scored above the cut off for depression, whereas the proportion of non-Hispanic Whites was only 15% (Jang et al., 2008). Furthermore, older Hispanics face disparities in the recognition and treatment of depression (Lewis-Fernandez, Das, Alfonso, Weissman, & Olsson, 2005).

Despite the increasing number of studies reporting depressive symptoms among older Hispanics, little is known about the causes of these alarming findings. Studies of depression and acculturation among older Hispanics have reported conflicting findings (Torres & Rollock, 2007). For example, a study found that less-aculturated older Hispanics have higher levels of depression (Gonzalez et al., 2001) while another study found that older Hispanic men with higher acculturation levels reported higher levels of depression (Ramos, 2005). In addition, other factors that affect the degree of acculturation, including chronic health problems, low income level, lower education, functional

disabilities, living alone, limited English proficiency, and being female, have been associated with depressive symptoms among older Hispanics (Jang et al., 2008; Rodriguez-Galan & Falcon, 2009).

In an increasingly older and diverse society, mental health care providers in the United States need information on how to care for minority older adult patients, especially those suffering from debilitating mental illnesses such as depression. Nurses play a vital role in caring for ethnically and culturally diverse patients across the nation. Nurses working in areas with high numbers of older Hispanic patients are particularly handicapped by a serious lack of theory and practice information related to older Hispanics' mental health that would guide assessment and practice. Despite its high prevalence and its importance, depression among older Hispanics has not been adequately explored. Better identification and diagnosis of depression could help reduce the number of untreated patients. A review of the literature was needed to increase knowledge about depression in older Hispanics. The purpose of this paper is to examine and synthesize the research on depression among older Hispanics in the United States in order to educate and provide direction for further research and practice.

METHODS

A literature search of PubMed, CINAHL, and PsycINFO databases using the keywords older Hispanics, Latinos, Latinas, acculturation, and depression for the years 2000 through 2012 was conducted. Article titles, abstracts, and texts of articles were scanned for those that met the inclusion criteria for this review. Inclusion criteria included the following: research studies published between 2000 and 2012; studies published in the English language; studies about depression that included older Hispanics (50 years old and older) who resided in the United States; and studies about depression, acculturation, and other associated stressors that may contribute to depression in this population. Eighteen articles were found that met the inclusion criteria. They are shown in Table 1. The studies identified in the review include the author(s), year, design and purpose, methods, sample, and a summary of the findings regarding Hispanic depression. Results of the review are categorized according to the themes found in the literature: prevalence of depression, acculturation and other predictors of depression, issues related to the measurement of depression, and Hispanics' perspectives on mental health.

RESULTS

Prevalence of Depression among Older Hispanics in the US

Depression is defined as persistent feelings of helplessness, sadness, hopelessness (affective symptoms), and other behavioral, cognitive, and physiological symptoms for weeks at a time that interfere with human functioning (Townsend, 2008).

Several studies have reported a high prevalence of depressive symptoms among older Hispanics (Gonzalez, Haan, & Hinton, 2001; Jang, Chiriboga, Kim, & Phillips, 2008; Rodriguez-Galan & Falcon, 2009; Russell & Taylor, 2009). For example, Jang, Chiriboga, Kim, and Phillips (2008) explored the effect of demographic variables and stressful life conditions (chronic health conditions, functional disability, and negative life events) on depressive symptoms among older people (65 years and older) in Florida. The study included European Americans ($n = 504$), African Americans ($n = 360$), Cubans ($n = 328$), and other Hispanic subgroups ($n = 241$). Lower income level was the factor most commonly associated with depressive symptoms among all groups in their study. The results suggested that ethnic minorities were more likely to be disadvantaged with respect to education and income compared to European Americans. Consistent with other studies, each of the racial and ethnic groups (i.e., African Americans, non-Cuban Hispanics, and Cubans) showed a significantly higher score on the CES-D than European Americans, indicating poorer mental health in minority older adults. In particular, Cubans showed the highest CES-D scores; approximately 32% of Cubans scored above the cut off for depression. Significant correlations among risk factors, functional disability, negative life events, and depressive symptoms were also present among Cubans (Jang et al., 2008). Furthermore, Dunlop, Song, Lyons, Manheim, & Chang (2005) measured the rate of depression in a sample of 7,990 participants aged 54 to 65 from different ethnic backgrounds including African-American, Hispanic, and non-Hispanic white Americans. Major depression was found to be most prevalent among Hispanics than the other ethnic groups. Factors strongly associated with depression included being female, being widowed or divorced, living alone, providing care for a parent, having a chronic disease, having functional limitations, having poor health behaviors, and fewer economic resources (Dunlop, Song, Lyons, Manheim, & Chang, 2005). Additionally, 24% of older Latinos in the area of Los Angeles reported depressive symptoms to their primary care providers (Aranda, Lee, & Wilson, 2001).

A national research study measured within-group differences among older (59 and older, $N = 759$) Hispanics (Cuban American = 13%, Puerto Rican = 8%, Mexican American = 56%, and Other not specified = 15%) (Yang, Carzola-Lancaster, & Jones, 2008). The researchers used a modified version of the Center for Epidemiologic Studies-Depression scale and the Composite International Diagnostic Interview to assess depressive symptoms and the presence of major depression. The prevalence of major depression among Mexican Americans was 4.1%, among Cuban Americans it was 9.7%, among Hispanics not specified it was 1.9%, and among Puerto Ricans the prevalence was 16.9%. Puerto Ricans were found to have significantly higher numbers of depressive symptoms and prevalence of depression even after the researchers adjusted for sociodemographic, cultural, and socioeconomic factors; functional limitations; and chronic health than the other three Hispanic groups in this study (Yang, Carzola-Lancaster, & Jones, 2008).

TABLE 1
Studies Meeting the Inclusion Criteria

| Author (Year) | Design and Purpose | Methods | Sample | Summary of Findings |
|---|--|---|--|--|
| Aranda, Lee, & Wilson (2001) | Quantitative: examined the rates of depressive disorders in a sample of older Latino primary care consumers | Depression module of the Patient Health Questionnaire (PRIME-MD PHQ) | N = 150 Hispanic primary care consumers (50 years old and older) in Los Angeles County | 24% of the sample reported symptoms sufficient to meet the criteria for a depression diagnosis |
| Crystal, Sambamoorthi, Walkup, & Akincigil (2003) | Quantitative: examined to what extent the identification and treatment of depression increased in elderly in recent years and whether socioeconomic factors affected treatment | Diagnoses recorded in Medicare claims were used to identify individuals who received a diagnosis of depression from a health care provider | N = 2966 aged 65 and older | The rate of depression more than doubled; those of Hispanic ethnicity or other and those without additional coverage to supplement Medicare were significantly less likely to receive treatment |
| Diefenbach, Disch, Robison, Baez, & Coman (2009) | Quantitative: examined racial and ethnic difference and the impact of anxious depression on psychological functioning among urban Puerto Rican and African-American older adults, and sought to explain these differences with reference to cultural differences in the perception and management of psychosocial distress | The Composite International Diagnostic Interview-Short form (CIDI), the Center for Epidemiologic Studies-Depression Scale (CES-D), Suicide Probe from the Hamilton Rating Scale for Depression (HRSD-Suicide), the Instrumental Activities of Daily Living (IADL), demographics | N = 424, Puerto Rican (n = 218) and African American (n = 206), aged 60 and older urban senior housing residents | The majority of the participants were women, not married, with fewer than 12 years of education, and low socioeconomic status. Nearly all the interviews with Puerto Ricans were conducted in Spanish. Results indicated a higher prevalence of major depressive disorder and anxious depression among Puerto Rican participants. Anxious depression was associated with more severe ratings of distress and suicidality compared with major depressive disorder alone, and the impact of depression and anxiety was most pronounced for the Puerto Rican participants |
| Dunlop, Song, Lyons, Manheim, & Chang (2005) | Quantitative: examined depression rates among African American, Hispanic, and white adults | Short form of the World Health Organization's Composite International Diagnostic Interview (CIDI-SF) | N = 7690 national probability sample of people who identified themselves as African American, Hispanic, or white (aged 54 to 65) | Major depression was most prevalent among Hispanics (10.8%), followed by African Americans (8.9%) and Whites (7.8%). Factors strongly associated with depression among minority groups: younger age, female gender, being widowed or divorced, living alone, providing care for a parent, chronic diseases, functional limitations, health behaviors, fewer economic resources including less education, income, wealth, and lack of private health insurance coverage or employment |

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| Gonzalez, Haan, & Hinton (2001) | Quantitative: examined the associations among acculturation, immigration, and prevalence of depression in older Americans | CES-D measured depression, the Acculturation Rating Scale for Mexican Americans-II measured acculturation | $N = 1789$ (80% Mexican-Americans), aged 60 to 100 | Less-acculturated participants were at significantly higher risk of depression than high acculturated Mexican Americans |
| Jang, Chiriboga, Kim, & Phillips (2008) | Quantitative: explored determinants of depressive symptoms using a statewide sample of African Americans, Cubans, non-Cuban Hispanics, and Whites | Computer-assisted telephone interviews conducted in 2004 and 2005 under the auspices of the Survey of Older Floridians (SOF). A short form of the Center for Epidemiologic Studies Depression Scale (CES-D) | $N = 1,433$ participants ($n = 504$ Whites; $n = 360$ African Americans; $n = 328$ Cubans; and $n = 241$ non-Cuban Hispanics) aged 65 and older in Florida | Each of the racial and ethnic groups showed a significantly higher score on the CES-D than Whites. Cubans showed the highest CES-D scores; 32% of Cubans were in the category of probable depression. Factors associated with higher levels of depressive symptoms among all ethnic groups: lower income, more chronic health conditions, greater functional disability, and more negative life events. Lower education was significant only in African Americans. In Cuban and non-Cuban Hispanic samples, younger age was associated with higher levels of depressive symptoms |
| Jang, Chiriboga, Herrera, & Schonfeld (2010) | Quantitative: explored determinants of depressive symptoms among older Hispanics living in public housing | CES-D measured depression, acculturation level was determined by: self-reported English proficiency, languages used in conversations with family, preferred languages for TV or videos, and preferred languages for book or newspaper | $N = 297$ Hispanics older adults, aged 60 and older (Mexicans, Cubans, Puerto Ricans, other) | Depressive symptoms were predicted by greater levels of functional disability, more negative self-perceived health, and lower levels of acculturation |
| MacIntosh & Strickland (2010) | Quantitative: examined the differential item functioning (DIF) on both the standard 20-item scale and 12-item subsets of the CES-D inventory | Used the Established Population for Epidemiologic Studies of the Elderly (ESPESE), CES-D | $N = 4499$, aged 55 and older. White sample ($n = 1876$) from New Haven, Connecticut. Hispanic sample ($n = 2623$) from Arizona, California, Colorado, New Mexico, and Texas | On the 20-item scale, Hispanics under-responded to items measuring positive affect. Item bias was also found for one positive affect question in the 10-item subset. Among the Hispanic subpopulation, researchers observed item response bias for the positive items across time. A 12-item subset tested for DIF displayed an acceptable amount of item bias across ethnic groups and across time for the Hispanic sample |

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TABLE 1
Studies Meeting the Inclusion Criteria (Continued)

| Author (Year) | Design and Purpose | Methods | Sample | Summary of Findings |
|---|---|--|---|---|
| Martinez-Pincay & Guarnaccia (2007) | Qualitative: examined Latinos' conceptions of depression and their attitudes towards and expectations of mental health treatment | Focus groups Discussion questions: 1. What is mental health? 2. What is depression? 3. What is mental health treatment? 4. What barriers do you face when you try to seek care? 5. What ideas do you have about seeking help? 6. What ideas do you have about mental health providers? | N = 94, Community samples in 12 different groups throughout New Jersey and New York | Latinos recognized depression; their descriptions integrated emotional and physical symptoms of depression, not prioritizing the psychological over the somatic, as <i>DSM-IV</i> does. Latinos also included social dimensions of the experience, especially isolation or loneliness. Many Latinos do not initially see depression as an illness, but rather as a consequence of the many disruptions caused by the immigration process and challenges that Latino immigrants face in surviving in the US. Latinos acknowledged the need for help but not necessarily mental health care |
| Noguera, Centeno, Carvajal, Tejedor, Urdiroz, & Martinez (2009) | Quantitative: explored the best expression that can be used to explore anxiety and depression in Spanish. | The Hospital Anxiety and Depression Scale (HADS) and six Verbal Numerical Scales (VNS) exploring the level of anxiety and depression | N = 100 adult Hispanics | In Spanish, the term "desanimado" (discouraged) was the most proper term to screen depression |
| Posner, Stewart, Marin, & Perez-Stable (2001) | Quantitative: secondary analysis examined whether the four-factor structure of the CES-D described by Radloff adequately reflects the data from a sample of urban Latino men and women using a structural equation model approach | CES-D | N = 1403 Hispanics | The four-factor model proposed by Radloff provided adequate fit for the data for Latina women when age and acculturation were included in the model but did not fit the data for Latino men |
| Ramos (2005) | Quantitative: examined the relationship between acculturation level and depressive symptoms among Puerto Ricans in the US | Data from the Hispanic Health and Nutritional Examination Survey (HHANES), CES-D measured depression, acculturation was measured by assessing participants' spoken, preferred, read, and written language | N = 1519 Puerto Ricans | Low acculturation was associated with low positive affect. Higher acculturated men reported high levels of depressive symptoms |

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| Reuland, Cherrington, Watkins, Bradford, Blanco, & Gaynes (2009) | Systematic literature review of the evidence regarding diagnostic accuracy of depression-screening instruments in Spanish-speaking primary care population | Data from studies found in PubMed, PsycInfo, CINAHL, EMBASE, and Cochrane Libraries | <i>N</i> = 12 Twelve studies met the inclusion criteria | Fair evidence supports the diagnostic accuracy of the CES-D and PRIME-MD-9 in general primary care, the GDS-15-Spanish for geriatric patients |
| Rodriguez-Galan & Falcon (2009) | Quantitative: examined how reported problems with access to medical care may contribute to increased depressive symptoms among aging Hispanics of Puerto Rican and Dominican origin in Massachusetts | Data used from the Massachusetts Hispanic Elders Study (MAHES), CES-D measured depression, acculturation was measured by language inclusion | <i>N</i> = 1,033 Puerto Ricans (<i>n</i> = 475), Dominicans (<i>n</i> = 146), other Hispanics (<i>n</i> = 160), non-Hispanic Whites (<i>n</i> = 252), aged 60 and older | Older Hispanics reported more problems obtaining medical care than older non-Hispanic Whites. Puerto Ricans reported significantly more transportation problems to access medical care. Being Dominican or Puerto Rican, female, living alone, disability, and with lower education level were associated with depression |
| Russell & Taylor (2009) | Quantitative: examined the association between living alone and psychological distress among a sample of Hispanic and non-Hispanic older adults | CES-D, demographics, others | <i>N</i> = 947, 60 years of age and older (Cubans, other Hispanics, African-Americans, and non-Hispanic Whites) | Hispanics reported higher levels of depression than non-Hispanics. Older Hispanic men who lived alone reported higher levels of psychological distress than Hispanic men living with their spouse/partner or with children/others |
| Torres (2010) | Quantitative: examined the ability of acculturation, acculturative stress, and coping to predict membership into low, medium, and high groups of depression among Latinos | Acculturation was measured with the Acculturation Rating Scale for Mexican Americans-II (ARMA-II). Acculturative stress was measured with the Multidimensional Acculturative Stress Inventory (MASI). Coping was measured with the Behavioral Attributes of Psychosocial Competence-Condensed scale (BAPC-C). Depression was measured with the Center for Epidemiologic Studies-Depression (CES-D) | <i>N</i> = 148 approximately 71% (<i>n</i> = 105) of the sample were first generation women, 83% were Mexican or Mexican American | Individuals in the high depression group were significantly more likely to endorse an Anglo orientation, have increased English competency pressures, show decreased active coping, and show less of an orientation to the Latino culture when compared to the low depression group. Participants in the medium depression group exhibited a decreased Latino orientation and, to some extent, an increased pressure to acculturate in relation to the low depression group. Thus, incorporation of US customs and traditions along with the stress of acquiring the English language and communicating in English served as risk factors for experiencing marked levels of depression. An orientation toward the US mainstream served as a significant vulnerability to experiencing marked levels of depression, and connections to the Latino culture were a buffer primarily for individuals experiencing moderate symptomatology |

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TABLE I
Studies Meeting the Inclusion Criteria (Continued)

| Author (Year) | Design and Purpose | Methods | Sample | Summary of Findings |
|---|--|---|---|--|
| Torres & Rollock (2007) | Quantitative: examined the relative contributions of typical acculturation indicators, general coping, and intercultural competence in predicting depression among Hispanics | Cultural Life Style Inventory (CLSI) measured acculturation. Behavioral Attributes of Psychosocial Competence (BAPC) scale evaluated aspects of psychocultural competence in the mainstream United States. Intercultural Competence Concerns (ICC) scale measured respondents' indication of how much concern they had about their effectiveness in social, cultural, academic, and career matters in a predominantly European American context. The CES-D measured depressive symptoms | N = 96 Mexicans, Mexican Americans, and/or Chicanos comprised 89% of the sample; the rest included Puerto Ricans, Central or South Americans, and others (mostly first generation immigrants) | 40% of participants scored at or above clinical levels of depression. Hispanics high in acculturation and intercultural competence experienced few depressive symptoms. Those low in acculturation and high in intercultural competence reported depression well above clinical cutoffs. Those with low intercultural competence, regardless of acculturation level, showed average depression scores close to the clinical cutoff |
| Yang, Carzola-Lancaster, & Jones (2008) | Quantitative: examined the prevalence of depression in different groups of Hispanic older adults | Used the Health and Retirement Study, modified version of the Center for Epidemiologic Studies-Depression scale (CES-D) and the Composite International Diagnostic Interview (CIDI-SF) to assess depressive symptoms and the presence of major depression | N = 759 aged between 59 and 94 who identified themselves as Mexican American (56%), Cuban American (13%), Puerto Rican (8%), other (8%) | The prevalence of depression across Hispanic groups in the US was the highest in Puerto Ricans |

Rodriguez-Galan and Falcon's study (2009) showed that Puerto Ricans and Dominican females experienced a higher prevalence of depression. They examined the connection between reporting problems with access to medical care and depressive symptoms among Hispanic elders in Massachusetts and a non-Hispanic comparison European-American group from the same neighborhood. The sample consisted of 1,033 people over 60 years of age, Puerto Ricans ($n = 475$), Dominicans ($n = 146$), other Hispanics ($n = 160$), and non-Hispanic Whites ($n = 252$). The results from a linear regression model with the CES-D scores as the dependent variable indicated that females showed significantly higher CES-D scores. Some other factors associated with depression in this same study included living alone, lower level of education, financial strain, health problems, lack of English proficiency, and disability (Rodriguez-Galan & Falcon, 2009). These findings are consistent with those of Diefenbach et al. (2009), who studied racial and ethnic difference and the impact of anxious depression on psychological functioning in a sample of 218 urban Puerto Rican and African-American older adults. These results indicated a higher prevalence of Major Depression Disorder and anxious depression among female Puerto Rican participants (Diefenbach, Disch, Robison, Baez, & Coman, 2009). However, a study that examined the association between living alone and psychological distress among a sample of 947 Hispanic and non-Hispanic older adults (60 years of age and older) suggested that older Hispanic men who lived alone reported higher levels of depression than non-Hispanics (Russell & Taylor, 2009). Even though the rates of diagnosis of depression among older Hispanics has increased, Crystal et al. (2003) reported that in a sample of 20,966 community-dwelling Medicare users (aged 65 and older), those of Hispanic ethnicity were significantly less likely to receive treatment (Crystal, Sambamoorthi, Walkup, & Akincigil, 2003).

Although most of the research supports the high prevalence of depression among older Hispanics, the conflicting findings suggest that further study is needed to determine the causes and factors related to it.

Acculturation and other Predictors of Depression among Older Hispanics

Acculturation is "the general processes and outcomes (both cultural and psychological) of intercultural contact" (Berry, 1997, p. 8). Acculturation is especially challenging for older Hispanics. Immigrant elders face special circumstances including multiple losses, chronic illnesses, disability, and other physical limitations often associated with depression (Yang, Carzola-Lancaster, & Jones, 2008). Their problems can be accentuated by the experience of acculturation. Furthermore, elderly Hispanic immigrants may have fewer resources such as income, education, and English proficiency to help them adapt to their new life situation and help them navigate unfamiliar new cultural environments.

Acculturation can be a stressful process. Some individuals experience more difficulties acculturating than others. High lev-

els of stress can interfere with the process of acculturation (Al-Omari & Pallikkathayill, 2008). The culture shock and isolation related to the new environment experienced by Hispanic immigrants lead to a sense of displacement, stress, and anxiety (Hovey & Magana, 2000). Individuals older than 14 at the time they migrate experience higher levels of acculturative stress than those younger than 14 years of age (Hovey, 2000).

Acculturation and its related stressors have been found to play a significant role in the development of depressive symptoms among older Hispanics (Aranda, 2000). Gonzalez, Haan, and Hinton (2001) indicated that Mexican-born less acculturated older immigrants had a higher risk of depression than US-born more acculturated Mexican Americans (Gonzalez, Haan, & Hinton, 2001). In another study that examined the contributions of acculturation indicators, general coping, and intercultural competence in predicting depression among Hispanics (89% Mexican Americans and Chicanos), 40% of participants scored at or above clinical levels of depression. Those low in acculturation and high in intercultural competence reported depression well above clinical cutoffs (Torres & Rollock, 2007). Also, researchers who explored determinants of depressive symptoms among Hispanics aged 60 and older who were living in public housing suggested that depressive symptoms were predicted by greater levels of functional disability, more negative self-perceived health, and lower levels of acculturation (Jang, Chiriboga, Herrera, & Schonfeld, 2010).

Research examining the relationship between acculturation and depression among Hispanics has yielded inconsistent results. Ramos (2005) indicated that female Puerto Ricans with low levels of acculturation reported higher levels of depression. However, men with higher acculturation levels also reported higher levels of depression. The presence of higher depressive symptoms among more highly acculturated Puerto Rican men could suggest gender-specific stressors (Ramos, 2005). Furthermore, there are important differences reported between Hispanic women and men in the prevalence and perception of depression (Hinton & Arean, 2008). Hispanics with an orientation toward the US mainstream have also reported significant vulnerability to experiencing high levels of depression related to the pressures and demands of having to adopt US customs and acquire effective language skills (Torres, 2010). Bicultural individuals experience stress unique to their dual cultural and linguistic context (Romero & Roberts, 2003). Hispanics with higher levels of acculturation may experience conflicting demands from the mainstream Anglo-American culture to integrate and from the Hispanic culture to maintain the traditional Latino culture and roles in the family.

Issues Related to the Measurement of Depression among Hispanics

An important issue to consider when exploring and determining depression among the Hispanic population is the accuracy of the depression-screening instruments used with the Spanish-speaking population. Because clinical manifestations

of depression are partly dependent upon linguistically and culturally determined conceptions of illness, evidence based on studies in English-speaking populations may not be generalizable to non-English-speaking populations. Reuland et al. (2009) conducted a systematic review of the literature to determine the evidence regarding diagnostic accuracy of depression instruments for Spanish-speaking populations administered to primary-care outpatients. Reuland et al. (2009) found “fair evidence supporting the diagnostic accuracy of Spanish language versions of the CES-D (20 items) and PRIME-MD-9 in primary care patients, the GDS in geriatric patients, and the EPDS and PDSS in postpartum patients (p. 460).” Other analyses of the measurement structure of the CES-D in diverse racial/ethnic populations have resulted in conflicting results. Posner, Stewart, Marin, and Perez-Stable (2001) found discrepancies in their analysis of the CES-D among urban Latinos ($N = 1403$). The results of this study indicated the possibility of gender differences in measurement. This may reflect cultural differences in the expression of depression between Hispanic men and women. The researchers concluded that the use of the CES-D for cross-cultural research should undergo further evaluation in the diverse population and it may measure different constructs in men and women of Hispanic origin (Posner et al., 2001). Other studies also found differing results and inconsistencies in the use of the CES-D among older Hispanics. For example, the University of California San Francisco Resource Center for Minority Aging Research, funded by the National Institute of Aging, reported that 17 out of 20 studies that used the CES-D to examine depression among older Hispanics retranslated the CES-D but did not cross-validate it within the Hispanic population (Hinton & Arean, 2008). In addition, MacIntosh and Strickland (2010) suggested that Hispanics appear to express positive affect differently than non-Hispanic Whites on the CES-D. They examined the Differential Item Functioning (DIF) on both the standard 20-item scale and 12-item subsets of the CES-D inventory in a sample of 4499 participants aged 55 and older (white non-Hispanics and Hispanics). Among the Hispanic subpopulation, researchers reported item response bias for the positive items across time in the 10-item subset.

Researchers have measured depression among Hispanics using instruments developed for the English-speaking population translated into Spanish. Data resulting from the use of these instruments among Hispanics is conflicting, leading to validity issues inherent in the translation itself (Posner et al., 2001). Furthermore, differences in culture-specific terms and perceptions may invalidate or skew the results of screening for depression among Hispanics. The direct translation of a word into another language can result in a different meaning, which can lead to both misinterpretations when screening patients for depression as well as errors of validity and reliability. For example, one study explored the best expression to use to describe depression in Spanish with 100 Spanish-speaking patients from different parts of Spain (Noguera et al., 2009). They concluded that the term discouraged (*desanimado*) seemed to be more appropriate

in screening for depression in Spanish than the terms depressed (*deprimido*) or sad (*triste*) (Noguera et al., 2009).

Hispanic Perspective on Mental Illness

It has been suggested that depression may be conceptualized, experienced, and manifested differently across cultures. Individuals' social and cultural contexts influence these emotional responses (Kirmayer, 2001). “Culture influences the sources of distress, the form of illness experience, symptomatology, the interpretation of symptoms, modes of coping with distress, help-seeking, and the social response to distress and disability” (Kirmayer, 2001, p. 23). Culturally-specific expressions of depression and the culturally-unique elements of the clinical presentation of patients with depression may reflect culture-specific symptoms, cultural-specific terms to express distress, or explanatory models that link bodily distress with social and psychological factors (Kirmayer, 2001). The concept of depression that focuses on mood changes may not be universally applicable to all cultures.

Culture has an influence on how mental illness, such as depression, is viewed among Hispanics (Lewis-Fernandez et al., 2005). Many Hispanics will describe attacks of nerves, fatigue, brain-aches, and trembling when referring to depression. The most common complaints from Hispanics in primary care related to depression are weakness, multiple aches and pains, dizziness, palpitations, and sleep disturbances (Lewis-Fernandez et al., 2005). The presentation of primarily somatic symptoms to describe a mental health problem can be confusing to health care providers. Martinez-Pincay and Guarnaccia (2007) summarized the results of four qualitative studies examining Latinos' (i.e., Puerto Ricans, Dominicans, Mexicans, and Cubans) cultural understanding of mental health, depression, treatment, and barriers to care. Results indicated that these groups perceived mental health as the ability to function and contribute to society. Social relationships, family relations, spirituality, and believing in and seeking God's protection in life were important elements of mental health. The participants acknowledged depression as a mental health problem with somatic and emotional aspects. Furthermore, depression was reported as a response to social isolation and seen as resulting from social stressors and losses. Interestingly, the researchers concluded that “many Latinos do not initially see depression as an illness, but rather as a consequence of the many disruptions caused by the immigration and challenges that Latino immigrants face in surviving in the US” (Martinez-Pincay & Guarnaccia, 2007, p. 23). Latinos recognized the seriousness of depression experiences and the need for help but not mental health care.

For many Hispanics, stigma is a major obstacle in seeking treatment for mental illness. Stigma is so pervasive that older Latino adults would only accept treatment under the condition of strict confidentiality. This originates from the belief that depression is a path to losing one's mind or the result of witchcraft (Brennan, Vega, Garcia, Abad, & Friedman, 2005). Awareness

of culturally appropriate terminology of depression and Hispanic cultural mental health beliefs is important to improve the recognition and treatment compliance among Hispanics.

Discussion and Implications for Nursing Research and Practice

Overall, evidence from this literature review on depression in late life among Hispanics in the United States confirms that there is a high prevalence of depressive symptoms in this population. Comparative studies among different ethnic groups reported elderly Hispanics to have the highest levels of depression (Dunlop, Song, Lyons, Manheim, & Chang, 2005; Jang, Chiriboga, Kim, & Phillips, 2008). Furthermore, acculturative stress has been reported to affect the lives of many Hispanics (Hovey & Magana, 2000). In addition, research has revealed that acculturation and its stressors, health-related factors, and psychosocial factors are associated with the high prevalence of depression among older Hispanics (Gonzalez, Haan, & Hinton, 2001; Rodriguez-Galan & Falcon, 2009; Torres, 2010). However, there is lack of consensus about the association between high and low acculturation levels and depression as well as the different factors related to depression. Therefore, research is needed to examine the difference between the outcomes of acculturation (positive and negative) and impact on mental health among older Hispanics over time. These findings suggest that positive and negative experiences when coming in contact with US culture and during the process of acculturation should be included in assessments for depression among older Hispanics to identify factors, stressors, and conflicts that may prompt depressive symptoms. Nurses need to be aware that acculturation-associated stressors, such as family disruption, lack of English proficiency, loss of social network, cultural shock, along with health problems, living alone, and fewer socioeconomic resources, can contribute to depression among older Hispanics. These stressors need to be taken into consideration when assessing for depression among older Hispanics. Educational programs aimed to help older Hispanics learn English and get familiar with the mainstream American culture may help facilitate their transition and integration into the new society. It also is important to provide culturally sensitive education to patients and families regarding depression. Information on depression, such as flyers, should be written in Spanish and easily available for older Hispanic patients.

Researchers have focused on validating instruments developed for the English-speaking population to achieve standardized diagnostic measures for Hispanics. However, culturally specific expressions, factors, and presentation of symptoms of depression may influence the definition and conceptualization of depression among Hispanics (Kirmayer, 2001; Noguera et al., 2009). The concept of depression and symptoms of depression measured in translated instruments comes from characteristics and symptoms of non-Hispanic cultures. These instruments do not address how Hispanic culture and other group dimensions may influence identity values, beliefs, behaviors, and the perception of depression. Qualitative studies that seek clarification

and understanding of the concept of depression and identify cultural differences in depressive symptoms among Hispanics and other ethnic groups will facilitate identification of depressive symptoms and characteristics specific to Hispanics' perception and experience of depression.

It is important that nurses who serve increasing numbers of older Hispanics understand the epidemiology of depression among this population. Depression is not a normal part of aging. It can delay recovery or worsen the outcome of other illnesses and increase the risk of suicide among older people (Conwell, 2001). Knowledge about older Hispanics' experience and perceptions of depression and its related causes is limited. Mental health nurses face new challenges and opportunities. With a worsening economic condition, health care cuts, and increase rates of unemployment in our nation, vulnerable disadvantaged minorities, such as older Hispanics, are more likely to experience stressful events that can adversely affect their mental health and place them at a higher risk for depression. It is essential for nurses to understand the experience of depression in late life among Hispanics. Consequently, knowledge regarding the process of acculturation, associated stressors, and potential barriers to mental health care can lead to better assessment practices, early detection, and culturally sensitive interventions, care and services.

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