



The Associations between Mental Health Treatment Receipt and Microaggressions in Hispanic College Students

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Background

- Approximately 50% of young adults have met the criteria for a mental health disorder in the past year. However, only 1/5th of those young adults have received mental health treatment (Pedersen & Paves, 2014).
- Facing a mental illness in college is a significant predictor of lower GPA, lower social outcomes, and higher risk of dropping out (Kosyluk et al., 2016).
- Latinx/Hispanic college students have reported experiencing microaggressions such as being perceived as having low success in school and as a criminal (Sanchez et al., 2018).
- It has been previously shown in Hispanics, that mental health indicators and microaggressions are inversely related (Nadal et al., 2014).
- Studies to date have not assessed the relationship between actual treatment receipt and perceived microaggressions in these groups.

Objective

- This study aimed to assess the relationships between receiving mental health treatment and perceived microaggressions in a Hispanic college student sample.

Methods

Participants

- The present sample ($n = 345$) of Hispanic college students (72.2% female; $M_{age} = 20.13$; $SD = 3.92$) participated via online survey, through self-report. The participants were recruited through UTEP's undergraduate psychology program and received research participation credit (SONA).

Measures

- **Sociodemographics:** This questionnaire collected typical sociodemographic information (e.g., age, sex, education).
- **Revised Racial and Ethnic Microaggressions Scale (R-REMS).** This 28-item five subset scale measures second-class citizen and assumptions of criminality, assumptions of inferiority, assumptions of similarities, microinvalidations, and media microaggressions. Questions are rated on a Likert scale ranging from 0-5, assessing the participant's experiences on specific subscales of microaggressions in the past 6 months. The subscales have an alpha greater or equal to .75, and each racial group had an alpha greater or equal to .88 (Forest-Bank et al., 2015). Our Cronbach's alpha for the subscales were greater than or equal to .78 and had an overall alpha of .97.
- **Mental Health Treatment Ever Use:** This questionnaire inquired whether he/she had ever received mental health treatment in their lifetime via self-report. The participant answered either "Yes" or "No."

Procedure

- After IRB approval was granted, participants were recruited online via Sona-system. Participants signed an informed consent form before they were prompted to complete the survey. Participants were given course credit for their participation.

Methods cont.

Approach to Analyses

- A logistic regression model assessed the association between treatment receipt and the five subscale scores of the Revised Racial Ethnic Microaggressions scale that measured assumptions of criminality, assumptions of inferiority, assumptions of similarity, and microinvalidations, and media microaggressions.

Results

- Results indicated that 11.3% of participants reported they had received mental health services.
- The overall model tested was significant, $\chi^2(5)=13.233$, $p<.05$, Nagelkerke $R^2 = 0.08$. Mental health treatment was statistically significantly associated with higher odds of perceiving assumptions of criminality ($OR=2.08$, $p<.05$), lower odds of perceiving media microaggressions ($OR=.752$, $p<.05$), and marginally associated with lower odds of perceiving inferiority ($OR = .608$, $p = .06$).

Tables

Table 1: Continuous Characteristics

	Mean	Std. Deviation	Range
Age	20.13	3.92	17 - 53
Assumption of Criminality	1.45	.90	1 - 5.60
Assumption of Inferiority	1.54	.95	1 - 6
Assumption of Similarity	2.45	1.34	1 - 6
Microinvalidations	1.66	1.01	1 - 6
Media Microaggressions	2.15	1.46	1 - 6

Table 2: Dichotomized Variables

	Yes	No	Abstained	% Yes	% No
Have you ever received Mental Health Services (Yes/No)	39	261	45	11.30	75.65

Table 3: Summary of binary logistic regression: odds of perceived microaggressions

	B	SE	OR	CI (Lower)	CI (Upper)
Assumption of Criminality	.735	.348	2.086	1.055	4.122
Assumption of Inferiority*	-.497	.266	.608	.361	1.024
Assumption of Similarity	.275	.171	1.317	.942	1.840
Microinvalidations	-.201	.229	.818	.522	1.282
Media Microaggressions	-.286	.125	.752	.588	.960

Notes. Bold indicates $p < .05$, * indicates $p = .06$. Nagelkerke $R^2 = 0.08$

Discussion

- These findings suggest that the relationships between receiving mental health treatment and various perceptions of microaggressive behavior are complex.
- It may be that less direct perceived microaggressions (e.g., through media) and more globally perceived ones (e.g., inferiority) are less associated with symptoms of mental health disruption, thus less treatment receipt. Conversely, more direct behaviors leading to the individual feeling perceived as a criminal and second class citizen may be associated with symptoms leading one to seek out mental health treatment.
- However, Gonzales et al. (2014) reported that individuals dealing with mental illness often are hypersensitive to perceived microaggressions, including feeling second class, assumptions of inferiority, and shaming of mental illness. Individuals encountering mental health disruption might either be discouraged or motivated to seek mental health treatment depending on the type of microaggressions they perceive.
- Indeed, participants who reported higher rates of perceived microaggressions have additionally reported higher rates of psychological distress (e.g., symptoms of depression and anxiety)(Nadal et al., 2014, Sanchez et al., 2018). Lastly, our newer work on the border suggests similar findings such that Hispanic college students' levels of depression, anxiety, and stress have been associated with microaggression perception (e.g., Acosta et al., 2018) thus, receiving treatment is a healthy next step.

Limitations and Future directions

- Limitations of this study include its reliance on self-report. Additionally, the present cross-sectional study does not allow the assessment of temporal relationships. Future prospective studies need to combine mental health symptoms, treatment receipt, and microaggressions prospectively to better assess these nuanced yet important relationships temporally.

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Acknowledgements



A special thanks to the University of Texas at El Paso Dodson Endowment and Psychology Department for funding the travel to present this research.