



Social Networks and Mental Health of Rural Latino Adolescents in North Florida

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Abstract

There is limited research on mental health in rural Latino communities, particularly with adolescents. The aims of this study were to: 1) describe the evidence of social networks and mental health research in rural Latino communities and 2) illustrate themes related to the social networks and mental health depicted by rural Latino adolescents. A secondary data analysis study was performed, using data collected through semi-structured interviews (N=59) with adolescents, 11-17 years-old, living in three rural counties of North Florida. The interviews were conducted by community health workers (*promotoras*) in either Spanish or English; exploring family and community relations. NVivo 12 was used to aid in managing and thematically analyzing the data. Major themes were analyzed as Protective and Risk factors for mental health. A social network framework was then created under these themes including Family, School, Outside Community and Immigration Policy as main categories. The findings of this study highlight the need for mental health promotion interventions with rural Latino adolescents and can be used to influence future studies of social networks and mental health.

Keywords: Latino adolescents, Mental Health, Social Networks

Introduction

As of 2015, there were over 18 million Hispanic adolescents (younger than 18) living in the United States (Flores, López & Radford 2018), with some making up the 6.1 million adolescents living in rural areas (U.S. Census Bureau, 2014). Though this population is large, there is limited research on mental health in rural Latino communities. The challenges faced by rural Latino adolescents, such as learning a new language outside their home, adjusting to new living and school environments and discrimination, contributes to anxiety and depression amongst youth (Stacciarini et al., 2015a).

Rural communities in the United States face geographic location as a physical boundary to healthcare (Hirsch, 2014). This lack of access to professional care, along with sociocultural beliefs such as religiosity and rugged individualism can lead to an increased stigmatization of mental healthcare (Hirsch, 2006; Hirsch & Cukrowicz, 2014). An understanding of adolescents'

social networks may assist to counteract the stigmatization that is still persistent in rural communities.

A social network is the “web of social relations around an individual” (Smith & Christakis, 2008) and for adolescents, examples may include their school community, peers and their nuclear family. Social networks can be protective determinants of mental health by increasing a person’s level of social support and promote well-being (Berkman & Glass 2000; Heaney & Israel 2002; Smith & Christakis 2008). If limited, social networks can be associated with poor mental health outcomes, particularly in immigrant minorities (Leong, Park & Kalibatseva, 2013).

This study’s purpose was to explore the social networks from the perspective of rural Latino adolescents in North Florida. The specific aims of this study were to: 1) describe the evidence of social networks and mental health research in rural Latino communities and 2) illustrate themes related to the social networks and mental health, depicted by rural Latino adolescents.

Methods

This is a secondary data analysis of a larger Community Based Participatory Research (CBPR) about mental health of rural Latinos in North Florida. The first aim was accomplished by reviewing the literature specific to social networks, mental health or wellbeing and Latino adolescents. The literature review used PubMed and CINHALL databases to find articles that addressed all three key words, different iterations and word roots. For example, the line of the search addressing mental health included mental health, anxiety, mental wellness, mental illness and the word root ‘depress’, followed by an asterisk in order for the search to find all variations of the root. Exclusion criteria included those not written in English, published more than 10 years ago, including non-Latino populations and not pertaining to mental health or wellbeing. The articles found to be relevant to the topic were read, appraised and summarized (Table 1: Summary of literature).

To accomplish the second aim, data sourced from semi-structured interviews (N=59) conducted with adolescents aged 11-17 years-old, living in three rural counties of North Florida where analyzed. These interviews were approved by the University of Florida IRB. The interviews were led by women from the community (*promotoras*) who were trained by the principal investigator. The interviews asked questions related to family and community relations; participants had the option to have their interview in either Spanish or English, though data

analysis was performed with those in English, which were the large majority. Due to the language limitations of the coders, Spanish interviews were not coded at this time.

The transcribed interviews were thematically analyzed (Ryan & Bernard, 2003), by two independent coders, using NVivo 12. A conceptual framework of “social networking” themes identified in the review of literature was used to initiate the interviews’ coding; including the following major themes: “Family”, “School” and “Outside Community.” In addition, “Immigration Policy” was identified as a deep-rooted theme as a facilitator or barrier to forming social networks. These major themes were categorized as Protective and/or Risk factors for mental health. If a statement did not fit into any of the pre-existing themes, free coding was created as a new theme. After all 59 interviews were fully coded, the research team conducted an overview of the results with a third party investigator. To promote research data validity, the group discussed results, triangulated data and came to a consensus of themes.

Results

Results will be presented in two parts: the review of literature summary and the main themes identified in the interviews.

Review of Literature

The major themes identified in the literature were Family, School and Nativity (Table 1).

Family. This theme describes family as the most prominent social network factor in studies performed with Latino adolescents and mental wellbeing. The concept of *familism*, which refers to a strong sense of a family unit and support, was often referenced as the main network for Latino adolescents (Baumann, Kuhlberg & Zayas 2010; García, Gilchrist, Vazquez, Leite & Raymond 2011; Campos, Ullman, Aguilera & Dunkel-Schetter, 2014; Tummala-Narra 2015; Cupito, Stein, Gonzalez, & Supple 2016). Studies show that Latino adolescents report a higher level of *familism* when compared to other immigrant populations (Campos et al., 2014). Positive *familism* and family relations contribute to a decreased risk for depressive symptoms (Campos et al., 2014; Cupito et al., 2016). The positive effects of *familism* in Latino adolescents, particularly relates to the relationships with their mothers (Baumann et al., 2010; Stacciarini et. al., 2015a; Cupito et al., 2016). Though studies have shown a generally positive relationship between high levels of *familism* and lowered depressive symptoms, *familism* can sometimes mean putting the

family unit before individual needs, which can contribute to poorer psychological health (Campos et al., 2014).

School. This theme describes that positive peer social relationships in the school context can reduce depressive symptoms amongst Latino adolescents (Tummala-Narra 2015, Cupito et al., 2016). Along with peers, having a positive relationship with an adult at school who is perceived as a good listener has shown to reduce the occurrence of suicide attempts and ideation (Hall et al. 2016). However, a study found that adolescents are more likely to seek help from family members than adults at school, possibly due to cultural norms (Tummala-Narra 2015).

Nativity is not considered a social networking per se, but it was prevalent in the literature as an on-going facilitator factor, which merited it as a topic of discussion.

Nativity. The individuals’ birth place is referred to as nativity. A study comparing depressive symptoms between native (U.S.-born) and foreign-born minorities, found no significant differences of depressive symptoms between the two groups. Nativity status might contribute to other mental health related issues such as anxiety or substance abuse (Tummala-Narra, 2015). However, a study showed that foreign-born Latino adolescent girls were two times more likely to attempt suicide than their native-born peers (Hall et al., 2016).

Table 1: Summary of Literature

Areas	Findings
Family/ Familism	The concept of <i>familism</i> , refers to a strong sense of a family unit and support, and is often referenced as positive support (Baumann et al., 2010; Garcia et al., 2011; Campos et al., 2014; Tummala-Narra 2015; Cupito et al. 2016). Positive <i>familism</i> and family relations have been shown contribute to a decreased risk for depressive symptoms (Campos et al., 2014; Cupito et al., 2016)
School	Positive relationships with both peers and adults in the school context could reduce depressive symptoms amongst Latino adolescents (Tummala-Narra 2015; Hall et al., 2016; Cupito et al., 2016).
Nativity	Nativity status might contribute to mental health related issues like suicide, anxiety and substance abuse (Tummala-Narra 2015; Hall et al. 2016).

Thematic Analysis

The thematic analysis of the interviews with the rural Latino adolescents was initially built upon the conceptual social networking framework that arose in the literature. New themes that appeared in the interviews were coded under new independent categories. *Family*, *School* and *Outside Community Activities* were described as social networking themes, which can be

Protective Mental Health factors for rural Latino adolescents. Though *Family* and *School* relations can also be seen as risk factors for their mental health. *Immigration Policies* and *Acculturative Stress* were underlying themes that posed risk for social networks and mental health. Finally, *Belonging* or *Not Belonging* is an outcome theme that can be linked to the social networks established by adolescents (See Fig. 1).

Major Social Networking Themes Identified in the Interviews with Rural Latino Adolescents:

Family. For the adolescents, family is a primary network that can be either a protective or risk factor for their mental health. Participants identified positive connections with parents, siblings, and extended family members. Yet, a lack of extended family connection was identified as a stressor; family members were not in the U.S. or lived far away. In addition, participants felt a responsibility to take care of their family and themselves despite their age. Overall, family members played a major role in the adolescent's social networking. The following excerpt describes family as a protective factor:

No, I never feel alone. And if I ever did feel alone, I think I could count on my family to talk to me and I can count on them.

Some examples of family as a risk factor are:

Um, I feel... good 'cause most of my family is here, and so I feel like I fit in, but sometimes I wish I could go see my grandparents that are-live in Mexico...

Well, my sister's not here anymore. She lives with her family in Live Oak. My brother works so—and then my mom does, too, and I don't get to see my dad often...

School. Social connections established in school were portrayed as both protective and risk factors for their mental health. Participants spoke fondly of interactions with their teachers and some peers. They also identified extracurricular activities such as Junior Reserve Officers' Training Corps, band and academic clubs as positive experiences for their social networking within the school environment. With adults' mentorship, participants formed future goals pertaining to further education and professions. However, others found themselves feeling isolated in school due to their cultural differences and being bullied by their peers. School also affected individuals' sense of not belonging which contributed to a feeling of loneliness. Thus,

the school setting created a hub where adolescents could form social connections with peers, teachers, and other staff members. Some examples of school as a protective factor are:

Umm...type of activities...well I do NJROTC, the navy program. Um, I have an acting class...I tend to like watch movies a lot, with friends.

I actually went and talked to him and asked—and started talking to him and telling him if that was worth it. And—and I actually changed him 'cause, um, now they stopped harming themselves, and I was really happy about that—

An example of school as a risk factor is:

...our culture, and like the school doesn't incorporate like the Spanish heritage much. They don't really incorporate that.

Outside community activities. Going to parks, to the beach, stores, restaurants, movies or other leisure events were described as activities that could serve to connect with the outside community. The outside community activities allowed the adolescent to engage with the community and create social relations with members of their community.

Um, sometimes, like when there's nothing—like when there's not enough work or something, we go eat somewhere, or we go to a park, or some new places that we never have been. Like, my stepdad from—like, he knows more places than we do, and he takes us there to go to see them.

Mm-hmm. I go to the {name of the place}, and then I'll play soccer with other people here in {name of the town}.

On-going factors influencing social networks:

Immigration policy. Participants identified the lack of 'papers' as an extensive barrier for social networking; being undocumented prevented them from forming social connections with the community where they live. Immigration status had far reaching consequences on their daily lives, from having a driver's license to employment. Indeed, the undocumented immigrant status seemed to be a major obstacle to fully assimilating into the United States and creating social connections outside of their families. Participants born in the U.S. shared similar sentiments, considering they had family members who could not enter the country, or felt the acute threat of

close family members' deportation. Indeed, Nativity status (born in the U.S or foreign-born) may facilitate or hinder social networking as it appears to be a factor influencing mental health. In addition, participants feared for their ability to attend college due to their immigration status.

Well, it's like really hard due to the fact that my mom is illegal and both of my parents and most of my family members...and it's like...it feels like they don't...my mom doesn't have any papers so it makes me feel like I'm trapped 'cause she can't work at a certain thing, or she can't have a certain thing or I don't know, it just makes me feel trapped.

I feel lonely. It's 'cause if they take my mom or they deport her and they deport everybody I know, I feel lonely 'cause I'll be the only one with my sis and have nowhere [to go].

Acculturative stress. This refers to the adaptation of an individual in a new culture and the difficulties they may face as a result of assimilating into the new culture. This was an ongoing mental health risk factor, which contributed to how participants socially interact in the United States. In the participants' excerpts, acculturative stress affected their social networks and individuals' responses to connect with others. The stress of "fitting in" through the *language* and *new culture* impact participants' daily social interactions. It had an impact on their mental wellbeing; some participants disclosed experiences of social isolation and suicidal thoughts. Here are some examples of what participants mentioned:

Some kids in my school only speak—I mean like they speak a little bit of English but they struggle with English so they mostly speak Spanish. Then whenever it comes to being at school, they feel left out because they can't communicate with anybody else.

I've thought about, you know, just killing myself, I guess, and—because I don't do nothing. I mean, I can't work, and I'm just, you know, taking up the oxygen. {Sniffs}

When I first came, it was kind of hard for me to understand English. It took me like five years to understand, like read it and write it. It was hard. I see, still, people, Cubans... and Puerto Ricans. It's hard for them to learn. It takes them years. Takes them forever. It's like you like feel lonely 'cause it's...it's kind of sad to see how we, some kids don't, they quit school 'cause they just like, "I can't do it."

Outcome theme that can be linked to all social networks:

Belonging or not belonging. This is the concept of the individual’s emotional ties with the community and the relationships participants established and feel strongly about in their daily lives. Participants had a sense that they belonged in the United States, with their family, and within their community; nativity was a related aspect of this feeling of belonging. Healthy family relationships also contributed to participants’ sense of belonging. Here are some excerpts from this category:

Oh, that every morning at school when I say the Pledge of Allegiance, I just stand there and I salute and I just feel, I just feel blessed...

Well I think that they probably feel, um, probably, they may think that this is their home because they’ve grown up here but probably inside somewhere they’re thinking that “I don’t belong here, you know, I wasn’t born here” or if they were born here, they’re probably thinking, they’re like “this isn’t like, the type of person that should be.”

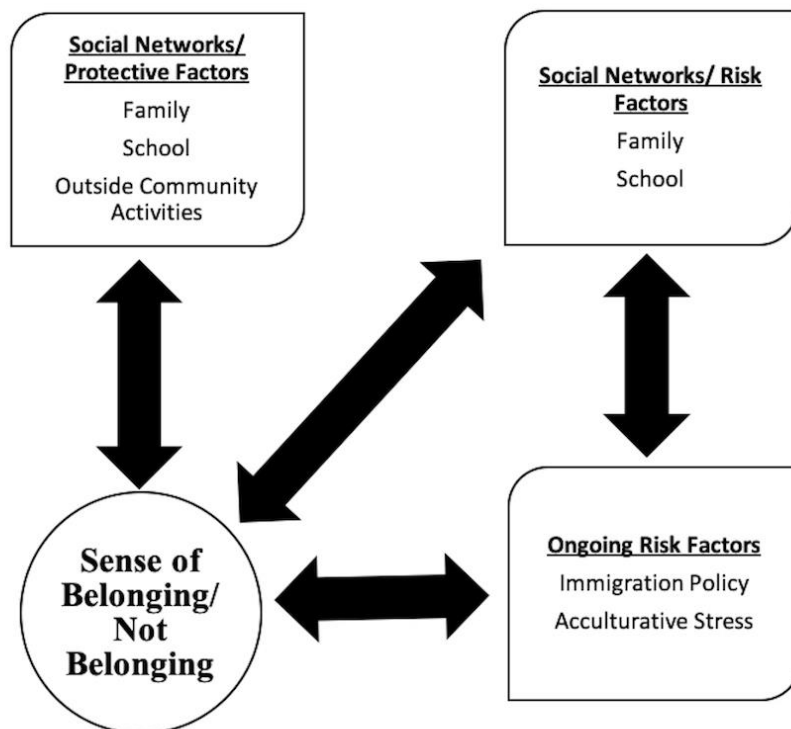


Figure 1: Interview themes and connection to mental health.

Discussion

Rural Latino adolescents have *family* and *school* members as their primary social networks (García et al. 2011; Tummala-Narra 2015), which can be protective or risk factors to their mental health. In fact, *familism*, or a strong connection to the family, is a recurrent theme throughout the literature (Baumann, Kuhlberg & Zayas 2010; García et al. 2011; Campos, Ullman, Aguilera & Dunkel-Schetter, 2014; Tummala-Narra 2015; Cupito, Stein, Gonzalez, & Supple 2016). In many instances, the adolescents heavily relied on family support. Family interconnection has been found to be a powerful component within the Latino culture and protective factor to mental health (Nair, White, Rosa, & Zeiders 2013; Stacciarini et. al. 2015a, Stacciarini et. al, 2015b). However, extended family separation and feelings of responsibility for their family can be a stressor for the adolescents (Gonzalez, 2011; Stacciarini et. al., 2015a).

School can be a safe haven for Latino immigrants in rural areas (Gonzalez, 2011) and stimulate and enhance social connections. Adolescents mentioned supportive peers and positive relationships with adults in the school environment (Hall et al., 2016). This is a positive outcome as discrimination in the school context has been linked to increased depressive symptoms (Lopez, Lebrón, Graham & Gorgan-Kaylor, 2016). Extracurricular activities or outside activities can be an outstanding channel for positive experiences; providing new networks for rural adolescents, both inside and outside of school. Yet, many families may not favor the youth participating on the extra activities due to their legal status.

Immigration policies were identified as an underlying theme, considered an ongoing risk factor for mental health. In the current political situation, where there has been increased attention to restrictive immigration policy, policies adversely affect families (Gonzales, 2011; Vargas & Ybarra, 2016). A study by Stein, Gonzalez and Huq (2012) found that 75% of their sample worried about immigration. The literature described the *immigrant paradox*, a phenomenon that Latino communities tend to have better mental health outcomes than those born in the country despite the experienced hardships (Pong & Landale, 2012). However, in recent years, the *acculturation hypothesis* shows that as immigrants acculturate into their new environments, the effect of the *immigrant paradox* declines (Cook, Alegría, Lin & Guo, 2009; Hofferth & Moon, 2016). In fact, adolescents described acculturation as a major stressor, relating it to suicidal thoughts.

All the major themes such as *family* and *school* networks described by the rural Latino adolescents were connected to the individuals' *sense of belonging*. Additionally, their nativity status affects whether or not they feel that they belong in the United States (Tummala-Nara, 2015; Hall, 2016).

This study allows for the voices of rural Latino adolescents – a largely understudied population – to be heard. However, these voices are from three rural counties in North Florida and, therefore, not representative of rural Latino adolescents nationwide. In addition, this study included interviews from a single time period, which may prevent capturing different psycho-social aspects that can hide the long-term effects of social networks. These limitations should be considered, yet they do not outweigh the benefits that can be gained from the study. Overall, our findings suggest that mental health promotion interventions *with* and *for* rural Latino adolescents could focus on psycho-social structures to enhance the protective factors of positive networks. These interventions should augment the school structures and community centers, to foster and facilitate positive social networks for rural Latino communities.

Conclusion

Rural Latino adolescents experience a strong sense of family connection and look for their support. In addition, rural schools can be a port in a storm for the development of their healthy connections. Both family and school social networks can be protective and risk factors to mental health. Latino adolescents' sense of belonging relates to their social connections and to their own and family immigration status. Overall, this study contributes to the body of knowledge on rural Latino adolescents in North Florida by highlighting the function of certain social networks in their lives. Further studies are necessary to understand the long-term implications of some social networks on mental health.

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