

Mental Health Needs of Brazilian Immigrant Adolescents in the Greater-Boston
Area: An Exploratory Qualitative Study

An Honors Thesis for the Department of Psychology

Leticia Priebe Rocha

Tufts University, 2020.

Table of Contents

Title Page	i
Table of Contents	ii
Abstract	1
Background and Significance	2
Review of Literature: Immigrant Mental Health	2
Review of Literature: Brazilian Immigrant Mental Health	9
Methods	9
Participants	9
Data Collection Procedure	10
Data Analysis	11
Results	12
Mental Health Concerns	13
Factors Impacting Mental Health	13
Access to Treatment and Intervention Strategies	22
Discussion	23
Limitations & Strengths	24
Implications	28
Future Directions	30
References	32
Table 1	42

Abstract

Background: Brazilians are a growing population in the Greater Boston area (up to 300,000), yet few studies have been conducted on this community. In one study related to adult Brazilian mental health, 35% of participants reported depressive symptomatology. This and significant gaps in literature, provide compelling reasons for further exploration of mental health among Brazilian immigrant youth.

Methods: In order to understand the mental health needs of Brazilian immigrant adolescents in the Greater Boston area, semi-structured interviews ($n=10$) were conducted with leaders and representatives of organizations that serve the Brazilian community and work closely with adolescents.

Results: Anxiety, depression, and substance abuse emerged as highly prevalent concerns among all participants. Interviewees identified immigration stressors, cultural conflicts, and different generational perceptions on mental health as negative factors associated with mental health issues. Protective factors were also identified, namely greater access to resources compared to immigrant adults and the cultural value of importance of family. Participants believe that Brazilian adolescents do not have sufficient access to treatment.

Implications: This study reflects potential mental health vulnerabilities and considerations specific to the Brazilian immigrant population, with immigration stressors and cultural factors that should be addressed in relation to mental health.

Future directions and the development of interventions are discussed.

Keywords: youth mental health, immigrant mental health, immigrant youth, Brazilian

Background and Significance

According to the World Health Organization, symptoms for half of all mental health conditions begin manifesting by the age of 14, yet most cases are not diagnosed or treated (Kessler et al., 2007). Additionally, depression is one of the leading causes of disability as well as physical illness among adolescents throughout the world (Kessler et al., 2007). This is true in the United States, where the Center for Disease Control and Prevention (CDC) declared the levels of mental health conditions present in youth populations to be an urgent public health issue (Perou et al., 2013).

There is evidence that there are significant differences in mental health outcomes across socio-economic, racial, and ethnic groups, with other sociocultural and community factors at play as well (Cree, 2018; Mechanic & McAlpine, 2002). In order to address the differences in mental health outcomes among youth groups of diverse backgrounds, it is important to study various populations, particularly those who are often vulnerable or underserved. Immigrant mental health is one such topic of rising interest and importance across several fields such as psychology, as demonstrated by a 2012 APA Presidential Task Force on Immigration that cites the pressing need for further research on immigrant mental health (APA Presidential Task Force on Immigration & American Psychological Association, 2012; Joseph, 2011).

Review of Literature: Immigrant Mental Health

Despite the increased focus on immigrant mental health in recent years, there are still many gaps in this research, especially among specific age groups,

such as adolescents. A review of studies focused on immigrant adolescents concluded that immigrant teenagers usually have fewer behavioral problems than their non-immigrant counterparts, but higher likelihood of low self-worth and social isolation (Degboe, 2012). However, other reviews have not identified any mental health outcome differences between immigrant youth and U.S. born adolescents (Stevens & Vollebergh, 2008). These studies provide a brief glimpse into the inconclusive data that is currently available on immigrant adolescent mental health, demonstrating the need for further research in order to explore these inconsistencies.

Studies regarding specific ethnic groups with a large number of immigrant individuals are more revealing but similarly complex. The Latino population in the U.S, for example, has risen rapidly in the last twenty years, and notable statistics on Latino youth mental health have emerged. A 2008 study found that Latino youth have higher rates of suicidal behavior (excluding completed suicides) than their non-Hispanic Black and white counterparts (Zayas & Pilat, 2008). In a literature review regarding immigrant youth and suicidality, several studies were outlined that similarly concluded higher levels of suicidal behavior among Latino immigrant youth, with one study citing that 25% of Latino participants ($n=70$) displayed highly elevated depression and suicidal ideation levels (Bursztein Lipsicas & Henrik Mäkinen, 2010).

Latino immigrant adolescents may also be at a higher risk for traumatic experiences than their U.S.-born counterparts. In a survey study of 104 Latino immigrant youth ages 13-18, 66% of participants had experienced at least one

traumatic event, 59% of which occurred in the participants' home country, 20% during migration, and 18% postmigration (Cleary et al., 2018). According to the 2016 National Survey of Children's Health (NSCH), 46% of youth under 17 in the U.S. have experienced at least one trauma (SAMSHA, 2018). In comparison to the Cleary et al. (2018) sample, Latino immigrant youth clearly experience higher rates of trauma.

It is also important to note that within the NSCH, experiencing parental divorce was the most prevalent trauma, a category that did not emerge in the Cleary et al. (2018) study. In this study, premigration traumatic events were categorized as natural disasters, serious injury/accident, or witnessing violence (Cleary et al., 2018). Traumatic events that occurred during migration most commonly included experiencing or witnessing physical assault, and postmigration trauma was most often witnessing violence or serious injury/accident (Cleary et al., 2018). These traumatic events were either directly (migration) or indirectly (pre and postmigration) related to immigration, revealing a population-specific vulnerability that has serious impacts on mental health outcomes.

Other immigrant-specific experiences have been found to play a role in Latino immigrant adolescent mental health, such as stress from anti-immigrant policies. A 2018 Pew Hispanic Center survey demonstrated that approximately 55% of Latinos in the U.S. fear that they, a family member, or close friend could be deported (Lopez et al., 2018). These fears are exacerbated by anti-immigrant policies, such as the 2010 SB1070 in Arizona ("Support Our Law Enforcement and Safe Neighborhoods Act"), the strictest anti-immigrant policy in U.S. history at the

time. In 2016, researchers conducted semi-structured interviews with Latino parents ($n=54$) on the perceived effects of policies like SB1070 on their adolescent children (Rubio-Hernandez & Ayón, 2016). Parents described significant behavioral changes in their children with the passage of new anti-immigrant laws, such as consistently expressing fear of family separation or deportation, feeling a sense of responsibility for changing the family's situation, hypervigilance, and constant crying and sadness (Rubio-Hernandez & Ayón, 2016).

Further illustrating the impact that anti-immigrant policies can have on youth, the 2008 National Survey of Child and Adolescent Well-Being cited that one in five children with parents who had been taken into custody by ICE (Immigration & Customs Enforcement) had clinically significant internalizing problems, and one in three children had clinically significant externalizing problems (McLeigh, 2010). These findings depict the serious effects that stress related to anti-immigrant policies can have on adolescent mental health, a factor that Latino immigrant communities are demonstrably impacted by.

While these findings indicate that there are specific experiences that negatively impact Latino immigrant adolescent mental health outcomes, researchers have also identified protective factors that lead to better mental health outcomes within this population. The majority of these findings are related to culture. For example, a longitudinal survey distributed to Latino immigrant teens in New York City ($n=97$) focused on ethnic/cultural identity vs. U.S. identity and mental health over a 2 year period (Rogers-Sirin & Gupta, 2012). These researchers found that higher ethnic/cultural identity, measured by rates of participation within

one's culture and ethnic group, was correlated with lower levels of withdrawn and depressed symptoms (Rogers-Sirin & Gupta, 2012). Another study that surveyed Latino immigrant youth in North Carolina ($n=323$) about cultural influences on mental health found that high rates of participation in one's culture, as well as familism, were protective factors for internalizing problems and low self-esteem (Smokowski & Bacallao, 2007).

These studies clearly demonstrate specific factors, both positive and negative, that impact Latino immigrant adolescent mental health. However, the ethnic categorization of Latino is extremely broad, with Latino-identifying individuals hailing from diverse cultural, historical, and racial contexts. There have not been enough studies investigating mental health outcomes among specific groups within the Latino category, or the potential differences between these groups. One study did identify that among adult Puerto Ricans ($n=50$), Brazilians ($n=125$), and other immigrant Latinos ($n=75$), clear mental health outcome differences emerged (Sánchez, 2014). Participants were surveyed by bilingual research assistants, and results demonstrated that Puerto Ricans endorsed depression and anxiety symptomatology at the highest levels (67% and 65% of participants) compared to Brazilians (52% and 44%) and other immigrant Latinos (56% and 40%). It is important to note that the level of endorsement among these groups, regardless of country of origin, is high compared to nationally representative samples of the U.S. population (7.1% for depression and 18.1% for anxiety) ("Depression Statistics," n.d.; *Facts & Statistics / Anxiety and Depression Association of America, ADAA*, n.d.). Additionally, Puerto Ricans were vastly more

likely to seek treatment (54% of participants that endorsed symptoms) than Brazilians (25%) and immigrant Latinos (14%). This study established differences between groups, but did not examine the factors that could influence these differences in both symptom endorsement and help-seeking behaviors, indicating a need for further investigation into these factors.

Review of Literature: Brazilian Immigrant Mental Health

Brazilians are an excellent example of the need for further study into specific Latino groups. Brazilians are not Hispanic since they do not speak Spanish, and studies have found that the majority of Brazilians in the U.S. do not subscribe to the Hispanic label (Marrow, 2003; Zubaran, 2008). Brazilians are, however, typically categorized as Latino in the U.S. since Brazil is in Latin America. Despite this, the history of Portuguese colonization put the country on a drastically different path than their neighbors, including culturally and linguistically. Furthermore, African influence in Brazil was and remains fundamental in the country's culture and racial demographics. These factors, among others, lead Brazilian immigrants to enter a very unfamiliar racial landscape in the United States, where they often do not identify with the category of Latino (Marrow, 2003; Zubaran, 2008). With the terms Hispanic and Latino essentially being utilized interchangeably in the Census and even in academic contexts, Brazilians are often excluded from necessary resources as well as research on Latino populations (Marrow, 2003; Zubaran, 2008). This exclusion indicates a need for more extensive study of this population.

Massachusetts is home to the second-largest Brazilian population in the United States. Despite their very established and distinct presence in the state that

will only continue to grow (Marcelli et al., 2009), Brazilians are an underserved population for which not many specific studies have been conducted on. The few studies that have focused on Brazilian immigrant mental health have focused on adult populations. In one study ($n=401$), participants were surveyed at the Brazilian Consulate or local churches (Lazar-Neto et al., 2018). From their findings, researchers estimated that approximately 35% of the Brazilian population in Massachusetts experience diagnosable depression symptoms (Lazar-Neto, 2018). This suggests that negative mental health outcomes may be impacting this group, but there is not sufficient data to establish prevalence of specific conditions, especially among different age groups such as youth.

One study focused on Brazilian youth who immigrated before the age of 10, also called 1.5 generation immigrants, with in-depth interviews conducted ($n=42$) regarding documentation status (Cebulko, 2014). Participants who were either undocumented or Deferred Action for Childhood Arrival recipients with work authorization reported elevated levels of stress and anxiety regarding documentation status, as well as a higher risk for social exclusion and poverty (Cebulko, 2014). These studies, along with potential parallels to the data on Latino immigrant adolescents outlined previously, demonstrate a need for further work with this population and an expansion into the specific factors that impact the mental health of Brazilians immigrant youth.

The Present Study

No previous study on mental health has specifically focused on Brazilian immigrant adolescents living in the U.S., therefore this study may bring forth an

entirely new body of knowledge for a population that may urgently need focus and resources. The following exploratory research questions are being investigated in this study:

- 1) What are the primary mental health concerns among Brazilian immigrant teens (ages 13-18) living in the Greater Boston area?
- 2) What are the factors impacting mental health among Brazilian immigrant adolescents and how does Brazilian culture interact with mental health?
- 3) Does this population have access to treatment, and if not, what are some potentially effective intervention strategies?

The implications of these findings will be discussed in relation to the development of culturally relevant interventions to be developed in the future, if necessary. I hypothesize that anxiety and depression symptoms will be cited as the most urgent concerns among this population and that immigrant-specific experiences such as undocumented status are the primary factors impacting Brazilian adolescent mental health. I also believe that high participation in Brazilian culture serves as a protective factor from negative mental health outcomes.

Methods

Participants

Potential organizations and participants were initially identified through referrals from the Portuguese Department at Tufts University, Google searches with the terms “Brazilian organizations in Massachusetts”, and upon completion of

initial interviews, snowball sampling for 5 participants. A total of 15 organizations or individuals working with the Brazilian community were invited to participate in the interview, with 10 organizations/individuals qualifying in terms of experience with Brazilian adolescents. These 10 people who work within organizations that service the Brazilian population in the Greater Boston area participated in semi-structured interviews. All participants were born in Brazil and have been living in the U.S. for between 7-40 years. Nine participants were women and one participant was male. All participants hold at least a bachelor's degree. The organizations in which participants work, all located in the greater-Boston area, were predominantly social service organizations that serve a large Brazilian population, with the exception of one health services organization. The organizations represented within this sample are: the Brazilian Consulate, the Somerville Health Department, the Brazilian Women's Group, the Share Your Love Foundation, Somerville City Hall, Boston Behavioral Medicine, Somerville Public Schools, the Massachusetts Alliance of Portuguese Speakers, the Somerville Parent Information Center, and the New England Community Center.

Data Collection Procedure

After an extensive literature review, questions were developed for the semi-structured interviews. Interview questions covered the following topics: participants' professional and cultural background, perceptions regarding mental health in the Brazilian community generally and adolescent mental health specifically, access to treatment and help-seeking behaviors, and suggestions for effective interventions (see Table 1). Interviews were conducted in-person at a

convenient location for participants (largely the organizations for which participants work), except for two interviews that took place over the phone. All participants were fluent in English, but interviews were conducted in Portuguese, as was preferred by participants. Interviews took approximately 30-45 minutes to complete. All participants signed consent forms before their interview began, including consent to audiotape the interview. Study procedures were approved by the Tufts Social, Behavioral, and Educational Institutional Review Board.

Data Analysis

Interviews were audiotaped and transcribed verbatim by the principal investigator, a native and fluent Portuguese speaker. Transcripts were subsequently translated by the PI into English. The resulting transcripts were then systematically coded by the PI utilizing Braun & Clarke's (2006) thematic analysis procedure for qualitative psychological studies. This procedure first involved line-by-line coding. The interview guide that was utilized was divided into three sections mirroring this paper's research questions. As such, interview quotes were initially divided into these three categories (mental health concerns, factors impacting mental health, and treatment access and intervention strategies) because there was little deviation from the categories during interviews.

Once quotes were categorized, codes were developed within them, particularly in the "factors impacting mental health" and "treatment access and intervention strategies" segments. Within the factors impacting mental health category, 10 codes were initially identified. Upon closer analysis, as directed by Braun & Clarke (2006), these codes were collapsed into 5 themes based on

frequency of mention. With regards to the treatment access and intervention strategies category, 3 distinct themes emerged and remained after further analysis. Coding was conducted utilizing Excel. These themes are reported at length below.

Results

It is important to note that participants defined “Brazilian immigrant teenagers” as children (ages 13-18) with Brazilian immigrant parents, whether they immigrated themselves or were born in the U.S. There was little differentiation between the two narratives besides when discussing stressors related to one’s own lack of documentation. Initially, the researcher did not intend to include U.S. born adolescents as part of the findings and sought to draw a comparison between teenagers born in Brazil who immigrated and those born in the U.S. with Brazilian immigrant parents. However, it became clear through one of the interview questions – “Are there mental health outcome differences between Brazilian teens who immigrated themselves versus those born in the U.S. with immigrant parents?” – that all participants did not see a distinction between these scenarios. All interviewees responded that while there may be differences upon quantitative analysis, they could not identify them and believed their other responses applied to all Brazilian adolescents in the U.S. regardless of place of birth. As such, the results outlined in this paper are applicable to both U.S. born and foreign-born teenagers with Brazilian immigrant parents.

Results are organized into the following sections, based on this paper’s research questions and subsequent deductive coding: 1) mental health concerns, 2)

factors impacting mental health, and 3) access to treatment and intervention strategies.

Mental Health Concerns

All participants referred to depression, anxiety, and substance abuse (elevated alcohol and marijuana use) as the mental health conditions they most frequently encounter while interacting with the community in their various roles. PTSD was discussed by 5 participants, which they described as being triggered by migration across the Mexican border and sexual assault. 3 of the participants who highlighted PTSD work closely with newly arrived immigrants in their organizations. ADHD was mentioned by 4 interviewees, 3 of whom are educators or work in school contexts. Half of the participants noted an increase in suicide attempts among Brazilian adolescents in the last two years in the greater-Boston area, however there is no available data to verify these occurrences.

Factors Impacting Mental Health

A dichotomy between negative factors associated with mental health issues and protective factors clearly emerged during interviews, with participants describing the stressors and strengths outlined below as family, community, and culture level characteristics common in Brazilian adolescents that can contribute to or prevent the development of mental health disorders.

Negative Factors Associated with Mental Health Issues

The three subcategories for negative factors associated with mental health issues discussed by interviewees were: 1) immigration stressors, 2) cultural conflicts, and 3) different generational perceptions of mental health. These themes are outlined here in order of frequency of mention upon analysis of coded interview transcripts.

Immigration Stressors.

The majority of participants identified immigration stressors as the primary negative factor for Brazilian adolescents associated with mental health issues. One such stressor was that of immigration status, whether an adolescent is undocumented themselves or has undocumented parents. Immigration status was portrayed by interviewees as a “constant stressor” with long-term detriments to mental health. Furthermore, interviewees indicated that adjustment to U.S. systems and English language for both parents and children can become a chronic stressor. Children and adolescents often learn English with more facility than adults and are sometimes placed in an elevated role in the home by needing to act as translators or interpreters to their parents even in situations beyond appropriateness for their age group, such as navigating the payment of bills or legal help. The following quotes demonstrate aspects of this theme:

“The position of being an immigrant already puts a person in a vulnerable place for mental health issues. There’s the fear [of deportation], there’s adapting to a different culture, and many times people, even young people, become isolated.”

– Social worker, Brazilian Consulate

“I was at the high school last week to talk to a group of students who got here 6 months ago. I was talking about Know Your Rights ... and one girl started crying, and she said, ‘I’m scared because my father, because my mom.’ They are scared their families will be taken away.”

– Provider of social services, Somerville City Hall

“A lot of the times, these immigrant teens are taking on much more responsibility than they should. They act as translators to their parents in very serious situations, like legal or medical matters, because they speak English. They learn things they shouldn’t so young.”

– Teacher, Somerville High School

Cultural conflicts.

Interviewees expressed that relationships between immigrant parents and their adolescents can be strained due to differing cultural values and expectations. As mentioned previously, immigrating means adjusting to a new culture and language. Through socialization at school and other public spaces, Brazilian teenagers are often immersed in American culture except within the home. This often leads to adolescents developing different cultural values than their parents over time, while informants believed parents tend to generally follow Brazilian values and teachings. This disparity can cause conflict in the home that precipitates or perpetuates negative mental health symptoms. A commonly cited example of this was formality of addressing parents and adults. Brazilian parents often expect their children to refer to elders, including parents or grandparents at times, as “sir” or “madam”. American adolescents typically do not follow this custom, and

BRAZILIAN IMMIGRANT ADOLESCENT MENTAL HEALTH NEEDS

Brazilian immigrant teens pick up on this behavior, which creates conflicts within the home that interviewees perceived to build over time. Additionally, participants described that when immigrant parents are unfamiliar with American social norms, immigrant teenagers often have to become “cultural bridges” or interpreters for their parents.

“I am seeing a lot of conflict between parents and children because the children assimilate much faster to the American culture than the parents. A lot of parents expect they would act like they would in Brazil and the children are learning a different way. So that causes conflict.”

– Social worker, Somerville Health Department

“Teens have to find a balance between their parents and society, which is very difficult. Many parents don’t speak English, don’t understand American culture like the teens do, and many times the children don’t even try to explain, which isn’t fair to the parents, but it’s also an obstacle to the teens.” – Teacher,

Somerville High School

“Children learn unspoken rules about personal space and different expressions in school that their parents just don’t adapt to as easily. When parents see their kids acting ‘different’ they worry, and kids don’t know how to explain. It creates a distance and some families struggle to communicate, which creates conflict and can make anything the teen is going through worse.”

– Social worker, Massachusetts Alliance of Portuguese Speakers

Different Generational Perceptions on Mental Health.

Participants also cited different generational perceptions on mental health as a negative factor that can lead to mental health issues among Brazilian youth. Community leaders discussed that this generation of parents do not “see mental health as a health problem yet.” Interviewees described this current and rising generation of adolescents as generally having more awareness of mental health as an important facet of one’s life than previous age groups and are more open to talking about it. These contrasting perceptions often lead adolescents to feel stigmatized by parents when attempting to discuss mental health. Participants also believed these differing generational perceptions impact treatment seeking given the influence parents have over this decision.

“Older generations still do not see mental health issues as health problems. They think it is just about being happier and more grateful... and [this] influences looking for treatment and affects the teenagers so badly.”

– Provider of social services, Somerville Parent Information Center

“Parents, especially older parents, do not understand mental health completely. There is an idea of therapy being only for ‘crazy’ people. I think the majority of youth have a completely different point of view but can’t get through to their parents.”

– Provider of social services, New England Community Center

Protective Factors

While these factors associated with mental health issues were identified and could certainly be detrimental to a Brazilian youth’s mental health outcomes,

protective factors were also discussed by community leaders. This paper utilizes the Substance Abuse and Mental Health Services Administration's (SAMSHA) definition of protective factors: "characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact" (SAMSHA, 2019). Two protective factor subcategories emerged from coding: 1) greater access to resources compared to immigrant adults and 2) the Brazilian cultural value of the importance of family. These themes are outlined here in order of frequency of mention upon analysis of coded transcripts.

Greater Access to Resources.

All interviewees described that most Brazilian adolescents living in the U.S. have greater access to certain resources, including mental health treatment, than immigrant adults. Participants reported that Brazilian adolescents are guaranteed the social setting of school, which is a buffer for isolation, a very significant risk factor for depression in immigrant adults. Furthermore, counseling services in schools are available to Brazilian adolescents.

Another facet of access is that of health insurance. If the adolescent in question is an American citizen, they have a variety of insurance options, including full coverage under MassHealth. Even undocumented adolescents have some coverage under MassHealth, a protective factor unique to Massachusetts. Participants emphasized, however, that the access Brazilian teenagers have is not comparable to that of white American children with American parents, and this so-called access is more relative to that of their adult immigrant parents.

Facility with English language is another factor that participants noted increases access for Brazilian teenagers. Many immigrant adults are left out of accessible treatment and resources because they do not speak English, while children and adolescents almost always become fluent or at least proficient because of English-dominant schooling. This “opens up a world” for immigrant adolescents that parents do not always get to be a part of.

“... children have access, even undocumented children, they have access to more healthcare services than adults because they can reach a higher level of insurance within MassHealth... They can receive up to 20 [therapy] sessions a year. Which is not ideal, but it’s something.”

- Social Worker, Somerville Health Department

“Teenagers can speak the language, and they are in school, which is a part of access. When we see cases here, we look to involve the school counselors as a form of monitoring, because many people don’t do outside treatment.”

– Organization Chair, Share Your Love Foundation

Cultural Value: Importance of Family.

All participants named the Brazilian cultural value of the importance of family as a protective factor to Brazilian adolescents. Interviewees endorsed that despite cultural conflicts or different generational perceptions of mental health, Brazilian parents - mothers especially - are very present in their children’s lives, and adolescents were believed to reciprocate that involvement by valuing greater

communication and openness than their American counterparts. Additionally, participants felt that Brazilian adolescents perceive loyalty to their family as being more important than to their peers.

“In every client I serve, I can see how the family values are very strong. And not only that, the Brazilian family values... you see family here the same way you would see family in Brazil.”

– Social worker, Massachusetts Alliance of Portuguese Speakers

“Family means a lot to Brazilians. So even the teenagers see family as more important than friends, which is different from Americans. They try a lot harder to keep harmony at home.”

- Social worker, Brazilian Consulate

Access to Treatment and Intervention Strategies

Access to Treatment

When asked whether Brazilian adolescents in the Greater-Boston area have access to treatment, 5 participants responded “to an extent” and 5 responded “no.” Interviewees who responded to an extent believed that – as reflected by the themes above - Brazilian teenagers have options, such as school counseling and sessions through MassHealth, that allow them to access treatment. However, all participants qualified these statements, cautioning that these options were not sufficient for most cases. Those who responded no believed that, while these adolescents may have more options than their adult immigrant counterparts, they still encounter significant barriers to accessing treatment, and in comparison to their American

peers, they do not have access to adequate and sustained treatment.

“They have some very limited access to things like at school, or a few sessions through MassHealth. This might help the more mild cases, but when the stressors these kids deal with are usually so constant, those options don’t help.”

– Social worker, Somerville Health Department

Discontinuation of Treatment

Another important theme that emerged in relation to Brazilian youth mental health treatment was discontinuation of treatment. While participants perceived that Brazilian adolescents have greater access to treatment than immigrant adults, discontinuation of treatment was an issue that half of interviewees brought up as a significant occurrence affecting Brazilians generally.

They described youth as being particularly vulnerable due to their age for two reasons. First, participants believed that if any barriers arose for parents around their child’s treatment, discontinuation was much more likely given parental influence over treatment adherence. Such barriers could either be directly related to therapy itself (a lack of connection to their adolescent’s provider or difficulty understanding the therapeutic process) or the logistics of adhering to therapy, such as providing transportation for their child, missing work, or unaffordability of copayments.

Secondly, participants felt that youth were less likely to seek other therapists if the therapeutic alliance with their initial provider was not suitable, increasing the likelihood of discontinuation. Interviewees also believed that many Brazilian adolescents do not adhere to medication, which may be a cultural factor at play.

Participants clarified that many Brazilians tend to access resources that are available to them initially but do not always adhere to medical orders, especially if a member of their network endorses negative opinions about treatment.

“Many families have a problem with continuation of treatment, for many factors - work, copayment, frustration that arises with the provider, either from the adolescent or the parent.”

- Clinician, Boston Behavioral Medicine

“Already getting to treatment is difficult, but once that happens, continuing the therapy is also difficult. Many in our community stop going – the parents don’t understand the process, and teens sometimes get impatient about the effects or give up after one therapist doesn’t work.”

- Organization Chair, Share Your Love Foundation

Intervention Planning Suggestions

Participants were asked whether they had encountered any successful programs or interventions related to Brazilian adolescent mental health, and they reported that there were none they were aware of. However, 7 participants contributed suggestions for potential intervention strategies. These suggestions largely focused on family-centered programs, with some recommending that both parents and adolescents receive psychoeducation, others suggesting that parents be included in some therapy sessions, or both. This was largely due to the importance of family in Brazilian culture, as well as the family-rooted factors that may negatively impact mental health, such as cultural conflicts and different

generational perspectives on mental health.

Discussion

The results of this study are largely aligned with the available literature on immigrant and Latino youth mental health in the U.S. With regards to mental health concerns, previously cited studies on Latino immigrant youth (Bursztein Lipsicas & Henrik Mäkinen, 2010) and Brazilian immigrant adults (Lazar-Neto et al., 2018; Sánchez et al., 2014) all report elevated rates of depression and anxiety symptomatology endorsement in comparison to U.S. born counterparts. The results of the present study reflect these findings, as depression and anxiety were found to be of particular concern, with the highest perceived prevalence among all interviewees. As such, the researcher's hypothesis that anxiety and depression would be the most pressing mental health concerns within the Brazilian immigrant adolescent population in the Greater-Boston area was supported, to an extent.

Substance abuse was also named as a perceived significant concern by participants in this study, which was not a mental health condition the researcher hypothesized about. However, there is available literature on Latino youth that mirror this finding. Peña et. al (2011) found that rates of substance abuse among Latino adolescents are rising, with U.S. born Latino youth with immigrant parents being more than twice as likely to have issues with alcohol abuse and drug use than foreign-born Latino adolescents (Peña et al., 2011). Considering that participants of this study did not differentiate between U.S. born and foreign-born Brazilian youth, this may be a reason for perceptions of prevalence from interviewees of substance abuse in the Brazilian adolescent population.

As cited previously, Latino immigrant youth are at elevated risk for experiencing traumatic events, particularly events related to migration (Cleary et al., 2018). The results of this study are also aligned with these findings, as half of participants expressed that PTSD was a mental health concern in the community, particularly due to violent trauma while crossing the border. Another mental health concern among interviewees of the present study was an observed rise in suicidal behavior, specifically suicide attempts, in the last two years. The available literature discussed in this paper regarding suicidal behavior among Latino adolescents (Bursztein Lipsicas & Henrik Mäkinen, 2010; Peña et al., 2011; Zayas & Pilat, 2008) document high rates of suicidal behaviors in this population, demonstrating further alignment of the present study with other study findings on Latino youth.

The perceived factors impacting mental health identified by participants of this study can also be found in literature related to Latino immigrant youth and Brazilian youth specifically. There is robust evidence that immigration stressors, named as one of the negative factors associated with mental health issues in the present study, have impact on the mental health of Latino and Brazilian immigrant youth (Cebulko, 2014; Rubio-Hernandez & Ayón, 2016). As cited in previous sections, there are various facets of immigration stressors that have been found to increase depression and anxiety symptoms in Latino youth, such as fear of deportation or family separation stemmed from anti-immigrant policies (Rubio-Hernandez & Ayón, 2016).

Additionally, participants in the present study identified participation in cultural values such as the importance of family as a protective factor among

Brazilian immigrant youth. As discussed earlier, studies on Latino immigrant adolescents have found that familism and high cultural participation are protective factors against symptoms of depression and other mental health issues (Rogers-Sirin & Gupta, 2012; Smokowski & Bacallao, 2007). With regards to factors impacting Brazilian immigrant adolescent mental health, the present study is further in line with the literature as demonstrated by these studies. Additionally, the researcher's hypotheses regarding factors impacting mental health in this community – immigration stressors being a primary negative factor and participation in Brazilian culture being a protective factor – were supported.

All in all, the present study is closely aligned with previously cited empirical literature on the above outlined facets of Latino youth mental health. However, findings that had not been outlined in this paper's literature review or hypothesized about also emerged, such as cultural conflicts and different generational perceptions on mental health as negative factors associated with mental illness, as well as a greater access to resources than immigrant adults as a protective factor.

In relation to the impact of cultural conflicts on immigrant youth mental health, the acculturation gap-distress hypothesis may be applicable to the results of this study (Lui, 2015). This hypothesis states that because parents and children acculturate at different rates, values and native language use may shift within different parts of the family structure and cause conflict (Lui, 2015). In a meta-analytic review regarding cultural conflict among Latino immigrant families, evidence for this theory also emerged, with survey data across various studies indicating increased conflict between Latino immigrant parents and their children

due to different cultural value expectations (Lui, 2015), as was found in the present study.

Another family-level factor associated with mental health issues is that of differences in generational perceptions on mental health. While there is no data specific to Brazilians on this topic, one study found clear disparities in perception and knowledge surrounding mental health between older Latinos (ages 40 and up) and younger Latinos (25 and below) (García et al., 2011). In this study, younger Latinos had less stigma-oriented views regarding mental health and saw it as a serious problem, while older Latinos had less understanding of mental health and held more stigma-oriented beliefs (García et al., 2011). These beliefs were perceived to be reflective of the current generation of Brazilian immigrant parents of adolescents by interviewees, which was believed to have a negative impact on youth mental health outcomes.

A new finding in the present study for which no studies related to Latino or immigrant youth were found to establish a comparison was for one of the protective factors that participants identified: greater access to resources in comparison to immigrant adults. There are currently no available studies that make comparisons between the level of access immigrant youth have in comparison to immigrant adults, but the main resources named by this study's interviewees – school social networks and counseling, as well as health insurance options – would logically provide some degree of access to mental health treatment. If immigrant adolescents do have greater access to resources than immigrant adults, some important

implications must be considered, such as the potential for school-based mental health interventions for this population.

On the topic of access to resources, the results of this study also indicate that the Brazilian immigrant population does not have adequate access to mental health treatment and are likely to discontinue treatment. Meta-analyses of studies regarding access to treatment among Latino adolescents have similarly concluded that there are significant disparities in access to care and quality of care for this population (Isasi et al., 2016), and that Latino youth were at increased risk for discontinuation of treatment compared to their white U.S. born peers (Kapke & Gerdes, 2016).

While many of this study's findings are reflected in available literature on Latino immigrant youth mental health, there are no studies focusing on Brazilian immigrant youth specifically that are related to these themes. In this sense, the present study brings forth a new body of literature on Brazilian immigrant youth mental health, addressing a significant gap and providing information more aligned with the community's self-identification outside of the Latino category.

Limitations & Strengths

There are certain limitations of this study that must be acknowledged before discussing implications. The nature of qualitative studies such as this one leads to a small sample with limited generalizability. Some interview participants were recruited through snowball sampling, which can lead to self-selection bias or overrepresentation among individuals within the same social networks. Furthermore, data was not collected on the population of interest directly, as

Brazilian adults working in organizations servicing adolescents were interviewed rather than adolescents themselves. Lastly, the findings reported are perceptions of interviewees built through their roles servicing the Brazilian community and may be influenced by various personal factors.

However, these limitations do not diminish the findings of the present study. Given that this was largely an exploratory study, generalizability was not one of the priorities, as the study's goal was to gather in-depth information about issues within a specific community. Moreover, the sample spanned a broad range of organizations and individuals that service Brazilian immigrants, which increases the likelihood of results that mirror the broader Brazilian adolescent population in the Greater Boston area even if data was not collected directly from youth themselves. Given that there was consensus amongst participants with the majority of findings and no direct discrepancies, it can be gathered that results are somewhat valid and reflective of the target population.

Implications

Participants repeatedly expressed a sense of urgency when discussing prevalent mental health conditions and negative factors associated with mental health issues. There was a strong perception among all participants that the rates of mental health conditions among Brazilian immigrant adolescents are high, especially depression, anxiety, and substance abuse.

These conditions were associated with immigration stressors, cultural conflicts, and different generational perceptions of mental health. These negative factors outlined by participants can largely be attributed to immigrant-specific experiences.

Positive protective factors could also be framed as related to immigrant experiences, as seen by one of the protective factors named by participants, the cultural value of importance of family. The results of this study reflect vulnerabilities and considerations that are specific to the immigrant adolescent population, with cultural factors and immigration stressors that should be addressed in relation to mental health outcomes and treatment.

The findings of this study also indicate a perceived inaccessibility of treatment for the Brazilian immigrant population, regardless of access to limited treatment options like school counseling and MassHealth sessions. This was largely due to barriers experienced by parents and adolescents in seeking and attending treatment, which also impacted continuation of treatment. This perceived lack of accessibility presents a need for interventions that address barriers to seeking and continuing treatment. Intervention strategies are further discussed in the future directions section.

The Brazilian population in the Greater Boston area is relatively young and will only continue to increase (Marcelli et al., 2009). The significant lack of data on all dimensions of mental health for this community can be incredibly detrimental, preventing necessary resources from being allocated and disseminated. While many of the findings of this study can be compared to literature on Latino youth, it is important to remember that variations in mental health outcomes have been found between Latino groups (Sánchez et al., 2014), as discussed previously.

The Brazilian population has also largely rejected the Latino label (Marrow, 2003; Zubaran, 2008), and it would be a disservice to this community if their

autonomy was ignored by equivalating all findings of this study to data on Latino populations - samples that Brazilians were not a part of. Furthermore, any interventions developed for this community would have to account for the key aspect of language and provide resources in Portuguese. It is important that these implications be taken into account in future research related to this community.

Future Directions

While this study adds to the empirical literature on mental health in the Brazilian community, there are still several important future directions that should be undertaken.

Initially, a quantitative online survey was developed and approved by the IRB as the second phase of this study. This Qualtrics survey was designed by the PI to contain demographic questions, mental health measures such as the Strengths & Difficulties Questionnaire (SDQ) (He et al., 2013), cultural participation measures such as the AHIMSA scale (Unger et al., 2002), and help-seeking attitudes scales (Divin et al., 2018). Surveys were initially distributed to Brazilian adolescent community members through the organizations Phase 1 interview participants work with, local churches, and high schools. However, due to difficulty obtaining responses, the survey was then advertised in a local Brazilian newspaper. At this point, the survey was flooded with invalid responses and, with the COVID-19 pandemic, there were no further recruitment options to collect data within the time constraints of the academic year.

While survey data collection was not finalized, obtaining a quantitative dataset on Brazilian immigrant adolescent mental health is crucial to address gaps

in literature and pursue any next steps. Embarking on quantitative data collection again, with a different recruitment plan and timeline, could be a fruitful future direction to explore the research questions in this paper further and compare to the qualitative results of this study. Additionally, other research questions that are more conducive to quantitative data collection could be pursued, such as whether there are mental health outcome differences between U.S. born and foreign-born Brazilian adolescents and measures of help-seeking attitudes and behaviors in this population.

Moreover, there are specific considerations related to mental health outcomes and access that could vary by geographic location, even within the Brazilian community. The Brazilian population is substantial in other states such as Florida, New York, and California. As seen by the importance of MassHealth in accessibility of mental health treatment for many Brazilian adolescents in Massachusetts, state policies could also influence mental health outcomes of underrepresented groups and impact access and subsequently the development of mental health interventions. Exploratory studies such as this one could be conducted in other states to address these potential geographic variations.

The results of this study indicate the need for the development of accessible mental health interventions within the Brazilian adolescent community in the Greater Boston area. With quantitative data collection complete, the development of interventions could be carried out. These interventions should particularly consider important suggestions raised by community members in this study, such as family-oriented approaches. Interventions, if accessible, culturally relevant, and

effective, could bring about significant improvements to mental health outcomes in the Brazilian immigrant adolescent population as they navigate life in the U.S. As discussed previously, further study on factors moderating differences in mental health outcomes between Latino groups could greatly illuminate the course of mental health interventions for Latinos, especially considering the lack of access to treatment, lower quality of care, and high risk for discontinuation in this population. Intervention models for specific groups, such as Brazilians, could potentially be developed in ways that are flexible and adaptable for other groups.

As immigrant populations continue to grow, studies such as this one will become increasingly relevant for providers and policy makers, especially as health disparities continue to not be addressed by the government systems in place. As a health care field, there are undoubtedly many directions that must be undertaken in the field of clinical psychology to address mental health outcome disparities in underrepresented and underserved groups. Working with these populations in ways that center health equity and work against historically harmful research practices is essential and can move the field forward in a restorative and equitable path.

References

- APA Presidential Task Force on Immigration, & American Psychological Association. (2012). *Crossroads: The psychology of immigration in the new century : report of the APA presidential task force on immigration*. American Psychological Association.
- Bursztein Lipsicas, C., & Henrik Mäkinen, I. (2010). Immigration and suicidality in the young. *Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie*, 55(5), 274–281.
<https://doi.org/10.1177/070674371005500502>
- Cebulko, K. (2014). Documented, Undocumented, and Liminal Legal: Legal Status During the Transition to Adulthood for 1.5-Generation Brazilian Immigrants. *The Sociological Quarterly*, 55(1), 143–167.
<https://doi.org/10.1111/tsq.12045>
- Cleary, S. D., Snead, R., Dietz-Chavez, D., Rivera, I., & Edberg, M. C. (2018). Immigrant Trauma and Mental Health Outcomes Among Latino Youth. *Journal of Immigrant and Minority Health*, 20(5), 1053–1059.
<https://doi.org/10.1007/s10903-017-0673-6>
- Cree, R. A. (2018). Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders and Poverty Among Children Aged 2–8 Years—United States, 2016. *MMWR. Morbidity and Mortality Weekly Report*, 67. <https://doi.org/10.15585/mmwr.mm6750a1>

Depression Statistics. (n.d.). *Depression and Bipolar Support Alliance*. Retrieved March 31, 2020, from

<https://www.dbsalliance.org/education/depression/statistics/>

Divin, N., Harper, P., Curran, E., Corry, D., & Leavey, G. (2018). Help-Seeking Measures and Their Use in Adolescents: A Systematic Review. *Adolescent Research Review*, 3(1), 113–122. <https://doi.org/10.1007/s40894-017-0078-8>

Facts & Statistics | Anxiety and Depression Association of America, ADAA. (n.d.). Retrieved March 31, 2020, from <https://adaa.org/about-adaa/press-room/facts-statistics>

García, C. M., Gilchrist, L., Vazquez, G., Leite, A., & Raymond, N. (2011). Urban and rural immigrant Latino youths' and adults' knowledge and beliefs about mental health resources. *Journal of Immigrant and Minority Health*, 13(3), 500–509. <https://doi.org/10.1007/s10903-010-9389-6>

He, J.-P., Burstein, M., Schmitz, A., & Merikangas, K. R. (2013). The Strengths and Difficulties Questionnaire (SDQ): The Factor Structure and Scale Validation in U.S. Adolescents. *Journal of Abnormal Child Psychology*, 41(4), 583–595. <https://doi.org/10.1007/s10802-012-9696-6>

Isasi, C. R., Rastogi, D., & Molina, K. (2016). Health issues in Hispanic/Latino youth. *Journal of Latina/o Psychology*, 4(2), 67–82. <https://doi.org/10.1037/lat0000054>

Joseph, T. D. (2011). “My Life was Filled with Constant Anxiety”: Anti-Immigrant Discrimination, Undocumented Status, and Their Mental

Health Implications for Brazilian Immigrants. *Race and Social Problems*, 3(3), 170–181. <http://dx.doi.org.ezproxy.library.tufts.edu/10.1007/s12552-011-9054-2>

Kapke, T. L., & Gerdes, A. C. (2016). Latino Family Participation in Youth Mental Health Services: Treatment Retention, Engagement, and Response. *Clinical Child and Family Psychology Review*, 19(4), 329–351. <https://doi.org/10.1007/s10567-016-0213-2>

Kessler, R. C., Angermeyer, M., Anthony, J. C., DE Graaf, R., Demyttenaere, K., Gasquet, I., DE Girolamo, G., Gluzman, S., Gureje, O., Haro, J. M., Kawakami, N., Karam, A., Levinson, D., Medina Mora, M. E., Oakley Browne, M. A., Posada-Villa, J., Stein, D. J., Adley Tsang, C. H., Aguilar-Gaxiola, S., ... Ustün, T. B. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 6(3), 168–176.

Lazar-Neto, F., Louzada, A. C. S., de Moura, R. F., Calixto, F. M., & Castro, M. C. (2018). Depression and Its Correlates Among Brazilian Immigrants in Massachusetts, USA. *Journal of Immigrant and Minority Health*, 20(4), 832–840. <https://doi.org/10.1007/s10903-017-0632-2>

Lopez, M., Gonzalez-Barrera, A., & Krogstad, J. (2018, October 25). Many Latinos Blame Trump Administration for Worsening Situation of Hispanics. *Pew Research Center's Hispanic Trends Project*.

<https://www.pewresearch.org/hispanic/2018/10/25/more-latinos-have-serious-concerns-about-their-place-in-america-under-trump/>

Lui, P. P. (2015). Intergenerational cultural conflict, mental health, and educational outcomes among Asian and Latino/a Americans: Qualitative and meta-analytic review. *Psychological Bulletin*, *141*(2), 404–446.
<http://dx.doi.org.ezproxy.library.tufts.edu/10.1037/a0038449>

Marcelli, E., Holmes, L., Estella, D., de Rocha, F., Granberry, P., & Buxton, O. (2009). (In)Visible (Im)Migrants: The Health and Socioeconomic Integration of Brazilians in Metropolitan Boston.
http://cache.boston.com/bonzai-fba/Third_Party_PDF/2009/10/17/Marcelli_et_al_BACH_2009_Brazilian__1255753970_2565.pdf

Marrow, H. (2003). To be or not to be (Hispanic or Latino): Brazilian Racial and Ethnic Identity in the United States. *Ethnicities*, *3*(4), 427–464.
<https://doi.org/10.1177/1468796803003004001>

McLeigh, J. D. (2010). How do immigration and customs enforcement (ICE) practices affect the mental health of children? *American Journal of Orthopsychiatry*, *80*(1), 96–100.
<http://dx.doi.org.ezproxy.library.tufts.edu/10.1111/j.1939-0025.2010.01011.x>

Mechanic, D., & McAlpine, D. D. (2002). The Influence of Social Factors on Mental Health. In *Principles and Practice of Geriatric Psychiatry* (pp. 95–98). John Wiley & Sons, Ltd. <https://doi.org/10.1002/0470846410.ch17>

- Peña, J. B., Kuhlberg, J. A., Zayas, L. H., Baumann, A. A., Gulbas, L., Hausmann-Stabile, C., & Nolle, A. P. (2011). Familism, Family Environment, and Suicide Attempts among Latina Youth. *Suicide & Life-Threatening Behavior, 41*(3), 330–341. <https://doi.org/10.1111/j.1943-278X.2011.00032.x>
- Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfroerer, J. C., Hedden, S. L., Crosby, A. E., Visser, S. N., Schieve, L. A., Parks, S. E., Hall, J. E., Brody, D., Simile, C. M., Thompson, W. W., Baio, J., Avenevoli, S., Kogan, M. D., Huang, L. N., & Centers for Disease Control and Prevention (CDC). (2013). Mental health surveillance among children—United States, 2005-2011. *MMWR Supplements, 62*(2), 1–35.
- Rogers-Sirin, L., & Gupta, T. (2012). Cultural identity and mental health: Differing trajectories among Asian and Latino youth. *Journal of Counseling Psychology, 59*(4), 555–566. <http://dx.doi.org.ezproxy.library.tufts.edu/10.1037/a0029329>
- Rubio-Hernandez, S. P., & Ayón, C. (2016). Pobrecitos los Niños: The emotional impact of anti-immigration policies on Latino children. *Children and Youth Services Review, 60*, 20–26. <https://doi.org/10.1016/j.childyouth.2015.11.013>
- SAMSHA. (2018). *Helping Children and Youth Who Have Traumatic Experiences*. 4.

SAMSHA. (2019, April 16). *Mental Illness and Substance Use in Young Adults*

[Text]. Substance Abuse and Mental Health Services Administration.

<https://www.samhsa.gov/young-adults>

Sánchez, M., Cardemil, E., Adams, S. T., Calista, J. L., Connell, J., DePalo, A.,

Ferreira, J., Gould, D., Handler, J. S., Kaminow, P., Melo, T., Parks, A.,

Rice, E., & Rivera, I. (2014). Brave new world: Mental health experiences of Puerto Ricans, immigrant Latinos, and Brazilians in Massachusetts.

Cultural Diversity and Ethnic Minority Psychology, 20(1), 16–26.

<http://dx.doi.org.ezproxy.library.tufts.edu/10.1037/a0034093>

Smokowski, P. R., & Bacallao, M. L. (2007). Acculturation, Internalizing Mental

Health Symptoms, and Self-Esteem: Cultural Experiences of Latino

Adolescents in North Carolina. *Child Psychiatry and Human*

Development, 37(3), 273–292. <https://doi.org/10.1007/s10578-006-0035-4>

Stevens, G. W. J. M., & Vollebergh, W. A. M. (2008). Mental health in migrant

children. *Journal of Child Psychology and Psychiatry, and Allied*

Disciplines, 49(3), 276–294. [https://doi.org/10.1111/j.1469-](https://doi.org/10.1111/j.1469-7610.2007.01848.x)

[7610.2007.01848.x](https://doi.org/10.1111/j.1469-7610.2007.01848.x)

Unger, J. B., Gallaher, P., Shakib, S., Ritt-Olson, A., Palmer, P. H., & Johnson, C.

A. (2002). The AHIMSA Acculturation Scale: A New Measure of

Acculturation for Adolescents in a Multicultural Society. *The Journal of*

Early Adolescence, 22(3), 225–251.

<https://doi.org/10.1177/02731602022003001>

Zayas, L. H., & Pilat, A. M. (2008). Suicidal Behavior in Latinas: Explanatory

Cultural Factors and Implications for Intervention. *Suicide and Life-*

Threatening Behavior, 38(3), 334–342.

<https://doi.org/10.1521/suli.2008.38.3.334>

Zubaran, C. (2008). The Quest for Recognition: Brazilian Immigrants in the

United States. *Transcultural Psychiatry*, 45(4), 590–610.

<https://doi.org/10.1177/1363461508100784>

Table 1. *Questions for Community Leader Semi-Structured Interviews*

Interview Section	Questions within Section
Participant Background	<ul style="list-style-type: none"> - What was your cultural upbringing like? - What is your educational background? <ul style="list-style-type: none"> o Please describe your relationship with the Brazilian immigrant community in MA o In what capacity do you interact with the community through your position in _? o How many years have you held this position/worked with Brazilian community? o Do you interact with the community outside of your position in (organization)? What is the nature of this external involvement?
Mental Health in the Brazilian Community	<ul style="list-style-type: none"> - Would you say mental health is a concern in the Brazilian community? How so? - What are the most prevalent mental health issues within the community? - How do you believe Brazilian culture interacts with mental health?
Mental Health for Brazilian Adolescents in the U.S.	<ul style="list-style-type: none"> - Is mental health a concern among Brazilian adolescents in the Boston area? - What are the most prevalent mental health conditions among Brazilian teens? - Are there mental health outcome differences between Brazilian teens who immigrated themselves versus those born in the U.S. with immigrant parents? - Does Brazilian culture play a role in the way that teens approach their mental health? - What are some marks of resilience within the community?
Access & Intervention Planning	<ul style="list-style-type: none"> - Do Brazilian adolescents have access to mental health treatment? - What kinds of programs do you believe have been successful in the Brazilian immigrant community? What made them successful? - Have any of these programs been oriented towards teenagers? - What are some mental health initiatives that have not been useful? Why? - What are some mental health resources for teenagers within the community?