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BELIEFS ABOUT MENTAL HEALTH SERVICES AMONG EMERGING ADULT LATINOS

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BELIEFS ABOUT MENTAL HEALTH SERVICES

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by

Ashley Maxine Cortez

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ABSTRACT

Latino populations continue to utilize mental health services at lower rates than their non-Latino counterparts. This is concerning for several reasons. Mental illness, is extremely prevalent in the general population. The population of Latinos (particularly younger individuals) in the United States is rapidly increasing. Acculturation has been found to negatively impact mental health issues in Latino populations. And finally, emerging adult's unmet mental health needs / issues place them at risk for failing to adapt to adult roles, impacting their lives in many ways. This mixed methods study implores primarily quantitative design and includes two qualitative questions to explore the beliefs about mental health services among emerging adult (18-25) Latinos. Data for this study was derived from a survey, which was developed by adapting current qualitative research focused on Latino mental health and barriers to service. Additionally, questions were created by adapting the Community Attitudes Toward the Mentally Ill to explore stigma towards mental health services and illness. Forty-three completed surveys were analyzed; the findings are presented within this thesis.

ACKNOWLEDGEMENTS

DEDICATION

Thank you to my cohort. Your constant love, support and laughs, made this journey so much more manageable. Without you, I would have been lost (sometimes literally)!

To my parents, words can not express my gratitude for everything you have done for me and my family. Your love has always been unconditional and has allowed me to be my authentic self. This would not have been possible without your endless support and sacrifice.

To my brother, Jason, thank you for being my biggest supporter, for always pushing me to take action and for the tremendous amount of love and support you show my family.

To my dear husband, partner and best-friend, Jose, thank you for your endless support, love and encouragement. Thank you for believing me, for knowing this was my dream and doing anything and everything you could to support me and our family during this journey. I am blessed to have you by my side and I look forward to endless journeys with you.

To my beautiful children, Maximino and Christian. Thank you for all your love, laughs and cuddles. You fill my life with an abundance of love and joy. I can not wait to be there and support you in all your future dreams and adventures. Mama loves you.

And now, my heart is full.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

INTRODUCTION

Problem Statement

The transition from adolescence to adulthood is often a difficult and

confusing time for youth. Researchers and service providers often refer to this

population, on the cusp of adolescence and young adulthood as Emerging Adults

(EA). While there is no clearly defined or universal age range to describe this

population, it frequently encompasses individuals between 18-25 years old. This

time period is a natural developmental stage in the life course. The transition

from adolescence to adulthood includes the developmental task of accepting

emotional maturity, developing relationships and often establishing financial

independence (Mandarino, 2014). This can be an especially trying time for those

dealing with mental health issues. During this period, the stress of achieving

these tasks can become elevated for those living with mental health issues and

the symptoms that frequently accompany these diagnoses. As a result, this

population can face greater challenges in successfully managing and meeting

the requirements to fulfill the new roles developing in their adult lives (Mandarino,

2014).

Receiving mental health care can often be a challenge for emerging

adults. The mental health system faces severe gaps in meeting the needs of

those transitioning from services aimed to meet the needs of children, to those

designed to treat adults. These challenges are present from the policy level, ranging from funding to program development, down to service providers who may not be prepared to meet the unique needs of this population. According to Clark, Koroloff, Geller and Sondheimer (2008), there is notable decline in mental health service utilization between the ages of 17 and 18 years old, which is when individuals transition from adolescence to the emerging adulthood. This drop in services is important to note because it comes at a crucial time in development. During the years of 18 to 25, individuals are no longer in secondary schools where they may have some built in supports for referrals and access to needed services, such as high school counselors. They are now legally considered adults and must often seek out services independently while attempting to adjust to complex institutes of higher education or gaining employment. For individuals who do not have someone to assist them in these processes they can feel lost in an adult world.

Further, it is documented that mental health diagnosis actually increase for those entering their early 20's, as symptoms may begin to appear more readily (Clark, Koroloff, Geller & Sondheimer, 2008). Research has noted that individuals in early adulthood have been found to have the highest rates of of mental health issues (Walker, Brennan, Jivanjee, Koroloff, Moser, 2015). Further a recent survey reports that three quarters of life long mental health issues were found to emerge by the age of 24 (Purcell et et., 2015). While individuals in this population are arguably the most in need of services, they are also the least

likely to seek services. Failure to treat symptoms when they first present can lead to progression of symptomology and in some instances to more severe and persistent stages of of mental illness (Purcell et et., 2015).

For Latino populations difficulty in accessing mental health can be further impacted by cultural factors. According to research published in 2012, Garcia, states that the total population of Latinos in the United States is over 50 million. Further, he reports that in 25 out 52 states, Latinos are the largest ethnic minority. Despite the fast paced growth of this ethnic/cultural group within the United States, disparities in mental health care for Latinos continue to persist at high rates. According to Cook et al., (2014), Latinos access mental health care at half the rate of their non-Latino / Caucasian counterparts. Issues of culture may be further complicated by the perceptions of mental illness held by their parents and social supports. This can greatly impact emerging adults who are navigating between two cultures, that of their family of origin and western culture.

Additionally, studies have found that acculturation can negatively impact the mental health of Latino populations (Ruiz, Aguirre & Mitschke, 2013). Findings state that U.S. born Latinos have a higher prevalence of mental illness than their non-U.S. born counterparts. This puts individuals who have been emerged in North American culture at a greater risk of developing mental health issues. In better understanding their beliefs regarding mental health and mental health services, as well as identifying barriers to treatment, there is hope to better support the needs of emerging adult Latinos, by improving micro practice

services, as well as making changes at a macro level, by supporting advocacy, education, funding sources and policy-changes.

<u>Definition of Terms</u>

Latino/a: An individual belonging to an ethnic group from Latin American countries (e.g., Mexico, Puerto Rico, Cuba, El Salvador, Guatemala, Central or South American).

TAY: A youth between the ages of 16-25 that has previously been involved in the foster care, mental health or forensic systems. TAY face additional challenges when compared to their non-system involved counterparts. As a group, they have lower rates of education, employment, and have fewer social supports. They also experience greater rates of homelessness, criminal activity, and drug use (Davis, 2003).

Emerging adults: Any individual between the age 18-25 as a whole, regardless of previous history.

Mental Health: An individuals emotional, psychological, and social well-being.

Mental Health Services: Inpatient and outpatient psychiatric treatment offered by a mental health professional (e.g., Therapist, social worker, counselor, physiatrist, psychologist).

Acculturation: The process by which cultural change results from contact between two autonomous cultural groups. Usually, the non-dominant group is

strongly influenced to take on the norms, values, and behaviors espoused by the dominant group

Assimilation: Adopting host-cultures norms, values, and behaviors, it has been viewed as the end point to the process of acculturation. An individual has become assimilated when they have given up culture-of-origin identity and established an identity within the dominant culture.

Purpose of Study

The purpose of this study is to explore beliefs about mental health and mental health services among emerging adult Latinos. This study is important for several reasons. First, research on mental health beliefs in Latinos has been largely focused on youth, adult and older adult populations. Current research has over looked emerging adults, who are in the process becoming responsible for their personal well-being (emotionally, legally and financially) but often view themselves as not having fully reached adulthood. Second, previous research on beliefs regarding mental health and barriers to treatment has largely focused on language as a primary barrier to mental health services. While issues of culture are likely to play an important role on beliefs and barriers to mental health services in emerging adults, language as a barrier maybe less profound on a group that has been likely to at least have been raised partially in north American culture and to have received some education in English.

5

The method for data collection in this study is mixed, utilizing both quantitative and qualitative methods. The study utilized a survey consisting primarily of closed ended questions. These questions gather information such as age, gender, generational status and highest level of education to determine the participant's demographics. Participants were then asked predominately closed ended questions to better understand their beliefs regarding mental health and mental health services. Several open-ended questions were included by providing text boxes, allowing respondents to include more individualized and personal responses regarding the topics of ethnic identity and their perception on differing beliefs regarding mental health services in adults thirty and older. The data collected will allow for better insight into the beliefs regarding mental health and mental health services among EA Latinos.

Significance of Present Study for Social Work Practice

This exploratory study will focus on the beliefs on mental health and mental health services among emerging adult Latinos. Given the continued under-utilization of mental health services among Latinos, it is of great importance for the field of social work to conduct further research in this area. Previous research has been largely focused on youth, adult and older adult populations. However, emerging adults are most at risk for developing a mental illness. They are also in a critical point in their lives where they are developing and establishing long term roles, as well as learning how to fully and

independently care for themselves, physically, emotionally, financially. Difficulties in this developmental stage due to mental health issues can at best delay the transition to becoming independent adults or at worst prevent fulfillment of these roles, leading to long term consequences and often the development of unhealthy coping skills.

By focusing specifically on the attitudes and beliefs of emerging adults Latinos, the researcher hopes to identify how this population views mental health services as a whole and also barriers to treatment. The researcher then intends to use the data collected to develop recommendations for services at the micro level including, outreach, engagement and retention in clinical practice, as well as the macro level, program development and policy advocacy.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of a discussion of current literature that is relevant to studying mental health among emerging adult Latinos. This chapter is divided into sub-sections which consist of barriers to mental health services, Latino mental health and mental health care among adolescents, transitional age youth and emerging adults. Theoretical perspectives are then used to study how emerging adults can be impacted by existing systems and beliefs about mental health services.

Barriers to Mental Health Services

When looking at adult Latino populations, numerous research studies show that mental health services are largely under-utilized. Despite being the largest and fastest growing ethnic minority in the country, this population continues to face difficulties in accessing mental health care. Current research shows that these individuals face several barriers to accessing mental health services. First, individuals are often not fully aware that they are experiencing a mental health issue. Latino adults are less likely to be assessed for mental health issues than the general population. According to Berdhal and Torres-Stone (2009), less than 1 in 20 Latinos seek out or utilize services directly from a

8

mental health professional. Primary care and physicians are often the first point of contact for mental health care within the Latino population. In these settings primary care providers often assess Latino populations for mental health issues less frequently than their non-Latino counterparts. When individuals are able to meet with a primary care giver, they often do not openly talk about possible mental health concerns (Dupree, Herrera, Tyson, Yuri, & King-Kallimanis, 2010). Additionally, primary care providers may not be as prepared to identify mental health issues in Latino populations, who often somatize mental health symptoms. This can cause their symptoms to be misdiagnosed or hidden by pre-existing health issues (Interian, Ang, Gara, Rodriguez, & Vega, 2011). Failure to properly diagnose and address mental health issues can cause harm to clients and lead to longer and more chronic episodes of illness, which can further impair their ability to function. (Le Cook, McGuirre, Lock & Zavalaky, 2010, p. 286).

There is often less general knowledge regarding mental health treatment among Latino populations, when compared to their non-Latino counterparts. Latino communities frequently lack education regarding mental health wellness and illness. Because of this, individuals may be unaware that treatment is available within their community, and as result be unable to access it (Uebelacker et al., 2012). Several qualitative studies have shown that respondents feel there is a greater need for increased education on issues of mental health and wellness, as well as increased outreach to Latino communities. Garcia (2012), reports that when surveying a population of youth

and adults, only 25% of respondents were able to identify mental health services in their community. When youth is unaware of how to locate mental health services in their area, they often receive no treatment or rely solely on primary care givers which can impact the quality of care they receive.

Stigma has also been documented as a barrier to mental health services for Latinos. Concerns about being stigmatized by family and friends, as well as society at large, may dissuade individuals from further seeking treatment (Ruiz, Aguirre & Mitschke, 2013). National studies about stigma have reconfirmed high levels of both negative and stigmatizing attitudes about mental illness. Further, research has indicated Latino populations share these stigmatizing beliefs (Vega, Rodriguez & Ang, 2010). For many individuals there is fear that seeking help through mental health services will lead to them being labeled, causing shame and embarrassment. Individuals may have concerns that as a result of this stigmatization, they will face discrimination from others. Dupree, Herrera, Martinez-Tyson, Jang and King-Kallimanis (2010) report that younger adults reported familial disapproval and beliefs that mental health issues should remain private can be a barrier to accessing services (p. 53). Such beliefs can be isolating and prevent individuals from seeking services.

Language has frequently been cited as one of the leading barriers to mental health services among Latino populations. A great deal of research has focused on foreign born Latinos, documenting that individuals are faced with difficulties trying to communicate their symptoms and feelings to clinicians. As a result,

individuals might not be properly diagnosed and may not receive the most effective treatment (Rastogi, Massey-Hastings, & Wieling, 2012). Further, the number of Spanish speaking mental health providers is relatively small in comparison to Latinos in the nation as a whole. Ruiz (2008), reports that only 4.6% of psychiatrists are Latino (p. 87). This is an example of how unlikely it is for Latino clients to be served by some one who can not only speak their language, but also understand their culture and its relationship with mental health issues.

<center>Latino Mental Health</center>

While there has been increased discussion on the importance of engaging and retaining Latinos in mental health treatment, it is important to ensure that the services being provided are effective. When the focus falls primarily on providing services to Latinos with little consideration placed on appropriately addressing the needs and preferences of this diverse population, the efforts fall short. Thus, a key element in effective mental health treatment is cultural competence and cultural humility. Mulvaney-Day, Earl, Diaz-Linhart and Alegría (2011), state in order for clinicians to be culturally competent in practice and research, they must develop an awareness that minor actions and perceptions, such as voice tone and eye contact, can impede or maximize the client's willingness to engage and continue treatment. When examining positive relationships between clients and providers, it has been found that good communication and ease of interaction will positively impact outcomes of clinical care (Mulvaney-Day, Earl, Diaz-Linhart, &

<center>11</center>

Alegría, 2011). Therefore, it is crucial that the relationship between client and clinician have effective communication patterns in order to be productive. In a study published in 2011, Mulvaney-Day, Earl, Diaz-Linhart and Alegría, found that Latino respondents expressed the desire to have a deep and expressive quality of relationship with their therapist. Clinical encounters can be improved by facilitating this type of rapport and engagement in the early stages of treatment. By doing so, there is a greater likelihood of creating a positive connection for individuals, particularly with populations who have been found to have difficulties with retention.

Additionally, it is a necessity that clinicians address the distinct cultural needs of the individuals they are treating. It is important to consider the impact of acculturation when attempting to identify possible barriers to mental health treatment for emerging adult Latinos. According to Lueck and Wilson (2011), immigrants in Southern California show native language loss and linguistic assimilation among Latinos had often occurred by or before the third generation. Further, it has been found that generational status is a factor determining well-being in Latino populations. Ayón (2011), found that youth who were second or third generation were at greater risk for both suicide attempts and problematic alcohol use. This is an important concept for those working with emerging adult Latinos. They are likely to be assimilating into western culture while still having to cope with the stressors that come with the process of acculturation. These stressors can include, role confusion, discrimination, stress related to the

12

documentation status of their parents and stress from elder family members who wish to maintain more traditional ideas. Further, Lueck and Wilson (2011), found younger age to be associated with higher stress levels. One suggested explanation explores the idea that younger individuals may not have strong systems of support as they face the challenges and pressures of approaching adulthood. It has been suggested that clinicians must be aware of the level of acculturation in each individual to provide culturally sensitive treatment that will meet their personal experience of culture and socialization in relation to how it impacts their functioning (Montalvo, 2009). When clinicians view Latino populations as a whole, without consideration to their unique identities and experience, they are likely to provide treatment that will not effectively meet the needs of the individual and fail to adequately address issues that may arise in their lives.

<div align="center">

Mental Health Among Adolescents, Transitional
Age Youth and Emerging Adults

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To date there is little research that focuses solely on emerging adult Latinos, individuals 18 to 25 years of age. To date research has been focused on youth, adults and older adults. While some studies have encompassed this age bracket in current research, they have not focused specifically on the unique needs this population has. For emerging adult there are many life adjustments being faced, new roles are emerging and along with these, new stressors. For the general population this is a time for increased risk of the development and

progression of mental health issues. However, emerging adult Latinos face additional challenges due to cultural factors. When compared to other ethnic groups, Latinos are considered a relatively young population. Over 30% of the Latino population in the United States is under the age of 18 and nearly half this population is under 25 (García, Gilchrist, Vazquez, Leite & Raymond, 2011). As a result, failure to conduct further research into the mental health and well being of emerging adult Latinos will largely impact the nation as a whole. Studies show the psychosocial outcomes for adolescents with mental health issues at the age of 30, show impairments in judgment, difficulties with employment, problems with inter-personal relationships, poor overall coping skills and chronic stress (Essau, Lewinsohn, Olaya & Seeley, 2014). Emerging adult Latinos living in the United States are often caught balancing their new roles between their cultural values such as of family interconnectedness and western values of independence.

Current research documents the weak linkage between child-serving and adult-serving mental health systems. This gap in services places TAY and emerging adults including those living with mental health issues and those exhibiting new mental health needs, both who require additional supports to successfully adopt adult roles and responsibilities, at great risk for not adequately adapting (Pottick, Bilder, Stoep, Warner & Alvarez, 2008). It has been suggested that in order to meet the broad needs of TAY, early intervention is necessary. Preventative measures would include community psycho-education, increased assessment and more population specific treatment options. Further, it is

14

suggested that in order to effectively treat this population services must incorporate both mental health and substance use treatment in order to fill the gap in services they are faced with (Lee & Murphy, 2013). Empirical data shows that adolescents with mental illness fare poorly in comparison to their counter parts in academics, occupational and social roles. However, there is still limited research that speaks to how clinicians can best address mental health issues and care at this transitional stage. In comparison, there is vast research on provisions of care for both child and adult mental health. Further, the research specifically addressing TAY Latino youth is minimal. It is important to note that research regarding TAY speaks specifically to youth that have been involved in foster, mental health or forensic systems. This population has not extensively been studied, there are large gaps of knowledge regarding the TAY population and more specifically Latino TAY, despite the growth of this population. Because of this, it is important to be cautious to not over generalize findings to general populations who have not been in systematic care long term. However, this research can be used as base to explore the unique challenges and needs that present during the transition from adolescence to adulthood, and how it might have applied to emerging adult Latinos.

Theories Guiding Conceptualization

In western culture it is frequently thought that in order for adolescents to progress developmentally, they must separate and individuate from their family of

origin, develop external intimate relationships, and establish their identity in relation to their career and financial independence (Mandarino, 2014). However, clinicians must be aware of how social roles may differ in Latino cultures and communities. Latino cultural values include, family loyalty, closeness, and contribution to the immediate family and extended family (Ayón, Marsiglia & Bermudez-Parsai, 2010). As a result, these transitions may present differently for emerging adult Latinos. During this transitional stage, individuals begin to go through significant changes physically, emotionally, and financially. Physically they may still be developing and creating their body image and concept of self-concept in relation to this development. Emotionally and psychologically they are forming their identity, identifying their sexuality and exploring new roles. Financially they maybe in the process of completing higher education or entering the work force.

Emerging adulthood theory explores unique development throughout the transition from adolescence to adulthood. The theory of emerging adulthood defines a unique developmental period, focusing on ages 18 to 25. It a period of development which is

"neither adolescence nor young adulthood but is theoretically and empirically distinct from both…it is distinguished by relative independence from social roles and from normative expectations. Having left the dependency of childhood and adolescence. And having not entered the enduring responsibilities that are normative

in adulthood, emerging adults often explore a variety of possible life directions in love, work, and world views" (Arnett, 2003).

For emerging adult Latinos this developmental period that has not been widely researched. When comparing the transition to adulthood there are some differences in minority groups compared to their non-Latino counterparts. Emerging adult Latinos have been found to perceive their emergence into adulthood in relation to their ability to meet roles relating to others (e.g., being able to financially support a family) which differs from their non-Latino counterparts. (Arnett, 2003). However, empirical evidence states that "becoming independent from parents and learning to stand alone as a self-sufficient person" is believed to be requirement for adult status regardless of ethnicity (Arnett, 2003). It is important to the field of social work to explore how this theory fits in relation to Latino culture and acculturation, and further, how it impacts or molds the beliefs regarding mental health and mental health services held by this population.

Ecological systems theory is a model of development that focuses on an individual's context in relation to various levels of community and broader interaction with society. In this theory interaction is explored at several levels. In the microsystem, interactions are focused on those who directly interact with the individual, such as family, partners and close friends. In the macro system the focus is on interaction and inter-relations between large institutions such as, their community, school systems, medical clinics, and police (Zastrow & Krist-

Ashman, 2010). Garcia (2012), states researchers focusing on mental health in Latino communities often place cultural norms and beliefs in the forefront when utilizing the ecological model. An example includes focusing on norms such as famialism and authority of parents and how these norms impact the individual. In doing this, ecological theory can be used to explore how cultural values and norms impact an emerging adult's views on mental health services and utilization. Researchers and clinicians cannot assume that cultural norms and roles translate from western culture to Latino culture. They must be able to make the connections between culture and access or barriers to treatment.

Summary

        This exploratory study focuses on the beliefs about mental health services among emerging adult Latinos. When exploring current research there is a gap of knowledge regarding this population their unique views on mental health services. As the populations of young Latinos continues to grow, it is crucial to have a better understand of their needs and develop effective ways to treat their mental health needs appropriately. This population will quickly develop into adults and parents, further impacting future generations and society. By providing recommendations for outreach and treatment this study hopes to bridge the gap of service utilization and improve mental health wellbeing.

CHAPTER THREE

METHODS

Introduction

This chapter discusses the research methods used in this study. It describes the design of the study, sampling, data collection and procedures. It explores the reasoning behind selection of participants in the study, identifies independent and dependent variables and discusses instruments used in the study.

Guiding Questions

The purpose of the present study was to explore beliefs about mental health services among emerging adult Latinos, focusing on cultural perceptions of mental health services, stigma, awareness of services and identified barriers to services.

The following items are guiding questions for the present study:

1.) Do emerging adult Latinos believe mental health services can be beneficial?

2.) Are they knowledgeable about services in their community?

3.) What do they identify as barriers to accessing service?

Design

This study is exploratory in nature. It is designed to explore the beliefs about mental health services among emerging adult Latinos. This is a population that has not been widely studied, despite having known disparities in access and utilization of services, as well as having additional factors, such as generational status and acculturation, which can increase risk for mental health. This study primarily employed quantitative design however two two qualitative questions were included within the survey. The survey was created and hosted online. The rationale for utilizing this method touches on two issues; time limitations and the sensitive nature of the material. Limitations to this design include; inability to ask more in-depth questions, sample size, time constraints and inability to observes non-verbal behavior of participants.

Sampling

In order to participate individuals were required to be between the ages of 18 and 25 and self identify as Latino. There were no additional criteria for participation. Participants in this study were obtained by utilizing a predominantly Latino community church. The church was a non-denominational Church in the greater Los Angeles area within Southern California. This community is located in an urban area. The Census bureau (2010) describes an urban area as "consisting of a central place(s) and adjacent territory with a general population density of at least 1,00 people per square mile, of land area that together have a

minimum residential population of at least 50,000 people." Due to lack of

response utilizing this location, the researcher created 4 links to the survey and

made them available via social media sites. These links were them distributed

using the snowball sampling method to individuals who identified as eligible

participants.

A total of 43 participants completed the survey for this study. It was

decided that individuals would be collected from the general population and not a

mental health facility to better gauge the general understanding of the mental

health and mental services within the Latino community. The rationale for not

utilizing mental health site to gather a sample was that individuals currently

involved with mental health treatment might be more aware, knowledgeable and

accepting of mental health services than the general population. Participation in

this study was voluntary and participants were informed that they could opt out of

completing the survey at any time.

Data Collection

Data regarding beliefs about mental health services among emerging

adult Latinos was collected for analysis.

<u>Demographics</u>

Demographics were gathered to gain a better understanding of participants included in the study, as well as exploring the impact of these characteristics on responses. The data collected included age, gender, ethnic identity, education, generational and marital status.

<u>Instrument</u>

The survey consisted of four categories, cultural perceptions of mental health, stigma, awareness of services and identified barriers to services. To gain a better understanding of the relationship between culture and beliefs on mental health services questions were designed to explore how culture impacts this population in ways that may differ from previously studied populations. Questions to assess stigma were utilized to determine the impact of stigma on emerging adult Latinos. Further, to identify barriers to access and utilization of mental health services, questions were developed to explore how barriers differed from previously studied Latino groups. The Community Attitudes Toward the Mentally Ill (CAMI) was adapted to develop questions related to stigma. This instrument has been widely used to study stigma towards mental illness. It is a self report-inventory used to measure public attitudes towards mentally ill and includes 4 subscales (authoritarianism (AUTH), benevolence (BNVL), social restrictiveness (SRST) and community mental health ideology (CMHI). The alpha coefficients for all scales have been found to be reliable (Ukpong & Abasiubong, 2010). Additionally, questions were designed by examining current literature and

adapting questions, which were previously explored in qualitative research, to this particular population. Within this study belief about mental health and mental health services were the dependent variables. Independent variables included and explored were gender, education, generational and marital status.

Procedures

This study was promoted at one physical location, within the Los Angeles area. Individuals who elected to participate were provided with a packet. Each packet contained an informed consent sheet, the survey and a debriefing sheet All surveys were completed on the day the survey was provided. Additionally, four active links were created and made available to eligible participants via social media sites.

Protection of Human Subjects

In order to protect participants in this study, each individual was provided with an informed consent form. The informed consent provided detailed description of the study as well as its purpose. It informed participants of their ability to withdraw at anytime, as well as to inform them that all data collected was confidential, and no identifiable information would be collected. All forms used common language to ensure all participants could thoroughly comprehend the materials provided. Both paper and online respondents were provided with

the consent on the first page of the survey and were provided with the option to agree or decline participation.

Data Analysis

In this study a total of 43 surveys were collected and analyzed. The survey asked a total of 45 quantitative and 2 qualitative questions. The measurements used were ordinal (questions utilized a Likert scales) and nominal (i.e., demographics and identifying barriers). The results from data collection were exported from the hosting site Survey Monkey and SPSS (Statistical Package for the Social Sciences) version 22 was used to analyze the data. The researcher utilized frequencies for this analysis.

Summary

This chapter discussed the research methods used in this study as well as the process that was followed to gather the sample and data collection. Further, it discussed development of questions used within the survey. A total of 43 participants completed the survey: The data was analyzed using SPSS.

CHAPTER FOUR

RESULTS

Introduction

This chapter will review the findings of the current study exploring the beliefs about mental health services among emerging adult Latinos. The survey was designed to be exploratory in nature. The chapter first discusses the demographic characteristics of the respondents. Additionally, it presents the results of the quantitative and qualitative data collected, details the statistical analysis used to analyze the data and presents the beliefs about mental health services among emerging adult Latinos including barriers, cultural beliefs and knowledge of service locations.

Presentation of Collected Data

The researcher utilized both paper copies of the survey and created 4 active links to the survey which were made available via social media, criteria for participation is outlined in-depth in chapter three. Sixty-two surveys were collected in total. Six completed paper copies were collected. Nineteen online surveys were discarded due to being activated with no response. Three surveys were removed as the participants identified as Caucasian/White and did not meet the criteria. The total number of valid surveys was 43.

Descriptive Statistics

Table 1 depicts the demographic characteristics of the study sample. Of

the participants surveyed the modal age was 25, (Mean= 23.17, SD=2.20).

Frequencies reported that females were the largest percentage of respondents

(69.77%), followed by males (25.58%) and gender fluid individuals (4.65%).

Frequencies demonstrated that 34.88% of respondents had some college,

23.26% had a bachelor's degree and 18.6% had a graduate degree. Additionally,

4.76% of participants reported immigrating as a child, 2.38% immigrating as an

adult, 59.52% being first generation, 19.05% being second generation and

14.29% being third generation. All demographics discussed are represented in

the table below.

Table 1. Demographic Characteristics.

Variables	N	%
Age		
18	1	2.38
19	4	9.52
20	2	4.76
21	4	9.52
22	1	2.38
23	3	7.14
24	11	26.19
25	16	38.10
Gender		
Female	30	69.77

Male	11	25.58
Gender Fluid	2	4.65
Education		
Less than high school	1	2.33
High school or equivalent	7	16.28
Some college	15	34.88
Associate degree	2	4.65
Bachelor degree	10	23.26
Graduate degree or higher	8	18.6
Generational status		
Immigrated as a child	2	4.76
Immigrated as an adult	1	2.38
First generation	25	59.52
Second generation	8	19.05
Third generation	6	14.29

Findings

Frequencies were run on the responses of participants to analyze their responses regarding the discussion of mental health issues within their culture. Respondents were asked to us a Likert scale to identify if they felt the statement "In my culture we do not discuss mental health issues" was, "very true" indicating that they agree with the statement in relation to their culture or conversely "not at all true" indicating that they did not believe this statement was not a true representation of their cultures beliefs. Twenty-nine percent of respondents felt that this statement was true, with 16% stating they believed it to be very true,

17.7% felt this was not true and 6.5% responded that this was not at all true. These responses are depicted below in Figure 1.

In my culture we do not discuss mental health issues

- 7.32%
- 24.39%
- 26.83%
- 41.63%

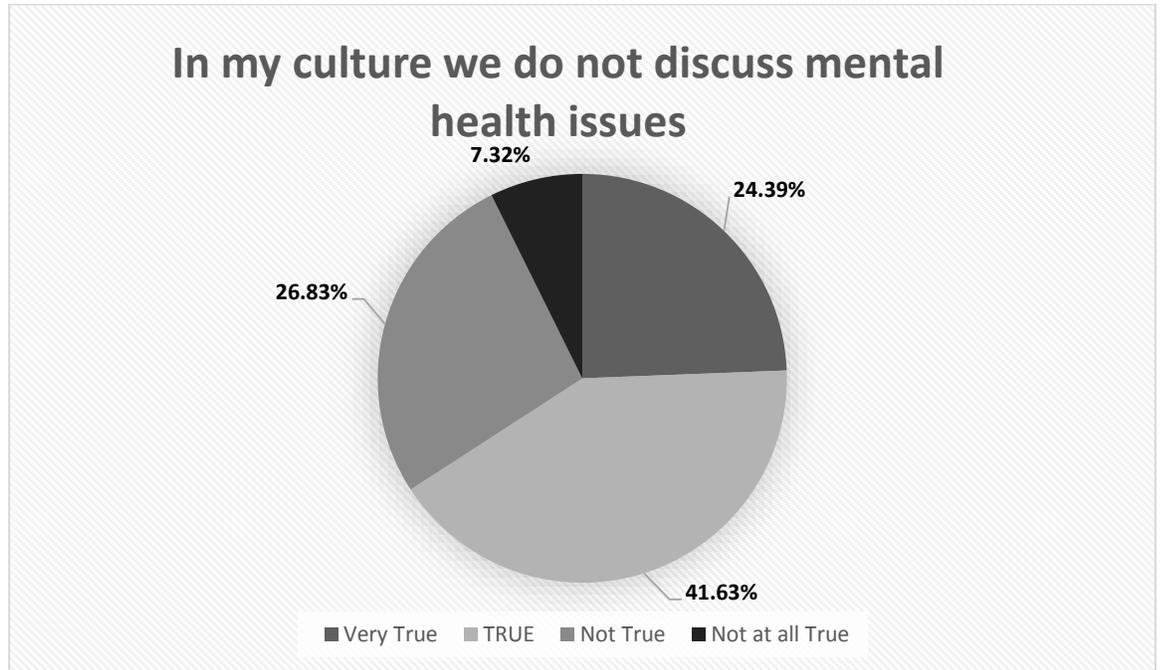■ Very True ■ TRUE ■ Not True ■ Not at all True

Figure 1. Discussion of Mental Health Issues.

Figure 2 presents frequencies run on respondent's knowledge of mental health service locations. More than half of those surveyed (54.76%) reported that they were not aware of any location for individuals within their age range (18-25) to receive mental health services. This is depicted in the figure below.

Knowledge of Mental Health Service Locations

22.62%

54.76%

22.62%

■ Not aware of locations for service   ■ Aware of 1 Location for service
■ Aware of 2 or more locations for service
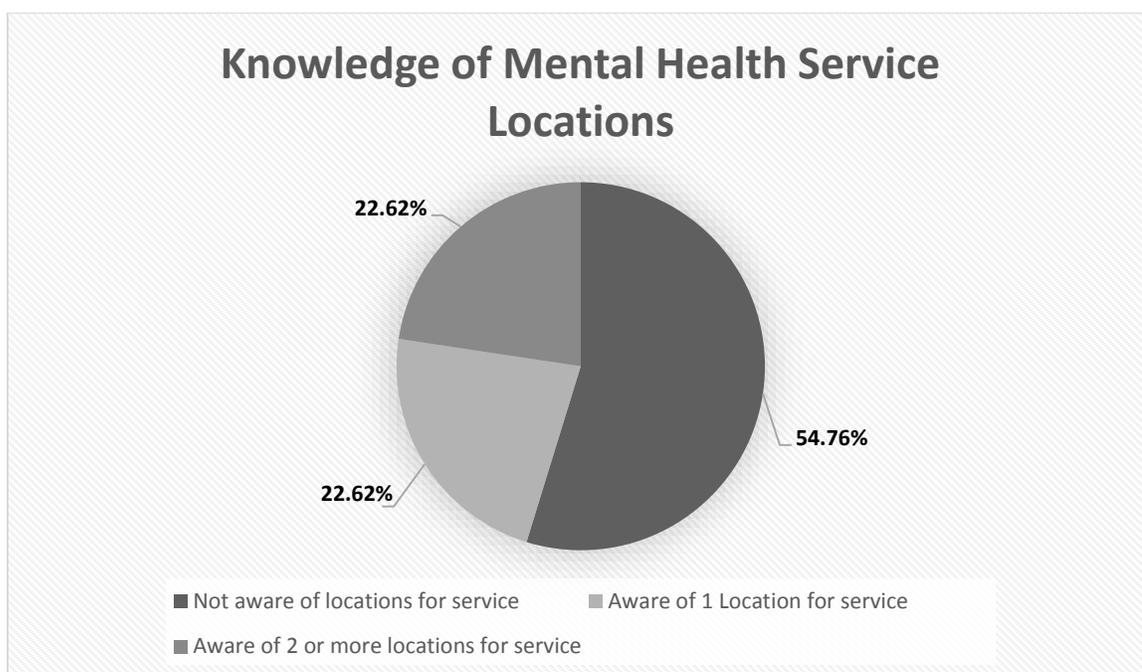
Figure 2. Knowledge of Mental Health Service Locations.

Figure 3 explores the participant's beliefs that mental health services (psychologists, therapy, medication) can be beneficial for those experiencing mental health issues. Frequencies were run to determine the response of the participants. Forty-eight percent of participants believed this to be very true, 17.7% believed it to be true, 1.6% did not believe mental health services could be beneficial and 1.6% of respondents believed that mental health services could not be beneficial. These results are depicted in the figure below.

Mental Health Services can be Beneficial

2%
2%
26%
70%

■ Very True ■ TRUE ■ Not True ■ Not at all True
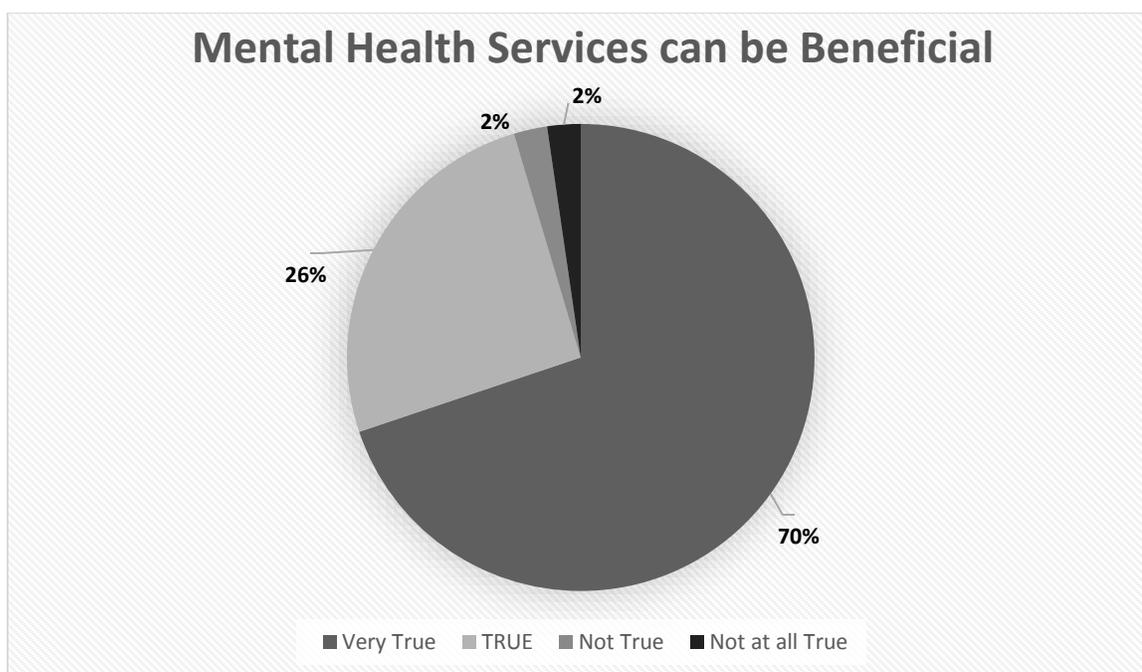
Figure 3. Belief that Mental Health Services can be Beneficial.

Frequencies were run to explore who emerging adults were likely to reach out to if they were experiencing mental health issues. Thirty-five point seventy-one percent of respondents reported that they would first reach out to their friends. This was followed by 26.19% who reported that they would reach out to parents, 19.05% would reach out to a doctor, 11.9% would reach out to a mental health specialist, 4.76% stated they would reach out to extended family and 2.38% reported that they would not reach out to anyone if they were experiencing mental health issues. This is depicted in the table below.

Table 2. First Outreach upon Experiencing Mental Health Issues.

Individual	N	%
Parent	11	26.19
Extended family	2	4.76
Friends	15	35.71

Individual	N	%
Mental health specialist	5	35.71
Doctor	5	11.9
No one	1	2.38

Table 3 explore barriers to to seeking service. Frequencies were run to explore the perceived barriers to accessing mental health services. Approximately 40.3% of respondents reported that not being sure they had a problem would act as a barrier to seeking service. There was an equal response with 32.3% of respondents stating that not knowing any locations to access service and 32.3% stating not wanting to be perceived as "crazy" would act as a barrier to seeking mental health services.

Table 3. Barriers to Seeking Services.

Barrier	N	%
Not knowing locations for accessing service	20	32.3
Worrying what my family might think	19	30.6
Worrying about what my friends might think	10	16.1
Not wanting to be perceived as crazy	20	32.3
Not being sure I had a problem	25	40.3
Not being able to access a Spanish speaking therapist	1	1.6

Two qualitative questions were asked within the survey. First, the respondents were asked to identify their ethnicity and provided with a text box to enter their own response. The response to this question consisted of a broad range of identities. Three respondents were excluded from the study as they identified as Caucasian/White. The most common responses were Latino or Hispanic. However, there was diversity in response with some respondents identifying as Xicana, Mexican-American, Mexican and Afro-Latina. The second qualitative question asked respondents "Do you feel that you see mental health services differently than older (30+) individuals in your culture?" Of the 43 respondents, 25 participants provided a response. These responses were then evaluated and coded as "yes, difference", "no difference", "neutral/unsure" and "some difference". Of the responses collected, 21 were coded "yes, difference" with several more comprehensive answers as to why they felt there is a

difference in the way mental health services are viewed by emerging adults. Examples of this included "Yes, I think it's okay to want to make sure your mental health isn't compromised since our generation has been exposed to so many more factors that can contribute to mental health issues." Another response stated "Yes, less stigma in my generation." Three participants responded with "some difference", 1 reported being "neutral/unsure" and 3 reported that there was "no difference."

Summary

The results section of this thesis presented the findings of the survey designed to explore the beliefs about mental health services among emerging adult Latinos. The researched utilized quantitative analysis to present the responses of participants. The study also utilized qualitative analysis to explore to explore themes in response. The respondents ranged from 18 to 25 years old and had diverse education levels, ethnic and generational identities. According to the responses of the participants emerging adults largely believed that receiving mental health services can be beneficial, they were more likely to reach out to friends for support when experiencing mental health issues and identified several barriers that were likely to prevent them from accessing service such as knowledge of resources and concerns regarding stigma.

CHAPTER FIVE

DISCUSSION

Introduction

This study explored the beliefs about mental health services among

emerging adult Latinos. This chapter discusses the of the results of the data

collected, explores limitations to the current study and implications for the field of

social work, and provides recommendations for future research, clinical practice

and policy advancement.

Discussion

Based on current literature exploring Latino mental health and barriers,

Latino populations continue to utilize mental health services less frequently than

their non-Latino counter parts (Berdhal & Torres-Stone, 2009). Previous research

has documented barriers, such as less general knowledge regarding mental

health issues, less awareness of resources than the general population, stigma,

and language as factors that prevent the Latino population from seeking and

accessing mental health services. As this population continues to rapidly grow, it

is essential that social work and the field of mental health gain a more in-depth

understanding about their beliefs about mental health and services, explore

possible barriers and develop new ways to outreach, engage and retain them in

treatment. The emerging adult Latino population is at a pivotal point in

development. They are becoming adults in a difficult economic climate and having to navigate the complexities of two (or more) cultures. These cultures often have differing views on roles that establish define adulthood and further impact access to mental health care. When individuals experience mental health issues during this critical time, if they are unable to access services, they are likely to face difficulties adapting to the challenges of new roles presenting in adulthood and can as a result, life long consequences, when untreated or undertreated, mental health symptoms and environmental problems can persist into adulthood and worsen (Allan et al., 2014).

Findings in this study show that the Latino emerging adult participants believed that mental health services can be beneficial for individuals. Approximately 97% of respondents felt that this statement was true or very true. The findings of this study show that respondents believe that nearly anyone can experience mental illness and do not identify it as as lack of self-discipline or will power. These results show respondents may have less stigmatizing views of mental health services and mental illness. Additionally, findings show that 76% of respondents feel that there are not sufficient existing services available for those experiencing mental illness. However, approximately 67% of respondents reported that mental health issues are not discussed in their culture. They identified concerns about what their family (48.72%) and friends (25.64%)might think, not wanting to be perceived as crazy by others (48.72%) and not being

sure they had a problem (61.54%) as barriers to accessing service. These responses are consistent with previous findings and might illustrate that while this population is becoming more open and receptive to mental health services, they are still impacted by stigma towards mental illness that exist within their culture. This study found that more than half (54.76%) of the participants did not know of any locations for emerging adults to access service in their community, while 35.71% stated that they would reach out to friends (peers) if they were experiencing mental health symptoms. These are important barriers for further exploration and support previous findings that state Latinos have less general knowledge regarding mental health issues and availability of resources than their non-Latino / Caucasian counterparts. This is further impacted by their likelihood to reach out to peers when experiencing mental health issues, as they are likely to also be lacking in general knowledge. Again, this finding supports previous research that shows Latino populations are less likely to reach out to mental health professionals than their non-Latino counterparts.

These findings are important to the field of social work and mental health because they are promising and hopeful. The findings show that emerging adults believe in mental health services, they acknowledge that anyone can experience mental health issues, and they believe that they would choose to seek out help if they were personally experiencing symptoms. Community education, empowerment and appropriate clinical treatment can act as a foundation for

further discussion, more effective treatment and preventive care, leading to more positive outcomes for this population.

Limitations

While this study was designed to be exploratory in nature, there were several limitations. This study was initially designed to be distributed in a paper format. Due to limited participation, several links for the survey were created and distrusted via social media. This is an important consideration to make when working with younger populations as they are more readily engaged in technology and media use such as smartphones, computers and social media. As a result of these links, 62 surveys were activated with only 43 completed responses. Further, the sample was consisted predominately of females (N=30), with few males (N=11) and fewer gender fluid individuals (N=2). Due to the small sample size of participants and the he limited representation of males and gender-fluid individuals the ability to generalize the findings is impacted. The time frame for both distributing and collecting collecting data also acted as a limitation, as it was limited to a span of 60 days. By increasing this time frame more data may have been collected and might have captured a greater representation of genders. Additionally, using social media as a primary source of recruiting may have impacted the sample. For example, this may have excluded individuals who have limited or no access social media platforms due to lack of internet access from the sample.

Recommendations for Social Work Practice,
Policy and Future Research

Based on the data collected from this exploratory study, there are several recommendations for different aspects of social work practice including: clinical practice, policy advocacy and future research. First, it is important for practicing clinicians to mindful and practice cultural humility when engaging this population. The data collected in this present study illustrates how ethnic / cultural identity and beliefs can vary between individuals. When clinicians view populations, such as Latinos, as homogenous groups they fail to connect with the unique identity of the individual and their environment. While general knowledge of Latino culture as a whole can be beneficial for clinicians, it is important for them to go beyond these basic assumptions of culture and identify to gain a deeper understanding of how this presents in the client's life. In doing so, the clinician is better able to establish rapport, capture their strengths and develop a more effective treatment plan.

An area for future research to benefit this population might include more in-depth qualitative studies. This type of research can provide more detailed and richer information regarding this populations views regarding mental health and how they perceive intersection of culture and mental health. Future research might also explore how to best promote community education regarding mental health services and programs that would be most effective in reaching this distinct population.

Lastly, it is important that macro practitioners continue to advocate for the needs of this population. More empirical research regarding treatment, outreach and documentation of the unique needs of this population can lead to securing future funding sources. Ultimately, this can help to develop and promote programs that will be effective and empowering, creating communities that have knowledge, resources and power to nurture and maintain their own wellness.

Conclusion

The purpose of the study was to gain an understanding of the beliefs about mental health services held by emerging adult Latinos. This study has shown the population is more receptive to the use of mental health services and acknowledges that mental health services can be beneficial. However, they continue to face barriers such as lack knowledge of resources in their community and cultural stigmatization of mental illness. This population will continue to see further and rapid growth and as previous studies have shown they are often at greater risk for experiencing mental health issues than adult and recently immigrated populations. With continued research, outreach and advocacy, this population can further develop its awareness of and evolve its acceptance of mental health services.

APPENDIX A

INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

Beliefs about Mental health Services among Emerging Adult Latinos

INFORMED CONSENT

The study in which you are being asked to participate is designed to explore beliefs about mental health services among emerging adult (18-25) Latinos. This study is being conducted by Ashley Cortez under the supervision of Dr. Armando Barragan, Assistant Professor of Social Work, California State University, San Bernardino. This study has been approved by the Institutional review Board of the School of Social Work Sub-Committee at California State University, San Bernardino.

PURPOSE: The purpose of this study is to gain a more in-depth understanding of how Latinos aged 18-25 feel about mental health services. The results of this study may help improve services to theses individuals by helping providers to better understand their unique needs.

DESCRIPTION: This survey will consist of 45 questions, asking about mental health services and culture. There questions were formatted to collect information documenting how culture impacts beliefs towards mental health services.

PARTICIPATION: Your participation in this study is completely voluntary; you are able to skip any question you do not feel comfortable answering. At any time during the survey you are free to withdraw from participation.

CONFIDENTIALITY: All indentifying makers of participants will be removed. Your response will be completely confidential.

DURATION: This survey will take approximately 20-30 minutes to complete.

RISKS: There are no foreseeable risks in participating in this study.

BENEFITS: There will not be any direct benefits to the participants but participants may help improve health care for emerging adult Latinos.

CONTACT: Please contact Dr. Armando Barragan at 909-539-3501 if you have any questions about this study.

RESULTS: Results of the study can be obtained from the CSUSB Scholarworks database after July 2016.

CONFIRMATION STATEMENT: I understand that I must be 18 years of age or older to participate in this study. I have read and understand the consent for and agree to participate in this study.

X_____ Date:_____

Place an X mark here.

APPENDIX B

DEBRIEFING STATEMENT

Debriefing Statement

The study you are participating in is designed to investigate the beliefs among emerging adult (18-25) Latinos regarding mental health services. All information collected will be kept confidential and the privacy of all individuals will be ensured. If have any questions and/or concerns regarding this study please feel free to contact supervisor Dr. Barragan, Assistant Professor at CSUSB at (909) 537-3501 or you may contact him via email, ABarragan@csusb.edu. The researcher would like to thank you for voluntarily participating in this research project. Results should be available by July 30, 2016. You may contact Pfau Library if you would like to obtain a copy of the findings of the study after it is completed.

APPENDIX C

INSTRUMENT

Instrument

Demographic Characteristics

1. What is your age

2. What is your gender?

3. Please Describe your ethnicity

4. Which best describes your current relationship status

5. What is the highest level of school/degree you have completed?

6. What is your generational status?

Beliefs about Mental Health/Mental Health Services

8. Likert based questions on a 4-point scale (Very True-Not at all True)

The mentally ill should not be given any responsibility
The mentally ill should be isolated from the rest of the community
I would not want to live next door to someone who had been mentally ill
Anyone with a history of mental problems should be excluded from taking public office
The mentally ill should not be denied their rights
Mental patients should be encouraged to assume responsibilities of normal life
No one has the right to exclude the mentally ill from their neighborhood
Prescription medication for depression is give only to people with severe mental disorders
Prescription medication for depression is for people who are not strong
A person who has been hospitalized for depression is dangerous
The mentally ill are far less dangerous than most people think
One of the main causes of mental illness is a lack of self-discipline and will power
There is something about the mentally ill that makes it easy to tell them from normal people
Mental illness is an illness like any disease
The mentally ill should not be treated as outcasts from society
Mental hospitals are an outdated means of treating the mentally ill
Virtually anyone can become mentally ill
The mentally ill for too long have been the subject of ridicule

We need to adopt a far more tolerant attitude toward the mentally ill in our society

There are sufficient existing services for the mentally ill

The best therapy for many mental health patients is to be part of a normal community

Locating mental health services in residential neighborhoods does not endanger local residents

Residents have nothing to fear from people coming into their neighborhood to obtain mental health services

Local residents have a good reason to resist the location of mental health services in their neighborhood.

9.Asnwer questions as they relate to your culture, personal experience or

beliefs. Likert based questions 4-point scale (Very True-Not at all True)

In my culture it is difficult to talk about feelings.

In my culture it is difficult to talk about sad feelings.

In my culture if someone visits a mental health professional she or he is considered crazy

In my culture it is okay to ask for help for depression or mental health issues.

In my culture we do not discuss mental health issues.

I know an emerging adult who has tried to get help for mental health issues.

I believe mental health services can be beneficial

I know someone who has received services for mental health services.

I believe my family would be opposed to me seeking mental health services.

I believe I would seek mental health services on my own.

10 To what extent are you aware of any locations in your community for emerging adults to access mental health services

11. If you felt you were experiencing mental health issues who would you reach out to first?

12. What might prevent you from seeking help for mental health issues (check all those that apply).

13. Do you feel that you see mental health services (psychologists, therapy, medications) differently than older people (30+) in your culture?

Created by Ashley Maxine Cortez (2016)

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