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SOCIAL WORKERS' PERCEPTIONS ON FACTORS INFLUENCING THE UNDERUTILIZATION OF MENTAL HEALTH SERVICES AMONG LATINO MEN

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AMONG LATINO MEN

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

————————————————

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

————————————————

by

Brenda Barajas

Iris Monzerrat Espinoza

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ABSTRACT

The purpose of this study is to identify social workers' perspectives on the barriers and motivating factors impacting Latino men in seeking mental health services, and to seek ways to overcome the barriers. Research has established that Latino men suffer from mental health problems at a similar rate compared to other populations, yet they underutilize mental health services. Given the rapid growth of the Latino population that continues to need mental health services, the findings of this study may influence the social work field to develop programs and interventions that are geared towards encouraging Latino men to seek services. They may also assist in preparing clinicians entering the field. This qualitative study used individual interviews as a tool to find themes from social workers' point of views on the subject. The results from interviews were transcribed to written document. Major themes identified include barriers, motivating factors, and recommendations for change.

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DEDICATIONS

Para mi Madre, que todo lo que hago es por ella. Gracias mamá por todos sus sacrificios y el ejemplo de mujer luchadora que ha sido para mí. Estoy donde estoy porque usted me enseño que debemos seguir adelante y demostrarles a los demás que si podemos. Por mi familia hago lo que sea y seguiré adelante por ellos. ¡Mis logros son NUESTROS logros familia!

Special thanks to my husband who put up with all my melt downs and tantrums when the stress got real. Thank you my love for all your support and understanding through this program! When I was ready to give up, you were always there to pick me up and push me through it. This degree is also yours because you went through it with me. TE AMO!

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-Brenda Gonzalez Barajas

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<div align="right">-Iris Espinoza</div>

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

Problem Statement

In the Latino culture, like in many other cultures, socially constructed scripts for gender roles are taught and reinforced starting in childhood. The Latino culture embraces *machismo* to define the role of males, and consequently, Latino males are taught the expectations of being a man at a young age, based on this ideology. The concept of *machismo* refers to the masculine ideology, behaviors, and the attitudes that pertain to the male role. Nuñez and colleagues (2015) stated that *machismo* usually carries a negative connotation, which includes dominance, aggression, sexism, sexual prowess, and reserved emotions, among other things. The characteristic of reserved emotions is especially reinforced in a Latino male's upbringing, as they are taught not to cry or talk about feelings because those are behaviors that pertain to the female role. Fragoso and Kashubeck (2000) have found that high levels of *machismo*, also bring higher levels of restrictive emotionality, and consequently lead to higher levels of depression and stress, as well as other mental health problems.

The negative mental health effects of strict masculine gender norms should be considered to be an important mental health concern in social work. A study conducted in the Los Angeles area demonstrated high prevalence rates of alcohol abuse and dependency in Latino men, specifically Mexican American men (Fragoso & Kashubeck, 2000). These findings suggested that the drinking

behavior may be due to the *machismo* culture, or to other primary mental health problems Latino men may have but are not treated for (Fragoso & Kashubeck, 2000). Although the rates of mental illnesses are similar between Latinos and Whites, Whites are 60% more likely to receive mental health treatments (NAMI, 2016). Furthermore, only about 20% of Latinos with a psychological disorder consult a general health-care provider about their symptoms, and just 10% contact a mental-health specialist (NAMI, 2016). The number of Latinos who seek mental health services is very low, given that they suffer from mental health illnesses at similar rates as Whites do. The discrepancy between Latino underutilization of services despite the high need for services, highlights the urgency for social workers to better understand and address the mental health concerns of Latino men.

The population of Latinos in the United States continues to grow, therefore, services dedicated to this vulnerable population will be needed at higher rates. It is projected that the Latino population in the United States will rise to about 102.6 million by 2050 (Furman et al., 2009). By this time, social workers should try to attract the population of Latino men into mental health services.

The social work profession in the mental health field should aim to grasp a better understanding of the aspects that help or hinder Latino men when seeking mental health services. Gaining such knowledge may help social workers draw Latino men into mental health services, and give them the knowledge and skills necessary to provide high quality services to Latino men.

It may not be easy to deliver mental health service to the thousands of Latinos who need it, but it is part of the National Association of Social Workers (NASW) Code of Ethics to serve vulnerable populations, therefore, the social work field should be actively involved in doing so. There is a need for changes at the macro and micro level in order to address this issue. The lack of awareness about the factors that help or hinder Latino men to seek mental health services, is impeding social workers to make the changes necessary to offer quality services to Latino men. Considering the small percentage of Latino men that obtain mental health services, it is evident that the social work field should focus on making a change to better serve this population.

Previous research studies have explored the underutilization of mental health services among men, yet there have been limited studies exploring the problem among Latino men. Although existing mental health awareness programs encourage all populations to seek services, there aren't any specific that address cultures or subcultures of men, such as Latino men. This study may allow social workers to gain knowledge on the aspects of Latino men that encourage or discourage them from seeking mental health services. Understanding how aspects such as masculinity affects Latino men in seeking help, can aid service providers in addressing the issue through interventions that take these into considerations, such as removing language that has stigma attached (Tang, Oliffe, Galdas, Phinney & Han, 2014).

Purpose of the Study

The purpose of the research study was to explore what social workers believe are some barriers and motivating factors impacting Latino men to seek mental health services. Social workers need to take into account that masculinity, or *machismo*, plays a large role in discouraging Latino men in seeking mental health services when planning and implementing interventions. Researchers hoped this study would lead to social workers' recommendations, based on their knowledge and experience in the mental health field, that could help address the problem.

There is a great disparity in the rates of mental health services provided to Latino men in comparison to other populations. Due to this disparity, Latino men may consequently be struggling with mental health issues, such as, depression, substance abuse, stress, and more. In order to address this problem of the underutilization of mental health services by Latino men, it is important to look into what barriers and motivating factors are helping or hindering Latino men to professional help. It is also important to find interventions that can be modified and implemented in order to make an effective change regarding the utilization of services among this population. Once these measures are taken into account, it will assist social workers in being better equipped to work with this population.

The research method that was used in this research study was an exploratory qualitative design. The study utilized open-ended questions as a qualitative interview design that focused on the point of view of a group of social

workers in the mental health field. This research design was selected for the purpose of pursuing in-depth information about social workers' experience in working with Latino men in the mental health field. The qualitative interview design was also selected because it provided quality information about important factors surrounding the problem of underutilization of services by Latino men.

Significance of the Project for Social Work

Previous studies have found a correlation between masculinity and men's willingness to seek mental health services. This correlation has helped social workers be more aware about the areas that need to be addressed in providing services for men. Despite this, research exploration is further needed to focus on the factors that are specific to Latino men. The findings of this study provided information on barriers, motivating factors, and social workers' recommendations for change specific to the Latino male population. The findings may lead to the creation of new programs or interventions that may attract Latino males to seek mental health services. Furthermore, it can change social workers' perspectives and approaches when working with this population to provide them with better quality services.

The research findings from the qualitative interviews provided knowledge from social workers' experiences when working with Latino men. These findings may aid current and future social worker in the mental health field to be better prepared when serving this population. The interview results may be helpful for

5

social workers to determine what changes are needed within their approach, or within their organization as a whole, to serve Latino males. Overall, the findings may also assist social workers in the process of gaining competence through understanding what encourages Latino men to seek mental health services.

This research study primarily focused on the evaluation phase of the generalist intervention process. However, it also took into consideration the planning and implementing phases of the generalist process. In this study, the evaluation phase consisted of analyzing social workers' views on the factors that motivate and discourage Latino men in seeking mental health services. The research findings from this study will be helpful when planning what interventions to implement in order to provide better quality services to this specific population.

The question this study addressed was: What do social workers believe are barriers and motivating factors impacting Latino men in seeking mental health services?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of an investigation of the research relevant to the subject of mental health and the factors impacting men in seeking services. The subsections include a review on previous literature about the mental health concern, masculinity, studies attempting to address the problem, gaps in literature, and gaps in methodology. The final subsection will investigate the Theory of Gender-Role Socialization and the Gender Role Conflict Theory, which may be significant to the underutilization among the Latino male population.

Mental Health Concern

Lopez (2002) indicated that the Latino community underutilizes mental health services compared to the general public, and this underutilization of services is a persistent problem to the United States. As previously stated, Latinos are among the fastest growing minority group in the U.S., however, there is a great disparity in mental health care for this population. Lopez (2002) suggested that failure to address this disparity will result in social and economic loss in the long run due to mental disorders being among the most devastating illnesses worldwide. Understanding the severity of this problem may help encourage policy makers and service providers to improving mental health services for the Latino population.

Studies have found a great disparity in the use of mental health services of men compared to women. Vogel, Heimerdinger-Edwards, Hammer, and Hubbard (2011) found that about 26% of adults experience mental health issues, yet only 11-30% of them actually seek professional help; moreover, men are less likely to seek treatment than women even when experiencing the same amount of distress. Although there is a high level of need for mental health services for men, there is also a high level of negative views among men about using mental health services (Cabassa, 2007; Good & Wood, 1995; Tang et al., 2014; Vogel et al., 2011). Research has indicated that public stigma, specifically, the negative views that society has towards people who seek professional help, plays a significant role in people's willingness to seek mental health services (Vogel et al., 2011). This may place men in a vulnerable position where they would prefer to hide and suffer from mental health problems rather than be criticized by others. Several research studies have suggested that the cause for this is the expectations of the masculine role and the restrictions it places on men to express their emotions (Good, Dell, and Mintz, 1989; Vogel, et al., 2011).

Masculinity

The concept of masculinity carries a great deal of limitations and restrictions that cause men to be presented with gender role conflict when it comes to seeking help for mental health problems. Certain themes surrounding masculinity influence men to avoid seeking help, such as denying weakness,

8

limiting self-disclosure, and the definition of strength (Tang, et al., 2014). Men are supposed to be strong, not weak, therefore, men make an effort to deny weakness to the public and to themselves (Tang, et al., 2014). Denying weakness to the public prevents them from becoming inferior to others and denying weakness to themselves helps them feel less depressed by avoiding self-labeling (Shephard, 2002; Tang, et al., 2014). It may be the case, that for a man to deny weakness makes them feel strong enough to believe they can overcome depression or other mental illnesses on their own.

Men tend to limit self-disclosure about their mental health problems due to the fear of being ostracized and ridiculed (Shephard, 2002; Tang, et al., 2014). Men do this especially when it is in regards to sharing their emotions with other men, or friends, because of the masculine gender norms that they are supposed to follow. Nevertheless, this can also limit men to practice autonomy and self-control with their emotions, which can help men feel like they have control over their lives (Shephard, 2002; Tang, et al., 2014).

It was also common among previous studies, that the definition of strength varied for most men depending on their upbringing and on their environment (Cabassa, 2007; Good &Wood, 1995; Tang, et al., 2014). Depending on the degree that men experienced gender role socialization as children, as well as whether or not they had a supportive environment, it affected their perception on seeking help and its definition of strength (Cabassa, 2007; Good &Wood, 1995; Tang, et al., 2014). It may be that the more men were taught to limit their

emotions as children, the more they will limit them as adults and the more they will avoid seeking mental help. Looking at these three themes that relate to masculinity and the way they influence men to avoid seeking help, may assist in having a better understanding of what factors impact all men in seeking mental health services.

<div align="center">Studies Attempting to Address the Problem</div>

Previous research studies have proposed different interventions that were believed to be effective in encouraging men to seek mental health services. Syzdek, Green, Lindgren, and Addis (2016) conducted a pilot study to attempt to address the problem of men's underutilization of mental health services through the use of motivational interviewing. Motivational interviewing was developed for the use of clients who are resistant to change in behavior and is made up of values that resolve the resistance for changing (Syzdek, Green, Lindgren, and Addis, 2016). Adding a gender component to motivational interviewing targets more specifically the needs of men to use mental health services, instead of avoiding or resisting them. This study consisted of college participants from the New England University, who completed a computer assessment and then received treatment of gender based motivational interviewing to help participants understand the process of counseling and to guide participants in reframing their view of help seeking to conform with their masculine values (Syzdek, Green, Lindgren, and Addis, 2016).

Syzdek's and colleagues' study found that gender based motivational interviewing may reduce psychosocial barriers that discourage men to reject seeking help. This intervention had a medium effect on encouraging men to seek professional help, as 39% of the men increased their use of professional help at follow-up, compared to 8% of a non-treated group (Syzdek et al., 2016). The study provided some evidence that by using a less-stigmatized approach like motivational interviewing and gender-based strategies can provide a more acceptable counseling process for men.

Another study by Wahto and Swift (2016) looked at whether or not changing labels referring to mental health providers (psychologist or counselor), settings (mental health clinic or counseling center), and treatments (problem-focused or emotion-focused) would serve as a way to reduce the negative view of counseling that men have. College male students were asked to read vignettes of a man who was experiencing depression symptoms, some contained mental health labels and some contained the less stigmatized words (Wahto & Swift, 2016). The study found that changing labels did not necessarily change the participants' perceived stigma about mental health. The aforementioned studies attempted to explore and test interventions that could have helped to address the problem of underutilization of mental health services among men, yet there are a lack of studies attempting to explore this problem specific to Latino males.

Gaps in Literature

A lot of the research has focused on looking at the factor of masculinity and how it discourages men in general to avoid seeking help but not much research has been done in looking at Latino men. Although there is some research that relates the concept of *machismo* to masculinity and gender role norms (Nuñez, et al., 2015), the research is limited. There is also a gap in looking at what social workers in the field believe are some ways that the problem could be addressed. Much of the research focused on the male college students' perceptions of mental health, rather than the social workers' perceptions on factors impacting men in seeking mental health services.

A considerable amount of the research studies used European American college student males as their sample population, which presents a gap in the literature in regards to age. Although the findings from these populations helped to better understand the concepts of masculinity, they did not provide much direction on how to apply the findings to other populations, such as Latino men.

Gaps in Methodology

The gaps in methodology pertain to the fact that most of the research studies conducted used gender-role conflict scales to look at the relation it has to negative views about seeking help. This means that a lot of the data was quantitative and not qualitative. Qualitative data, through the use of interviews, could provide better detailed information about the factors that affect Latino men

in seeking help. Furthermore, qualitative interviews with social workers on their perceptions of the factors affecting this problem provided recommendations on how to target the problem. Therefore, this qualitative exploratory design addressed the gap in the literature that focused only on men in general, and the gap in methodology that focused on quantitative data.

Theories Guiding Conceptualization

The theories that have guided past studies, in regards to the issue of men in mental health, have been the theory of Gender-Role Socialization and the theory of Gender Role Conflict. These two theories place a close look in distinguishing the difference between men and women in the mental health field, and most importantly, they highlight some of the factors that create the disparity.

Addis and Mahalik (2003) outlined that role socialization adopts the notion that men and women learn gendered attitudes and behaviors from cultural norms, values, and ideologies about what it means to be a man and what it means to be a woman. Men receive messages as children that certain behaviors are female behaviors and men should not do them. Behaviors involved with seeking mental health services, such as relying on others, admitting the need for help, and labeling an emotional problem, are against the behaviors that characterize men as being self-reliant, physically tough, and having emotional control (Addis & Mahalik, 2003). These messages received as children shape the way that men are expected to behave, yet when behaviors go against these

established characteristics of men it creates a conflict for men who may need services. This theory provides insight on the factor of masculinity that discourages men from seeking mental health services.

When men find themselves in a conflict due to male gender norms, it is called masculine gender-role conflict. Gender role conflict exists when a male gender role has negative consequences and results in limitation and restriction of certain behaviors (Beaglaoich, Sarma, and Morrison, 2003). Gender role conflict assumes that individuals conform to masculine standards and that when they do not conform, it can result in negative internalized self-judgments and negative social feedback, which then affects self-esteem and psychological well-being (Beaglaoich et al., 2003). This theory helps understand the high levels of depression and stress among men, and maybe more so with Latino men due to tougher masculine expectations.

The Gender-Role Socialization and the Gender-Role Conflict theories were adequate to use for the purpose of this study. These two theories provided information about possible factors keeping men from seeking mental health services and were helpful in looking at Latino men in specific. Latino men, as previously stated, are guided by *machismo*, which incorporates gender-role norms they must follow. Using these two theories can provide social workers with a better understanding about what factors are keeping Latino men from seeking mental health services and help them in addressing this problem by developing programs or interventions that target these factors.

Summary

This study looked at the aspects of being a Latino male that discourage them to seek mental health services, as well the factors that can encourage Latino men to seek mental health services, through social workers' perspective. Previous research studies have found that some aspects of masculinity, such as, denying weakness, limiting self-disclosure, and the definition of strength, play a role in discouraging men from help-seeking in regards to mental health (Tang, et al., 2014). Previous research studies have also looked at interventions that have been used to address the disparity of men in the mental health field, but none have attempted to address the Latino men population specifically. The Gender-Role Socialization Theory, as well as the Gender-Role Conflict Theory, can help social workers in the mental health field understand what discourages men to seek help and possibly apply it to Latino men. This study seeks to provide social worker's beliefs and perceptions on what information can be used to better understand the factors that impact Latino men in seeking mental health services.

CHAPTER THREE

METHODS

Introduction

This study sought to determine what social workers, working in the mental health field, believed are barriers influencing Latino men from pursuing mental health services. Additionally, it looked at what social workers' believed motivated those Latino men that did seek services. Furthermore, the study explored what interventions have been used to address the issue and identified interventions that have been effective. This chapter will provide information of how this study was executed. The sections of this chapter include: study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to recognize social workers' perceptions about the factors creating obstacles and factors motivating Latino men in seeking mental health services. The study also aimed to find the interventions that have been implemented and have significantly encouraged Latino men to seek services. This research design consisted of an exploratory framework, given the fact that there was minimal research looking at this issue from the social worker's perspective. Considering the importance of social worker's opinions in this sector, their insight uncovered new information not previously mentioned in other

studies. The qualitative design incorporated open-ended questions through individual interviews to collect data from subjects. This approach was used due to the participants' location and availability. Some participants were individually interviewed due to locality and scheduling conflicts.

An advantage in using an exploratory, qualitative framework through individual interviews was that it allowed individuals to share their knowledge and professional experience on this topic. Since previous research looked at the issue from a college male client's perspective, looking at this issue from the social workers' perspective provided new detailed information about barriers and motivating factors influencing Latino men to seek mental health services. Information obtained from individual interviews may contribute in beginning to determine influencing factors on the subject and future interventions to be implemented when working with this population.

A significant limitation of a qualitative design was personal biases of the participants, since they provided their own opinions and experiences. This research design also presented issues of anonymity due to the conditions under which the interviews were conducted. Even though the interviews were conducted privately between the interviewer and the participant, the participant may have been influenced to respond a certain way for the interviewer.

This research study addressed the question: what do social workers believe are barriers and motivating factors impacting Latino men in seeking mental health services?

Sampling

The research study utilized a non-random purposive sample of social workers working in the mental health field. The social workers were selected through personal references as well as by using a snowball technique. Participants' recruited through personal references were selected specifically because of their experience in the mental health field with Latino men. These participants referred further social workers that possessed these specific qualities and experience in the field. This sampling method was preferred over selecting participants from a specific agency because not enough participants with these qualities were found in one agency.

Since the sample was collected via the researchers' personal network, there was no need for approval from any agencies. Participants were contacted and informed about the process, and could choose to participate or not. The sample consisted of five participants. The sample included participants from different age ranges, level of experience, ethnicities, educational levels, and gender. All participants held a Masters of Social Work degree, with 60% of participants being Licensed Clinical Social Workers (LCSW) and 40% of participants were Associate Clinical Social Workers (ASW). The sample participants represented a variety of ages ranging from 27-64, with the median age being 50. There were three males and two females. Two participants identified as Anglo/Caucasian and three as Hispanic/Latino. Years of experience

in current field ranged from three years to thirty-eight years, with a median of 21.2 years of experience in current field.

<p style="text-align:center">Data Collection and Instruments</p>

Qualitative data was obtained through live individual interviews that were sound recorded, interviews took place in February 2017. The purpose of the study was described to the individual interview participants at the beginning of each session. Demographic information including age, years of practice in the field, ethnicity identification, type of degree held, and gender, was collected from each participant after introducing the research purpose (see Appendix C).

The individual interviews followed a process developed by the researchers. Assisted by the researchers' advisor, the researchers developed guidelines and procedures for the respective method (see Appendix B). Before delving into the social workers' perspectives, researchers identified whether or not the social workers participating believed this issue is actually a problem, and if so, researchers inquired about their knowledge, or understanding, in regard to the barriers that contribute to the problem. Therefore, an initial question asked was, "what are your thoughts on Latino men in regards to mental health?" Assuming that the social workers identified the problem of the lack of Latino men in mental health, another question asked was, "what do you believe are the barriers affecting this problem?" Moving on, the social workers were asked for their opinion on what may be some motivating factors encouraging Latino men to

seek mental health services. Researchers also asked about the social worker's experiences with the various interventions they have used, and whether or not they believed them to be effective in encouraging Latino men to seek services. Further open-ended questions were developed to receive the most insightful answers from the social workers. Researchers also used probing questions when clarification and more detailed responses were needed.

Procedures

Researchers contacted social workers from their personal networks, who then referred other social workers from their personal contacts, which created a snowball effect. Social workers were contacted and asked to participate via email. Researchers informed social workers about the study and the process of participation, and were asked to refer colleagues that may be interested in participating in the study. Once social workers agreed to participate in the study, researchers gathered availability times from participant to set up an individual interview session. Researchers followed up with each individual to communicate indicated time for interviews and confirmed their attendance.

The data from individual interviews was collected in private offices, based on the social worker's location. All participants were able to meet face-to-face for the individual interviews. The data was collected by two graduate student researchers, who then analyzed and interpreted the data. Individual interviews lasted thirty minutes to an hour, depending on the social worker's responses.

As participants showed up for the individual interviews, researchers provided them with informed consent form, consent form to be sound recorded, and a demographics questionnaire that they filled out. All forms were collected, the sound recording device was turned on, and the sessions began. Researchers discussed confidentiality information, the topic was introduced, and questions were proceeded to be asked based on the developed guidelines. At the end of the session, debriefing information was provided and participants were thanked.

Protection of Human Subjects

The individual interview participants' identity and personal information was kept confidential. Individual interviews were conducted in an agreed upon private location. For individual interviews, researchers informed participants about limits of confidentiality and participants were informed that a number, rather than their name, will be used to refer to them in the study if needed. All individual interviews were conducted in February 2017.

Participants were provided with an informed consent, which they read and signed, before taking part in the individual interviews. The informed consent also included a section for participants to consent to be sound-recorded. The sound-recording of the individual interviews was kept on a USB drive in a locked drawer. Researchers presented participants with a debriefing statement at the end of each individual interview. All confidential information was kept in a secure

place throughout the completion of the study and will be eliminated after some time.

Data Analysis

Data was collected through a qualitative approach. Sound recordings of the individual interviews was transcribed into written form. Participants were each assigned a number to be used as their identification when coding in order to identify which speaker gave specific responses. All verbal responses were included in the written transcription. Significant body language, such as hand gestures, head nodding, and eye contact, were also noted and included in the transcription and coding process.

Using content analysis, researchers categorized and coded responses into three major themes: barriers, motivating factors, and recommendations for change. Important themes and sub-themes were identified for each corresponding theme and assigned a code that was inputted into a code book. Important themes identified included: stigma, *machismo*, accessibility, qualities of clinicians, outreach, education, engagement/interventions, and organizational changes. The researchers reviewed the transcripts multiple times in depth in order to minimize error possibility. After responses were transcribed and coded, they were organized into an excel document and analyzed to find the themes and sub-themes.

Summary

The research study focused on looking at social workers' perspectives on the barriers, motivating factors, and interventions that affect Latino men in seeking mental health services. The individual interviews encouraged participants to share personal views and knowledge based on their experience in the field. The study sought to find possible effective interventions to address the problem at hand. Qualitative approaches utilized in the study allowed detailed information to be gathered.

CHAPTER FOUR

RESULTS

Introduction

Through qualitative interviews, participant responses provided meaningful insights into the use of mental health services among Latino men. Participant responses were transcribed and analyzed through coding to identify common themes. The central themes that emerged from participant responses included barriers, motivating factors, and recommendations for change. The theme of barriers included sub-themes of stigma, *machismo*, accessibility, and qualities of clinicians. The theme of motivating factors included one sub-theme of family aspect. The themes and sub-themes are supported by the use of direct quotes from the interviews. The current study found that social workers perceive that there are multiple barriers hindering Latino men from seeking mental health services. Social workers also believe there are a lack of motivating factors to encourage Latino men to seek mental health services.

Presentation of the Findings

The demographics of the study sample are presented in Table 1. The sample was comprised of a total of five participants. It consisted of 60 percent male and 40 percent female participants. Sixty percent of the participants were Hispanic/Latino and 40 percent were Anglo/Caucasian. The mean age of the participants was 50 with a standard deviation of 16.91. All participants held a

Master of Social Work degree, 60 percent were licensed clinical social workers and 40 percent were associate clinical social workers. The mean years of experience in the mental health field among the participants was 21.2 with a standard deviation of 13.95.

Table 1. Participant Demographics

Table 1 describes demographic data collected from study sample

	M (SD)	Percent
Gender		
Male		60
Female		40
Ethnicity		
Hispanic/Latino		60
Anglo/Caucasian		40
Age	50 (16.91)	
Education		
Master of Social Work		100
Years of experience	21.2 (13.95)	
Licensure		
LCSW		60
ASW		40

Barriers

Stigma

Participants identified stigma as a prevalent barrier hindering the use of mental health services by Latino men. Stigma was described as a general

negative aspect that mental health carries among the Latino community. Participants reported that when an individual seeks mental health services, they become exposed to unfavorable labeling. One participant stated:

Latino men… deny any mental health services because they don't want to be classified as having a mental health problem.

Another additionally stated:

...in the Latino population if you go to a mental health clinic, right away they think that you are "loco." That's it. No question about it. "Esta loco." So nobody wants to have that label on them.

Participants also referred to the lack of understanding about mental health as a contributing factor to the stigma behind the use of services. The lack of knowledge about mental health leads to the misunderstanding of services, which deters them from using them.

I think that Latino men and women, don't have a real understanding of what mental health is and I think that is cross cultural, it is not just a Latino thing by the way. Specific to the Latino population, there is a lot of stigma, because of the way that we are nurtured, the way that we are raised to think about mental health services as being a kind of a negative thing.

Machismo

Another commonly identified barrier was *machismo*. Participants used *machismo* in reference to Latino men's unwillingness to express their feelings and/or talk about emotions. Participants reported:

26

It's very hard for a lot of men to talk about feelings. And it is a weakness

for many men...In the Hispanic culture maybe there is a... I hate to say it,

but maybe there is even an exaggeration of that. The "*machismo*".

and

...the traditional (I'm going to say Mexican because my roots are Mexican)

'Mexican Macho' stereotype. Also, that men see seeking counseling or

therapy as a sign of weakness or possible threat to manhood.

Participants also stated that Latino men "cannot reveal emotions and be

vulnerable because that's a sign of weakness".

One participant sated:

There is this sense as a Latino man, this cultural sense that we are just

supposed to deal with these problems. There is this cultural fallacy, this

cultural myth, that we are supposed to be "strong". We have this idea that

we have to hold it down for our family, we have to be strong for our kids,

be strong for our wife, strong for our brothers and sisters, we kind of need

to keep the face up.

Another participant stated:

...there is a perception that we are not strong enough, that there is such a

need to keep it together as a Latino man because we carry so much, we

put on so much pressure.

<u>Accessibility</u>

Researchers found that a majority of participants believed the lack of mental health clinics in Latino communities is a barrier. As previously established, seeking mental health services is a struggle in itself; therefore, it is an additional deterring factor for Latino men to look outside of their communities to seek services. One participant stated:

I just think that there are very few clinics that are open and available to this population.

and another added:

When you're dealing with people who live in rural areas, they're not going to have access to those services.

A participant expanded:

Because if I give you a referral to go to a far place, we will not go. It's not that it's too far, it's like, I don't know...There's definitely that barrier, that 'not having easy access,' but it's more accessible when it's in their community.

That is definitely a barrier, we are doing these programs at the time of day when men are typically working.

Participants also identified hours of operation, transportation and cost of services as factors hindering access to mental health services. Participants expressed that "We are doing these programs at the time of day when men are typically working. Maybe we would have increased it by 10-15% or a little more

participation, if we would have provided services in the afternoons". One

participant described:

> In the Latino culture or neighborhood, where there is still a lot of traditional
>
> families where men are the only bread winners, that is often the reason
>
> why they would say they can't make it to a lot of the services.

A participant further described:

> Well maybe, hours of operation especially for our program we are not here
>
> after 4:30pm. So, if you're a working person then it is not very good
>
> access. So, it could also be transportation. So yeah, I would say that our
>
> hours of operation and the distance it is to get to the clinics. I don't know
>
> of any clinics specifically down in this area where they can go after hours
>
> or that accept people without Medi-Cal.

Another participant added:

> The cost. That is a barrier, how much does it cost? If we're talking about
>
> trying to reach, say people that are immigrants and don't have access to
>
> insurance, they're not going to be able to access those services. Even
>
> though Medi-Cal will cover some mental health services, some people
>
> don't want to apply for Medi-Cal or if they have Medi-Cal, it gets back to
>
> will they seek those kind of services?

Qualities of Clinicians

Researchers found that in order to provide appropriate services to Latino

men, clinicians should possess specific qualities, yet they are currently limited.

Participants described these qualities to include language, cultural competence, and gender.

Participants highlighted "You have to speak the language in order to welcome Latino men". One participant stated:

I think that it will be very helpful to have male therapist there, because I can see them relating far better to a male therapist, instead of a female therapist all the time. I mean, look at the field of social work, it is mostly all women, so I think that we need more men in these positions.

Another participant described:

I believe strongly in providing services that are culturally appropriate and sensitive. Just because you speak Spanish by itself doesn't mean you're going to be able to provide the optimal level of care. Because there's a lot of people who speak Spanish but they are really not sensitive if they don't know the culture. So, like if you're born in California, for instance, and speak Spanish, it's different. But I was raised with grandparents from Mexico. My parents were born in the US but I learned how to speak Spanish from my grandparents. But that's a big one: the language barrier.

Motivating Factors

Researchers found that participant responses regarding motivating factors indicated family aspects to be the only sub-theme. All the participants reported that the influence of family had a great impact on whether Latino men seek

mental health services. The following are responses highlighting the importance of family:

> Men who seek mental health services usually have a support system in place such as, maybe a wife who believes in mental health services. Or I believe that if other family members, especially males, have sought treatment then that's a... you know, it might be encouraging for them.
>
> I would think that, if they really saw the value and they felt that they could help their family I can see them going more, if they can help somebody else than help themselves.
>
> The one thing that will drive a Latino man into a therapy session, more so than anything else, is the potential fear of losing a relationship, divorce. It's the possibility of losing that family nucleus. Losing a family, losing a partner, and when a woman confronts a man on that, believe in me, you will be getting a lot more Latino men going through those therapeutic doors, than in any other situation.

Recommendations for Change

The last theme researchers found encompassed a vast number of suggestion for change. Participants provided multiple ideas that may be used to encourage Latino men to seek mental health services. These suggestions included outreach, education about mental health, engagement/interventions for Latino men, and organizational changes.

The following are suggestions for outreach:

We should also be visiting places where you have a large congregate of Hispanic/Mexican males. Like church groups. Even senior centers where you have some senior Hispanic males or Latino men that would be another good one. Any groups that meet like in the school that includes males, that would be good. Also, I think that maybe we should do more outreach. Like if they won't come to community centers when they provide therapy there, especially if family therapy is needed, you could do it in the homes.

As therapist, as social workers, as clinicians, as whatever, as mental health professionals, the way that we are going to reach our Latino men and women is by going into their communities and reaching them there.

I think that it is more of showing them that it can help (the services). I think, that you just have to spread that word, somehow.

Participants suggested education as an effort to destigmatize mental health:

To eliminate barriers, I think there should be this effort to really educate that really it is okay, to normalize it.

I believe that in general psycho education will help them understand that mental health is present in any culture or ethnicity. I believe some other ways of encouraging Latino men is by having some men especially the ones that could be powerful or well-known talk about their own experience with mental health.

The challenge is education, and the way to overcome that, is education. I can see going to like assemblies where that is not really the topic but then we'll have "oh here is [this person] who wants to just say a couple of things that are coming up in our parent center." And then they'll get up there and explain a little bit about what we will be talking about and makes it palatable and inviting.

The following are participant suggestions considering engagement/interventions as a way to encourage Latino men to seek mental health services:

First you got to go in there and make that personable connection. You need to break down and bring down mental health from the clouds and just make it real to them. So, they can relate to it and then, you give them the information. Usually, you will get people that are more willing to give you a call or ask for a resource.

Another way to break barriers about mental health, to tell stories about mental health. I would share my own personal experiences and stories. This really encourages Latino men and women to start self-reflecting in their own lives.

I think another way would be that those males who have been involved in mental health, whether in treatment or providers, we should serve as role models. You know, if they see more Latino men speaking about mental health, either from personal experience or family or whatever they case may be, that could be an incentive to seek treatment.

Communicating in ways that are not scary for men, or inviting so that they

can engage in the process.

You have to be personable with people, it's number one. You have to

have a personality, you have to talk to them, that's one thing. The other

thing is, redefining mental health in a way that is very like, that people can

connect to it. That was the second thing, the third thing that really works

is: using cultural stories, "Neglotas". You can tell them stories, but they

have to do with mental health.

To destigmatize mental health is by taking away all the technical lingo

from MH and make it very practical for people. I think that as a culture, you

have to be practical with a culture, you can't just use these big words that

are not really going to connect with people's day to day lives.

Having conversations that are practical and that have a significance in

their lives, in their day to day lives. Using culturally appropriate language,

telling stories (neglotas), stories are so important in our culture.

Redefining strength. Redefining what it is to have courage. To be brave is

to manage our emotions so that we are not being abusive. To be as

healthy as we can be so that we can be able to express love and express

ourselves in ways that are positive.

Lastly, participant responses suggested multiple organizational changes

that may encourage Latino men to seek mental health services:

Among agencies and organizations, you have to invite men and want to address the male population. There has to be sort of an initiative and planned for and something that you put some work into. It has to be a value and principle that has to be embedded in an agency's vision. It has to be more than a thought.

One would be to employ males, especially Latino males. Someone who is passionate and can relate to the men.

One that comes to my head, and I don't know why it comes to my head, is that social work is more dominated by female clinicians. So you don't have as many representations of male clinicians, who could really help in the ability to engage men.

Explain to them that mental health services can be beneficial in a treatment program. Educate them that a Latino man who has mental health does not make them weak.

It certainly has to be a change at a higher level not just the community level. Maybe through legislation, to make it easier for people to access those services. And again, from a private industry perspective, not charging as much or do some pro bono services.

I think the universities need to provide more courses that are culturally sensitive. And I know that we cover cultural diversity, but that's not enough. So, we need to have more classes and training to truly be culturally sensitive and provide culturally appropriate services.

CHAPTER FIVE

DISCUSSION

Introduction

This study examined social workers' perception on the barriers and motivating factors impacting Latino men in seeking mental health services. An exploratory, qualitative research design was used to identify these factors as well as suggestions for change to encourage Latino men to seek mental health services. This chapter will include further discussion on the results, limitations of the research study and recommendations for future social work practice.

Discussion

The findings of this study focused largely on the barriers that hinder Latino men in seeking mental health services. Researchers found that all participants provided information supporting that Latino men underutilize mental health services due to these barriers. The main factors hindering Latino men to seek mental health services are stigma and *machismo*. Participants believed that stigma is what leads men to view mental health negatively; stigma contributes to Latino men being negatively labeled as "loco" or weak. This leads to a cycle of Latino men avoiding learning, understanding, and using mental health services. This is consistent with previous research studies that indicate society's negative view on those who seek professional help is a major barrier hindering Latino men in seeking mental health services (Tang, et al., 2014; Vogel, et al., 2011).

Researchers identified *machismo* as another major factor that hinders

Latino men in seeking mental health services. Participants believed *machismo*

leads to the expectations that Latino men have to be strong and not express

feelings or emotions. As supported by previous research, the idea of *machismo*

is ingrained in Latino men at a young age, which establishes a masculine role

that restricts their ability to express their emotions (Good, et al., 1989; Vogel, et

al., 2011).

Research findings also suggested there is a lack of motivating factors that

encourage Latino men to seek mental health services. Participants reported that

family plays a major role on whether Latino men seek help. Latino men are

encouraged to seek services when a family member is participating in services,

when the family has a positive view of mental health, or when there is a risk of

losing family relationships. Participants indicated that Latino men are often

encouraged by their spouse to receive services. This is supported by previous

research which states that a supportive environment affects men's perception on

seeking help and its definition of strength (Cabassa, 2007; Good & Wood, 1995;

Tang, et al., 2014).

<center>Limitations</center>

Researchers encountered limitations, which need to be taken into

consideration for a better understanding of the study. The first limitation is the

lack of participants for the study, as only five subjects were interviewed. Although

the sample size was small, there was a mixture of ethnicity, gender, age range, and licensure among the participants. The greatest challenge that researchers encountered in obtaining more participants was scheduling conflicts. Many of the participants had busy schedules due to employment and personal responsibilities; therefore, they were unable to participate in the study. When conducting the interviews, researchers found that some subjects had time constraints to partake in the interviews, resulting in a limitation of quality responses. Participants with lengthier interviews provided more responses, thus the lack of time availability from some participants resulted in limited responses, which impacted the results of the study.

Researchers contacted participants, who held at least a Master of Social Work (MSW) degree, through personal networks. Researchers expected the snowball technique to provide more subjects with this quality; however, most of the referrals provided by the participants were individuals who held a Marriage and Family Therapist (MFT) degree. The MFT clinicians referred were willing to participate in the study, unfortunately, they did not meet the degree criteria for this study. The lack of variety among the degree held by participants limited the results of this study, since mental health providers of other disciplines could have provided more insightful and useful information. Previous research has connected high levels of *machismo* and the restriction of emotions to higher levels of mental health problems in men (Fragoso & Kashubeck, 2000).

Recommendations for Social Work

This study highlights social workers' perspectives on the barriers and lack of motivating factors that hinder Latino men from seeking mental health services, as well as possible organizational changes that may result in better outcomes. These findings provide insight for social workers in the mental health field to acquire the knowledge and skills that would allow them to better serve the Latino male population. At a macro level, these findings may assist policy changes to be inclusive in ensuring that mental health services are provided to Latino males.

Researchers found that stigma, *machismo*, accessibility, and qualities of clinicians are major barriers that hinder Latino men from seeking mental health services. Future research should take into consideration these factors to implement appropriate interventions and examine their effectiveness in encouraging Latino men to seek mental health services. Recommendations to address these barriers include outreach and education effort to destigmatize mental health and engage Latino males to participate in these services. Other recommendations to address these barriers indicate that organizations should make changes that meet the needs of this population. Agencies should aim to incorporate male clinicians that speak the language and have cultural awareness of this population to better engage Latino males. Agencies should also consider developing programs that facilitate accessibility to this population. Consideration of these factors may address the underutilization of mental health services among this population.

Conclusion

The purpose of this study was to explore social workers' perceptions regarding barriers and motivating factors, that hinder or help, Latino men to seek mental health services. This study shed light on major barriers discouraging Latino men from seeking these services. The most commonly perceived barriers were *machismo*, stigma, qualities of clinicians, and accessibility. The findings also presented a lack of motivating factors, as social workers believed family aspects to be the only influence in encouraging Latino males to seek help. Insight into these barriers and motivating factors resulted in recommendations for change in the mental health field. The results of this study may influence the social work profession to strive to provide quality services to promote mental health and its benefits among the Latino male population.

APPENDIX A

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the factors impacting Latino men in seeking mental health services. The study is being conducted by Brenda Barajas and Iris Espinoza, graduate students, under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to examine the factors impacting Latino men in seeking mental health services.

DESCRIPTION: Participants will be asked questions on barriers and motivating factors impacting Latino men in seeking mental health services, intervention implementation, and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take 30 minutes to 1 hour to complete the interview/focus group.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at (909) 537-3501.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2017.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here _____ Date _____

Audio Recording: I hereby give my permission to be audio recorded during the focus group/interview.

_____ Yes _____ No   Mark _____ (sign with an X for confidentiality)

909.537.5501
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

APPENDIX B

INTERVIEW GUIDE

Interview/Focus Group Questions

1. What are your thoughts on Latino men in relation to mental health?

2. What individual characteristics about Latino men do you consider discourages them from seeking mental health services?

3. What individual characteristics about Latino men do you consider encourages them from seeking mental health services?

4. What can social workers do to eliminate individual barriers discouraging Latino men from seeking services?

5. What can social workers do to increase individual motivating characteristics that encourage Latino men from seeking services?

6. What environmental factors do you feel are barriers that hinder Latino men from seeking services?

7. What environmental factors do you feel are motivating factors that encourage Latino men from seeking services?

8. How can social workers decrease environmental barriers affecting Latino men in seeking services?

9. How can social workers increase environmental facilitators motivating Latino men in seeking services?

10. In your experience, what elements about agencies/organizations do you believe deter Latino men in seeking services?

11. In your experience, what elements about agencies/organizations do you believe encourage Latino men in seeking services?

12. What changes can agencies/organizations make to eliminate barriers affecting Latino men when seeking services?

13. What can agencies/organizations do to promote mental health services for Latino men?

14. Any final thoughts, comments, or questions?

Researchers plan to ask probing questions as needed.

DEVELOPED BY BRENDA BARAJAS AND IRIS ESPINOZA

APPENDIX C

DEMOGRAPHICS SURVEY

Interview/Focus Group Participant Information Sheet

<u>Demographics:</u>

1) Age: _____

2) Gender Identity:_____Male_____Female_____Other

3) Level of education completed:

   Masters_____Doctorate_____Other (type:_____)

4) Specific licensure (LCSW, MSW, etc.):

5) Years of experience in current field of practice:_____

6) Ethnicity, race, or cultural identity: _____

DEVELOPED BY BRENDA BARAJAS AND IRIS ESPINOZA

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ASSIGNED RESPONSIBILITIES

This is a two-person project where authors collaborated and continued to collaborate throughout. Nonetheless, for each section of the project, specific authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

   Team Effort: Brenda Barajas and Iris Espinoza

2. Data Entry and Analysis:

   Team Effort: Brenda Barajas and Iris Espinoza

3. Writing Report and Presentation of Findings:

   A. Introduction and Literature

      Assigned Leader: Brenda Barajas

      Assisted by: Iris Espinoza

   B. Methods

      Team Effort: Brenda Barajas and Iris Espinoza

   C. Results

      Team Effort: Brenda Barajas and Iris Espinoza

   D. Discussion

      Team Effort: Brenda Barajas and Iris Espinoza