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Utilization of Mental Health Services Among Hispanics

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UTILIZATION OF MENTAL HEALTH SERVICES

AMONG HISPANICS

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Sally Alejandra Soto

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ABSTRACT

In the United States, Hispanics have the same prevalence of mental illness as any other group however researchers have found that they are less likely to seek mental health services. This population's lack of mental health utilization is due to various barriers hindering the population's need for help, a substantial for social work practitioners. To better understand the factors that lead up to that, the current study explored and identified perceptions toward seeking and receiving mental health services among Hispanic members. Using a qualitative data collection, ten participants were interviewed to elicit their perceptions about mental health services ranging from what they believed addressed their lack of seeking services and what they thought about services. . Data analysis revealed five core themes among the participants' responses: Closeness to Family as a reason for people not seeking professional help. Another theme found was environment as a reason for Mental Illness making them feel that there is no need to seek services since they can simply remove the environmental stressor and the illness will seize to exist. Existing support systems were found such as involvement in church as a form of therapy, they talked about their faith providing them a form of support for stressors. Shared culture was a theme that was found to be a necessity for therapy, they felt they did not seek services because they felt mental health practitioners would not validate their culture. The final theme was access and that theme encompassed : not knowing mental health services existed in their community, to lack of Spanish

speaking clinicians. The recognition of these themes could potentially guide social work practitioners' when they are trying to engage the Hispanic community to receive mental health services. Social workers can be aware of the obstacles toward engaging this population into professional therapy, by having an understanding of what they believe about therapy and helping to alleviate or use some of those perceptions as a form of engagement and validating existing strengths that the population has causing them to feel professional services are not needed.

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I would like to acknowledge my family for their unconditional love and support, without your patience and kind words I would not have made it through this program. Love you all.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Mental illness is a construct that extends beyond cultures and nationalities, the interpretation of how to manage symptoms is what varies. The utilization of mental health services in the United States was measured by the National Comorbidity Study (NCS) and found that Hispanics had the lowest rate of services compared to African American and Non-Latino Whites (Alegria et al., 2002). The problem being addressed in this research study is the utilization of mental health services among the Hispanic population and the cultural beliefs influencing utilization. There can be many factors leading up to this problem and this study aims at addressing the perceptions that are mostly impacting the underutilization for Hispanic American's in California. Studying this problem is important to social work because social workers are part of the health care system that either directly provide the service in a mental health clinic or conduct research and create policy that directly impacts this population. (Hunt, Schneider, & Comer, 2004). This is important because if we can better serve the Hispanic community by addressing their mental health needs it will make social workers more effective change agents. Having awareness of the disparities that exist within the mental health services can better the type of care provided to Hispanics with mental illness.

Researchers have found that Hispanics are substantially less likely to utilize formal mental health services (Letamendi et al., 2013). It had been noted that they have the same prevalence of mental illness as other minority groups however; their utilization of services does not match that of their needs. There has been an acknowledgement of the problem but few attempts to improve and provide mental health services in California. Proposition 63, which is a state tax placed on people who make over a million dollars, are charged one percent of their income (Luna, 2009). The research conducted by Luna (2009) found that proposition 63, although it managed to increase the funding of mental health services, it has not managed to meet the needs of the people seeking mental health services. The need to access policy is important because the problem might have many factors but if there is not a distribution of responsibility among policy and agency effectiveness of proposition 63 will not at its full potential. The problem stated previously about prop 63, needs to be addressed because although there are policies in place and insurance accessibility to cover the cost of the mental health services they are not meeting the targeted population (Luna, 2009).

Currently county mental health offer services in Spanish but often times have a waitlist because there are not enough clinicians for Spanish speaking clients. The Spanish-speaking clients are offered medication-only treatment for their depression and anxiety but are not provided the opportunity to have both

talk therapy and medication if that is what they wanted (Leung, LaChapelle, Scinta & Olvea, 2014).

Purpose of the Study

The purpose of this study is to explore the perceptions toward utilization of mental health and mental health services among Hispanic Americans. The need to further understand the consumption of mental health services among this particular group is vital because of the cultural disparities in the United States. The different cultural practices that Hispanics take part of such as their need to resolve their problems within their own family without help from outsiders, according to researchers Orozco et al. (2013) is a factor when it comes to seeking out services. These factors can either promote or prevent help-seeking behaviors to occur. The researchers state that there are factors for all Americans such as cost, transportation and lack of availability of services. They recognize that for racial and ethnic minorities there are additional obstacles (Valencia et al., 2012).

The research conducted by Letamendi et al. (2013) aimed at using a community to gather a needs assessment from a community seeking mental health services. The researchers purpose for focusing on a community was to measure the impact specifically within that community so that the needs assessment being conducted can evaluate if there is a shortage of services or people chose not to use the services. The researchers found that they were able to get more valuable results because they were catered to their communities'

individual needs. The research that will be presented will aim at evaluating the needs of a particular community. The inland empire is considered to be the largest growing region of Immigrant population and about nine hundred thousand currently reside in the San Bernardino, Riverside counties (Center for the study of Immigrant integration, 2010). The study will explore first hand from the Hispanic community themselves what their belief is on mental health and seeking services through a qualitative study. A Masters of Social Work (MSW) student who has experience evaluating peoples' biopsychosocial needs will conduct the interview. The inclination toward qualitative research was focused on gathering a large amount of information in a concentrated amount of participants, in order to get a well-rounded perspective on what factors come into play. The interview will address the participants' background and their cultural background as well as their perception of mental health services.

Significance of the Project for Social Work

This particular study is needed because the source of information that exists for why this particular ethnic group utilizes less mental health services does not have consistent findings. The findings presented in this study could potentially serve as a guide to social workers in the community that directly serve Hispanics so that they can be aware of the type of stigma, Hispanics are facing. Social workers will benefit from the findings since it will allow them to try and break any barriers that this particular ethnic group might have with the purpose of

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ultimately helping someone's symptomatology of mental illness get treatment. The policy that focuses on reaching out to particular ethnic groups could use these findings to get an idea of how Hispanic culture should be addressed in their outreach with community mental health. The generalist intervention process addressed in this study is the assessment of utilization of mental health services among Hispanics. The study will focus on the beginning of the generalist intervention process in order to assess what type of barriers are impacting the consumption of mental health services. The study will aim at exploring and identifying the problem that Hispanics have against mental health services by evaluating the impact of their perceptions on their willingness to seek out services. To completely understand why Hispanic Americans underutilizes mental health services, there are an array of factors that need to be evaluated such as nature of problem, perception of severity of problem and cultural sensitivity, and preference (Snyder, Diaz –Perez, Maldonado, & Bautista, 1998). This type of barrier falls under the policy specifically within the mental health organizations since they are the ones who provide the services

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of different research pertaining to the topic of mental health service utilization among Hispanics. The subsections will include international understanding of services, cultural perceptions, acculturation and policy. The final subsection will examine theories guiding conceptualization.

International Understanding of Services

This first part of the research review is dedicated to research with Mexican and Mexican American subjects with the purpose of comparing the two groups of participants. Researchers have set out to understand the underutilization of mental health services for Hispanic Americans. Researchers have made successful attempts at identifying barriers to the service utilization by comparing Mexican American and Mexican participants. The level of acculturation between these two groups could help determine the stigma level. The researchers Perez et al. (2013) explored the factors that older residents of Mexico City might have when it comes to help-seeking behavior. The researchers' finding was in support of cultural differences with the idea of mental health utilization. The participants believed that the problem they were encountering would get better over time without the need for services. Even in Mexico City the participants demonstrated an underutilization of mental health services (Perez et al., 2013). This can

further support the present study attempt to see the cultural beliefs that exist toward mental illness.

Another researcher who conducted a cross-national study to identify the differences in Mexican migrants and Mexican immigrants perception of mental health services, found that there is a need for Mexican immigrants to receive mental health services. The study was conducted by analyzing existing data. The findings indicated that there was a higher prevalence of mental disorders and need among those that come to the United States. The research was done identify a difference and not to determine why there was the underutilization (Orozco et al., 2013). The need to understand the mental health services in Mexico can provide insight on the cultural understanding of mental health services of those residing in the United States.

<div align="center">Cultural Perceptions of Mental Health Services</div>

Researchers have identified culture as a construct within the Hispanic population that can influence, both positive and negative, on how individuals seek and utilize mental health services as well as the course of treatment (McField, 2010). Gonzalez (2006) research findings stress the importance of culture as a barrier in shaping ideas and responses to mental health service and illness. When examining caregiver's conceptualization of mental health problems of their relative, family was stated to play a big role on their perception of mental illness (Marquez, 2013). The researcher also noted that the level of involvement of the family was determined by their cultural perceptions. People within the

study stated that the more their family knew about someone with a mental illness and had familiarity with the symptoms they were more likely to have a less negative perception of treatment. However when mental illness was not prominent within the family the illness was seen more as a physical problem or a curse (Marquez, 2013).

Similarly researchers Perez et al., (2013) found that elderly adults who were experiencing depressive symptoms did not seek mental health services because of the concern of what people would think. In the qualitative study they stated that elderly people were seen as wise and all knowing that having symptoms of mental illness was something to be ashamed about because it was a sign they were not all knowing (Perez et al., 2013). The cultural belief that elderly people are wiser and have a more spiritual outlook on mental illness is a barrier for them to seek mental health services. They also felt that their faith would get them through any trouble, their belief that God would heal them made them feel comfortable in not seeking services outside the church. Researcher Pleitez (2005) found that in less developed countries like those in Latin America, they hold a negative perception of mental illness and they stigmatize those who are diagnosed with a mental illness. This perception according to the researcher would make them more or less tolerable for mental health services. The current research will explore the level of faith as a variable to seeking mental health services.

Cultural Stigma

An underlying and consensual issue within mental health is stigma, according to researcher McField (2010) mental health services has a culturally universal level of stigma. Indicating that there exist in all cultures a degree of stigma toward mental health services, but the level that it impacts seeking services is when it is a barrier. Hispanics culture conflicts with seeking services for mental illness. The researcher stresses that stigma is increased by cultural elements. Ojeda and Bergstresser (2008) found that stigma and shame have been measured to influence help-seeking behaviors among minorities. The current research will aim exploring the help-seeking patterns among the Hispanic participants.

Gender Perceptions Within the Culture

An individuals' culturally determined gender role was found to influence their understanding of mental illness, access, use, and perception of mental health services (Shattell, Hamilton, Starr, Jenkins, & Hinderliter, 2008). Research has found a difference between men and women when it comes to seeking out mental health services. According to a study evaluating help seeking differences between genders, men are more likely than women to seek services. In another study surveying men in a community college in California found that if men were already receiving services they were more open to services, their mental health ideology was also a factor in their willingness to get services. A study done on Mexican American women examined perceived access to services from United

States born women and Hispanic women who migrated to the Untied States. The study found that the women's level of acculturation determined their perceived access to care (Valencia-Garcia, Simoni, Alegria, Takeuchi, 2012). The more familiar the women were with western culture the more they felt they had access to care. However the women according to another study found that they would not seek mental health services due to fear of discrimination (Liu, Hernandez, Shrager, Kanaya, 2012).

Acculturation

Acculturation is the level that someone integrates into the mainstream culture and how it impacts individuals' behaviors, effectiveness, and cognitions (Pleitez, 2005). Valencia-Garcia, Simoni, Alegria, and Takeuchi (2013) aimed at exploring the relationship between ideological perception of mental health services and acculturation, the researchers felt that the more someone was attuned to western culture the less likely they would feel inclined to seek alternative forms of treatment for mental illness. The alternative medicine was referred to cultural practices that used alternative forms of medicine for symptomology related to mental illness. The study also aimed at measuring the relationship between psychological distress and acculturation finding that there was no significant relationship between the two. The researcher also noted that within the context, marginalization could be part of the acculturation process and be the cause of underutilization of services since the person is avoiding the culture of the host country and the culture of origin. That could be due to

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discrimination and lack of interaction with the mainstream culture (Pleitez, 2005).

Acculturation overall has been a popular variable over the past ten years to study

with the hopes of resolving the issue of underutilization of mental health services

among Hispanic population (Pleitez, 2005).

Policy

In California there has been an attempt to address the need for mental

health services by creating a one percent tax on people who make over a million

dollars to fund county agency services to the mentally ill (Luna, 2009). The

purpose of legislation passing the California Mental Health Service Act was to

provide socially responsible services, and to have a successful and effective

mental health system (Luna, 2009). The researchers' findings suggest that the

act will increase access to services however they do not guarantee improved

health outcomes or establish a quality of care. This researchers findings merit

California for being contingent in providing mental health services to its residents

but it does not address the need for a culturally sensitive practice within the

county agencies. Current research on policy change looks at Affordable Care Act

(ACA) and the type of services for mental health by comparing the need and use

in residents in California (Duong Thu Thuy, 2014). The findings of this research

accredit the lack of services within the minorities to be cost as the main reason

they did not seek services. The appropriation of insurance to the residents in

California did not address the underutilization of mental health services of the

Hispanic population. Although there was an effort to address the need to provide

mental health services the policy failed to meet the needs of the minorities such

that their underutilization was not on the acts agenda. The present research

study conducted aims to address the effectiveness of (ACA) after being

implemented, when it comes to the underutilization of Hispanic Americans.

Gaps in Literature

There is plenty of research on how among the Hispanic community; there

is an underutilization of mental health services. The findings of the researchers

suggest that, however there is not much research on what cultural practices are

utilized to treat mental illness. There is also a gap in the literature when it comes

to determining the effectiveness of policy considering the finds of the researchers

stating the prevalence of Hispanics being underserved.

Methodological Limitations

The usage of secondary data limits the researchers ability to scope and

narrow down the reasons for Hispanics usage of mental health services. Using

secondary data although it is more generalizable for the population being studied

because of the large sample size, it is not focused on the specific research

question being evaluated (Luna, 2009). The researcher also attributes the finding

to have a bias since the information it has drawn from was by government

documents not by reaching out to the consumer. Similarly Duong Thu Thuy,

(2014) research used census data is biased by the fact that minorities such as Hispanics have a harder time understanding the terminology that the census requires. That is why the current study will utilize qualitative data to get more get the perspective of the population and allowing them to state why there is an underutilization of mental health services.

<p style="text-align: center;">Conflicting Findings</p>

A lack of consensus between the researchers findings only goes to show the need for more research to have a common ground for the understanding of mental health services. Rogers and Gallegos (2005) research found that in American Mexicans and Mexicans from Mexico did not like confiding in their social support to talk about their problems about mental illness. The previously stated research indicated that the Mexican Americans saw their family as a form of support. Research suggests that level of acculturation can influence willingness to seek services (Valencia & Garcia, 2012). Contrary to that finding Hunt, Schneider, and Conner (2004) found that there is a professional dogma when it comes to the validity of acculturation to the point that other research has found a conceptual error with acculturation in literature as well. The researchers feel that there is not enough consensus on the definition of the word for it to be a valid factor, based on the premise that it means ethnicity or mainstream culture. The researcher suggest that the founding research saw immigrants as being at a disadvantage just based on their lack of similarity to the western culture.

Supporting that conflicting finding research done on foreign born and us-born

Latinas had no difference to their psychological outcome (Vega, 1999).

Theories Guiding Conceptualization

The Socio Ecological Model (SEM) was used as a framework for a similar

research conducted by McField (2010). Although they did not explicitly mention

using this model it can be inferred based on the researchers attempt to

understand the relationship between intrapersonal and culture as a community,

this as an attempt to take into account all parts of model from individual with age

marital status and employment status and interpersonal-level such as social

structures. The researcher also looked at the community level to see how the

different levels impact one another. The current research project will use the

same Model of Socio-Ecological to compare findings with that of McField (2010)

to evaluate if there has been a change in policy within the Hispanic community as

well as policy in the state addressing utilization of services.

In the Diathesis-Stress Model, stress and social environment can

determine psychological characteristics that impact an individual's well-being.

The stress portion of the model highlights the important roles of social support,

individual coping in the mental health process (Crockett et al., 2007). Help-

seeking behavior, and cultural beliefs can be measured using this model.

Understanding that the level of stress for these social environments may

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influence a person's mental health, by utilizing this model it can help determine qualitative questions for the interview.

Why Present Study is Needed

The present study is needed because there have been a lot of changes with the new insurance law being passed in California and also because of the lack of consensus within the research revolved around the validity of acculturation. Social Work research needs to constantly advocate for populations that are underrepresented, and people with mental illness within the Hispanic community are exactly that. The level of research on underutilization does not match the action in changing the usage of mental health services.

How it Builds

The research will build on the factors acknowledged in previous research such as cultural stigma against mental health services and to what degree does one impact the other. The research will pick up and ask the Hispanic population what they believe to be a reason why services are not being utilized in a qualitative manner to get more information from the participants. Most of the research gathered was from people who were seeking mental health services and not the general Hispanic public. This study will aim at gathering perceptions from Hispanics who have little to no exposure of mental illness.

Differs from Previous Study

This study will differ from previous research because it aims at gaining an understanding by exploring the cultural beliefs of the Hispanic population perceptions of mental health services. The present study will aim at finding a generalizable understanding using a qualitative method to what cultural policies the Hispanic population without leading them on by making it open-ended for the participant to add what they perceive about mental health services.

Summary

This chapter reviewed the theoretical constructs on which this study is based. This in depth review of the cultural beliefs that exist toward mental health services and policies within mental health service organizations provides some promise to better understand the factors that impact utilization of mental health services .The researchers lack of consensus on the determining factors impacting utilizations of services, further stressed the need for research in this area of study.

CHAPTER THREE

METHODS

Introduction

This study sought to explore the utilization of mental health services among Hispanics and identify beliefs within the culture that could possibly address the underutilization of mental health services. This chapter contains the details of how this study was carried out. The sections discussed are the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The objective of this study is to explore the utilization of mental health services among Hispanics in order to identify the reason why there is underutilization among church going Hispanics in Riverside, Ca. This is an exploratory research project, due to the contradictory research and lack of consensus on the reasons for underutilization. Since the insight from members of the Hispanic culture will allow for an insider perspective on their perceptions giving the opportunity to unveil aspects of the topic not described in other research. This was a qualitative study, and it utilized interviews with open-ended questions allowing for the participant to provide feedback openly.

A main indication for using exploratory, qualitative approach with interviews is to allow the participant to add their personal experiences to their answers, rather than being restricted to a limited predetermined range of answers. Qualitative approach does not take the power away from the participant to tell their story behind their answer, it does not confine them or limits them to answer based on the predetermined options. It allows for the participants who are experts in their culture to identify new barriers or new details, observations, and insight that can answer gaps in previous research. The interview allowed participants to build on the existing findings in research, and provide rich, detailed explanations to their answers.

A limitation of interviews is that they require the participant to give their answers in front of a live interviewer versus a survey that requires the participant to write out their answers, the interview will require the participant to confide their answers to their interviewer. This might cause the participant to answer the way they feel the interviewer might want them to answer, or withhold answers they might feel uncomfortable about sharing. Another limitation of interviews is the requirement of the interviewer to have more training and sensitivity in the way the research is conducted. The way in which the interviewer ask the questions can impact the comfort level of the participant to the point where the answers are impacted.

The study seeks to answer two questions regarding Hispanics utilization of mental health services 1) What cultural beliefs conflict with seeking mental health

services? 2) What are the perceptions of mental health services among Hispanics?

Sampling

The purpose of the study was to explore the perception of Hispanics regarding mental health services based on their cultural beliefs. Therefore this study utilized a non-random purposive sample of Hispanics who are active members of the Roman Catholic Church. The reason for choosing this specific population was due to the fact that many Hispanics identify themselves as religious, making this an important factor to getting a more generalizable sampling. The participants were chosen based on their involvement in the parish groups. These participants were from youth group, prayer group, catechists, ordained sister, missionaries, and eucharist ministers, and church fundraiser. Approval was sought and granted from the priest of the Church. There were a total of 10 participants, 5 male and 5 female. The sample members represent a variety of ages from 23 to 57.The church was chosen due to the importance of religion within the Hispanic culture. The participants had to identify as Hispanic both first or second generation as long as they self- identify as Hispanic. That is done with the purpose of making sure the participants belong to the target population.

Data Collection and Instruments

The qualitative data was collected via live, audio-recorded interviews. Each interview began with an introduction and description of the study and its purpose. The independent variable is the cultural Hispanic background and the dependent variable is the perception of seeking mental health services. Demographic information was collected prior to the start of the interview (see Appendix A). The information consisted of age, ethnicity identification, education and gender identification, first or second generation Hispanic.

A question that will be asked in the interview is " What is your opinion of mental illness?" This open-ended question will be asked with the purpose of findings out the participant's perception of mental illness. Another question " Do you know anybody with a mental illness yes or no? If yes can you describe how they are?" this question will be asked to gain insight into what they think of people with mental illness. There is probable reliability to the instrument because it has been adapted from instruments that have reliability. The research employed the use of furthering response to the open- ended question depending on the participants' responses.

Procedures

A flyer was created describing the general purpose of the study, expressing the need for their input based on the requirement. The fliers were distributed after mass on a scheduled Sunday where there was a table for people

to come and sign up. The researcher was the one recruiting and conducting the interviews. The priest provided names of the coordinators of the groups run at the church, they were contacted and informed about the study and asked if they were able to participate. Individual times were set up for each participant and the interview was conducted in an empty classroom that had been reserved for the study. The researcher arrived before the scheduled time to set up the interview room and ask the participant to set aside twenty minutes to be interviewed.

Protection of Human Subjects

The identity of the interviewee was kept completely confidential by not putting identifying information and replacing the participants name with a number. Participants read and signed an informed consent in preferred language consent is in Spanish and English (see Appendix B) prior to participating in the interview, as well as consent to be audio recorded. After the interview concluded a debriefing statement was given to the participants in both Spanish and English (see Appendix C). The audio recording was stored on a USB drive and kept in a locked desk. Each participant number was assigned a color-code when it came to transcribing the data, with the purpose of eliminating information of the identity of the participants.

Data Analysis

All data gathered in the interview was analyzed with qualitative techniques. First, audio recordings of the interview were transcribed by typing conversation in Microsoft Excel spreadsheet. Individual participants were assigned an individual code in order to protect participant identity. All supporting or opposing utterances and comments were documented on the transcription. Head nodding in agreement was documented on the chart and was described where applicable. The researcher listened for five themes that the participants frequently mentions in the interview, related to people, places, things, and ideas. These themes were coded into subdivisions, the researcher allowed the participants responses to create the themes based on what they think about utilization of mental health services.

Major themes were identified under each category and assigned a code and the codes will be logged onto a master code list. The researcher read, and reread transcripts to be certain of themes assigned. Individual statements were assigned under their corresponding category and entered into an excel document under their assigned code. Frequencies and proportions where ran for all comments relating to the five themes.

Summary

This chapter described the process of how the research was conducted and the steps that were taken in the qualitative study. The interview used open-

ended question to allow the participant to give their viewpoint of their perceptions

of mental illness and how cultural beliefs influence Hispanics underutilization of

services. The qualitative nature of the research facilitated the process of

gathering participants' opinions.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses how the data gained through the interviews was analyzed through a description of the findings of this qualitative study. The demographics are also discussed. The data analysis is presented and it includes common trends in participants' responses, common themes that arose throughout the data and direct excerpts taken from the transcriptions of the interviews.

Presentation of the Findings

This study included participants who were active members of their church community who have leadership roles who have access to the Hispanic community of that area in Riverside. The reasoning behind choosing active members was due to their access and involvement with church members who they may influence and represent as well. The researcher believed that the participants would have a representative opinion of the church members. The ten participants ranged from level of education from highest level of education being High School (five participants) and Bachelors Degree at a university (five participants). The leadership roles mentioned by the participants were prayer group coordinator, Eucharist minister, youth group leader, catechist, ordained

nun, and church employee. The age ranged from 21-51. There were 4

participants age ranged from 21-27, two participants in their 30s, 40s, and 50s.

The participant's age was representative of the adults in the church community

age range. The church community has a diverse age population according to the

priest in charge. All the participants were from Mexican descent, 5 were first

generation the other five are naturalized citizens. The purpose of choosing these

participants was in order to have a representative image of the community. That

is why five males and five females were chosen from different ages and

backgrounds. The participants were part of purposeful sampling.

Data Analysis

Data analysis led to the identification of five core themes: Family,

Environment as reason for Mental Illness, Involvement in the church, Shared

Culture, and Access.

Family as Emotional/Mental Health Providers

One central theme that came from this study was the closeness of families

and how the participants relied on their family for emotional support. When asked

whom they would go to for support most respondents named their family. Some

stated that they are very close to their family and that people who seek mental

health services is because they do not have a supportive family. Respondents

felt a pressure to pick their family as their support system because they felt that

was the most natural response. One participant described their support system
as:

> My mom we are very close.. If not her then a professional but it will
> not be a priority and it will take a long time it will take a long time or
> maybe never gotten to for me to go because I would only think
> about my family. (Respondent #2, Personal Communication,
> February 2016)

This participant described his relationship with his mother as very close
and that if he needed to support he would not make getting a therapist a priority
he stated that he felt his family can provide the support he needs. He was aware
that there is professional support for emotional problems but that it was not
something he would consider. Other participants stressed the importance of
family as their go for emotional support.

> For me it is kinda hard to talk about emotional stuff but if I have to
> chose somebody it would be my mom first or my older sister since
> our relationship is really good I wouldn't do that a lot but that is who
> I can think of. (Respondent #3, Personal Communication February
> 2016)

Several participants felt that people who needed to go outside of their
family for support like a therapist were people who lacked a supportive family.

> Maybe people who they cant find someone to confide in that must be hard
> for them because they don't have that one person they can go to for help ,

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that they have to seek help from a stranger maybe and not that they

couldn't help them but sometimes they don't have that self assurance in

somebody else to help them. (Respondent #7, Personal Communication,

February 2016).

When respondents were hypothetically asked by stating symptoms of

depression about what would they do if that presented and all respondents stated

they would go to their family for support. One respondent stated that they would

think of their family first

I have no idea kinda hard to imagine I think we all have gone through that

I would try to get back on the horse and try to get through it talk to my

family they are my biggest supporters. (Respondent #3, Personal

Communication, February 2016)

Perception of Mental Illness

When asked to state their opinion of mental illness and their opinion of

people who hear voices people related that to environmental stressors as the

reason for mental illness. The opinion that participants had of mental illness was

seen as a barrier in seeking professional help, because they did not think that

mental health services were an effective solution to alleviating symptoms. The

transient nature that participants thought mental illness had was a common

response to why mental health services were not seen as helpful, participants felt

that symptoms would go away on there own. Some participants associated

hearing voices with drug induced psychosis and mental illness as a lack of

relationship with god or trauma caused mental illness. While others believed mental illness was an illness that happens but that it was not a disease. In response to the question about their opinion of mental illness, one participant described mental illness as a phase that people go through because of their inability to cope with current stressors:

> I wouldn't know about it there are so many types of mental illness.. For me I don't think I have a mental illness or in my family perhaps my sister is depressed sometimes she has depression and it is hard to determine if it is true or a phase but that it is often seen in our culture that it will pass. Well my sister is seeing a therapist I don't want to say she is crazy I do think she has issues I don't know how they formed since I came out all right maybe it is because she is still developing I imagine people go to the doctor is if they have a real problem. (Respondent #2, Personal Communication, February 2016)

Another participant described mental illness as a label put on people and it makes people feel that they are unable to function in society.

> I do not feel that they are inherited or acquired by a situation sometimes there are circumstances that happen in life. I believe that diseases should not obstruct the lives of people or relationships. I feel that sometimes that is how people start to feel excluded when they are labeled. (Respondent #8, Personal Communication March 2016)

The participant feels that mental illnesses happen through situation in their life but that they should not impact a person's ability to function. Other participants expressed a concern that it is events in people's life that care to blame for mental illness.

> I think people with childhood problems and are affected by it …that they are older it still affecting them. (Respondent #8, Personal Communication March 2016)

Another respondent stated that a mental illness as a cause of drug use as a reason for mental illness. The participant did not believe the origin of hearing voices as something that developed naturally but something that happened because of the person's actions.

> I think you have to see what the cause is not always a mental illness are sometimes obsessions or caused by drugs. (Respondent #9, Personal Communication March 2016)

Existing Support System Addressing Life Stressors

Participants' responses indicated that they have existing support systems that provide them with coping skills to help alleviate symptoms of mental illness. Participants were asked to state their involvement in the church and how that helps their well being all respondents stated that their involvement in the church is what brings them peace. There were six participants who answered seeking help from the church or the priest for support, the four that did not state seeking help from the church stated they would seek help from their family and friends.

One respondent who stated suffering from anxiety stated that what has really helped her recovery of her mental illness was her involvement in the church and God.

> I have felt that way, I withdrew myself I had the will to live but I would just stay in my room. To me your attitude is everything because the medicine is not going to be a cure all, its 80 percent of it is effort on our part, when I would do therapy that's what they said, what has helped me is this group and God without them I don't know where I would be. (Respondent #7, Personal Communication, March 2016)

> When participants were asked if there was any benefit to being involved all respondents stated that there was. Many participants stated that going to mass was a way of venting their concerns and emotions that they experienced during the week. There are parts in the mass where there is a homily given that incorporates struggles from day to day life and there was one respondent that stated going to mass was therapeutic.

> There are times when you get to pray during mass and think of your problems from the week and sometimes when they read the homily reflects what I am going through for my week and it is very therapeutic. (Respondent #4, Personal Communication, February 2016)

Many of the participants alluded to the fact that their church involvement addressed their worries and concerns that day to day life causes. One participant went as far as to state that a person who is more spiritual feels stressors less

overbearing because they do not feel alone or overwhelmed because they know god Is on their side.

I am comforted it fills me with joy and hope. Spiritual people are sad for a moment then it passes. (Respondent # 7, Personal Communication, March 2016)

There were participants who mentioned God in their answer as a support system they stated that they feel God helps them. One participant stated that God was the provider of her strength.

I believe god is the first he is everything to me and that is who gets me through my things. (Respondent # 8, Personal Communication, March 2016)

When the participants were asked if they thought they were a spiritual person 10 out of 10 participants stated they were. All the participants alluded to their spirituality providing them a sense of peace and comfort with themselves.

I believe the word of God is living, it is a force and efficacy for the life of man I think everyday hearing the word of God and meditating it everyday is what gives you strength and hope in life. (Respondent # 8, Personal Communication March 2016)

The two participants that have consecrated their life to Gods service, when asked to state when was the last time they felt overwhelmed they stated that they have not felt overwhelmed since they have consecrated their life. One participant stated that :

the last time I felt like this was two years before entering the mission .Before I felt like I had to do so many things I had so many things in my mind that out of all the things I had to do nothing would get done right now I have so many things to do but there is not enough time in the day for me I have a lot more energy to do things. (Respondent # 9, Personal Communication, March 2016).

Shared Culture Between Provider and Consumer

Another prominent theme that arose during the interview is the importance of mental health providers sharing a participant's culture. Nine out of ten participants stated that it is essential for the therapist to share cultures. One participant stated:

I think it would be important to understand who you are I think sometimes we don't understand that person needs because of cultural needs not that a person who isn't my culture couldn't take care of me I just think I would prefer them. (Respondent #6, Personal Communication, March 2016)

The client who did not directly state that their therapist needed to share their culture alluded to the need for a culturally sensitive therapist.

I think the important thing is that you can understand the needs of affection or cultural needs of that person as a way of behaving. But that it is not decisive in order to help the person if you can relate if we do not we are human beings and we can interrelate. (Respondent # 9, Personal Communication, March 2016).

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Another participant went on to say that talking in Spanish is important for them if and when they went after a therapist. The client spoke of the Spanish language as a necessity to feel at ease.

For example this one time we were calling 911 for a baby that got stuck in a car and she told me not to panic and that panicked me even more and I feel that Spanish is more calm and you have to explain yourself more when you talk. (Respondent #2, Personal Communication, February 2016).

When male participants were asked to state their opinion of people who go and talk to a therapist there was resistance and fear of vulnerability that the respondents saw with needing professional help. One participant stated:

all types of people go to see a therapist even if you just need to talk to people not just a particular gender or races, especially being a Hispanic male if they were to go see a psychologist I would see people something as a weak man , its still very common now. I guess I feel the same way but I would never say it (Respondent #8, Personal Communication, March 2016)

The practice of communicating emotional problems to somebody among male respondents who were single stated not sharing their concerns with someone. One participant stated:

um this might sound dumb but I don't do that very much I pray a lot I guess I am a typical macho guy who doesn't try to share his feelings.

(Respondent #3, Personal Communication, February 2016)

The connection between the participant's culture and their religion were mentioned simultaneously. One participant stated that it was part of the Hispanic culture to be religious.

> I am a catechist and I work for the church and throughout that you need a lot of learning, and since I was 11 I was an alter server my parents always told me to be more involved in church because that is what good people do. (Respondent #2, Personal Communication, February 2016)

Access

The participants when asked if they knew where they could go to seek mental health services 8 out of 10 did not know where they could go. The problem with accessibility to mental health services was a common theme among all participants. Access pertaining to where to get mental health services if they ever needed it and that there is not enough awareness of the mental health services in the community. One participant expressed concern over the need of services but a lack of linkage to services.

> well I think there is a lot of need of it a lot of people don't know where to go especially in the Hispanic community they don't know where to reach out to , they don't know how to deal with it (Respondent #7, Personal Communication, March 2016)

Participants stated that getting services to mental health services was very exclusive one participant stated that they are only for people with good

insurance; another participant stated that they were only for people with a legal status. One participant stated that it was a luxury for people to have services.

> people that know or have the resources for a therapist I think at one point in time we all need one but we don't know where to go (Respondent # 1, Personal Communication, February, 2016)

Some participants stated that there was a disconnect between getting mental health services and understanding the process of getting services. One participant stated

> I do not know …not so good from experience I called for a depression because it is a mental illness I called and they gave me a number I called they told me they put my name down and they would call me they never did but thankfully my daughter felt better on her own, I think that there are only services when you are between life or death. (Respondent #10, Personal Communication, March 2016*)*

When there was a question that asked about being served in properly in another language that isn't there primarily participants stated that Spanish speakers do not get the equal service that someone who speaks English.

> I see it all the time not me personally because I am bilingual but I see it all the time they are talked down to sometimes they are not translated correctly they might not have the proper services. Its awful I see that all the time in another language they might not get the proper service I see

that time and time again. (Respondent #7, Personal Communication,

March 2016)

When participants were asked if they knew where to get services if they

needed to 8 out of 10 participants did not know where to get services One

participant stated

In my community I don't thinks so. (Respondent #2, Personal

Communication, 2016)

One participant when they did reach services stated having a disconnect

between getting open to services and actually receiving service. The participant

stated

when we got to a clinic the rules failed to provide any help to the person

and then we tried going with her to help her and they did not do anything

for her and we had to return with her (Respondent # 9, Personal

Communication, March 2016)

Summary

This chapter detailed the results of the qualitative study that was

conducted as well as an analysis of the responses of the interviews completed by

each participant. It included the analysis of the core themes as significant

responses emerged. This chapter interpreted the participants' perceptions of

mental health services.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter presents a discussion of the results of the current study this chapter will also provide an analysis of the limitations that were involved in the completion of the study. Recommendation for social work policy, practice, and research will also be discussed.

Discussion

The purpose of this study was to explore the perception of Hispanics utilization of mental health services. Cultural practice was seen as the main reason for why this specific sample did not utilize services. There was a broad dimension to why Hispanic populations have an underutilization of services by the responses provided. The results showed a variety of responses, unique to people's opinion of mental health services. Research has placed an emphasis on the personal beliefs of Hispanics serves as a barrier for treatment and little attention to what mental health system does to impact their utilization.

This study exposed the complexity of Hispanics opinion toward mental health services .The study found that there are cultural beliefs that conflict with seeking mental health services. Based on the themes related to participants' cultural practice it was found to support that they had other forms of addressing

emotional stressors that were something other than professional support. The theme that arose about families as a buffer for emotional stressors and how they helped serve as a replacement for professional support that was also found in other researcher findings was found in this study as well (Gonzalez, 2006). All the participants stated that they would go to their family when asked about support in a general sense and in another question more specifically asking about emotional support.

The study also found that Hispanics having a negative perception about mental health services created a barrier for their willingness to seek services. Lack of support system within the family was seen as a main indication for why someone would seek mental health services. They were seen as people who do not have someone in their family who they could confide in that they have to seek services outside of family. There was this negative association between people who have to seek an outsider for emotional support and a person who confides in their family for emotional support.

Another finding was the lack of awareness of mental health services in the community and the importance of spirituality for the participants. The participants spoke about their struggles getting services in general due to the language barrier and they spoke about the hesitance specifically because of matters of mental health were so delicate that they needed to feel comfortable speaking it in their own language. Participants also spoke of mental health services as something they did not prioritize, since they thought about mental illness as

something transient that was not permanent. When asked of their opinion of mental health services, the participants acknowledged that it was for a mental illness and their lack of exposure to someone with a mental illness determined their opinion of the services. For many participants, they stated never having anyone with a mental illness in their family therefore creating mental health services a more foreign concept.

Unexpected Finding

It was found among the participants who were all involved in some degree in their church as an indication of their ability to manage emotional stressors. The more someone was involved in the church the less they experienced symptoms of anxiety and depression. The participants who were ordained in the church stated that they did not experience depression or anxiety because they have dedicated their life to God and that since they have dedicated their life to that they do not have emotional stressors. They spoke about feeling overwhelmed, without energy and having moments of prolonged sadness before their decision to ordain themselves. After ordaining themselves their faith was a coping skill to manage stressors in their life, they stated not experiencing anxiety or depression because their spiritual life has given them the strength. That was also a common theme found among lay members of the church they spoke about attending mass on Sunday as a form of relieving their worries they had experienced during the week during certain parts of the mass when the priest and church attendees pray

for one another. They also mentioned the Homily in mass serving as a form of validation, encouragement, and strength they need. They spoke about their struggles being validated and feelings of peace when they knew they were not alone because God was with them.

Limitations

There were limitations encountered in this study discussed by the researcher making the finding to be less generalizable however, it did not refute the validity of the results.

The intended participants were supposed to be Hispanic, however, based on the demographic of the church it was not possible there were only participants available from Mexican descent. The original study aimed at getting participants from different Hispanic background in order to make the findings more generalizable. Although this study sample can be compared to a specific portion of Hispanic population, the study sample is too small to provide realistic representation of this population.

Another limitation experienced during this study was the specific sampling done on involved members of the church because they have access to many of the attendees they were used as a way of representing them. That specific sampling may not be generalizable to Hispanics who do not attend church or any religious service. The reasoning behind choosing active church members was to

acknowledge what other researchers have found to be a common practice that Hispanics have and use it.

There was an attempt to make the demographics of the participants generalizable by recruiting adult participants at many stages of their adult life, which is why there were at least two participants per age bracket ranging from 20s- 50s male and female. However there were not any participants who were sixty and above who have reached a different developmental milestone and could've provided a different perspective. This lack of elderly adults limits the generalizability of the participant's findings.

One bias found in this study was the prevalence of a relationship with God in this study. This can be seen as a form of reliability since faith and God was a prominent theme in the responses provided by the participants. Although this was a common theme given the specificity of the recruitment of participants, it may not have been the case had a larger sample been selected from this population.

Recommendations for Social Work Practice, Policy and Research

There is widely known underutilization of mental heath services among Hispanic population. This is an opportunity for outreach programs in Social Work to distribute mental health services through collaboration with the church. If there is collaboration between social workers and their broader community such as the church it can help to address the lack of awareness that Hispanics have toward

mental health services. A possible change for Social Work policy can be to have a greater emphasis for spirituality in their policy or therapist curriculum when serving Hispanic population as a way of acknowledging their practices and integrating them into therapy. The therapist can utilize the relationship with the client's faith as a way of empowering the client and establishing rapport with them more genuinely because it will be showing the client that they are seen based on a cultural humility approach.

An area for suggested research would be to determine what are the systemic barriers imposed on Spanish speaking client seeking mental health services. For the purpose of this study systemic barriers are seen as lack of Spanish speaking clinicians, and culturally sensitive practice. The reason why this was suggested for further research was to acknowledge that relationships are two sided and that there is an impact that mental health clinics have on this population's underutilization. There were participants in this study that acknowledged seeking help but there was a waitlist and a lack of follow through because they needed more accommodations such as a Spanish speaking clinician.

Another area of research would be to do a study were Spirituality serves as a positive coping skill and create a curriculum based on the practices of the client's faith. In order to take into account the clients biopsychosocial needs and not just biopsycho needs.

Conclusion

Research has found a negative relationship between mental health service utilization and Hispanic population. There has been a lack of consensus in research determining the reason why that happens, this research however found some congruency between previous research findings as well as new findings. The findings that were similar to previous research were the importance of family in determining willingness to seek services. Another finding is access, for many years access of services has been seen as a barrier however that still seems to be the case for the findings of this research as well.

The results of this study showed similar trends for each participant. For example, the majority of participants expressed that their emotional stressors are resolved through family support and through their relationship with their faith. In addition, the majority of participants expressed a lack of exposure to mental health services; there was only one participant who knew of mental health services available in the community the rest were unable to name any. The results of this study highlighted the need for social workers to collaborate with faith-based organizations in order to provide resources and information related to services that are available to this population. There is a need for therapeutic changes within Social Work to change the approach of engagement with Hispanic population. Research could also be used to identify effective methods for therapists to engage clients of Hispanic descent to the therapeutic process.

APPENDIX A

QUESTIONNAIRE

INTERVIEW

The participants will be asked for:

- Age

- Gender

- Ethnicity

- Highest Level of Education Achieved

QUESTIONS

1. What is your opinion of mental illness?

2. Who would you go to for support?

3. What are your opinions on being attended to or cared for   by a mental health professional who share your culture?

4. Do you know anybody with a mental illness yes or no? If yes can you describe how they are?

5. In general, there are adequate services in my community to assist me with problems with my emotions or nerves?

6. What do you think about mental health services?

7. Do you know where you could go for mental health services?

8. Do you feel the health insurances have the right type of services for people with mental illness?

9. Do you feel properly served when served in another language? Can you think

of a time you weren't or were served

10. What do you think of a person who says they hear voices in their head?

11. What would you do if you felt tired, without energy, loss of interest in things you liked doing before?

12. What type of people do you think go see a therapist?

13. Who do you go to talk to about any emotional problems you have?

14. When was the last time you felt overwhelmed? What did you do

15. Do you consider yourself a spiritual person?

16. Do you consider yourself to be involved in your church? How are you involved if you are?

17. How often do you go to church or mass? And what is that benefit when you go

Developed by Sally Alejandra Soto

APPENDIX B

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work
Consentimiento

Este estudio está diseñado para investigar la utilización de los servicios de salud mental entre los Latinos. Este estudio se llevara acabo por Sally Soto una estudiante en la Escuela de Trabajo Social bajo la supervisión de Dr. Armando Barragán, profesor asistente en la Escuela de Trabajo Social en la Universidad Estatal de California en San Bernardino (CSUSB). Este estudio ha sido autorizado por la Comité Institucional de Revisión, el subcomité en la Escuela de Trabajo Social en CSUSB.

Propósito: El propósito de este estudio es para obtener sus perspectivas de la utilización de los servicios de salud mental.

Descripción: Se le va a pedir contestar 17 preguntas sobre su cultura, su opinión sobre los servicios de salud mental, y otras preguntas demográficas.

Participación: Su participación en este estudio es completamente voluntaria. Usted puede negar o descontinuar su participación en este estudio en cualquier momento..

Anonimato: Sus respuestas y participación van a permanecer anónimos.

Duración: Cada entrevista durará aproximadamente veinte minutos.

Riesgos y beneficios: No hay riesgos o beneficios en su participación. Sin embargo, su participación puede contribuir a mejorar los servicios para los Latinos

Contactos: Si usted tiene preguntas acerca de sus derechos que se aplican a este estudio, comunicase con el Dr. Armando Barragán. Su correo electrónico es abarragan@csusb.edu. Teléfono: (909) 537-3501.

Resultados: Los resultados de este estudio serán disponibles sobre el internet después de Junio de 2016 en CSUSB ScholarWorks (http://scholarworks.lib.csusb.edu/etd/).

909.537.5501 · 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work
INFORMED CONSENT:

This study is designed to investigate the utilization of mental health service among Hispanic Americans. This study is conducted by Sally Soto a graduate student under the supervision of Dr. Armando Barragan, Assistant Professor of Social Work, California State University San Bernardino. This study is approved by the Institutional Review Board, the Social Work Subcommittee of California State University, San Bernardino.

Purpose: The purpose of this study is to examine Hispanic Americans perspectives of Hispanic American utilization of mental health service.

Description: The interview you are asked to participate in will consist of 17 open-ended questions that will ask you about your views regarding mental health services, your culture, and demographics.

Participation: Your participation in this study in completely voluntary. You will be allowed to participate at whatever level you choose, and you may withdraw your participation at any time.

Confidentiality: Individual identity of participants will be kept completely confidential by the researcher(s).

Duration: Each interview will last approximately twenty 20 minutes. □

Risks and Benefits: There are no foreseeable risks or benefits to participants of this study. Participation may lead to improved services for Hispanic Americans.

Contact: If you have questions about your rights as they apply to this study, contact: Dr. Armando Barragan. Professor of Social Work, California State University San Bernardino. Email : abarragan@csusb.edu. Phone: (909) 537-3501.

Results: Results of the study can be obtained from the CSUSB Scholar Works database after June, 2016.

I have read the information above and agree to participate in this study.

909.537.5501 · 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University . Bakersfield · Channel Islands · Chico · Dominguez Hills · East Bay . Fresno · Fullerton · Humboldt · Long Beach · Los Angeles Maritime Academy · Monterey Bay · Northridge · Pomona · Sacrament · San Bernardino · San Diego · San Francisco · San Jose · San Luis Obispo · San Marcos · Sonoma · Stanislaus

APPENDIX C

DEBRIEFING STATEMENT

Debriefing Statement

The purpose of the study you are participating in is to explore avenues

expanding knowledge of mental health service utilization among Hispanic

Americans. All data collected in interview will be kept confidential and will be

stored in a locked desk, and destroyed within one year of completion of this

study. If you have any questions or concerns about your participation in this

study, please contact Dr. Barragan Ph.D., M.S.W., Professor of Social Work at

CSUSB at (909) 537-3501 or email her at Abarragan@csusb.edu. Results of this

study can be obtained after June 2016 at the John M. Pfau Library, 3rd floor,

thesis room, located at 5500 University Parkway, San Bernardino, CA 92407.

Phone: (909) 537-5000

Declaración Informativa

El propósito del estudio que está participando es para explorar vías de

expansión del conocimiento de la utilización de servicios de salud mental entre

los hispanoamericanos . Todos los datos recogidos en la entrevista serán

confidenciales y serán almacenados en un escritorio bloqueado, y destruyeron el

plazo de un año de la finalización de este estudio. Si usted tiene alguna pregunta

o inquietud acerca de su participación en este estudio, por favor póngase en

contacto con el Dr. Barragán Ph.D., profesor de Trabajo Social de CSUSB al (

909) 537-3501 o por correo electrónico a Abarragan@csusb.edu . Los resultados

de este estudio se pueden obtener después de Junio de 2016 a la John M. Pfau

Biblioteca, 3 ° piso, sala de tesis , ubicado en 5500 University Parkway , San

Bernardino , CA 92407. Teléfono: (909) 537-5000.

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