

6-2017

## Barriers Among Latino Children in Accessing and Utilizing Mental Health Services

Janett Ceron  
CSUSB, [ceroj300@coyote.csusb.edu](mailto:ceroj300@coyote.csusb.edu)

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social Work Commons](#)

---

### Recommended Citation

Ceron, Janett, "Barriers Among Latino Children in Accessing and Utilizing Mental Health Services" (2017). *Electronic Theses, Projects, and Dissertations*. 512.  
<https://scholarworks.lib.csusb.edu/etd/512>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

BARRIERS AMONG LATINO CHILDREN IN ACCESSING AND UTILIZING  
MENTAL HEALTH SERVICES

---

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  
Janett Ceron  
June 2017

BARRIERS AMONG LATINO CHILDREN IN ACCESSING AND UTILIZING  
MENTAL HEALTH SERVICES

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

by  
Janett Ceron  
June 2017

Approved by:

Dr. Herb Shon, Faculty Supervisor, Social Work

Dr. Janet Chang, M.S.W. Research Coordinator

© 2017 Janett Ceron

## ABSTRACT

Latino children make up the largest ethnic group in the United States today. Latino children are also the ethnic group less likely to access and utilize mental health services. As a result, Latino children have higher rates of unmet mental health needs. There is limited research focusing on the mental health services needs of Latino children and lack of access and use of such services. This qualitative study explored barriers among Latino children in accessing and utilizing mental health services. This study conducted face-to-face and Skype interviews with eight mental health providers who work or have worked with Latino children with mental health needs. The eight interviews were transcribed and analyzed to identify common themes regarding barriers Latino children face in accessing and utilizing mental health services in participant responses. The major themes identified by this study included: cultural values, insurance, socioeconomic status, lack of bilingual providers, agency days and hours of operation, immigration status, and lack of awareness of mental health. Through identifying such barriers, this study may raise social worker awareness of barriers Latino children face and better equip social workers to plan and implement approaches to address identified barriers in efforts to increase Latino children's access and use of mental health services to meet their mental health needs.

## TABLE OF CONTENTS

ABSTRACT .....	iii
LIST OF TABLES .....	v
CHAPTER ONE: INTRODUCTION	
Problem Statement .....	1
Purpose of the Study .....	3
Significance of the Project for Social Work Practice .....	5
CHAPTER TWO: LITERATURE REVIEW	
Introduction .....	7
Mental Health Needs of Children .....	7
Impaired Ability to Function .....	8
Poor Health .....	8
Violent or Criminal Activity .....	9
Children and Mental Health .....	10
Study Focusing on Latino Children .....	10
Studies Postulating Potential Barriers .....	11
Theory Guiding Conceptualization .....	13
Summary .....	14
CHAPTER THREE: METHODS	
Introduction .....	15
Study Design .....	15
Sampling .....	17

Data Collection and Instruments .....	17
Procedures .....	18
Protection of Human Subjects .....	19
Data Analysis.....	20
Summary .....	20

#### CHAPTER FOUR: RESULTS

Introduction .....	21
Demographics .....	21
Presentation of Findings .....	23
Cultural Values .....	24
Insurance .....	25
Socioeconomic Status .....	27
Lack of Bilingual Providers .....	28
Agency Days and Hours of Operation .....	30
Immigration Status .....	32
Lack of Awareness of Mental Health .....	32
Summary .....	34

#### CHAPTER FIVE: DISCUSSION

Introduction .....	35
Discussion .....	35
Limitations .....	40
Recommendations for Social Work Practice, Policy and Research .....	40

Conclusion.....	42
APPENDIX A: INDIVIDUAL INTERVIEW QUESTIONS.....	44
APPENDIX B: INFORMED CONSENT .....	46
APPENDIX C: DEMOGRAPHICS .....	48
REFERENCES.....	50



## LIST OF TABLES

Table 1. Demographics .....	22
-----------------------------	----

# CHAPTER ONE

## INTRODUCTION

### Problem Statement

In the United States (U.S.), approximately one in five children suffer from a mental health disorder, which can become deteriorating if left untreated (Kataoka & Zhang, 2002). Children are recognized as one of society's most vulnerable populations. However, children who come from an ethnic minority have an increased vulnerability due to numerous factors. One of the most prominent factors is that ethnic minority children have higher rates of unmet mental health needs. In 2014, there were approximately 55 million Latinos in the U.S., making Latinos U.S.'s largest ethnic minority (U.S. Census Bureau, 2015). The term "Latino" refers to individuals of any race that come from a Spanish-speaking background (Lopez, Bergren, & Painter, 2008). It is widely recognized that utilization of mental health services is low among children of all ethnic groups. However, the National Center for Children in Poverty (2006) argues that out of all ethnic groups, Latino children are the ethnic group less likely to receive mental health services. Given that Latino children are less likely to utilize mental health services, further research estimates that 88% of Latino children have unmet mental health needs (Children's Defense Fund, 2010).

Consequently, unmet mental health needs can be deteriorating to children in many areas, such as ability to function, health, criminal activity, and so on.

Presently, there is limited research explaining the disparity between Latino children in need of mental health services and their lack of use of such services. One identified disparity regarding the mental health needs and lack of use of services among Latino children is that they largely rely on caregivers to meet their needs, which includes accessing mental health services (Lopez et al., 2008). Therefore, if mental health needs are not a priority or concern to caregivers, this may have an impact whether or not Latino children will be able to access and use the needed services. Research has developed suggestions regarding the barriers Latino children face when accessing and using mental health services. Some of the suggested barriers common to children of all backgrounds in accessing mental health services include language, cultural issues, stigma, health insurance, and inadequately trained mental health providers (Lopez et al., 2008). Other suggested barriers include socioeconomic status (SES), financial constraints, and lack of bilingual mental health providers (Kataoka & Zhang, 2002). Evidently, the barriers identified by present research are generalized to all children, rather than being tailored to Latino children, which is presently the ethnic minority with highest vulnerability due to their higher rates of unmet mental health needs and lowest rates of access and use of mental health services.

In recent years, U.S. policy has brought mental health needs and services to the forefront. In 2010, the Affordable Care Act (ACA) became one of the most impactful policies by providing many families with health insurance, which also

included to improve access to mental health services for children with mental health needs. Research by Becker et al. (2014) found that policies, such as ACA, hold schools accountable for ensuring that mental health treatments positively impact the mental health symptoms and educational outcomes of children, given that children are more likely to access mental health services through schools.

However, despite the efforts of the ACA to address certain barriers, such as providing Latino families with health insurance, thus improving access to mental health services for Latino children, it fails address other plausible barriers. That is, other research suggested plausible barriers of Latino children, such as cultural values, stigma, SES, inadequately trained mental health providers, and lack of bilingual mental health providers may still persist and continue to deter Latino children from accessing and utilizing mental health services, despite the efforts of the ACA. This suggests that there is a need to explore and better understand additional barriers Latino children face when attempting to access and utilize mental health services if policy efforts, such as the ACA, wish to be successful.

### Purpose of the Study

The purpose of the study is to identify the barriers among Latino children in accessing and utilizing mental health services. Given that Latinos are U.S.'s largest ethnic minority group and Latino children have the highest rate of unmet mental health needs, it is imperative that the barriers this particular population

encounters when attempting to access and use mental health services are identified, particularly due to the lack of literature in this area. Research conducted by Lopez et al. (2008) affirmed that there is insufficient research regarding barriers of Latino children in accessing and utilizing mental health services. Much of the present research focuses on other ethnic groups or generalizes its findings to all children. However, because Latino children have the highest rates of unmet mental health needs, it is likely they are experiencing barriers that are unique to them and have yet to be identified by any currently existing research.

This study is exploratory in nature and utilizes a qualitative approach to collect its data. The study focuses on mental health providers currently employed throughout Southern California as its participants. These mental health providers are working or have worked with Latino children with mental health needs.

Through a qualitative approach, this study explores the barriers Latino children encounter when attempting to access and utilize mental health services. The qualitative data was gathered through individual interviews held at numerous locations throughout Southern California, varying by the locality of the participants of this study. The individual interviews with mental health providers working or who have worked with Latino children with mental health needs will identify common barriers Latino children face in accessing and utilizing mental health services.

## Significance of the Project for Social Work Practice

This research project is of significance for social work practice primarily because Latinos now make up U.S.'s largest ethnic minority and it continues to grow. Therefore, it is likely that social workers will encounter and work with this population more frequently as they provide mental health services to children in numerous settings, such as schools, community-based agencies, county public mental health clinics, and so on. According to the National Association of Social Workers (n.d.), social workers make up 60% of mental health professionals that provide mental health services. Due to this, social workers play a critical role in addressing the high rate of Latino children with unmet mental health needs. Furthermore, it is the ethical responsibility of social workers to pursue social change on behalf of vulnerable populations and ensure they have access to needed services, such as Latino children and mental health services. For social workers to best meet the mental health needs of Latino children, they must first gain awareness of the barriers this population faces when attempting to access and utilize mental health services. This study focuses on the assessment phase of the generalist intervention process given that it aims to identify the barriers Latino children face when accessing and utilizing mental health services. The results of this study will raise social worker awareness of the barriers that Latino children are encountering and experiencing. As a result, social workers will be better equipped to plan and implement different approaches to address such

barriers on micro and macro levels in attempts to increase Latino children's access and use of mental health services for their mental health needs.

The question this study will address is: Are cultural values, insurance, SES, and lack of bilingual providers barriers inhibiting Latino children from accessing and using mental health services to meet their mental health needs?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter examines literature relevant to how barriers Latino children face when accessing and utilizing mental health services can be detrimental to their overall wellbeing. The subsections will include mental health among Latino children and postulated barriers Latino children face in accessing and utilizing mental health services. The final subsection will examine Ecological Theory that can assist in better understanding perceptions regarding mental health needs and services that can be creating and influencing barriers among this population.

#### Mental Health Needs of Children

Presently, Latinos are U.S.'s largest ethnic minority, which is a population that is expected to nearly double from 55 million to 160 million by 2050 (Krogstad, 2014). Due to the expected increase in the Latino population, it is critical to understand and address the mental health needs of Latino Children. Identifying barriers Latino Children face in accessing and utilizing services is significant for numerous reasons, one of which being that unmet mental health needs may lead to long-term, detrimental consequences, such as impaired ability to function, poor health, and increased violent or criminal activity (Children's Defense Fund, 2010).



### Impaired Ability to Function

According to the National Institute of Health (NIH) (2007), mental illness can have numerous, negative repercussions for children if left untreated. For example, mental illness can impair the ability of children to function at school, thus affecting their learning, and leading them to fall behind in their education. Due to this, children may be less likely to finish school and become functional members of their communities in adulthood (National Institute of Health, 2007). Huang et al. (2005) affirmed NIH's (2007) findings by stating that 1 in 10 children have a mental health disorder severe enough to cause impairment in functioning at school, at home, and in the community. Many adults suffering from mental disorders experienced a childhood onset, which can perpetuate and worsen into adulthood if left untreated (Huang et al. 2005). Due to the high prevalence of unmet mental health needs among Latino children, this indicates that they are at higher risk for developing impaired abilities to function in critical areas of their life (e.g., school and social functioning).

### Poor Health

Children with unmet mental health problems run a greater risk of engaging in behaviors that can lead to poor health, such as smoking and unsafe sex practices (Lopez et al., 2008). American Psychological Association (2016) affirms research by Lopez et al. (2008) by stating that there is a complex and critical relationship between the mental and physical health of children. Unfortunately, children with unmet with unmet mental health needs, who live in low SES

communities, and come from ethnic minority groups face health disparities (American Psychological Association, 2016). This research implies that Latino children may be at greater risk of developing poor health due to the high unmet mental health needs within the population.

### Violent or Criminal Activity

A majority of children with unmet mental health problems have a greater likelihood of having court involvement due to violent or criminal activity (Schubert & Mulvey, 2014). However, despite the increased risk, Schubert & Mulvey (2014) assert that both problems often co-occur, but it is unclear if it is a result of a causal relationship. What is known is that there is often a co-occurrence between unmet mental health needs and violent or criminal activity. If mental health needs remain unmet during childhood, symptoms may exacerbate, thus leading to an increase in violent or criminal activity. Research by Lopez et al. (2008) supports this notion due to findings regarding lack of mental health treatment leading to an increase in violence (e.g., suicide, homicide), as evidenced by reports that 70% of youth with juvenile justice system involvement suffer from a mental health problem. It is generally known that many individuals come into contact with mental health services for the first time within the criminal justice system. Therefore, it is pertinent to understand the barriers Latino Children face when accessing and using mental health services in order to meet their mental health needs early on, potentially reducing their involvement with violent or criminal activity.

## Children and Mental Health

The research regarding Latino children and the barriers they encounter in accessing and using mental health services is scarce, as well as outdated. Additionally, a vast majority of the available research either focuses on the children population as a whole or various ethnicities altogether. Therefore, very few studies solely focus on Latino children and the common barriers that are encountered among this specific population. As a result, this study will review a research study that focuses on Latino children specifically and research studies that focus on children of all ethnicities, and research studies that postulate potential barriers for all children.

### Study Focusing on Latino Children

A research study conducted by Lopez et al. (2008) examined available literature to identify the barriers Latino children face in accessing and using mental health services. As a result of insufficient studies that were available, the study only reviewed 8 research articles. Through the data analysis, Lopez et al. (2008) found that insurance, language, and cultural issues were commonly identified barriers encountered by Latino children. However, the literature was limited in terms of available information regarding each specific barrier. Additionally, the research concurred that Latino children have a higher rate of unmet mental health needs and access and use of services, but a reasoning for the disparity was not found (Lopez et al., 2008).

An identified gap in the literature is that there is insufficient research

regarding perceived barriers of Latino Children when accessing and using mental health services. Without understanding barriers experienced by Latino children specifically, there is an inability to explore ways to address barriers to improve Latino children's access and use of mental health services. Lopez et al. (2008) call mental health providers to action to narrow the gaps in literature by researching barriers Latino children face, in order to reduce the disparities for them in accessing and utilizing mental health services.

The insufficient amount of research focusing on barriers of Latino children when accessing and using mental health services is also a limitation of this study. For this reason, it was unable to formulate a concrete response that identified those barriers. An additional limitation of this study is that it analyzed existing literature that was and now is largely outdated. Since the Latino population and their rates of unmet mental health needs have increased in recent years, there is a possibility that barriers have changed or new barriers might have surfaced.

#### Studies Postulating Potential Barriers

In the data analysis of researchers Lopez et al. (2008), they postulated potential structural barriers, similar and different to those found by Owens et al. (2002), which include stigma, cost, lack of coverage from health insurances, and mental health providers who lack training as suggested barriers for children of all ethnic backgrounds when attempting to access mental health services. It is evident that the similar barriers are those that are structural, therefore they are

more likely to occur among all children.

A gap in the literature is that barriers are being generalized to children from all ethnic groups, yet all children do not share the same rates of unmet mental health needs. Different rates of unmet mental health needs indicate that some groups may be experiencing more barriers than others, such as Latino children. The gap in the literature also goes hand in hand with the main limitation of these findings. Although the findings may be somewhat founded, they merely consist of suggestions to potential barriers. Additionally, as mentioned, this research is generalized to children from all ethnic groups, rather than solely focusing on Latino children. Despite some suggested barriers having some validity to Latino children, it still does not factor in that Latino children are a part of the largest ethnic group in the U.S. and that they have the highest rates of unmet mental health needs. Therefore, there may be barriers that are unique to this specific population that are not being addressed or considered, making it a methodological limitation of the research.

This study aims to narrow such gap in literature by identifying the barriers specific to Latino children in accessing and using mental health services to meet their needs through the following question: Are cultural values, insurance, SES, lack of bilingual providers, and agency days and hours barriers inhibiting Latino children from accessing and using mental health services to meet their mental health needs?

## Theory Guiding Conceptualization

The most important thing to consider in conceptualizing this research study is Latino cultural values guiding Latino perceptions regarding mental health needs, as well as seeking mental health services. The theory this study utilized, which best guided the conceptualization process, is the ecological theory.

Ecological theory emphasizes the way in which individuals and individual family systems function within their environments (Zastrow & Kirst-Ashman, 2013). Latino culture highly values family unity, loyalty, interpersonal relationships, and their role within the social context (Rastogi, Massey-Hastings, & Wieling, 2012). Furthermore, Rastogi et al. (2012), further added that family is typically the foundation that Latinos utilize to cope with issues, such as mental health issues. This provides a great depiction of how Latinos carry out the ecological theory concept of interdependence, which is the “mutual reliance of each person on every other person” (Zastrow & Kirst-Ashman, 2013, p. 32). It is evident Latinos exercise interdependence within their individual families, which is a great strength, but this very strength often becomes a limitation as it hinders their interdependence with their external environment. Findings from Rastogi et al. (2012) suggest that this very approach has led to an increase in Latino children internalizing their problems and due to lacking interdependence with their communities, they are left with no networks outside of the home to assist them in coping with their mental health issues. Essentially, their social networks are the way in which they cope, rather than seeking support from other networks,

but through internalizing, they are left without any form of support, which can often lead to worsened mental health issues, which may be a possible explanation for Latino children having the highest rates for unmet mental health needs and lowest rates of accessing and utilizing mental health services. The ecological theory is what best allows for conceptualizing some of the possible barriers this population is currently facing.

### Summary

This study aims to identify barriers Latino children face when accessing and utilizing mental health services. Despite recent policy attempts to address children mental health needs by increasing mental health services, Latino children continue to be the ethnic minority group with the highest rate of unmet mental health needs. Given that the current, largest ethnic minority group in the U.S. is Latino, it is imperative to gain awareness of barriers that are specific to Latino children. The ecological theory is helpful in that it allows for beginning to consider Latino cultural values regarding perceptions of mental health needs and services that may be creating and influencing barriers. This study identifies barriers, which will guide future social workers in developing ways to address such barriers on micro and macro levels so Latino children can access and utilize mental health services to meet their mental health needs.

## CHAPTER THREE

### METHODS

#### Introduction

This study explores barriers Latino children face when attempting to access and utilize mental health services. This chapter describes details regarding how this study was carried out. The sections that are covered in this chapter include the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

#### Study Design

This study is designed to identify barriers among Latino children in attempting to access and utilize mental health services and increase awareness to develop ways to address such identified barriers. Due to limited research studies focusing on barriers among Latino children in accessing and utilizing mental health services, this study uses an exploratory approach. This approach best allowed for gaining insight and understanding of barriers experienced by Latino children, as identified by mental health providers working or who have worked with Latino children with mental health needs, which may shed light on barriers that have yet to be identified and addressed in existing research. This qualitative study utilized individual interviews, in-person and via Skype, with open-ended questions as the tool to collect data from participants.



The rationale for utilizing an exploratory, qualitative approach with individual interviews was to obtain first-hand knowledge from mental health providers within Southern California who work or have worked closely with Latino children to gain insight on barriers they have observed Latino children encounter in their professional experience. This approach allowed sharing of professional experience and individualized answers, which generated common themes of barriers encountered by Latino children. Furthermore, this approach best adds to the existing, limited literature on barriers Latino children face when accessing and utilizing mental health services.

A limitation of using individual interviews for this study is time constraints, given that more time is required for areas such as traveling to meet participants at varying locations. In addition, there is the time constraint of conducting multiple individual interviews at the availability of participants, which may vary from interviewer availability. An additional limitation is the role of the interviewer, given he or she can inadvertently implement personal bias during interviews, which can influence on the responses from the participant, leading to question the accuracy of the answers provided by participants during individual interviews. Additionally, the interviewer can also present a limitation in implementing personal bias in the subjective way he or she may interpret participant responses.

This study aims to answer the following question regarding Latino children: Are cultural values, insurance, SES, lack of bilingual providers, and

agency days and hours barriers inhibiting Latino children from accessing and utilizing mental health services to meet their mental health needs?

### Sampling

This study utilizes a nonprobability, convenience sample of mental health providers within Southern California working or who have worked with Latino children with mental health needs. To obtain this sample, mental health providers known by colleagues of this researcher were asked to participate. Mental health providers were selected for this study as they would be able to speak on their observations of barriers Latino children they work or have worked with faced in attempting to access and utilize mental health services. This study consists of eight mental health providers working or who have worked with Latino children with mental health needs in Southern California.

### Data Collection and Instruments

This qualitative study consists of interviews with eight mental health providers within Southern California. The qualitative interviews were conducted on mental health providers ranging from various professional disciplines, such as Marriage and Family Therapy, Social Work, and Occupational Therapy. Twelve questions were asked to gain insight on barriers Latino children face when attempting to access and utilize mental health services. The individual interviews consisted of collecting demographic data (Appendix C) focusing on participants

age, gender, ethnicity, level of education, professional background/discipline, professional license, and years working as a mental health provider. The individual interviews also consisted of conducting open-ended questions intended to gain insight onto barriers Latino children face in accessing and utilizing mental health services.

Open-ended questions were from an instrument (Appendix A) comprised of 10 questions utilized to elicit responses from each participant on barriers they have observed Latino children face in attempting to access and utilize mental health services. The open-ended questions asked during individual interviews were influenced by available research postulating cultural values, insurance, SES, and lack of bilingual providers as barriers Latino children face. Questions asked aimed to facilitate dialogue about mental health and perceived barriers among Latino children, in the experience of study participants. Ultimately, questions intended to generate common themes of barriers encountered by Latino children, as expressed by individual interview participants.

### Procedures

Data collection occurred between January and March 2017. Mental health providers within Southern California working or who have worked with Latino children with mental health needs were referred by colleagues and contacted via email regarding voluntary participation in individual interviews. Upon receiving email responses from mental health providers that expressed interest in

participating in the study, individual interview time, days, and type of interview (in-person or Skype) were scheduled. Participants received informed consent forms (Appendix B) to read and sign prior to interviews. Participants requesting individual interviews via Skype were sent an informed consent for the study via email and they were requested to review and sign it, scan, and email it back to this researcher prior to the scheduled Skype interview. Participants requesting in-person individual interviews, were provided an informed consent form prior to the interview to review and sign. The informed consent (Appendix B) form included requested permission for participant individual interviews to be audio recorded on an electronic audio recorder. Interviews did not begin until informed consent form was signed and received by this researcher. Data for this study was collected in numerous locations throughout Southern California, varying by the locality of each participant of this study. Individual interviews lasted from 15-40 minutes. As mentioned, demographic data was collected at the beginning of interviews. Data was collected via individual interviews, in-person or via Skype, with an electronic audio recorder, which were transcribed at a later time for accuracy purposes. At the end of individual interviews, participants of this study were offered a \$10 gift card as a token of appreciation for their time and participation in this study.

#### Protection of Human Subjects

Participation in this study was voluntary. This study aimed to keep the identity of participants confidential. In efforts to ensure confidentiality, identifying

information was not included in the findings of this study. Given that this study collected its data via audio-recording, the informed consent form included audio-recording consent. Information collected in this study via audio-recording was transcribed and stored in an encrypted USB flash drive and locked filing cabinet to keep collected information secure and confidential.

### Data Analysis

This study utilized a qualitative approach to explore the barriers Latino children face when attempting to access and utilize mental health services. Individual interviews were audio recorded to allow for transcription and analysis to identify common themes of barriers that were shared among the responses of participants. Through this data analysis, this study aims to explore if cultural values, insurance, SES, lack of bilingual providers, and agency days and hours are barriers inhibiting Latino children from accessing and utilizing mental health services to meet their mental health needs.

### Summary

This study will explore barriers Latino children face when attempting to access and utilize mental health services. The use of individual interviews intends to allow participants to openly share their own observations regarding barriers among Latino children in accessing and utilizing mental health services. Due to this, an exploratory, qualitative method is the best approach for this study.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter presents the results from the transcribed and analyzed data that was collected through eight qualitative interviews. The data gathered aimed to explore barriers Latino children face when attempting to access and utilize mental health services, in the experience of study participants. This chapter discusses demographics of study participants and presents emerging themes, which are highlighted and supported by participant responses obtained from individual interviews, thus providing more insight onto the barriers Latino children face when attempting to access and utilize mental health services. The major themes identified include: cultural values, insurance, SES, lack of bilingual providers, agency days and hours of operation, immigration status, and lack of awareness of mental health.

#### Demographics

The sample consisted of 8 participants who identified as mental health professionals who work or have worked with Latino children with mental health needs. Demographic data was collected from each participant at the beginning of each interview. The demographic data collected, as presented in Table 1, included the following: gender, age, ethnicity, level of education, professional

background/discipline, professional license, and years working as mental health provider. Study participants included three males and two females. Participant age range was 28 to 63 years of old. Ethnicity of participants comprised of (1) Asian, (2) Caucasian, (4) Hispanic or Latino, and (1) Other. Participants level of education included (7) Master's Degree and (1) Doctorate Degree. Professional background or discipline of participants varied from (2) Marriage and Family Therapy, (5) Social Work, and (1) Other. Among 8 participants, professional license included (3) LCSW, (1) LMFT, and (1) N/A. Study participants' years of working as a mental health provider ranged from 2 to 27 years of experience working with Latino children with mental health needs. Individual interviews with participants lasted from 15-40 minutes, were audio-recorded, and transcribed by this researcher for thematic analysis. Participants were asked open ended questions to gain insight on barriers they have observed Latino children with mental health needs encounter in their professional experience.

Table 1. Demographics

	N	(%)
Age		
25-34	5	62.5
35-44	2	25
45+	1	12.5
Gender		
Male	3	37.5
Female	5	62.5

Ethnicity		
Asian	1	12.5
Caucasian	2	25
Hispanic or Latino	4	50
Other	1	12.5
Level of Education		
Master	7	87.5
Doctorate	1	12.5
Professional Background/Discipline		
Marriage and Family Therapy	2	25
Social Work	5	62.5
Other	1	12.5
Intern		
Yes	5	62.5
No	3	37.5
Professional License		
LCSW	3	37.5
LMFT	1	12.5
N/A	4	50
Years Working as Mental Health Provider		
0-4 Years	5	62.5
5-9 Years	1	12.5
10-14 Years	1	12.5
15+ Years	1	12.5

---

### Presentation of the Findings

After obtaining demographic data from participants, this researcher asked participants 11 open-ended questions that opened discussion on mental health, Latino children, and their insights on barriers they have observed Latino children encounter when attempting to access and utilize mental health services.



Through thematic analysis of individual interviews, various themes emerged in participant responses, highlighting barriers Latino children face when attempting to access and utilize mental health services. The major themes that were identified include: cultural values, insurance, SES, lack of bilingual providers, agency days and hours of operation, immigration status, and lack of awareness of mental health.

### Cultural Values

Participants were asked in their experience, how have Latino cultural values contributed to keeping Latino children from accessing and utilizing mental health services? There was a consensus among all participants that cultural values are often a barrier to Latino children accessing and utilizing mental health services. Participant eight stated “there’s a sense of machismo with children’s parents, there’s different trends of we don’t air our dirty laundry out there, culturally, this is not a problem, it’s just something you get over” (Participant 8, March 2017). Participant four stated:

It’s not a part of their cultural experience growing up. Most of us are not taught to embrace our feelings. Most of us are not taught to communicate them effectively...sometimes the message is we have to internalize those feelings and so our culture really isn’t doing much to promote expression of our feelings (Participant 4, February 2017).

Participant two responded:

There is a lot of stigma around, being shameful of having a mental illness, as well as not wanting to open up as much or be open with their feelings. One of the young boys that I help, he had his father recently pass away and so there have been a lot of other family members telling him boys don't cry and you have to be the man of the family now... so he's not really able to express some of his depressive symptoms that he's facing because he feels like it's not appropriate (Participant 2, February 2017).

Furthermore, participant seven said:

I would say there is a bit of stigma, but there's also just being quiet. Not disclosing. In some cases, like don't disclose, no one needs to know, so they who do they turn to? They feel lost, but also, I feel it's associated with the culture being more about family, so rarely do you turn to others outside of your family. So there's more culturally. It can be a barrier to where it's not encouraged to go outside of that family (Participant 7, March 2017).

### Insurance

In regards to insurance contributing to Latino children accessing and utilizing mental health services, experiences of participants varied, depending on the setting where they worked with Latino children with mental health needs. For example, mental health providers working at school-based programs that require no insurance, such as participant three who stated:

We can bypass that because we service kids who don't have Medi-Cal, who don't have anything, but the reality is these kids that don't have

anything, maybe they just came here, to the states, maybe they're not here legally, so they don't qualify for any of those programs or services (Participant 3, February 2017).

Participant two, who is agency-based, felt insurance is a barrier and stated:

At my particular agency right now, I would say that is a large barrier because we only service people with Medi-Cal. So if they don't have Medi-Cal or are unwilling to apply for it for whatever reason, and some of the parents are unwilling to apply because of their immigration status, then they are not able to receive services (Participant 2, March 2017).

Participant eight had a different perspective to insurance contributing to Latino children accessing and utilizing mental health services:

It's not so much the lack of insurance, but more possibly the parents not knowing what they can get for the children. So the education of the services can be available, whether it be standard Medi-Cal insurance or private insurance of some sort. I don't think some parents understand the benefits of the service and therefore they don't seek it out (Participant 8, March 2017).

Participant one took a similar perspective to insurance as he stated:

For a lot of Latino Families, when they're thinking about insurance, I don't think mental health is on the forefront of that. I think they are trying to figure out what their insurance coverages actually have. It's more access to just general health care (Participant 1, February 2017).

## Socioeconomic Status

Participants were asked: in your experience, has socioeconomic status (SES) or income level played a role in Latino children accessing and utilizing mental health services? Participants agreed that SES and income level are strong barriers for Latino children. Participant four stated, “if you can’t afford it, then obviously you’re not going to be able to get the resources” (Participant 4, February 2017). Participant seven provided insight as to how SES and income level affect Latino families, thus acting as barriers for Latino children attempting to access and utilize mental health services:

If the family is from a very low socioeconomic status, the parents are too busy working trying to make ends meet that it affects the kids getting their needs met. So it’s a double edged sword to where parents are doing everything they can. It doesn’t mean they are bad parents. It’s just that they are so busy trying to make ends meet, working long hours, barely being home, that the kids are affected (Participant 7, March 2017).

Another participant also added how SES and income level are barriers to Latino children attempting to access and utilize mental health services:

Not having money for sessions or even low income sessions, like on a sliding scale, that’s still difficult for children of color and Latino children who come from low income families to obtain those services. So definitely, the income plays a role on what you can receive (Participant 6, March 2017).

Participant five also provided insights as to why socioeconomic status is often a barrier for Latino children:

I think honestly socioeconomic status is probably one of the biggest things because if they're from a certain city that's more affluent, it seems to be that they are more aware of resources and know how to navigate to get the services they need. Versus other families in another city that is not as great, that's where I see the differences (Participant 5, February 2017).

#### Lack of Bilingual Providers

Participants were asked: in your experience has a lack of bilingual mental health providers played a role in Latino children accessing and utilizing mental health services? Participant responses demonstrated lack of bilingual providers is a major theme. Participant four expressed how lack of bilingual providers often lead Latino children to be placed on a waitlist, thus creating a barrier for them to access and use services:

That's another issue, that perhaps we are able to give them a referral, but many times, if there is not a Spanish speaking provider, the kid has to sit on a waiting list until there is a Spanish speaking provider. That's a big problem, because even if the kid is English-speaking and the parents are not, see now you have a disconnect. Right, because to be really effective in this kind of work that we do, we need to engage the parents, and sometimes that language barrier prevents you from making that good connection with the parents because they don't speak English. If you don't

as a therapist speak Spanish, then you're missing a huge connection, you're missing a big piece of the problem and you're not able to address that piece of the problem (Participant 4, February 2017).

Similarly, participant seven also expressed that lack of bilingual providers is a barrier that results in wait listing Latino children for mental health services:

At the site that I'm at, I'm one of the three bilingual providers available at my site, at the location I'm at, and we have a waitlist. A majority of our referrals are Latino, but because of our availability, we're not able to see all of them (Participant 7, March 2017).

Participant six also expressed lack of bilingual providers being a barrier due to providing services in communities that are predominantly Latino, but there being a lack of bilingual providers:

Yes, it has, because although there are those clinicians that are bilingual, in the area I live in, there is mostly Latino children, so I saw the clinician with many many caseloads, the same with me, too many kinds that needed those bilingual services, for not only them, but to incorporate their families in therapy. I would say not having enough clinicians who were bilingual was a big impact (Participant 6, March 2017).

Participant four noted a need for more bilingual providers for Latino children:

I'm fortunate enough to be Spanish speaking, but there's many clinicians that are not and in the community we live, the majority is Latino and the

majority is Spanish speaking, but there is definitely a gap or a deficit of Spanish speaking clinicians in the area. (Participant 4, March 2017).

#### Agency Days and Hours of Operation

Participants were asked: in your experience have agency days and hours of operation presented barriers to Latino children in accessing and utilizing mental health services? Participant consistently stated agency days and hours of operation are a barrier due to them not being accommodating to work hours of Latino parents or caregivers. Participant seven stated “for Latino parents or caregivers, they work long hours too and then the kids have school, and after school, maybe that’s when the parents are going to work” (Participant 7, March 2017). Participant one also agreed that agency days and hours of operation are barriers given Latino parents often work long hours:

I think when you look at Latino families, often times, they have to hold down multiple jobs, just because of the need to provide for their families financially, so you’ll have mom or dad both working multiple hours, you know, you’re also considering things like daycare or who’s caring for their children, afterschool programs, so often times, even when parents aren’t working late their child is in an afterschool program or they’re being watched by relatives, so you know, when you have your traditional 9-5 work hour, that just doesn’t make sense often times for these families (Participant 1, February 2017).

Participant six also agreed and added how agency days and hours of operation can hinder treatment, thus are a barrier to Latino children:

I would say sometimes the 9-5 is problematic because not always are we able to get to them in that 9-5 or when they're at school, same with parents. It kind of ties back into the father working when you need the father to be there when you think he's a potential part of the problem or he can benefit the child in a way. So having that time frame limits us to what we can do and what we can provide (Participant 6, March 2017).

Furthermore, participant two responded:

Yes, with the children that I work with, they come from mostly single-mothers that oversee their children. Because they are single mothers, they are having to work multiple jobs or long hours or odd jobs that whatever hours people will provide them with, so they are unable to bring their children to the clinic (Participant 2, February 2017).

Participant four also felt agency days and hours of operation are a barrier to Latino children attempting to access and utilize mental health services:

For a lot of working families, that's the only time they can really attend, is after business hours, after 5 or 6 o'clock, but I think where there is a big deficit though is maybe the lack of accessibility of services during the weekends because I feel like that's when working families are really able to access services and unfortunately there is a lack of weekend availability or weekend services that are available to the community. At least in my



experience. I don't know too many MH agencies that are open on Saturday and Sunday for that matter. For a working family that works 9-5, sometimes their just too tired to come to counseling during the week (Participant 4, February 2017).

### Immigration Status

Another major theme that transpired among responses of participants that was a barrier among Latino children in attempting to access and utilize mental health service was immigration status of Latino children and their parents. Participant seven stated "another barrier is a legal status of the caregiver, since they are the ones in charge of getting them insurance" (Participant 7, March 2017). As mentioned previously, participant two stated "some of the parents are unwilling to apply [for insurance] because of their immigration status, then they are not able to receive services (Participant 2, February 2017). Additionally, as previously mentioned, participant three added "maybe they just came here, to the states, maybe they're not here legally, so they don't qualify for any of those programs or services" (Participant 3, February 2017).

### Lack of Awareness of Mental Health

One of the most prominent themes among participant responses regarding barriers Latino children face when attempting to access and utilize mental health services was lack of awareness of mental health. Participant one stated "I think the biggest barrier in Latino communities, specifically serving their children, is the lack of awareness of services and how to access them"

(Participant 1, February 2017). Participant three stated: “it would be maybe not understanding the services or what it can do to benefit their child” (Participant 3, February 2017). Participant four also responded “sometimes there’s just a lack of awareness, there’s a lack of education, there’s a lack of understanding about a service, so that is a barrier right there” (Participant 4, 2017). Participant eight also stated: “I don’t think some parents understand the benefits of the service and therefore they don’t seek it out” (Participant 8, March 2017). Participant five said: “I would say, being aware of what resources are out there because for example the two ways to get into receiving services, at least at an early age, is through a pediatrician or they have to go in themselves” (Participant 5, February 2017).

Participant four further added:

There’s a lot of shame, there’s a lot of stigma to getting help, but when I really think about the issue, the issue to me, the way I understood it, is not having a real clear understanding of what mental health is. I think that’s one of the biggest cultural barriers (Participant 4, February 2017).

Participant one posed a relevant question when discussing lack of awareness being a barrier for Latino children:

“How do we approach specifically Latino communities in general in a preventative way and how do we educate and raise awareness to really benefit mental health just as a positive framework, because we all need mental health, right?” (Participant 1, February 2017).

Participant one addressed this question in his discussion of lack of awareness of mental health being a barrier for Latino children:

In order to really increase mental health and access to mental health, we need to have a grassroots effort and go into the communities where people are. We have to go into their communities and have these conversations and offer groups, offer educational seminars, offer anything that will increase people's understanding of mental health that will therefore increase access and open their minds to receiving services, but we have to go into the community" (Participant 4, February 2017).

### Summary

This chapter presented the major themes, as identified by mental health providers, of barriers Latino children face when attempting to access and utilize mental health services. This study utilized a qualitative approach, as it allowed participants to openly share their observations and professional experience. Through a thematic analysis, this writer was able to identify barriers Latino children face when attempting to access and utilize mental health services.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter presents the discussion of results drawn from individual interviews from 8 mental health providers. Furthermore, this chapter will also present the limitations of this study and recommendations for social work practice, implications for policy, and future research. Lastly, this chapter will present the conclusions gathered from the findings of this research study, in efforts to address barriers among Latino children in accessing and utilizing mental health services.

#### Discussion

The purpose of this study was to explore the barriers among Latino children in accessing and utilizing mental health services. The participants of this study were diverse, given they were from different age, gender, ethnicity, level of education, professional background/discipline, professional license, and years working as mental health providers. Participants of this study were able to express what they have observed as barriers to Latino children attempting to access and utilize mental health services. Participants were able to reflect on their professional experience working with Latino children, in efforts to shed light on such barriers to increase access and use of mental health services among

Latino children. The results of this study identified cultural values as one of the major themes. Participants specifically identified cultural values such as machismo, familial interdependence, and collectivism, which they have observed act as barriers to Latino children attempting to access and utilize mental health services. The results of this study indicated that such cultural values present barriers because they often influence internalization, minimization, shame, stigma, and lack of disclosure. This finding is consistent with Lopez et al (2008) which identified cultural issues as a commonly identified barrier encountered by Latino children. However, this research study was able to identify specific cultural values that act as barriers, as well as the influences such cultural values have on Latino children. As suggested by Lopez (2008), cultural barriers, such as those identified in this study, may be addressed through ongoing education of providers on issues of cultural competency, in efforts to increase access and use of mental health services among Latino children with mental health needs.

The results of this study also identified insurance as a significant theme. Participant responses varied depending on the setting where they worked, given certain programs or agencies did not require insurance, whereas others did. However, all participants agreed that insurance is a barrier for most Latino children. Study participants indicated insurance is a barrier for Latino children because many do not qualify for Medi-Cal or private insurances, are unwilling to apply for insurance due to immigration status, and lack knowledge of insurance coverages. Such findings are consistent with Owens (2002) and Lopez et al.

(2008) findings, which identified lack of insurance as a barrier that hinders Latino children's access to mental health services. The findings of this study were anticipated, however, they shed light on factors explaining why insurance is a barrier among Latino children, which include not qualifying, immigration status, and lack of knowledge of insurance coverages.

SES was also identified as a major theme. Participants agreed SES presents a significant barrier to Latino children when accessing and utilizing mental health services. Such findings were consistent with Kataoka & Zhang (2002) findings, which indicated children from low SES are less likely to use mental health services. The findings of this study suggest there are many factors explaining why Latino children from low SES are less likely to use mental health services. Participants of this study expressed SES presents a barrier to Latino children because it may indicate an inability to obtain needed resources, lack of awareness of resources, inability to afford services, and parents working long hours. Therefore, the findings of this study show there are many factors that explain why SES is a barrier for Latino children with mental health needs.

Another significant theme identified in this study was lack of bilingual providers. Participants expressed lack of bilingual providers are a barrier for Latino children as bilingual children are often waitlisted for services, as well as high caseloads due to having few bilingual providers. Findings of this study are consistent with Kataoka & Zhang (2002) findings, which identify lack of bilingual mental health providers as a barrier for Latinos and state use of mental health

services may be improved for Latino children by addressing such barriers. The findings of this study support the need of more bilingual mental health providers to increase access and use of mental health services among Latino children.

Agency days and hours of operation was also a major theme identified in this study. Participants identified agency days and hours of operation as a barrier for Latino children. The findings of this study identified this as a barrier because agency days and hours of operation do not accommodate the work hours of parents or caregivers of Latino children. Participants expressed agency days and hours of operation is a barrier because Latino parents or caregivers work long hours, have multiple jobs, or only have weekend availability, therefore traditional weekly 9 to 5 agency days and hours of operation are not accommodating for Latino families. These findings shed light on the need for mental health service agencies and programs to accommodate families, such as Latino families, who face numerous challenges that inhibit them from taking Latino children for mental health services during traditional days and hours. By making accommodations to current agency days and hours of operations, agencies and programs can increase access and use of mental health services among Latino children.

Another significant theme identified in this study was immigration status. This study found that immigration status of Latino children and their parents may present a significant barrier to children accessing and utilizing mental health services. Participants expressed immigration status presents a barrier because it may make Latino families ineligible for insurance and services or they may be

unwilling to apply for insurance due to their immigration status. Immigration status was not identified as a barrier for Latino children attempting to access and utilize mental health services by currently existing research. However, it was a barrier that transpired in this study that sheds light onto a factor that significantly influences additional barriers, such as insurance. This study provided more insight as to why currently existing research identifies insurance as a main barrier for Latino children, which is that they are also challenged with having immigration status as a barrier when attempting to access and utilize mental health services.

The final significant theme identified in this study was lack of awareness of mental health. This study's findings suggested that one of the biggest barriers in Latino communities is the lack of awareness of mental health services, as well as how to access such services. Participants expressed Latino families often do not understand the benefits of services, are unaware of available resources, and lack a clear understanding of what mental health is. Lack of awareness of mental health is a barrier not identified by currently existing research focusing on barriers among Latino children with mental health needs. This study shed light on both a current barrier and a primary step that much be taken to increase access and utilization of mental health services among Latino children, which is increase awareness of mental health among Latino communities. Participants identified ways to increase access and utilization of mental health services among Latino children, which included a positive framework to mental health education and a grassroots effort to effectively engage Latino communities. This finding was



critical because without awareness of mental health, Latino families may be incapable of understanding the mental health needs of Latino children. Thus, Latino children might continue to have the highest rates of unmet mental health needs and lowest rates of access and use of mental health services.

### Limitations

This research study encountered some limitations. One of the limitations of this study was its sample size, given it only included a total of 8 participants. This is a limitation since having a small sample size creates constraints on the results of this study being generalizable to the population at large. An additional limitation of this study is that it gathered data that was based on the perspectives of mental health providers in their professional experience working with Latino children to identify barriers to accessing and utilizing mental health services. Although the sample of this study was diverse, this study did not directly include Latino children and their families as study participants. Due to this, this study might not have captured the true, lived experiences of Latino children when attempting to access and utilize mental health services or perhaps did not capture additional, pertinent barriers encountered by Latino children.

### Recommendations for Social Work Practice, Policy and Research

This study is significant to social work practice because it sheds light on barriers Latino children face when attempting to access and utilize mental health

services. It is critical to increase social worker awareness of such barriers, given social workers make up the largest group of mental health service providers. Additionally, social workers are ethically responsible for ensuring vulnerable populations, such as Latino children, have access to needed services. Therefore, by increasing social worker awareness on barriers Latino children encounter when attempting to access and utilize mental health services, social workers will be better equipped to plan and implement different approaches to address the barriers identified in this study on both micro and macro levels. For example, on a macro level, working on policies that address barriers among Latino children identified by this study, such as insurance or immigration status. By doing so, social workers may increase access and utilization of mental health services among Latino children with mental health needs.

This study also sheds light on possible areas for future research. One recommended area for future research would include exploring effective ways to increase awareness of mental health among the Latino community, given lack of awareness of mental health was a barrier identified in this study. That is, perhaps exploring currently existing community outreach programs that effectively engage the Latino community, increase their awareness of mental health, and increase access and use of mental health services among Latino children. Such research could provide new or currently existing agencies or programs that are ineffective with insights on how to effectively reach out to the Latino community in efforts to increase their awareness of mental health.

Another recommended area for future research would be to continue exploring barriers among Latino children in accessing and utilizing mental health services, but from the perspective and experience of Latino families. That is, perhaps focusing on Latino children and families who are now connected to mental health services, but experienced barriers when first attempting to access and utilize mental health services. A qualitative study of Latino children and their families would be more beneficial to this research, as it would more accurately represent and capture the lived experiences of Latino children when attempting to access and utilize mental health services or capture additional barriers.

### Conclusion

The purpose of this research study was to explore the barriers among Latino children in accessing and utilizing mental health services. Data for this study was collected from 8 mental health providers who work or have worked with Latino children with mental health needs. This chapter discussed the findings of this study, limitations of the study, and recommendations for social work practice. The findings of this study identified numerous barriers among Latino children in attempting to access and utilize mental health services, which included cultural values, insurance, SES, lack of bilingual providers, agency days and hours of operation, immigration status, and lack of awareness of mental health. The results of this study were consistent with currently existing research that identified barriers among Latino children. However, this study also provided

more insight onto already identified barriers, as well as shed light on additional barriers that have yet to be identified by existing research. This study suggests the need to address identified barriers to increase access and utilization of mental health services among Latino children with mental health needs.

Recommendations for social work practice, policy and research include increasing social worker awareness on identified barriers, working on policies that address identified structural barriers, exploring effective ways to increase mental health awareness among the Latino community, and including Latino families in future research efforts.

APPENDIX A  
INDIVIDUAL INTERVIEW QUESTIONS

## Individual Interview Questions

### Opening Discussion on Mental Health, Latino Children and Barriers

- 1) What primary mental health needs you have worked with among Latino children?
- 2) How many years have you worked with Latino children with mental health needs in this capacity?
- 3) Has your experience with the mental health system been primarily positive or negative? Can you explain why that is?

### Cultural Barriers

- 4) In your experience, how have Latino cultural values contributed to keeping Latino children from accessing and utilizing mental health services?
- 5) Are there any other Latino cultural values that you believe restrict Latino children from accessing and utilizing mental health services?

### Structural Barriers

- 6) In your experience, how have insurance or lack of insurance contributed to Latino children accessing and utilizing mental health services?
- 7) In your experience, has socioeconomic status or income level played a role in Latino children accessing and utilizing mental health services?
- 8) In your experience, has a lack of bilingual mental health providers played a role in Latino children accessing and utilizing mental health services?
- 9) In your experience, have agency days and hours of operation presented barriers to Latino children in accessing and utilizing mental health services?
- 10) Are there any other structural barriers you can think of that restrict Latino children from accessing and utilizing mental health services?

### Final Thoughts

Do you have any final thoughts you would like to share before we conclude?

Developed by Janett Ceron in collaboration with Dr. Shon

APPENDIX B  
INFORMED CONSENT



California State University, San Bernardino  
Social Work Institutional Review Board Sub-Committee  
APPROVED 1/19/2018 VOID AFTER 1/16/2018  
IRB# SW1734 CHAIR [Signature]

College of Social and Behavioral Sciences  
School of Social Work

**INFORMED CONSENT**

The study in which you are asked to participate is designed to explore the barriers among Latino children in accessing and utilizing mental health services. The study is being conducted by Janett Ceron, an MSW graduate student, under the supervision of Dr. Herb Shon, 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 explore the barriers among Latino children in accessing and using mental health services.

**DESCRIPTION:** Participants will be asked open-ended questions on observed barriers of Latino children in attempting to access and use mental health services.

**PARTICIPATION:** Participation in the study is entirely voluntary. You may refuse to participate in the study or withdraw your participation at any time without penalty.

**CONFIDENTIALITY OR ANONYMITY:** Responses gathered in this study will remain entirely anonymous. All gathered data are to be kept secure and confidential in an encrypted USB flash drive and locked filing cabinet.

**DURATION:** Individual interviews will take 25 to 45 minutes to complete.

**RISKS:** There are no foreseeable risks to the participants.

**BENEFITS:** There will not be any direct benefits to participants, but the study may identify barriers to address to increase Latino children's access and use of mental health services.

**AUDIO:** I agree to be audio recorded. Yes \_\_\_\_\_ No \_\_\_\_\_

**CONTACT:** If you have questions regarding the study, contact Dr. Shon at (909) 537-5532.

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at CSUSB after July 2017.

Confirmation Statement: I understand I must be 19 years or older to participate in this study. I have read and understand the above and agree to participate in this study.

\_\_\_\_\_  
Place an X mark here

\_\_\_\_\_  
Date

909.537.5501

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 • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus



APPENDIX C  
DEMOGRAPHICS

## Demographics

- 1) What is your age in years? \_\_\_\_\_
- 2) What is your gender? Male \_\_\_\_\_ Female \_\_\_\_\_ Other: \_\_\_\_\_
- 3) What is your ethnicity?  
Caucasian \_\_\_ Hispanic or Latino \_\_\_ African American \_\_\_ Native  
American \_\_\_ Asian \_\_\_ Pacific Islander \_\_\_ Other:  
\_\_\_\_\_
- 6) What is your level of education?  
AA \_\_\_ Bachelor \_\_\_ Masters \_\_\_ Doctorate \_\_\_ Other: \_\_\_\_\_
- 7) Are you currently an intern? Yes \_\_\_ No \_\_\_
- 8) What is your professional background/discipline?  
Social Work \_\_\_ Marriage and Family Therapy \_\_\_ Psychology \_\_\_ Psychiatry \_\_\_  
Other: \_\_\_\_\_
- 9) What is your specific professional license and/or credentials?  
LCSW \_\_\_ LMFT \_\_\_ Licensed Psychologist \_\_\_ N/A \_\_\_ Other: \_\_\_\_\_

## REFERENCES

- American Psychological Association. (2016). Children's mental health. Retrieved from <http://www.apa.org/pi/families/children-mental-health.aspx>
- Becker, K. D., Brandt, N. E., Stephan, S. H., & Chorpita, B. F. (2014). A review of educational outcomes in the children's mental health treatment literature. *Advances in School Mental Health Promotion*, 7:1, 5-23.
- Children's Defense Fund. (2010). Mental health fact sheet. Retrieved from <http://www.childrensdefense.org/library/data/mental-health-factsheet.pdf>
- Kataoka, S. H., & Zhang, L. (2002). Unmet need for mental health care among U.S., children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159(9), 1548
- Lopez, C., Bergren, M. D., & Painter, S. G. (2008). Latino disparities in child mental health services. *Journal of Child & Adolescent Psychiatric Nursing*, 21(3), 137-145.
- National Association of Social Workers. (n.d.). Mental health. Retrieved from <https://www.socialworkers.org/pressroom/features/issue/mental.asp>
- National Center for Children in Poverty. (2006). Challenges to providing mental health services to Latino children remain, but successful efforts offer family friendly strategies. Retrieved from [http://www.nccp.org/media/releases/release\\_17.html](http://www.nccp.org/media/releases/release_17.html)
- National Institute of Health. (2007). Information about mental illness and the brain. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK20369/>

- Owens, P. L., Hoagwood, K., Kellam, S. G., & Ialongo, N. S. (2002). Barriers to children's mental health services. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(6), 731.
- Rastogi, M., Massey-Hastings, N., & Wieling, E. (2012). Barriers to seeking mental health services in the Latino/a community: A qualitative analysis. *Journal of Systemic Therapies*, 31(4), 1-17.
- Schubert, C. A., & Mulvey, E. P. (2014). Behavioral health problems, treatment, and outcomes in serious youthful offenders. Retrieved from <http://www.ojjdp.gov/pubs/242440.pdf>
- U.S. Census Bureau. (2015). FFF: Hispanic Heritage Month 2015. Retrieved from <https://www.census.gov/newsroom/facts-for-features/2015/cb15-ff18.html>
- Zastrow, C., & Kirst-Ashman, K. K. (2013). *Understanding human behavior and the social environment* (9th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.