6-2017

SOCIAL STIGMAS OF MENTAL HEALTH COUNSELING FOR THE YOUTH POPULATION

Norma Edith Morales
California State University - San Bernardino

Kiah Kristionne Marks
California State University - San Bernardino

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

Part of the Counseling Commons, and the Social Work Commons

Recommended Citation
https://scholarworks.lib.csusb.edu/etd/511

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.
SOCIAL STIGMAS OF MENTAL HEALTH COUNSELING FOR
THE YOUTH POPULATION

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
Kiah Kristionne Marks
Norma Edith Morales
June 2017
ABSTRACT

This study was a quantitative survey that examined the parental perspectives concerning mental health counseling after their children received mental health services. The focus of this study was to analyze changes in parental perspectives in regard to mental health services for their children. The study considered social stigmas and diagnostic labels associated with mental health and counseling for mental health. The study found that parents whose children received mental health services reported they and their children had a positive experience. In addition, parents were open to receiving mental health counseling services in the future. The study was conducted within a targeted population of participants of one mental health clinic; therefore results do not reflect all cases of parental perspectives regarding mental health services. In addition, parental access was somewhat restricted due to conflicting schedules between the parents and researchers. Furthermore, parental education and notification of the counseling process was limited which resulted in poor response on the knowledge of number of sessions provided and the duration of each session. Lastly, recommendations for future data collection and analyses were made in order to identify additional data on demographics to improve services to the targeted population.
ACKNOWLEDGEMENTS

We would like to thank the staff of Family Solutions Collaborative for their continuous support, guidance and unwavering faith in us. In particular, we would like to thank Mr. Greg Pandzic for allowing us to survey the client’s parents and for all his support throughout the project. To conclude, we would also like to thank our families for their support, patience and consideration throughout our academic advancement. This project would not have been possible without everyone mentioned, thank you.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>iii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iv</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>vii</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>viii</td>
</tr>
<tr>
<td><strong>CHAPTER ONE: ASSESSMENT</strong></td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Research Focus</td>
<td>1</td>
</tr>
<tr>
<td>Paradigm and Rationale</td>
<td>2</td>
</tr>
<tr>
<td>Literature Review</td>
<td>2</td>
</tr>
<tr>
<td>Stigma</td>
<td>3</td>
</tr>
<tr>
<td>Diagnosing and Labeling</td>
<td>5</td>
</tr>
<tr>
<td>Social Acceptance</td>
<td>6</td>
</tr>
<tr>
<td>Theoretical Orientation</td>
<td>7</td>
</tr>
<tr>
<td>Potential Contribution to Social Work</td>
<td>7</td>
</tr>
<tr>
<td>Summary</td>
<td>8</td>
</tr>
<tr>
<td><strong>CHAPTER TWO: ENGAGEMENT</strong></td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>9</td>
</tr>
<tr>
<td>Engagement Strategies for Gatekeepers</td>
<td>9</td>
</tr>
<tr>
<td>Self-Preparation</td>
<td>10</td>
</tr>
<tr>
<td>Diversity Issues</td>
<td>10</td>
</tr>
<tr>
<td>Ethical Issues</td>
<td>11</td>
</tr>
<tr>
<td>Political Issues</td>
<td>11</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1. Kendell’s Tau Correlation Matrix.......................................................... 22
LIST OF FIGURES

Figure 1. Parental Comfort Level ................................................................. 17
Figure 2. Treatment Goals ........................................................................... 18
Figure 3. Sessions Received ......................................................................... 18
Figure 4. Length of Session ........................................................................ 19
Figure 5. Parental Experience ..................................................................... 19
Figure 6. School Attendance ....................................................................... 20
Figure 7. Language Preference .................................................................. 21
Figure 8. Services in the Future .................................................................. 21
CHAPTER ONE
ASSESSMENT

Introduction

This chapter describes the research focus and paradigm that was used throughout the study. A literature review is presented to elaborate on definitions of keywords and previous studies pertaining to the research topic. The theoretical orientation is discussed along with the study’s potential contribution to micro and macro social work practice.

Research Focus

The focus of the research project was the social perspectives of parents whose children have received counseling services. The research questions focused on whether the parent’s social perspectives change after termination of services. The research question will measure how parents initially felt about their child receiving counseling and any changes in their perspectives after termination of services. The researcher’s hypothesis is that parents seeing a positive change in their children after completion of services will change their perspective and decrease previously believed social stigmas in reference to mental health counseling. The dependent variable was the parents changing perception about mental health counseling. In this study the independent variables are all other factors that affect the dependent variable such as the duration of counseling and length of sessions completed.
Paradigm and Rationale

The positivist paradigm was used during this study as this approach allows both researchers to identify correlations of said stigmas associated with counseling services. According to Morris (2014), positivism “takes an objective view of the world and is based on philosophical assumption and theories about probability and sampling that call for gathering quantitative data to address research problems” (p. 1). With this notion, the positivist paradigm is the most appropriate approach for the study as it enables the researchers to address current problems, experiences, and the beliefs of participants through the process of gathering data quantitatively. By gathering data the researchers were able to assess whether mental health counseling services made an impact on the parental perspective.

Literature Review

The literature review explains important terms to be used throughout the study. The concept of mental health problems, characteristics of the youth population, and meaning of stigma are thoroughly explained. Additionally, social perspectives that are influenced by stigmas regarding counseling for the youth population are elaborated on leading to a discussion on diagnosing and social acceptance.

Having a mental health problem can be defined as, “the spectrum of cognitions, emotions, and behaviors that interfere with interpersonal
relationships” (Overton & Medina, 2008, p. 143). For the youth population, these effects can happen within the home and school environment, negatively impacting their ability to perform daily tasks. When mental health deteriorates, it can interfere with handling stress properly and having healthy relationships through childhood, adolescence, and into adulthood.

The youth population focused on in this study consisted of children and adolescents ranging between the ages of 5 and 17 years old. This stage in life is considered, “A time of rapid advance in cognitive skills and intense acquisition of new information” (Sakellari et al., 2014, n.p). Moreover, this is a developmental period that consists of new challenges to overcome in order to determine the skill set of biological, physical, and mental capacity. Up to 50% of individuals in this age range experience symptoms of a mental health disorder and are the most stigmatized individuals in society due to their illness (Sakellari et al., 2014).

**Stigma**

Stigma is a socially structured phenomenon that labels individuals as different based on their inability to meet dominant social norms (Benoit, Shumka & Barlee, 2010). The stigma associated with mental illness is a prominent reason why less than one third of the population with mental health problems will seek help from professionals (Vogel, Wester & Larson, 2007). An example of this can be seen in a conducted study that focused on stigma of mental health in the workplace (Hanisch et. al, 2016). Before initially beginning the study researchers found the majority of the population had a lack of knowledge concerning mental
health which in turn lead to stigmatized ideas and avoidance of seeking treatment. After making this conclusion, studies utilizing anti-stigma interventions amongst 3,854 participants between the ages of 18 and 65 were analyzed. These interventions consisted of measuring literacy and dimensions of stigma associated with mental illness. Results from the study demonstrated a more positive outlook on receiving treatment and supporting those with mental health illnesses after completion of successful interventions (Hanisch et. al, 2016).

According to Pinto-Foltz and Logsdon (2009, p. 789), "interventions [...] aimed at improving stigma, attitudes, and beliefs about mental health disorders will likely contribute to improvements in the immediate and long term health consequences". They believe these types of intervention will increase the individuals' willingness to receiving counseling and will also increase compliance with treatment. A grassroot intervention called, In Our Own Voice, was tested among a population of college students and older adolescents. This intervention was found to decrease stigma associated with mental health treatment. This conceptual model consists of having a presenter who can share personal experiences of their mental disorder, providing video based presentations, and discussing the relation between treatment and recovery (Pino-Foltz & Logsdon 2009, p. 790). Utilizing this type of intervention encourages familiarity with mental disorders which can lead to changing perspectives.

Even though studies have demonstrated that seeking treatment and receiving counseling is beneficial, many parents may deny their child needs
counseling due to stigmatized beliefs that their child will be socially rejected and singed out as abnormal. Additionally, the negative perception of diagnosing is another major component in the development of negative social stigmas for counseling.

**Diagnosing and Labeling**

Many parents have concerns about their child being diagnosed as this event can be life altering. Parents may avoid counseling because of the conception their child is being labeled. A diagnosis can be viewed as a perception for an incurable disease, particularly when a personality disorder is the cause of mental illness (Havens, 2015). Moreover, according to Mukolo and colleagues (2010), social stigma is heavily dependent on the type of diagnostic label the client has received. Stigma research that focused on the youth population found that, “public stigma is condition specific-i.e the public acts and responds differently according to the mental disorder (label) that the person/child is presumed to have” (Mukolo et al., 2010, n.p). These diagnoses are derived from diagnostic manuals utilized by health professionals. An efficient diagnosis assists in establishing a treatment plan that will best benefit the client but can create uneasiness with parents due to preconceived ideas others may have of their child. Furthermore, the social constructs and stigmas of being diagnosed can also interfere with social acceptance for youth.
Social Acceptance

Research has established that youth displaying mental health problems continually attract negative evaluations from peers (Swords, Heary, and Hennessy, 2011). According to Mukolo and colleagues (2010), the reasoning for this is due to media influence and lack of exposure to educational information regarding mental health disorders. As cited in Mukolo et al., 2010, n.p, research conducted by Pescosolido and colleagues found that, "negative public responses include preference for social distance from the child/family, the distancing of the child from other children, and blaming the child’s family for the child’s problem". This type of negative treatment is a reason why parents may fear their child will be stereotyped and discriminated against if they partake in counseling services. Stereotyping is collectively agreed-upon notions about a group of persons that are used to categorize them (Overton & Medina, 2008). Mental illnesses can illicit feelings of avoidance, fear, ignorance, and intolerance which are the starting points for stereotyping and also discrimination. In the previously discussed study conducted by Hanisch and colleagues (2016), anticipated and real acts of discrimination against individuals who have a mental health illness was one of several factors found that contributed to the stigmatization of receiving counseling services.

The literature review defined concepts associated with mental health problems, facets of the youth population, and notions related to stigma which are important terms to be used throughout the study. Social perspectives regarding
social acceptance and diagnosing were elaborated on along with their relation to stigmas against counseling. These stigmas greatly affect the social perspectives families have when considering treatment for their child.

**Theoretical Orientation**

The theoretical orientation for this study is stigma theory. Early development of this theory was greatly influenced by sociologist Erving Goffman. Structural factors of this theory now include acknowledging the development and persistence of stigmatization, configuring links between brain and social behavior, and analyzing the context of social interactions (Bos, Pryor, & Barlee, 2013). In reference to the study, emphasis will be put on the particular stigma associated with seeking mental health services. As cited in, Vogel, Wade, & Hackler (2007, p. 40), “The stigma associated with seeking mental health services is the perception that a person who seeks psychological treatment is undesirable or socially unacceptable”. This is an ideal orientation for the study given the research focus is based on negative perceptions surrounding individuals who seek or receive mental health counseling.

**Potential Contribution to Social Work**

Chapter two addresses the engagement stage of the study. This stage explains the study site and engagement for gatekeepers and participants. Details for self-preparation are given followed by points to address; such as
diversity, ethical concerns, and possible political issues. Lastly, the use of technology to complete this research study will be discussed.

Summary

This chapter covered the research focus and paradigm that was used. The contents of positivism were discussed along with reasons why this perspective best accommodated the study. The literature review went over important terms along with previous studies that are related to the research focus and question. The theoretical orientation to be used for the study was discussed followed by the contributions findings will have for macro and micro social work practice.
CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two addresses the engagement stage of the study. This stage explains the study site and engagement for gatekeepers and participants. Details for self-preparation are given followed by points to address; such as diversity, ethical concerns, and possible political issues. Lastly, the use of technology to complete this research study will be discussed.

Engagement Strategies for Gatekeepers

The researchers gained entrance to study site by engaging the agency’s gatekeepers. To convince gatekeepers that it is beneficial to conduct the study at the research site, researchers emphasized the usefulness of results as a resource when applying for next year’s grant and thoroughly explained how the agency’s mission will be met. The research question fits in line with the agency’s mission statement, therefore benefiting the agency and the field of social work. “The Mission of the Family Solutions Center, a proactive neighborhood-based collaborative, is to empower children and families to achieve their highest level of wellness, through committed community partnerships”, (Panzic, 1998).

The director and board members were presented with the subject and focus for the research project in question. Under the discretion of the director and school board members, the researchers made the necessary adjustments to
accommodate their requirements in order to get approval and conduct this study. Once the final approval was given by the appropriate members, engagement commenced with potential study participants.

**Self-Preparation**

Regarding self-preparation, the extensive literature review previously conducted by both researchers helped develop a better understanding of the social stigmas parents of children with mental health needs face. This also helped the researchers to be aware of any issues that potentially can arise and helped maintain cultural sensitivity within the study. In addition, researchers made survey questions available in English and Spanish. The researchers’ maintained continual engagement with staff members in order to gain their support and be endorsed with parents they had already built rapport and trust. Lastly, both researchers signed a Privacy Act statement in which indicated we understood that the information given to us was private and would only be used for the purpose of the study.

**Diversity Issues**

Diversity issues to be anticipated with participants consisted of legal and immigration identifiers. A large portion of parents who received services at the study site were undocumented. Some parents could decline participation in fear that their immigration status would be disclosed. Specific immigration issues that the participants might have been concerned about is deportation due to non-citizenship. In order to address these concerns, participants were made aware to
understand that their participation was anonymous and no identifying questions would be asked. However, all information and concerns were handled with competence and utmost respect.

**Ethical Issues**

Ethical issues were related to participants understanding that no identifying information would be used or provided to outside agencies. In addition, identifiable information was not disclosed to the agency in order to protect confidentiality. This is to avoid the possibility of parents and children fearing the loss or decrease of services based on their responses. Surveys did not have identifying information and were stored in a secured file cabinet. Raw data was not be destroyed as requested by the agency for future reference and used for grant submission purposes.

**Political Issues**

A potential political issue that may arise was associated with the research site. The research site would present the data along with their grant proposal for the following fiscal year. The agency could have had reservations on the handling of results if it will negatively impact the government funding the agency receives. This issue was avoided by discussing possible outcomes with the agency and receiving their approval to conduct the survey regardless of survey results.
The Role of Technology in Engagement

Technology was used in this study to include telephone contact with potential participants and email with agency staff and gatekeepers. Email contact with staff members helped to continue the engagement process as mentioned previously. Telephone contact with potential participants helped to reach parents at their home, making participation more convenient and attainable.

Summary

This chapter addressed the engagement strategies used with research site’s gatekeeper. In addition, an explanation was given of how participants and study site staff were approached to encourage participation in the study. Self-preparation for the researchers was discussed along with considerations and solutions for; diversity, ethical concerns and political issues that could have arisen during the study. Lastly, this chapter discussed the need for technology and how said technology was used.
CHAPTER THREE
IMPLEMENTATION

Introduction

This chapter explains the main components of implementing the research project. Study participants and how they will be selected are described. Phases of data collection are also discussed along with how data was recorded, analyzed, and reported. Termination and follow-up is then explained along with the discussion of termination and following up with participants.

Study Participants

The study included 80 parents of children who received services ages ranging between 4 and 14 with mental health needs. Within the school district the agency services, 2.4 percent represent the African American population, 1.98 represent the Asian population, .61 represent the American Indian population, and 3.6 represent the mixed race population. 89 percent of parents in this study are from a predominantly Hispanic population from low income families. The total enrolled students as of December 2014 were 22,521 with 20,089 being Hispanic (“Our District”, 2017). Participation in counseling services is usually not initiated by the parents, as they are usually referred by school based counselors, outreach consultants, or teachers. The counseling services provided interventions and treatment for behavioral, emotional, or academic concerns.
Selection of Participants

Participants were selected from a targeted population using a non-probability convenience sample. A list was provided from the agency’s case management representative to both researchers with parent’s name and phone numbers once all therapy sessions were completed. Parents were asked to voluntarily participate. The focus of the study includes the characteristics associated with stigma. From using this sampling method results, the agency will be able improve services provided to future clients.

Data Gathering

Questions for the survey were prepared and data was obtained quantitatively. Once the survey was approved, the researchers began calling parents. An initial introduction was given along with the purpose of the research project and what their participation entailed. Participants were informed that their participation was completely voluntary and confidential. As part of the surveying process verbal consent was given via telephone. Once this was conveyed and understood the survey was conducted over the phone.

A total 8 questions using the Likert scale was used. These questions were formatted in a way that will be descriptive, contrast, and specific verification questions. An example of a descriptive question was, “How did you initially feel about your child receiving mental health services?” An example of a contrast question entailed, “In the future would you be more open to receiving mental health services?” A specific verification question was, “Did we meet the
treatment goals agreed up in the child’s treatment plan?” These questions focused on the parents initial attitudes regarding counseling and their perspective after their child received services. (See Appendix A & B)

**Phases of Data Collection**

The data collection began early April of 2016. Both researchers began contacting parents via telephone at the research site. Data gathering took place on Tuesdays and Thursdays between the hours of 8:00 and 4:30 PM. The surveys were conducted in both English and Spanish, and each interview took roughly 5 to 10 minutes. Three attempts were made to contact each participant when not available at the initial call. The information collected was then recorded and later inputted into SPSS to be statically analyzed. The data collection process took 3 months to get all interviews completed

**Data Recording and Analysis**

The raw data was recorded on the surveys themselves. Data was analyzed quantitatively in this study. Both researchers analyze the hypothesis, which are the changing attitudes of parents in regards to mental health services. The non-paramedic statistical test was used to test relationships at the ordinal level. The researchers carried out three stages to quantitative analysis. This will include entering data into a statistical software program, running descriptive statistics, and identifying strengths between the independent and dependent variable through inferential statistics. The dependent variables measured how parents initially felt about their child receiving mental health services and if they
would be more open to receiving services in the future. The independent variables measure if parents felt the treatment goals were met and if the number of sessions were efficient. A two-tailed test was used to analyze results and examine correlations.

**Termination and Follow Up**

After each interview was concluded, a debriefing statement was given. Termination comprised of answering any questions the participants had, and informing them when the results would be available. Lastly, each participant was thanked for his or her participation and contribution to the social work field.

**Communication of Findings and Dissemination Plan**

The findings of this research were described by completing a final report that will be presented to the School of Social Work at California State University, San Bernardino (CSUSB). In addition, a final report and presentation was provided at the research site to participants and staff members.

**Summary**

This chapter comprised the implementation stage of the study. Selection of participants was done by using a non-probability convenience sample. Data collection and analyzing was discussed along with how data was recorded. Procedures to conduct termination and follow up were also discussed. Lastly, findings were presented through a final report, and a presentation was given finalizing the completion of the study.
CHAPTER FOUR

RESULTS

This chapter provides graphs of the questions asked during the study and descriptions of the data for this study. The sample size for this study consisted of 80 participants; all participants were parents of a child that had previously received mental health counseling services through the agency. The tables in this chapter identify the frequencies in relation to each survey question. Graphs 1-8 represent the data spread of each of the study questions. Kendall’s Tau correlations were run to look at relationships between the questions. Limitations to this approach will be discussed in chapter five.

Figure 1. Parental Comfort Level

Figure 1 provides percentages on how comfortable parents felt about their child receiving mental health services. Over half of the sample population felt very comfortable or comfortable with their child receiving mental health services.
Figure 2. Treatment Goals

Figure 2 illustrates parents’ responses in reference to treatment goals being met. Over half of participants felt treatment goals were met after mental health services at Family Solutions were terminated.

Figure 3. Sessions Received

Figure 3 presents percentages regarding parents’ outlook on the number of counseling sessions received being sufficient. 67.5% felt the number of
sessions were either fairly appropriate or appropriate. A total of 12 parents stated their child could have benefited from more sessions.

![Bar chart showing the length of session being appropriate](image)

Figure 4. Length of Session

Figure 4 illustrates percentages representing the length of time for each counseling session being appropriate. More than half of the sample population felt the length of each session was appropriate.

![Bar chart showing parental experience](image)

Figure 5. Parental Experience
Figure 5 demonstrates responses in reference to counseling services being a positive experience for participants and their child. At 61.3%, more than half of participants reported having a very positive experience.

Figure 6. School Attendance

Figure 6 shows percentages of responses received in regard to school attendance and school success being important. Nearly all participants indicated these factors are very important.
Figure 7. Language Preference

Figure 7 illustrates responses received in reference services provided being sensitive to participant’s language preference. 88.8% of participants felt services were sensitive to their language preference.

![Figure 7: Language Preference](image)

Figure 8. Services in the Future

Figure 8 presents percentages on participants being open to receiving mental health services in the future. Out of 80 responses, 80% of participants would be open to receiving mental health services again.

![Figure 8: Services in the Future](image)
Table 1: Kendell’s Tau Correlation Matrix

<table>
<thead>
<tr>
<th></th>
<th>How did you feel about your child receiving mental health services?</th>
<th>Did we meet the treatment goals agreed upon in the child’s treatment plan?</th>
<th>Were the number of sessions your child received sufficient?</th>
<th>Do you feel the length of time of each counseling session was appropriate?</th>
<th>Was receiving counseling services a positive experience?</th>
<th>Is school attendance and school success important in your household?</th>
<th>Were the services provided sensitive to your language preference?</th>
<th>In the future would you be more open to receiving mental health services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How did you feel about your child receiving mental health services?</td>
<td>1.000</td>
<td>.456&quot;</td>
<td>.290&quot;</td>
<td>.439&quot;</td>
<td>.315&quot;</td>
<td>.026</td>
<td>.068</td>
<td>-.013</td>
</tr>
<tr>
<td>Did we meet the treatment goals agreed upon in the child’s treatment plan?</td>
<td>.456&quot;</td>
<td>1.000</td>
<td>.505&quot;</td>
<td>.427&quot;</td>
<td>.440&quot;</td>
<td>.048</td>
<td>.005</td>
<td>.052</td>
</tr>
<tr>
<td>Were the number of sessions your child received sufficient?</td>
<td>.290&quot;</td>
<td>.505&quot;</td>
<td>1.000</td>
<td>.304&quot;</td>
<td>.403&quot;</td>
<td>-.004</td>
<td>.199</td>
<td>.059</td>
</tr>
<tr>
<td>Do you feel the length of time of each counseling session was appropriate?</td>
<td>.439&quot;</td>
<td>.427&quot;</td>
<td>.304&quot;</td>
<td>1.000</td>
<td>.370&quot;</td>
<td>.181</td>
<td>.151</td>
<td>-.082</td>
</tr>
<tr>
<td>Was receiving counseling services a positive experience for you and your child?</td>
<td>.315&quot;</td>
<td>.440&quot;</td>
<td>.403&quot;</td>
<td>.370&quot;</td>
<td>1.000</td>
<td>.129</td>
<td>.321&quot;</td>
<td>.327&quot;</td>
</tr>
<tr>
<td>Is school attendance and school success important in your household?</td>
<td>.026</td>
<td>.048</td>
<td>-.004</td>
<td>.181</td>
<td>.129</td>
<td>1.000</td>
<td>.161</td>
<td>.153</td>
</tr>
<tr>
<td>Were the services provided sensitive to your language preference?</td>
<td>.801</td>
<td>.647</td>
<td>.972</td>
<td>.099</td>
<td>.240</td>
<td>.003</td>
<td>.003</td>
<td>.80</td>
</tr>
<tr>
<td>In the future would you be more open to receiving mental health services?</td>
<td>.068</td>
<td>.005</td>
<td>.199</td>
<td>.151</td>
<td>.321&quot;</td>
<td>.161</td>
<td>1.000</td>
<td>.110</td>
</tr>
</tbody>
</table>

" indicates significance at the 0.05 level.
For this study non-parametric (Kendell's Tau) correlations were applied for the 8 variables to identify possible relationships between them. The results indicated there were a number of significant relationships. Based on these results researchers were able to identify that positive parental perspective about their child receiving mental health services was positively related to meeting treatment goals, having sufficient counseling sessions, feeling the length of time of sessions was appropriate, and having a positive counseling experience. Researchers were also able to determine that meeting treatment goals was positively related to having sufficient counseling sessions, parents feeling the length of time was appropriate, and having a positive experience after their child received mental health services.

Researchers also found that by the provision of receiving a sufficient amount of sessions was related to also having sessions of appropriate length of time and having a positive counseling experience. Having sessions of an appropriate length was positively related to having a positive counseling experience. Having a positive counseling experience was additionally related to services being provided in the language preference and being open to future mental health services. Researchers also found that by the provision of receiving a sufficient amount of sessions was related to also having sessions of appropriate length of time and having a positive counseling experience. Having sessions of an appropriate length was positively related to having a positive counseling experience. Having a positive counseling experience was additionally
related to services being provided in the language preference and being open to future mental health services.

Summary

This chapter provided results and significant data found in the study. The analytical solution SPSS was used to input responses once all data was gathered by researchers. In addition, SPSS was also utilized to calculate totals and percentages derived from responses. Kendell's Tau correlations were run and significant findings were highlighted. The key findings will be discussed in the following chapter in addition to limitations to the study.
CHAPTER FIVE

INTRODUCTION

This chapter will provide a discussion on significant findings and correlations for the study. Additionally, limitations and recommendations will be presented for future research and improving mental health services at Family Solutions Collaborative.

Discussion

Being that social stigma has an effect on seeking mental health services, both researchers wanted to gather data on participant's initial feelings before treatment was received. Based on survey results a major finding showed that only 7.5% felt very uncomfortable. While conducting the survey a parent stated, “I felt comfortable because I knew it would help him” (Family Solutions Collaborative, 2016). Acknowledging that treatment would help proved to be efficient as 93.6% of participants reported at least half or all goals were met. In contrast, out of the 6.3% who reported goals not being met a participant indicated that their child’s symptoms were still present.

For question 3 in the survey, finding indicated that out of all participants only 25 parents knew how many sessions their child received. Moreover, 32% of the sample population felt the number of sessions were not enough while 67.5% felt the amount of sessions provided were either fairly appropriate or appropriate. A total of 12 parents stated their child could have benefitted from more sessions.
In reference to the overall experience of counseling services more than half of the population, 61.2% affirmed it was a positive experience for them and their child while 38.8% of participants reported a slightly or somewhat positive experience. Out of 80 participants no negative experiences were indicated.

Survey results found that 91.3% of participants agreed that school success and school attendance is important in their household. A participant supported this finding by stating “Yes, I want the best for him” when asked to provide feedback (Family Solutions Collaborative). A majority of the male population who participated in the study represented the 8.8% who expressed school attendance and school success is fairly important. In regards to the question on services being sensitive to language preference 88.8% declared services were very sensitive to their preference for both English and Spanish. No parents reported services not being sensitive to their language parents. In order to determine a decrease in stigma related to mental health counseling the survey concluded by researchers asking each participant if they would be open to receiving mental health services in the future. 78.8% stated they were extremely open to services in the future with no participants stating they would not be open to services in the future.

Within this population we found a significant need to be able to provide both English and Spanish speaking therapist for service delivery results in meeting the client’s need and represent cultural competency in the field of social work. Other facets that correlated with a positive counseling experience was the
length of each counseling session, meeting treatment goals and being open to mental health services in the future. For participants who indicated the amount of session received a positive correlation occurred between the number of sessions being sufficient and meeting goals from treatment plan. Lastly, significant positive correlations were identified when client satisfaction and the adequate provision of services. Parents perspectives changed based on their perception on the quality of services and the appropriateness of service delivery.

A significant positive correlation was found between services being sensitive to one’s language preference and having a positive counseling experience for parents and their child. Being able to provide both English and Spanish speaking therapist for service delivery results in meeting the client’s need and represents cultural competency in the field of social work. Receiving mental health services was a first time occurrence for the majority of the population. It was important for therapists to demonstrate the value of cultural competency to increase chances of understanding components related to counseling and completing treatment. With findings concluding that a positive experience correlated with being open to mental health services, a strong relation to literature is demonstrated in regard to improving stigma resulting in the likelihood to seek services again.

**Limitations**

Once the survey results were collected and analyzed both researchers concluded limitations that were present in the study. As a quantitative study
done in a targeted population, results do not reflect all cases of parental perspectives regarding mental health services. Researchers also identified demographics as a recommendation while completing surveys. Moreover, future researchers should gather information on the gender of parent, gender of therapist, gender of child, child’s diagnosis, parent’s spoken language, and ethnicity of parent. Gathering this data will also contribute to finding correlations in the study and improve service delivery for mental health services. Additionally, parental access was restricted at times while conducting surveys due to conflicting availability between parents and researchers. Another limitation was also the parent’s lack of awareness in regards to the counseling process was another limitation which resulted in many participants not having knowledge of counseling length and number of sessions.

Recommendations

Based on the results and significant findings both researchers configured recommendations for services. Parent education would be a recommendation to improve services as it can give parents the opportunity to receive education on mental health prior to receiving services may change initial feelings toward receiving counseling. Parent contact was another recommendation being that many parents reported they did not know the amount of sessions their child received when asked that question during the survey. To improve this finding, researchers recommended mental health interns should update parents on a
monthly bases regarding progress, status, number of sessions, length of sessions and remaining and termination for each client.

Treatment goals were another recommendation in terms of educating parents on realistic goals and counseling outcomes in addition to parent involvement in goal maintenance. This would be done to ensure clients follow through with goals in not only a school setting and during counseling, but also within the home with support from family to better improve symptoms and reaching treatment goals. In addition, information on diagnosis should be identified in order for parents to better understand diagnostic specific needs.
2015-2016 Parent Survey Counseling

The purpose of this survey is to get an idea of your experience and satisfaction with the school counseling program.

1. How did you initially feel about your child receiving mental health services?
   1. Very uncomfortable  2. uncomfortable  3. comfortable  4. very comfortable
   Please explain:

2. Did we meet the treatment goals agreed upon in the child’s treatment plan?
   1. goals were not met  2. half the goals were met  3. most of the goals were met  4. all Goals were met
   Please explain:

3. How many counseling sessions did your child receive?

4. Were the number of sessions your child received sufficient?
   1. not enough  2. barely enough  3. fairly enough  4. enough
   Please explain:

5. Do you feel the length of time of each counseling session was appropriate?
   1. not appropriate  2. barely appropriate  3. fairly appropriate  4. appropriate
   Please explain:

6. Was receiving counseling services a positive experience for you and your child?
   1. not a positive experience  2. slightly positive experience  3. somewhat a positive experience  4. very positive experience
   Please explain:

7. Is school attendance and school success important in your household?
   1. not important  2. somewhat important  3. fairly important  4. very important
   Please explain:

8. Were the services provided sensitive to your language preference?
   1. not sensitive to my preference  2. attempted to be sensitive to my preference  3. somewhat sensitive to my preference  4. very sensitive to my preference
   Please explain:

9. In the future I would be more open to receiving mental health services?
   1. not open to service  2. minimally open to service  3. somewhat open to service  4. extremely open to services
   Please explain:

Developed by: Kiah Kristionne Marks & Norma Edith Morales.
El objetivo de esta encuesta es obtener una idea de su experiencia y su satisfacción con el programa de asesoría escolar.

1. ¿Cómo se sentía inicialmente acerca de que su niño/a recibiera servicios de salud mental?
   1 Muy incómodo  2 incómodo  3 cómodo  4 muy cómodo
   Favor de explicar:

2. ¿Cumplimos las metas de tratamiento acordado en el plan de tratamiento del niño/a?
   1 no se cumplieron  2 se cumplieron la mitad  3 se cumplieron la mayoría  4 se cumplieron todas las metas
   Favor de explicar:

3. ¿Cuántas sesiones de consejería recibió su hijo/a?

4. ¿Fueron suficiente el número de sesiones que su niño/a recibió?
   1 no fueron suficientes  2 apenas suficientes  3 bastantes suficientes  4 muy suficientes
   Favor de explicar:

5. ¿Le parece que la duración de cada sesión de asesoría fue apropiada?
   1 no era adecuada  2 apenas adecuada  3 bastante adecuada  4 adecuada
   Favor de explicar:

6. ¿Había recibido servicios de consejería una experiencia positiva para usted y su hijo/a?
   1 no fue una experiencia positiva  2 ligeramente positiva  3 fué una experiencia algo positiva  4 fue una experiencia muy positiva
   Favor de explicar:

7. ¿En su casa la asistencia a la escuela y el éxito escolar es importante?
   1 no es importante  2 algo importante  3 bastante importante  4 muy importante
   Favor de explicar:

8. ¿Los servicios proporcionados fueron sensibles a su preferencia de idioma?
   1 no fueron sensibles  2 intentaron ser sensibles  3 algo sensible  4 muy sensibles a mi preferencia
   Favor de explicar:

9. ¿En el futuro sería más abierta/o a recibir servicios de salud mental?
   1 no sería abierta/o  2 minimamente abierta/o  3 algo abierta/o  4 extremadamente abierta a recibir servicios
   Favor de explicar:

Developed by: Kiah Kristionne Marks & Norma Edith Morales
APPENDIX C

INFORMED CONSENT AND IRB APPROVAL
INFORMED CONSENT

The study in which you are asked to participate is designed to examine any changes in parental perspective about counseling after their children received counseling services from Family Solutions Collaborative. The study is being conducted by M.S.W students Norma Morales and Kiah Marks, under the supervision of Dr. Carolyn McAllister, School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Subcommittee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine any changes in parental perspective on counseling after their children received services.

DESCRIPTION: Participants will be asked a few questions about their perception on counseling prior to receiving services, parental satisfaction with the counseling services, counseling experience, if counseling goals were reached, and interests in counseling in the future.

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

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

DURATION: It will take 5 to 10 minutes to complete the survey.

RISKS: There are no foreseeable risks to the participants.

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

CONTACT: If you have any questions about this study, please feel free to contact Dr. Carolyn McAllister at cmcallis@csusb.edu.

RESULTS: Study results will be available at the CSUSB ScholarWorks website after June 2017.

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

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 • Fullerton • 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
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s)  Noymer Morales & Kia Marks

Proposal Title  Social Stigmas of Mental Health Counseling for the Youth Population

#  SW 1672

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

✓ approved

___ to be resubmitted with revisions listed below

___ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

___ faculty signature missing

___ missing informed consent _____ debriefing statement

___ revisions needed in informed consent _____ debriefing

___ data collection instruments missing

___ agency approval letter missing

___ CITI missing

___ revisions in design needed (specified below)


Committee Chair Signature  

Date  5/25/2016

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student
APPENDIX D

DEBRIEFING STATEMENT
DEBRIEFING STATEMENT

This study you have just completed was designed to examine any changes in parental perspective about counseling after their children received counseling services from Family Solutions Collaborative. We are interested in assessing changes in parental perspective about counseling. We are also interested in the parental interest to seek counseling services in the future. This is to inform you that no deception is involved in this study.

Thank you for your participation. If you have any questions about the study, please feel free to contact Kiah Marks at 951-322-6402 or Norma Morales at 909-260-9450.

If you would like to obtain a copy of the group results of this study, please contact Kiah Marks (email: 003982016@coyote.csusb.edu) or Norma Morales (email: 00254662@coyote.csusb.edu), after September 2016.

Developed by: Kiah Kristionne Marks & Norma Edith Morales
REFERENCES


This was a two-person project where authors collaborated throughout. For each phase both authors responsibilities were assigned as listed below.

1. Data Collection:
   Team Effort: Kiah Marks and Norma Morales

2. Data Entry and Analysis:
   Team Effort: Kiah Marks and Norma Morales

3. Writing Report and Presentation of Findings:
   a. Introduction and Literature
      Team Effort: Kiah Marks and Norma Morales
   b. Methods
      Team Effort: Kiah Marks and Norma Morales
   c. Results
      Team Effort: Kiah Marks and Norma Morales
   d. Discussion
      Team Effort: Kiah Marks and Norma Morales