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LATINO MENTAL HEALTH: EXPLORING BARRIERS TOWARDS MENTAL HEALTH SERVICES AMONG THE LATINO COMMUNITY WITHIN SAN BERNARDINO

Josue D. Enriquez

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LATINO MENTAL HEALTH: EXPLORING BARRIERS TOWARDS MENTAL
HEALTH SERVICES AMONG THE LATINO COMMUNITY WITHIN
SAN BERNARDINO

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
Josue Daniel Enriquez

June 2017

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ABSTRACT

The research presented on this paper examined the impact that the number of barriers have towards the delay in getting treatment among the Latino population. Participants (N=31) at Family Solution Collaborative, answered questions presented to them via a self-administered questionnaire that contained questions that examined types of barriers and how they impact mental health services. An independent sample t-test was conducted assessing generation status and the sum of perceived barriers. A Pearson correlation, design was used, for the purpose of searching for a relationship between the number of years in the U.S. and age with the sum of perceived barriers. Results for all test conducted showed no significance between all variables. In conclusion, although findings for this study did not support past research it is important to address the limitations to continue to develop culturally appropriate programs to help reduce the disparity of Latinos within mental health services.

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CHAPTER ONE

INTRODUCTION

Problem Statement

The purpose for mental health services is too support and empower people; however, it does not appear that mental health services have been able to keep up with the rapid growth of the Latino population. For the purposes of the study we will be looking at data within the county of San Bernardino California. According to U.S. Census data (2015), Latinos make up approximately 51.7 percent of San Bernardino County's population, making the county the second largest in the nation with a Latino majority. Yet, there is a disparity within mental health services among Latinos in San Bernardino. Nationally 15.9% of Latino adults reported suffering from a mental illness; yet, many in this population often go without seeking or receiving professional mental health services (Cabassa, Zayas, & Hansen, 2006, National Survey on Drug Use and Health: Mental Health Findings, 2011,). In order to better understand the existence of this disparity, one must understand the Latino population. Mental health illness exists within all cultures; however, there is a lack of seeking of mental health services among the Latino population. As previously mentioned, the Latino population makes up more than half of San Bernardino County's entire population; yet, the Latino population still consist of vulnerable individuals. Having such a large population

of vulnerable individuals is why this is such an important issue today. Just like physical health services, mental health services are also a necessity in order to achieve a state of well-being. While people usually seek medical attention for physical illness, they fail to seek mental health services due to several barriers that impede them from seeking or receiving mental health services. Such barriers include: stigma, socio-economic, culture, and lack of appropriate mental health services (U.S. Department of Health and Human Services, 1999). Having such a large population of vulnerable peoples is why this is an important issue to address.

As previously mentioned there are several barriers that impede the Latino community to seek mental health services. These barriers include stigma, socio-economic, culture, and the lack of appropriate services (U.S. Department of Health and Human Services, 1999) aimed for this particular community. Individually anyone of these barriers are enough to deprave anybody from seeking mental health services, now when more than one of these barriers are paired up it only imprisons a whole group of people. The Latino community, especially in San Bernardino County are unfortunately struggling with more than one if not all of the mentioned barriers.

Stigma can play a very powerful factor to deteriorate help seeking behavior among any community. In the Latino community, it is very common to associate mental health services with a type of service that is only for the mentally ill (e.g. schizophrenia). It is also very common to hear such sayings as

“no estoy loco/a” (“I’m not crazy”), when referring to mental health services. Due to the fear of being labeled with a mental illness people opt not to seek or participate in mental health care, leaving a major part of the community vulnerable to the deteriorating effects of bad mental health, such as anxiety and stress. Stigma can produce fear in people and confine them to not seek help, in order to combat stigma mental health agencies, need to work hard to bring awareness to this huge and vulnerable population. Poverty also plays a role as a barrier for mental health among the Latino Community. Poverty comes with any debilitating risk, such as stress or worry over surviving and providing basic needs for one’s self or family. According to Baker (as cited in Holmes, 2014), this type of stress can lead to more serious problems such as, anxiety and depression in the Latino community, these problems can be left untreated due to cost of mental health services. Many Latino adults cannot afford services because of insured status or just because the cost of services are too high to be an option when there are more important issues like feeding their family. Poverty also deteriorates the Latino population by forcing them to work long hours to try and make ends meet. Resulting in having no time to seek mental health care even if they wanted to.

Implications on Mental Health Services

Micro

While the Latino culture could be widely known for being family oriented, it is that same characteristic that barricades people from seeking mental health

services. A lot of rejection or denial exist within Latino families regarding mental health issues. A label of mental illness will categorize them as weak to others and they must be strong for the children and their partner. Unfortunately, this ideology of having to be strong is being embedded into the younger generation whether it is directly or indirectly, leading to a growing problem in the county. For instance, an individual will rather say they are suffering from a physical illness rather than from depression or anxiety. Since they have that mind set, they will most likely seek help from a medical professional to resolve the issue (Cabassa, et al., 2006). By doing so they will miss out on mental health resources that may help them deal with the root of the issue.

Macro

Due to the growing number of the Latino population in the County the need for diversity and cultural competence within the mental health field is extremely important. While many agencies do their best to each and gain cultural competence in the field, there is still much work to be done. While the individual agencies within San Bernardino County are training on cultural competence the Latino population is still lacking the awareness of mental health services in their community, resulting in lack of appropriate care. It is important for agencies to understand the population in order to build a system that will better help the community. For instance, agencies should consider that many individuals live under poverty lines and are uninsured (Cabassa et al., 2006), agencies should

seek funding in order to be able to help all individuals in the community and not have to turn away or refer out potential consumers.

Purpose of the Study

The purpose of the study is to address the phenomenon of the disparity seen of the Latino community within mental health services. There are several barriers that impede the Latino community from seeking mental health services, these barriers are both personal barriers such as stigma, poverty, and culture, as well as outside barriers such as a lack of appropriate mental health services. In order to address the phenomenon of Latino disparity within mental health services, certain agencies need to outreach the community in order to bring awareness to these individuals. As a result of the stigma and other barriers the Latino community is ashamed or unaware of mental health services, thus it is up to the mental health professionals to educate the community and bring awareness to such an important dilemma.

The overall research method that was used in this research study is a quantitative design. This research design was selected since the study will gather information from a large group of people, through the use of a self-administered survey. Furthermore, quantitative design was selected with the hope that the data will yield an unbiased result that can be generalized to the larger population of San Bernardino County.

Significance of the Project for Social Work Practice

The primary mission of the social work profession is to “enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW Code of ethics, 2016) The mission statement strongly rooted with the six core values: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. The answer to why this issue needs to be addressed is written in the social worker’s core values. As social workers we have a commitment to provide the best service possible in order to help individuals reach their maximum potential, we must advocate for social justice to make sure everybody has an equal right and opportunities for services, we must acknowledge the dignity and worth of a person, value the importance of human relationships between social worker and the individual (client), we must maintain integrity, and all this is achieved through a social workers commitment to stay competent with current issues and interventions to better understand the population and be able to provide the most appropriate service.

The need to conduct this study arose from a great necessity for mental health services among the Latino community. There is a large number of this population who are in need of services that will empower them and diminish the barriers that impede them from seeking services.

The findings of this research may contribute to the mental health profession by providing insight of the Latino community's own perception on the barriers and mental health services in general. By getting the input of the actual community mental health service providers can better adapt to the growing Latino population and develop more appropriate services to include the Latino community and diminish the disparity.

Research Question

The current study will answer the following question: Do the number of barriers have an impact toward the delay in getting mental health services among the Latino community?

CHAPTER TWO

LITERATURE REVIEW

Introduction

Much like physical health, mental health is a state of well-being where a person is able to function with everyday task. Mental health functions as a continuum in which a person has both good state of mental health or inn a bad state where a mental illness is present. Although mental health services have been growing in our communities there is still an observable disparity between the Latino community and those receiving mental health services. This is a phenomenon that can be observed in many parts of the nation; however, when it comes to a county where 51.7 percent of the population is of Latino decent, issues that affect the community's empowerment start to arise. These issues include an obvious disparity in services caused by social-economic and cultural barriers, as well as in a lack of appropriate services for the population.

Barriers to Mental Health

Stigma and Culture

The term health can be defined as the state of being free from illness and or injury, both physically and mentally. In other words, the term health stands for being in a state of well-being. Just as the term "health," "mental health" can also be viewed as a continuum with a good state of mental health and a bad state

(Mental illness) of mental health. Yet, the term “mental health” among our community is negatively perceived and associated with illness. It is important to bring awareness about mental health services to the community in order to extract the stigma and negative connotations associated with “mental health.”

The U.S. Department of Health and Human Services, (1999), that many members of minority groups fear, or feel ill at ease with, the mental health system. Individuals in the Latino community fear that if they receive mental health services it will go in their record, ultimately affecting their jobs. Latinos might be hesitant to participate if they don't understand the purpose of mental health services and how it will benefit them and their community (Alvarez, 2014). Alvarez (2014), set out to prove a disparity among the older Latino population. Findings demonstrated that in order to combat the mistrust among the Latino population and the stigma of mental health, providers must accommodate the individuals and provide proper services.

Cultural differences can be reflected in differences in preferred styles of coping with day-to-day problems (U.S. Department of Health and Human Services, 1999). A sense of having to be strong against adversity lies deep among many Latinos. The way they cope with difficulties is by trying to remain strong and although that might seem admirable if not directed correctly it could result in very difficult stressors such as depression.

Social-economic Status

The cost of mental health services and the lack of medical insurance is a big concern among the Latino population. Many individuals live in poverty and have to work hard to meet ends meet. The last thing in their mind is adding another bill. Research demonstrates that individuals living in a low social-economic status (SES) are less likely to receive mental health services (Cummings, J., 2014). Low SES plays a big role in why there is such a disparity among Latinos receiving mental health services. Factors can include having to work long hour jobs during the week giving them no time to attend a mental health session or not having reliable transportation (Alvarez, 2014) to get to an agency. By providing low cost services providers might be able to attract more of the Latino community.

Culturally Appropriate Services

Culturally component services incorporate respect for and understanding of, ethnic and racial groups, as well as their histories, traditions, beliefs, and value systems (U.S. Department of Health and Human Services, 1999). In the Latino community one barrier is the fear of appearing weak. Since there is such a big pride to be strong then more therapies that focus on resiliency can be implemented. By implementing resiliency interventions mental health services can focus on the strengths of the client to cope with adversity.

Rastogi, Massey-Hastings, and Wieling (2012), explored the Latino community recommendations to improve utilization with specific focus on needs

of Latinos. According to Rastogi, Massey-Hastings, and Wieling (2012), participants believed that they would benefit from greater awareness about mental health conditions, as these would impact the attitude of the community as a whole. With more awareness, there will be more information on similar issues in the community which will facilitate the creation of support groups. Furthermore, it is discussed that the provider's characteristics have a lot to do with preventing members of the Latino community from seeking help. People want to be able to identify and understand the provider. People usually prefer to speak in their native tongue, so when the provider is limited with language options it defeats the purpose of counseling. People want to feel connected with the provider, if the provider seems detached then the client will not feel as comfortable and possibly not seek future services. Gilmer (2007), suggest that ethnically focused programs may be an effective approach to engaging populations that are underrepresented in the mental health system.

Theories Guiding Conceptualization

Empowerment is the "process of increasing personal, interpersonal, or political power so that individuals can take action to improve their life situations" (Zastro and Kirst-Ashman, 2013). A theory that can be used to empower individuals is the strengths perspective. According to Zastro and Kirst-Ashman (2013), focusing on strengths can provide a sound basis for empowerment. A strengths perspective approach can be used to focus on the client's resources,

motivations, experiences and other positive qualities that can be put to use to solve problems and pursue positive changes.

Summary

The disparity of the Latino culture is a phenomenon that needs to be addressed. It is our duty as social workers to advocate and educate vulnerable populations. Barriers that prevent a population such as the Latino community need to be studied and addressed in order to get a better understanding of the community and be able to create and implement appropriate services directed towards the Latino population. The prevalence of mental health problems, manifestation of symptoms, and help-seeking behavior within the Latino population still need attention and further research.

CHAPTER THREE

METHODS

Introduction

This study aimed to explore the barriers that impede the Latino community from seeking mental health services, while assessing the need for culturally appropriate mental health services. This chapter contains the details of how this study was carried out. The sections discussed will be study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of the study was to examine the impact barriers have on the Latino Community and the role they play on the delayed mental health services. This study is mainly exploratory in nature with a hint of evaluation, the study will be providing insight on certain barriers to mental health, such as stigma, social economic status, and culture, while at the same time assessing the effectiveness mental health services towards the Latino community.

A mixed method study was conducted, for the purpose of obtaining information regarding barriers delaying searching for mental health services and if they have received such services what helped them break those barriers. Due to the limited time frame a quantitative design was implemented. Since the study

will gather information from a large group of people, it will be employed as a self-administered survey questionnaire. The reason for having a quantitative method such as a survey is to be able to reach a larger sample which in result provide more accurate data and in order to eliminate researcher bias, due to the participants feeling more genuinely about their answers.

A limitation of using a survey method is rigidity. The survey must account for all possible answers. Failing to account for all possibilities that are being looked at will result in the possibility of missing significant data. For instance, if a participant will like to share more; but, there is no room or not being asked the participant will not share that data. Another limitation of using surveys is that there is the possibility of discovering that one of the questions is confusing several participants. A survey doesn't give the researcher the luxury to rewrite it or explain the question in different terms after handing it out. The study seeks to answer two basic questions: 1) Do the number of barriers have an impact toward the delay in getting mental health treatment? 2) How did those individuals who have received services manage to break these barriers?

Sampling

This study utilized a randomized sample of Latino adults in the San Bernardino area. These adult individuals are residents of San Bernardino County. Approval was sought and granted from the supervisors of each of these agencies that handed out the surveys. There was a total of 31 participants and consisted of both male and female adults who consider themselves Latino.

Data Collection and Instruments

Quantitative and qualitative data were collected via self-administered surveys. Each participant was given a demographic sheet that contained instructions for the survey in English and Spanish. It contained questions that asked to indicate their gender and ethnicity. A one-page survey was handed out to adults who identified as Latino. The survey sets out to identify the Latino community's perspective on barriers that impede them from seeking mental health services and to evaluate their recommendations to improve and develop more appropriate services to tailor to the Latino community.

The survey was the tool specifically developed for this study, for the purpose of addressing examine if the number of the barriers impact the delay to seeking mental health services. The survey breaks the Dependent variables (barriers) down to help-seeking behavior, mistrust, stigma, cost, transportation, and knowledge of mental health, and the independent variables to be looked at are number of years living in the U.S. Other variables that could be looked at are to examine if gender, age, educational level, or to examine difference between 1st generation (immigrant) or 2nd generation or higher (born in U.S).

Procedures

Each participant was surveyed individually. The participant was given a booklet that informed them as to the nature of the study. The participants were requested to provide some demographic data (e.g. gender, ethnicity, level of education, number of years in the U.S) by responding to the questions listed on

the cover page of the form. The participants were then instructed to answer each of the questions given in the survey, one at a time. After completing the task, participants were debriefed and thanked for their time. The booklet/survey were passed out and collected during the months of March through November 2016.

Protection of Human Subjects

The confidentiality and anonymity of the study participants was protected through the use of a self-administered survey. The surveys were completed at the privacy of the participant's home or were ever they felt comfortable completing it. The surveys were then collected and stored in a locked file cabinet. Participants did not use names, instead the numbers on top of the surveys were used to plot data. Participants each read and signed an informed consent (Appendix A) page one of the booklet. Some participants agreed to a short individual interview to assess what helped them break the barriers and what about counseling worked well for them. Participants were given a debriefing statement (Appendix B) on page three of the booklet immediately after the survey was completed.

Data Analysis

All data gathered through the self-administered surveys were analyzed with quantitative techniques. These quantitative techniques are going to seek to generalize barriers such as stigma, social economic status, and culture to why the Latino population does not seek mental health services. An Independent samples t-test was conducted in order to test significance between generation

status and perceived barriers. A correlation design will be used for this study, for the purpose of comparing relationships between perceived barriers and number of years in the U.S. and age of respondents. Participants' responses were compared and are shown in Figure 3 and Figure 4.

All responses will be scored and weighted, then categorized between the barriers. Major themes and sub-themes will be identified under each category and assigned a code and the codes were logged onto a master code list. The researcher observed the descriptive statistics to confirm the correct variables and number of respondents are being tested. Individual statements were then assigned under their corresponding category and entered into an excel document under their assigned code. Frequencies and proportions were ran for all comments relating to barrier and/or suggestions for change within mental health services.

Summary

This study explores barriers to mental health services use among the Latino population, and evaluated methods to overcome barriers such as developing culturally appropriate services. The self-administered survey provided participants with a safe environment where they could respond as honestly as possible without feeling like they need to give answers that would please the researcher. The quantitative methods used in this study best facilitated this process.

CHAPTER FOUR

RESULTS

Introduction

The purpose of this chapter is to outline the results of the statistical analysis conducted. The chapter will include a detailed report of the descriptive statistics, statistical findings, as well as the results of thematic analysis of the interview questions. The first section will summarize the results for the descriptive statistics which include demographics such as, gender, age, level of education, number of years in the U.S, and to what generation of immigrants they belong to (1st generation/immigrant or 2nd generation or above, parent/grandparent immigrants). The second section will summarize the results for the findings which include the perceived barriers: help-seeking behavior, mistrust, stigma, cost, transportation, and competence of mental health. The second section also summarizes the results for the thematic analysis which include common themes from the respondents.

Presentation of Findings

Demographics/Descriptive Statistics

Descriptive statistics was conducted to characterize the sample (n=31) for this study. Males accounted for a total of 7 respondents (22.6%), while females accounted for 24 of the respondents (77.4%). The number of respondents that

had a high school education or lower accounted for 18 of the respondents (62.1%), while 11 of respondents (37.9%) reported above a high school education, whether a trade school or college education. Respondents that identified as 1st generation immigrants accounted for a total of 24 of the respondents (77.4%), respondents that identified as 2nd generation or higher accounted for a total of 7 respondents (22.6%). The average age of the respondents was 45.7 (std. dev. = 13.7), while the average years living in the U.S. was 23.3 (std. dev. 11.3), as illustrated below in Table 1.

Table 1. Demographic Statistics

	Percentage or Mean (Std. Dev.)
Gender	
Male	22.6
Female	77.6
Age (in years)	45.7 (13.7)
Years in U.S.	23.3 (11.3)
Education	
High school or lower	62.1
College education	37.9
Generation Status	
First generation	77.4
Second or higher generation	22.6

Inferential Tests

Analysis was conducted utilizing SPSS software. An independent samples t-test was conducted to compare the perceived barriers scores between generation status. The value for the perceived barriers where measured by the

scores each respondent gave on the barrier scale, the value of generation status was measured by whether the respondent identified self as a 1st generation immigrant or not, meaning they identify as second generation or higher. There was no significant difference in scores for 2nd generation/higher ($M = 16.29$, $SD = 3.40$) and 1st generation immigrant respondents ($M = 16.21$, $SD = 5.01$; $t(29) = 0.04$, $p = .97$, two-tailed).

Correlational analyses were conducted to identify if there was a relationship between number of years in the US and perceived barriers. A Pearson correlation coefficient found no significance relationship between sum of perceived barriers and number of years in the U.S., $r = .09$, $n = 30$, $p = .62$ (Figure 1).

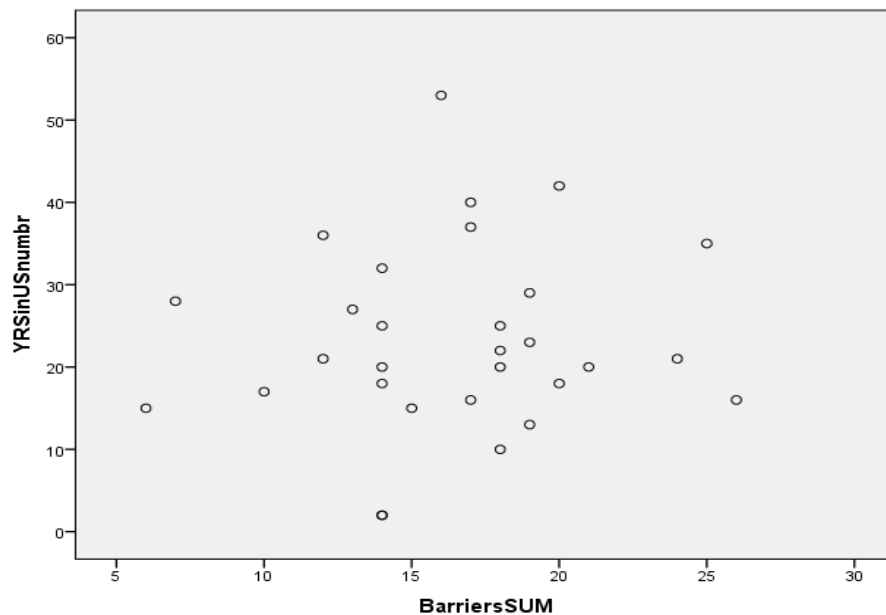


Figure 1. Relationship between Number of Years in the U.S. and Number of Perceived Barriers

Correlational analyses were conducted to identify if there was a relationship between age and perceived barriers. A Pearson correlation coefficient found no significance relationship between age and perceived barriers, $r = .02$, $n = 31$, $p = .93$ (Figure 2).

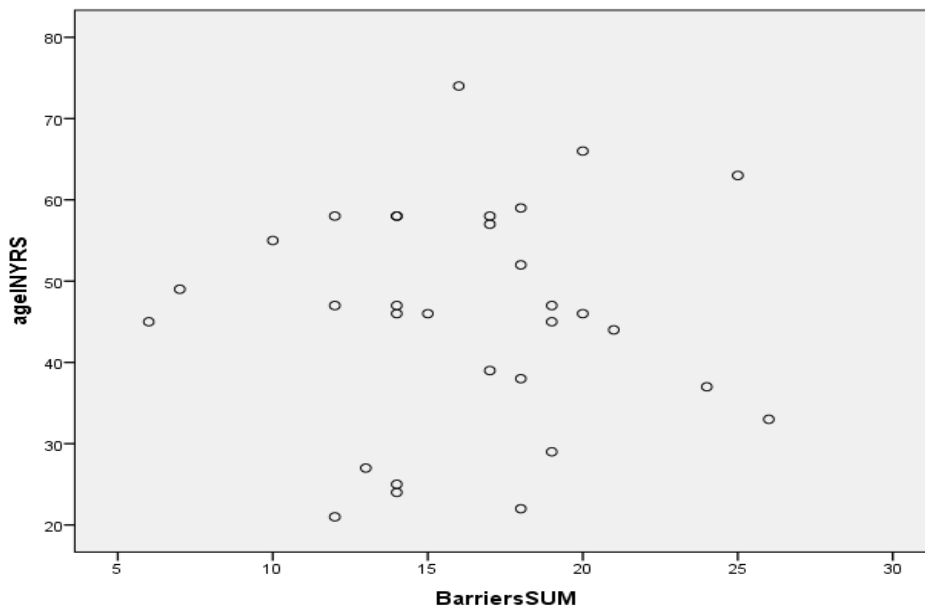


Figure 2. Relationship between Age of Respondents and Number of Perceived Barriers

Qualitative Findings/Thematic Analysis

Common themes through the various narratives were that of never receiving services and referred by friend or by word of mouth. A total of 11 respondents (35.48%) reported to never receiving services or to receiving services due to hearing from them from either a friend or community resource. When asked about what event in their lives helped them seek therapy, several of

the respondents answered similarly. For instance, “un recuerdo en una plática me trajo un pasado doloroso, un trauma de mi pasado. Gracias a unas platicas en unas clases de padres escuche sobre los servicios de salud mental que ofrecían aquí” (See appendix C. Interview Transcripts). In this statement, the respondent stated that a past trauma was causing her to go through a lot of emotional pain and that thanks to some parenting classes she was taking with the district she heard of the counseling services that were also offered. Another 35.48% of the respondents inputted N/A for not applicable or that they have never sought services. The remaining 29.04% of respondents stated they sought services on their own.

Another common theme among the various narratives was that of self-reflection. A total of 13 respondents (41.94%), stated that being able to talk with someone else really helped them be able to stabilize themselves and be more emotionally and mentally functional. For instance, several responds were similar to this respondent’s answer to what intervention or service helped them the most during counseling. “En escuchar los resultados y o tenía idea de diferentes puntos de vista. Haber tocado el punto me puso a buscar respuesta y deferencias de opiniones. Aprendí que a veces nuestras creencias no son correctas” (See appendix C., Interview Transcripts). This respondent, like several others stated that being able to talk about her issues and hearing others’ point of view helped her self-reflect and find solutions to her problems.

CHAPTER FIVE

DISCUSSION

Introduction

The purpose of this chapter is to discuss the implications of the results of the present study. Limitations of the study will be presented in this chapter and recommendations for social work practice and future research are also presented. Lastly, the chapter will conclude with final thoughts about the disparity of the Latino population within mental health services.

Discussion

The purpose of this study was to explore the phenomenon of the disparity of the Latino community within mental health services. The study sought to explore this phenomenon by testing perceived barriers and the generation status of the respondent. The study also aimed to seek relationship between perceived barriers and number of years the respondent has lived in the U.S. and the age of the respondent. The results indicate that there was no significant difference in scores from the perceived barriers and the generation status of the respondents, with a value of $p=.97$.

The findings also showed that there was no relationship between number of years in the US and perceived barriers. Figure 1, illustrated a slightly positive direction; however, due to the value of r , yet since p was greater than .05 there is

no association between the number of years in the US and perceived barriers. The correlational analysis also determines that there is no relationship between age of the respondent and the level of perceived barriers. The results were negative; thus, having a relatively negative direction (figure 2); however, the value was too small to demonstrate any significance.

The qualitative part of the study illustrated that the main reason participants have received mental health services was thanks to recommendations from friends or hearing of services from local programs. As mentioned above, one of the respondents stated that she found out about mental health services thanks to some parenting classes she was taking through the school district. This reflects the idea that community outreach is an effective way of reaching the community and aiding vulnerable populations.

According to these results the number of barriers should not have an impact on impeding and delaying Latinos from seeking mental health services. These results are not consistent with research findings (Alvarez et al, 2014; Cummings, J., 2014; Cabassa, et al, 2006; U.S. Department of Health and Human Services, 1999). According to the U.S. Department of Health and Human Services (1999), perceived barriers impede minorities from seeking and following through with mental health services.

Limitations

A limitation of this study is the sample size, because the sample size was small it is limited in its generalizability to the larger population, in addition, a small

sample size also leads to indefinite conclusions. Another limitation that deals with generalizability is the geographical location of the study. The study was conducted in a small agency within the Ontario-Montclair Unified School District, this small group within Ontario cannot be used to generalize to the rest of the population nationwide.

Another limitation of the study was that there was not an equal sample between the generation status (1st generation/2nd generation and above). A total of 24 respondents (77.42%) accounted for first generation and a total of 7 respondents (22.58%) accounted for 2nd generation or higher. This is a limitation because we cannot make valid conclusions between the generation status of respondents because the scores will not be representative of the population as a whole.

Finally, the broadness of the term Latino. Latino is a term used to categorize individuals from Latin America that includes individuals from, North America, Central America, South America and the Caribbean; there is more to the Latino culture than just speaking or understanding Spanish. Latinos include a large number of individuals each with different experiences, cultures and language. For instance, people from Brazil are included within the definition of Latino; however, the main language of Brazil is Portuguese; therefore, a respondent of Brazilian decent might have difficulty understanding the survey questions. Another example is that there are different experiences among Latino immigrants; for example, an immigrant coming from Mexico or Central America is

going to have more difficulty immigrating and adjusting to the U.S., than an immigrant from Puerto Rico that are U.S. citizens. This may affect the responds because of the challenges that respondents have faced or how much they have assimilated to American society.

Recommendations for Social Work Practice, Policy and Research

It is evident that progress has been made within the field of Social Work on developing cultural appropriate services. However, as our own NASW Code of Ethics encourages us as professionals to hold a commitment to competence. It is vital that helping-professionals, including those in mental health to continue to attend trainings and courses in order to continue developing professionally; and thus, in return be able to provide appropriate services. An example of developing one's professional qualities is to attend a training on Spanish translations for therapeutic and medical terminology. The qualitative section in Chapter 4, suggested that most of the respondents indicated that they heard of the free mental health services through community outreach or word of mouth from friends or family members. This suggests that agencies based in areas where Latinos reside should develop programs in order to meet the mental health needs of the community. Developing such programs agencies could bring mental health awareness and reduce the stigma attached to the terms of mental health, counseling/therapy, etc.

As mentioned above, the example from Chapter 4 explains that most respondents broke the barriers that delayed or impeded them from seeking

services after hearing from free services from community outreach programs. Besides community outreach an important factor for these respondents was the “free services,” cost is one of the barriers that impede or delay individuals from seeking or following through with services. Policy wise, agencies should network together to be able to provide groups and short term therapy with individuals with low income. Future research can focus on this issue with the hopes of raising awareness among the State or Federal politicians, in order to raise more funds to aid individuals with low income. Currently there are agencies that provide free services; however, there are not enough in large populated areas. It will be beneficial to raise awareness among our politician to get funding to provide more free services, because by reducing mild or moderate impairments, we will save more financially by reducing the number of individuals who use the emergency rooms at hospitals when their impairments severe enough to manifest as a crisis.

Conclusion

In conclusion, although the findings for this study did not support the research, it is important for agencies in metropolitan areas and other more urban areas to develop more cultural appropriate interventions and outreach programs to bring awareness to a large number of the population. As the qualitative findings illustrated, most respondents stated that a reason that the perceived barriers were scored lower was because of recommendations and awareness from friends and local programs. This reinforces the idea that mental health

agencies should develop culturally appropriate programs to cater to vulnerable populations.

APPENDIX A
INFORMED CONSENT



College of Social and Behavioral Sciences
School of Social Work

CONTACTO:

Si usted tiene alguna pregunta acerca de este estudio, no dude en ponerse en contacto con el Dr. Barragán al (909)537-3501.

RESULTADOS: Los resultados del estudio se pueden obtener en la base de datos Pfau Biblioteca ScholarWorks (<http://scholarworks.lib.csusb.edu/>) en la Universidad Estatal de California en San Bernardino después de Julio del 2017.

Esto es para certificar que he leído lo anterior y tengo 18 años de edad o más

Por favor Escriba una marca "X"

Fecha

Usted ha sido seleccionado/a para participar en una entrevista que pregunta más a fondo sus respuestas. ¿Nos da su consentimiento para ser grabado/a? ____Si ____No

Por favor Escriba una marca "X"

Fecha

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



College of Social and Behavioral Sciences
School of Social Work

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

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

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

Place an X mark here

Date

You were randomly selected for an interview that is more in depth of your responses. Do you consent to being recorded?: ____Yes ____No

Place an X mark here

Date

909.537.5501

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APPENDIX B
INSTITUTIONAL REVIEW BOARD APPROVAL

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

Researcher(s) Jose Enriquez

Proposal Title Latino Mental Health: Exploring Barriers Towards

Mental Health Services Among the Latino Community in
SW 1657 SB County

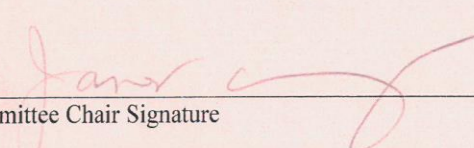
Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

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

6/1/2016
Date

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

APPENDIX C
DATA COLLECTION INSTRUMENTS

LATINO: Encuesta de Salud Mental

Sus datos demográficos:

Grupo étnico:	Género:
Edad:	nivel de educación mas alto completado (educación académica)
Número de años en la U.S.A	Seleccione uno: A.) 1ª generación (inmigrante) B.) 2ª generación (padres inmigrantes) C) 3ª generación / mayores (abuelos inmigrantes / bisabuelos)

Por cada punto indicado a continuación, encierre en un círculo el número a la derecha que mejor le corresponda a usted.

Barreras que me detienen y me retrasan para buscar tratamiento de salud mental	1 = Totalmente en desacuerdo 2 = En desacuerdo 3 = No está seguro 4 = De acuerdo 5 = Totalmente de acuerdo				
1. "Me siento a gusto y no tengo ningún problema buscando servicios de salud mental cuando los necesito. "	1	2	3	4	5
2. " No confío de los proveedores de salud pública ".	1	2	3	4	5
3. "Me da vergüenza o siento miedo de saber que tuviera un problema de salud mental ".	1	2	3	4	5
4. " El costo de los servicios es demasiado alto. "	1	2	3	4	5
5. "Tengo el transporte accesible para ir y recibir servicios. "	1	2	3	4	5
6. "Entiendo claramente lo que es la salud mental "	1	2	3	4	5
Breaking the Barriers					
7. ¿Cuál fue el motivo por el que usted sintió la necesidad de buscar estos servicios?					
8. ¿Qué considera usted que le ha servido y ayudado durante las sesiones de consejería/terapia?					

Su participación es muy apreciada.
GRACIAS!

Encuesta fue desarrollada por Josue Enriquez, (2016)

LATINO: MENTAL HEALTH SURVEY

Demographics:

Ethnicity:	Gender:
Age:	Highest grade completed (education):
Number of years in the U.S:	Circle one: A.) 1 st generation (immigrant) B.) 2 nd generation (immigrant parents) C.) 3 rd generation/greater (immigrant grandparents/great grandparents)

For each item identified below, circle the number to the right that best fits you.

Barriers toward the delay in getting Mental Health treatment	1=Strongly disagree	2=Disagree	3=Unsure	4=Agree	5=Strongly Agree
"I feel comfortable seeking Mental Health Services when needed."	1	2	3	4	5
"I do not trust public health providers."	1	2	3	4	5
"I am embarrassed or scared of having a mental health problem."	1	2	3	4	5
"The cost of services is too high."	1	2	3	4	5
"I have transportation to services easily available."	1	2	3	4	5
I have a clear understanding of what mental health is."	1	2	3	4	5
Breaking the Barriers					
What do you feel allowed you to go and seek services?					
What do you believe has worked for you during counseling?					

Your participation is highly appreciated.
THANK YOU!
Survey developed by Josue Enriquez, (2016)

APPENDIX D
INTERVIEW TRANSCRIPT

INTERVIEW TRANSCRIPTS

Interviewer: MSW Student

Interviewees: Participants of a women's group

Interview Setting: Interviews were conducted in office of the clinical supervisor at Family Solutions Collaborative. The interviews were conducted between 9:00AM-10:00AM on August 16,2016.

Affiliation with interviewees: Interviewees were part of a group held at Family Solutions, Interviewer interned at agency. Interviewer did not participate in group.

(Start of Interview #1)

Interviewer: ¿Cuál fue el motivo por el que usted sintió la necesidad de buscar estos servicios?

Interviewee: Un recuerdo en una plática me trajo un pasado doloroso. Un trauma de mi pasado.

Interviewer: ¿Fue recomendada o buscó servicios por su cuenta?

Interviewee: Gracias a unas platicas en unas clases de padres escuche sobre los servicios de salud mental que ofrecían aquí.

Interviewer: ¿Qué considera usted que le ha servido y ayudado durante las sesiones de consejería/terapia?

Interviewee: En escuchar los resultados y o tenia idea de diferentes puntos de vista. Haber tocado el punto me puso a buscar respuesta y deferencias de opiniones. Aprendí que a veces nuestras creencias no son correctas.

Interviewer: Muchas gracias, agradezco su participación.

(Start of Interview #2)

Interviewer: ¿Cuál fue el motivo por el que usted sintió la necesidad de buscar estos servicios?

Interviewee: Sentir coraje con la relación que llevo con una de mis hijas y tratar de entender el porqué, y siento mucha culpabilidad de su actitud de ella por la

vida.

Interviewer: ¿Fue recomendada o buscó servicios por su cuenta

Interviewee: Platicando con una amiga, ella me recomendó de buscar ayuda con el distrito y ellos me refirieron aquí.

Interviewer: ¿Qué considera usted que le ha servido y ayudado durante las sesiones de consejería/terapia?

Interviewee: Pensar en los motivos que ella tiene y tratar de entender por qué y aceptación. Aprendí sobre salud mental y ahora puedo entender por lo que mi hija esta pasando y porque hace lo que hace en su vida.

Interviewer: Muchas gracias, agradezco su participación.

(Start of Interview #3)

Interviewer: ¿Cuál fue el motivo por el que usted sintió la necesidad de buscar estos servicios?

Interviewee: Para sentirme más segura y definir mis sentimientos

Interviewer: ¿Fue recomendada o buscó servicios por su cuenta

Interviewee: Hace tiempo recibí un papel por parte de la escuela de mi hijo y decide buscar información para recibir ayuda.

Interviewer: ¿Qué considera usted que le ha servido y ayudado durante las sesiones de consejería/terapia?

Interviewee: Estoy tomando en cuenta de que mis problemas no son tan grande como yo los estaba viviendo.

Interviewer: Muchas gracias, agradezco su participación.

(Start of Interview #4)

Interviewer: ¿Cuál fue el motivo por el que usted sintió la necesidad de buscar estos servicios?

Interviewee: Me sentía desesperada y ansiosa estaba pasando una etapa difícil de mi vida.

Interviewer: ¿Fue recomendada o buscó servicios por su cuenta

Interviewee: Una amiga me platico sobre los servicios

Interviewer: ¿Qué considera usted que le ha servido y ayudado durante las sesiones de consejería/terapia?

Interviewee: Me ayudado demasiado a encontrar respuesta dentro de mí misma y mi salud mental ha mejorado.

Interviewer: Muchas gracias, agradezco su participación.

(Start of Interview #5)

Interviewer: ¿Cuál fue el motivo por el que usted sintió la necesidad de buscar estos servicios?

Interviewee: Por depresión.

Interviewer: ¿Fue recomendada o buscó servicios por su cuenta

Interviewee: Yo sola busque ayuda.

Interviewer: ¿Qué considera usted que le ha servido y ayudado durante las sesiones de consejería/terapia?

Interviewee: Platicando e desahogado lo que siento, mis penas, mis angustias, y eso me ha ayudado bastante para seguir, por lo menos ya tengo más ánimos y tengo ganas de seguir adelante y estoy buscando escuela, yo seque con las terapias voy a poder seguir adelante. Y escuchando las historias de las demás me ha ayudado a analizar me y ver que no estoy sola pasando por mi situación.

Interviewer: Muchas gracias, agradezco su participación.

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