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Mexican Women's Perception of Mental Health Service Use

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MEXICAN WOMEN'S PERCEPTION OF

MENTAL HEALTH SERVICE USE

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Claudia Perez

Samara Yael Cardona

June 2018

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Approved by:

Dr. Laurie Smith, Faculty Supervisor, School of Social Work

Janet Chang, Research Coordinator

ABSTRACT

The purpose of this research study was to explore Mexican women's perceptions about utilizing mental health services and to explore the barriers encountered during the process. Previous research suggested Mexican women's diverse experiences when seeking and utilizing mental health services. The study used a qualitative approach with open-ended and closed-ended questions. The sample size of this study was fifteen individuals who self-identified as Mexican women who reside in Southern California recruited using a snowball approach. Major themes identified included Mexican family values and beliefs, cultural barriers, structural barriers, Mexican women's strengths, and community suggestions for social work practice. This study highlighted their perspective on mental health, cultural and structural barriers, their personal experiences of utilizing mental health services, techniques on managing difficult situations, support systems, identified mental health symptoms, coping methods, cultural values and suggestions to improve mental health services in the general Latino community.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Mental illness affects and can impair individuals in several areas of their life. It is often not discussed within different cultures, especially in the Latino community. Across the variety of ethnic groups, the Latino population are at a higher risk of developing a mental illness (National Alliance on Mental Illness, 2017). Latina women account for 30.2% of the United States with a mental disorder (Eghaneyan, Sanchez & Killian, 2017).

The most common illnesses the Latino community suffer include depression, anxiety, post-traumatic stress, and substance use (National Alliance on Mental Illness, 2017). In addition, Latina adolescents have the highest suicide attempts, compared to Caucasian and African-American women (Zastrow & Kirst-Ashman, 2006). Minority groups have a higher risk of suffering a mental illness due to common barriers that impede individuals from obtaining quality services (National Alliance on Mental Illness, 2017). Eghaneyan, Sanchez, and Killian (2017) found that 45% of minority women from a low socioeconomic status were in essential need for mental health services, yet only 10% received it.

There is a limited amount of information regarding the reasons why Latina women do not seek mental health services. Research has suggested that the Latina women experience two kinds of barriers: cultural and structural (Derr, 2016). The cultural barrier for mental illness is attached to the lack of knowledge

of mental and emotional problems and the stigma around it (Derr, 2016). For instance, if a person discloses receiving mental health services, people may automatically label them as "crazy" which is often associated with a severe mental illness that needs inpatient hospitalization (National Alliance on Mental Illness, 2017). A study reported that 35% of Latino immigrants had poor insight of their mental illness (Derr, 2016).

Latinos may utilize services within their culture to help them alleviate mental health symptoms such as church leaders, or cultural practices called *curanderos* (Derr, 2016). A study suggested that 81% of Latina immigrant women utilize faith to cope with mental health (Derr, 2016). In addition, the study has found that Latinas are more likely to disclose mental illness symptoms to primary health providers, rather than to seek a mental health specialist.

Latinas reported structural barriers to mental health services such as inadequate insurance, a high cost of services, language disparities, and incompetent local providers (Derr, 2016; Eghaneyan, Sanchez & Killian, 2017). Spanish speaking Latinas are less likely to receive service for depression due to a language barrier (Eghaneyan, Sanchez & Killian, 2017). Additionally, Latinas' legal status is also a barrier that has stopped them from seeking help. A study reported that Latina immigrants were afraid to obtain services due to fear of deportation (Derr, 2016).

Research has correlated higher education, gender, age and marital status as an influence to seek mental health services (Derr, 2016). Providing social

support also increases the positive impact of a Latina receiving services (Derr, 2016). In addition, providing psychoeducational information to Latina women could reduce the gap of receiving services (Eghaneyan, Sanchez & Killian, 2017).

Studies have shown that Latinos prefer counseling and social interventions rather than medication (Eghaneyan, Sanchez & Killian, 2017). A study found that low income, uninsured, Spanish speaking Latinas were likely to decrease their depressive symptoms when using an ethnographic intervention and an integrated healthcare approach (Eghaneyan, Sanchez & Killian, 2017).

An integrated healthcare approach is collaborating with a physician and mental health provider towards the goal to support the client's mind and body's health as a whole (Eghaneyan, Sanchez & Killian, 2017). Understanding effective coping mechanisms and programs will help mental health facilitators to provide culturally competent interventions to Latina women and increase the rate of services provided to the Latino population.

Additional knowledge about perceptions of mental health will support women throughout the developmental stages of childhood, adolescence, and adulthood (Valdez, Abegglen, & Hauser, 2013). According to Erik Erikson, the developmental stages are important for a healthy development, however when a stage is not successfully developed a person can become stagnated or maladapted (Zastrow & Kirst-Ashman, 2006). For this reason, Latina women who are impacted by family separation, traumatic experiences, ongoing stress,

systematic oppression, experience complex rates of Depression, Post-Traumatic Stress Disorder, Anxiety and Substance Use (Valdez, Abegglen, & Hauser, 2013). The lack of mental health services or service utilization affects women across their lifespan. Therefore, the importance of services is crucial for the Latino community specifically Mexican women. As a result, it is imperative to understand the needs of Mexican women, as well as to develop culturally appropriate services to better serve the population.

Purpose of Study

The purpose of this research study is to explore Mexican women's perceptions when seeking and utilizing mental health services, and to identify the barriers encountered during the process. Unfortunately, very few studies have been conducted specifically on Mexican's women needs and perceptions toward mental health service. Most general studies have focused on the Latino population's perception of mental health services and common barriers. The purpose of this study will be to highlight the barriers and stigma, in order to explore how they overcame the obstacles to utilize services. It is difficult to address certain descriptions when the population is not willing to seek help, however, it is not impossible after their motivation is identified.

There are several common themes that elucidate women's issues related to barriers when seeking mental health services. Part of the purpose of this study is to assess Mexican women's strengths and motivation for seeking mental health services and deconstruct the stigma. Furthermore, the purpose of the

study is to identify coping mechanisms/strategies of participants, and their use of informal support systems. According to Cabassa, Zayas, and Hansen (2006), Research has explored the influence from traditional gender roles impacting women to seek mental health services (Nuñez, González, Talavera, Sanchez-Johnsen, Roesch, Davis, & Gallo, 2016).

The stigma of developing a mental health illness in the Latino community is a vast hindrance that prevents them from receiving health (Kramer & Lu, 2009). It can be seen as a sign of weakness that may lead to fear and rejection by family and the community. Mexican women are immediately cast with a critical role that must devote herself to satisfy her family and elders needs (Nuñez et al., 2016). They are expected to be docile, dependent and timid while holding her cultural values. Latinas may deny the need for help, or become unaware of the lack of purposefulness, due to internalized expectations (Nuñez et al., 2016). The purpose of this study will also explore the impact family roles has in Mexican women while utilizing mental health services.

This study will help lay a foundation for future research to continue to explore and create awareness on how to better develop ethnically appropriate approaches and programs that can encourage Mexican women to grow and nourish their well-being. This may include inspiring further development of support groups that can highlight important themes, such as self-esteem, stress, depression, domestic violence, control and choice, boundaries and empowerment. As the result, it is imperative to help understand common

Mexican women's issues and construct appropriate cultural opportunities to empower women to discover their strengths.

The research method used in the study was a qualitative design. We are specifically using a qualitative approach due to lack of literature review elucidating naturalistic details, and powerful ethnographic experiences. Announcements were disbursed around community members to invite self-identified Mexican women who have utilized mental health services. Interviews were conducted to explore participants' cultural background, perception of utilizing mental health services and identify common barriers. Additionally, the method was selected also to encourage individuals to be open and empower their story. The commitment to interview a small sample of Mexican women is to target a clear understanding of their experiences and to validate the strength for overcoming the stigma of mental health services. We used open-ended questions and closed-ended questions in order to encourage and recognize what has and has not been effective for the participant. This research study highlights Mexican women's stories about utilizing mental health services and normalizing their experiences in order to reduce the stigma of seeking help.

<p style="text-align:center">Significance of Social Work Practice</p>

A social worker's role is to enhance human well-being, support basic human needs, and promote social change on behalf of clients (NASW Code of Ethics, 2017). In order to fulfill their mission, social workers are committed to embracing the following six core values: "service, social justice, dignity and worth

of the person, the importance of human relationships, integrity and competency"
(NASW Code of Ethics, 2017).

According to the Census of Bureau, the Hispanic population is increasing
in the United States, estimating 28.4 million women out of 57.5 million people,
forming the nation's largest ethnic group (Census of Bureau, 2017). It is
imperative for social workers to apprehend the culture and its purpose of human
functioning in society because the Hispanic populations continues to grow and
therefore the need of services will also increase. Providing culturally sensitive
training for social workers can be crucial for treatment delivery towards this
population.

This study will assist social work practice at a micro and macro level by
identifying cultural and structural factors that can enhance future client's capacity
and opportunity to seek and use mental health services. It will explore the
participant's motivation to seek treatment, and her dedication to engage in
mental health services again. In this study, the assessing phase from the
generalist model was primarily used. Analyzing the participant's experience can
help understand her barriers and perceptions- before, during and after the
services. In a micro perspective, social work practice will be enhanced by
identifying ethnic appropriate approaches and therapies for Mexican women, as
well as create culturally competent social workers that will effectively interact with
this population.

In a macro perspective, findings of the study will help recognize common community barriers that prevent Mexican women from seeking help. Thus, the study may contribute to advocating for more available resources for the community, and collaborate with other agencies to provide resources and support cultural competency policies that can enrich social worker and client connection. Inclusively, the research study will assist social workers to understand what motivates Mexican women to seek mental health services and how to continue their drive. Due to the lack of research in Mexican women experiences with mental health services, the results of the study will assist future social work research to continue exploring the needs of Mexican women. The research question that will be addressed in this study is: How do Mexican women perceive the barriers they encountered during the process and their experience when utilizing mental health services?

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter two will review various research studies focusing on Latina women's mental health. This chapter is divided into four themes that include Latina mental health, social worker's cultural competency, Latino/a cultural values and theories guiding conceptualization.

Mental Health Issues of Latina Women

The majority of the studies today combine minority groups- including Latina women- into a pool of research that generalizes their experience (Nadeem et al., 2007). With the combination of ethnic groups, it is difficult to focus on one single population. Nadeem et al. (2007) conducted a qualitative study with 15,383 participants who were low-income Latina and Black women, screened from Women Entering Care (WCE). They examined whether stigma was associated with seeking care or mental health treatment. Depression is a stigmatized illness, which makes it difficult for women to accept their condition and seek help. During the interviews, many were concerned about being characterized as "crazy," which decreased their disposition to employ in mental health services. Nadeem et al. (2007) revealed that Latina women with a mental health illness were less likely to want treatment because of the stigma. This research lacked a certain percent of different mental illnesses that were

presented in the study, especially a number of women who were diagnosed with depression. The forthcoming study identifies Mexican women's presenting problem, diagnosis and treatment that have improved their well-being.

Zayas, Cunningham, McKee, and Jankowski (2002) interviewed 148 Hispanic and African-American women who assessed to have elevated depressive symptoms. The study found that Hispanic women had received less social support and support networks than African American women (Zayas et al., 2002). This finding is startling since family is an important element in the Mexican culture, however the study describes that Hispanic women had less social support due to having family in another country. In the qualitative study, 50-75% of women who had depressive symptoms went undiagnosed and untreated (Zayas et al., 2002). Without treatment, minor depression can enhance dysthymia and major depression, which can also affect pregnant women during their perinatal period (Zayas et al., 2002). This study, research suggested physicians to be familiar with depressive symptoms, however, did not encourage Latina women with depressive symptoms to seek preventive mental health care.

Zayas and Pilat (2008) conducted a qualitative and quantitative study of teenage Hispanic females who had suicidal ideation. In the United States, Latinas are known to have higher rates of suicidal ideation compared to non-Latina females (Zayas & Pilat, 2008). This study reviewed the association between familial and cultural factors, such as social, developmental, autonomy, acculturation and more. The study identified their suicidal behavior as a moment

to disassociate yourself from the pain and society (Zayas & Pilat, 2008). The study theorized cultural traditions that influence limited expressed opinion and anger, which may causally lead to irritation and suicidal ideation (Zayas & Pilat, 2008). Zayas and Pilat (2008) highlighted the most appropriate intervention is a family-oriented approach, due to close familial ties and for social workers to learn how to identify Latinas at risk. The study's limitation suffered to identify a clear mental illness that can lead to suicide. The prospective research distinguishes the importance of family support system.

<div align="center">Social Workers Working with Latinos</div>

There is a lack of research studies that focus upon Mexican women's interaction with social workers. The following study describes key issues of social workers working with the Latino population. Furman et al. (2009) showed 90% of graduate social work faculty agreed that providing culturally sensitive practice of the Latino community was significant. However, only 40% graduate students announced they were equipped to work with the population (Furman et al., 2009). Furman et al. (2009) rationalized this becoming a major concern when unprepared clinicians begin to consider that Latino people are "more" at risk for psychosocial illnesses.

Researchers also concluded that Latino children were more than likely to be taken into custody and removed from their home quicker than white children, portraying Latino families less capable in providing care for their children (Furman et al., 2009). The study did not identify the Latinos' attitude about social

<div align="center">11</div>

workers. However, it is possible that their former interaction with social workers could have influenced miscommunication and increased the stigma of working with them. This study recommended recruiting bilingual clinicians, highlighting biases and providing culturally appropriate training, in order to understand and foster therapeutic alliances with the Latino community (Furman et al., 2009). This study encouraged participants to suggest improvements for mental health services.

Studies have not explored the relationship between social workers and their mental health services for Mexican women. Gutierrez (1990) suggested that social workers should effectively work with women of color- Latina women included- to address how powerless roles in society can influence client problems. For instance, analyzing the effect of powerlessness shows a negative development of stereotypes of women and their essential need for social and material resources. In the explanatory research, social work clinicians are aware of the lack of power clients have, although they were unaware of the knowledge of how clients can gain power (Gutierrez, 1990). Being culturally competent can enhance empowerment interventions that can lead to personal power with the client within an established relationship. Gutierrez (1990) implemented empowerment interventions in a group because it raises consciousness, solves ideal problems, engages in mutual aid and develops skills to inspire individuals to grow and transform institutions. This study explained various appropriate techniques that can help connect with women of color; however, it did not identify

Latina woman's perspective (Gutierrez, 1990). The present study encouraged

Mexican women explore their perspective on mental health services.

Mexican Women's Cultural Values

Cultural roles are significant, especially with the Mexican population. The

term *Machismo* is well known across the diverse Latino cultures; often portrayed

as men being dominant, aggressive, and unemotional (Nuñez et al., 2016). On

the other hand, women are recognized to be called as *Marianismo* which is

derived from Christianism and symbolizes the holiness of a woman being

submissive, and family oriented (Nuñez et al., 2016). In the Latino culture, a

woman's role is to informally maintain a strong foundation that keeps the family

united (Nuñez et al., 2016). Meanwhile, the man role is to formally manage the

family's basic needs. Furthermore, it is essential to recognize and explore the

roles Mexican women have in their culture.

Robnett and Anderson (2017) conducted an online survey that integrated

two open-ended and one close-ended question. The survey was sent to 1,140

undergraduate men and women who self-identify as African-American, Asian-

American, European-American and Latino (Robnett & Anderson, 2017). The

study sought to test the correlation between their ethnicity and their identification

as a feminist. It discovered that Europeans identified with the feminist theory

more than the minority groups, including Latinos (Robnett & Anderson, 2017).

The ethnicity of the participants influenced their views and attitudes on feminist

ideology (Robnett & Anderson, 2017). In the study, *Marianismo* was recognized

to highlight family values, self-sacrifice and their submission to men (Robnett &

Anderson, 2017). The limitation of the study contained leading questions, which

might have influenced their results (Robnett & Anderson, 2017). In addition, the

European participants also had a graduate level of education, which could have

influenced their answers (Robnett & Anderson, 2017). The study highlighted the

importance of gender roles, especially in the Latino community. It declared that

submissive women are to be content with their status and support the man in the

dominant role in the family.

Nuñez et al. (2016) conducted a cross-sectional study of sociocultural

roles influencing on the physical and mental health of a person. The results

showed that gender roles in the Hispanic community had a negative effect on the

cognitive and emotional health of a person (Nuñez et al., 2016). *Machismo* and

Marianismo correlation presented depression, anxiety, and anger in individuals

(Nuñez et al., 2016). The research discovered that *Marianismo* role increased a

psychological burden towards Latina women, due to an obliged responsibility of

having to remain strong for their family (Nuñez et al., 2016). Therefore, a

limitation of the research includes a focus the family impact. The study helped

identify the importance of family views during the utilization of mental health

services.

Theories Guiding Conceptualization

There are various conceptual frameworks that apply to Mexican women's utilization of seeking mental health. The following theories will explain internal and external factors that affect women's issues.

Gutierrez (1990) defines Empowerment Theory as a process of encouraging the individual to improve their life situation through personal, interpersonal, or political power (Gutierrez, 1990). In a micro level, Mexican women can be empowered to develop personal control in their level of feelings, motivation and cognition. The possibility of positive change is wanted in everyone, and the negative symptoms emerge when their coping skills are ineffective (Gutierrez, 1990). Gutierrez (1990) surfaces four psychological changes that are vital when individuals go from despair into action: "1. Increase in self-efficacy, 2. Develop group consciousness, 3. Reduce self-blame, 4. Assume personal responsibility for change" (Gutierrez, 1990). All four psychological changes occur in series of stages that enhance one another to inspire empowerment. In a macro level, social workers can encourage clients to influence the current structure that is preventing them to receive services, such as facility availability, requesting bilingual clinicians, and/or culturally competent services. It is essential to empower Mexican women to feel visible, worthy and useful in order to increase positive change and normalize mental health services.

The feminist theory has impacted the practice of many professions and it has expanded the equal opportunity of knowledge and research among both

sexes. Todd (2016) shortly defines the concept of feminism as the belief in equality among both sexes. There are cultures, specifically in the Mexican community, who oppress women and do not believe in the feminist theory that validates the importance and contribution of women in society. *Machismo* has impacted the roles of women in the Latino culture, yet the feminist theory has challenged the views allowing women to break away from those submissive roles and empowering themselves. In a micro setting, feminist theory is essential to social work practice because it encourages individuals to express their experience as a woman and validate their concerns of being a woman in a patriarchal society. In addition, social work practice at a macro level should advocate for culturally competent services since there are few available services provided for Mexican woman.

Mexican women are not only impacted through culture, but also through different systematic levels. System theory recognizes the impact of various inter-sections of person (Valdez, Abegglen, & Hauser, 2013). This theory recognizes both cultural and structural barriers that could impede women from seeking mental health services (Derr, 2016; Eghaneyan, Sanchez & Killian, 2017). Social work recognizes and validates the importance of systems in the life of the individual. Therefore, mental health providers will be able to utilize system theories to apply a holistic approach that implements services utilizing diverse assistance to better serve the Mexican community.

Summary

Literature reveals various research discussions focusing on Latina women's perception of mental health, cultural roles, social work involvement in the Latino population and theories. Research examined whether stigma was associated with seeking mental health services. Research described that there was a lack of knowledge about mental health in the Latino community. Additionally, research encouraged clinicians to be culturally competent in order to enhance empowerment interventions that can lead to personal power with the client within an established relationship. Limited research was presented on Mexican women's experience of utilizing mental health services.

CHAPTER THREE

METHODS

Introduction

This research analyzed potential structural and cultural barrier factors that influenced the utilization of mental health services among Mexican women. It also recognized strengths that participants used to overcome the barriers and the stigma of utilizing mental health services. This chapter describes the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

This study employed a qualitative design that collected data through one-on-one interviews. A single interview was conducted by the researchers and approximately took thirty to forty-five minutes. Previous research suggested it would be important to understand and explore Mexican women's diverse experiences when seeking mental health services (Derr, 2016; Eghaneyan, Sanchez & Killian, 2017; Valdez, Abegglen, & Hauser, 2013). Therefore, the study used a qualitative approach through open-ended and closed-ended questions, in order to avoid assumptions and bias from the researchers. The use of a qualitative design is for questions to be read to participants and explained in their preferred language- English or Spanish- to avoid miscommunication.

A limitation was the lack of access to Mexican women who has utilized mental health services. Therefore, in order to encourage participants a reward system was utilized to show appreciation for their participation. The reward was a five-dollar gift card from Starbucks.

The research question addressed in this study is: How do Mexican women perceive the barriers they encountered during the process and their experience when utilizing mental health services?

Sampling

The sample size of this study was fifteen individuals who self-identify as Mexican women. Through a demographic survey, the study identified participant's age, education, marital status, acculturation, mental health symptoms and insurance. This study utilized a snowball sampling method. Participants referred other Mexican women who have previously received mental health services. The participants were recruited within the Southern California area. Announcements were distributed around San Bernardino community bulletin boards in flyer form, -English and Spanish- requesting voluntary participation. Participants who obtained the flyer recommended other to also participate in the study, leading a snowball effect. Furthermore, an incentive was promoted in the announcement to motivate Mexican women to participate in the study.

Data Collection and Instruments

Data for the study was collected through face-to-face interviews. The study included items on demographic information provided at the at the beginning of the interview including age, education level, legal status, place of origin, primary language, type of insurance and mental health symptoms experienced in the past five years. The second part of the interview was structured as an interview guide designed by the researchers. The researchers created the interview guide after reading previous studies conducted on Latina women and mental health services. Strengths of using a qualitative approach included the ability to ask open-ended and closed- ended questions, as well as follow up questions. In addition, probing questions were used for further clarification.

Interview questions provided the participant to complete the study in their preferred language. Language available were in English and Spanish. Participants were asked if they could identify their mental health symptoms along with their coping strategies. For example, one question was "What do you typically do to help yourself when you are feeling depressed, anxious, nervous, worried, out of control, etc? Describe your coping mechanisms." The researchers also explored their experience receiving mental health services. Questions asked were "In your experience, what was your perspective on mental health before utilizing?" and "How was your experience when you received mental health services?". Participants were asked to identify where they utilized mental health

services. Additionally, participants were also asked "What are some of the obstacles that you encountered when seeking or utilizing mental health services?" and "How have Latino cultural values affected seeking help?". Lastly, researchers explored participant's suggestions of improving mental health services, specifically for Mexican women by asking "How would you suggest the community should improve with providing mental health services, specifically for Latina women?".

Procedures

The researchers created a flyer (Appendix A) that states selection criteria for participation in the study. It also included the researcher's contact information and explained the incentive of a $5 gift card from Starbucks. Researchers distributed the flyer to community members. Interested participants were informed about the purpose and structure of the study, including one-on-one interviews, plausible locations, time and day of the meeting, and incentive. The study gathered in several locations throughout the Southern California, determined by each participant.

Once the appointment was set, the participant received informed consent forms (Appendix B) in their preferred language- Spanish or English. Prior to the interview, the guidelines, their rights, and voice recording expectations were reviewed for the participant. Once the participant signed the informed consent, the researchers continued with the demographic questionnaire (Appendix C) and followed with interview questions (Appendix D). The participant was instructed to

answer the questions they felt most comfortable with. After completion of the interview, the participant and the researcher debriefed over the session. The researcher thanked the participant's time and support in joining the study and as a gesture, they were presented with a $5 gift card from Starbucks. Data collection took place in a private assigned location from the participant choice.

Protection of Human Subjects

Health Insurance Portability and Accountability Act guidelines were respected in this study. The study was approved by the social work sub-committee of the California State University, San Bernardino IRB. Researchers secured confidentiality and anonymity of participant's identity. When conducting a qualitative study, we understood the importance of confidentiality and protecting the information of participants. Therefore, the information was secured in a password protected computer that only the researchers had access to. The study discussed sensitive questions, such as legal status, however, researchers maintained confidentiality and protected the identity of participants to avoid being at risk. After transcribing the data collected, a number was assigned to each participant and all identifying personal information was destroyed by the researchers.

The protection of privacy and confidentiality of the participant is vital and was valued. Each participant was encouraged to read and sign the informed consent. The informed consent was handed to the participant in her preferred language before conducting the interview. After the participant agreed and

marked an X, the researcher began the interview. Participant's names were not utilized in this study. Instead, they were referred as "participant 1," "participant 2," and so on. With participant's consent, researcher used an audio recorder device during the session and took individual notes if required. The researcher also utilized a journal to record procedures. Transcribed files and recordings were kept on a secured password protected computer that only the researchers had access to. Once the study was finalized all notes and recordings were shredded, erased and thrown in the trash. No data was held after the study completed.

Data Analysis

The study used qualitative data analysis techniques. Recordings from individual interviews were translated, if needed, in English and transcribed into written form. Data was collected in open-ended and close-ended questions through a voice recording device and use of a journal. Significant body language was perceived during the interview and it was incorporated in the transcription, such as eye contact, head nodding, gestures and facial expressions. Measuring units were identified and were assigned to categories. The data is categorized into substantial themes: Mexican women's mental health services, cultural and structural barriers, and strength approaches. The purpose of stimulating the stated themes is to acknowledge all participants' experiences and highlight common strengths across the Mexican culture.

Researchers analyzed and reviewed the transcripts in order to diminish possible errors. For example, questions were translated into the appropriate

meaning and used in a sensitive manner. Additionally, researchers translated all data into English and organized the results into new sub-themes that identified Mexican women's motivation and support for utilizing mental health services. Potential barriers were acknowledged due to the limited participant sample size.

Summary

This study was designed to explore Mexican women's perception of the barriers they encountered during the process and their experience when utilizing mental health services. This study employed a qualitative design that collected data through one-on-one interviews with fifteen individuals who self-identify as Mexican women. This study utilized a snowball sampling method which participants referred other Mexican women who have previously received mental health services. Interview questions provided the participant to complete the study in their preferred language. Researchers secured confidentiality and anonymity of participant's identity.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the general results from the transcribed and
analyzed data collected from the fifteen qualitative interviews. The data gathered
was designed to explore Mexican women's experience and perceptions towards
mental health services. The following chapter will discuss the demographics of
the participants and common themes that identify similar experiences from a
sample of Mexican women utilizing mental health services. Major themes
identified in this study include Mexican family values and beliefs, cultural barriers,
Mexican women's strengths, structural barriers and community suggestions for
social work practice.

Demographics

This study sample consisted of 15 self-identified Mexican women who
have utilized mental health services in Southern California, within the following
counties: San Bernardino, Riverside, Los Angeles and San Diego. The
participant's ages ranged from 18 years old to 55 years old. The majority who
participated in the study were ages between 26 to 36 years old (47%), then
continued with 18 to 25 years old (40%), 36 to 45 years old (7%) and 46 to 55
years old (7%). More than half of the participants (80%) reported being single
rather than being married, divorced, separated or widowed. The majority of

participant's legal status comprised of 10 U.S citizen (67%), 1 Permanent

Resident (7%), 1 Naturalized U.S citizen (7%) and 3 other (20%). Participants

level of education included 10 college graduates (67%), 4 with some college

(27%), and 1 high school graduate (7%). The primary language at home for 11

participants is in Spanish (74%) and the other 4 is in English (27%). Over half of

the participants obtain insurance (74%), while the others do not have insurance

(27%). During the interview, participants were asked an open-ended question to

verify where they have utilized mental health services and all participants

affirmed to have used services in more than one or two of the following

institutions: psych-outpatient clinics, schools, private practice, and non-profit

organization. When asked to describe their mental health symptoms, however,

14 participants disclosed their current mental health diagnosis, which included

major depression (53%), general anxiety (20%), bipolar I (7%), post-traumatic

stress disorder (7%), and borderline personality disorder (7%). Meanwhile, one

participant (7%) denied current mental health symptoms.

Table 1. Demographic Characteristics of Study Sample

	N	%
Age		
18-25	*6*	*40%*
26-35	*7*	*47%*
36-45	*1*	*7%*
46-55	*1*	*7%*
56+	*N/A*	
Marital Status		

Single	*12*	*80%*
Married	*2*	*13%*
Divorced	*1*	*7%*
Separated	*N/A*	
Widowed	*N/A*	
Legal Status		
U.S Citizen	*10*	*67%*
Permanent Resident	*1*	*7%*
Naturalized U.S	*1*	*7%*
Citizen	*3*	*20%*
Other		
Place of Origin	*10*	*67%*
U.S	*5*	*33%*
Mexico		
# of Years Lived in the	*1*	*20%*
U.S	*N/A*	
1-5 years	*3*	*60%*
6-10 years	*1*	*20%*
11-15 years		
16+	*N/A*	
Education	*1*	*7%*
Some High School	*4*	*27%*
High School Graduate	*10*	*67%*
Some College	*N/A*	
College Graduate		
Other	*11*	*73%*
Primary Language	*4*	*27%*
Spanish		
English	*11*	*73%*
Insurance	*4*	*27%*
Yes		
No	*14*	*93%*
Mental Health Symptoms	*1*	*7%*
Reported		
Denied		

Presentation of the Findings

Researchers asked all participants 11 open-ended questions that encouraged the discussion about their experience utilizing mental health services. This included their perception, insight, and courage to access these services. After analyzing and transcribing each individual interview, several themes appeared in the participant's responses. This study highlighted their perspective on mental health, cultural and structural barriers, their personal experiences of utilizing mental health services, techniques on managing difficult situations, support systems, identified mental health symptoms, coping methods, cultural values and suggestions to improve mental health services in the general Latino community.

<u>Mexican Family Values and Beliefs</u>

In the study, participants were asked two questions about their experience. The first question asked was: What was their perspective on mental health services before utilizing it? The second question was: How was their experience when they received mental health services? In those two questions, the majority of participants narrowed down their initial perception of utilizing mental health services as a root of stigma, denial, and uncertainty. They also highlighted the role of a woman in their culture. For example, a participant expressed:

> There is a huge stigma attached to it [mental health]. I was worried that I'd
> be stigmatized as a bad person or somebody who was a danger to

society. So I didn't want that to follow me, I was afraid to go to a mental

hospital. I was afraid that it was going to affect my employment and my

abilities. I also have a son, whom I have sole custody of and I was afraid

that if I went to court and it came out it would affect my ability to be a

mother. So I held off from getting diagnosed. (Participant 1, Personal

Communication, February 2018)

Another participant noted:

When I was younger, I knew there was a stigma. Especially in my family,

you knew if you wanted to go to a shrink was because you're crazy. But

that was a stereotype. (Participant 3, Personal Communication, February

2018)

Furthermore, the following participant expressed denial:

Who goes to seek help when you have your parents? To what extent does

it make me want to go there? Like it's just ridiculous, I would say I don't

need that. I'm going to be fine. I am a Latina; I will get through

this…[However] I learned firsthand what depression was and what it was

like to be suicidal. (Participant 4, Personal Communication, February

2018)

Half of the participant stated that their perception correlated to stigma, less than

half admitted denial, while rest were uncertain of what it pertained. For example,

a participant described:

I thought it was going to be uncomfortable and that they were just going to

push and make me want to talk about things I didn't want to talk about. I

felt like they were going to take over every session and make me feel like I

did something bad. I was very hesitant to begin with. (Participant 6,

Personal Communication, February 2018).

However, after utilizing services more than half of the participants agreed it was

beneficial. A participant explained:

We were really able to connect. For me, I had a problem with believing

that someone can actually be there for me and he really made sure that

he was available. (Participant 3, Personal Communication, February 2018)

Another participant shared:

She gained my trust and I started opening up. It felt good and relieved; it

kind of felt like I was able to talk to someone who was not judging me.

(Participant 9, Personal Communication, March 2018)

The perception of a women's role was also highlighted when answering the

questions above. Most participants declared the strengths women are perceived

to have their cultural beliefs. The following participant describes the strength her

mother holds informally and subconsciously:

You see this subtle strength, within Mexican women -migrant women- you

see this superhuman strength they have. In the Hispanic culture there is a

little bit of shame to think to myself this woman who has no grade school

education, can't even speak English, doesn't have any specialized skills

has beaten me in the game of life. Now instead of expressing our

weaknesses we kind of think we need to hide them conceal them so that

we can keep that strength as a family going but it's not the case.

(Participant 1, Personal Communication, February 2018)

Furthermore, the participant above describes the prominent idea of needing to

stay strong and not take action to enhance their mental health because of the

misconception they have towards Mexican women. The participant's mother's

role has an impact. Additionally, a participant also shared:

If I needed more help she [mother] would feel guiltier about what had

happened to me. So I didn't want to get help. I didn't want her to think it

was about her or be based on her parenting. I just didn't want to be viewed

as weak. That's kind of a huge thing in my culture, like they're not going to

break us. (Participant 8, Personal Communication, March 2018)

In this case, acknowledging the mother's role as a protector can also prevent

individuals to seek additional help because the mother's feelings are valued more

than their own.

<u>Cultural Barriers</u>

Researchers asked participants about obstacles encountered when

seeking and/or utilizing mental health services and how Latino cultural values

affected seeking help. Researchers found three sub-themes that participants

voiced when answering both questions: the lack of knowledge of mental health,

religious influence and not prioritizing mental health. However, the most common

barrier that every participant proclaimed was the lack of knowledge about mental health. For example, participant 5 shared:

> I have very traditional old-school parents, born in Mexico. They're very uneducated about it [mental health], and they still are. So, growing up I wasn't aware of what was happening with me. For a long time, there was the feeling of being ashamed because even then I would still talk to my mom about it and she's like "well there has to be a reason why you are feeling this way." So now I couldn't feel of a specific way without having a reason to it…seeking help was a huge thing, my mom thought the worse in the sense that somebody was physically hurting me. (Participant 5, Personal Communication, February 2018)

Another participant stated:

> When I told my dad he thought I was on drugs or something because I remember he checked my arms…he pulled up my sleeves. I think he portrays it [mental health] like a bad thing. They thought I was into drugs. I just needed to seek help. (Participant 12, Personal Communication, February 2018)

Lastly, even when there is some knowledge about mental health in the family it is still difficult to accept that the family member needs treatment. For example, a participant expressed:

> …they assume you're crazy. Even though my mom has bipolar, it's still hard for her to understand how my anxiety works because a lot of people

don't understand how severe anxiety can get. (Participant 6, Personal

Communication, February 2018)

Furthermore, along with lack of knowledge about mental health, parent's religious

views also influenced the decision of less than half of the participants to seek

help. For example, participant 1 stated:

Religion in a Hispanic household is a big deal, but the problem is that it

consumed me a little bit. Then you have the whole Catholic guilt thing and

so that made it worse because I'm not the one to blame for it. We always

feel guilty about something so I needed to stop feeling guilty about

everything. I tried being religious, I tried not to let it consume me…and

then one of my manic episodes I did think I was like God

(laughs)…everything has to be balanced in our community, and in our

culture, religion is a big thing and we kind of fight off our parents a little bit.

(Participant 1, Personal Communication, February 2018)

Additionally, another participant identified:

It [mental health] was something that was unknown to me and my family.

We never talked about it, especially because I go to church a lot and they

teach us we can tell God whatever is going on with us. (Participant 10,

Personal Communication, February 2018)

Finally, in Mexican culture, mental health is not prioritized or encouraged to use

when one is mentally distressed. For example, participant 7 stated:

Honestly, I didn't think about it too much. My first impression of mental

health services was that it wasn't that important. It's something that you

don't really, at least in my family in the Latino culture, it's something that's

not very talked about. (Participant 7, Personal Communication, February

2018)

Despite the persistent cultural and family barriers towards services, all of the

participants nevertheless persisted to seek mental health services.

<u>Mexican Women's Strengths</u>

Researchers asked participants the following questions to explore

Mexican Women's strengths and support while balancing the stated disorders:

How do you manage a difficult situation? Who or what encouraged you to seek

services? What do you typically do to help yourself when you are feeling

depressed/ anxious/ nervous/ worried/ out of control/ etc.? Describe your coping

methods. More than half of the participants expressed being more self-aware of

themselves and the situation. For instance, a participant stated:

I recognize my triggers to be able to cope. I try to disassociate with

whatever is getting me to that point. (Participant 1, Personal

Communication, February 2018)

Another participant shared:

I do breathing exercises...(laughs) I also tried to do little things like go for a

walk, in order for me to shake my mind off the stressor. I have really bad

anxiety, so I have to do something like remove myself for a little bit and

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then go back to the stressful situation. (Participant 13, Personal

Communication, March 2018)

Although most participants acknowledged being self-aware of the situation, there

were 2 participants who admitted not knowing how to manage a difficult situation.

The following statements present coping mechanisms used to alleviate distress.

Most participants stated similar coping exercises, for example, one participant

shared:

> Venting to family members, more so my sister and my boyfriend and
>
> practicing the positive self-talk. (Participant 12, Personal Communication,
>
> March 2018)

Additionally, a participant expressed:

> Listening to music, and exercise when I'm feeling down. (Participant 15,
>
> Personal Communication, March 2018)

Moreover, a participant describes grounding techniques:

> Recently I've tried a lot of self-care. One of the advice I got from my group
>
> therapy was to kind of just focus on the now, my surroundings and my
>
> feelings; like a physical feeling. What kind of helps me is relaxing in the
>
> shower, I bought a lot of body scrubs just to feel a calming sensation. I
>
> also do a lot of face masks. It helps me to stop focusing on my anxiety and
>
> stress, and focus on the feeling of the scrub on my skin. (Participant 6,
>
> Personal Communication, February 2018)

Furthermore, participants identify the sources of support and encouragement that helped them seek and utilize mental health services. Surprisingly, researchers found that half of the participants encouraged themselves to seek services due to the severity of their mental health. While the other half were encouraged by friends, family, and professors. For instance, a participant declared:

> Really it came from me wanting to change those things that I don't really like or felt about myself. (Participant 7, Personal Communication, March 2018)

Furthermore, a participant shared family members and friends influenced and encouraged them to seek services:

> My kids (watery eyes), because I got to the point I was having really bad nightmares and I would wake up with my fist balled up. My daughter would sleep with me sometimes and that's the last thing I want to do is hurt her or hurt people that you love I think that's what made me go that route. (Participant 11, Personal Communication, March 2018)

Genuinely, professionals such as professor, Doctors, and social workers also encouraged participants to seek mental health services. For example, one participant reported:

> It was a professor because I was going through a really bad quarter and a lot of things were going on that I had missed a lot of classes. So it was my professor who encouraged me. (Participant 12, Personal Communication, March 2018)

Culturally, it's been discovered that women need to maintain a strong and fierce façade when managing a difficult situation. Many would think that women worry about what a man will think if women seek help but in reality, it's how women perceive other women when utilizing services. There are cultural expectations and norms where a woman is looked down upon and considered weak if they seek mental health treatment.

<u>Structural Barriers</u>

Researchers inquired about obstacles that were encountered when seeking and/or utilizing mental health services and what stopped them from continuing services, if applicable? Half of the participants confirmed structural barriers impeded them to receive services, while the other half stated they were cultural barriers. Furthermore, the participants in the study expressed that the cause for discontinuing services was due to systematic disparities such as lack of availability, conflict with insurance, language barriers, and/or cultural incompetency from providers. For instance, one participant stated:

> It's a bit hard to get an appointment to begin with because there is a long wait time. For Kaiser, it took me a month to actually get an appointment with a therapist to start talking about my anxiety… When you do call to make an appointment, they ask if it's bad, but sometimes you don't know if it's that bad. (Participant 6, Personal Communication, February 2018)

Along with this participant, there were 5 other participants who issued the same problem with lack of availability to continue services. Another participant also reported:

> The wait is very long, they prioritize people at the VA, meaning they have categories 1 to 5 and they put you in a certain category group. Maybe if I would have gotten into the crisis route it would have been easier, but to walk-in and get an appointment right away is hard. (Participant 11, Personal Communication, March 2018)

Moreover, less than half participants stated that their insurance was going to expire or discontinue the use of services, which led them to stop utilizing mental health services. The demographic correlation that stated lack of insurance were participants who were about to graduate and lose the school's health insurance. For example, one participant expressed:

> My insurance was about to expire and I had to stop utilizing the services from school. (Participant 14, Personal Communication, February 2018)

Another participant shared:

> I stopped attending school otherwise I would continue. (Participant 15, Personal Communication, February 2018)

Additionally, due to the small sample of this study more than half were able to be in therapy with a provider that speaks their preferred language, except for some. One participant reported:

There were no programs in my language and the truth is that I do not

speak English and I need to communicate in my language in order to

express myself better. (Participant 13, Personal Communication, February

2018)

Significantly, the participants were able to connect with a provider that was

compatible with their language but eventually discontinued services due to long

distance and lack of schedule availability. Lastly, less than half of participants

discontinued services due to cultural incompetency from the therapist. One

participant stated:

I felt like they made things worse because I went in and I felt worse when I

came back out. So I thought okay now who do I talk to and how do I tell

them like   -Hey this is going on- without actually putting myself at risk and

having to go to a mental hospital. (Participant 4, Personal Communication,

February 2018)

Another participant shared:

I didn't like how she [therapist] was suggesting something that was

completely opposites of what I wanted, which was to stay close to my

family. She [therapist] thought my family was the problem. (Participant 1,

Personal Communication, February 2018)

Additionally, a participant describes a therapist providing unrelated interventions:

I remember that she [therapist] handed me this print of a saint and said -

you have to pray to this-. Now that I think about it didn't make sense.

Another therapist was very condescending and patronizing and I stopped

going. (Participant 3, Personal Communication, February 2018)

In comparison between the participants who didn't like their therapist and those

who did, was because most of them had to go through 2 to 3 therapist until they

found the "right" one.

<u>Community Suggestions for Mental Health Services</u>

It is significant to ask and amplify the voice of the people in order to

provide quality resources and services for their well-being. Researchers inquired

suggestions to help mental health services become more accessible and

effective in the Latino community. The question asked was: How would you

suggest the community should improve by providing mental health services,

specifically for Latina women? All participants emphasized education of mental

health for the community, to inform and promote services, in order to become

more aware and break social stigma about mental health. In general, all

participants agreed that:

Education [about mental health] is a very good way. I think the bottom line

for everything is educating people and making them understand why it's

so important to get these types of services. Getting help and letting them

know that there are more pros than cons. There are also a lot of services

out there that you can access. And yeah that it more of a benefit than

anything else, getting yourself through that. It doesn't take much time out

of your daily life to go on and seek these kinds of services. (Participant 7,

Personal Communication, March 2018)

Depending on the participant's experiences, half of them requested structural

solutions including open availability, cultural competency providers, bilingual

therapists, and affordable services. One participant reported:

People who speak to us in our language, followed by more access to

schedules, places near where we live, and affordable prices so one can

finish their treatment. (Participant 13, Personal Communication, March

2018)

A different participant stated to utilize the cultures strengths in order to build

rapport and connect with the client appropriately. By doing so the therapist is

meeting the client where they are and using their current resource. One

participant describes their cultures strength as:

Our strength as a community is how we are so closely intertwined, so

beautifully linked together…We rely heavily on each other and we do it

graciously and lovingly and selflessly. That's our strength but we also

have to understand that even when we're not our strongest it doesn't take

away from the strength of our core dynamics. We're still a strong family

and we're stronger from it. (Participant 1, Personal Communication,

February 2018)

Furthermore, half of participates suggested better involvement with other

organizations the community uses in order to have a well-rounded collaborative

support, including churches, hospitals, and schools. For example, a participant shared:

> I would say talk to the church to promote [mental health services] and have the priest or pastor tell people it's okay to talk to someone who is actually qualified and I think things would change. In the Mexican community they see the priest and pastors as people that have the authority and if someone with authority is telling them it's okay they will most likely to do it. (Participant 10, Personal Communication, March 2018)

Moreover, a participant also recommended:

> To help improve the community is by teaching the community about anxiety and other disorders at a really young age, like when children are learning about puberty. I think that they should also learn about coping mechanisms or how to deal with stress because that's one thing you're going to face once you get older. In high school when you are going through puberty, if you can't handle stress it's going to lead to a lot of more problems especially when you have so many hormones in your body, you don't even understand what's going on. (Participant 6, Personal Communication, February 2018)

Summary

This chapter explored and recognize the perception Mexican women have after utilizing mental health services and barriers encountered during the process. By analyzing the transcriptions, researchers were able to identify major

themes that confirmed Mexican women associated stigma to mental health in the beginning, however still pursued mental health care. Furthermore, cultural and structural barriers were identified during the process of receiving services. Mexican women's strengths were also identified to acknowledge their motivation to receive services. Lastly, participant's suggested various approaches to improve mental health services in the Latino community, including education on mental health, collaborating with other important organizations, and providing accessible services for all.

CHAPTER FIVE

DISCUSSION

Introduction

In the beginning of this study researchers thought structural barriers were the primary reason it was impeding Mexican women to utilize mental health services and that culture had a direct impact to their mental health. However, the results demonstrated that culture has an influence in the way Mexican women perceived their experience before and after utilizing mental health services. As a result, five new themes emerged from this study: Mexican family values and beliefs, cultural barriers, Mexican women strengths, structural barriers and community suggestions for improvement in mental health services. This chapter presents a discussion of the results found in this study. In addition, it also provides with the analysis of the limitations, suggestions for future research and recommendations for the social work practice.

Family Values and Beliefs

Throughout the process of this study, family values and beliefs were shown to be imperative in the decision making of utilizing mental health services. In the Mexican culture, the family's perception of mental health is associated to stigma which impacted their initial decision to seek services. Various stereotypes were affiliated to mental health, such as "crazy," "weak," "bad person" and "a danger to society." This study discovered a correlation between their family's

perception of mental health leading to a delay of utilizing mental health services. For instance, participants shared that they never discussed with their family's about the importance of mental health. Since mental health is looked down upon, individuals expressed feeling either denial or hesitant to seek services due to the misconception and false beliefs of obtaining services. For example, participants believed that receiving services was only meant for individuals with severe mental health illnesses.

This study discovered that participants experienced guilt after expressing to their family their mental health illness. Especially mothers, automatically assumed it was their fault for failing to protect the participant. Furthermore, the findings recognized women's perception of roles in their culture. A mother's role is significant in the Mexican community because they are viewed as a point of reference and primary foundation in their family. Past studies suggested that the demanding women's culture role is the cause of mental health, however our findings shows that the participants perception of a women's role in their culture is what hindered them to seek services. Many minimized their experience and symptoms, due to comparing themselves to their mother's struggles, valuing others opinions and not wanting to appear weak.

Cultural Barriers

After reviewing the participant's responses about family views and beliefs, researchers acknowledge the influence culture has in seeking help. Therefore, researchers found the need to separate culture and family views in two different

themes in order to discuss them properly. Mexican woman reflected that the foundation of cultural barriers is the lack of knowledge and the impact of religious views leading to not prioritizing their mental health.

Moreover, participants described their mental health symptoms in a normal manner, best known as a cultural syndrome. Cultural syndrome is a concept used in a cultural group to describe a certain symptom without valuing the severity of the actual mental health illness (American Psychiatric Association, 2013). Due to the lack of knowledge and perception regarding their mental health, Mexican women are more than likely to accept the mental health symptoms without realizing the severity of the illness. Additionally, due to the lack of knowledge, mental health can be confused with other aspects such as drugs, and physical harm. Considering the Mexican cultural views, it is essential to validate common cultural barriers that can prevent or make women hesitant to seek and utilize services.

There is a strong influence of religion in the Mexican culture that affects individuals to express their feelings to a therapist, other than God. For example, a participant shared that her parents enforced the notion that any severe problem she had should be prayed and shared with God. This leads to Mexican women initially not prioritizing their mental health and seek help. Many conveyed that mental health was not a topic discussed in their home, which increased symptoms to become severe and impede their daily life. However, after utilizing services more than half of the participants agreed it was beneficial and helped

them recognize new coping skills, awareness, and developed a stronger relationship with their support system.

Mexican Women Strengths

It is significant to understand the styles of solutions Mexican women confront while navigating potential conflicts within themselves and with others. Every participant reported a mental health disorder, except for one. The mental health disorder mostly reported was major depression, while less than half of participants reported generalized anxiety, bipolar I, post-traumatic stress disorder, and borderline personality disorder. Most women maintain a strong façade when enduring a difficult situation due to fear of rejection form their family members and community. This leads to inter-conflict between seeking help and having the support of family.

Due to their fear of disappointment, women minimized their troubled experiences. Brené Brown (2006) studied the impact of shame in women and the concept of not being good enough. This study suggested that participants experienced shame and hesitation before the utilization of mental health services. Participants shared that throughout their journey, they became more accepting of their mental health symptoms and disclosed to their support system. Vulnerability is a courageous act that assist individuals to not feel shameful, but lead an individual to feel connection, power, and freedom (Brown, 2006).

More than half of the participants, shared being self-aware, recognizing triggers, and practice learned coping skills from therapy. For example, they go on

walks, talk to family and friends, practice grounding techniques, listen to music and exercise. Researchers identified Mexican women's self-determination as a strength when utilized mental health services, despite all of the obstacles. Furthermore, the findings collected in this section identifies women's product of resiliency, strengths, and empowerment against the stigma of utilizing mental health services.

Part of their utilization of services, this study identified a correlation between higher education and the pursue of mental health services. Participants with a higher education are more than likely to be open to seek and utilize services. Although not all participants completed a higher education, they were encouraged by a family member, professional (i.e. Doctors, Social Workers, College Professors) and friend to seek help.

Structural Barriers

Understanding the structural barriers to utilizing mental health services is significant in order to make services more accessible and appropriate for clients. Researchers found a consistent theme with other studies indicating discontinuation of services due to structural barriers, such as scheduling hours, the distance of clinics, lack of insurance, lack of bilingual therapists and cultural incompetent providers.

Participants expressed the need of more flexible hours that does not conflict with their daily tasks. For example, a participant stressed about not

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having time to schedule an appointment due to a busy work schedule and time to help her child with school assignments. Mexican women emphasized the lack of insurance and affordability led to one of the reasons they discontinued mental health services.

Another reason was cultural incompetent providers. Due to lack of rapport building, providers demonstrate incompetent and biased interventions. Without assessing their culture and beliefs, it hinders the therapeutic relationship. Participants disclosed that their therapist did not take into account their cultural beliefs and suggested and assumed what the client needed. For example, one therapist provided a stamp of a saint and asked her to pray to it, while the other therapist suggested the client to move out without acknowledging the importance of family in the Mexican culture.

<div align="center">Community Suggestions for Mental Health Services</div>

Lastly, participants provided suggestions to improve community agencies to promote psychoeducation of mental health in the Latino community in order to decrease cultural barriers previously stated. Partnering with organizations trusted by the Latino population including churches leaders, primary care providers, and school educators will allow discussion about mental health and the importance to seek services. This can create awareness of common signs and symptoms portrayed in the Latino community.

Additionally, participants advised social workers to advocate for the accessibility for flexible schedules, low-cost services, bilingual services, and

possible transportation services. In addition, promoting cultural competency trainings will enhance ethnic appropriate interventions and create culturally competent providers that will successfully interact and engage with the Latino population. Using a strength based approach can lead providers to empower Latinas to use their cultural strengths. Mental health services should be a parallel process of learning to allow the client and the therapist to use their strengths to build rapport.

Limitations

There are few limitations that were acknowledged in this study. A limitation in this study was the sample size. Since it was only fifteen participants, it does not reflect the general Mexican women population in Southern California. However, researchers were still able to collect credible data. Another limitation researcher observed in the study was the lack of diversity in the participant's age. Although the researchers tried to encourage participation from different age groups, older generations were observed to be hesitant to participate. Moreover, due to the structure and formation of the questions researchers were unable to control the way participants interpreted the question. This also would lead them to go on a tangent.

Further Research

Acknowledging the limitations that were presented above, further research encourages to gather a larger sample size with diverse age groups. Additionally,

due to the broad themes discovered in this study, future research should focus on one theme to explore more in depth the sub-themes that arise within. This will allow participants to explore and describe the suggested theme into detail. For example, when participants were asked a question they connected their culture into every response, which discovered that culture has a huge influence in the decision to utilize mental health services.

Recommendations for Social Workers

As social workers it is our duty to comply by the NASW Code of Ethics, which promote quality service, cultural competency, importance of human relationship and dignity and worth of the person. The following recommendations will help social workers to become aware of the social disparities Mexican women endure and file a plan for action to improve services.

In a macro perspective, analyzing common community barriers that prevent Mexican women from seeking help can encourage social workers to incorporate policy and procedures. For example, as social workers we can create questionnaires to evaluate the service provided by the agency, which will highlight their perception after utilizing services and will obtain their suggestions for future improvements. From this act, social workers will be able to change policies that can better align with the client's needs and design an effective quality of care. In addition, social workers ought to partner with non-profit organization to minimize the gap of structural barriers such as, lack on insurance, availability transportation, etc. In addition, social workers must lobby in

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Sacramento, Ca to support policies like the Mental Health Service Act (MHSA); which provides funding to underserved communities.

This can lead to mezzo advocacy to implement cultural competency trainings that understands the cultural obstacles that impede Mexican women to utilize services. It can also deconstruct the stigma and normalize services within the Latino community. Social workers can also partner with trusted leaders (i.e. Church Leaders, Doctors, Hispanic News Programs) within the Latino community to promote positive education of mental health and coping skills.

Furthermore, in a micro perspective social workers should utilize a strength-based approach to highlight the importance of culture in Mexican women. This includes utilization of ethnic appropriate interventions, such as empathic listening, validation, paraphrasing, etc., in order to connect with the client. Further development of Latina women support groups can highlight important themes related to self-esteem, stress, depression, domestic violence, control and choice, boundaries and empowerment. Social workers should acknowledge the client is the expert and use their tools as strengths to fulfill the client's needs.

Conclusion

Overall, research has found that culture has a vast influence in Mexican women's use of mental health services. In order to overcome some of the barriers identified, mental health providers should consider culture as a strength among Mexican women. Mental health service providers should be aware of the

structural barriers hindering Mexican women to utilize services and should advocate for more appropriate solutions to decrease the disparities. Although this study had a sample size of fifteen participants, research valued the importance of the participant's experience. Further research should focus on obtaining a larger sample size to expand this research's insight. It is encouraged for social workers to provide education to both the community and service providers, advocate to decrease structural barriers, and encourage Mexican women to continue to utilize mental health services, in order to support, thrive and nourish their well-being.

APPENDIX A

ANNOUNCEMENT/FLYER

Mexican women needed!

FREE $5 STARBUCKS CARD
WHEN YOU JOIN THE STUDY

Have you utilized Mental Health services before? We are seeking Mexican Women to participate in a research study that explores their experiences utilizing Mental Health services. We would like to evaluate Mexican women's strengths, motivation and barriers towards Mental Health services.

Requirements

- Mexican Women
- Over the age of 18
- Utilized mental health services

FOR MORE INFORMATION CONTACT

SAMARA CARDONA   OR   **CLAUDIA PEREZ**

CSUSB MASTER OF SOCIAL WORK STUDENTS

909-683-0281

MexicanWomenMHS@gmail.com

if you refer a friend you get an extra $5 Starbucks card

SE OCUPA LAS MUJERES MEXICANAS!

TARJETA **GRATIS** DE STARBUCKS DE $5

CUANDO PARTICIPA EN LA INVESTIGACIÓN

¿Ha utilizado servicios de salud mental antes? Se busca mujeres Mexicanas para participar en un estudio de investigación que explora sus experiencias utilizando servicios de salud mental. Nos gustaría evaluar las fuerzas, la motivación y obstáculos de mujeres Mexicanas hacia los servicios de salud mental.

Requisitos
- Mujer de originen mexicano
- Sobre la edad de 18 años
- A utilizado servicios de salud mental

PARA MÁS INFORMACIÓN CONTACTE
SAMARA CARDONA OR **CLAUDIA PEREZ**

CSUSB MASTER OF SOCIAL WORK STUDENTS

909-683-0281

MexicanWomenMHS@gmail.com

SI REFIERE A ALGUIEN, SE GANA EXTRA $5 DE STARBUCKS

APPENDIX B

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

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

The study in which you are asked to participate is designed to explore the experience of Mexican women who have utilized mental health services in Southern California. The study is being conducted by Claudia Perez and Samara Cardona, MSW students under the supervision of Dr. Herbert Shon, Assistant Professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to explore the experiences of Mexican women utilizing Mental Health services.

DESCRIPTION: Participants will be asked of a few questions on the current or previous experiences utilizing mental health status, barriers they might have experience, alternatives of mental health services and strengths to cope with mental health symptoms.

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 as a group.

DURATION: It will approximately take 30 to 45 minutes to complete the survey and interview.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will a five dollar Starbuck gift card incentive.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Herbert Shon at 909-537-5532 (email: herb.shon@csusb.edu).

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (http://scholarworks.lib.csusb.edu) at California State University, San Bernardino after December 2018.

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

_____   _____

Place an X mark here   Date

I agree to be tape recorded: _____ Yes _____ No

909.537.5501 909.537.7029
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work
CONSENTIMIENTO INFORMADO

La siguiente investigación que se le está invitando a participar se trata acerca de la experiencia que tienen las mujeres Mexicanas cuando utilizan servicios de salud mental en el Sur de California. El estudio está conducido por Claudia Pérez y Samara Cardona, estudiantes del programa de Maestría de Trabajo Social, bajo la supervisión de la Dr. Herbert Shon en la escuela de Trabajo Social en la Universidad de California, San Bernardino. El estudio ha sido aprobado por el comité institucional de Trabajo Social de parte de la Universidad de California, San Bernardino.

PROPÓSITO: El propósito de este estudio es de explorar las experiencias y motivaciónes sobre las mujeres Mexicanas que han utilizado los servicios de salud mental.

DESCRIPCIÓN: Las participantes se les harán una serie de preguntas acerca de las experiencias que han pasado cuando han utilizado servicios de salud mental, obstáculos que han pasado para obtener los servicios, alternativas a servicios de salud mental y sus fortalezas que adquieren al sobrellevar los síntomas de su salud mental.

PARTICIPACIÓN: Su participación es completamente voluntaria. Usted tiene la opción de rehusarse a seguir participando en el estudio y descontinuar su participación en cualquier momento sin ninguna consecuencia.

CONFIDENCIALIDAD Y ANÓNIMATO: Sus respuestas se mantendrán anónimas y los resultados solo serán reportados como grupo.

DURACIÓN: El estudio se tomará aproximadamente de 30 a 45 minutos para completar el cuestionario y la entrevista.

RIESGOS: No hay ningún riesgo que sera contemplado que puedan sufrir los participantes.

BENEFICIOS: Abra una tarjeta de regalo de cinco dólares de Starbucks como recompensa por su tiempo.

CONTACTO: Si tiene preguntas acerca de este estudio por favor contacte el Dr. Herbert Shon al 909-537-5532 (email: herb.shon@csusb.edu).

RESULTADOS: Si le gustaría obtener una copia de los resultados de este estudio por favor de contactar a la Pfau Librería de datos (http://scholarworks.lib.csusb.edu/) de la Universidad de California, San Bernardino después de diciembre del 2018.

Esto es para certificar que he leído o me han explicado la información de arriba y que tengo mas de 18 años de edad.

_____   _____
Por Favor marcar una X arriba   Fecha

Si permite utilización de grabación de audio: _____ Si _____ No

909.537.5501 909.537.7029
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APPENDIX C

DEMOGRAPHIC QUESTIONAIRE

Demographics Questionnaire/Cuestionario Demográfico

1. Age/ Edad

a. 18-25   b. 26-35   c. 36-45   d. 46-55   e. 56+

2. Marital Status/Estado Civil

a. Single/Soltera   b. Married/Casada   c. Divorced/Divorciada

d. Separated/Separada e. Widowed/Viuda

3. Legal status/ Estatus legal

a. U.S citizen   b. Permanent Resident c. Naturalized U.S. Citizen d.Other

4. Place of origin/ Lugar de origen _____

5. How many years have you lived in the United States/ Cuantos años a vivido

en Los Estados Unidos? _____

6. Education/ Educacion

a. Some high school/ poca escuela secundaria
b. High School Graduate/ Graduada de la Escuela Secundaria
c. Some college/ Poco Universidad
d. College graduate/ Graduada de la Universidad
e. Other/otro

7. Primary language/ Lenguaje primario _____

8. Insurance/Aseguranza _____

9. Mental health symptoms/ Symptomas de salud mental

_____

Demographic Questionnaire developed by Samara Yael Cardona and Claudia

Perez (2017).

APPENDIX D

INTERVIEW QUESTIONS

ENGLISH

1. Where have you utilized mental health services?

2. In your experience, what was your perspective on mental health services before utilizing it?

3. What are some of the obstacles that you encountered when seeking and/or utilizing mental health services?

4. How was your experience when you received mental health services?

5. How do you manage a difficult situation?

6. What or who encouraged you to seek services?

7. What stopped you from continuing services? (If applicable)

8. What kind of symptoms have you experienced that have impeded you with daily life functions?

9. What do you typically do to help yourself when you are feeling depressed/anxious/nervous/worried/out of control/etc.? Describe your coping methods.

10. How have Latino culture values affected seeking help?

11. How would you suggest the community should improve with providing mental health services, specifically for Latina women?

Interview Questions developed by Samara Yael Cardona and Claudia Perez (2017).

SPANISH

1. ¿Dónde ha utilizado los servicios de salud mental?

2. En su experiencia, ¿cuál era su perspectiva sobre los servicios de salud mental antes de utilizarlo?

3. ¿Cuáles son algunos de los obstáculos que encontró al buscar o utilizar los servicios de salud mental?

4. ¿Cómo fue su experiencia cuando recibiste servicios de salud mental?

5. ¿Cómo gestiona una situación difícil?

6. ¿Qué o quién te animó a buscar servicios?

7. ¿Qué lo detuvo de continuar los servicios? (Si es aplicable)

8. ¿Qué tipo de síntomas has sentido que te impiden las funciones de la vida diaria?

9. ¿Qué hace típicamente para ayudarse a sí misma cuando se siente deprimida/ ansiosa/ nerviosa/ fuera de control/ etc.? Describe tus métodos de afrontamiento.

10. ¿De qué manera han afectado los valores de la cultura Latina a buscar ayuda?

11. ¿Qué sugeriría a la comunidad para mejorar el suministro de servicios de salud mental, específicamente para las mujeres Latinas?

Interview Questions developed by Samara Yael Cardona and Claudia Perez (2017).

APPENDIX E

DEBRIEFING STATEMENT

College of Social and Behavioral Sciences
School of Social Work

Debriefing Statement

This study you have just completed was designed to explore the experiences of Mexican women utilizing Mental Health services in Southern California. We are interested in the experiences Mexican women had when seeking mental health services. For example, exploring cultural and structural barriers, one's perception and attitude towards mental health, who or what motivated women to seek mental health services and how can we improve services for Mexican women. This is to inform you that no deception is involved in this study.

Thank you for your participation, we greatly appreciate it. If you have any questions about the study, please feel free to contact Dr. Herbert Shon at 909-537-5532. If you would like to obtain a copy of the group results of this study, please contact the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after December 2018.

909.537.5501 . 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

College of Social and Behavioral Sciences
School of Social Work

Declaración Informado

Este estudio que acaba de completar fue diseñado para explorar las experiencias de mujeres mexicanas tienen cuando utilizan servicios de salud mental en el Sur de California. Estamos interesadas en las experiencias que las mujeres mexicanas tienen cuando buscan o utilizan servicios para su salud mental. Por ejemplo, en explorar los obstáculos culturales y estructural, la percepción y actitud del individuo sobre la salud mental, quien o que las motivo, y como podremos mejorar los servicios de salud mental para las mujeres mexicanas. Esto es para informarle que no hubo trucos o engaños en el estudio.

Queremos agradecerle por su participación. Si tiene preguntas acerca de este estudio por favor contacte a la Dr. Herbert Shon al 909-537-5532. Si le gustaría obtener una copia de los resultados de este estudio por favor de contactar a la Pfau Librería de datos (http://scholarworks.lib.csusb.edu/) de la Universidad de California San Bernardino después de diciembre del 2018.

RESOURCE LIST – LISTA DE RECURSOS

CARES Line Call: (800) 706-7500
INFO AND REFERRALS FOR MEDI-CAL BENEFICIARIES SEEKING MENTAL
HEALTH SERVICES.

CATHOLIC CHARITIES – CARIDADES CATÓLICAS
PROFESSIONAL COUNSELING SERVICES MENTAL HEALTH FACILITY IN
SAN BERNARDINO, CALIFORNIA
1441 NORTH D STREET
SAN BERNARDINO, CALIFORNIA 92405
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DISPONIBLE 24 HORAS AL DÍA

APPENDIX F

INSTITUTIONAL REVIEW BOARD APPROVAL FORM

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

Researcher(s) ___Claudia perez & Samara Yael Cardona Espinoza___

Proposal Title ___Latina Women perception of Mental Health___

___Service Use___

___SW 1835___

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)

_____
_____
_____
_____
_____
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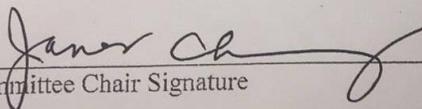
___Janer Ch___   ___1/29/2018___
Committee Chair Signature   Date

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

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