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MENTAL HEALTH TREATMENT PERSPECTIVE OF HISPANIC POPULATION: A COMMUNITY-BASED PARTICIPATORY RESEARCH APPROACH

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MENTAL HEALTH TREATMENT PERSPECTIVE OF HISPANIC
POPULATION: A COMMUNITY-BASED PARTICIPATORY
RESEARCH APPROACH

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
Jesus Alfredo Serrato Vidal

June 2018

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ABSTRACT

This study's purpose is to shed some light on providers perspective of Hispanics with mental health issues experience, explore providers experience, Hispanics reason for terminating treatment and review providers recommendation to maintain Hispanic individuals and families in treatment. Other studies have established that Hispanics disproportionately underutilize mental health services in comparison to other population. Assuming Hispanics continue to grow and maintain the majority minority in the region of focus in Southern California where the study was conducted, then the finding in this study may serve to improve both Hispanics access to services and agencies and providers improving services to this population. Furthermore, the study can be utilized by other interns, social worker and professionals alike as a form of an in-service on Hispanics perspective of mental health and how to overcome some of the barriers when servicing this population. This qualitative study used individual interviews as a resource to shed some light on themes from the perspective of a variety of mental health providers. Individual interviews were audio recorded via a digital recorder then transcribed to a Word file. A variety of themes on the subject matter emerged from participants responses.

DEDICATION

Muchas gracias Ama, todo lo que he logrado ha sido posible con todo su Apoyo incondicional.

-Freddy

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CHAPTER ONE

ASSESSMENT

Introduction

The focus of this research project is to utilize the Community-Based Participatory Research approach which coincides with the constructivist orientation to research to ascertain Hispanic individuals, families and community's perspective on mental health services. The literature review will demonstrate that Hispanics, who are an ethnic majority in the Eastern Region of the Coachella Valley, experience similar and unique barriers to national and state measures in relation to mental health service. As previously mentioned, the constructivist approach will be utilized due to its properties and objective qualitative method of inclusivity to obtain the most credible, transferable and dependable information from those who are involved in the phenomenon. The researcher is utilizing a Social Ecological model theoretical perspective due to its complex explanation of how individual, groups, community and societal factors interplay aiding in the effort towards discovery of Hispanics perspective on mental health services in the Eastern Region of the Coachella Valley. The researcher will also describe the micro and macro significance for the field of social work and conclude in this chapter with a summary of the discoveries

Research Focus

The orientation of this research project is to use the Community-Based Participatory Research approach to obtain the perception of mental health

services, identify factors affecting access, engagement and continuing in treatment by the Hispanic population at the community, organizational and individual level amongst those who reside in a rural region of Southern California.

Paradigm and Rationale for Paradigm

This research project adopted the Constructivist paradigm. Morris (2013) asserts that this paradigm assumes that the main approach to understand a human phenomenon is to completely and thoroughly understand the perceptions, or constructions, of those people who are engaged in the human phenomenon. Therefore, this paradigm serves to better understand Hispanics residing in the focused geographical area perception on mental health and mental health services at the community, organizational and individual level. A constructivist methodology is the most practical and appropriate approach to comprehend, ascertain more clarity, review, and answer this phenomenon. Constructivist is the appropriate method because it allows for objective data collection based upon levels of understanding, interpretation, and realities of both professionals and Hispanics construction on mental health treatment clarifying why this population continue to be underserved and underrepresented. Constructivists methods assume knowledge is constructed through a process of learning and since all knowledge is constructed through experience, using this premise, therefore, interviewing providers on their perspective of Hispanics perception of mental health experience will lead to the development of a better community construct, sheds light and further explain this phenomenon.

Lastly, constructivists also assume that individual knowledge is obtain as part of an individual's natural interaction in the community and being a member of a community leads to development of certain beliefs, attitudes, and even perceptions of mental health treatment. Therefore, objectively interviewing individuals, groups and the community where they are will yield answer and an increase understanding as to why Hispanics, who have been identified as experiencing mental health challenges at comparable rates to the nation, and the majority in this geographical area, continue to not engage in treatment and are underserve and disproportionately underrepresented in agencies.

Literature Review

Many studies have confirmed Hispanics communities are proliferating across the United States. Paralleling this trend, new mental health agencies are also being erected across the nation. Research has also verified that many Hispanics live with a mental health issue or will experience some kind of mental health problem in their lifetime. Mental health issues like diabetes or cancer do not solely affect the individual experiencing the problem. Rather, like substance abuse, which is not a victimless disease, its sphere of influence expands from the individual to family, families to communities and on forward. Why do Hispanics continue to be underrepresented at mental health agencies? What are the barriers affecting Hispanics seeking mental health? Is this an individual, family, community or cultural explanation? How can Hispanics increase engagement in treatment? Although many assumption and attitudes exist about

the reasons why Hispanics do not engage in mental health treatment, in actuality this researcher has found very little literature thoroughly detailing why Hispanics do not engage in mental health treatment. Therefore, the focus of the study is to utilize a community-based participatory approach to attempt to better illustrate and comprehend Hispanics perspective on mental health treatment.

For the purpose of this research project, Hispanic will consist of those individuals who self-identify as Mexican, Puerto Rican, Cuban and other Hispanics.

Mental health will be defined as a “state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the demand of everyday life style.” U.S. Department of Health and Human Services. Office of the Surgeon General (2001).

To understand Hispanics perspective on mental health treatment, this researcher conducted individual interviews with a variety of mental health professionals who have understanding of mental health services and have experience servicing Hispanics with mental health issues. The researcher focusses on individual who provide mental health services in the Coachella Valley of Riverside County. The information obtain from this study is intended to contribute to the field of social work at both the Macro and Micro level. At the micro level, this study will help social workers and other professionals better engage Hispanic clients as well as have a better understanding as to why this

group underutilizes mental health services. At the Macro level, organizations both private and nonprofit will be able to tailor program which better market to Hispanic individuals and communities.

A review of the literature identified that the Hispanic population is growing at an exponential rate in The United States, according to United States Census report. Hispanic are also expected to become one of the largest minority group in the United States according to Mental Health America (2006). Despite the identified rapid growth of Hispanic communities, as previously mentioned, Hispanics continue to underutilize and be underrepresented at mental health agencies. The New Jersey Mental Health Institute reports that Hispanics low use of mental health treatment is a very common trend across many states, counties and regions in America, clearly illustrating a problem which needs to be address. Son et al (2016) have identified that Hispanics are amongst the group which are less prone to access mental health treatment.

Literature and statistics demonstrate that Hispanics experience mental health challenges at similar rates than other ethnic groups, then why do Hispanic continue to underutilize mental health services? Rastogi (2012) asserts Hispanic tend to under-engage supportive mental health services for several reasons such as social-economic and cultural barriers. Ruiz (2002) identifies lack of Hispanic professional in the field of mental health care, lower education, cultural and language barriers, and ethnic and racial prejudice and discrimination as interfering factors which explain the underutilization of mental health services by

the Hispanic population. A review of the literature clearly identifies that Hispanics are an ethnic group who experience mental health challenges, such as depression, at similar rate as other ethnic group yet despite the know barriers they continue to underutilize services. Is it possible that it is not Hispanics who are failing at engage in treatment but rather a systemic problem which need to be address? If it is a deep-rooted explanation, can current intervention break the cycle?

Most of the literature the researcher came across appears to take an objective positivist approach towards knowledge acquisition or that of a top-down research method. But in this researcher opinion, a subjective reality approach will be appropriate and promising to address health care engagement disproportions in this and other Hispanic communities.

The Rural region of Southern California is the site where the researcher focus this study due to the identified predominantly large Hispanic population residing in the region. Riverside county has a Hispanic population of 46.1 percent; Hispanics make 38.2 percent in California and 16.9 percent in the nation per Towncharts.com.

It is clear, base on the numbers identified above that many Hispanic experience some form of mental health problem demonstrating that a need clearly exists. More shocking is that Hispanic in the Eastern Region of the Coachella Valley constitute for more than 90 percent of the population, clearly indicating that the many barrier which have been identified as impeding Hispanic

from access to mental health service are not being address. Or is it possible that there are unknown factors which have yet to be illuminated? Understanding the community's perspective and reasons for not engaging in treatment will help overcome some of the barriers already mentioned as well as potentially illuminate hidden barriers.

The literature review identified that a Community-Based Participatory Research approach, with its origins on public research, is an ideal orientation to research which may help examine community level, group and individual factors affecting barriers to engagement, use and the perception of mental health treatment for Hispanic population on the Eastern Region of the Coachella Valley of Riverside County (Shattell et al, 2008).

Community-Based Participatory Research involves multiple parties from relevant community stakeholders to serve as informants on a given phenomenon (Minkler & Wallerstein, 2003). Becker (1998) emphasized that this orientation to research allows for motivated partners of the community to report their perspective and contribute any information otherwise unknown for better comprehension of community phenomenon's, social factors and dynamics of communities. Collaborating with those involved in the experience helps develop a more truthful construction of what is being experience which will be translated in the researched. CBPR is similar to the constructivist paradigm perspective because it, according to Morris (2013), recognizes that people make sense of their existence base on individual experience and assumes that nobody can

stand outside the human experience to view rules and governing instruments independent of situation and person. In other words, the literature emphasizes that in order to understand Hispanics perspective as to why they underutilize mental health service a collaborative approach seeking individual, groups and community's interpretation will be useful at addressing and better understanding the phenomenon.

Theoretical Orientation

Community-based participatory research takes an objective orientation to research which is integrated and collaborative at all stages paralleling that of the constructivist paradigm which is very consistent with the Social Ecological Model. The theoretical orientation of this study will focus on the Social Ecological Model(SEM) due to the similarities previously mentions and because it tends to focus and its involved with the understanding of the health of the community. Secondly, it incorporates an interdisciplinary method towards interventions and it simplifies the symbiotic relationship occurring within communities and social and political forces at play (Stokols, 1996). Lastly, the SEM provides an overreaching framework for examining individuals, organizational and community factors in mental health service needs (Fleury & Lee, 2006). Since community-based participatory research is consistent with that of Social Ecological Model, then Individual, group, organizational and community factor must be taken into consideration.

Shattell et al identify psychosocial attribute (health belief and self-concept), educational level (occupation and skills), lifestyle (drug use vs abstinence), support network (family, friends, professional), norms, shared belief, religion and social identify as individual factors which should be taken into consideration in any study with a Social Ecological Model orientation.

Organizational level factors consist of sociopolitical opinions, policy, employees, geographical and monetary resources. Minkler and Wallerstein (1997) discuss the importance of organizational resources and how they tend to mirror the relationships of their geographical residents with services and opportunities that ease risk reduction. The region in this study is a rural area with limited resources. Therefore, if limited structure and limited process exist, then it is likely that in this community, its member may not be very connected to their community and services which facilitate risk reduction.

According to Whitermorre (2013), community level factors consist of those physical environmental, all assets and resources within it as well as social cultural norms that influence individual values, beliefs and attitudes. Therefore, it can be presumed that mental health services at the community level, like individual and organizational factor can serve and become both barriers and enablers for Hispanics benefiting from mental health services.

Potential Contribution of Study to Social Work Practice

This particular research has the potential to contribute to the ever-expanding knowledge of social work practice at both the micro and macro level of

human social service delivery. The 2010 Census report that this region in Riverside County is comprised majorly of Hispanics, yet, Hispanics continue to be underserve and underrepresented regarding treatment for mental health services. Researching Hispanics perspective and perceived and actual barrier to access and engagement in mental health treatment means social workers will have a better understanding, improve intervention, engagement strategies and techniques to address this phenomenon at the individual, group and community level in this region and other similar regions alike. At the Micro level, social workers can also have a better understanding of the reasons Hispanic continue to be underserve and help bridge the gap by increasing community awareness, modifying cultural believes and hopefully serve more Hispanic individuals and families. As mentioned in the literature review, Hispanic population and communities are growing fast and will eventually be a dominant ethnic minority group, obtaining Hispanics perspective on the use of mental health services will allow social workers to utilize this study's findings as another resource to address this phenomenon. Why do Hispanics continue to be underserve and underrepresented in mental health services despite the plethora of known barrier and intervention? Will Hispanic individuals, groups and community perspective shed light on other unaddressed and unknown social, ecological, cultural, sociopolitical and social-cultural barriers? These are all question worth discovering.

Summary

A review of the literature identified that Hispanic make up over 17 percent of the population in the United States and will be over 31 percent of the population by 2060. The literature also identified Hispanics to be a population which is underserve and underrepresented in mental health agencies. If barrier have been identified in other studies, why do Hispanics continue to be underserve and underrepresented? A community-based participatory approach hopes to shed light on Hispanics, from the focus region, perspective on mental health services addressing this phenomenon, potentially leading to increase service use, engagement and illuminate shadow barriers. In comparison to the rest of the state (38.2%) and country (16.9%), Hispanics make over 90 percent of the population in this studies research region, yet the statistics appear to be the same when discussing mental health treatment for Hispanics. Why are the statistic similar when it is expected that more Hispanics should be in treatment in such a high Hispanic density area? This study has significance to social work practices due to its implication at both the Micro and Macro level. Obtaining Hispanics individual, group and community perspective on mental health service will bring into light unidentified barrier, normalize and destigmatize mental health cultural belief simultaneously reaching and educating many Hispanic individual, group and communities.

CHAPTER TWO

ENGAGEMENT

Introduction

Engagement in this research project is going to take preparation and planning in order to develop rapport and healthy relationship with all the key gatekeeper. Using a purposeful sampling approach, according to the constructivist approach, individual from a rural region of Southern California will be interview in order to obtain their construction on Hispanics perspective on mental health services.

Public and private mental health care provider and community member input from this region are vital and were included in order to complete this research study. Therefore, having a racially and ethnically diverse participant group who will be interested in being a part of the community-based participatory research intended to study the Hispanics perspective on mental health treatment use and engagement were vital to the study. As previously mentioned, establishing rapport with the rural region community, Hispanic services providers, local city members, homeless shelter, community leaders, private professionals and public service professional was key and made up of most respondents, all which volunteered and selected by the leading researcher. Reviewing the purpose of the study, and its significance to the field of social work and the Hispanic community at all levels was an important phase of the engagement process. Respondents who understand the significance and op to volunteer and

participate in this research signed similar consent as those signs in private and public mental health entities for confidentiality purposes. Protecting the privacy and anonymity of all respondents help obtain consent and participant who can contributed to the research.

Study Site

The study site for the community based participatory research project is the Rural Region of Southern California, which population and communities are made of predominantly Hispanics. The projected study site will be a safe place, such as a Hispano community center, where respondents at the Individual, group and community level can participate in the interview process. This site will be a safe haven where all those who identify as Hispanic can feel safe, free of discrimination, and immigration status who can provide their individual or group construct towards the research. The researcher, private and public mental health service professional, Hispano advocate, Hispanic health advisors and mental health advocate gather to conduct research.

Engagement Strategies of Participants

Engagement in this constructivist study, utilizing a community based participatory approach consisted of connecting with identified providers of mental health who service Hispanics in the rural region of Southern California. Engagement rely on surveying this geographical area and the personal knowledge of the region and experience of this researcher. Stakeholders from agencies which have been identified to serve Hispanics who might have

experience or know someone to have knowledge of mental health treatment will be included in this research. In conjunction with agencies, faculty representative from the Pathway M.S.W. program and student will be invited to participate.

Initial stakeholder consisted of 1. Inpatient/Outpatient mental health specific agencies, 2. Medical clinics, 3. County substance abuse programs, 4. Charitable organization, 5. University social work department, 6. County department of social services, 7. Hospice agencies, 8. Persons living with mental health, 9. professional social workers, 10. Professional Nurses, 11. Professional psychologist, 12. Professional Marriage and Family Therapist, 13. The Researcher and 14. The literature on Social Work Practice with Mental Health Treatment.

Engagement took place in several phases until a final number of participants was reached due to expected fallouts. It is possible that some professionals and para-professional will be represented by one respondent, multiple individuals or not be represented at all in the final group of participants. Due to the delicacy and sensitivity of this study and the topic being discussed, participants were discretionally assign code names in order to maintain anonymity. The Researcher carried out this study over one year to review the joint construction or perspective on Hispanics perception on mental health treatment.

Due to privacy and confidentiality guidelines, consent to treats and contract where develop to encourage vulnerable individuals to participate, such as undocumented Hispanics which have valuable perspective on study.

Gatekeeper will be made aware that they may enter and exit the study without fear of repercussion or identity being disclosed. The researcher plans to persuade individual to participate by informing them that this writer is a Hispanic and strong proponent of Hispanics accessing services to treat symptoms of mental illness, by identifying the construction of those who serve Hispanics will lead to the development of a new approach to increase awareness in the community, convince the community that mental health symptoms does not mean being “loco”. This in turn the study may serve as a tool to developed grassroots movement which may help decrease the stigma in communities and allow individual in Hispanic communities to be able to discuss mental health and mental disorder as most people talk about diabetes, high blood pressure and other illness

Self Preparation

The researcher has over 10 years of experience in the mental health field at many different setting and over 20 years living in this region.

The research has experience working with acute and severely mentally ill diverse population in Inpatient, Outpatient, IMD and as a student clinical therapist at both the public and private sector. Researcher self-prepared for this specific research by familiarizing himself with specific literature from scholar in the field, review current and evolving knowledge addressing Hispanics perspective on mental health treatment and explore known barriers to treatment to develop one construct. Researcher also prepared by consulting with research project advisor,

Dr. Armando Barragan PhD, during different steps of the research process for guidance, consult and advice. Researcher also has experience facilitating psychoeducational and evidence-based group and further prepared self by familiarizing himself with known methods of conducting focus groups and interviews and the challenges associated with such medium.

Diversity Issues

Hispanics make up over 90 percent of the population in the Eastern region of the Coachella Valley. Diversity in mental health diagnosis, level of treatment and functionality will be an issue which need be address by the researcher. Assessing the level of functioning and ability to consent to treat is an important factor which need be address which can sway the outcome of the study. Due to the open style of a constructivist research, the researcher addressed issues of diversity and acknowledge them throughout the study. During the engagement, assessment and planning phase of the research the research address diversity issues in an open and collaborative way that constructivist methods requires. According to the constructivist method, awareness and sensitivity must be develop and then diversity issues will need to be address collaboratively with study participants

Ethical Issues

In order to protect the right, privacy and confidentiality of the participants this study was presented to the Institutional review board. Confidentiality and privacy is extremely important and was protected for all participants. Documents,

video and audio recording used were kept in a locked space and not free from access. Documents were coded by a subject and numerical number follows to identify individual study participant. Respondents agreed through an informed consent process to participate at all phases of the study. The researcher kept all records sealed and well-guarded to protect the identity and other personal identifying information for privacy. As mentioned, all participants were provided with informed consent, rights to privacy, and were aware of their rights to terminate from the study at any point in time. Due to the nature of the constructivist approach to ascertain new constructs, privacy and confidentiality was protected in the utmost professional fashion. Participants were reminded during each phase of the study. Participants were encouraged to not use names of past or current client or individual who they have knowledge of who received mental health treatment during the focus study.

Political Issues

Affordable health care is currently a hot topic. The review of the literature demonstrated that Hispanics represent a large percentage of the population of the focus study site. Potential political issue consists of service availability for those underserved and underrepresented Hispanic clients who select to engage in treatment after this study. Who will serve the influx of new clients? Will County agencies be properly staffed to address the new demand? Funding might become another political issue. Due to the recent outcome of the 2016 presidential election, it can be assumed Hispanic individuals, families and

communities are experiencing an increase in stress, anxiety, paranoia and fear of uncertainty, will these individuals be encouraged to engage in treatment.

Role of Technology in Engagement

During the engagement phase communication via email and phone /cell phone or voice mail was the main role of technology. Researcher utilized hard copy form to obtain limits of confidentiality, inform consent and consent to participate and be audio recorded in this research.

Summary

Plans for engagement for the research site where discussed during this section, including the type of services this site provides and individual, group and community issues this research addresses. This research focus on the Rural Region of Southern California which consist majorly of Hispanic communities, who have been identified as being underserve, and underrepresented despite the demand for mental health services by this group.

CHAPTER THREE

IMPLEMENTATION

Introduction

In order to have a racially and ethnically diverse group of respondents, individual from private and public, participant at all levels of the community in a region of Southern California were selected by the researcher which help create a collaborative, inclusive and comprehensively eclectic viewpoints about the Hispanics perception of mental health service. The implementation chapter begin by discussing the characteristics and role of study participant taking part in the study. How participant were selected for the study is discuss during the participant selection section. Constructivist collect data throughout the life of the study, starting with the researcher journal, and in this study data collection was conducted via digital audio recording, transcription and other methods discuss in the data collection. Phases of the data collection process illustrated how the researcher engaged and initiated interviews with participants to develop a group construction on the phenomenon. This is followed by an analysis of the data and conclude this chapter with how the researcher disseminate the finding and terminate with study participants.

Study Participants

Study participant primarily consist of individual residing or professionals who have contact with Hispanics who receive mental health treatment living in the Rural Region of Southern California. In order to gather the respondent's

constructions of Hispanics' perspectives for not engaging in mental health treatment, individual interviews were conducted with participants. Individual interview was an integral aspect of the constructivist methods to gather different perspective and initiate the collection of different constructions leading towards the discussion panel. Participants as previously identified consist of psychiatrist, psychologist, marriage and family therapist, social workers, nurses, behavioral health specialist, peer specialist, and Hispanics experiencing mental health/issues who have an investment in identifying ways to overcome Hispanics barriers to access mental health services. Study participants consist of male and female professionals, para-professionals and non-professionals, ages 18+, with diverse religious background, social economic status, and education. The roles participant play in the community will also vary from participant to participants due to numerous of elements, educational, personal and/or professional experience. Most importantly the role of every participant will be to participate in the individual interview with the project researcher, and in order for the researcher to review respondent's current joint constructions, identify areas of agreement and disagreement and action steps which might be needed. This researcher hopes to gather the most diverse participants available to participate in the study.

Selection of Participants

The constructivist research approach requires that participants are aware of the constructivist approach to research. This form of research is very time

consuming and require participants to commit to many rules such as length of time, integrity, ability to communicate, have a willingness to share power, have insight into their own value system and commit to parameter placed by this study. This research project criteria takes an inclusive approach at selecting participants from those individuals who are likely to have construction of the research focus. Participants consist of professional providers of private and public mental health services, Hispanic health advisors, therapist, case managers, family advocates, community members, mental health advocates and all other individual who have constructs and understanding of Hispanos perspective on mental health use and engagement of services.

Accepting the constructivist subjective reality notion, the researchers research will discover the communities construct in the most natural setting in a purposive sampling approach to ascertain the most subjective experience of study participants. The purpose of this research is to have a better construct of Hispanics perspective of mental health services in this geographical area. The purpose is, as Patton's suggest, to find a set of individuals with certain understanding and knowledge of this social phenomenon. The Researcher will be using a maximum Variation Sampling as it has been found to be amongst the best for constructivist research approach. Maximum variation sampling is used to detect the different encounters with this social issue to obtain description and important common themes from the study participant. Thus, participants' s

diversity importance is critical which contributes and adds more depth and validity to the study.

Data Gathering

The study's data collection took place from June 2017 through April 2018. The Researcher gather data via individual interview. From June 2017 To April 2018 interview were conducted. For constructivism, the researcher started with individual interviews, then check back with those individuals to make sure the researcher has accurately recorded their construction. Participants were asked question such as: What are barriers in the community for Hispanics attempting to engage in mental health treatment? What do you think will help maintain Hispanics in mental health treatment? Why do Hispanics tend to not engage in mental health services? (See Appendix B) Such question will be address and discussed in an open discussion focus group format. Participant will be expected to contribute to the study by reporting their own experience and perspective of Hispanics consumers.

Phases of Data Collection

The first phase consists of making initial contact via phone contact, mail, email, community announcement, and fliers with prospective participant.

The second phase focus on discussing the focus of the research with all prospective participant, review study and obtain consent. Participants must sign informed consent to interview and participate in the study.

The third phase consist of the researcher scheduling individual interview appointment with the study participant in order to begin the snowball construction process.

Fourth Phase consist of researcher transcribing the recorded interview and review with study participant to check for accuracy, reliability and potential addendum. Phase three and four will be repeated until all the participants have been interviewed.

The following phase took place after the researcher completed all interview with participants, analyzed the data and identified the groups constructs about Hispanics perspective to mental health treatment. Researcher then collect all the data to analyze and find the pervasive themes of Hispanics perspective explaining reason this community continue to be underrepresented and does not engage in mental health services which may lead to some form of community action plan

Data Recording

Confidentiality is integral aspect of this research project. Data collection and data recording for this study took place in the form of individual interviews of providers of mental health services. Participants sign consent and agree to be recorded for transcription purposes. Recorded interviews were passcode protected and labeled on the digital recording device to prevent unwanted access. Digital recording were then transfer to a passcode protected computer and stored in a passcode protected digital folder on the researchers computer.

Back up folder was created on separate computer for safety purposes and was deleted after the completion of this project. Original digital recording was deleted/erased from original recording device after recordings were transfer to computer. Digital recording in computer was label by date of interview and assigned anonymous "Respondent X" label instead of the actual name of participant for identification purposes. Interviews then were transcribed by researcher and placed in a separate locked folder in the protected computer. Should be noted that all transcripts were transcribed verbatim and reviewed with participant for fidelity, clarification, corrections (if needed) and/or for adding to the participants construction. The transcripts were then analyzed by the researcher to identify common trends or themes from respondents.

Data Analysis

Since this research was conducted in focus group, audio taped, and transcribed in a qualitative fashion, the data was broken down and entered to a qualitative data social analysisist computer program for thematic analysis. The data was analyzed using qualitative principles which focus on analyzing data from vulnerable groups such as the group being studied in this research project. Researcher engage in open coding approach, analyzing the data to identify common themes from respondents, allowing the theory to develop out of the data. By compiling a journal after each interview, the rational for interview question, interpretation, and responses were develop.

Termination and Follow Up

The researchers plan for termination are those consistent of the constructivist research methods. Confidentiality is very important for the researcher and the participants. The termination process was already discussed during every single individual interview and focus group. During the final focus group, individual where encourage to participate and discussed the perspective and identified barrier and challenges experience preventing this community from engaging in mental health treatment. All participants were provided community and private resources to access mental health services and/or share finding with non-participant.

Individual where encourage to follow up with dissemination plan in the future once the full report become available.

Communication of Findings and Dissemination Plan

Communication of study findings occur with the study site and participants. The completed research report will be shared with the University of San Bernardino, participants and community based participatory research participants, as well as all professionals who participated in all phases of the study.

Final results and reports will be shared through email to the study site and all participants. When This research is published, and recorded with California State University San Bernardino Library, access may be given to the study site to retrieve the study or a copy will be mailed to all participants who desire.

Summary

During this section, we discussed the implementation phase of the research and focus on identifying the participants who partook in the community based participatory researcher project to identify Hispanics perspective on mental health service. Participant consisted of stakeholder and gatekeepers who resided in the Eastern Region Coachella Valley who accepted to participate in the focus groups. Addressing why Hispanics are underserve and underrepresented in mental health is the focus of this research. The process of data gathering as well as the process of data recording and the ways in which researcher engaged participant via individual interview and focus group where reviewed for this research process. Phases of data gathering, and the analysis of data were discussed with an emphasis on collecting accurate qualitative data which can then be analyzed to develop the most accurate construct of this geographical area perspective on Hispanics viewpoint of mental health services. Lastly, termination with participants and follow up as they pertain to this research were address and summed up this chapter with how the researcher intends to communicate research funding and disseminate amongst the participant.

CHAPTER FOUR

RESULTS

Introduction

This researcher utilized qualitative data for this study. The purpose of utilizing a qualitative study is to illustrate the results of the data collected to better understand the respondent's perspective on mental health services. Fifteen subject's volunteers for the study, agreed to be interviewed and recorded for transcription purposes and data analysis. The interviews collected were from professionals who currently provide mental health services in a variety of roles and capacity to Hispanic individuals and families in a community-based outpatient setting. The agencies where participants receive services are located in the Southern California region of Riverside County, within the geographical area this study focuses. Subjects interviewed were recorded via a digital device, responses were later transcribed (recording deleted upon completion of transcription) and analyzed through a thematic coding procedure in order to identify common and uncommon emerging themes. A variety of themes emerged from subject's responses; the central theme which emerged from respondent professional experience and education background. Other themes included respondent reported experience with Hispanics who experience mental health issues, theme of respondent observation when engaging Hispanics, themes of respondent perception of Hispanics reason for dropping out of treatment and conclude with suggestions themes respondent feel will aid Hispanics maintain in

treatment. The themes discussed are supported by the used of direct quotes from the individual interviews. The current study found that respondent have a variety of similar experience when engaging Hispanic individual, account for several reason Hispanics drop out of treatment and provide suggestion provider and agencies can utilize to improve Hispanics experience when engaging in mental health services.

Demographics

Fifteen individual volunteers to take part in this study. All subjects self-reported to currently servicing Hispanic individual and families experiencing mental illness in the geographical area of focus. Males accounted for a total of seven respondents, making up 47 percent of the participants, while females subjects accounted for the rest, 53 percent or 8 respondents. The average age of the respondent was 41 years old, with the youngest subject being 26 years old and the oldest reporting to be 56 years old. 60 percent of the participants identified as Hispanic, while 27 percent identifying as White, 6 percent as African American and 6 percent as Asian American. All participants reported being American citizen with 2 participants being foreign born who immigrated to the United States with immigration visas then naturalized. Education and years of experience in the mental health field was also collected as part of demographic information; With 66 percent of respondents reported having a master's degree or higher while the rest, 33 percent, reported having some college education with the intention to pursuit at least a bachelor's degree. The years of experience

reported by the participants average to 12 years. The lower amount of years of experience working in the mental health field being reported at 2 years and one participant reported to having 30 years of experience with no intention to retiring any time soon. Table 1 below illustrates the demographics discussed above.

Table 1. Demographics

Table 1: Demographics						
Subjects	Gender	Age	Ethnicity	Education	Nationality	Y/O MH Experience
Respondent #1	Male	54	White	Some college	US born	20
Respondent #2	Female	34	White	Master Degree	US born	9
Respondent #3	Male	35	Hispanics	Some college	US born	16
Respondent #4	Female	53	Hispanics	Some college	US born	12
Respondent #5	Female	34	Hispanics	Master Degree	US born	8
Respondent #6	Male	53	White	Medical Degree	US born	26
Respondent #7	Male	56	White	Medical Degree	US born	30
Respondent #8	Male	43	Hispanics	Some college	US born	5
Respondent #9	Female	30	Hispanics	Master Degree	US born	8
Respondent #10	Female	38	African American	Some college	US born	10
Respondent #11	Female	32	Hispanics	Master Degree	US born	2
Respondent #12	Female	26	Hispanics	Master Degree	US born	2.5
Respondent #13	Female	42	Hispanics	Master Degree	US born	4
Respondent #14	Male	33	Hispanics	Master Degree	Foreign Born	13
Respondent #15	Male	53	Asian American	Medical Degree	Foreign Born	15

Respondents Experience and Education

Respondent were asked to report the level of education and number of years of experience working in the mental health field. Respondent's education varied but all reported having at least some college education in their background. As previously mentioned, 66 percent of respondent reported having a master's degree or higher, of those 10 respondent, thirty percent or 3 of the participants reported having a medical degree specializing in psychiatry and 2 of the 3 participants with a medical degree in psychiatry have an emphasis in child psychiatry. Seventy percent or 7 of those who reported having a master's degree or higher indicated having a master's degree in either Social Work or Marriage and Family Therapy. From those seven subjects, fifty seven percent or 4 individuals have a master in Marriage and Family Therapy and 43 percent or 3 individuals reported having a master's in Social Work. Sixty percent of the individual who reported having a master's degree of higher also reported being licensed by the Board of Behavioral Science, while the rest, forty percent, are currently working on completing the requirement towards licensure.

Hispanics with Mental Illness

Respondents were asked to report if they have had experience working with or provided mental health services to Hispanic Individuals. In this study all respondents reported having some experience working with Hispanic individual and/or families who experience mental health issues. This question is important because the study focus on clinician perspective of Hispanic perception of mental

health; Therefore, subject must have some experience providing services to Hispanic individual for their perspective to be credible. One subject reported:

My experience working with that ethnic population is very limited.
(Respondent 6, personal communication, January 2018)

Another responded:

Yes, I do, but I don't work with a lot of individuals that are Hispanic now because we have a Spanish speaking clinician. (Respondent 2, personal communication, January 2018)

Another additionally stated:

I have a lot of experience working with people of Hispanic origin...It has been very rewarding in many ways, Hispanics in general tend to be very grateful for the help they receive. (Respondent 12, personal communication, January 2018)

The third set of themes the researcher found in the study during the following question posed to respondents focusing on what respondent observed when engaging or treating Hispanic individuals who are experiencing mental health issues. This question served the study to better understand provider's perspective of Hispanics perception of mental illness. A common theme emerged amongst the respondents on this and the following questions.

Stigma

According to all participants in the study, many Hispanics hold a negative stigma about mental health; Stigma is a big influencing factor in a variety of areas

for Hispanic individuals, families and communities experiencing mental health issues. When asked about what they have observed when providing service to Hispanic individual one respondent reported:

I think that in general, it isn't accepted, it is not acceptable to say my child, or my family member has a mental health issue and they need mental health treatment. (Respondent 2, personal communication, January 2018)

Another respondent reported:

I think that it is the stigma, the stigma associated with having a mental health issues with the Hispanics populations. (Respondent 11, personal communication, January 2018)

A third respondent stated:

For Hispanic people, it is shameful, shameful for them to come get services, for some, mainly for males, I find that father, grandfathers, grandmothers, and the family don't respect mental health and don't want their families coming here. (Respondent 7, personal communication, January 2018)

Education

Sixty percent of the respondent or 9 out of the 15 participants reported that they observed that Hispanics had very little education and lacked understanding about mental health contributing to the stigma associated with treatment. Respondent reported that Hispanics tend to lack understanding and

knowledge about mental health; Such as what mental health services consist off, what treatment looks like, and the process of recovering from a mental health issues:

Most Hispanic individuals that I have taken care off have a very little education background about what mental illness is and what are the diagnosis or the symptoms that they have. To some extent, I've often provided education about what those are. (Respondent 14, personal communication, January 2018)

Another respondent added:

What I have observed is that Hispanics, and not just Hispanics, tend to not have much of an understanding, they lack education about mental issues, diagnosis, and treatment, and they don't ask question and some provider don't explain things properly. (Respondent 12, personal communication, January 2018)

Family Support

The researcher discovered that a third theme which emerged from the respondent is that they Hispanics lack family support in regard to mental health treatment. 47 percent or 7 out of the fifteen-respondent reported they have observe Hispanic lacking family support when they engage in mental health treatment.

I notice that sometime that family member, or the kids want to come in but the family, or the parents don't really care for it, they just think

that this place is were locos, you know crazy people come, so you know, I get that a lot. (Respondent 3, personal communication, January 2018)

And another respondent added:

Some parents are very accepting, become part of their child treatment, whereas, I have observed that most are very detached and still don't see this problem as something that needs to be treated. (Respondent 10, personal communication, January 2018)

Results for Dropping Out of Treatment

Another theme emerged during participant's response to what their perception was for Hispanics dropping out of mental health treatment, sometimes, after initial contact. The study also identified several common and prevalent factors which the respondent report are the causes for Hispanics dropping out of treatment. These factor which respondent feel are the reason for Hispanics to drop out of treatment include Misunderstanding, Stigma, Lack of Family support and the crisis is averted.

Misunderstanding

Researcher found out from respondents that misunderstanding of what services consist off is a prevalent factor which leads to consumer withdrawing from services. In fact, 67 percent or 10 out of the fifteen respondents reported that the lack of understanding of mental health services by Hispanic clients is what led to termination of treatment. One responded reported:

I think that there can be a fundamental misunderstanding about what mental illness is and how it is similar and dissimilar to a physical illness. I think there is a misunderstanding about treatment. (Respondent 13, personal communication, January 2018)

Another respondent added:

I think it's the fact that they don't really understand the purpose of it. They don't really buy into services, they want a quick fix, or they don't understand the process of the therapeutic treatment. (Respondent 6, personal communication, January 2018)

Stigma

Participants responded that stigma was another prevailing factor associated with mental health in Hispanic individual, families and communities is what lead to termination or dropping out of treatment. Being label as "loco" or being Crazy in Hispanic families and communities exposes the family to shame and embarrassment. Almost all respondent, or 80 percent responded that stigma hinders Hispanics from continuing in treatment. One participant stated:

There is a lot of stigma still in the culture that it is challenging for Hispanics to talk honestly about what they are experiencing with their families, so they don't stay in treatment. (Respondent 4, personal communication, January 2018)

Another respondent added:

I fell that Hispanics, they stop coming because it is shameful, it's the stigma associated its mental health, it's hard to talk about having a mental illness, and I think that most families don't understand, or they don't take the time to understand, maybe they are busy. (Respondent 1, personal communication, January 2018)

Lack of Support

More than half of the participants identified lack of support from family members as another reason Hispanics terminate treatment or just dropout. Lack of family support was described by participants as a generally influencing families or what led to the family making the decision dropout of treatment. One participant stated:

There was no support from the family as far as receiving treatment.

(Respondent 14, personal communication, January 2018)

Another respondent stated:

Support of the family, I think in Hispanic culture its really about family, what the family believes, what their values are and again, if the family is not supportive of the individual engaging in treatment then the likelihood of them continuing is very slim and they will drop out and they won't continue to get services that could be really beneficial to them. (Respondent 8, personal communication, January 2018)

Crisis Averted

Something interesting which surface in this study from respondent is that Hispanics tend to avoid treatment, refuse to ask for help, and until the mental health issue manifest in the form of a crisis or an impairment in functioning Hispanics seek treatment. This phenomenon where consumer wait until they are experiencing a crisis and/or an impairment in functioning due to a mental illness, participants reported is unique to Hispanic individuals, families and communities. This finding also helps to shed some light as to why Hispanics may drop out of treatment. One respondent compared Hispanics used of mental health treatment to getting a “cold”; Once the symptoms subside and the crisis is averted, once the client begins to feel better than the need to maintain in mental health treatment is no longer necessary. One respondent reported:

They really don't want to come here, out of desperation they come here asking for help, so why didn't they come earlier...something tragic had to happen for them to get the help. (Respondent 5, personal communication, January 2018)

Another respondent reported:

I don't know how many times I've heard, I was going to therapy or taking my medication and then started to feel better, so I stopped. So, they are better for a little bit and they get much worse OR they start to get better and they drop off. And that is a typical occurrence

for all health issues. (Respondent 11, personal communication, January 2018)

Recommendation for Staying in Treatment

The researcher found a final theme which emerge in the study during participants response on what will assist Hispanic maintain in treatment. Respondent agreed on some suggestion and provided a variety of ideas, all not included, which may be used to persuade and assist Hispanic individuals and families to maintain in treatment. Final question posed to participants focus on what respondent perceived will assist Hispanics stay in or continue engaging in mental health treatment. Therefore, the researcher found that participants suggested a variety of interventions providers may utilize on Hispanics to assist them maintain in treatment. Researcher found that the final themes in this study consisted of approaches to decrease Hispanics from dropping out of mental health treatment and encourage individuals and families to maintain in treatment even after they have averted a crisis. Some of the suggestion included increase family involvement, provide services in Spanish, public education on mental health and engaging prospective Hispanic clients in a language they comprehend (e.g. using vocabulary/language for age, level of education and comprehension appropriateness). 73 percent of respondent suggested provider take the time to engage Hispanic client in a language they comprehend, one respondent made the following suggestion:

It important to discuss the issues at their level, it doesn't matter how educated am I, it matters how educated they are, just to make them understand that they are ill in their own terms, and explaining what it means to have a mental illness, symptoms, treatment alternatives, and the process so that they can start at the level that they are and build from there. Because if we try to just show them our knowledge, we know that it's not going to go where we need to go. (Respondent 9, personal communication, January 2018)

Another respondent added:

I think that the most important thing is providing a foundation of psychiatric education for people. During the initial visit, so that they understand the importance in the context of treatment where people can communicate to them in a language they understand. (Respondent 12, personal communication, January 2018)

47 percent of respondents made the following suggestion as a part of a sub-theme in direct influence to how stigma affects Hispanics in a variety of ways when it comes to mental health issues. Respondents suggested that an increase in public education towards the destigmatization of mental health will increase the likelihood of Hispanics staying in treatment. One respondent reported:

It is up to us, providers, to spread that word, educate families, so that our families can educate other families...understanding of what

mental health really is and to not be concern with the stigma.

(Respondent 5, personal communication, January 2018)

Another respondent expanded on the previous by adding:

To help Hispanics and not only Hispanics stay in treatment, we have to educate better not only the individual but also, we have to educate their families and the community. I think that we must also show recovery success stories in movie, TV shows, newspaper, more mass marketing of mental health to promote wellness.

(Respondent 2, personal communication, January 2018)

Third most prevailing theme respondents suggested in this section consisted of 40 percent of respondent recommending providers increase family support in treatment. Researcher discover in this study Hispanic consumer tend to maintain in treatment or stay in treatment longer when the family provides support to the individual suffering from mental health issues, one respondent reported:

I think that it might also be involving the loving family and being more inviting. (Respondent 8, personal communication, January 2018)

Another responded to added:

Involve the family, just introduce them to the idea of what mental health services are and how they are very helpful and how they can

actually also help the family. (Respondent 11, personal communication, January 2018)

Lastly, 40 percent of the respondent also suggested that agencies provide mental health services in Spanish to Hispanic consumer and avoid interpreters due to issues in translation and hindering the therapist client relationship. A respondent had the following to say about interpretations services:

I think, just first off, we need to get rid of interpretation services. I think there should be Spanish speaking providers where there's a Spanish speaking population. I think interpretation services completely throws off treatment. These are the therapeutic relationship has affected the trust, the client is not even there, so it in an ideal situation I would not use interpretation services, I think they are very ineffective. (Respondent 14, personal communication, January 2018)

CHAPTER FIVE

DISCUSSION

Introduction

The funding in the study further confirmed already established reasons why Hispanics continue to be underrepresented, underutilize and reasons why Hispanics continue to choose to not appropriately engage in mental health services. The study did not just confirm already established barriers and perspectives, but rather, to this researcher's surprise, it shed light on what providers feel are issues and approaches to address Hispanics' underutilization of services. In comparison to other findings which address ways to overcome barriers in treatment, this study shed new light on the importance of engaging Hispanics at a level of comprehension they understand. Therefore, it is imperative that providers are aware of the vocabulary used to explain mental illness, treatment, and the recovery process in a language Hispanics understand. As a provider, I admit that I have noticed using clinical jargon that the consumer might not understand. Mental illness is still stigmatized across the nation, despite the campaign to normalize, most people do not talk about a mental illness like they do when going to the flu or dealing with diabetes. Language appropriateness based on comprehension level is important when engaging Hispanics and other populations to increase the likelihood of accessing services. The goal of this chapter is to discuss the major findings of the study, address any limitations that were discovered, provide

recommendation for further research and to summarize the conclusion of the study.

Discussion

This study primarily focusses on identifying provider's perspective of Hispanic perception of mental health. The researcher found that all participants had some or college education, but majority had at least a master's degree in social work or marriage and family therapy while providing mental health services in a public setting. Researcher also found that respondents believe Hispanics negative notion, or stigma, associated with mental health, lack of education on mental health and lack of family support influence Hispanics participation in treatment. This study found that Misunderstanding of mental health services, stigma, lack of family support and the individual "crisis being averted" as the main reason Hispanics dropout and/or terminate treatment. What the researcher found in this study from respondents is that offsetting Hispanics perception on mental health and reason for dropping out of treatment can assist Hispanics stay in treatment longer; Respondent suggested increasing family engagement, providing mental health services in Spanish, promoting mass media marketing on public education for mental health and providing mental health services in a language which consumer can comprehend important to consider when providing mental health services not just to Hispanics individuals.

Limitations

The research has a variety of limitation which need to be taken into consideration towards better comprehension of the study. The first limitation of the study is the respondents size for the research, only 15 individuals were interviewed, which does not provide a fair representation of the overall population in the geographical area in question. Larger sample size provides more accurate representation decreasing the margin of error in the study. A second challenge that the researcher encounter was due to scheduling constraints for various reasons; therefore, a number of prospective subjects were unable to be interviewed for the study. Responses provided by subjects who participated in the study also varied in length, context and quality. Due to the low number of participants and responses provided by participants the study was clearly impacted and overall results of the study affected.

Another limitation of the study was that only providers of mental health services were interviewed for the study. The researcher's perspective is that by interviewing Hispanic individual who experience mental illness and exploring such subject's perspective on mental health help this study and future studies exploring this topic. Including Hispanics who experience mental illness increase the subject sample size and provides the researcher an opportunity to analyze those responses and then compare, contrast, and cross reference both providers and consumer subject's response. Analyzing the data obtain from provider of mental health services and Hispanics consumer, the researcher feels, may lead

to a more comprehensive and accurate illustration of Hispanics perspective on mental health services. A number of Hispanic consumer were interviewed for the study but since the sample size was extremely disproportionate in size than the providers sample size, the researcher pulled those subject response from the study and amended the study to focus solely on providers perspective of Hispanics perception of mental health.

A third limitation of the study is that originally after completing individual interviews from provides and consumers, the researcher would host a focus group to discuss with both type of participants the major themes from all responses. The focus group, consisting of provider and consumer, will convene to review and clarify major themes in the data to identify ways to overcome in a collaborative fashion some of the issues which surfaced from the data.

Another limitation which should be taken into consideration is that all respondent work in community-based clinics providing services to “Medical” sponsored/insured consumers, with below average social economic status or in poverty, typically low education, and a variety of barriers to access mental health services. The researcher asserts that interviewing subjects who practice in private clinics or hospitals, servicing more affluent consumer, with more resources and access and knowledge on how to maneuver the system may yield different responses and themes. It is in the interest of future research to compare and contrast Hispanics perspective on mental health between consumer with private insurance and other forms of insurance.

Recommendation for Social Work

This study found that Hispanics tend to have a negative perspective of mental health and mental health treatment which lead to challenges engaging in treatment and staying in treatment. Respondent made suggestion which may help provider of mental health services improve how they engage Hispanics who are experiencing mental health issues. The funding in the study provide a certain level of insight provider of mental health services can utilize to improve the level of services the Hispanic population receive. The application of the finding in this study are useful at both the Micro and Macro level of mental health. At the micro level for example, provider can consider the language, family or stigma information provided here in to better serve Hispanic individual, families and communities. At the Macro level, policy can be developed or implemented which focus on prevention and early intervention which provides education material, programing in Spanish, and increase community-based outreach in an effort to improve Hispanic communities' image of mental health services.

The researcher found that Stigma, family involvement, level of understanding of mental health and the language approach provider use to engage Hispanic who experiencing mental health issues as both factors which influence Hispanics perception of mental health and an area provider can focus to change Hispanics attitude and perception of mental health services. Future research should take into consideration the finding in this study in order to improve how services are provided to Hispanics individual, modify intervention

which are appropriate for this population and explore how efficient they are to motivate Hispanic individuals to seek and maintain mental health treatment. The recommendation made by respondents and this writer coincide with prevailing research findings. Other recommendations made for providers is to be patient with Hispanic consumers, change is a slow process, and changing negative generational perceptions of a specific subject, such as the notion Hispanics have on mental health take years and generations for actual change; therefore, both agencies and providers should take such consideration of these factors in order to address the issue of Hispanics' underutilization of mental health services and other issues influencing Hispanics' access and maintaining in treatment.

Conclusion

The purpose of this study was to explore providers' notions of how Hispanics' perceptions of mental health based on a series of questions which explored providers' experiences, observations and responses from Hispanic individuals who are experiencing mental health issues. The study illuminated several themes which serve to explain Hispanics' perceptions of mental health, challenges in initial contact, barriers engaging in treatment and maintaining in mental health treatment. A variety of themes emerged such as Stigma, level of understanding of mental health and its services, family support and how providers communicate to Hispanic individuals as factors which both influence Hispanics' engagement in treatment and factors agencies and providers can focus on to overcome some of the barriers Hispanics face which lead to high dropout rates from treatment and

underutilization of mental health services by this population. Comprehension of the finding in this study resulted in several recommendation for change at the macro and micro level of engagement of Hispanic individuals, families and communities. The outcome of this study may serve to persuade and influence mental health professional and agencies to make adjustment in policy and methods used to engage individual and its benefit within the Hispanic population who experience mental health issues.

APPENDIX A
INFORMED CONSENT



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 10/18/12/18 VOID AFTER 10/19/2018
IRB# SW1769 CHAIR [Signature]

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to mental health providers' and Hispanics consumers' perspective on mental health services in a rural region of Southern California. The study is being conducted by Jesus Serrato, Master in Social Work Student, under the supervision of Dr. Armando Barragan, Assistant Professor, School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-committee at California State University, San Bernardino.

PURPOSE: The purpose of the study is to obtain Hispanics providers' and consumers' perspective on mental health treatment.

DESCRIPTION: Participants will be asked questions on their perspectives on mental health services, reason for not engaging in services, barriers in accessing services, outcomes and address how Hispanics can engage and increase access to mental health needs treatment.

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: Your responses will remain confidential. Data collected will maintain sealed, under lock, protected by researcher and disposed after completion of project.

DURATION: It will take an hour and half to two hours to complete the individual interview and approximately the same amount of time during group panel discussion.

RISKS: Participant may experience negative feelings, disagree with discussion, problems with issues in accessing treatment, disagree with researcher and/or drop out of study.

909.537.5501 · 909.537.7029

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College of Social and Behavioral Sciences
School of Social Work

BENEFITS: Educate and decrease stigma associated with mental illness and identify and develop methods to increase Hispanics access to mental health access.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Armando Barragan, 909-539-3501.

RESULTS: You can have access to the results from the Pfau Library's repository online at <http://scholarworks.lib.csusb.edu/socialwork-etd/> after July 2018.

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

Signature (mark with X)

Date

I agree to be Audio recorded

Yes

No

909.537.5501 · 909.537.7029

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College of Social and Behavioral Sciences
School of Social Work

CONSENTIMIENTO INFORMADO

El estudio en el que se le solicita participar está diseñado para los consumidores de salud mental y la perspectiva de los consumidores hispanos sobre los servicios de salud mental en una región rural del sur de California. El estudio está siendo realizado por Jesús Serrato, Maestro en Trabajo Social, bajo la supervisión del Dr. Armando Barragan, Profesor Asistente, Escuela de Trabajo Social, Universidad Estatal de California, San Bernardino. El estudio ha sido aprobado por el Subcomité de Trabajo Social de la Junta de Revisión Institucional de la Universidad Estatal de California, San Bernardino.

PROPOSITO: El propósito del estudio es obtener la perspectiva de los proveedores y consumidores Hispanos sobre el tratamiento de la salud mental.

DESCRIPCION: A los participantes se les harán preguntas sobre sus perspectivas sobre los servicios de salud mental, la razón de no participar en los servicios, las barreras para acceder a los servicios, los resultados y la forma en que los hispanos pueden participar y aumentar el acceso a las necesidades de salud mental.

PARTICIPACION: Su participación en el estudio es totalmente voluntaria. Usted puede negarse a participar en el estudio o suspender su participación en cualquier momento sin ninguna consecuencia.

CONFIDENCIALIDAD: Sus respuestas permanecerán confidenciales. Los datos recolectados se mantendrán sellados, bajo cerradura, protegidos por el investigador y dispuestos después de la finalización del proyecto.

DURACION: Se necesitará una hora y media o dos horas para completar la entrevista individual y aproximadamente la misma cantidad de tiempo durante el panel de discusión.

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APPENDIX B
INTERVIEW GUIDE

Interview Guide: Questions Posed to professionals and para-professional.

- What are your previous mental health experiences, and educational background?
- What has been your experience working with the Hispanics population?
- What types of things do you see when you are engaging with Hispanics who are experiencing a mental health or mental disorder?
- What do you think about the high treatment dropout among the Hispanic population when it comes to mental health treatment?
- Why are some ways you think will help increase treatment retention among the Hispanic population?
- What changes do you feel could be made in bringing about better communication among Hispanics and treatment providers?
- What is your job title, level of education, age and ethnicity?

DEVELOP BY JESUS ALFREDO SERRATO VIDAL

APPENDIX C
DEMOGRAPHICS

Demographic Survey

Please answer the following questions by circling or indicating the appropriate answer

1. What gender do you identify?

Male

Female

2. What is your age? _____

3. What is your ethnicity?

Black/African American

Asian-American,

White/Caucasian

Hispanic/Latino

Native American

Pacific Islander

Multiracial

Other _____

4. What is your immigration status?

US Born

Foreign Born (not a citizen)

Foreign Born (naturalized citizen)

5. *(If you are a consumer)* What is your highest level of educational attainment?

- Less than high school
- High school graduate (or equivalent)
- Some college education
- College graduate (bachelor's degree)
- Master's degree
- PhD
- Specialized degree (JD, MD, etc)
- Other _____

6. *(If you are a mental health provider)* How many years of experience do you have in the mental health field? _____

7. *(If you are a mental health provider)* Degree completed:

- No degree
- MSW
- MFT
- Masters
- PhD
- Other (please indicate: _____)

8. *(If you are a mental health provider)* What is your licensure status?

- Licensed
- Unlicensed
- Other (please indicate: _____)

ENCUESTA DEMOGRAFICA

Por favor, responda las siguientes preguntas haciendo un circulo o indicando la respuesta apropiada.

9. ¿Qué género se identificas?

Masculino

Femenino

10. ¿Edad? _____

11. ¿Cuál es tu etnia?

Negro / afroamericano

Asiático americano

Blanco / caucásico

Hispano/Latino

Nativo americano

Isleño del pacífico

Multirracial

Otro _____

12. ¿Cuál es su estado migratorio?

Nacido en Estados Unidos

Nacido en el extranjero (no ciudadano)

Nacido en el extranjero (ciudadano naturalizado)

13. ¿ (si usted es un consumidor) Cual es el nivel más alto que logro educativo?

Menos de el colegio

Graduado de preparatoria (o equivalente)

Algunos studios universitarios

Graduado de la Universidad (Licenciatura)

Mestria

PhD

Graduado especializado (JD, MD, etc)

Other _____

14. ¿ (si usted es un probador de salud mental) Cuantos años de experiencia tiene en el campo de la salud mental? _____

15. (si usted es un probador de salud mental) Grado completado:

MSW

MFT

Maestria

PhD

Otro (Indique: _____)

16. ¿ (si usted es un probador de salud mental) Cual es el estado de su licencia?

Con Licencia

No Licenciado

Otro (indique: _____)

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