RELIGION AND MENTAL HEALTH SERVICE UTILIZATION AMONG HISPANIC COMMUNITIES

Victor Ortega

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COMMUNITIES

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Victor Daniel Ortega

June 2019

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ABSTRACT

This study aims to describe the relationship between religion and mental health utilization as perceived through Hispanic (Spanish speaking) individuals in religious communities. Previous studies have conducted research on the relationship between utilization of mental health services and religiosity, however there very limited research that describes the relationship between the two variables within the Hispanic population. The study seeks to find what the perception of mental health utilization is within Hispanic communities. Research has been conducted through a qualitative approach by interviews with individuals who have consented to be audio recorded. The data was then transcribed, for the purposes of the research.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

There is a significant disparity between need and treatment of mental

illness among minority populations in the U.S. (Alegría et al., 2008). Some

contributing factors for underutilization of mental health services include

language barriers (Kim et al., 2010), language proficiency (Bauer, Chen, &

Alegría, 2010), and perhaps spirituality (Kouyoumdjian, Zamboanga, & Hansen

2006). Ethnocultural groups, such as Latinos are more likely to seek help from

their cultural group before going to help from outside of their cultural group

(Kouyoumdjian, Zamboanga & Hansen, 2006). That is why it is observed that

Latino's seek help from spiritual leaders for psychological distress before they

would reach out to clinical professionals, this makes it less likely for them to find

mental health services. (Kouyoumdjian, Zamboanga & Hansen, 2006). These

factors are important to acknowledge because it impacts the problem area of

underutilization for Mental Health Services (MHS).

Purpose of Study

This study will look at the relationship between religion or spirituality and

underutilization of services in the mental health sector within the Hispanic

community. The focus of this research will be on discussing the themes of

seeking support for life's daily stressors from spiritual or religious leaders and seeking support from professional counselors and therapists. Past literature has demonstrated that higher levels of religiosity resulted in lower levels of seeking out professional mental health services (Lukachko, Myer, & Hankerson, 2015). However, few studies have observed religiosity and underutilization in the same context. Perhaps, this research will provide more insight and another perspective as to why underutilization occurs and will provide insight on social work engagement on a community level. To assist social workers with providing support to clients with appropriate religious/ spiritual competence.

<div align="center">Significance of the Project on Social Work Practice</div>

This study will provide an understanding of the relationship between religion and the utilization of mental health services on a community level. The findings of this study may also add to the list of barriers or significant contributing factors for underutilization of MHS. This study would also help inform practitioners on how to address religion and spirituality on a macro level specifically when working with the Hispanic population. It is of paramount importance to further provide evidence whether religion encourages behaviors of underutilization or exploring other factors that may be preventing individuals from seeking support. That is why the research question for this paper will be: What is the perception of mental health service utilization among Hispanics in religious communities?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The area of study will focus on utilization of MHS, specifically within the Hispanic population. It will also discuss the theme of religion and the role it may play regarding the desire of accessing MHS. The area of study is meant to inform social work practice with religious communities and how they might combat low utilization rates among minority groups.

Utilization Rates

The literature suggests that there are many factors to take into consideration when observing why there is an underutilization of MHS. According to Merikangas et al. (2011), only one third of adolescents with mental illness receive services, it roughly accounts to 36% of the adolescent population, even though high severity of a mental disorder is associated with likelihood of treatment. It's important to discuss factors that contribute to this behavior to have a better understanding of the problem and how religiosity may play a role.

Barriers to Service Utilization

Language

The inability to proficiently speak and communicate in the language of whatever country/territory one is in may hinder and dissuade someone from

seeking professional help. This is true for individuals who have immigrated or a foreign-born and did not acculturate to speaking English in the U.S. This may pose a problem as more than one in every eight residents in the U.S. are immigrants (Kim et al., 2011). 54.6% of individuals who are foreign-born in the U.S. are of Hispanic/Latino ethnocultural groups (Kim et al., 2011). If a considerable number of individuals are not confident in their ability to speak English or lack proficiency in the language, it may provide an explanation as to why language may be a barrier in the underutilization of MHS (Kim et al., 2011).

Perception of Mental Illness

Another barrier to take into consideration is the social stigma associated with mental illness. Within the Latino community, mental illness is not a priority health concern (Keyes, Martins, Hatzenbuehler, Blanco, Bates, & Hasin, 2011). The value is placed highly on physical concerns versus psychological. If mental health concerns are reported, it is more likely for individuals to consult with their physician for psychological symptoms instead of seeking treatment from a mental health practitioner (Keyes, Martins, Hatzenbuehler, Blanco, Bates, & Hasin, 2011). This may be due to lack of information on resources available for MHS. However, the literature suggests that social factors such as stigmatization also plays a role in utilization of MHS (Keyes, Martins, Hatzenbuehler, Blanco, Bates, & Hasin, 2011). Research provides information on perceptions of clients within the Latino community and is important in understanding cultural competence when working with diverse populations (Kouyoumdjian et al., 2006).

Among Hispanics/Latinos

Vega, Kolody, Aguilar-Gaxiola, and Catalano (1999) conducted research to measure the underutilization of services among rural and urban Mexican American adults. The study compared Mexican immigrants to Mexican Americans born in the US. The research revealed that Mexican immigrant's utilization rates accounted for two fifths of both groups combined. Overall those who sought mental health services accounted for 8.8% and 18.4% sought general medical services, these percentages included both immigrants and citizens.

Religiosity

Spirituality and Religiosity has been demonstrated to have a positive of effect in conjunction to treating mental health illness (Koenig, 2009) and is commonly identified within the biopsychosocial-spiritual assessment as an aspect of the client's environment, tied to an individual's culture, values, beliefs and motivations (Zastrow & Kirst-Ashman, 2016). Van et al. (2003) observed how the mechanisms of religiosity have a positive effect on physical and mental health. They provided evidence to support their hypothesis and concluded that religious involvement benefits health because of the social connections it may provide.

Limitations

What is unclear is how much of an impact religion has on a person's desire to seek mental health services. The literature provides a few

recommendations to solve some of the issues that were encountered while conducting research. A study was done by Lukachko, Myer, and Hankerson (2015) that studied the relationship between religiosity and service utilization. The problem with this study is that it is limited to the African American demographic. This may not fit the culture and demographic of the Hispanic population. This may bring up the question of "what effects would you see among Hispanics?"

Kouyoumdjian, Zamboanga, and Hanson (2006) recommended making resources for MH services more accessible to Latino/Hispanic groups by extending business hours, having clinical locations near communities, and informing and educating the community. This is one step in the right direction however, it may not completely change an individual's belief of stigmatization for seeking psychiatric care for MH issues.

Theories Guiding Conceptualization

It is also important to compare and critique theoretical frameworks for guiding conceptualization. Babitsch, Gohl, and Lengerke (2012) explicitly used the Anderson Behavioral Model of Health Services developed by Ronald M. Anderson to reviews and assess its feasibility. This model is used to observe aspects of health care utilization. The theoretical component is based on the behavioral model. According to Anderson (1968) the behavioral model encompasses the idea that there are multi-leveled contributing factors that lead

to health care utilization. These levels include predisposing factors, enabling factors, and need factors.

Predisposing factors involve the demographics characteristics which include biological imperatives. This could be age, race, ethnicity, sex etc. Predisposing factors may also be social as well. This could include ideals, beliefs, education, occupation, and social relationships.

Enabling factors could include financial conditions that enable utilization. This could be income and wealth, or the ability to pay for health services. Enabling factors can also be organizational such as access to locations and buildings that provide healthcare services. Health policies would also fall under this category.

Need factors include self- perceptions, this includes what one perceives they need and what one would objectively need as well. The need vulnerable domain also regards conditions that are relevant to vulnerable populations. This is based on the relevance of need which include those who require services due to illness.

Summary

This study will explore the relationship between religion and utilization of mental health services among Hispanic communities. Religious practice can be effective in creating a positive impact on overall health. However, it is not known how much religion impacts the desire to seek out mental health services within the Hispanic/Latino population. Studies have been made on the relationship

between religion and underutilization, but the research is limited to a specific demographic outside the Hispanic community.

A limitation of using interviews is the number of respondents the researcher can collect data from. The information will reflect more accurately to a specific group of people (Hispanics in religious communities) rather than a general population (general population of Hispanics). Another limitation is also the data itself in how, it is difficult to determine if the information provided by respondents truly reflect how they feel about the topics discussed.

CHAPTER THREE

METHODS

Introduction

This study seeks to answer what the relationship is between religion and

willingness to seek mental health services such as counseling or therapy. This

chapter will discuss how the study will describe the data received from research.

The following section with discuss sampling, data collection, procedures,

protection of human subjects, data analysis as well as a summary.

Sampling

The study utilized non-probability purposive sampling with a goal of

attaining 10 participants. The sample involved interviewing individuals who are

members of a religious Spanish speaking community. Purposive sampling was

used because it provided the investigator with ease of approach in soliciting

participants. Purposive sampling is an effective way to study specific populations.

The target population included Spanish speakers (Hispanic) in religious

communities such as church groups.

Data Collection and Instruments

Data has been collected through 10 qualitative interviews beginning and

ending in February 2019. The interviews were recorded and stored in a USB

drive. The interviews contained a set of structured question as well as a brief

survey of demographic questions (see interview guide in Appendix A) to provide some insight on respondents. Religion and willingness to seek mental health services will be assessed through interview questions regarding participation, and preferences between seeking support from spiritual or religious leaders and professional therapists or counselors. These variables will be measured within the interview.

The data collection guide was constructed with the assistance of Dr. Thomas Davis and aims to answer the research question by exploring emerging themes from data provided by respondents. The guide allows for open ended question to explore such themes. The strength of the guide is that it is structured can information gathered can be easily compared for consistencies in each respondent's answer. A limitation to this guide is the number of interviews that can be held at a time. A lower level of interviewees may not accurately reflect a population on a broad scale.

Procedures

10 Participants were solicited by interviewee based on interviewees knowledge of local religious community and acquaintances. Each participant agreed to sign a letter of consent before taking part in the survey (see Appendix B). The researcher explained the protection of human subjects before having respondents complete the survey.

Data had been collected in a neutral nonaffiliated location and each interview lasted about 15 minutes. The researcher was given consent to audio

record each interview and transcribed them (see Tables 2-5) on paper for research purposes.

Protection of Human Subjects

This study was conducted by following appropriate regulations and protocols for the protection of human subjects. Identity and privacy were held as informed on written consent. Data was gathered through interviews and brief demographic surveys and documented on paper. Every piece of data documented was securely stored by the researcher. The researcher appropriately discarded all documents via shredder once the data was successfully stored into a computer drive. The computer hard drive was encrypted with a password known to only the researcher and available to research advisor per request. The investigator did not include any identifiable information in the research project, all documentation was discarded immediately after appropriate use.

Data Analysis

The type of design for this study was meant to be descriptive by gathering data through interviews and demographic information via surveys in a qualitative manner. When using these applications, it is important to see what themes can be addressed with the results from the data. The results of the data may provide information on how to approach social work practice with minority groups who are involved in religious or spiritual engagement. The study may also provide an

opportunity for discussion on the importance of social work and religion/spirituality.

Summary

The methods used in this study are qualitative in nature and involve purposeful sampling. Respondents consented to participate as the writer approached religious Spanish speaking communities who were open and willing to cooperate. The investigator did not use any identifiable information and each of the respondent's identity will remain confidential, all data has been safely stored and appropriately discarded.

CHAPTER FOUR

RESULTS

Introduction

The process of gathering information came from structured individual interviews in which several themes have emerged. The following sections will provide an analysis of the information gathered from the interviews, which include the research categories of participation, religious and spiritual leaders, professional therapists and counselors, preferences between the two categories, and themes that emerged such as: high religious engagement, trust, knowledge, fear, security/comfort, and social support.

Analyses

Table 1 shows the demographic information of each participant. Participants raged from 18-25 to 40-54 years old. 40% of the participants reported to be 18-25, 10% 26-39, 50% 40-54, and 0% 55+ years old. The majority of respondents reported to be within 40-54 years old followed by those who reported to be 18-25 years old. Participants all shared high levels of religious participation. Participants reported to speak primarily Spanish as their preferred language to speak.

Tables 2-5 contain all the data gathered from each research category. The research category for religious service participation showed that all respondents have been involved in practices at least more than once a week. Table 6 demonstrates themes that emerged from data collected during the interview process such as trust, fear, comfort, high religious engagement, knowledge, and social support.

Data Thematic Results

This researched addressed the perceptions of utilizing mental health services and seeking support from spiritual or religious leaders. This was aimed to be a descriptive question which investigates the relationship between religion as a possible barrier to mental health utilization. Themes emerged may imply the need for education and engagement. This study aimed to examine and describe the relationship between religion as a possible barrier to mental health utilization.

Perceptions of mental health were consistent with previous findings in the literature such as willingness to seek support from spiritual or religious leaders before seeking support from counselors or therapists.

Table 1. Demographics of Research Participants

Demographic	Participant Response	Percentage
Age		
• 18-25	4	40%
• 26-39	1	10%
• 40-55	5	50%
• 55 +	0	0%
Language(s)		
• English	3	33%
• Spanish	8	88%
• Other	0	0%
Education		
• Less than high school	0	0%
• High school/equivalent	8	80%
• Associate degree	1	10%
• Bachelor's degree	0	0%
• Master's degree +	1	10%

Table 2. Research Category: High Religious Participation

	Content
Respondent	**Content**
(Personal Communication, Participant 1, February 2019)	"Frequently…two or three times a week"
(Personal Communication, Participant 2, February 2019)	"I pray the rosary daily…Well just also, if not sometimes I ask God (pray) during the day once or more, several times a day it can be about ten or fifteen times, or it can be twenty."
(Personal Communication, Participant 3, February 2019)	"I am a minister of the Eucharist; I proclaim the word every month and a half."
(Personal Communication, Participant 4, February 2019)	"I participate a lot, and even participated in a choir for our parish for twenty-two years. I have been involved in the parish boards for the choir ministries, I have been involved in religious projects each year to prepare for the religious year and rehearse for the choir."
(Personal Communication, Participant 5, February 2019)	"I used to participate a lot in the church…a home for young people and playing music."
(Personal Communication, Participant 6, February 2019)	"Quite frequently…we participate in the marriage group. They have meetings on Fridays for approximately two and a half hours… I have participated for seven years to this day".
(Personal Communication, Participant 7, February 2019)	"Not only at the beginning of Sunday. I also have been going to the Thursday Mass and I am involved in a choir, apart from that I have other activities outside the church as I help the people... I am also involved in the youth group where not only does it help me, but I also help other young people…"

	Content
Respondent	**Content**
(Personal Communication , Participant 8, February 2019)	"I go to mass almost every week about five to six times a week. I pray daily, and it's just the nature of my position here as the pastor... We got not only religious services here but also throughout the city… we do religious services like the sacraments, confession, a lot of confession times… I think for us especially as priests; your religion certainly helps. It helps me to set up my life to have a true path to follow and I think that's something that for me brings a lot of peace, a lot of joy…I would consider myself someone who prays daily, who goes to church daily, and then of course shares with others my own faith."
(Personal Communication , Participant 9, February 2019)	"Three years coming to church even since I was little, almost two years ago I started coming to youth group, and I have been in classes…"
(Personal Communication , Participant 10, February 2019)	"I have Mass every Sunday…I am part of the choir for the youth group, so I come to practice on Fridays, I have meetings for youth group on Mondays. All my week is based on religious things, apart from school and apart from work. I work in a psychology lab and right now, we are conducting a study where we interview Catholic parents and families…it is not considered religious, but it has to do with my religion."

Table 3. Research Category: Religious or Spiritual Leaders

	Content
Respondent	**Content**
(Personal Communication, Participant 1, February 2019)	"They guide us to help us alleviate a problem... we have a support. Well, it's good that we always have someone representing in the church or someone that they can go to when someone has a need."
(Personal Communication, Participant 2, February 2019)	"Well sometimes in talking to them, they have more knowledge than one and they give you more security in the religion that one is, one is exercising. because it gives security with those who are more prepared than one in the religious themes of the Lord …One can be more capable than one in the religious themes of the Lord and through them we are guided more to get closer to God."
(Personal Communication, Participant 3, February 2019)	"… They are involved in religion, this is good, but we would not touch issues of the life of the world, we would speak of saintly things, good things."
(Personal Communication, Participant 4, February 2019)	"Well I have talked with a religious leader for help, this is something important to me because I have seen them even give advice on the challenges that one has in life."
(Personal Communication, Participant 5, February 2019)	"I think it is. Yes, it is. It's good to communicate with those people…They have a lot of wisdom."
(Personal Communication, Participant 6, February 2019)	"I liked it very much I loved it so much just the fact that they could listen to me too that was very…very nice to me."
(Personal Communication, Participant 7, February 2019)	"Usually the priest of my church, still helps us a lot and is very good at that. If we have a problem. It has reached the point where it is not uncommon to come to him. To talk to him as if he were our friend... Sometimes we invite him to our youth group. He is very open with the youth and the youth are open to him... it is a good and healthy relationship what we have with the priest."

Content	
Respondent	**Content**
(Personal Communication, Participant 8, February 2019)	"… not just spiritual matters but also even psychological matters you know in a very fundamental and very basic level and I think because of our education we have, you know we all have master's degrees in divinity or theology but also with some psychology and I think there's a trust level so people feel like they can trust us."
(Personal Communication, Participant 9, February 2019)	"I say that they have their benefits; to speak with someone who is not a professional, I say it would be good to have someone also as a professional who knows the problems of psychology."
(Personal Communication, Participant 10, February 2019)	" I personally do not do it very often, not anymore, I like to talk with leaders about my personal goals, but not when I have problems, usually I talk to my friends or my parents."

Table 4. Research Category: Professional Therapist or Counselor

	Content
Respondent	**Content**
(Personal Communication, Participant 1, February 2019)	"Well the truth is that I'm cautious more because I always feel that If you have a very big need; sometimes with the laws that are there to help us; I have seen many cases that children are taken away from us at least I do not feel one hundred percent to tell the truth…I feel that it frees me more to talk to a spiritual leader than if it were with another person asking for such help."
(Personal Communication, Participant 2, February 2019)	"Well, they have also studied, and they have knowledge that sometimes helps us people from those conversations towards one when we have problems with children. They can make more solutions."
(Personal Communication, Participant 3, February 2019)	"Honestly I have never spoken with a professional, not of this type but talking to other people is something that is too much, my dad weighs more precious talks with soul."
(Personal Communication, Participant 4, February 2019)	"With a professional, I have not spoken to one, but I would like to one day. They are studied and have the best response to the system so as how you feel better about your problems and how to advise you about getting out of them."
(Personal Communication, Participant 5, February 2019)	"If you go with a counselor, it's like it gives you that fear."
(Personal Communication, Participant 6, February 2019)	"I have not had the opportunity to speak with a counselor about life".

Content	
Respondent	**Content**
(Personal Communication, Participant 7, February 2019)	"Well, that is something that is scarier than talking to the father because we already have a relationship with the father and he is very open, and talking to the pastor of our community is not seen as something very bad…when you go with a therapist people see it as something bad like how you're not good. Sometimes people are uncomfortable so I would not feel bad about talking to a specialist… but I would be more afraid to talk to a specialist than to talk to someone in my parish."
(Personal Communication, Participant 8, February 2019)	"Well I think this is also very vital, I think in my ministry I've seen certain cases that they go beyond me."
(Personal Communication, Participant 9, February 2019)	"They are trained I believe that they know what they are trying to do, personally I've never been to therapy."
(Personal Communication, Participant 10, February 2019)	"It is necessary to have someone you do not know so that you can get a perspective on your problems… I think it is very important."

Table 5. Preferences

| | Content | |
Respondent	Content
(Personal Communication, Participant 1, February 2019)	"With religious leaders, maybe because we have more trust or more coexistence with them, I would go with a person who is religious or a leader because I trust them more."
(Personal Communication, Participant 2, February 2019)	"Talking to religious people is more common in our life."
(Personal Communication, Participant 3, February 2019)	"With a religious (leader) because they can also help"
(Personal Communication, Participant 4, February 2019)	"With religious because they are both comparable"
(Personal Communication, Participant 5, February 2019)	"With the religious leader you feel more of their presence, it feels like It's easier to talk to them"
(Personal Communication, Participant 6, February 2019)	""I think for us, the more, especially minority groups can become counselors that we have the better that we can overcome that stigma."
(Personal Communication, Participant 7, February 2019)	"I feel that the priest helps me more, I feel that it helps me to be the best person in the middle of everything and that I do not need medication, that I do not need this I need to go with a doctor who would make me feel bad, that I have something or not ordinary."

Content

Respondent	Content
(Personal Communication, Participant 8, February 2019)	"I'd like to talk to a religious person before I would talk to a psychologist you know but I think that doesn't mean that I would miss to go to a psychologist I think probably for us."
(Personal Communication, Participant 9, February 2019)	"I feel more comfortable talking to a father (priest) because I personally have been in the church for many years."
(Personal Communication, Participant 10, February 2019)	"I almost never talk to religious leaders about my problems and I think that many people who talk to me in church do not know that I suffer from anxiety and it is not because I am ashamed of it, not at all…I feel like they could not give me specific methods to help me control them better."

Table 6. Themes

Content
- High Religious Engagement   - Trust   - Knowledge   - Fear   - Security/Comfort   - Social Support

Summary

The result of the research was comprised of different emerging themes and the described the respondent's perceptions on utilizing mental health services in relation to their religious orientation. The respondents identified spiritual or religious participation as different forms of activities, either through prayer, service, or community engagement.

The data demonstrated how there were two main groups. The majority group who reported to be 40-54 years of age and those who reported to be 18-25. This generational showed that the older group had a lack of understanding while the younger group addressed social stigma.

CHAPTER FIVE

DISCUSSION

Introduction

This section will discuss six themes that were consistent within each of the interviews in the research process. This section will attempt to discuss the meaning and implications of these ideas with regards to social work practice. The themes that will be discussed are presented in six tables which include: trust, religious engagement, hesitance, security, and knowledge. This portion of the paper will also discuss limitations and recommendations on applying findings to social work practice and future research.

Discussion

High Religious Engagement

High religious engagement may imply a high-level of cultural value. Perhaps one can introduce the idea of mental health into the Hispanic cultural values through religion. Not by solely by implementing spirituality into practice but also by collaborating with religious figures within the community. Merging mental health with religious institutions may require engagement on a higher scale of power such as collaborating with an individual with legitimate power in a religious organization. However, the first steps for introducing social work practice within religious organization can involve engaging with the religious community by

Religious engagement was described as attending a place of worship, prayer, being involved in the religious community. Most respondents were involved in religious activities beyond going to church once a week.

High religious engagement may also imply strong community values. The value of relying on one another to get by. High religious values may imply high levels of resiliency and hope. High religious values may also imply the ability

Trust

Trust appeared to be a consistent factor among all respondents. With the majority of respondents sharing a relationship of trust with spiritual or religious leaders, while a minority of respondents reported trust in seeking support from professional counselors or therapists. Trust as a factor in seeking help. This may imply that there is little knowledge about mental health services. This may imply that there is value in displaying vulnerability that should not be given away to strangers. This may imply that there is a perception that cultures are values to be preserved. Acceptance of another system may bring about unknown change. This may imply that there is fear of having action taken against those who seek help. This may apply lack of knowledge lack of presence of mental health practice as a social norm.

Knowledge

Lack of knowledge appeared to be mostly reported by respondents in the category of ages 40-54 who primarily spoke Spanish and did not pursue education beyond high school. This may imply that limited education and

language barriers may prevent exposure to the concept of mental health and services provided. Not knowing much about mental health may also increase resistance and fear for seeking services as not much may be known. An individual may be only exposed to the social stigma or negative stereotypes about mental health.

<u>Fear</u>

A theme that was observed included fear towards seeking treatment. This may imply that those who are hesitant to seek services may have limited knowledge of the concept of mental health. This may also imply that fear is stemmed from the perception of mental health as an unknown factor due to limited participation with the mental health system such as counseling and therapy services.

<u>Security/Comfort</u>

A theme that was brought up was the idea of security/comfort. This may imply that it is easier to seek support within the community rather than seeking assistance outside of what is known to them. Security and comfort may also relate to the idea of "fear" or catastrophizing due to perceived superstitions or generalizations from social stigma.

<u>Social Support</u>

Another theme that emerged during the study was the idea of having a strong social support system as a reason why individuals are less likely to seek support from professionals. This may suggest higher levels of resiliency due to

strong social support systems in place. This may also imply that individuals in religious communities are more likely to indirectly learn coping skills from experiential knowledge versus professional knowledge. This may suggest that having adequate coping skills would make an individual less likely to seek support from a counselor or therapist. However, there is still an opportunity to educate and build upon known coping skills.

Recommendations for Social Work Research, Policy and Practice

Research

The themes that were addressed attempted to identify the reasoning behind the perception and low likelihood of minority groups such as Hispanics and their willingness to seek mental health services. A consistent theme that arose was fear, and not knowing of what mental health as a concept entail. The writer challenges future researchers to investigate the effects of engaging with a religious community utilizing the Generalist Model (turner, 2016) to provide education and awareness to a community. The writer proposes that if a social worker who can engage successfully with a community can assist a community through education and awareness. Further research should be done on how to engage specific populations on a local community level. Lack of engagement based off research interviews addressing the themes of trust, hesitance, fear, role model, stigma, the unknown. Addressing engagement. Utilizing engagement to increase the willingness or desire to seek out mental health services. Proposal for addressing religious communities. The possibility of the social worker in

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partnership with religious institutions. Research must be done. One recommendation is to expand this study by implementing the proposed model for introducing the concept of mental health into religious communities (see Figure 1) and to further validate or dismiss proposed findings.

<u>Policy</u>

It would be interesting to envision the idea of a spiritual or religious social worker that can be contracted by a religious organization or developed within organized religious institutions. A social worker with the ability to work in partnership with the local community to provide education and awareness. The social worker in this setting may be a bridge between social work theoretical perspectives and the community. This social worker could be an educator with the ability to plan and develop programs, workshops, and events regarding social problems specific to the community.

Social Work Practice and Conclusions

A main problem that has been identified in the research is that religion is not necessarily a barrier to mental health services. However, the data suggests that the individuals in religious communities are less likely to seek counseling or therapy due to access to spiritual or religious leaders and the level of trust between these leaders and their community. Another reason why respondents were less likely to seek MHS is due to limited knowledge of services that may lead to fear or resistance. This also leads to the theme of security and comfort to available resources and support systems. Respondents shared what appeared to

be strong social support systems with friends, family, and spiritual leaders.

Efforts should be made to increase awareness and education to communities with limited knowledge of the concept of mental health. This may also be an indirect way to combat social stigma by normalizing the concept of mental health as an available service on a community level through education, awareness, and engagement. An example of this may be learning how to take care of one's self (preventative treatment) while systematically reducing the need for reactive treatment on a macro level by assisting individuals with increasing their ability to cope with higher severity symptoms of mental illness as well as exploring the importance of religious and spiritual practice as appropriate coping skills.. This would equip communities with an increased "toolbox" for coping with life's daily stressors. This may be an opportunity for change in which the perception of mental health treatment and appropriate self-care can overtime be considered a social norm within the Hispanic community.

Practice

The writer proposes that perhaps individuals may be more willing to seek support from professional therapists or counselors if a social worker can engage with individuals, build relationships with them, and establish trust. The writer suggests that a social worker can serve as a leader in their religious community as an agent of systemic change. One could utilize the generalist model (turner, 2017) to introduce the idea of a social worker in a religious setting. For example,

if a social worker is already an active member, then that social worker has successfully engaged with the target population on a macro level by establishing a relationship with the community as an active member. This may address the theme of "trust" that has been observed from the findings of this research.

<u>The Social Worker in Religious Communities</u>

The writer introduces the idea of creating a practice model that may be used as a guide to decrease underutilization of mental health services utilizing three main skills: Engagement, Education, and Awareness. Engagement is may be accomplished by emphasizing the importance positive and healthy relationships. Education as having knowledge of theoretical perspectives and how they influence daily living. Awareness as having the intuition to "read the room" and respect boundaries through multicultural competence. These skills are highly encouraged to assist with engagement on a community level. This guide is conceptualized through client centered theory, from a humanistic perspective (Turner, 2017). Which focuses the attention on the client (community) and using the client as a guide. The model has been adapted from the Generalist model on macro level.

<u>Social Worker as a Member of His or Her Religious Community</u>

The first step one could take requires self-awareness. Observing the idea of the social worker as a member of the community. This includes reflecting on one's intentions and the attempt of being an active member of the community. By

being an active member, one could establish relationships with the community to address reported concerns of fear, trust, and the unknown.

Seek a Social Unit Within Community

The next step involves joining or participating in a social group. This could be within a social group, such as those mentioned in the interviews (prayer group, matrimony group, youth group, etc.) or perhaps a nontraditional group that may meet beyond the walls of a building (online, outside). Choosing a social unit may provide one with insight on cultural values, traditions and norms of not only the group, but the group as a small reflection of the community as well.

The Importance of Establishing Trust and Boundaries

Once trust and boundaries are established one may be able to "plant the seeds" of education and mental health through discussion. Building trust with the social unit. Establishing trust appeared to be a major theme in utilization of religious, spiritual, and professional counseling/therapy services.

Identify a Social Problem

Through discussion, ask what topics of interest may be important relatable to address. One could use a survey to assess needs of the community or one could observe as a member of the community the common problems or themes that appear frequently or are discussed. Listening to feedback from the community itself to assess for needs.

Proposition and Negotiation

Propose a solution to a problem and carry out proposal based off negotiation from demonstrating appropriate insight and awareness of group needs. Provide the element of education, refer to cultural sensitivity and awareness throughout process. in this example one could be invited as a guest speaker to discuss theoretical perspectives and interventions of social problem. Carry out proposal based off feedback, group needs.

Provide Opportunity for Discussion and Clarification

The social worker may provide time for questions and assess effectiveness of interventions as measured by self- report. Its also important to note that changes on a macro level should occur on a slow and steady rate, as rapid changes may be unsustainable. The social worker should keep up engagement and ask for feedback including, what can improve and what has been learned, if one wishes to measure, one can implement surveys pre and post presentations/programs. Termination may begin once concerns are addressed. If all questions are addressed. Request feedback for further information.

Request Feedback and Continued Involvement

At the final stage of termination request feedback on from individual experience. Keep engagement and ask for feedback including what can be improved, what has been learned. If one wishes to measure, one can implement surveys pre and post presentations/programs. Continued involvement is

recommended to sustain a positive perspective of mental health within the

community. The social worker should re-organize and keep positive relationships

with appropriate communication in the community.

Practice Skill

- Education
- Engagement
- Awareness

Practice Model

Social Worker as Member of Community

Choosing a Social Unit

Establish Trust/Boundaries

Identify a Social Problem

Proposition and Negotiation

Provide Opportunity for Discussion and Clarification
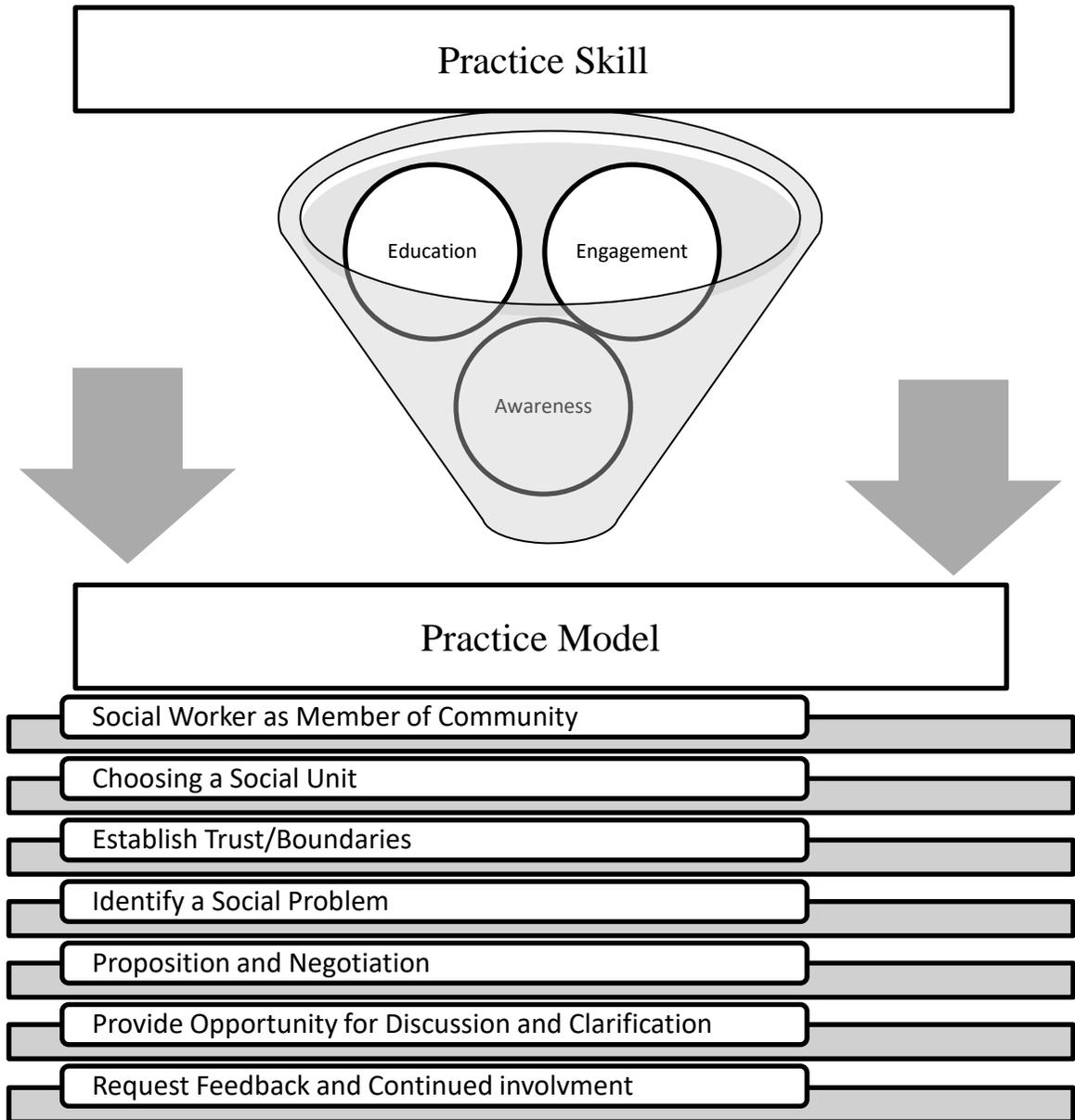
Request Feedback and Continued involvment

Figure 1. Introducing the Concept of Mental Health to Hispanics in Religious or Spiritual Communities.

Conclusion

This model is created to assist social workers who would like to impact their own religious communities to combat resistance of mental health on a community level. The beginning of the model addresses most of the themes that were reported to be possible barriers to seeking services. The purpose of education and awareness is to create positive change on a macro level, addressing the issues of underutilization, by introducing themes to communities in a religious setting. Creating an aurora of acceptance for mental health services amongst members within a community, with the intention of systematically changing perceptions of mental health.

The model provided on Figure 1 is an example of how one may take an approach of linking spirituality or religion with social work practice. This approach takes into consideration that social work theory can be brought into the themes of spirituality and religion, and vice versa; spirituality/religious themes can be brought into social work theory, practice, training, or curriculum. Overall the findings of this study provided an overview on the perceptions Hispanics have on seeking support for life's challenges from professional counselors and therapists as opposed to seeking help from religious or spiritual leaders with the main emphasis on trust, comfort and security. This study discovered that for those 40 years old and up there was a lack of understanding of what the concept of mental health is. Whereas those who reported as younger than 40 years old specifically addressed the social stigma associated with mental health. The writer provided

an idea for a potential model that could be validated with further research.

Overall the general findings of this study may implicate the need for community involvement between social work and local communities. The findings also described how individuals feel about seeking counseling and therapeutic services. This study also presented the idea of having a social worker in a spiritual or religious setting through community engagement and education and awareness.

APPENDIX A

DATA COLLECTION GUIDE

Interview Guide

- How often do you participate in religious services; however, you understand that to be? Could you tell me a little bit more?

- What are your thoughts about talking with a religious or spiritual leader about life's challenges? Could you tell me a little bit more?

- What are your thoughts about talking with a professional therapist or counselor about life's challenges? Could you tell me a little bit more?

- Of the two groups (religious and spiritual leaders or professional therapists and counselors) which would you feel more comfortable talking to about life's challenges? Could you tell me a little bit more?

Developed by Victor Daniel Ortega

Guía de Entrevista

- ¿Con que frecuencia participa usted in servicios religiosos, como usted lo entiende que ser? ¿Me podrías decir un poco más?

- ¿Qué piensas de hablando con un líder religioso o espiritual sobre retos de la vida? ¿Me podrías decir un poco más?

- ¿Qué piensas de hablando con un terapista o consejero profesional sobre retos de la vida? ¿Me podrías decir un poco más?

- ¿De los dos grupos, (líderes religiosos y espirituales o terapistas y consejeros profesionales) con cual estarías más cómodo hablando sobre retos de la vida? ¿Me podrías decir un poco más?

Developed by Victor Daniel Ortega

APPENDIX B

DEMOGRAPHIC QUESTIONS

Demographic Questions

1.) What is your age range?
- ☐ 18 -25
- ☐ 26-39
- ☐ 40-54
- ☐ 55+

2.) What Languages are you comfortable speaking with?
- ☐ English
- ☐ Spanish
- ☐ Other

3.) Were you educated in the US? If so, what is your highest level of education?
- ☐ Less than High School Diploma
- ☐ High School Diploma or equivalent degree
- ☐ Associates Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree or above

Developed by Victor D. Ortega

APPENDIX C

INFORMED CONSENT

Academic Affairs
College of Social and Behavioral Sciences
School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407

INFORMED CONSENT

909.537.5501 | fax: 909.537.7029
https://csbs.csusb.edu/social-work

The study in which you are asked to participate is designed to describe religious orientation and utilization on mental health services within ███████████ The study is being conducted by Victor Ortega, a graduate student, under the supervision of Dr. Thomas Davis, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to describe the correlation between religious orientation and utilization of mental health services among the Hispanic population in ██████████.

DESCRIPTION: Among a Hispanic population in ████████ participants were asked about their religious orientation and their use of mental health services

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 and data will be reported in group form only.

DURATION: It will take 15 minutes to complete the interview.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

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

CONTACT: If you have any questions about this study, please feel free to contact Dr. Davis at (909) 537-3839.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database

(http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2019.

****

I agree to be audio recorded _____ YES _____ NO

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

_____ Place an X mark here

_____ Date

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED ⅃ 1 28 201 VOID AFTER ⅃ 1 27 2020
IRB# SW 1932 CHAIR *[signature]*

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