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MENTAL HEALTH SERVICES IN AN EXCLUSIVE LATINO COMMUNITY VERSUS A DIVERSE COMMUNITY

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MENTAL HEALTH SERVICES IN AN EXCLUSIVE LATINO
COMMUNITY VERSUS A DIVERSE COMMUNITY

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

Karina Amador

Natalie Salas

June 2019

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ABSTRACT

This study examined whether Latino immigrants' community environment influenced perceptions about the meaning of mental health and accessing mental health services. The two environments analyzed in were an exclusively Latino community (primarily Latino members) and a diverse community (composed of different ethnicities including Latinos). The research method used in this study was a qualitative survey design. A semi-structured interview guideline with questions on the meaning of mental health, mental health services access, and community norms on mental health was utilized with 24 respondents. Responses were then analyzed to find themes. Findings from this study found similarities as well as differences in the two groups in seeking mental health services. Differences were more commonly in the details of the responses rather than in the themes of the responses. The finding will help social workers, who provide a large percentage of mental health services, understand the individual, the barriers, and the importance of social environments in seeking mental health services.

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CHAPTER ONE

PROBLEM FORMULATION

According to Bhugra (2005), one of many factors that cause mental health disorders among Latinos is migration. Due to separation from family members and relocation, Latino immigrants tend to be exposed to trauma and depression which can negatively impact their mental health (Yakushko, Watson, & Thompson, 2008). Acculturation also presents as a significant stress factor for Latino immigrants after migration. Acculturation is defined as learning, understanding, and integrating new values, beliefs, and cultural practices when moving to a new country (Concha, Sanchez, De La Rosa, & Villar, 2013). In addition, locating mental health services is a barrier for Latino immigrants

Latino immigrants are expected to acculturate in order to achieve social mobility (Conchas, Oseguera, & Vigil, 2012). Latino immigrants who fail to learn the English language and get an education are more likely to experience downward social mobility which in turn affects Latino immigrant's mental health (Alcantara, Chen, & Alegria, 2014). Latino immigrants with downward social mobility experience barriers when seeking mental health services and are thus less likely to seek services (Kaltman, Gonzales, Serrano, & Hurtado de Mendoza, 2014). Barriers include language, cost, stigma, and lack of information about mental health (Saechao et al., 2011). Rastogi, Massey-Hastings & Wieling (2012) posit that Latino immigrants are discouraged which often leads them to

not seek mental health services. Oppedal, Roysamb, & Lackland-Sam (2004) note that living in an all exclusively Latino community versus a diverse community can influence Latino immigrants to seek services even when there are barriers due to the lack of social networking. An exclusively Latino community is composed of Latino members only whereas a diverse community is composed of different ethnicities including Latinos.

Living in an exclusively Latino community or a diverse community may impact Latino immigrants in regard to seeking mental health services (Dominguez & Watkins, 2003). Hurtado-de-Mendoza, Gonzales, Serrano, & Kaltman (2014) found that Social support, social influence, social engagement, and interpersonal contact are shown to impact health. In addition, Hurtado-de-Mendoza et al. (2014) also indicated that there needs to be social networks within the Latino community to enforce social support. Living in a diverse community can lead to social isolation and have a negative impact on health (Hurtado-de-Mendoza, Gonzales, Serrano, & Kaltman, 2014). Social isolation is considered a risk factor for morbidity and mental disorders (Hurtado-de-Mendoza, Gonzales, Serrano, & Kaltman, 2014).

Latino immigrants are often faced with barriers which prevent them from seeking mental services. Latino immigrants have unmet mental health needs that need medical attention and therapeutic interventions. Unmet mental health services can lead to violence, crime, child abuse, domestic violence,

homelessness, and even other disorders. Informed proactive intervention is then needed from social workers.

Purpose of the Study

The purpose of this study is to identify when addressing the problem of Latino immigrants not seeking mental health services, clinicians must start by looking at their environments, whether living in an exclusively Latino or diverse environment influences their perceptions of mental health and their seeking of mental health services. A crucial factor in addressing Latino immigrants and the lack of getting help is identifying whether a diverse or exclusive community facilitates their willingness to seek mental health services.

The overall research method that will be used in this study is a qualitative design due to there being little information comparing exclusively Latino communities to diverse communities and their access to mental health services. The target population is Latino immigrants in the Inland Empire. A set of cities will be randomly selected to interview Latino immigrants. Within those cities, we visited churches that were either Latino exclusive members or diverse churches from which we recruited all participants. A qualitative study is needed to explore and describe this topic through interviews or questionnaires.

Significance of the Project for Social Work Practice

The need to conduct this study arose from the lack of literature regarding exclusively Latino communities and their access to mental health services

compared to diverse communities. Upon researching about Latinos and their access to mental health services, it became clear there were an inadequate number of studies within the Latino population. The Latino population is one of the fastest growing minority groups in the United States, the knowledge on Latino immigrants and their access to mental health services will be beneficial for Social Work as social workers provide a high percentage of mental health services. Results from this study could be beneficial to distinguish components that constrain and enable the Latino community when seeking mental health services. Some of the components may include, but are not limited to cultural barriers, immigration status, social status, and acculturation. Knowledge of these factors may be of benefit for social work students as well as clinicians to ensure that the appropriate training is being received to effectively work with the Latino population.

Findings from this study have implications for both micro and macro social work practices. At the micro level, the results from this study could potentially help professionals understand the individual, their barriers, and the importance of social relationships. This population could benefit from one-on-one counseling to deal with migration trauma and stressors of acculturation. Small groups will also be helpful to enhance coping skills to learn to develop stress management skills and is also a supportive environment where they can connect with other Latino immigrants. Thus, the findings may be significant as they may assist in the

development of new interventions that would be suitable when targeting this population.

Finally, yet importantly, it may be of benefit from the macro social work aspect to advocate for clients' right to service and social justice, so that they can seek mental health services. Results from this study can potentially contribute to the conduct of outreach to ensure that the Latino community is connected to the mental health services they need. Advocating can also bring awareness to the importance of mental health services and it can be detrimental when obtaining the necessary funds for the development and implementation of intervention programs. The results of this study will help us understand the impact a community has on an individual as well as their relationships within community members. The research question for this study project is as follows: Do exclusively Latino communities or diverse communities better facilitate seeking mental health services? Based on the literature we predicted that the diverse community will have more access to mental health services and would receive more mental health services.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Migration, acculturation barriers, and social capital are shown to have an impact on Latino immigrants and their mental health. The following chapter will cover Latino immigrants and stressors that lead to mental health problems. This chapter will also emphasize on how both social capital and contact theories have shaped and will continue to shape this research.

Migration and Mental Health

Migrating can cause many stressors among Latino immigrants resulting in mental health problems (Ko & Perreira, 2010). Pre-migration stressors, migration stressors, and acculturation can all affect mental health (Li, 2015). A study conducted in Norway found that migrants had higher incidences of psychosis than in the general population (Eitinger, 1959). A study of multi-traumatized migrants found that migrants were diagnosed with post-traumatic stress disorder, major depressive disorder, and disorders of extreme stress otherwise not specified (Teodorescu, Heir, Hauff, Wentzel-Larsen, & Lien, 2012). Research by Ornelas and Perreira (2011) suggests that Latino immigrants migrate to the United States following a major life event, such as losing their job, the death of a family member, or a natural disaster. Foster (2001) reinforces this information by sharing that Latino immigrants experience stressors at their hometown leading

them to migrate. Foster (2001) shares that these stressors include running from hunger, torture, seeking safety, and freedom. Prior to migrating, Latino immigrants stress over hazards that might occur while crossing the border and educate themselves by seeking information from the media, family, and friends (DeLuca, McEwen, & Keim, 2008).

Migrating can be harmful to the body and mind due to being exposed to life-threatening experiences (Orraca Romano, & Corona Villavicencio, 2014) and are prone to mental health problems (Teodorescu, Heir, Hauff, Wentzel-Larsen, & Lien, 2012). Latino immigrants are at risk of death while migrating due to starvation, hypothermia, extreme heat, dehydration, and exhaustion (Orraca Romano, & Corona Villavicencio, 2014). At night, some cross the Rio Grande, travel in cramped non-ventilated trucks, and hike for days (Eschbach, Hagan, Rodriguez, Hernandez-Leon, & Bailey, 1999). Another threatening experience is sexual assault at the border. Light (1996) claims that women are sexually assaulted while migrating by law enforcement officers and coyotes. It is estimated that 60%-80% of woman are raped once while migrating (Eulich, 2015).

Acculturation Barriers and Mental Health

Acculturating to an unfamiliar environment and a new culture can be stressful and sometimes hostile to Latino immigrants (Veer, 1998). Acculturation barriers include discrimination (Dawson, 2009), language barriers (Kim, Loi, Chiriboga, Jang, Permelee, & Allen, 2011), lack of information about mental

health services, and its cost (Saechao et. al., 2011). Yoon et al., (2012) share that acculturation is the key variable in therapy and counseling. Yoon et. al (2012) defines barriers as factors that prevent immigrants from acquiring mental health services. These barriers produce stress among Latino immigrants eventually developing into physical and mental health problems (Wutich, Ruth, Brewis, & Boone, 2014).

Acculturation stressors increase the risk for mental health issues (Lawton & Gerdes, 2014). Kouyoumdjian, Zamboanga, & Hansen (2006) explain that acculturative stress can increase when there is a lack of support, leaving individuals at risk of suicide, depression, anxiety, identity symptoms, and identity confusion. Kim and colleagues (2011) found in their study that Latino immigrants who did not speak English were less likely to seek mental health services than an immigrant who did speak English. Frustration and anger are then developed, boosting their levels of psychological distress and isolating them (Zhang, Hong, Takeuchi, & Mossakowski, 2012). Another acculturation barrier is lack of information about mental health. Kovandzic and colleagues (2011) found in their study of access to primary mental health care for hard-to-reach groups, that individuals suffer silently due to either not knowing they had a mental health problem or just didn't know enough about their diagnosis.

Social Capital and Mental Health

There is an established relationship between migration and mental health, as well as a relationship in acculturation and mental health. According to

Valencia-Garcia, Simoni, Alegria, & Takeuchi (2012), social capital may be a resource to use to get individuals to seek mental health services with the help of others support. Sociologist Coleman (2000) states that social capital is a resource used to get things done in the community. Social capital refers to the relationship between individuals and their support system during stressful and tough times in their life (Concha, Sanchez, De La Rosa, & Villar, 2013). Social capital is said to be driven by trust, obligation, and expectation (Coleman, 2000). Coleman (2000) describes how social capital works, for example neighbor one gives neighbor two sugar when he needs it and earns his trust. Neighbor one expects the favor in return in the future and neighbor two feels obligated to return the favor. Research done by Wutich, Ruth, Brewis, and Boone (2014) showed that individuals in high bonding social capital, defined as the bond between people, have less mental health problems.

After migrating Latino immigrants find themselves away from their family and lose their social networks leading to isolation and mental health problems (Stacciarini, Smith, Garvan, Wiens, & Cottler, 2014). Kuo and Tsai (1986) claim that reestablishing social networks within their new community can lower psychological distress among migrants. Social interactions and social cohesion will empower communities to help one another emotionally and physically (Hong, Zhang, & Walton, 2014).

Social Capital and Latino Immigrants

Segura, Pachon, & Woods (2001) discovered in their study that social capital levels differ among immigrants and nonimmigrants. Segura and colleagues (2001) argue that Latino immigrants have the lowest rates of participation compared to any other ethnic group. Latino immigrants don't participate in their community due to citizenship status, linguistic differences, and socioeconomic status (Segura, Pachon, & Woods, 2001). Gioioso (2012) agrees that Latino immigrants don't participate in their community, but also argues that even Americans are not participating anymore due to an increase in racial diversity in their community. Laurence (2009) in his study confirms that rising levels of ethnic diversity in a community do lower levels of social capital. Laurence (2009) also found that while social capital decreases, individuals are more likely to have positive interethnic relationships.

Most of the literature focuses on diverse communities and its effect on social capital, yet there is an apparent gap in knowledge concerning exclusive Latino communities and their social capital levels. The lack of information in the literature prevents us from fully understanding Latino immigrants, their environment, and how it prevents them from seeking mental health services. Another apparent gap in literature was that most of these studies were conducted on Vietnamese, Cambodian, Asian, Haitian, and Norway refugees/immigrants. There is a lack of literature regarding Latino immigrants and their access to mental health. Therefore, due to the lack of Latino focused studies one cannot

generalize it to the entire Latino population. Studies on exclusive Latino communities are needed to see if living in an exclusive Latino community help Latinos seek mental health services. This study will help us fill in the gap by comparing social capital levels in diverse communities and in exclusive Latino communities. Due to lack of literature in exclusive Latino communities, this research will differ from prior studies.

Theories Guiding Conceptualization

The major theoretical perspectives guiding this research are ecological theory, contact theory (Laurence, 2009) and social capital theory (Gioioso, 2012). Social capital theory talks about trust and benefits of social capital in communities (Gioioso, 2012). Contact theory encompasses the importance of lowering discrimination and increasing cohesion among individuals with common needs and goals to find support (Laurence, 2009).

Theoretical perspectives that will guide this study are ecological theory and social capital theory. Edberg et al., (2016) shares that ecological theory is an excellent approach when you are doing research on communities and environments who have multiple barriers when accessing mental health resources. Atkins, Rusch, Mehta, & Lakind (2015) use ecological theory to identify barriers and improve support or access to resources by connecting communities. Social capital theory points out that it is important to make new connections as well as reconnecting with networks and that relationships are important (Jong, Schout, Pennell, & Abma, 2014). Aizenberg (2014) compares

social capital to empowerment. Aizenberg (2014) argues that social capital theory allows us to understand social relationships in communities and how they facilitate the process of accessing resources. These two theories will guide this research and help understand social capital levels in exclusive Latino communities and diverse communities.

Summary

Latino immigrants, due to stressors and barriers, develop mental health problems. Their environment may impact their decision-making when needing to seek mental health services. This research study will identify which community, either a diverse community or an all exclusively Latino community, helps facilitate seeking mental health services. The exclusively Latino community is composed of Latino members only whereas a diverse community is composed of different ethnicities including Latinos. The significance of this research study is important for social work when assisting these individuals. The three theories that have utilized in this study are social capital theory, contact theory and ecological theory.

CHAPTER THREE

METHODS

Introduction

This study will seek to describe the differences in seeking mental health services when living in an exclusively Latino community compare to a diverse community. Additionally, this study seek to identify if social capital facilitates seeking mental health services among those two communities. This chapter contains the details of how this study will be carried out. The sections discussed will be study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study is to identify if Latino immigrants' whether in an exclusively Latino or diverse environment and social capital influences their perceptions of mental health and their seeking of mental health services. This is an exploratory research project, due to the limited amount of research that addresses this topic from the perspective of social workers. Since the professional viewpoints and impressions of the social workers may unveil aspects of the topic not described in other research, this is a qualitative study, and utilizes an interview guide as the tool through which to collect data from subjects.

The interview questions asked participants about the meaning of mental health in the interviewee's community, beliefs and causes of mental illnesses, beliefs of how mental illnesses should be treated, migration and its impact in mental health, current mental health treatments either the interviewee or someone they know, relationships and interactions between community members, formal/informal organizations interviewees were part of, community support and communication, and access to mental health services.

A strong point in using an exploratory, qualitative approach with an interview guide is to explore the participants experience living in either an exclusively Latino community or a diverse community and their access to mental health services. A qualitative research interview pursued in-depth information around both communities and mental health services. Through an interview guide we identified central themes about the participants and their community. The interview guide allowed participants to share their experience and to provide detailed information regarding this topic. The interview guide allowed the researchers to ask to follow-up questions to further investigate their responses.

A limitation of using an interview guide is the time-consuming process. Interviews are time consuming and participants might not have enough time to answer the questions being asked. Due to the interviews being held at churches prior or after services participants might become tired or even hungry.

Sampling

This study utilized a convenience sample of Latino immigrants in either a diverse community or an exclusively Latino community. In these communities we chose churches that were either only Spanish speaking (exclusively Latino) or English speaking (diverse community) to recruit our participants. Approval was requested from the pastor or minister. There was a total of 24 subjects participating in the interview guide, with 12 participants in a Spanish speaking church (exclusively Latino community) and 12 participants in an English-speaking church (diverse community).

The researchers contacted local churches located in both exclusively Latino and diverse communities. The exclusively Latino community that was studied was Fontana and the diverse community was Rancho Cucamonga, both of the churches identified themselves as Catholic churches. The following churches names have been changed to pseudo names to keep identity private. The exclusively Latino church that agreed to form part of this study was Saint Mary Catholic Church in Fontana CA. Additionally, the diverse church that participated in this study was Sacred God Catholic Church in Rancho Cucamonga. It was determined that Fontana was an exclusively Latino community due to the findings on the city's population rates reporting that 76.1 percentage of total population were Latinos. On the other hand, Rancho Cucamonga reported that 32 percentage of total population were Latinos and the rest of the population consisted of different ethnicities.

Data Collection and Instruments

Qualitative data was collected and recorded during one-to-one interviews with each participant. The interviews took place between July 8th, 2018 and August 26, 2018. Each interview began with an introduction and description of the study and its purpose. A semi-structured interview guideline was developed by the researchers with the assistance of Dr. Laurie Smith. The researchers conducted each interview using interview guideline sheet in Appendix A. It was anticipated that the majority of interviews were going to be held in Spanish; therefore, questionnaire was translated to Spanish. To ensure questionnaire was reliable researchers had questionnaire reviewed and piloted by having a native Spanish speaker evaluate the appropriate use of language.

The general topics that were addressed during the interview were perceptions of mental health, acculturation, social capital and access to mental health. Based on responses given by participants, and if the answers were not concise, the researchers employed the use of additional probing questions to and further responses to assure that all aspects previously presented were covered.

Procedures

A flier was created describing the purpose of the study, the need for participants as well as an incentive for those who freely wished to participate. The incentive consisted of a free raffle ticket for a \$50-dollar Walmart gift card. Two proposed dates and three different time slots for interviews were posted on the flier at each church. As approved by priests of the two different churches on

May 2018, the researchers then began to distribute flyers, explained the purpose of the study, and provided a sign-up sheet to recruit participants. Participants were asked to either utilize the sign-up sheet or RSVP via email or by a phone call. Participants were asked to select an interview date and time that best suited their schedules. Data collection began on July 8th, 2018 and concluded on August 26, 2018.

As approved by priests at the different churches, the resource room was reserved to provide a safe and confidential environment when interviews were conducted. The interviews lasted anywhere between forty-five minutes to an hour depending on the length of responses as well as the need to further explain any responses. Upon the arrival of participants, they were asked to sign in and they were also given a packet with consent forms to read and fill out in order for interviews to begin (See Appendix B). When participants finished filling out the packet, a statement of confidentiality was disclosed. At this point, the audio recording was turned on and the interview began.

At the end of the interview, the participant was thanked, and a debriefing statement was read and handed out (See Appendix C). The participant then received a free raffle ticket to enter for a chance to win a \$50-dollar Walmart gift card which was held on August 31st, 2018 the winner was contacted by a phone call.

Protection of Human Subjects

Researchers fully understood that confidentiality of participants was crucial to ethical research practice in social research. To preserve confidentiality the researchers did not use original names, instead, names were changed. Interviews were conducted at the churches and in private resource rooms behind closed doors. Prior to the interviews, each participant read and signed an informed consent as well as an informed consent to be audio recorded. At the end of each interview, participants were given a debriefing statement. Audio recordings and interview notes were also kept confidential, researchers were the only individuals with access to those audio recordings and interview notes. Furthermore, audio recordings, documentation, sign-in sheets, and all interview notes were saved on a password encrypted USB drive and kept in a locked desk accessible by principle researchers. One year after completion of the study, the audio recordings, interview notes, sign-in sheets and documentation will be deleted or destroyed. The study was approved by the social work subcommittee of the Cal State University San Bernardino Institution Review Board.

Data Analysis

All the data gathered during interviews was then analyzed with thematic analysis. First, audio recordings of each interview was transcribed and translated (if applicable) into written form. Individual participants were assigned a unique code to be used while transcribing for the purpose of differentiating the answers of the various interviewees. All supporting or opposing utterances and

comments were documented on the transcription. Non-verbal actions was also noted.

All statements was sorted into domains; perceptions of mental health, acculturation, social capital, and access to mental health services. Under each domain, statements were then categorized as being barriers, facilitators or suggestions for access to mental health resources. Major themes and sub-themes were identified under each category and were then assigned a code, and the codes were logged into a master code. The researchers read and re-read transcripts to be certain of themes and sub-themes assigned. Individual statements were then assigned under their corresponding category and entered into an excel document under their assigned code. Frequencies and proportions were run for upcoming related to perceptions of mental health, acculturation, social capital and access to mental health.

Summary

The purpose of this study was to identify when addressing the problem of Latino immigrants not seeking mental health services, clinicians must start by looking at their environments, whether living in an exclusively Latino or diverse environment influences their perceptions of mental health and their seeking of mental health services. The one on one semi-structured interviews suited this study best, as it invited participants from both communities to share their personal experiences as well as their pros and cons when seeking mental health

services within their communities. Qualitative methods used in this study facilitated this process.

CHAPTER FOUR

RESULTS

Introduction

In this chapter, we provide a demographic of the participants, describe how the data was analyzed, and report the results. The data collection was divided between two researchers. The researchers conducted interviews in the different communities. One researcher interviewed the exclusively Latino community and the other the diverse community. Both researchers then came together to analyze the data.

Demographic Description

Participants were 24 Latino immigrants who resided either in an exclusively Latino community or a diverse community. The following church names have been modified with pseudo names to keep identify private. These participants were recruited from two churches, Saint Mary Catholic Church (exclusively community) and Sacred God Catholic Church (diverse community); 12 participants from an exclusively Latino community and 12 from a diverse community were interviewed.

Participants in the exclusively Latino community ranged in age from 21 to 60 and participants in the diverse community ranged in age 44 to 73. It was observed that members from the diverse community were older than the exclusively Latino community. The majority of participants in the exclusively

Latino community were females (10 out of 12) participants. In the diverse community the majority of the participants were also females (11 out of 12) participants. All 24 participants were born in Mexico; however, they were born in different states such as Tijuana, Comala, Jalisco, Michoacan, Ciudad de Mexico, Veracruz, Monterrey and Sinaloa.

Participants in the exclusively Latino community reported the number of years living in the USA which ranged from 14-32. The diverse community ranged in years 17-50. Not only are members in the diverse community older but have also lived in the USA longer. The majority of the of exclusively Latino participants were married; 6 out of 12 reported being married, 4 reported being single and 2 reported being divorced. In the diverse community the majority were also married; 9 reported being married, 2 widows, and 1 single. It is observed that the interviewees from the diverse community have a higher number of participants married, this can be due to them being older as stated earlier.

Most of the interviews were conducted in Spanish except for one interviewee in the exclusively Latino community. This interviewee reported that she migrated to the USA at a young age and had the opportunity to attend school and learn English. Additionally, 12 out of the 24 participants reported being bilingual; 5 participants from the exclusively community and 7 participants from the diverse community identified as bilingual. The interviewees that reported being bilingual preferred to be interviewed in their native language due to them feeling more comfortable.

Data Analyzes

The researchers listened and transcribed all twenty-four interviews; twelve from the exclusively Latino community and twelve from the diverse Latino community. The interview questions assessed the following: meaning of mental health in the interviewee's community, beliefs and causes of mental illnesses, beliefs of how mental illnesses should be treated, migration and its impact in mental health, current mental health treatments either the interviewee or someone they know, relationships and interactions between community members, formal/informal organizations interviewees were part of, community support and communication, and access to mental health services.

There were a total of fourteen questions asked, however, due to the similarities within the questions the result of some questions were grouped together. The questions that were combined were questions regarding the meaning of mental health in their community, the causes of the mental illnesses, and how it should be treated. Questions six and seven were grouped due to both asking about relationships within the community members. Questions eight, nine, and ten were grouped since they asked about formal/informal organizations the interviewee was part of. Question eleven and twelve were grouped as they accessed community support and communication within their neighborhood. Lastly, questions thirteen and fourteen were grouped, they accessed mental health services in the community as well as members sharing resources and information with one another.

During the interviews, some participants would report tangential information from what it was being asked, such as various disclosures about themselves, as a result we excluded comments that we found not relevant to the questions being asked. We read carefully through the transcripts to attain an overall understanding of each session. We reviewed and analyzed each interview with the purpose to create a deeper insight and connotation. In the data we identified recurring patterns and commonalities repeated by participants and generated into major themes.

To create order out of the different categories and commonalities of participants narratives, we used a process of coding which the process consisted of identifying and analyzing categories that fall under major themes. During the coding, we reread the data in order to attain a better idea of how patterns could be clustered and coded. We then conceptualized that data by highlighting the clustered patterns and naming each theme based on its focus.

The data will be presented in the following form; interview question and then the response from the exclusively Latino community and diverse community. The responses will always follow the same order; first the exclusively Latino community and then the diverse community. Due to most interviews being held in Spanish except for one interview, all quotes were translated into English. When there are only responses in English, it is this participant. The most frequent responses will be reported first for each question. After presenting the data, commonalties and differences will be reported.

Meaning of Mental Health, Beliefs Regarding Causes of Mental Illnesses and How it Should be Treated

When participants from the exclusively Latino community were asked what mental health meant in their community, two major themes emerged - a stigma regarding mental health and emotional instability as the definition of mental health problems. Seven out of twelve participants associated mental health with a taboo or stigma in their community. For example, a participant stated: *“la salud mental en nuestra comunidad es un gran taboo, la gente no conoce los sintomas de la salud mental y es por eso que no creen por la falta de informacion* (mental health in our community is a major taboo, people don’t know how to recognize some of the mental health symptoms and that’s why we don’t believe in mental health, due to the lack of information on what mental health is.”) Another participant stated: “Mental health is a big taboo that we have, we don’t really think it’s that important. We are really tough on ourselves so mental health is not a priority that we have”.

Emotional instability was the other major theme that emerged from the exclusively Latino community. Five out of twelve participants linked mental health with emotional instability. A participant stated: *“No estoy muy segura pero yo me imagino que cuando alguien no esta bien emocionalmente, alguien que talvez padece la ansiedad o la depresion* (I’m not too sure but I think mental health is when someone is not emotionally stable, someone who might be dealing with anxiety and/or depression.”)

When participants from the diverse Latino community were asked the same question on what mental health meant in their community the same major themes as the exclusively Latino community emerged: taboo regarding mental health and emotional instability but in different frequencies. Nine out of twelve participants stated that mental health in their community means not emotional instability. Moreover, three out of twelve participants stated that mental health is perceived as a big taboo within their community. Following are illustrated quotes regarding stigma: *“Hay mucha ignorancia la gente tiene miedo hacer diagnosticada. Es algo terrible y se oculta este tema porque temenos verguenza hablar de eso. La salud mental no es aceptada y las personas piensan que simplemente ‘estan locos’* (there’s a lot of ignorance regarding this topic, people are afraid of being diagnosed. It’s something terrible and this topic is often times hidden because we fear shame to even talk about it. Mental health is not accepted, and people judge others of just being ‘crazy’.) Another participant stated, *“A veces la ignorancia de uno pensamos que o esa persona esta loca, es lo que se mira en la comunidad pero muchas veces puede que no sea asi y que talvez esa persona este pasando por inestabilidad emocional* (Sometimes we are ignorant and there is this misconception and we think that the person is crazy, that’s what you see in our community but many times maybe that person is going through emotional instability.”)

Regarding instability, another participant stated: *“El no estar emocionalmente estable, la mente es como un control remoto, todo depende de*

tu estado de ánimo. Tu puedes controlar tu mente, tus emociones y tus problemas (Not being emotionally stable, the mind is like a remote control, it all depends on your mood. You can control your mind, your emotions and your problems.”)

Both the exclusively and diverse Latino communities presented the exact same major themes (stigma and emotional instability) regarding the meaning of mental health in their communities. However, a higher number of participants from the exclusively Latino community reported a taboo surround the word “mental health” (7 out of 12 participants). On the other hand, the diverse Latino community had a higher number of participants who linked mental health to emotional instability (9 out of 12 participants).

Causes of Mental Health Problems. When participants from the exclusively Latino community were asked what beliefs people in their community have about the cause of mental illness and how it should be treated, two themes emerged about the causes of mental illness – not knowing the causes of mental illness and life stressors.

Eight out of twelve participants stated that they do not know what causes mental illness, A participant stated: *“Mi comunidad no sabe las causas de las enfermedades mentales, no hay mucha informacion de lo que es la salud mental, automaticamente asumimos ‘oh esa persona esta loco”* (in my community we don’t know what causes mental illness, there’s not enough

information about mental health, we automatically assume ‘oh that person is just crazy.’”)

Out of the twelve participants from the exclusively Latino community four participants gave responses related to life stressors, for what causes mental illness. One participant stated, “*Muchas veces son los problemas cotidianos que uno tiene. Por ejemplo: divorcio, perdida de trabajo o la pérdida de un ser querido* (Many times it’s the daily stressors that one encounters. For example: divorce, loss of work or the loss of a loved one.”)

When participants from the diverse Latino community were asked the same questions on what beliefs they have regarding mental illness and how it should be treated, two major themes emerged regarding the beliefs – drugs and life stressors. Nine out of twelve participants stated that the underlining causes of mental illness is related to the use of drugs. One of the participants stated, “*Las drogas causan enfermedades mentales, yo tengo un hermano que uso drogas por mucho tiempo y ahora tiene ataques de panico, mira cosas. Las drogas afectan el cerebro* (Drugs cause mental illnesses, I have a brother who used drugs for a long time and now he has panic attacks, he sees things all the time. Drugs affect and cause damage to the brain.”)

Three out of twelve participants stated that life stressor such as work-related stress, domestic violence, family problems, and economy hardships are some of the main causes of mental illness in their community. Following are illustrative quotes, “*El no tener una estructura familiar afecta a los miembros de*

la familia, los niños no tienen a sus papas porque trabajan mucho (Not having a family structure affects family members, children don't have their parents because they work a lot.") Another participant stated, "*El trabajo, el estar siempre a las carreras y uno no se da tiempo para uno mismo y el andar siempre estresado* (Work, being always on the go and rushing everywhere and one does not give time for oneself and the fact of always stressed out.)"

Treatments of Mental Health Problems. When participants from the exclusively Latino community were asked what beliefs people in their community have regarding the treatment for mental illness three themes emerged – professional help, religion and spirituality, and don't know how to treat mental illness. Religion and spirituality were found to be themes in the treatment of mental health conditions. Five out of twelve participants stated that spirituality and religiosity can provide support and can help in the treatment of mental illnesses. A participant stated, "*En mi comunidad muchos vienen a la Iglesia para que Dios los ayude a curarse de sus emociones. Teniendo mucha fe que Dios los va a curar, participando y ayudando en la Iglesia te proviene soporte emocional y crea ese soporte que te ayuda a sobrellevar los problemas que uno tiene* (In my community many individuals come to Church for God to help them heal their feelings and emotions. Having a lot of faith that God is going to cure them, participating and helping in the Church you get emotional support and it creates that support that helps you cope with the problems that one is currently facing.)"

Four out of twelve participants in the exclusively Latino community further linked stigma to lack of knowledge of how to treat mental health problems. Participants shared that mental health has a big stigma in their community which places Latinos in a position where they rather not talk about it and ignore such conditions which results in the lack of mental health education. One of the participants stated, *“La gente en la comunidad no sabe como tratar las enfermedades mentales porque no se habla de eso en nuestras comunidades, o si hablas de esas cosas las personas te juzgan y piensan que estas loca, la gente te mira mal si dices que tienes una enfermedad mental (People in the community do not know how to treat mental illnesses because they do not talk about it in our communities, or if you talk about those things people judge you and think you're crazy, people look at you wrong if you say you have a mental illness.)* Another participant stated, *“a la gente no le importa como tratar las enfermedades mentales porque simplemente no cren en la salud mental, es un gran taboo en nuestra comunidad (People don't care how to treat mental illnesses because they just don't believe in mental health, it's just a big taboo in our community.)”*

Three out of twelve participants agreed that mental illness should be treated by professional practitioners. One participant stated, *“Existen terapias para sacar algunos traumas o problemas que uno tiene (There's therapy to help with different traumas and/or problems that one has).* Another participant stated, *“Yo se que hay muchas instituciones profesionales, por ejemplo: psiquiatras y*

psicólogos que ayudan a tratar enfermedades mentales (I know that there are many professional institutions, for example: psychiatrists and psychologists who help to treat mental illnesses.”)

Three themes emerged regarding the treatment for mental illness in the diverse Latino community – professional help, having a social support system and lack of knowledge on how to treat a mental illness. Participants stated that professional help is needed in the treatment of mental illnesses. Five out of twelve participants identified as seeking professional help as one of the main treatments for mental illnesses. Participants stated, *“ir al psicólogo y tomar medicina (by going to the psychologist and by taking medication.”)* Another participant stated, *“Buscar ayuda profesional, con alguien que no conozcas para que no te juzgen (Seek professional help, go with someone who does not personally know you so that way they won’t judge you.”)*

Participants from the diverse Latino community emphasized on the importance of having a social support system in order to treat mental illnesses. Four out of twelve participants stated that having a social support system is vital to maintaining mental health and to help overcome mental illnesses. One of the participants stated, *“Tener alguien con quien hablar, muchas veces necesitamos tener un sistema de soporte que nos escuchen y nos hagan sentir en un ambiente seguro (Having someone to talk to, many times we need to have a strong support system that will listen to us and that would make us feel in a safe environment.”)*

Three out of twelve participants from the diverse Latino community stated that they do not know how a mental illness should be treated. *“yo no se como se tratan las enfermedades mentales, yo no creo que hay medios para cura este tipo de enfermedades (I do not know how to treat mental illnesses, I do not think there are ways to cure such diseases.)”*

A commonality observed between both communities was that both communities believe that one of the causes of mental illness is related to life stressors. However, a major difference between both communities was observed when eight out of the twelve participants from the exclusively Latino community reported being unknowledgeable of what the causes of mental illnesses are whereas out of the twelve participants from the diverse community nine of them presented drug use as one of the main causes of mental illnesses.

As far as the treatment for mental illnesses two commonalities were observed during the study. Both communities reported that professional help is a tool for the treatment of mental illness. Furthermore, both communities also reported not knowing how mental illnesses should be treated. A difference among both communities was that the exclusively Latino community believes that having a connection to a higher power can cure mental illnesses whereas most participants in the diverse community believes that having a strong support system is a tool to treat mental illnesses.

Migration and its Impact in Mental Health

When participants from the exclusively Latino community were asked in to explain in what ways the process of cultural change and/or migration affected their mental health, all participants stated that coming from a foreign country negatively affected their mental well-being. Following are illustrated quotes;

El estar acostumbrado a tener una vida establecida y llegar a un nuevo país y tener que empezar desde abajo. Me deprimi bastante, no me gustaba ir a las classes y el saber que tus padres no te apoyan de saber como te sientes porque dicen que tienes que ser fuerte y que se te va a pasar entonces me isole bastante (Being accustomed to having an established life and coming to a new country and having to start from the bottom again. I was depressed, I did not like to go to the classes and knowing that your parents do not support you because they do not know how you feel because they say you have to be strong and to tough it out, I became very isolated.

Another participant reported, *“Me afecto bastante, principalmente en el idioma no se me graba nada entonces me pongo muy nerviosa y ansiosa el no poder dominar la lengua y el no poder comunicarme con otras personas* (It affected me a lot, mainly not being able to speak English, I cannot learn so I get very nervous and anxious not to be able to dominate the language and not being able to communicate with other people.”) Another participant reported, “Since I migrated at a very young age it did affected me. When I was in Mexico everything was so

pure and sane but when I came to the US, I saw the other side on how tough life really was and how much discrimination and racism there is.” Another participant stated, *“Me afecto bastante, llegue a sentirme deprimida, el venirme a este pais y dejar a mis hijos en mi pais. Llego el momento en el que yo hablaba sola y me sentia muy ansiosa y triste de no tener nada ni familia ni amigos cercanos en este pais* (It affected me a lot, I feel depressed, having to come to this country and leave my children behind in my country. It got to the point where I would talk to myself, I felt very anxious and sad to have nothing or family nor close friends in this country.”)

When participants from the diverse Latino community were asked the same question on how the process of cultural change and/or migration affected their mental health, all twelve participants reported that it negatively affected their mental health. One of the participants stated, *“Eso de la inmigracion es terrible, vive uno estresado todo el tiempo, tiene uno miedo y es dificil encontrar trabajos. El miedo causa el stres de todos los dias y el tener que separarse de la familia. Yo creo que el stres es la principal causa de las enfermedades mentales, eso de vivir uno estresado todo el tiempo es terrible* (the whole immigration is terrible, one lives stressed all the time, you have a constant fear and is difficult to find jobs. Fear causes the stress of every day also having to separate from your family. I think the stress is the main cause of mental illness, living with uncertainty and stressed out all the time is terrible.”) Another participant reported, *“La migracion causa ansiedad y depresion y tambien causa aislamiento*

(Migration causes anxiety and depression, it also causes isolation.”) Another participant reported, *“El proceso de cambio cultural me afecto porque es una cultura diferente entonces eso te causa que te sientas diferente a los demas. A veces las otras personas te critican y offended y te hacen sentir mal y avergonzada* (The process of cultural change affected me because it is a different culture and that causes you to feel different from others. Sometimes other people criticize you and offended and that makes you feel bad and ashamed of yourself.”)

A commonality observed between both communities was that all twenty-four participants from both communities narrated that migration negatively affected their mental health; although every story is unique. Stressors related to migration include language barriers, acculturation, and separation of family members who still reside in their native countries.

Currently Receiving Mental Health Treatments

When participants in the exclusively Latino community were asked if they or any family members are receiving or had received mental health services, nine out of twelve participants reported that they have never received services nor had their family members. Only three out of the twelve participants cited that they have received mental health services. Out of the three participants, two of them stated that they receive mental health services themselves, whereas one of them reported that a family member receives the services. *“Si, mi esposo recibe ayuda de psicologo y psiquiatria, tiene tres años recibiendo ayuda y su diagnostico es*

esquizofrenia bipolar (Yes, for the past three years my husband has been receiving mental health services, he sees the psychologist and a psychiatrist, he has been diagnosed with schizophrenia.”) Another participant stated, “*Si, yo recibo ayuda voy al psiquiatria y a terapia, me diagnosticaron con depression severa despues de que estube en el hospital por intento de suicidio* (Yes, I receive mental health services, I go to psychiatrist and individual therapy, I was diagnosed with major depression disorder after I was in the hospital for attempted suicide.”)

When participants from the diverse Latino community were asked whether they are receiving or had received mental health services or if any family member is receiving mental health services, eight of out twelve participants had never received nor had their family members and four had received services. All four participants are receiving mental health services themselves. “*Si yo recibo servicios de salud mental porque tengo depresion como resultado de problemas de salud* (Yes, I receive mental health services because I am battling depression as a result of health problems.”) Another participants stated, “*Si yo recibo terapia y consejaria. Uno solo no puede con tanto aveces necesitas a alguien con quien hablar, uno tiene muchos problemas y si no los hablamos ya estuvieramos en el manicomnio* (Yes, I receive therapy and counseling. One cannot keep everything that is going on in your life to yourself, sometimes we need someone to talk to, we are confronted with many problems and if we do not have someone to talk to we would end up in a mental hospital.”)

A commonality between both communities was that roughly the same minority of people said they or a family member have received mental health services. Out of the twelve participants from the exclusively Latino community there were three and out of the twelve participants from the diverse community, there were four. The only difference reported was that all four participants from the diverse community were receiving mental health services themselves, whereas one of the three participants from the exclusively Latino community reported her husband is receiving those services.

Social Capital- Relationships and Interactions between Community Members

When participants from the exclusively Latino community were asked to describe their relationship with other community members two major themes derived: no relationship and good relationship. Nine out twelve participants reported not having a relationship with their community members whereas three participants cited having a good relationship with community members. Several participants shared experiences in which they do not feel comfortable and do not have support from their own ethnic group. Following are illustrated quotes, “*Yo no le hablo a nadie, muchas veces entre nosotros los Latinos no nos ayudamos* (I do not speak to anyone, many times among us Latinos we do not help and/or support each other.)” “*No tengo relacion con ellos, soy muy cohibida no hablo con nadie, prefiero mejor no convivir con los miembros de mi comunidad. Yo soy muy reservada para evitar problemas* (I have no relationship with them, I am very

inhibited I do not talk to anyone, I prefer to not have a relationship with members of my community. I am very kept to myself in order to avoid problems.”)

Another participant stated, *“Es escasa, no tengo relacion con ellos para nada, la gente es muy racista, aunque sean de tu mismo grupo etnico. En realidad, no te dan ganas de convivir con los miembros de la comunidad no hay esa confianza ester nosotros* (It is very sparse, I have no relationship with them at all, people are very racist even if they are from your own same ethnic group. Honestly, it really makes you not want to interact with the members of your community because there is no trust among one another.”)

Three participants from the exclusively Latino community stated having a good and close relationship with other community members. Following are illustrated quotes. *“Tengo una relacion muy buena, me encanta tener una buena relacion con mis vecinos y la gente que me rodea* (I have a very good relationship with my community members, I love having a good relationship with my neighbors and people around me.”) “I feel very comfortable having a close relationship with other community members because we tend to understand each other better, I feel like I can trust them more than other races.” *“Tengo una relacion bonita y cercana con ellos, soy muy abierta yo respeto sus opinions y me gusta crear ese ambiente en donde sabes que si ocupas algo tienes personas a quienes les importas y te ayudan* (I have a nice and close relationship with them, I am very open, I respect their opinions and I like to create

that environment where you know that if you need something you have people who care and would help you.”)

Eight participants from the diverse Latino community reported not having a relationship with community members at all, whereas four out of twelve participants reported having a good relationship with their community members. Following are illustrated quotes: “*Yo no tengo relacion con ellos, me encierro mucho y no convivo. Tengo miedo que no pueda comunicarme* (I have no relationship with them, I am very kept to myself, I keep myself isolated and do not interact with community members. I am afraid I can't communicate due to language barriers.”) Another participant stated, “*Nadie interactua, todos trabajan y llegan a su casa y ya no salen. Yo no hablo con nadie y tampoco puedo platicar con nadie porque yo no se Ingles* (Nobody interacts with community members; everybody works and when they come home everyone is kept to themselves. I do not talk to anyone and I cannot talk to anyone because I do not know English.”) “*No tengo buena relacion con miembros de la comunidad. Siempre la gente está compitiendo con los demas, hasta en la Iglesia siempre hay mucha competencia* (I don't have a good relationship with community members. People are always competing with others, even at Church there is always a lot of competition among community members.”)

Four participants from the diverse community reported having a good relationship with community members. A participant cited, “*Tengo una relacion muy buena, a mí me gusta mucho platicar. Aunque no hablo mucho Ingles, eso*

no me impide platicar con diferentes personas de diferentes culturas y nacionalidades (I have a very good relationship with other community members, I really like to talk. Although I do not speak much English, that does not prevent me from talking with different people from different cultures and nationalities.”) Another participant stated, *“Muy buena con todos los miembros. Desde que adopte a mis niños hablo más con la gente, nos miran con más amor y cariño para mis hijos* (Very good with all the members. Since I adopted my children, I talk to people more frequently, they look at us with more love and affection for my children.”)

A commonality observed between both communities was that both shared the same major themes – no relationship or good relationship. Moreover, most participants from both communities reported not having a relationship with other community members. Nine out of twelve participants from the exclusively Latino community and eight out of twelve participants from the diverse community reported having no relationship with community members. No major differences were identified between both communities.

Visiting Friends. Participants from both communities were asked what the frequency in which they visit their friends was, the following themes emerged. Both communities, diverse and the exclusively Latino community reported the same themes – very frequent (once or twice a month) and not visit friends at all.

Seven out of the twelve participants from the exclusively Latino community reported that they do not visit their friends and five out of twelve participants from

stated that they do visit their friends. A participant stated, “*Yo no frecuento mucho a mis amigos, siempre andamos ocupados con el trabajo y la verdad que uno no se toma el tiempo para verlos o hablar con ellos tan seguido* (I do not frequent my friends as much, we are always busy with work and the truth is that one does not take the time to see them or talk to them as often.)” Another participant stated, “*De vez en cuando no tan seguido, talvez cada 2 o 3 meses* (Occasionally, not so often maybe every 2 or 3 months.)” “*No tengo amigos, no visito a nadie* (I don’t have any friends; therefore, I do not visit anyone.)”

Five participants from the exclusively Latino community reported that they do visit their friends. The following are illustrated quotes, “*Trato de visitarlos por los menos cada dos semanas, no siempre es asi porque aveces uno esta ocupado pero si no los visito por lo menos les llamo por telefono para saber que estan bien* (I try to visit them at least every two weeks, it is not always so because sometimes one is busy but if I don’t visit them at least I call them on the phone to know that they are doing well.)” “I try to hang out with them once a week, but we talk to each other almost every day because we are our support system.” “*Yo trato de visitarlos por lo menos cada dos semanas* (I try to visit them at least every other week.)” Another participant stated, “*Yo no frecuento mucho a mis amigos, simepre andamos ocupados con el trabajo y la verdad que uno no se toma el tiempo para verlos o hablar con ellos tan seguido* (I do not frequent my friends as much, we are always busy with work and the truth is that one does not take the time to see them or talk to them as often.)” *De vez en*

cuando no tan seguido, talves cada 2 o 3 meses (Occasionally, not so often maybe every 2 or 3 months). “No tengo amigos, no visito a nadie (I don’t have any friends; therefore, I do not visit anyone.”)

Among the diverse community participants six out of twelve participants visit their friends frequently, whereas six out of twelve participants do not visit their friends. *“Siempre, muy frecuente los visito, los amigos que siempre visito son los de la Iglesia (Always, I visit my friends very frequent, the ones that I always visit are those friends from Church.)”* *“Siempre, casi diario. Para mí la amistad es muy important porque yo no tengo familia aqui en Estados Unidos (Always, almost every day. For me friendships are very important because I have no family here in the United States.)”* Another participant stated, *“Muy frecuente, yo tengo muchos amigos. Los amigos son un soporte para mi (Very frequent, I have a lot of friends. My friends are my support system.)”* *“No frecuento a nadie, prefiero estar con mi familia. La verdad que amigos en este mundo no hay (I don’t visit anyone, I’d rather be with my family. The truth is that friends do not exist in this world.)”* *“Casi nunca, yo me mantengo ocupada, tengo cosas que hacer solamente si hay fiestas si voy si no no (Almost never, I keep myself busy, I have things to do, the only times I would see them is if there are parties to go if not then I won’t see them.)”* *“Yo trabajo, cuido a mis hijos, llevo a mi mama al doctor entonces casi no los frecuento porque no tengo tiempo pero si trato de hablar con ellos por telefono (I work, I take care of my children, I take my mom to*

the doctor so I don't visit them because I have no time but I try to talk to them on the phone.”)

A commonality observed between both communities was that “very frequent” and “do not visit them” were the major themes that emerged from both communities. Nearly the same number of participants from both communities reported that they visit their friends frequently (once or twice a month), similarly, the same number of participants also reported not visiting their friends at all. Out of the twenty-four total participants, five from the Latino exclusively community and six out of the diverse community reported that they visit their friends very frequent. Moreover, seven out of twelve participants from the exclusively Latino community and six out of the twelve participants from the diverse community stated that they do not visit their friends at all.

Formal/Informal Organizations

Participants in the exclusively Latino community were asked if they were part of any formal or informal organization. Out of the twelve participants, seven reported that they are part of an organization. The organizations were work, church, and school programs. Two major themes that emerged from this question was belonging to a church and not part of an organization. Five out of twelve participants shared that they are not part of any organization. However, one reported, “*antes asistía a la iglesia, pero ahora ya no. La iglesia tiene una fachada, pero tu misma raza no te apoyan como deberían* (I used to attend church before, but not anymore. The church presents itself as so great, but that's

only appearance. Your own people don't support you like they should.") Three out of twelve participants identified church as a formal organization in which they are a member. A participant shared that he was part of a prayer group at church.

The diverse community, when asked the same question, ten out of the twelve participants reported being part of an organization. The major theme for this group was church. All ten participants identified church as a formal organization they are part of. Most of the participants shared that they were part of groups/ministries within the church. A participant stated: "*Yo estoy en tres ministerios. Grupo de matrimonio, provida, y las niñas ángeles de María* (I am part of three ministries. Marriage group, prolife, and the girl's angels of Maria.)" Another participant shared, "*horita nomas en el grupo de las niñas ángeles de Maria. Me gusta ayudar a los niños* (Right now I'm only in the group of the girl's angels of Maria. I like to help children.)" One participant shared that she was part of her church, but also part of "*grupo de mariposas. El grupo es para gente con problemas de salud mental* (butterfly group. The group is for people with mental health problems.)"

A commonality between both communities was that church was the major theme for both groups church. However, the diverse community had a higher number of participants who reported church as their formal organization. In the diverse community ten out of twelve reported church as a formal organization while the exclusively Latino community reported seven out of twelve. A difference that was observed between both communities was that the exclusively

Latino community had two major themes church and not part of an organization while the diverse community only had one major theme church. It is not understood why some of the participants from the exclusively Latino community reported they are not part of any organization when they attend church.

Church Involvement. Participants in the exclusively Latino community were asked how involved are they in their church. Two major themes derived from the exclusively Latino community were involved and not involved. Out of the twelve participants nine reported being involved in their church and three reported not involved. A participant who reported they were involved shared, “*I am involved at church because it keeps stay sane.*” Another participant reported, “*Yo estoy bien involucrada. Me gusta mi Iglesia y me gusta apoyar a los miembros de la Iglesia* (I am very involved. I like my church and I like to provide support to the members of the church.)”

The major theme for the diverse community when asked about church involvement was being involved. Out of the twelve participants ten reported being involved in their church and two reported not involved. Participants who reported being involved in their church shared the reasons for their involvement. One participant shared, “*Yo asisto dos a tres veces a la semana. Estoy en el grupo de matrimonios, grupo de niñas, grupo de provida, y vengo a misa cada domingo* (I attend two to three times a week. I am in the group of marriage, group of prolife, and I come to mass every Sunday.)” Another participant shared, “*Estoy involucrada bastante. Sirvo como ministro de caristia y ayudo con las clases de*

prevautismale (I'm quite involved. I serve as Minister of eucharist and help with the classes of prebaptism.") Lastly, one participant shared, "*soy directora de Angeles de María. Estoy ahí varias veces a la semana* (I am director of Angels of Maria. I am there a few times a week.") As stated earlier, Angeles of Maria is a group for girls ages 5 and 13 who meet once a week to learn about their Hispanic culture. The participants who responded that they are not involved in their church take their daughters to this group, but do not attend church.

A commonality observed between both groups was that they are both very involved with their church, however, it is observed again that the diverse community is more involved than the exclusively Latino community. A difference between both communities is that the diverse community seem to be part of different ministries. The exclusively Latino community reported being involved in the church but did not report any part of a ministry. Another difference that is observed is that some of the participants within the diverse community reported only being involved due to taking their daughters to a group within the church, however they reported not attending church or not being part of the church.

Involvement in Kids School. The participants were asked if they had any kids and how involved are they in their school. The exclusively Latino community expressed the following two major themes; I have kids and very involved and don't have kids. Out of the twelve participants seven reported they did not have children, four reported that they did have kids and were involve, and one reported that they did have a child but was not involved. The participants who shared that

they do have kids and were involved reported, “*Estoy involucrado demasiado, ya sea ayudando a la maestra o ayudo en los eventos* (I'm very involved either helping the teacher or helping in the events.”) Another participant shared, “*Si, no solamente en sus tareas y actividades pero formo parte de un comité* (Yes, not only in their tasks and activities, but I am also part of a committee.”)

The diverse community had two major themes; I have kids and very involved and I have kids but not involved in their school. Out of the twelve participants six reported having kids and involved, three reported having kids but not involved, and three reported that their kids were adults now. The participants who disclosed that they were involved in the school's reported, “*estoy en el PTA y hago volunteer* (I'm part of the PTA and I volunteer.”) Another participant shared that she has language barriers however it doesn't stop her from being involved, “*A mi me gusta mucho. No se inglés, pero me ayudan. Hago volunteer cada seguido* (I like it a lot. I don't know English, but they help me. I volunteer every now and then.”) The three participants who reported having kids but did not volunteer shared that they didn't due to their language barrier one reported, “*no me ofresco como voluntaria porque no se el ingles y me da pena* (I do not offer myself as a volunteer because I do not know English, and I feel embarrassed.”)

A commonality observed between the both groups were that both communities reported that they were involved in their kids' school, however, the diverse community was more involved. The diverse community reported six

being involved while the exclusively Latino community reported four being involved. A difference between these two groups was that the diverse community disclosed that they did not get involved in their kid's school due to a language barrier. Another difference observed was that seven of the exclusively Latino community participants disclosed that they didn't have any children while the diverse community all reported they have children. Three of the participants shared that their children were adults.

Neighborhood Support and Communication

The participants were asked if they had a problem did they have someone in their neighborhood they can go to. The exclusively Latino community revealed two major themes; no, they didn't have anyone they can go to and yes, they had someone in their neighborhood they can talk to. Out of the twelve participants eight reported that they did not have anyone in their neighborhood they can talk to if they had a problem. Most of the participants who reported "no" shared that they were reserved and didn't seek help. One participant reported, "*No a nadie. Soy muy reservada, solo me desenvuelvo con mi familia y mis hijos* (Not to anyone. I am very reserved; I only share with my family and my children.)" Another participant shared, "*En cuestión de mis problemas soy muy reservada. No creo que me sienta cómoda yendo con mis problemas a contarles a mis vecinos* (In the matter of my problems I am very much reserved. I do not think I feel comfortable going to my neighbors with my problems.)" Another participant

shared, *“I don’t really like to go to others with my problems, but I know that my next-door neighbor is there is there if I need something.”*

The diverse community reported the same themes; no, they didn’t have anyone they can go to and yes, they had someone in their neighborhood they can talk to. Out of the twelve participants eight reported that they did not have anyone in their communities they can talk to if they had a problem and four reported that they did have someone in their neighborhood. The majority who reported that they didn’t have anyone in their community shared that they either had someone they can talk to outside of their neighborhood or talked to God about their problems, *“No, yo nomas oro o le llamo a una amiga pero no nadie en mi vecindario* (No, I just pray or call a friend but no one in my neighborhood.”) Another participant shared, *“No, mi unico hombro para llorar es dios* (No, my only shoulder to cry is God.”) Lastly one shared, *“No tengo a nadie. Nomás a dios y a mi pastor* (I have no one. Just God and my pastor).”

A commonality observed between both of the groups was that they both shared the same number of participants who reported that they didn’t have no one in their neighborhood they can go to if they had a problem; out of the twelve participants in each group eight reported no and four reported yes. However, a difference that was observed was that the exclusively Latino community shared that didn’t have anyone due to them being “reserved” while the diverse community shared that they didn’t have someone in their neighborhood but did have someone to talk to outside of their neighborhood or reported that they had

God they could go to. It is observed that the exclusively Latino community is not comfortable sharing their problems whereas the diverse community is seen to be more open however does not have no one in their neighborhood.

Communication between Community Members. The participants were asked how community members communicate to one another that they are struggling emotionally or psychologically or how do they know when someone in their community is struggling emotionally or psychotically. Two major themes were identified for both groups; isolation/body language and they did not know when community members were struggling. Out of the twelve participants in the exclusively Latino community seven reported that they did not know when community members were struggling due to them not sharing, five reported that they knew they were struggling due to the person isolating or engaged in negative body language, and one reported that their neighbors don't have mental problems and are "normal". Participants who shared that they didn't know when community members were struggling reported, "*No sabre decir por lo mismo que no hay ese interés de tener un acercamiento con ellos, totalmente ignoro si alguien está pasando por un momento difícil* (I would not know for the same reason that I don't have interest to talk them, I totally ignore if someone is going through a difficult time.)" Another participant reported, "*Gente no sabe sobre problemas emocionales entonces no se habla de eso. La verdad como no convivo con ellos ni cuenta me doy si alguien tiene problemas emocionales* (People don't know about emotional problems so they don't talk about it. The

Truth is I do not talk to people, so I don't recognize when someone has emotional problems.”)

The diverse community also shared the same themes, nine out of the participants reported they knew someone was struggling due to person isolating/engaging in negative body language and three out of the twelve participants reported they did not know when someone in their community was struggling emotionally or psychologically . Participants who shared that they knew when someone was struggling reported, “*Yo se porque paran de ir a la iglesia y no se comunican o piden oraciones* (I know why because they stop going to church and don't communicate or ask for prayers.”) Another participant reported, “*Se llega el comentario que alguien necesita ayuda. Unas veces en conversación, desahogo, y el aconsejarnos. También unas veces se le nota algo diferente en su cara. No está atendiendo los grupos, no está respondiendo los mensajes, y no se está cuidando* (You get the comment that someone needs help. Sometimes in conversation, relief, and counseling. Also, sometimes you notice something different in their face, they are not attending the groups, not answering messages, and is not taking care of themselves.”)

Commonalities were observed between both groups when their answers were compared. First, most of the exclusive Latino community reported that they did not know when members in their community were struggling emotionally or psychologically and one reported that her community is normal and does not struggle. Most of the diverse community reported that they knew when a

member in their community was struggling. Second, most of the exclusively Latino participants who reported that they did not know when someone was struggling disclosed that they did not like sharing personal information and that people don't talk about mental health. However, most of the diverse community reported that they would know due to members in the church not attending church or groups, members ask for prayer, calls or messages between one another, and body language. It is observed that the diverse community has a close relationship with other church members.

Community Members Sharing Mental Health Information

The participants were asked if community members help one another with information and resources regarding mental health and two common theses were derived from their answers; community members share mental health information and community members don't provide each other with those resources. Out of the twelve participants in the exclusively Latino community eight reported that their community members don't share information and resources while four participants reported that community members do help one another with information and resources. Two participants that reported that community members did share reported, "*En mi experiencia si eh visto que hay ayuda. De hecho, en el consulado mexicano hay bastante información referente a este tema. En mi trabajo yo eh sido voluntaria y si mirado en las ferias hay información, pero es un gran taboo entonces no se habla de eso* (In my experience yes, I have seen that there is help. In fact, there is a lot of

information about this subject at the Mexican consulate. In my work I have been a volunteer and I see that at the fairs there is information, but it is a great taboo that you do not talk about it.)” Another participant reported, “*Si, aunque no platico mucho con ellos si dan información* (Yes, although I don't talk much with them, they do give information.)”

The participants from the exclusively Latino community who reported that their community does not help one another with mental health resources and information disclosed, “*No, como te repito no se habla casi nunca de ese tema* (No, as I repeat, this topic is rarely talked about).” Another participant shared, “*No, nadie habla de eso por el taboo que hay. No creen en la salud mental* (No, no one talks about it because of the taboo. They don't believe in mental health).” A participant reported, “*No hay mucha información, no sabemos de eso* (There's not much information, we don't know about that stuff).” Lastly one participant shared, “*Es que nadie tiene problemas de ese tipo en mi comunidad* (Nobody has problems of that kind in my community).”

The diverse community shared the same themes, community members share mental health information and community members don't provide each other with those resources. Out of the twelve participants seven reported that their community did not provide resources and five reported that they do. The participants who reported that members do not help one another with information and resources regarding mental health disclosed, “*No, pero si con otras necesidades or problemas* (No, but we do help with other needs or problems).”

Another participant reported, “*No este tipo de ayuda no* (Not This kind of help no).” Some participants shared why they didn’t help others in their community, “*yo no soy activa en la comunidad. Si yo supiera ingles me gustaría ayudar más* (I’m not active in the community. If I knew English I would like to help more).” Another participant reported, “*No creo. Yo no tengo la capacidad de ayudarlos. No oyen a nadie. No oyen a uno* (I don't think so. I don't have the ability to help them. They don't hear anybody. They don't hear us).”

The participants in the diverse community who shared that their community do help one another with information and resources regarding mental health reported, “*Pienso que si pero no respondemos porque no sabemos* (I think so, but we do not respond because we do not know).” Another participant shared, “*Yo nomas lo ha mirado en las iglesias. No en mi vecindario ni mis amigas o amigos. No hablamos de cosas así* (I just see it in the churches. Not in my neighborhood, not my friends or friends. We Don't talk about things like that).” Another participant confirmed that there is resources and information at churches, “*Hay muchos recursos en la iglesia. Hay eventos en la iglesia. La iglesia nos ayuda* (There are many resources in the church. There are events in the church. The Church helps us).”

Commonalities were observed between both groups. It was observed that most of the participants in both groups reported that their community does not help one another with resources and information regarding mental health. It was also observed that the exclusively Latino community did not speak about mental

health due to not being educated about it which resulted in them not helping one another. However, the diverse community seemed to know about mental health but did not know how to help or reported that members of their community did not want to talk about it. A difference that was observed between the groups was that participants from the exclusively Latino community did not disclose any information about resources within their church while the diverse community shared that there is lots of information and resources in their church.

Access to Mental Health Services

The participants were asked if it was easy to find mental health information or resources and how do they find the information. Most of the exclusively Latino community participants reported that it was easy to find information and resources regarding mental health. Out of the twelve participants eight reported it was easy and four reported it was not easy. When asked where they can find information three major themes were identified; internet (8 participants), community resources which included school, church, doctor, psychologist, and their job (five participants), and some reported that they did not know (2 participants). The participants that reported it was easy to find information shared, *“Usando el internet, pero algun lugar or persona no tengo idea donde esten localizados. Si en algún momento necesitaria de esas ayudas preferiría buscarlas en el internet que acudir con mis vecinos* (Using the Internet, but somewhere or person I have no idea where they are located. If at any time I would need those aids I would prefer to look on the internet, then to go

with my neighbors).” Another participant reported, “*En el internet, pero en realidad no sé a dónde acudir a terapia como te digo mi hija y yo padecemos de ansiedad y ataques de pánico, pero no sabemos a dónde acudir a recibir ayuda psicológica. Tenemos ese taboo de que si vas al psicólogo es porque estás loco* (On the Internet, but not really where to go to therapy. I tell you my daughter and I suffer from anxiety and panic attacks, but we do not know where to go to get psychological help. We have that taboo that if you go to the psychologist it's because you're crazy).” Lastly another participant shared, “*Yo busque en el internet, pero como Latinos y sin papeles te da miedo y el qué dirán de cómo te miraran. Las otras personas te detienen, entonces no buscamos los recursos* (I search the Internet, but as Latinos and without papers you are afraid, and then you start thinking what they will say, and how will they look at me. The other people stop you, then we don't look for the resources).”

The majority of the diverse community participants also reported that it is easy to find mental health information or resources within their community. Out of twelve participants eight reported it was easy whereas four reported it was not easy. When asked how do they find information or resources about mental health three major themes were identified; community resources which include their doctor, hospital, school, psychologist, and their job (12 participants), the internet (2 participants), and some reported they did not know where to find information or resources about mental health (1 participant). Some of the participants that reported it was not easy shared their reasoning, “*No es facil.*

Todo esta en ingles (It is not easy. Everything is in English.) Another participant reported, “*A mi si se me hizo difícil. Una secretaria de la escuela me trato de ayudar, pero el inglés no entendía. También duro mucho* (It was difficult for me. The school secretary tried to help me, but I did not know English. It took a long time too.)” Three of the eight people who reported that it is easy to find resources and information regarding mental health reported, “*Si, la informacion es facil de encontrar pero que le de el servicio no. El servicio no te lo dan fácil. La información esta todas partes; el hospital y en el trabajo* (Yes, the information is easy to find but not the service. The service they don’t give it to you as easy. The information is everywhere; The hospital and at work.)” Another participant disclosed, “*Hay muchos recursos. El distrito escolar tiene muchos recursos. Pero los hispanos no vamos porque estamos ocupados* (There are many resources. The school district has many resources ,but Hispanics don't go because we're busy.)” The last participant that reported it was easy to find information or resources disclosed, “*Si lo buscas si y si no lo buscas si es difícil. Tienes que buscar y preguntar. Mi hija me ayuda mucho. Ella sabe el ingles so me ayuda buscar recursos que yo necesito* (If you look for it yes and if you do not look for it is difficult. You must look and ask. My daughter helps me a lot. She knows English so she helps me find resources that I need.)”

Commonalities that were observed between both groups when asked the same question were that both groups had eight participants who reported that it was easy to find mental health information or resources regarding mental health

and four reported it was not easy. Both groups also shared the same major themes when asked where they can find information or resources about mental health; the internet, community resources, and some reported they did not know where they can find information. The differences that were observed were that the exclusively Latino community, most of them reported that they can find information and resources online. However, reported they were scared to get help due to immigration status or worried about what others would think of them. In the diverse community, all eight participants who reported it was easy to find information reported that community resources always provided information. Most of the diverse community participants report that schools and doctors are a great resource to find information regarding mental health, however language barriers, transportation barriers, and busy schedules impede them from seeking services. Both groups reported different reasons on why they did not seek mental health services.

CHAPTER FIVE

DISCUSSION

Introduction

The following paragraphs will briefly review the significant results of the study and possible interpretations, limitations of the study, and suggestions for further research. The significant results found in the study among both the exclusively Latino community and the diverse community includes the stigma among Latinos about mental health, common beliefs about treatments for mental illnesses, the detrimental effects of the migration experience in mental health, causes of mental illnesses, mental health services, organizations the community is part of, community support and communication, mental health resources and information provided by members of the community, and their access to it.

Discussion

A critical finding is that both the exclusively Latino community and the diverse Latino community linked the word “mental health” with taboo in their communities. Furthermore, the narratives extend our understanding on the impact of the mental health stigma in both communities which participants linked it to the lack of knowledge regarding treatments for mental illnesses.

A significant difference among the exclusively Latino community and the diverse Latino community was noted when more than half of the participants from the exclusively community stated being unknowledgeable of the causes of mental illnesses. On the other hand, more than half of the participants from the diverse community responded to drug abuse as one the causes of mental illnesses.

The findings of our study also indicated that although mental health tends to be an unspoken topic among majority of Latinos despite residency, several participants from both communities reported that professional help is needed to address mental health problems. Religion and spirituality served as one of the primary mechanisms to cure mental illnesses among those participants from the exclusively Latino community. Having a strong social support system was more commonly mentioned among participants from the diverse Latino community as a tool to treat mental illnesses. This study's results also illustrated that although having a social support system is essential to treat mental illnesses, more than half of the participants from both communities reported not having a relationship with community members.

Despite being a member of different communities, whether from an exclusively Latino community or a diverse community, the lived experiences expressed through powerful participants' quotes affirmed that migration has negatively affected their mental health. Although every participants' story regarding their migration experience is unique, one can conclude that to one extent or another, the migration experience can have detrimental effects on one's well-being.

Another critical difference noted among the exclusively Latino community and the diverse Latino community emerged when participants were asked whether they are receiving or had received mental health services or if any family member is receiving services. Participants from the exclusively Latino community

who are receiving mental health services reported major mental illnesses such as schizophrenia, bipolar disorders, and major depression disorders. On the other hand, those participants from the diverse community who reported receiving mental health services reported it as general counseling to address stress management and emotional support. The results revealed in the study indicated that both communities seek out professional mental health services. However, the type of mental health services among each community were different based on severity of the mental illness.

A significant result that was observed between the communities was when asked about organizations they were part of. Both communities reported that church was the only organization they considered themselves part of. However, the diverse community seemed more involved. Many of the participants in the diverse community reported that they were part of a ministry within the church, one member even reported being a director of a children's ministry. Other ministries that participants from the diverse community reported they were part of included marriage group, a group of prolife advocates, a ministry of eucharist, and a group of pre-baptism. As for the exclusively Latino community participants only one reported being part of a prayer group.

Significant results were found between both communities when asked if community members help one another with information and resources regarding mental health; both communities reported that their community does not help one another. The results were very close, eight in the exclusively Latino community

reported that they didn't and seven in the diverse community reported that they didn't. Although both communities agreed that community members do not share information or resources it was observed that both had different ideas of why they think members do not share. The exclusively Latino community reported that the mental health topic is rarely or not talked about due to its taboo. The diverse community shared that they helped in other ways such as providing child care and support, due to them not knowing much about mental health. Again, it is observed that community members from the diverse community are more involved, not specifically providing mental health resources or information yet they are still providing support.

A significant result was observed regarding communication within members in the community were different when comparing both communities. Most of the exclusively Latino community reported that they did not know when a member in the community was struggling emotionally or psychologically due to them not speaking to other community members (seven out of twelve participants) whereas, the diverse community reported that they knew when a community member was struggling, only three reported that they did not know. Community members from the diverse community reported that there is no communication, they have no interest talking to other members, and one reported that none of their neighbors had mental problems. However, the exclusively Latino community identified different characteristics of someone who has mental health issues. It is observed that the diverse community has more

communication with their community members and know when they are struggling emotionally or psychologically.

Another significant difference was noted when participants were asked if it was easy to find mental health information or resources and how they find information. Both communities reported that it was easy to find information, however, they both reported different places where they can seek these resources. The exclusively Latino community reported that they find information online and the diverse community reported that they find information and resources in their schools, church, doctors, psychologist, and their job. With these results with can hypothesize that members from the exclusively Latino community know that they can find information online, however, do not seek the help and or resources due to the taboo and lack of knowledge regarding mental health. It is also observed that they do not share with one another their struggles with mental health. Whereas, the diverse community reports to see the resources and information in the community.

Limitations of the Study

There are limitations to the study presented. The first limitation in the study was that participants were only recruited from churches which may have influenced their understanding and views about mental health. A second limitation to the study presented was not being able to recruit various Latino cultural groups. All participants reported being from a Mexican origin. It is important to be mindful that although Latinos share similarities in key values,

there could potentially be variances that might influence help-seeking and understanding of mental illnesses. A third limitation was that the diverse community participants were recruited from a group within the church; a children's group. This group presented as close and provided each other with support which could have influence their answers regarding communication and relationships in the community. Lastly, another limitation would be the ages of the participants. Most of the participants from both groups migrated at an older age, while one participant from the exclusively Latino population reported that she migrated when she was a child. As a result of migrating at a young age this participant was able to attend school and continue to a higher education which influenced her answers and knowledge about mental health.

A limitation observed in this study was that this research was a small sample qualitative research that only accounted for twenty-four individuals in only two cities which is a decreasingly representation of the entire Latino population. Moreover, it would be highly encourage that future research studies should sample not only a larger sample of participants but also recruit participants from different cities across the USA to get a better representation of the Latino population from both the exclusively Latino communities and the diverse communities. This will help understand Latinos, their social capital, and their access to mental health services.

Implications for Social Work

Based on the finding of this study, an implication for social work professionals would be to enhance cultural awareness by providing psycho-education groups regarding mental health information and services because of their lack of education and understanding. This approach would not only be beneficial to the Latino population due to their lack of knowledge about mental health but it would be valuable to help fight the stigma among this population. Furthermore, agencies in both the exclusively Latino community and diverse community should develop community outreach programs as it can be beneficial to seek those Latinos who are in need of mental health services. By providing details about different diagnoses, discussing treatment options, and answering questions in a sensitive culturally manner, could help overcome their community's stigma.

Recommendations for Social Work Practice, Policy, and Research

Future research should continue to explore causes of stigma about mental health among Latinos. It is recommended to continue increasing cultural competency programs to enhance cultural awareness among mental health practitioners should be a priority as it may lead to reduced stigma and in turn better mental health outcomes overall. Another recommendation will be that participants should range in all ages 18 and older due to their age influencing their life experience such as migration, family dynamics, trauma, and social support. A recommendation for policy will be to continue advocating for this

population's equal rights to care in order to provide them with necessary mental health services needed to enhance their quality of life. Lastly, it is important that this profession continues conducting and enforcing community outreach to educate this population on mental health and available resources.

Conclusion

In conclusion, this study gives voice to the taboo and stigma among Latinos regarding mental health/mental problems. The qualitative findings illustrated that the exclusively Latino community tends to keep their mental health more private in comparison to the diverse community as they reported a greater taboo in their community in contrast to the diverse community. Subsequently, the diverse community is more supportive of one another and are more open to talk about mental health overall. The findings reinforces the necessity of more culturally appropriate mental health education among the overall Latino community.

APPENDIX A
QUESTIONS FOR LATINO IMMIGRANTS AND MENTAL HEALTH

Demographic Questions for Latino Immigrants and Mental Health
Evaluacion Demografica de los inmigrantes Latinos y la salud mental

ID CODE: _____

Date Completed

____/____/____

1. Age/Edad: _____

2. Gender/Genero: Female/Mujer Male/Hombre
 Transgender/Transgenero Prefer not to
disclose/Prefiere no revelar

3. What is your nationality?

¿Cual es tu nacionalidad?

4. What is your current marital status?

¿Cual es su estado civil actual?

5. Do you reside in a diverse community or a Latino exclusive community?

¿Reside en una comunidad diversa or en una comunidad Latina exclusiva?

6. How long have you been living in the USA?

¿Cuanto tiempo lleva viviendo en los Estados Unidos?

Questions for Latino Immigrants and Mental Health
Evaluación de Los Inmigrantes Latinos y la Salud Mental

ID CODE: _____ / ____/____

Date Completed

- 7. What does “mental health” mean in your community?**
¿Qué significa “salud mental” en su comunidad?
- 8. What beliefs do people in your community have about the cause of mental illness and how it should be treated?**
¿Qué creencias tiene la gente en su comunidad sobre la causa de la enfermedad mental y la forma en que deben ser tratados?
- 9. Do you believe that the process of cultural change and/or migration affected your mental health?**
¿Cree usted que el proceso de cambio de cultura y/o la migración afectaron su salud mental?
- 10. Did the process of cultural change and/or migration cause your mental health to decline?**
¿El proceso de cambio de cultura y/o la migración causaron que su salud mental se disminuyera?
- 11. A diverse community is composed of different ethnic and racial groups living in the same community. Latino exclusive community is composed of Latino members only. Are you or a family member receiving or has received mental health services? If yes where do they reside in a diverse community or a Latino exclusive community?**
Una comunidad diversa está compuesta por diferentes grupos étnicos y raciales que viven en la misma comunidad. Una comunidad Latina exclusiva está formada por miembros Latinos solamente. ¿Está usted o un miembro de la familia recibiendo o ha recibido servicios de salud mental? Si sí ¿dónde residen en una comunidad diversa o en una comunidad exclusiva Latina?
- 12. How would you describe your relationship with other community members?**
¿Como describiría su relación con otros miembros de la comunidad?

13. How do community members communicate to one another that they are struggling emotionally/psychologically? Or how do you know when a community member is struggling emotionally/psychologically?

¿Como se comunican entre sí los miembros de la comunidad que están luchando emocionalmente/psicológicamente? ¿o como sabes cuándo un miembro de la comunidad está luchando emocionalmente/psicológicamente?

14. Do community members help one another with information and resources regarding mental health?

¿Los miembros de la comunidad se ayudan mutuamente con información y recursos relacionados con la salud mental?

15. Is it easy to find mental health information or resources? How do you find information or resources about mental health?

¿es fácil encontrar información o recursos de la salud mental? ¿Como encuentras información o recursos sobre la salud mental?

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the differences of seeking mental health services when living in a diverse community versus an exclusive Latino community and additionally seek to identify if social capital facilitates seeking mental health services. The study is being conducted by Karina Amador and Natalie Salas, both graduate students, under the supervision of Dr. Smith, 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 examine the differences of seeking mental health services when living in a diverse community versus an exclusive Latino community and seek to identify if social capital facilitates seeking mental health services.

DESCRIPTION: Participants will be asked a Mental Health questionnaire which is composed of a set of questions about their community, social capital and access to mental health services. Additionally, participants will be given a demographic questionnaire to gather information related to gender, age, education, race, etc.

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

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported to California State University San Bernardino Department of Social Work.

DURATION: It is expected that the interview will last approximately one-hour long.

RISKS: There will be no foreseeable immediate or long-term risks to participants who participate in the study. One minor risk to the participants could be some discomfort resulting from the nature of the questions. Some participants may be uncomfortable to answer certain personal background questions such as age, income, education level, or their reason for not seeking mental health services. In such case, participants will be informed that they are free to refuse to answer those questions or to withdraw any time without any consequences. After the completion of the interview, participants are also given a debriefing statement in which mental health agencies' name and phone numbers are listed for contact in case they become uncomfortable or upset as a result of participating in the study.

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. Smith at (909)537-3837

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 tape recorded: _____ YES _____ NO (required if you are recording interview for qualitative or mixed method study)
This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

APPENDIX C
DEBRIEFING STATEMENT

Study of Mental Health Services in an Exclusive Latino Community versus a Diverse Community

Debriefing Statement

This study you have just completed was designed to investigate mental health services in an exclusive Latino community versus a diverse community. In this study two decision biases were assessed: The inattentional blindness and the framing effect. These two decision biases often unconsciously influence our everyday decisions. The framing questions and the inattentional blindness questions use different working and context or provide additional pieces of information to influence your choices. We are particularly interested in the relationship between these two decision biases to see whether people who are susceptible to one are also susceptible to the other.

Thank you for your participation and for not discussing the contents of mental health and community questions with other individuals. If you have any questions about the study, please feel free to contact Karina Amador and Natalie Salas or Doctor Laurie Smith at (909)537-3837. If you would like to obtain a copy of the results of this study, please contact Doctor Laurie Smith at (909)537-3837 at the end of Spring Quarter of 2019.

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL

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

Researcher(s) Karina Garcia & Natalie Salas
Proposal Title Mental Health Services in Exclusive Latino Communities
Vs Diverse Communities
SW1847

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

Proposal is:

- approved
 to be resubmitted with revisions listed below
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
 missing informed consent debriefing statement
 revisions needed in informed consent debriefing
 data collection instruments missing
 agency approval letter missing
 CITI missing
 revisions in design needed (specified below)

Janet Choy
Committee Chair Signature

5/21/2018
Date

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

REFERENCES

- Aizenberg, L. (2014). Facilitating Indigenous women's community participation in healthcare: A critical review from the social capital theory. *Health Sociology Review, 23*(2), 91-101. doi:10.1080/14461242.2014.11081964
- Alcántara, C., Chen, C., & Alegría, M. (2014). Do post-migration perceptions of social mobility matter for Latino immigrant health? *Social Science & Medicine, 101*, 94-106. doi:10.1016/j.socscimed.2013.11.024
- Atkins, M. S., Rusch, D., Mehta, T. G., & Lakind, D. (2015). Future directions for dissemination and implementation science: aligning ecological theory and public health to close the research to Practice Gap. *Journal of Clinical Child & Adolescent Psychology, 45*(2), 215-226.
doi:10.1080/15374416.2015.1050724
- Bhugra, D. (2005). Cultural identities and cultural congruency: a new model for evaluating mental distress in immigrants. *Acta Psychiatrica Scandinavica, 111*(2), 84-93. doi:10.1111/j.1600-0447.2004.00454.x
- Coleman, J. (2000). Social capital in the creation of human capital. *Knowledge and Social Capital, 17*-41. doi:10.1016/b978-0-7506-7222-1.50005-2
- Conchas, G. Q., Oseguera, L., & Vigil, J. D. (2012). Acculturation and school success: understanding the variability of Mexican American youth adaptation across urban and suburban contexts. *The Urban Review, 44*(4), 401-422. doi:10.1007/s11256-012-0197-2

- Concha, M., Sanchez, M., Rosa, M. D., & Villar, M. E. (2013). A longitudinal study of social capital and acculturation-related stress among recent Latino immigrants in South Florida. *Hispanic Journal of Behavioral Sciences*, *35*(4), 469-485. doi:10.1177/0739986313499005
- Dawson, B. A. (2009). Discrimination, stress, and acculturation among Dominican immigrant women. *Hispanic Journal of Behavioral Sciences*, *31*(1), 96-111. doi:10.1177/0739986308327502
- Deluca, L. A., Mcewen, M. M., & Keim, S. M. (2008). United States–Mexico border crossing: experiences and risk perceptions of undocumented male immigrants. *Journal of Immigrant and Minority Health*, *12*(1), 113-123. doi:10.1007/s10903-008-9197-4
- Domínguez, S., & Watkins, C. (2003). Creating networks for survival and mobility: social capital among African-American and Latin-American low-income mothers. *Social Problems*, *50*(1), 111-135. doi:10.1525/sp.2003.50.1.111
- Edberg, M. C., Cleary, S. D., Andrade, E. L., Evans, W. D., Simmons, L. K., & Cubilla-Batista, I. (2016). Applying ecological positive youth development theory to address co-occurring health disparities among immigrant Latino youth. *Health Promotion Practice*, *18*(4), 488-496. doi:10.1177/1524839916638302

- Eitinger, L. (1959). The incidence of mental disease among refugees in Norway. *The British Journal of Psychiatry*, 105(439), 326-338.
doi:10.1192/bjp.105.439.326
- Eschbach, K., Hagan, J., Rodriguez, N., Hernandez-Leon, R., & Bailey, S. (1999). Death at the border. *International Migration Review*, 33(2), 430.
doi:10.2307/2547703
- Eulich, W. (2015, Oct 09). To stay or go? migrant women weigh risk of border crossing. *The Christian Science Monitor* Retrieved from <http://libproxy.lib.csusb.edu/login?url=https://search-proquest-com.libproxy.lib.csusb.edu/docview/1720832377?accountid=10359>
- Foster, R. P. (2001). When immigration is trauma: guidelines for the individual and family clinician. *American Journal of Orthopsychiatry*, 71(2), 153-170.
doi:10.1037/0002-9432.71.2.153
- Gioioso, R. (2012). Latino immigrants and community in the United States: challenges and opportunities. *Political Geography*, 31(7), 474-477.
- Hong, S., Zhang, W., & Walton, E. (2014). Neighborhoods and mental health: exploring ethnic density, poverty, and social cohesion among Asian Americans and Latinos. *Social Science & Medicine*, 111, 117-124.
doi:10.1016/j.socscimed.2014.04.014
- Hurtado-De-Mendoza, A., Gonzales, F. A., Serrano, A., & Kaltman, S. (2014). Social isolation and perceived barriers to establishing social networks

among Latina immigrants. *American Journal of Community Psychology*, 53(1-2), 73-82. doi:10.1007/s10464-013-9619-x

Jong, G. D., Schout, G., Pennell, J., & Abma, T. (2014). Family group conferencing in public mental health and social capital theory. *Journal of Social Work*, 15(3), 277-296. doi:10.1177/1468017314547675

Kim, G., Loi, C. X., Chiriboga, D. A., Jang, Y., Parmelee, P., & Allen, R. S. (2011). Limited English proficiency as a barrier to mental health service use: A study of Latino and Asian immigrants with psychiatric disorders. *Journal of Psychiatric Research*, 45(1), 104-110. doi:10.1016/j.jpsychires.2010.04.031

Ko, L. K., & Perreira, K. M. (2010). "It Turned My World Upside Down": Latino youths' perspectives on immigration. *Journal of Adolescent Research*, 25(3), 465-493. doi:10.1177/0743558410361372

Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2006). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice*, 10(4), 394-422. doi:10.1093/clipsy.bpg041

Kovandžić, M., Chew-Graham, C., Reeve, J., Edwards, S., Peters, S., Edge, D., . . . Dowrick, C. (2011). Access to primary mental health care for hard-to-reach groups: From 'silent suffering' to 'making it work'. *Social Science & Medicine*, 72(5), 763-772. doi:10.1016/j.socscimed.2010.11.027

- Kuo, W. H., & Tsai, Y. (1986). Social networking, hardiness and immigrant's mental health. *Journal of Health and Social Behavior*, 27(2), 133.
doi:10.2307/2136312
- Laurence, J. (2009). The effect of ethnic diversity and community disadvantage on social cohesion: A multi-level analysis of social capital and interethnic relations in UK communities. *European Sociological Review*, 27(1), 70-89.
doi:10.1093/esr/jcp057
- Lawton, K. E., & Gerdes, A. C. (2014). Acculturation and Latino adolescent mental health: Integration of individual, environmental, and family influences. *Clinical Child and Family Psychology Review*, 17(4), 385-398.
doi:10.1007/s10567-014-0168-0
- Li, M. (2015). Pre-migration trauma and post-migration stressors for Asian and Latino American immigrants: Transnational stress proliferation. *Social Indicators Research*, 129(1), 47-59. doi:10.1007/s11205-015-1090-7
- Light, J. (1996, 09). Rape on the border. *The Progressive*, 60, 24. Retrieved from <http://libproxy.lib.csusb.edu/login?url=https://search-proquest-com.libproxy.lib.csusb.edu/docview/231951541?accountid=10359>
- Oppedal, B., Roysamb, E., & Sam, D. L. (2004). The effect of acculturation and social support on change in mental health among young immigrants. *International Journal of Behavioral Development*, 28(6), 481-494.
doi:10.1080/01650250444000126

- Orraca Romano, P., & Corona Villavicencio, F. (2014). Risk of death and aggressions encountered while illegally crossing the U.S.-Mexico Border. *Migraciones Internacionales*, 7 (3), 9-41.
- Rastogi, M., Massey-Hastings, N., & Wieling, E. (2012). Barriers to seeking mental health services in the Latino/a community: A qualitative analysis. *Journal of Systemic Therapies*, 31(4), 1-17. doi:10.1521/jsyt.2012.31.4.1
- Saechao, F., Sharrock, S., Reicherter, D., Livingston, J. D., Aylward, A., Whisnant, J., . . . Kohli, S. (2011). Stressors and barriers to using mental health services among diverse groups of first-generation immigrants to the United States. *Community Mental Health Journal*, 48(1), 98-106. doi:10.1007/s10597-011-9419-4
- Segura, G. M., Potion, H., & Woods, N. D. (2001). Hispanics, social capital, and civic engagement. *National Civic Review*, 90(1), 85.
- Stacciarini, J. R., Smith, R., Garvan, C. W., Wiens, B., & Cottler, L. B. (2014). Rural Latinos' Mental Wellbeing: A mixed-methods pilot study of family, environment and social isolation factors. *Community Mental Health Journal*, 51(4), 404-413. doi:10.1007/s10597-014-9774-z
- Teodorescu, D., Heir, T., Hauff, E., Wentzel-Larsen, T., & Lien, L. (2012). Mental health problems and post-migration stress among multi-traumatized refugees attending outpatient clinics upon resettlement to Norway. *Scandinavian Journal of Psychology*, 53(4), 316-332. doi:10.1111/j.1467-9450.2012.00954.x

- Valencia-Garcia, D., Simoni, J. M., Alegría, M., & Takeuchi, D. T. (2012). Social capital, acculturation, mental health, and perceived access to services among Mexican American women. *Journal of Latina/o Psychology, 1*(S), 78-89. doi:10.1037/2168-1678.1.s.78
- Veer, G. d. (1998). *Counselling and Therapy with Refugees and Victims of Trauma: Psychological Problems of Victims of War, Torture, and Repression*. Chichester: Wiley.
- Wutich, A., Ruth, A., Brewis, A., & Boone, C. (2014). Stigmatized neighborhoods, social bonding, and health. *Medical Anthropology Quarterly, 28*(4), 556-577. doi:10.1111/maq.12124
- Yakushko, W. &. (2008). Stress and coping in the lives of recent immigrants and refugees: Considerations for Counseling. *International Journal for the Advancement of Counselling, 30*, 167-178.
- Yoon, E., Chang, C., Kim, S., Clawson, A., Cleary, S., Hansen, M., . . . Gomes, A. M. (2012). A meta-analysis of acculturation/enculturation and mental health. PsycEXTRA Dataset. doi:10.1037/e653152012-001
- Zhang, W., Hong, S., Takeuchi, D. T., & Mossakowski, K. N. (2012). Limited English proficiency and psychological distress among Latinos and Asian Americans. *Social Science & Medicine, 75*(6), 1006-1014. doi:10.1016/j.socscimed.2012.05.012

ASSIGNED RESPONSIBILITIES

This study is divided between researchers Karina Amador and Natalie Salas. Each researcher will conduct a total of twelve interviews; due to there being four churches each researcher will be assigned to two. Each researcher will transcribe and translate their assigned interviews and audio recordings. Major themes and subthemes will be identified by both researchers. For the raffle prize each researcher is expected to contribute 25 dollars. At all times both researchers are expected to communicate effectively to each other and faculty advisor Dr. Laurie Smith.