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## PERCEPTION OF MENTAL HEALTH AMONG THE LATINX COMMUNITY

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PERCEPTION OF MENTAL HEALTH  
AMONG THE LATINX COMMUNITY

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Jessica Garcia  
Erica Valdez  
May 2021

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## ABSTRACT

The purpose of this study was to explore the perception of mental health among the Latinx community to identify factors contributing to the underutilization of mental health services. This exploratory study conducted qualitative interviews with 16 Latinx individuals. Participants were recruited through a non-probability snowball sampling method. Qualitative data analysis revealed themes, subthemes, and reoccurring concepts through three main focus areas: overall knowledge of mental illness and services, perception toward reasons for mental illness, and respondents' feedback to increasing utilization of mental health services. Major themes that surfaced in this study on the perceptions toward mental illness reflected culture such as views of non-existence, weak-mindedness, stigma, fear of judgment, and religion. At the macro social work practice level, study results help guide organizations in developing culturally competent policies and outreach programs directed at the Latinx community. At the micro social work practice level, these results help clinicians have a better understanding of Latinx perception of mental health to enhance the delivery of direct services.

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# CHAPTER ONE

## INTRODUCTION

### Problem Formulation

Research continues to demonstrate disparities in the use of mental health services between Latinx and non-Latinx Whites. This issue raises concern as to why Latinx are not seeking mental health treatment especially when data shows that there is a significant need for services in the Latinx community (Lopez et al., 2012; Keyes et al., 2012; SAMSHA, 2015). Latinx have a higher prevalence of psychiatric disorders, such as depressive symptoms and mental illnesses when compared to non-Latinx Whites and African Americans (Bignall, Jacquez, & Vaughn, 2015). Yet, despite the prevalence rate of mental health problems shown by the U.S. Department of Health and Human Services (2015), only 1 in 20 Latinos who have mental health disorders receive mental health treatment. This data is alarming for practitioners because untreated mental health disorders can lead to more damaging consequences such as suicide. In 2017, a study showed an increase in suicide rates for Latinx females of 37% from 1999 to 2017 and 9% for Latinx males (Curtin & Hedegaard, 2019).

As reported by the U.S Census, the Latinx population grew 2% from 2015 to 2016. By 2050, the Latinx population is expected to surpass 105 million, double the current population (Pew Research Center, 2014). Considering the growth of the Latinx population, there is an obligation for practitioners to

understand the barriers and challenges impeding this community from utilizing mental health services.

Taking the aforementioned data about the growing Latinx population in the U.S. and relative lack of service access urges the exploration of the Latinx perception towards mental health treatment. The Latinx perception about mental health services aids in the understanding of the Latinx community that further impacts macro and policy level decisions. A clear understanding of a community serves as a platform for developing focused policy solutions to targeting mental health utilization (Aguilera & Lopez, 2008). Research of mental health disparities can guide delivery of services to meet the needs of the growing Latinx community (Lopez et al., 2012). Ultimately, exploring the Latinx perception about mental health provides further insight into reasons behind the underutilization of mental health services and can lead to more informed macro and policy level decisions.

The micro level ramification of not understanding the Latinx perception towards mental health treatment hinders delivery of services. Delivery of services are impacted by the inadequate training of mental health providers in the diversity of the Latinx community and the array of social, economic, and cultural barriers. Lack of adequate training impacts treatment, engagement and compliance, which can in turn have future ramification of reluctance to engage in mental health treatment based on prior unpleasant experience. Exploration of Latinx perceptions on mental health will serve as a vessel that guides policies,

allocation of resources, focus on culturally sensitive treatment modalities, interventions, and mental health engagement/participation.

### Purpose of the Study

The purpose of this research study was to explore the perception of mental health among Latinx. This research study helped attain insight into the factors that influence and contribute to the underuse of mental health services in the Latinx community. While structural and institutional restraints have been identified to decrease the utilization of mental health services, further research focused on the perception of mental health brings to light personal and cultural influences that impact help-seeking behaviors (Cho et al., 2014). The study aimed at identifying the influential factors that create barriers for Latinx in receiving mental health services by exploring their personal awareness and viewpoint towards this topic.

The research method utilized for this study was a qualitative method through an explorative approach. The explorative approach added useful input to this social work body of knowledge. This method was selected to obtain in-depth responses from individuals that identify as Latinx and to increase the validity of the research study. Open-ended questions allowed participants to provide detailed, thought out, and thorough answers. The benefits of open-ended questions resulted in gaining greater insight about Latinx perception toward mental health that plays a role in seeking mental health treatment. The method

facilitated the ability to examine responses and aggregate themes that emerge from participant responses.

### Significance of the Study

The findings from the study will contribute to social work practice in that practitioners increase their understanding of the underutilization and perceptions of mental health services among the Latinx community. At the macro level, exploring the perception of mental health and the utilization among the Latinx community provides agencies with a more effective culturally appropriate strategy in reaching the Latinx community. Furthermore, data can reveal how the perception of mental health services can help guide macro level policies such as the development of more culturally sensitive outreach and educational programs and/or collaborations geared towards the Latinx community. At the micro level, clinicians have the capacity to understand the Latinx perceptions about mental health and what mental health providers should consider when rendering services. In understanding the perception of mental health among the Latinx community, social workers have the ability to culturally tailor treatment.

Social workers have the responsibility to understand the function of culture in human behaviors and have the ability to demonstrate competence in rendering services that are respectful to clients' culture (National Association of Social Workers [NASW], 2017). The upbringings of ethnic minorities do not necessarily align with a Eurocentric perspective in mental health, therefore, consideration of perception towards mental health is bound to vary within each culture.

The focus of this research study covered the assessment stage of the Social Work generalist model by exploring and identifying influential elements that lead to a lack of utilizing mental health services among the Latinx community. This study explored the following research question: How does the perception of mental health among the Latinx community affect the utilization of mental health services?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This section will outline important aspects relevant to the underutilization of mental health services among Latinx. The subparts will present data that reflect the ethnic and racial disparities in the utilization of mental health services, identify barriers encountered by Latinx in receiving mental health services, and discuss the importance of utilizing mental health services. Additionally, this section will expand on the following theoretical perspectives that will help guide this research study: Alternative Resource Theory and Behavioral Model of Health Services.

#### Utilization of Mental Health Services Among Latinx

The U.S. Surgeon General report (2001) identified major racial and ethnic disparities regarding mental health utilization. For example, it noted that in the prior six months 11% of Mexican Americans with a mental health disorder received treatment compared to the 22% of non-Latinx Whites (Hough et al., 1987). Another study found that only 5% Mexican-born individuals sought services from a mental health provider compared to 12% of individuals born in the U.S. (Vega et al., 1999). Additionally, the National Survey on Drug Use and Health: Mental Health Findings (2010) found that 7.9% of Latinx adults utilized mental health services compared to 16.2% of non-White Latinx.

More recent data gathered from the 2008-2012 National Survey on Drug Use and Health (NSDUH) continued to reveal ethnic disparities in mental health utilization. Latinx utilization of mental health services in the past year was 7.3% in comparison to 16.6% among the non-Latinx Whites (SAMHSA, 2015). The same report found three reasons for underutilizing mental health services: cost/insurance, prejudice/discrimination and structural barriers. However, the study did not assess for cultural factors and there were no distinctions made in regards to Latinx subgroups.

The subgroups within the Latinx community must be considered due to the variations and heterogeneity within the culture. The historical and social context of Puerto Ricans, Mexicans, and Cubans impact the utilization of mental health services which can lead to different implications for delivery of services (Martinez Tyson et al., 2016). Keyes et al. (2012) found that Cubans, Mexican-born and Mexican-Americans are less likely to use mental health services compared to Puerto Ricans. Moreover, Escovar et al. (2018) findings shed light to the differences in perception and expression of symptoms within different cultures that further pose problems in seeking mental health services among Latinx. Similarly, data analyzed by Berdahl & Stone (2009) indicated that mental health services were less likely to be utilized by Mexicans compared to non-Latinx Whites and Puerto Ricans.

The single category reference of Latinx can obscure these differences, therefore, disaggregating the Latinx population has been a continuous

suggestion in multiple studies for the purpose of better understanding the needs and contributing factors of the underutilization of mental health services among subgroups (Derr, 2016; Keyes et al., 2012; Lopez et al., 2012). Furthermore, immigration status and extent of time in the U.S. also impact the use of mental health services. In a study by Berdahl & Stone (2009) findings suggest that immigrants with less years in the U.S compared to immigrants who have been in the U.S for 15 years or longer are less likely to utilize mental health services. Through a systematic review of literature, Derr (2016) also found that undocumented Latinx immigrants with psychiatric diagnosis were less likely to utilize mental health services compared to Mexicans born in the U.S. (15% versus 38%).

### Barriers in Receiving Mental Health Services

It has been acknowledged that identifying barriers in using mental health services must be approached through a multidimensional/multifaceted perspective (Olcon & Gulbas, 2018; Rosales & Calvo, 2017). Rosales & Calvo (2017) argue that the underuse of mental health services is attributed to cultural and structural barriers. In a study by Berdahl & Stone (2009), limited English proficiency implicated a lower use of mental health services for Latinx. Similarly, another study found that a common barrier among the Latinx community, including Puerto Ricans, Cubans, Mexican Americans, and Columbians, was due to the lack of services in their primary language and economic hardships (Martinez Tyson et al., 2016). Foxen (2016) found that socioeconomic

constraints such as costs for mental health services, low paying jobs, lack of transportation, and no insurance negatively influences and impacts the use of mental health services among the Latinx community.

Another study that controlled for economic and practical barriers found that language and cultural factors impacted utilization of mental health services among Latinx with depressed and anxiety disorders (Keyes et al., 2012). Cultural factors are salient obstructions in the underutilization of mental health services. Cho (2014) posits awareness of mental health issues that can be impacted by cultural beliefs, which can ultimately delay early detection of symptoms associated with non-persistent and severe mental disorders. Additionally, he suggests future research should focus on the cultural roles in identifying mental disorders and seeking for mental health services.

Cultural factors influence perception and shapes one's view toward mental health, therefore, it is imperative to take into consideration in the provision of mental health services (Kouyoumdjian, 2003). For example, the perception towards mental illness symptomatology among Mexican Americans is linked to physical and somatic symptoms more than mental symptoms compared to non-Latinx Whites (Escovar et al., 2018). Identification of physical symptoms over mental distress leads to seeking help from a physician instead of a mental health provider. Furthermore, substantial research has also identified and focused on *familismo* or family support, *fatalismo*, and religion as potential barriers to utilizing

mental health services (Anastasia & Bridges, 2015; Martinez Tyson et al., 2016; Moreno & Cardemil, 2013; Rosales & Calvo, 2017; Villatoro, 2014).

### The Importance of Utilizing Mental Health Services

Understanding the perceptions of the Latinx population towards mental health services will bring further awareness to the underutilization of mental health treatment and services which consequently will impact the wellbeing of the Latinx population and promote prevention early intervention modalities. Pew Research Center (2014) indicate that by the year 2050, the Latinx population in the U.S. is expected increase to 106 million, about double what is today. The expected statistical predictions of the Latinx population by the year 2050 is important data that demands the further exploration and changes that can benefit future Latinx generations. The Latinx population is characterized by stronger longevity compared to non-Latinx whites, despite Latinx higher poverty, lower educational attainment, and lack of insurance (Hummer & Hayward, 2015). The phenomenon of Latinx having stronger longevity despite lower socioeconomic status is often referred to “Latinx paradox.” The Latinx population living longer incites the need for program development for the older Latinx adults that can benefit from mental health services and furthermore set the precedence to improve the lives of future Latinx generations.

The growing Latinx population calls up on the exploration and identification of mental health perceptions to improve and develop effective interventions and programs geared towards addressing structural barriers that

hinder the use of mental health services. Furthermore, there is an increased need for prevention, early detection and intervention of mental health services to prevent life functioning deterioration. In the last decade the mental health field has focused on early prevention and intervention modalities. The prevention and intervention services focus on preventing mental health disorders from becoming severe and disabling/debilitating, thus intervening early as the mental health symptoms arise (Prevention Early Intervention Project Framework, 2019). Marquez & Ramirez (2013) and Rogler (1983) pointed out that Latinx seek formal mental health services once symptoms become severe and usually the seeking of mental health treatment begins with emergency services such as inpatient hospitalizations. Marquez & Ramirez (2013) conclude that it is crucial to understand what leads Latinx population wait to seek services once symptoms become severe. The additional understanding of the Latinx perceptions can guide in the development of macro level methods which in turn impact micro level practices that prevent the severity of symptoms that impede life functioning and wellbeing.

The growth of the Latinx population cannot be ignored, on the contrary it claims a response for the wellbeing and life functioning on future generations. It also warrants the response from the social work field in the delivery of services at the micro and macro level. Social workers have the responsibility to understand the impact of culture in human behaviors and to demonstrate competence in rendering services that are culturally appropriate (NASW, 2017). Program

development geared towards overcoming treatment disparities and tailoring of mental health services to the Latinx population can help improve the use of mental health services by preventing symptom severity. The social work field calls for social workers to increase professional knowledge and skills (NASW, 2017), thus exploring Latinx population increases professional knowledge in order to develop treatment modalities that promote the wellbeing and functioning of the Latinx population. Treatment modalities can transcend to program development, outreach programs and policy advocacy. Overall, understanding the Latinx perception towards mental health services/treatment can expand the social work field by increasing the knowledge based to invoke research, treatment modalities and advocacy to ultimately promote healthier and functional lives of future Latinx generations.

### Theories Guiding Conceptualization

There are two theoretical frameworks that can expand the knowledge based on the Latinx population and perceptions around mental health services. The two theoretical frameworks are the Alternative Resource Theory and Andersen's Behavioral Model and Access to Medical Care. Rogler (1983) explains Alternative Resource Theory as the Latinx population having primary support structures that help with the coping of "psychological problems." Latinx population primary support structures are an integral part of culture, individual functioning and they work alongside mental health agencies. Rogler (1983) identifies and lists the following as Latinx primary support structures: extended

family, circle of friends, acquaintances the *compadrazgo* (coparent) system, religious and spiritual groups. The research indicates that Latinx primary support structures serve as an alternative resource to formal mental health services (Rogler, 1983)

Villatoro et al. (2014) claims that the Latinx population perceive mental health services as being only for people who are severely emotionally disturbed, and individuals who are functioning, but facing minor distresses, are not necessarily in need of mental health services. This perception can lead to stigma around mental health services hence impacting the utilization of mental health services. Latinx individuals who face distress and do not engage in mental health services consequently fallback to primary support structures such as family, friends, religion/ spiritual groups, folk-healers (Villatoro et al., 2014). Furthermore, relying on primary structures can delay individuals to pursue formal mental health services which can deter the individuals functioning and wellbeing.

The second theoretical framework that contributes to the understanding of Latinx population is Andersen's Behavioral Model and Access to Medical Care. Andersen (1995) explains that the main purpose of the model is to discover and formulate the conditions that impact utilization of health care through the exploration of three major tenets: individual's predisposition to using services, enabling or impeding resources and the need for services.

The first tenet, *Individual Predisposing Characteristics*, has four overarching characteristics that predispose an individual's access to services. (1) Demographics: sex, age and genetics. (2) Social factors: a person's status in the community, ability to manage problems, ability to locate and/or appropriately make use of available resources, educational level, occupation and ethnicity (3) Health Beliefs: individuals' attitudes, values and knowledge about health services that may influence an individual's perceptions towards services (Andersen, 1995; Andersen et al., 2013). For example, in the Latinx population mental health services can be perceived as being only for people who are severely emotionally disturbed (Villatoro et al., 2014), thus Latinx population do not seek mental health services until symptoms become severe and usually resulting in emergent or inpatient services. (4) Social Networks: presence of family, friends, religious affiliation and community organization that can facilitate the access to services (Andersen, 2013). The Latinx population is characterized by the concept of *fatalismo* and family support (Rosales & Calvo, 2017) thus, Latinx individuals rely on primary support structures such as family, friends, religion/ spiritual groups, folk-healers (Villatoro et al., 2014) for mental health support.

The second tenet of the model is *Individual Enabling Characteristics* which can be described as the individuals means to accessing mental health services. The tenet includes the individual's finances, ability to pay for health services and or health insurance (Andersen et al., 2013). Undocumented or foreign-born Latinx are faced with the lack of medical insurance (Rosales & Calvo, 2017).

Additionally, having services near home or place of work to enable easy access (Andersen, 1995). This tenet also explores structural barriers such as language, transportation, travel time. Andersen et al., (2013) explains that an important enabling characteristic is having a regular source of care, meaning having a primary care doctor or clinic where care is offered. It would be ideal for the Latinx population to have a regular source of care but given the structural barriers such as access to health insurance, finances, immigration status, language barriers and transportation, having regular source of care is not representative of the Latinx population.

Lastly, Andersen et al. (2013) describes the third tenet *Individual Need Characteristics* as the individual's perception towards their health and overall functioning, which includes the perceptions about the importance of seeking services and severity of a health problem. As previously discussed Latinx population perceive mental health treatment to be only for those individuals that are severely emotionally disturbed (Villatoro et al., 2014), thus the proposed study plans to deeply explore the Latinx perceptions towards mental health services thus enabling the formulation of targeted approaches towards mental health underutilizing.

### Summary

This section discussed the problems impacting mental health service utilization among Latinx and the demand for interventions/ treatment modalities at the micro and macro level. The need for culturally and linguistically competent

services directed towards the Latinx population are crucial to address the underuse of mental health services. The two theoretical perspectives were also discussed to further understand the factors contributed to the underutilization of mental health care among Latinx.

## CHAPTER THREE

### METHODS

#### Introduction

This study aimed to explore the perception of mental health among Latinx community and its effect on mental health utilization. This chapter will present and describe how this study explored Latinx perceptions. This chapter will discuss the study design, sampling procedures, data collection and instruments, procedures, protection of human subjects, and data analysis.

#### Study Design

This research project utilized a qualitative approach to explore the research question: How does the perception of mental health among the Latinx community affect the utilization of mental health services? The overall goal of this exploratory research project was to add value to the limited body of research around Latinx perceptions towards mental health services and the impact towards mental health utilization. This was a qualitative research project that used open-ended interview questions to obtain in-depth responses from the Latinx participants.

The positive effects of using an exploratory, qualitative approach with open-ended interview questions was that Latinx respondents were able to engage, explain responses, and share personal experiences versus using survey type answers that would have limited responses. The use of opened-ended

interview questions allowed for the identification of themes and patterns which will contribute to the social work body of knowledge.

A limitation of this research project was the interview process, as participants may have answered in the manner that they felt the interviewer might have wanted them to answer, versus participants honestly responding to the questions. The other limitation was not being able to detect or prevent researcher's bias. Lastly, the non-probability sample gathering prevented the generalization of the findings to the entire Latinx community.

### Sampling

This research study used a non-probability snowball sampling method, by utilizing family and friends as a referral source only, in order to gather interested Latinx respondents. Family and friends did not take part in the study. The snowball sampling technique allowed for Latinx respondents to refer other potential respondents that met criteria for the research study. This research study aimed at gathering a vast number of Latinx respondents, therefore, there were minimal demographic restrictions. The potential respondents had to meet two basic criteria's (1) be at least eighteen years of age and (2) identify as Latinx. Sample size was determined by the saturation level, basically once interview responses had common themes and patterns then saturation was achieved.

## Data Collection and Instruments

This qualitative research project collected data via audio-recorded telephonic semi-structured interviews that were initiated November 19, 2020. The semi-structured interviews initiated with a brief introduction of the study including the overall description of the study, its purpose, and concluded with the participant's consent. The telephonic interview collected demographic information (see Appendix A). The demographic information included: age, gender, marital status, ethnicity, educational level and whether the participant has received mental health services in the past.

The semi-structured interviews were conducted using an interview guide (see Appendix A). The interview guide consisted of open-ended and probing questions to permit participants to share their experiences, thoughts and perceptions about mental illness and services. The guide was divided into four overarching categories. The first section was composed of the demographic questions, second set of questions explored the participant's knowledge of mental illness and services. The third section explored participants perceptions towards mental illness and services. The last set of questions solicited the respondent's feedback on the needs of Latinx community to increase utilization of mental health services.

To ensure the reliability and validity of the data collection instrument several procedures and trials were set in place. First the interview guide was developed in consultation with others who were familiar with the field of study.

The instrument was then translated to Spanish in consultation with Spanish speaking individuals to ensure that questions were understandable. Lastly the instrument was then administered to Latinx individuals to assess the utility of the instrument, clarity of the questions and overall areas of improvement. Finally, the researchers practiced administering the interview guide, to ensure that all interviews would be conducted in a similar manner for the purpose of minimizing biases and increasing accuracy, reliability, and validity.

### Procedures

Participants were solicited through a non-probability snowball sampling method. Researchers solicited referrals from Latinx friends and family to initiate the snowball sampling. Interviews with participants were scheduled ahead of time to accommodate participants schedules. Participants were labeled as participants 1, 2, 3... to ensure confidentiality. The data was gathered through a semi-structure interview process with Latinx individuals in the language of the participants choice, English or Spanish. The interviews were conducted by two identifying bilingual Latinx individuals that are part of the Master's in Social Work program at California State University San Bernardino.

Interviews were originally to be completed in-person, however, due to COVID-19 restrictions, interviews were conducted via phone to prevent the spread of COVID-19. Scheduled phone interviews were conducted in a 30-to-45-minute phone call. The interviews were audio-recorded in order to obtain full content and further analyze data more effectively. Audio-recordings were

transcribed and coded. Researchers transcribed audio-recordings in the language the interview was completed in. If Spanish was the chosen language it was first transcribed in Spanish, then researchers translated into English for final analysis.

The purpose of coding was to gather reoccurring themes from the responses in order to enhance the overall presentation of the responses in a way that was easily understood. Coding was completed after each interview by researchers to determine when saturation was reached. Researchers began to schedule interviews as soon as the California State University of San Bernardino Institutional Review Board (IRB) approved the research project.

#### Protection of Human Subjects

The data collected for the purpose of this research was kept confidential. The responses provided by participants were shared between researchers, research advisor and direct quotes were used for the research project, however, no names were documented or included in the research project that link responses to participants. To protect client's privacy and to abide by confidentiality standards, participant numbers were used in the research project. Demographic information was collected to determine statistical significance and analyzed collectively. Researchers provided informed consent to the participants prior to beginning the interview questions. Additionally, researchers made it clear to participants that participation for study was completely voluntary and participants were able to withdraw at any time during the interview without any

repercussions. Participants were provided with the researcher's and research advisors contact information in the case of any concerns or questions that may arise after the interview was conducted.

### Data Analysis

Researchers analyzed interview responses in the process of conducting all other interviews. Interview responses were analyzed to obtain themes, subthemes, concepts and to identify any reoccurring themes within the responses that could be grouped into one. Identifying themes/concepts from interview responses were analyzed to determine more concrete results about Latinx perceptions toward the utilization of mental health services. Researchers used *The Coding Manual for Qualitative Researchers* as a guide to coding interview responses; an established method that consists of two cycles to ensure accurate representation of data. Transcribed interviews were coded by both researchers to collaboratively discuss interpretation of themes/concepts.

### Summary

The methodology of the research project was designed to capture the perception of mental health utilization of services through an approach that would significantly improve this body of knowledge. The approach to the research study was delineated in the subsections to provide a clear outline of how the research was organized.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter focuses on participant demographics and interview responses. Participant responses on mental illness were analyzed and coded to show an understanding of participants' perception toward mental illness. The data will be presented through the use of themes and subthemes that were found in the interview responses.

#### Data Collection

Interviews with participants began the week of November 16, 2020 and ended the week of December 21, 2020. The shortest interview lasted 15 minutes and the longest interview was approximately 30 minutes in length. There was a total of 16 interviews, 9 of those interviews were conducted in Spanish and 7 interviews were conducted in English. As previously mentioned, this research study was conducted through a snowball sampling method. Researcher's family and friends were used as a referral source to begin the snowball sampling method. Family and friends only provided referrals of potential individuals that would be interested in participating in the study and that met the two study requirements. This study did not consist of any of the researchers' close family or friends. An example of a potential referral consisted of a close friend's cousin, who the researchers had no direct relationship with.

## Data Analysis

A formal analysis of the data began once all interviews were finished. Researchers conducted a two-cycle coding method to enhance presentation of data. The first cycle consisted of value coding to identify the meanings participants had towards mental health and services. The second cycle of coding, referred to as axial coding, helped link subthemes with larger themes in order to accurately and concisely represent the data. Throughout the collection of data, researchers informally discussed recurring themes from interviews that assisted in determining when saturation had been reached.

More specifically, once an interview was completed by the researcher, it was immediately transcribed. Each researcher completed eight interviews and transcribed the recordings on a word document. Transcriptions were then transferred to an excel sheet to begin first cycle of coding in an organized manner. Prior to beginning the coding process researchers scheduled a zoom meeting to discuss coding process and to identify style of coding. After each researcher coded their eight transcripts, a second zoom meeting was scheduled. Researchers discussed first-cycle coding to compare the different sub-themes. Following the meeting, researchers exchanged their excel coding sheet with all eight participants for the other researcher to review and determine if same coding aligned with both researchers. Researchers then moved on to identify overarching themes from the data. This process took two zoom meetings where

researchers worked collaboratively to formulate the overarching themes of the data.

### Demographics

There were a total of 16 participants in this study. As seen in *Table 1* the majority of participants were from ages 25-34 (44%), followed by participants ages 18-24 (19%), 35-44 (13%), 45-54 (13%), 55-64 (6%), and 65-74 (6%). There were more female (81%) participants than male participants (19%). Most participants identified their marital status to be single, never married (50%). The remaining participants identified as married/domestic partnership (38%), divorced (6%), and separated (6%).

All 16 participants stated their ethnicity as Mexican. The majority of participants highest level of education was some high school (31%). Participants also identified their highest level of education as high school graduate/GED (25%), some college (19%), college graduate (13%), and master's degree (13%). Lastly, most participants (62%) stated they have never received mental health services, while 6 participants (38%) stated they have previously received mental health services.

Table 1 *Demographic Characteristics of Participant Sample*

Measure	N=16	%
Age		
18-24	3	19%
25-34	7	44%
35-44	2	13%
45-54	2	13%
55-64	1	6%
65-74	1	6%
Gender		
Female	13	81%
Male	3	19%
Marital Status		
Single, never married	8	50%
Married/Domestic	6	38%
Partnership		
Divorced	1	6%
Separated	1	6%
Ethnicity		
Mexican	16	100%
Highest Level of Education		
Some High School	5	31%
High School Graduate/GED	4	25%
Some College	3	19%
College Graduate	2	13%
Master's Degree	2	13%
Received Mental Health Services?		
Yes	6	38%
No	10	62%

## Mental Health Perceptions

The data will be presented in alignment with the interview guide. This section will include: (1) overall knowledge of mental health illness and services, (2) perceptions towards mental health illness and services, and (3) respondents' feedback towards increasing utilization of mental health services. Direct quotes from the interviews will be included to enhance the presentation of themes and subthemes found in the study.

### Overall Knowledge of Mental Illness

In this section participants provided their own knowledge of mental illness. Participants answered the following question: what is mental illness? This helps readers grasp the participants general understanding of mental illness. The majority of participants stated a mainstream perception of mental illness such as a diagnosis of depression, anxiety, schizophrenia, and bipolar disorder.

Participant 5 stated:

“Well like I could think off the top of my head it could be like depression, bipolar, suicidal thoughts.”

Participant 6 stated:

“For me mental illness is best known as depression and anxiety, something that is in our brains and not visible.”

Other participants defined mental illness using symptoms and/or causes of mental illness. Participant 14 stated:

“Something that you can deal with alone, something that you cannot control. Sometimes our own situations like a medical condition or things that happen in our lives that we don’t discuss but they keep us preoccupied or we suffer recurrent thoughts.”

Among most participants, the major theme that surfaced for family description of mental illness was cultural stigma such as crazy, suicidal thoughts, and bizarre behaviors. Based on responses, family member’s perception toward mental illness differed from the participant’s own perception. The question being answered was: how do your family members describe mental illness? Participant 3 stated:

“My family members have a big stigma on mental health. They feel like if you’re seeing some kind of therapist it’s because you’re like crazy or something.”

Other participant’s family members described mental illness through a singular representation (e.g., only depression or only anxiety). At least three participants did not know how their family viewed mental illness because it was never discussed.

When participants were asked what is mental health therapy and what happens during a session, the majority stated that therapy was a form of support and sustainability. A few others acknowledged therapy was where problem solving occurs with the therapist. Participant 10 stated:

“I think mental health therapy is identifying problems of the patient and working on a way for a solution to help minimize the problems because those problems are difficult to eradicate.”

Lastly, there were two participants that identified misinformation about therapy such as therapy only being for individuals with severe mental illness and therapist prescribing medication to clients.

### Perceptions Towards Mental Illness and Services

This section gathers participant's perception of reasons for mental illness. The three major themes that surfaced on why mental illness occurs revolved around life stressors, medical factors, and culturally based responses. The majority of participants linked mental illness occurring to life stressors. A few life stressors identified were finances, marriage, accidents, and death. Participant 5 stated:

“Life. You could be doing fine one day and then life happens. Let's say there's a death in the family or you lose your job or this pandemic. I think one day you could be fine or one second you'll be fine and news like that happens and it triggers your mental well-being.”

The second most common theme identified by participants was medical factors including biological/neurological factors, chemical imbalances, and genetics. The third common theme was mentioned almost as many times as the second. This included culturally based responses such as weak-minded and inability to find solutions. Participant 1 stated:

“People are depressed, and they can’t come out of the depression because they don’t have the mental capacity to get out of it themselves, from the hole they are in.”

Participant 4 stated:

“We’re human and were weak and the human mind is very powerful, but we are also very weak minded so not everyone knows how to deal with certain situations and traumas.”

Next questions asked was: how do you think symptoms develop? Most participants identified that symptoms manifested based on the type of mental illness; symptoms are not generalizable. Participants who identified specific symptoms fell under two categories: visible and non-visible symptoms. Visible symptoms were commonly identified as severe such as being aggressive or acting out. Non-visible symptoms were identified as being quiet, holding things in, and hiding emotions.

Fifteen out of the sixteen participants answered yes to a mental illness affecting the family. The recurring theme among participants responses to how this would affect the family was that it would result in family disequilibrium or family conflict. Participant 13 stated:

“It would automatically affect the family, your brothers, sisters, parents because the person with mental health illness does not have the ability to manage their situation or the ability to withstand their problems, it will lead to instability in the family”.

Participant 10 stated:

“It will affect the family for sure, first will have problems at the house and then it will affect the extended family for example, they may not want to participate in family parties or reunions because the family is afraid of how that person might act or behave.”

A few participants mentioned that mental illness in the family created time constraints for other family members such as inability to attend to other children and the person with mental illness needing more care. In addition, respondents further expressed thoughts and expectations of mental illness within the family unit. The responses were culturally bound such as having the mental power to overcome, expected to overcome anything, mental illness as a sign of weakness, internal resolution, religion resolves everything, happiness equates to meeting basic needs, and disregarding/minimizing emotions. Participant 8 stated:

“If we were feeling sad or if we were feeling some type of way, or if we had outburst that was always deemed because we weren’t spiritual enough”

Participant 1 stated:

“It is like you have to come out of it. You can’t be like this all the time, you have to work, you have to move forward.”

Participant 6 stated:

“Nobody believes it. They don’t have a guarantee depression exists. They only see that ‘Oh you have everything, and you shouldn’t feel like that.’ They don’t know it’s something serious.”

The majority of participants stated that mental illness is not a conversation within the family. The overarching identified reason was due to cultural reasons strongly associated with shame that led to internalizing emotions, minimizing feelings, seen as weak minded, and discouraged to discuss. Participant 13 stated:

“We are culturally rooted and we never discussed it because we were afraid of criticism from the community and how the community would perceive the family.”

Participant 4 stated:

“I just feel that no one really ever brings it up because you kind of try to deal with it, at least myself, try to deal with any kind of issues on my own and not try to burden the entire family or you might feel like they won’t understand what you’re going through.”

A few participants also mentioned religion and generational differences as a reason for not discussing mental illness in their family.

The majority of participants stated they would seek support if they had a mental illness, however, only if symptoms were severe or if they were in a major crisis. The rest of participants either stated no or maybe. The two major themes identified for not seeking services were (1) fear of judgement and (2) lack of knowledge. There was an array of responses of where participants would seek mental health services or supports but the two major categories that surfaced were first, formal support such as primary care physician, hospitals, mental health institutions, resource centers, mental health professionals. Secondly, non-

formal supports such as family, friends, and spiritual/religious guidance. The majority of participants identified seeking assistance from non-formal supports versus formal supports.

The majority of the participants indicated that family would be supportive if individuals had a mental illness and three major themes surfaced: (1) only disclose to immediate family or to younger generation family members like siblings. Participant 2 stated:

“So, with my parents I would probably get the silent treatment. They wouldn’t really understand. They would kind of be like ‘it’s ok, you’re fine, we’re here for you’ but until there. I would say my siblings would be more understanding and try and help me.”

(2) Family would give “conditional support” meaning that family members would be supportive only under certain circumstances. Participants responded with the following statement: “family would be supportive *only if*.” For example, “*only if*” mental illness was not associated with substance use or “*only if*” it was a mental health crisis which resulted in hospitalization. The other “conditional support” area discussed was that family would initially resist the idea of mental health services but would eventually be supportive. (3) Lastly, respondents would only receive support from “certain family members,” and more specifically only receive support from younger generation family members, or family members that have been raised in the U.S. and are considered to be more acculturated to mainstream American culture.

The question that asked participants if they would disclose to their family that they suffered from a mental illness resulted in seven participants would disclose to their family, two participants would not disclose, and seven would only disclose under certain circumstances. The category of “certain circumstances” was further explored and three themes were identified as to reasons for non-disclosure to family: (1) fear of family judgement, (2) family would steer into non-formal services such as religion/spiritual guidance, and (3) mental health as a taboo topic. Participant 8 stated:

“To avoid having them roll their eyes at me, like not see it as something that’s real, that it’s an excuse for you acting hysterical or whatever”

Most of the respondents identified fear of judgement such as being labeled as crazy, rejection, and being perceived overly dramatic or sensitive as the reason for possibly not disclosing to their family members.

### Respondent’s Feedback Towards Increasing Utilization of Mental Health Services

The three major themes recurred with the majority of the participants identifying cultural stigma as the reason why Latinx individuals do not seek services. Secondly, lack of resources prevents individuals from seeking services, more specifically monetary means and health insurance. Lastly, respondents identified the lack of information/knowledge of mental illness as one of the causes why Latinx individuals do not seek mental health services. Additionally, there were two major categories identified by participants that would help an

individual professional mental health support: (1) education/ knowledge and (2) destigmatizing of mental health services/illness

Respondents also identified ways that mental health professionals/ organizations could help the Latinx community as a whole. Two major themes surfaced: (1) increasing knowledge and education around mental health service and symptoms, and (2) creating and developing resources geared toward the Latinx community, in other words more culturally sensitive resources.

### Summary

This chapter highlighted the findings of Latinx perception toward mental health and services. Findings show the difference in the perception of mental illness between participants and family members. Participants perception toward the reasons for why mental illness occurs were primarily identified as life stressors, medical factors, and culturally based responses. In relation to their perceptions of family thoughts and expectations of mental illness, responses were closely linked to cultural stigma such as weak-mindedness, non-existent view of mental illness, and expectations for internal resolution. As a result, Latinx appear to be less likely to discuss mental health with family members to avoid being shamed or judged. Although there is a fear of discussing mental illness within the family, participants are likely to seek informal support from family compared to more formal mental health supports, even when the support is “conditional”. To increase formal mental health services, participants suggested

increasing knowledge of mental health services and symptoms and developing resources geared toward the Latinx community.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

The purpose of this research study was to explore the perception of mental health among the Latinx community and gather insight regarding the connection between perception of mental illness and utilization of services. The qualitative findings from 16 Latinx participants show participants individual and family perceptions/reactions towards mental illness with significant differences between the two. The findings also link individuals and family perceptions, the utilization of mental health services and suggestions for the Latinx underutilization of mental health services. This section will discuss the implications of these findings and also present limitations of the study and recommendations for practice, policy, and future research based on the findings.

#### Discussion

##### Individual Perception of Mental Illness

There were several questions that prompted the participants to discuss their perception of mental health services and the majority of the participants openly discussed either their experiences with mental illnesses or services and also presented insightful and knowledgeable responses. It was quite noticeable that the description and perception of mental health was described either by a severe diagnosis or symptoms/ behaviors, such as schizophrenia, bipolar or as

suicidal thoughts, aggressiveness, isolation, negative thoughts, auditory hallucinations, excessive use of drugs & alcohol and “severe or bizarre behaviors.”

These responses support research on this topic which concludes that Latinx community tend to wait until mental health symptoms are persistent and severe before seeking services (Marquez & Ramirez, 2013; Rogler, 1983) thus the description of mental illness is described as severe diagnosis or symptoms/ behaviors. The idea of seeking mental health services prior to symptoms becoming severe or before a crisis arises was explored with participants and the majority of the participants did not recognize that there can be early onset of symptoms. Additionally, participants expressed that when early onset of symptoms occurs it is best to seek non-formal support from family, churches, spiritual/religion guidance or friends and that formal support is best utilized once symptoms become persistent and severe. This leads into the discussion of the minimization of mental health symptoms because it can be deduced that Latinx community minimizes early onset of mental health symptoms thus there is no need for formal mental health services from a professional but rather is best to seek non-formal support.

#### Family Perception and Reactions Towards Mental Illness

Family perception towards mental health illness surfaced interesting issues, first the difference between “immediate family” versus “extended family.” Responses were very similar when the topic of family perception towards mental

illness was explored, participants explained that immediate family would be more supportive than extended family. The majority of the participants shared that they would hesitate to share if they suffered from a mental illness with “extended family,” because of fear of being criticized, judged or labeled as “crazy.” There were two additional interesting components on the topic of family (1) generational differences and (2) acculturation. Participants would be more open to disclosing the need for formal mental health services to younger generation family members. There was also an acculturation component, because participants described that the topic of mental illness was not openly discussed during childhood upbringing (*upbringing either in the United State or in country of origin*), however the mental health topic is openly discussed now that family resides in the United States and have acculturated or it can be attributed to the fact that there is more education around the topic of mental health in the United States thus it promotes open communication about mental health and services.

Overall, within the family sections there were commonalities around mental illness and familial expectations. One of these expectations is that one must be strong minded and have mental power to overcome any problem thus seeking professional support is a sign of weakness or sign of being “overly dramatic.” Therefore, this leads to the minimization of mental health symptoms, turning to non-constructive coping skills and internalization of feelings. The second expectation is that having basic needs such as (food, housing, school/ education, clothing) equates to happiness. This was brought forward from

participants who shared that they had financial limitations in their countries of origin but now that they reside in the United States their needs are met therefore there is no room for sadness or the need for professional mental health support.

The other area in the category of family was familial support, family would be supportive of mental illness however it was “conditional support.” Family would be supportive if professional mental health services were necessary, but the support would only be given under certain circumstances; if mental illness was not associated with substance use or only if it was a mental health crisis which resulted in hospitalization. This was evident by respondents making the following statements in their response *“family would be supportive only if...”* thus, not promoting the discussion of mental health and services to be openly discussed within the family unit. There was a recurrent response from participants when the area of mental health utilization was discussed and typically Latinx community seek non-formal support from family, churches, spiritual/religion guidance or friends before seeking formal support. However, if the family only provides “condition support” as described above, then Latinx individuals may not necessarily seek support when symptoms arise rather wait until symptom are severe crisis occurs.

#### Link Between Individual and Family Perception

The interviews focused first on the individual’s perception towards mental illness, then the family’s perception towards mental illness. There was some overlap in the responses, for example, when asked to describe mental illness in

both representations (individual & family) there was a clear cultural stigma around mental health as the majority of the responses described mental health illness with similar severe diagnosis or symptoms/ behaviors. The other overlap was around the lack of open discussion around mental illness in the family. It appears that the topic of mental illness was rarely discussed and when it was discussed there was not sufficient knowledge or education around the topic thus the information was not necessarily accurate or presented positively.

This topic was further explored and solicited participants to share their thoughts about why the topic of mental illness was not discussed in their homes or when they were younger but now as adults the topic is discussed with their families; basically, how are Latinx families overcoming a non-existent view around mental illness. Commonalties in the responses were that younger generations are exposed to better education, have the capabilities to research thus increasing their knowledge and consequently educating families as well as increasing awareness of services. Secondly it is easier to discuss mental illness now that individuals are in a different country and away from extended families as well as strong cultural influences.

#### Link Between Culture and Utilization of Mental Health Services

The utilization of mental health services in the Latinx community is impacted by culture and the interview brought forward several components. First, it is important to consider the “expression” of symptoms among the Latinx community, what this indicates is how is mental illness and symptoms are

commonly described in the Latinx community. As previously presented, mental illness is described as “severe” or crisis type of services that require psychiatric hospitalization, but there is limited knowledge on early onset of symptoms. This leads to the findings in regards to why Latinx individuals do not access services early on. Basically, if a person is not experiencing severe symptoms or crisis type symptoms that require hospitalization mental health symptoms are not necessarily present. A second link between culture and mental health utilization is the fear that services may not align with individual or family values. Third, there is a lot of stigma around mental health services in the Latinx community and there is clear fear of gossip and being labeled as crazy, weak minded, overly dramatic and lazy. Fourth, participants expressed feelings of awkwardness in disclosing personal information to a complete stranger like a “therapist.” Lastly, the link between culture and utilization of mental health services was religion and family. There were several participants that explained that their families had a strong religious orientation and seeking professional services can be viewed as “lack of faith” because God and prayer resolve everything including mental illness. Families having a strong religious orientation indicate that family plays a crucial role in the perception and utilization of mental health services. These findings indicate that family and religion play an important role in the Latinx culture therefore there is direct link between seeking mental health services and the cultural influences from family and religion.

## Respondents Feedback on Improving Latinx Underutilization of Mental Health Services

Participants presented several mechanisms by which the underutilization of mental health services can be targeted. Participants gave ideas at the micro (*individual*) and macro (*community/ organizations*) level. At the individual level there were three major findings: (1) removal of cultural stigma, (2) normalizing mental illnesses and treatment, and (3) increasing knowledge of mental illnesses and where to access professional support. Data indicated that participants were aware of the types of professional help that could assist with mental health treatment but there was a perception among respondents that health services were “expensive” or were considered a “luxury” and not a necessity. Furthermore, although participants were aware of the type of professionals that can assist with mental health treatment there was a lack of awareness as to where specifically to access such services.

At the community/organizational level there were ideas such as: collaborating with Latinx organization to educate the community on mental illness and access to care. There was a great discussion of incorporating mental illness education into pop culture such as “novelas” (soap operas) and in commercials in the Spanish speaking channels. Incorporating mental health into the different community health fairs and bringing to the forefront that mental health is as important as medical care. Third, the formation of coalitions within the community and partnering with churches. Many participants mentioned that families would

steer them into religion or church for mental health services, therefore, this is a fantastic opportunity to partner with churches to remove stigma around mental illness and services. Lastly, educate and help non-mental health professionals like primary care doctors increase their knowledge about mental health or increase the presence of mental health professionals in medical care settings. A participant suggested the possibility of incorporating yearly mental health screenings similarly to receiving a yearly physical, basically the concept of treating the “whole” person not only the physical ailments but also incorporating the mental health needs.

#### Limitations

One of the limitations in this research study was that all participants identified as Mexican. The results of this study may not be generalized to fit other Latinx ethnic groups. There are variations and heterogeneity within the culture of all Latinx ethnic subgroups that can impact individual perceptions towards mental illness and services. Secondly, the study did not take into account immigration status or level of acculturation of participants. The study showed that level of acculturation impacts views towards mental illness which can further affect participant responses.

Another limitation was the inability to conduct in-person interviews with participants due to the safety guidelines of the COVID-19 pandemic. Interviews were conducted via telephone with all 16 participants, which could have resulted in less engaging responses. Lastly, the non-probability sample method and

sample size of 16 participants prevented the generalization of the findings to the entire Latinx community. In addition to the sample size, there was an underrepresentation of males and older adults aged over 35 years of age in the study, therefore, findings may not be representative of the whole Latinx population. Most participants in the study were women and more than half of the participants were below the age of 34 years of age.

### Recommendations for Social Work Practice, Policy and Research

#### Practice

This research study provides insight on Latinx perspectives towards mental health that further enhances social workers cultural knowledge in this area. As social workers, we abide by the value of cultural competence and strive to fully translate those values into practice. Research findings highlight the importance of religion/faith and family among the Latinx community. At the macro level, social workers need to engage Latinx individuals by partnering with community organizations, the research findings indicate the formation of coalitions and partnerships with Latinx community organizations and religious organizations like churches in order to educate and provide access to services. Social workers must advocate for public education. The research offered several ideas such as utilizing health fairs, workshops, flyers, and pamphlets. At the micro level, findings indicate that family steer individuals towards non-formal support such as religion/ churches and family therefore this permits social

workers to further understand the importance of religion and family among the Latinx community when providing therapeutic services. Social workers may make recommendations that go against the individuals religious beliefs or family values thus making mental health services less appealing. Family is important to consider when promoting mental health utilization among Latinx community. The Latinx community highly values family thus therapeutic approaches that take into consideration family involvement can be highly successful at promoting and making mental health services more appealing. Furthermore, incorporating family's input and being open to collateral consultations can potentially increase utilization of services and consequently increase mental health knowledge among Latinx families.

Research brings forward the issue of generational differences which impacts the openness to the topic of mental illness and access to services which leads to the minimization of symptoms causing barriers to mental health services thus social workers need to promote education by addressing common misconceptions of mental health services not only at the individual level but also at the familial level. Research presented several misconceptions of mental health services such as formal mental health services are only geared towards individuals who present with persistent and severe symptoms or that mental health services are expensive thus they are considered a "luxury" and not a necessity.

## Policy

On the macro level, new policies that revolve around youth mental health education could be significantly valuable. New programs at the school district level can be implemented to help educate the younger Latinx generation and their families to help break the cycle on stigma towards mental illness. Research indicates that mental health is not commonly discussed in Latinx households which further delays educational wealth on mental health for many Latinx individuals, therefore, policy implementation statewide on psychoeducation courses in middle and high school will help close the service gap. Latinx community regards family as a form of support thus the efforts to close the services gap has to incorporate family psychoeducation courses and permit family involvement in treatment. The development of programs geared towards promoting mental health services must begin with targeting families versus individuals because the research indicated that family commonly serves as support for Latinx individuals thus family can help promote mental health utilization and treatment compliance.

Furthermore, research indicated the need for non-mental health professionals like primary care physicians to receive additional education around mental health as primary care physicians can introduce the topic of mental health wellness. Additionally, medical care offices can serve as a way to link Latinx individuals to mental health services. Primary care physicians discussing mental health can help reduce the stigma around mental health as the research findings

also indicated that family would be more receptive to the idea of mental health services if there was an “official diagnosis.” Additionally, the research also proposed the idea of a yearly mental health screening to promote the importance of mental health and not only physical health. This brings forward the need for mental health professionals to be available at medical care settings to promote education and identification of early onset symptoms. The option for these services at medical care office can help normalize the idea of mental health and would also make mental health treatment more desirable among the Latinx community.

#### Implications for Future Research

The results of this study bring forward the need for continuous efforts on Latinx mental health research that will elevate social worker’s approach to rendering mental health services at the micro, mezzo, and macro level. The overall goal of the study was to explore the perception of mental health among the Latinx community and the impact of that perception towards the utilization of mental health services. The study had a small sample; therefore, the study cannot sufficiently address the research question and the different components on the perception of mental health illness among Latinx individuals. Additional studies utilizing a larger sample size can generate a full assessment and understanding regarding the perception of Latinx community towards mental illness and its effects on the utilization of services.

There is a need for a more in-depth exploration of the cultural perceptions that can further explain underutilization of mental health services. A larger sample that incorporates different Latinx ethnic backgrounds can produce a different perspective and help understand the culture, belief systems and historical concepts associated with mental illness and services. The study was conducted with individuals whose highest level of education was “some high school.” Therefore, a future study that incorporates Latinx individuals who may have higher education level can produce another level of insight around the perception of mental health and services. Lastly, although this study presented several generational differences that hinder utilization of services, future research that compares and contrasts the perception of younger generations versus older generation Latinx individuals can further explain the underutilization of mental health services and the influences that older generation may have on younger generation Latinx individuals.

### Conclusion

Overall, this research study captured significant and rich data of Latinx perception towards mental health and services. The study focused on answering how Latinx perception towards mental illness affects utilization of mental health services. Throughout this research, recurrent themes surfaced that indicated a connection between Latinx perception of mental illness and utilization of services. Themes that continued to transpire regarding seeking mental health services were: (1) Latinx waiting until symptoms were severe, (2) services not aligning

with individual values, (3) cultural stigma, and (4) discomfort in discussing problems with complete strangers. Additionally, lack of knowledge/education within the family creates a non-existent view of mental illness that further leads to minimizing/disregarding emotions, family judgment, and being viewed as weak minded. Participants provided personal experience in overcoming this non-existent view of mental illness that can help Social Workers find alternative outreach efforts that target Latinx. Additionally, participants suggested solutions on how to best increase utilization of mental health services among the Latinx community.

APPENDIX A  
SURVEY QUESTIONNAIRE

Interview Guide  
Section I-Demographics

1. What is your age?  
¿Cuál es su edad?
  - a. 18-24
  - b. 25-34
  - c. 35-44
  - d. 45-54
  - e. 55-64
  - f. 65-74
  - g. 75 +
  
2. What is your gender?  
Cual es su genero?
  - a. Female (Femenino)
  - b. Male (Masculino)
  - c. Other (Otro): \_\_\_\_\_
  
3. What is your marital status?  
¿Cuál es su estado civil?
  - a. Single, never married/soltero(a), nunca se ha casado(a)
  - b. Married or domestic partnership/Casado(a) o vive en union libre  
Casado(a) o vive en unión libre
  - c. Widowed/ Viudo(a)
  - d. Divorced/ Divorciado(a)
  - e. Separated/ Separado(a)
  
4. What is your ethnicity? (example: Mexican, Puerto Rican, Salvadorian, etc.)  
¿Con cuál etnicidad se identifica usted? (Ejemplo: mexicano, puerto riqueño, salvadoreño, guatemalteco etc.)  
\_\_\_\_\_
  
5. What is your highest level of education?  
¿Cuál es su nivel de educación?
  - a. Elementary School (Primaria)

- b. Some high school (curso algo de Preparatoria)
  - c. High School Graduate, GED (Graduó de la Preparatoria o curso preparatoria abierta)
  - d. Some College (curso algo de colegio)
  - e. Trade/Vocational School (Escuela técnica/vocacionall)
  - f. College Graduate (Graduó de colegio/ Universidad)
  - g. Master's Degree (Postgrado/Maestría)
  - h. Doctorate Degree (Doctorado)
6. Have you ever received mental health services?  
¿Alguna vez a recibido servicios de salud mental?
- a. Yes (Si)
  - b. No (No)

Section II- Overall knowledge of mental health illness and services

1. What is mental illness?  
¿Qué es una enfermedad mental?
2. What is mental health therapy and what do you think happens during a therapy session?  
¿Para usted que es terapia de salud mental y qué cree o piensa que sucede en una cita con un terapeuta de salud mental?

Section III- Perceptions towards mental health illness and services

1. Why do you think mental illness occurs?  
¿Porque, cree usted que suceden las enfermedades mentales?
2. How do you think a person with mental illness acts, behaves or what symptoms does it develop?  
¿Como piensa usted, que una persona que sufre una enfermedad mental se comporta y/o que síntomas desarrolla?
  - a. Would that affect the family?  
¿Afectarían a la familia?
  - b. How would it affect the family?  
¿Como afectarían a la familia?

3. How does your family members describe mental illness?  
¿Como describirían una enfermedad mental en su familia?
  - a. Is it a topic that is talked about or discussed in your family?  
¿Salud mental es un tema de conversación entre su familia?
  - b. If not, why do you think you don't talk about it?  
¿Si no lo es, porque qué cree usted que no es un tema de conversación?
  
4. If you or a family member had a mental illness such as depression or anxiety, would you seek help or support?  
¿Si usted o algún miembro de su familia padeciera de depresión o ansiedad usted buscaría ayuda o apoyo?
  - a. Where would you seek help or support?  
¿En dónde buscaría ayuda o apoyo?
  - b. How do you think your family members would react to you having a mental illness?  
¿Como cree usted que sus familiares reaccionarían si usted padeciera una enfermedad mental?
  - c. Would you tell them? Why or Why Not?  
¿Usted les diría sobre su enfermedad mental? ¿Porque si o Porque no?

#### Section IV- Respondents feedback towards underutilization of mental health services

1. What do you think prevents someone with mental illness from seeking help from a mental health professional?  
¿Usted porque cree que algunas personas no buscan ayuda o apoyo profesional de salud mental?
  
2. What do you think will help someone seek help from a mental health professional?  
¿Usted qué piensa que ayudaría a las personas que necesitan servicios de salud mental, a buscar ayuda o apoyo profesional?

APPENDIX B  
INFORMED CONSENT

**INFORMED CONSENT**

The study in which you are asked to participate is designed to explore the perception of mental health services among the Latinx community. The study is being conducted by Jessica Garcia and Erica Valdez, graduate students, under the supervision of Dr. Laurie Smith, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

**PURPOSE:** The purpose of the study is to explore the perception of mental health services among the Latinx community.

**DESCRIPTION:** Participants will be asked of a few questions on the overall knowledge of mental health, perception of mental health illness and services, solicit ideas/ feedback to address mental health underutilization among the Latinx community, and some demographics.

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

**CONFIDENTIALITY:** Your responses will remain confidential and data will be reported in group form only.

**DURATION:** It will take 45 to 60 minutes to complete the phone interview.

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

**BENEFITS:** There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

**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 2021.

.....  
I agree to have this interview be audio recorded:  YES  NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

\_\_\_\_\_  
Place an X mark here

\_\_\_\_\_  
Date

**CONSENTIMIENTO**

El estudio al cual usted es invitado(a) ha participar fue diseñado para explorar la percepción de la comunidad Latina hacia las condiciones mentales y los servicios de salud mental. El estudio va a ser conducido por Jessica Garcia y Erica Valdez, estudiantes de posgrado, bajo la supervisión de la Doctora Laurie Smith, Profesora del departamento de Trabajo Social de la Universidad Estatal de San Bernardino (CSUSB). Este estudio ha sido aprobado por el "Institutional Review Board" (Consejo de Revisión Institucional) en CSUSB.

**PROPOSITO:** El propósito del estudio es explorar la percepción de la comunidad Latina acerca de las condiciones mentales y servicios de salud mental.

**DESCRIPCION:** A los participantes se les harán algunas preguntas sobre el conocimiento de la salud mental, percepción acerca de las enfermedades mentales, ideas e información acerca de cómo incrementar el uso de los servicios mentales entre la comunidad Latina y por último información demográfica.

**PARTICIPACION:** Su participación en el estudio es totalmente voluntaria. Usted puede rehusarse a participar en el estudio o discontinuar su participación en cualquier momento sin ninguna repercusión.

**CONFIDENCIALIDAD:** Sus respuestas se mantendrán confidenciales y los datos del estudio se presentarán en forma grupal.

**DURACION:** La entrevista telefónica durara entre 45 a 60 minutos.

**RIESGOS:** Aunque no se anticipa, puede ocurrir que contestar algunas preguntas cause incomodidad. Si usted siente cualquier incomodidad usted no está requerido a contestar las preguntas, puede omitir cualquier pregunta o terminar la entrevista en cualquier momento.

**BENEFICIOS:** Los participantes del estudio no recibirán ningún beneficio directo por su participación. Sin embargo, los resultados del estudio contribuirán al conocimiento en esta área de investigación.

**CONTACTOS:** Si usted tuviera una alguna pregunta sobre este estudio, por favor de contactar a la Doctora Smith al (909) 537-3837

**RESULTADOS:** Los resultados del estudio podrán ser obtenidos en la biblioteca "Pfau" sobre la base titulada "ScholarWorks" (<http://scholarworks.lib.csusb.edu/>) en la Universidad Estatal de San Bernardino después de Julio 2021.  
\*\*\*\*\*

Yo, estoy de acuerdo que esta entrevista sea audiograbada:  SI  NO

Yo, entiendo que debo de tener 18 años de edad para participar en el estudio, he leído y entendido el documento de consentimiento y estoy de acuerdo de participar en el estudio.

\_\_\_\_\_  
Poner una marca "X" aquí

\_\_\_\_\_  
Fecha

APPENDIX C  
INTERNAL REVIEW BOARD APPROVAL

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**IRB-FY2021-57 - Initial: IRB Admin./Exempt Review Determination Letter**

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IRB@csusb.edu <IRB@csusb.edu>  
To: erica.valdez4243@coyote.csusb.edu, jessica.garcia9927@coyote.csusb.edu, lasmith@csusb.edu

Fri, Nov 6, 2020 at 9:16 AM



**CSUSB INSTITUTIONAL REVIEW BOARD**  
Administrative/Exempt Review Determination  
Status: Determined Exempt  
IRB-FY2021-57

Laurie Smith Jessica Garcia, Erica Valdez  
CSBS - Social Work  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Laurie Smith Jessica Garcia, Erica Valdez:

Your application to use human subjects, titled "Perception of Mental Health Among the Latinx Community" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2021-57 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

*Nicole Dabbs*

Nicole Dabbs, Ph.D., IRB Chair  
CSUSB Institutional Review Board

ND/MG

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## ASSIGNED RESPONSIBILITIES

This research study is a partnered study with an equally shared responsibility by the following two researchers: Jessica Garcia and Erica Valdez. Each researcher has equally contributed to the research project by consistently communicating, making edits, reviewing, and collaborating in the process. There has been mutual agreement in the division of work and in the development of the interview questionnaire. Below is a more visual representation of the teamwork and collaboration of this research project.

- a. Introduction – Jessica Garcia and Erica Valdez
- b. Literature review – Jessica Garcia and Erica Valdez
- c. Methods – Jessica Garcia and Erica Valdez
- d. Results – Jessica Garcia and Erica Valdez
- e. Discussion – Jessica Garcia and Erica Valdez
- f. Interview Questionnaire – Jessica Garcia and Erica Valdez
- g. Informed Consent – Jessica Garcia and Erica Valdez