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MENTAL HEALTH AMONG THE LATINX POPULATION

Jocelyn Mendoza Sierra

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MENTAL HEALTH AMONG THE LATINX POPULATION

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

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

by
Jocelyn Mendoza Sierra
May 2021

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ABSTRACT

Mental health in the Latinx community has been stigmatized for several years. In the Latinx community mental health is disregarded and oftentimes not addressed and overlooked by immediate family members. The purpose of this study is to address the reason why people do not access mental health services. The methods used in this study consisted of a qualitative approach and participants were asked open ended questions. A total of eleven participants (N=11) were gathered and consisted of both female and male participants who identify as Latinxs. The key findings from this research indicate that seeking mental health services was viewed as being weak, that participants would rather talk to friends/siblings rather than seeking professional help, and that religion does not influence the decision of seeking mental health services in the Latinx community. One way to address the issue regarding access to mental health services is creating financial assistance for low-cost services and providing alternatives for people who are undocumented.

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I would like to thank my immediate family for all their love and support throughout my year's undergrad and grad school. I also appreciate the strength God instilled in me to complete this program and the prayers that He answered.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Mental health is regarded as a person's emotional and psychological well-being in their specific environments. In social work, mental health concerns are very important, especially when providing services to Latinxs, which are considered the largest ethnic minority group (APA, 2017). Research has demonstrated that Latinxs receive less mental health services compared to their white counterparts (Snowden, 2012). As well as providing statistical information, that ethnic minority groups are also less diagnosed than their white counterparts (Kohn, 2014). Mental health services and resources are not easily accessible for minority groups; therefore, this creates stigma behind mental health services that are actually utilized by Latinxs. Family barriers also create stigma and those who seek treatment are referred to as "being crazy person or mal de la mente" (Rastogi, 2014). This family stigma also prevents second and third generation adolescents/children from seeking mental health services that are more than likely accessible to them. Another mental health concern that is prevalent is depression and anxiety, which is one of the highest among the Latinx community and are oftentimes associated with poverty and poor housing conditions (Ayón, 2010).

There are multiple elements that account for Latinxs not seeking mental health services. These elements include, but are not limited to their: legal status, language/educational barriers, and stigma associated with seeking mental health services. In terms of policy, the lack of mental health services creates problems for the Latinx population due to their legal status. Therefore, people who are undocumented are more than likely to go untreated and develop severe symptoms that require psychotic treatment. This further creates problems at the micro level (individual level) when interacting with undocumented people and this interferes with their interpersonal skills with the service providers or other mental health specialists. For example, at the policy level, research has demonstrated that participants in different states with exclusionary (entry denial) immigration policy climates throughout the U.S had greater rates or low mental health days compared to counterparts with less exclusionary immigration policy climates (Hatzenbuehler, 2017). Therefore, strict policies that are implemented against undocumented Latinxs have major repercussions on their mental health, which can also lead to more severe problems that can affect their overall health and well-being.

Of all the aforementioned elements as to why Latinxs do not access mental health services, their legal status is the most prevalent and concerning issue. As Martinez (2015) mentions, policy in the U.S regarding legal status is enforced at the government level and is established that way to prevent the states from interfering. There are several laws that prohibit and restrict

undocumented people from accessing necessary health services, which include and are not limited to emergency distress. For example, these policies explicitly state that undocumented people cannot seek health services and contained clauses that interrupted people from seeking such services. The article also mentioned that professionals were ordered to release documentation status before certain services were provided to undocumented members (Martinez, 2015).

The issue regarding legal status negatively affects social workers because ethically, they are not providing services to populations that need specific services- if social workers are within an agency of helping all kinds of people from different ethnic backgrounds. As a social, the National Association of Social Workers (2017) states that the purpose and core values of social workers is to provide service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence to human experiences. Therefore, if social workers are not following the core values within social work practice and not providing mental health services to the Latinx community, then there is a lack of compliance with the NASW Code of Ethics. Although it is understandable that certain members from the Latinx community cannot receive mental health services due to their legal status (or other factors), it is the social worker's moral and ethical responsibility to advocate and demand these services on their behalf.

Purpose of the Study

The purpose of the research study will be to obtain information as to why some members of the Latinx community do or do not seek mental health services throughout San Bernardino County. The study would also like to address why mental health is not discussed in the Latinx community. Therefore, the primary issue that needs to be addressed, is why are Latinxs not accessing or talking about mental health concerns with their family members. The accessibility of mental health services also creates issues among the Latinxs community; however, these conversations are not being discussed between members from the same community. This later creates issues regarding mental health stability, which can worsen if one does not seek professional help.

The research method that will be utilized throughout this research study is a qualitative design. The Latinx participants will be asked a series of questions, which are limited but not including the aforementioned information regarding their legal status, level of education, if religion plays a role on accessing mental health services, and stigma associated with seeking mental health services. If participants do not feel comfortable responding to certain questions, the researcher will exclude that information. The series of questions will be administered through interview questions and gathered through a snowball sampling method, which is when a person recruits another participant based on shared characteristics. Participants will be interviewed via zoom, google meet, or via cellphone. Participants will be emailed the consent form and provide an electronic signature or verbal consent may be provided; due to the limited time

frame and current circumstances regarding COVID-19. Participants are more than welcomed to participate or not, if they feel that the questions are intrusive or offensive. The responses will create a common theme that the researcher can address and can also provide resources regarding low-cost mental health services.

Significance of the Project

The research findings will have considerable benefits for social work practice and the Latinx community, at the micro, mezzo, and macro level. When looking at the micro level, Latinx can rely on family members for support and also encourage each other to seek mental health services. For social workers, at the mezzo level, social workers/clinicians can provide services to local organizations or refer members to different agencies that meet their needs. At the macro level social workers can advocate for policy change in order for the Latinx community to have access to mental health services, as well as taking this issue to an international level by ensuring certain laws/regulations be implemented for all people regardless of their legal status. The actions at different levels will increase cultural competence and also increase the ability to assist the Latinx community.

If social workers understand the cultural factors of how Latinx people live, then they will be able to provide comprehensive education regarding mental health services and how their legal status will not interfere with receiving and having access to these resources. Having access to mental health services will lead to less depressive and anxiety symptoms, which can serve as a

preventative factor on their future health and overall well-being as people age. Latinxs can actively have and engage in open discussions regarding their mental health with family members and/or professionals to dismantle the generational trauma they experience or witness as they age into adulthood. Mental health will be assessed throughout the research and will take into consideration the needs within the Latinx community. With this being said, the research question for this project is: How is mental health viewed in the Latinx community and how do their views or life circumstances impact the utilization of mental health services?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following will consist of a synthesis and critical review of the literature related to the problem formulation. The chapter will also include subsections that mention some of the factors preventing the utilization of mental health services among the Latino community and the stigma associated with seeking these services. Lastly, this chapter will also focus on the theories guiding conceptualization and provide a summary of this section.

Among the Latinx population, approximately 1 in 10 Latinxs with a mental disorder utilize mental health services from a general health care provider, as opposed to only 1 in 20 Latinxs seeking services from mental health professionals (APA, 2017). Additionally, about 26.5% of Latinxs utilize mental health treatment in the United States, which varies significantly in comparison to other ethnic groups. These numbers indicate a greater issue that includes several elements as to why these mental health services are not being utilized by Latinxs. These elements include but are not limited to Latinxs: legal status, language and education barriers, religion, financial/transportation circumstances, and stigma regarding the utilization of mental health services.

Legal Status

Legal status refers to someone's citizenship, in other words, if they were born in the United States, they are considered legal and have access to certain

resources compared to people who were not born in the U.S. During the Obama administration, the Affordable Care Act (ACA) was implemented in order assist with health insurance coverage costs. However, ACA did not apply to those who were undocumented Latinxs (Moreno, 2017). Many undocumented Latinxs were hoping for better results, but as Moreno (2017) mentioned throughout the synthesis, several opponents were against ACA and the possible idea that this could benefit “illegals in this country that only take our jobs,” created controversial topics regarding who does and who does not receive insurance coverage. The author also mentioned the vast number of application declines of children whose parents are undocumented, which creates confusion for parents because they fear that certain agencies will ask for their legal status. This in turn affects both the undocumented parent and American children because they do not have insurance to cover mental health costs. The total number of undocumented Latinx people who do not have access to mental health services is about 8 million people (APA, 2017). As a result, this information is crucial to assess in order to treat and help Latinxs’ mental health.

Language, Educational Barriers

Significant language and educational barriers are evident among the Latinx community. According to the American Psychological Association (2017), only about 1% of the psychologists in the U.S, who provide mental health services to Latinxs, speak Spanish. This statistic indicates that even if Latinxs have insurance, they will likely not seek services due to the lack of

psychologists/social work professionals who cannot communicate effectively with the Latinx community. This This further deteriorates the interpersonal and therapeutic relationship among professionals and their Latinx clients.

Of the total number of Latinxs present in the U.S (estimate of 51.5M), only about 27.5% actually graduate or have received a high school diploma or equivalent (APA, 2017). Of the percentage of people who have graduated or received the equivalent of a high school diploma, the people who did not attend school are reported to have greater language barriers when it comes to completing paperwork, building rapport with professionals, and this contributing to higher drop-out rates (when services are utilized) (Rastogi, 2012). Furthermore, Rastogi (2012) mentions that Latinxs are also unaware of mental health services or the simple conversation because they are not educated on this topic or is viewed as taboo.

Religion

Religion plays a major factor as to why Latinx members choose to seek services or not. According to Villatoro (2016), it is estimated that 54.5% of Latinxs identify as being Catholic and also states that people who are more involved with church (attending events and going to mass) helps Latinxs cope with stressors and act as a social protective measure in their lives. Furthermore, the article states that being religiously involved can lead to a better mental health by encouraging Latinxs to avoid behaviors that could possibly jeopardize their overall wellbeing. The power of prayer is stated to be a major contribution to how

Latinxs feel and create a hopeful environment when they are experiencing life stressors (Villatoro, 2016). Other research states that Latinxs would rather seek assistance from religious leaders than from a professional because of the stigma associated with mental illnesses (Caplan, 2016).

Stigma

When someone is stigmatized, this often refers to negative attitudes, thoughts, beliefs, and behaviors that influence the individual, which leads to prejudice and discrimination against people with mental health disorders (Rastogi, 2012). According to Garcia (2011), individuals choose not to seek services due to being labelled as mentally ill/incompetent. She further mentions that Latinx culture is classified by beliefs that emphasize community, togetherness, and a forceful responsibility to family (familism) over individuality. Therefore, seeking services for any mental health/illnesses is viewed negatively and will affect the family as a whole. If one wishes to seek services for mental health related services, Latinxs will resort to a type of curandero, which is involved in the natural/herbal cleanse of the body from bad spirits (Keyes, 2012). Keyes (2012) also mentions that Latinxs will seek help from other family members or clergy before seeking medical treatment; the symptoms have to intensify in order for Latinxs to engage in formal care. As a result, stigmatization by family members affect whether Latinxs access mental health services or not.

Studies Focusing on Mental Health Factors for Latinxs

The research regarding the elements that affect the utilization of mental health services and the stigma behind the utilization of these services by Latinxs is limited. Most of the research focuses on how this affects their mental health at a greater scale. The study will review research conducted on Latinxs' personal experiences on why they do/do not access these services; if they do, how is this negatively/positively viewed among family members.

A study conducted by Bauer (2010), gathered data from the National Latinx Study, which evaluated a case of about 2,500 Latinxs in order to compare the differences of English Proficient (EP) and Limited English Proficiency (LEP) on access to and quality of mental health care. In other words, does language interfere with the ability to seek mental health services in EP and LEP individuals. The results from the data indicated that EP and LEP individuals were less likely to establish a need or want for mental health services. The results further indicated that language proficiency was not associated with barriers to treatment. However, the data also indicates that Latinxs with LEP did experience more barriers entering treatment compared to EP Latinxs.

A second study conducted by Ayon (2010) was completed by utilizing the Southwest subsample of the Latino Acculturation Health Project (LAHP) dataset, which contains data of about 149 families throughout the U.S- Mexico border regions. Questions ranged from obtaining information about their demographics, education, income, and legal status. The study focused on the role of discrimination and familismo, and how certain families internalize mental health

symptoms. Based on this article, familismo is defined as having dedication, commitment, and loyalty to one's immediate family. The study's results concluded that a person's level of education, along with their income, were related to levels of depression. However, the results also indicated that people did not seek services due to familismo. The results further indicated that parents were more likely to fear being stigmatized by external family and also showed concerns over their legal status; compared to adolescents, who actually wanted to seek mental health services.

Another study conducted by Raymond (2014), gathered 61 participants from ages 18-32 years-old who qualified for the Deferred Action for Childhood Arrivals (DACA) program. The study explains that participants were eligible for a provisional legal status but were prohibited from utilizing the Affordable Care Act's Medicaid expansion and Health Care Exchanges. These results indicate that costs were the primary reason why participants did not seek mental health services, due to how expensive treatment and medication are. Mental health expenses continue to increase in cost and majority of undocumented people work to prioritize the livelihood of their families. Participants also stated that medical professionals are interested in financial gains and fear that disclosing their documentation status can result in their deportation. Although some participants stated that DACA partially improved their access to health care resources, their family members remained uninsured.

Gaps in Literature/ Methodological Limitations

Research regarding the utilization of mental health services among the Latinx population is sufficient and very well written, however, the lacking problem that was evident throughout some literature, was the utilization of these services based on Latinxs legal status. Although some articles briefly mentioned how certain non-profits offer healthcare services, it did not mention mental health services. Another issue was that certain literature did not mention how children were affected, although this paper focused on adults, there was little information regarding how being “un-educated” about mental health negatively impacts the adults’ children. Another apparent issue was the breakdown of mental illnesses that are most prevalent within Latinx and undocumented Latinxs, and how this comparison influences accessibility to mental health services.

The limitations that were apparent in some studies, were disclosing participants’ legal status or highest level of education, which was reasonable, due to limits of confidentiality. Data was also gathered from the year 2017 as opposed to last year; although data is relative to this study, the researcher wanted to compare last year’s data with data from approximately five years ago. The research was based on secondary data, as opposed to personal experiences by the Latinx community. A limitation that was also evident was when participants required translation, which was lost and non-effective. This can cause problems when conceptualizing/coding the results of the given study. Therefore, the study that will be conducted in the following months will differ from previous studies by utilizing qualitative data and open-ended questions to obtain

accurate information that is representative of the Latinx community. The study will build from previous research in terms of conceptualizing participants' responses and differ by gathering participants through a snowball sample.

Theories Guiding Conceptualization

Both Ayon (2010) and Garcia (2011) conceptualized their research by utilizing the ecological systems theory (EST), which indicate that several factors at different systemic levels converge to influence individuals' overall wellbeing. These structural factors help explain some of the reasons why Latinxs do not access mental health services. Urie Bronfenbrenner (1979), developed the Ecological Systems Theory, or also known as the Human Ecology Theory, to examine individuals' relationships within their surrounding communities and how this expands to the societal level (which are often referred to systems at the micro, mezzo, and macro level). Ayon (2010) mentions that the microsystem involves the interaction between one's immediate family members and people who they interact with on a day-to-day basis. Further, at the mezzo level the interactions between people involve two or more microsystems, which can be seen as interactions with people who are not family (peers, classmates, community). Lastly, at the macro level, the interactions are broader and extend to resources outside the community; for example, policies/laws. The EST helps explain how these systems are interrelated and can influence/deter people at different system levels. Therefore, it is important for families to have open discussions at home, with peers/community members, and interactions at the

societal level. These interactions at home will allow parents to feel comfortable when seeking services at the macro level, therefore, having discussions about mental health will benefit the the Latinx community.

Summary

The previous information discussed some of the factors that prevent utilization of mental health services. Although there is literature regarding this issue, majority of Latinxs do not access services due to high costs regarding treatment and medication. Latinxs will continue to face adversity if these issues are not addressed/policy is enacted to make mental health resources more affordable/accessible, regardless of legal status. Therefore, preventative programs such as Juntos por la Salud (JPLS) can help facilitate some of the concerns that Latinx communities are facing when encountering mental health problems. Programs that focus on preventative measures can provide support and funds if one cannot afford specific treatments. The study seeks to further understand and assist the Latinx community by providing resources for mental health services.

CHAPTER THREE

METHODS

Introduction

The following study will include a summary of the research design that will help the researcher gather information regarding the utilization of mental health services among the Latinx community. The following subheadings will contain information about how the study design will be utilized, which include: the study design, sampling, data-collection and instruments, procedures, protection of human subjects, data analysis, and a summary.

Study Design

The purpose of this study is to obtain thorough information from the Latinx community regarding the elements that prevent the utilization of mental health services, and how Latinxs view mental health. Therefore, the researcher utilized a qualitative approach and is exploratory. The participants are Latinxs from the San Bernardino County. Although there is substantial research regarding the underutilization of mental health services among the Latinx population, or lack thereof, research is limited on what prevents them from seeking such services. The reason for a qualitative method is to pose open-ended semi-structured questions and to allow participants to provide thorough responses based on personal experiences.

The reason for utilizing an exploratory approach, along with qualitative responses is to focus on the participant's experience. The participants are the

experts and can interpret and tell their own story without restrictions on what they are asked. The researcher focused on ensuring the questions were open ended and also asked to follow up questions to ensure all topics related to mental health are addressed. The researcher provided Spanish translations of the questions posed throughout the interview process, if needed. The researcher presented these questions to professor to ensure questions were worded appropriately and revised them for the participants to understand these questions.

Sampling

The study was a non-random sample, due to participants being gathered through a snowball method. An email and flier will be distributed and will exclusively focus on the Latinx community. The total amount of participants will be eight to ten ranging from ages of 21 and older, with all adults having experience trying to access mental health services. The requirements for participating in the study will be the following: must be a San Bernardino County resident, identify as a Latinx, and have some level of education. The interview process was conducted via phone calls and zoom meetings.

However, the researcher does realize the limitations of utilizing a snowball sample, which include some sort of bias and lack of representativeness among the Latinx community. The researcher also acknowledges that due to COVID, there will be more restrictions and participants may not want to disclose certain demographics. Therefore, the results at the end of the study will not be generalizable to the whole population, specifically only to some San Bernardino

residents. The researcher has also considered that participants may not feel comfortable disclosing their legal status, whether they are documented/undocumented. A possible limitation, once their legal status is mentioned, is that respondents may not want to continue with the interview questions or may respond in a skewed way to satisfy the researcher. Furthermore, a possible strength that may result from this study is the cost-efficiency in gathering participants. The researcher will also provide an incentive for participants involved.

Data Collection and Instruments

The qualitative data was collected via phone calls during the month of January and February 2021. The participants were provided with a brief statement of what the study consists of, the informed consent (available in English and Spanish), notice of privacy and confidentiality form, and a translation of the study (if needed). As previously stated, the demographic information will be recorded once all the data has been gathered, which consist of age, sexual orientation, ethnicity/race, highest level of education, legal status, and city of residency.

The researcher asked the participants questions, which were influenced by the question guidelines provided by both Garcia (2010) and Keyes (2012). The questions were centered around the utilization of mental health services while also focusing on how stigma, legal status, and language/educational barriers are potential factors as to why Latinxs do not utilize certain mental health

services. The following three categories (stigma, legal status, and language/educational) determined the questions that were asked, if there are any follow up questions from the participants, the researcher will take the time to address them and also validate any concerns they may have.

A limitation during the data collection process is that the study is not representative, this was previously stated, however, not all the categories are applicable to participants (when addressing stigma, legal status, and language/educational). A possible strength after the data collection, is that the researcher can provide the participants with resources to mental health services if they wish to inform themselves.

Procedures

Since the researcher contacted some classmates from the MSW program, and they referred other people to be interviewed, a flier was not sent out, but the researcher informed the participants of the study's purpose and read the informed consent. The researcher emphasized the importance of the participant's experience and transparency on their responses. Once the participants were gathered, the researcher sent the participants the questions so that they can review them and clarified any questions or concerns they had regarding the study. The researcher provided their contact information and email as well in order for participants to read the informed consent and review the questions. Every participant has been entered in a \$50 raffle for their participation. The

researcher received full cooperation from their participants and was able to interview some of their extended family.

Once the researcher gathers enough participants, the researcher will provide them with the informed consent form (Appendix A), which will also be in Spanish. The researcher went into further detail once the participant read the informed consent and ensured the participant that their information remained confidential, meaning no personal information will be disclosed (especially regarding their legal status). Next, the researcher ensured that their signature was provided and start with the demographics and questions (Appendix B) and start voice recording their responses. However, since the researcher conducted phone interviews, participants were able to provide a verbal consent to start the interviewing process and voice recording. The questions provided in appendix B were reviewed by Dr. Barragan to ensure its reliability. The researcher also asked a colleague to review the questions and ensured proper translation was used throughout the study. The researcher recorded all the responses by utilizing a notepad in case the audio was unclear.

The estimated time for each interview varies, but the researcher allowed up to 20-30 minutes per interview for each respondent. None of the interviews exceeded the expected time, which resulted in the client to feel less pressure in trying to meet the time requirements that were mentioned on the informed consent. Once the interview was completed, each participant was thanked for their time and told that their participation will help answer some questions

regarding the views on mental health in the Latinx community. Participants were placed in a raffle as well and will be announced in May. The researcher also informed participants that the results will be transcribed onto a word document and if they would like they can read the final data online once it has been approved. The researcher realizes that some of the participants may want access to mental health services, therefore, the 211 number will be provided as well to ensure they have access to nearby resources.

Protection of Human Subjects

As previously mentioned, the participants will be given consent forms (Appendix A) as well as an agreement to confidentiality and anonymity in accordance with HIPPA guidelines. The participants were given pseudonyms (which excludes their legal names and will be changed to Participant 1, 2, etc), which will be necessary during the data transcription process. Therefore, their names were not mentioned throughout the interview and transcription process at all. The consent form informed participants of the voice recording option; all data will be eliminated once there are consistent themes, and the researcher has completed the study. The audio recordings and notes will remain confidential, will be placed in a locked compartment, and saved with a password only known by the researcher. Phone interviews and zoom meetings were conducted throughout the interviews, however, since some participants did not access to adobe fill in and sign or had difficulties signing the informed consent; a verbal consent was provided instead. As previously mentioned, once recurring themes

are obtained and data is complete, the information will be deleted and shredded. Once the participants have completed the interview process, the researcher thanked the participants and asked if they need further clarifications, which they responded no to. However, the researcher did inform them that the complete study will be posted online.

Data Analysis

The results (voice recordings) were transcribed onto a word document, which will help identify any recurring themes. Using Thematic Analysis, this will assist the researcher in understanding what are the major factors that prevent the utilization of mental health services and how mental health is viewed in the Latinx community. For each response, the researcher categorized statements based on stigma, legal status, and language/educational topics. For responses that are different, the researcher will document and consider this a new category (which did occur). Regarding the demographic information, these variables were assessed by using descriptive statistics. Once data was transcribed and given proper themes/codes, the researcher will place the responses on a spread sheet and finalize results. The results varied and information that was not relevant to the findings were be discarded (or considered an outlier).

Summary

This study explored and addressed the issues regarding the utilization of mental health services in the Latinx community. The participants' experiences regarding mental health provided feedback on what the San Bernardino County

can do to address the ongoing issue regarding mental health, especially now during COVID-19. Therefore, to address this, the best approach for this study was utilizing a qualitative method, in order for participants to share their life experiences and also seek mental health services for themselves and/or family members.

CHAPTER FOUR

RESULTS

Introduction

Chapter four will include the demographics and characteristics of participant responses regarding how mental health is viewed in the Latinx community. The findings will indicate if mental health is negatively viewed, if religion plays a role on mental health, someone's legal status, and if they feel comfortable speaking to a professional or a family member when they are struggling.

Presentation of the Findings

Demographics

There are a total of eleven participants who identified as being part of the Latinx community. Of this sample, there were seven female participants (63%) and four male participants (36%). In terms of ethnic/nationality background, five (45%) identified as being Mexican, four (36%) identified as being Hispanic, and two (18%) identified as being Latinx. All the participants were familiar with speaking Spanish. The age range between participants ranged between ages 22 through 54. All of the participants indicated that their parents or themselves were from Mexico.

Participants' annual income ranged from \$ 0 to \$156,000 per year. The participant with no income stated that they are currently in their master's program

and are not working. In terms of education, five participants (45%) identified as having their bachelor's degree, two participants (18%) reported as having a high school diploma, one participant (9%) indicated as having their GED, one participant (9%) reported as having an 8th grade education, and two (18%) identified as currently being in college (undergrad education). In terms of how many years the person has lived in the USA, eight participants (72%) indicated that they have lived in the US their entire life, three participants (27%) indicated that they have lived in the US from 15 to 31 years. In terms of marital status, four participants (36%) indicated that they were currently married and seven (63%) indicated that they were currently single. In terms of religious background, ten (90%) indicated that they identified as being catholic and one (which is 9%) identified as being Christian.

Mental Health Definition

When the participants were asked what mental health meant to them, their responses varied, and all had different definitions of what mental health meant. Four participants indicated that there was a relationship with someone's mental health and emotions. Being emotionally stable entails that the person is physically stable as well. One participant stated, "when you get sick, you want to make sure you go to the doctor and you check in and you see if everything is okay, same thing with your mental health." Another participant indicated that mental health entails "being emotionally stable." Some participants indicated that mental health meant that they were not doing well in terms of feeling anxious or

overwhelmed. Whereas two participants indicated that mental health meant “PTSD and junkies,” “a common disease for some people.” Overall, the responses were mixed and provided insightful information on how participants viewed mental health.

Mental Health Views

When the participants were asked of their views on mental health, the responses were uniform and pretty consistent across all participants. At least half of the participants indicated that mental health was not talked about in their household and that sometimes it was viewed in a negative way. One participant indicated that they were viewed as weak by other family members if they were feeling depressed and/ or sought professional help. Another participant stated that mental health was negatively viewed and was a result of “what drugs do to you.” Whereas another participant stated that (*translation from Spanish*) “That person is crazy, lets hospitalize them” Overall, half of the participants reported that mental health was not discussed among family and if the person was experiencing some sort of depression, then the person was simply going through a phase.

Do You Have Religious Values?

The participants were asked whether they had religious values and this question consisted of a sub question, which was: Do you have religious values? If so, do they interfere with your accessibility to mental health services? Although the majority of the participants indicated coming from a Catholic upbringing/belief

system, they indicated that their religious values/beliefs did not interfere with their accessibility to mental health services. Nine out of the eleven participants indicated “no.” However, of those ten participants, one participant indicated that “religion was used like my mental health resource; instead of talking to a psychologist I would kind of refer back to the universe or to God and talk to them about how I am feeling and being able to like process my feelings by talking to them.” The participant who answered, “yes to this question stated, (*translation from Spanish*) “By talking to the priest, they have also studied psychology, therefore, they can provide you with good advice and besides that they tell you that you can pray and leave it at God’s hands.” Overall, the responses were consistent except for the two participants who indicated that prayer was a form of talking about their problems to God.

This question raised similar responses as the first sub question, which states: Do you have religious values? If so, how does that impact your view of mental health services? Majority of the participants that answered “no” to the previous sub question, answered similarly to this one. Nine participants stated that their religious values did not impact their view of mental health services. Of the participants that answered “no,” some stated that if someone they know needs assistance/help, then they should see someone. Whereas two people indicated that (*translation from Spanish*) “Religion does help me because it is a type of free service. You make a confession, and they provide therapy there, they can give you your free therapy there.” The other participant indicated that “I can

imagine like the benefits of being able to talk to a psychologist or even trying to reach out to mental health resources like I can see how that would help me out in my life and improve my mental health.” Overall, the responses for both sub questions were relatively the same and indicated that religious values do not affect the accessibility and views of mental health services.

Accessing Mental Health Services

The participants were asked whether they had accessed mental health services. For this question, five (45%) of the participants stated that they have not accessed mental health services. Of these five responses, one stated that it would be seen as “weak minded if you need somebody to help you find out or get through certain things.” Another participant stated that “I was always scared because I wouldn’t know what it would be like.” On the other hand, four participants (36%) have stated that mental health services have helped and and it went very well for them. However, of the four that indicated that mental health services benefitted the person, they stated, “I didn’t want anyone to know because I felt like people were going to think I was crazy or question why I was going to counseling.” One participant stated that they have not received individual therapy but have been benefitted from couple’s therapy. The participant stated that they would seek mental health services when they felt it was needed. The last participant (9%) stated that they have searched the internet for mental health services and often times “bump heads” with their parents because of wanting to seek mental health services. Overall, the

responses for this particular question varied tremendously as each participant explained why they have not accessed mental health services and what they plan to do in the future if such services are needed.

Comfortability Sharing Mental Health Concerns with Family or Professionals

This question provided mixed responses from all participants. The question asked if participants feel comfortable sharing their mental health concerns with family or professionals? Five (45%) participants stated that they feel comfortable talking to professionals. Of the five participants, one indicated that, “my brother would say that you can’t be sad for no reason? My parents would have told me that what I am feeling is all in my head.” Of the five participants, two (40%) stated that they feel comfortable with both family and professionals when sharing mental health concerns. One participant stated “I feel more comfortable with a professional because they would be more understanding of concerns. My family sees it as a weakness and the stigma behind mental health.”

Three participants indicated that they do not feel comfortable sharing their mental health concerns with family or professionals. The reason for their responses varied but had similar themes. Two participants indicated that they would not feel comfortable with a family or professional due to being viewed as weak. “I don’t want to be seen incapable of doing something like finishing a task because my mental health is not stable.” One participant stated, “Seeing like you tell people pretty much your business and then you get nothing out of it.”

The remaining three (27%) participants indicated that they do feel comfortable sharing their mental health concerns with family members. One participant stated, "I do depend on my sister though about that stuff." Whereas another participant stated, "depending on the topic, there's some things within my family I feel can't be discussed. My mom told me once 'grab yourself by the ba**s and get it together' therefore it depends on the topic and situation at hand." Overall, these responses were mixed and provided insight on the reasons why some people choose to discuss their mental health with family or professionals.

Communication About Struggles

Participants were asked how they communicated with others when they were struggling. Six (54%) of the eleven participants indicated that they do not communicate at all with others or that they keep/suppress situations to themselves. One participant indicated, "I'm the type of person that just keeps everything in." Another participant stated, "I do not reach out, I just wait for the moment to pass and no longer feel overwhelmed." The remaining five participants stated that they communicate with their friends and the rest with their older siblings. These results indicate that a majority of the participants choose to suppress their feelings/problems when they are struggling, instead of reaching out to their family members or professionals.

Legal Status

Participants were asked whether their legal status affected the utilization of mental health services. Of the eleven participants, three (27%) of them

identified as being undocumented. All three participants indicated that their legal status definitely affected the utilization and cost of mental health services. One participant indicated,

“I don’t qualify for Medical, only emergency Medical. You hit a brick wall when you don’t have the financial means to get the help you need for your mental health. I started investigating and ran quotes, which was \$240 per session. I found a charity, Catholic Charities and they allowed us to have 12 sessions for \$25 every time we went in. I am very thankful because this helped our marriage.”

The other participant stated, “It was hard looking for services that were being provided for free, but now I am able to get services because I am a resident.” The last participant stated, (*translation from Spanish*) “One is only offered emergency medical, and sometimes they do not cover mental health services. Emergency medical is only for emergencies or if you are dying.” Overall, all the undocumented participants stated that their legal status did affect whether or not they could receive services at a reasonable cost.

Mental Health and Coming to the U.S

Three participants were asked if coming to the U.S affected their mental health. Two participants stated that they were brought to the U.S at a young age, therefore, they cannot recall if coming to the U.S affected their childhood-adulthood life. One participant stated, “I was only 6-8 months when I arrived to

the U.S, I was only a baby and this is all I really know, so it hasn't affected my mental health." The second participant stated,

"I was a year old, it didn't affect me until I was in high school because that's when I was going to start applying for college and that's when I realized that we, the undocumented population, don't get any grants or loans or any financial assistance."

The last participant indicated, (*translation from Spanish*)

"Yes, in the sense that I was depressed not having family around me. After being in the U.S for two or three years, my father passed away and it was the worse pain not being able to go back with him. It was a really bad depression, and I could not receive any services, I had to overcome this pain alone."

Overall, only one participant recalls feeling depressed when they first arrived to the U.S because of the lack of family here to support her.

Other Factors that Interfere with Mental Health Services

Lastly, participants were asked if there were any other factors that interfered with your ability to seek mental health services. Five (45%) participants indicated that lack of insurance and affordability played a major factor on mental health services. One participant stated, "not everybody has health benefits and a lot of people are afraid to seek mental health services because of the costs, it's expensive for someone who is not working, is homeless and is undocumented." Another participant stated, (*translation from Spanish*) "Well yes, it is the

economic price and it is really expensive, especially your first consult. Each time you have to be paying.” One participant stated, “the only thing would be age limit, oh not age limit well your age because I feel like you don’t fully understand what you’re going through until like you’re old enough or mature enough.” The other participant stated that, “Being able to fit it in, especially since people work so much, go to school, and have internship; there’s really not that much time.” The four (36%) remaining participants stated that there are no other factors that interfere with their ability to seek mental health services. Overall, there was a major theme regarding lack of insurance and costs when trying to access mental health services.

Summary

This chapter presented major findings that emerged from the response’s participants provided. The responses indicated to the researcher some of the reasons why people seek or do not seek mental health services. The common themes and responses were clustered and identified as major key findings and will further assist the researcher in identifying what can be done to address the issue regarding mental health services in the Latinx community.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will present the discussion of the significant results of the study. This will consist of the limitations of the study, recommendations for social work practice, policy, and research. Some of the significant results in this study includes the stigma behind mental health in the Latinx community, how participants talk to family about mental health concerns, legal status affecting the utilization of mental health services, and how religion does not play a role in determining whether or not participants access mental health services.

Discussion

The participants of this study were all Latinxs, therefore, it was not diverse because the researcher focused on one ethnic background. However, there was a decent mixture of female and male participants and people from different age groups in the study. The results of this study revealed how mental health was viewed, how participants talked to family members about mental health concerns, legal status affecting the utilization of mental health services, and how religion does not play a role in determining whether or not participants access mental health services.

The study found that the majority of the participants relied on either friends or family members when they were struggling with their mental health instead of

meeting with a professional. This finding is consistent with Keyes (2012) conclusions, in which Latinxs would rather seek help from other family members and/or clergy before seeking medical treatment; presenting symptoms have to intensify in order for Latinxs to engage in professional care. This was the case for majority of participants indicating that they would rather talk to their siblings, relatives (not mother or father), and friends. However, stigmatization by family members also affected whether Latinxs accessed mental health services. The stigma behind accessing mental health services was viewed as being weak by family members, therefore, some participants chose not to discuss certain topics regarding their mental health to some immediate relatives.

The study revealed that participants' legal status affected the utilization of mental health services. These findings were consistent with the American Psychological Association (APA, 2017), in which it has been stated that undocumented Latinx people do not have access to mental health services. Of the participants that stated their legal status, it was concluded that costs were extremely high and that financial barriers coincided with their legal status. Their legal status affected whether or not they had good health insurance through their job, which in turn concluded whether they could access therapy/counseling services. Although there are resources for undocumented people, the costs will only continue to increase as they need more sessions.

The study revealed that religion did not affect the utilization of mental health services. As Villatoro (2016) mentioned in their study, about 54.5% of

Latinxs identify as being Catholic (which was 90% in this study) and most participants indicated that their religious values did not interfere with their accessibility to mental health services. Although this was the case for majority of the participants in this study, one participant indicated that making a confession provided them with a form of therapy and also emphasized the power of prayer and speaking to God (Villatoro, 2016). Participants also indicated that their religious values did not impact their view of mental health services and stated that if someone needs help/assistance, they should seek help from someone.

The study found that the Spanish speaking participant reported having greater language barriers, which was consistent with Rastogi's (2013) findings, which indicated that people who did not attend school or did not obtain a higher level of education (some college), reported having greater language barriers when communicating with specific service providers. Although this was the case for one of the participants, the rest of the participants indicated that some family members were not fluent in Spanish and would have difficulty with translating regular paperwork. However, Bauer's (2010) study also provides information indicating that language proficiency was not associated with barriers to treatment. Therefore, the participants in this study all responded in English, with only one participant answering questions in Spanish. Based on the responses from participants, language barriers did not significantly affect English speaking participants. The difference in the participants' responses indicated that most did

not feel the need to talk to a mental health specialist or they had close family members who they can discuss their problems with.

Limitations

Limitations of this study include the very small sample of eleven participants residing in San Bernardino County. The residency area is not representative of all Latinxs and the researcher did not inquire which city in San Bernardino county the participants lived in. The study consisted of collecting participants via snowball sample, therefore, most of the participants were either in college (undergraduate/graduate education) or did not pursue a higher education. The researcher wanted to include a mixture of participants who varied with their educational experience. Furthermore, female participants were overrepresented in the study, which may compromise the veracity of the findings.

Another limitation was that not all questions were applicable to all participants, therefore, a total of about three participants were asked two more questions compared to the rest of the participants. These questions pertained to the participants' legal status, which was another limitation. Although participants were gathered via snowball sample, participants who identified as being undocumented did not want to refer other participants to the researcher.

Another limitation is that the researcher did not interact with participants due to COVID-19. The researcher was not able to conduct face- to-face interviews, which did not allow the researcher to observe the participants body language or facial expressions associated with specific questions the researcher

posed. The lack of face- to- face interactions could have decreased the level of comfort among participants, due to long pauses in between and during questions the researcher posed.

Recommendations for Social Work Practice, Policy, and Research

Although there is data and research about mental health affecting the Latinx community, further research should continue to explore how the stigma of mental health among Latinxs affects their mental health service utilization and interpersonal skills as adults. As people get older, their interpersonal skills and communication styles affect their relationship with others, which in turn can affect future relationships with their own children/family members.

In order to effectively serve Latinx clients, cultural competency trainings for social workers need to be implemented and encouraged in work settings and has become part of the agency policy in order to keep social workers and staff members aware of cultural differences among the Latinx community. On the other hand, more programs and services should also be available to Latinxs in order for them to increase interactions with service providers. One method to increase this is to provide English classes to decrease language barriers. These classes could be offered by community programs at reasonable prices. Although there was only one Spanish speaking participant in the study, resources should be accessible in different languages in order to increase service utilization and interpersonal relationships. As a social worker, it is our responsibility to educate

and bring awareness about mental health and mental health services in the micro and macro setting.

Summary

This study discussed how the findings from this research are related to previous studies and demonstrate similar interests among Latinxs' mental health. The findings from this chapter will determine whether further research needs to be done in order to provide more resources for the Latinx community or if this research can be modified/duplicated to engage more Latinxs from the San Bernardino county. The aforementioned paragraphs also discussed some recommendations for social work practice, policy, and research. Overall, these findings will assist further researchers in obtaining more information regarding mental health in the Latinx community.

APPENDIX A
DEMOGRAPHICS/QUESTIONS FOR LATINXS REGARDING MENTAL
HEALTH

Demographics for Latinxs Regarding the Utilization of Mental Health Services

Datos demográficos de Latinxs y la Utilización de Servicios de Salud Mental

1. **Age** _____
Edad _____

 2. **Gender: Female/Male**
Género: Hombre/Mujer

 3. **Highest level of education** _____
El nivel más alto de educación _____

 4. **Annual income** _____
Ingresos anuales _____

 5. **Your nationality** _____
Su nacionalidad _____

 6. **How long have you lived in the USA?** _____
¿Cuánto tiempo ha vivido en los EE. UU? _____

 7. **Marital status** _____
Estado civil _____

 8. **Are you religious? If so, what is it?** _____
¿Usted es religioso? ¿Que es? _____
-

Questions for Latinxs Regarding the Utilization of Mental Health Services

Preguntas para Latinxs y la Utilización de Servicios de Salud Mental

1. **What does mental health (MH) mean to you?**
¿ Que significa para usted salud mental?

2. **Were you raised in an environment where mental health was negatively viewed?**
 - a. **In what ways? How so?**
¿ Fue creado en un ambiente dónde la salud mental fue negativamente observado?

 - b. *En que sentido? Como?*

3. **Do you have religious values?**
 - a. **If so, do they interfere with your accessibility to mental health services**
 - b. **How does that impact with your view of mental health services?**

¿Tiene usted valores religiosos?

- c. *¿Se interfieren con su accesibilidad a servicios de salud mental?*
- d. *¿Cómo impacta su vista cuando piensa en recibir servicios de salud mental?*

4. **How do you feel when you are considering accessing MH services? how was it for you?**

¿Cómo se siente usted cuando piensa obtener acceso a servicios de salud mental? ¿cómo era para usted?

5. **Do you feel comfortable sharing your MH concerns with family or professionals? Why or why not?**

¿Se siente usted cómodo compartiendo sus preocupaciones de MH con familia o profesionales? ¿Por qué o por qué no?

6. **How do you communicate with others when you are struggling?**

¿Cómo se comunica usted con otros cuando usted esta batallando con su salud mental?

7. **Does your legal status affect the utilization of mental health services?**

¿Afecta su estado legal la utilización de servicios de salud mental?

8. **Did coming to the U.S affect your mental health?**

¿Cuando llego a los Estados Unidos, fue afectada su salud mental?

9. **Are there any other factors that interfere with your ability to seek mental health services?**

- a. **If so, what are they?**

- b. Assistance with transportation services or in need of a translator when trying to access these services?**
- c. Do you have access to MH resources? Such as looking up information through a laptop/cell phone?**

¿Hay algún otro factor que interfiere con su capacidad de buscar servicios de salud mental?

d. ¿Cuales son las razones?

e. ¿Ayuda con servicios de transporte o necesidad de un traductor cuando esta

tratando de tener acceso a estos servicios?

f. ¿Tiene usted acceso a recursos de salud mental. Por ejemplo, acceso a información

por uso de computadora o teléfono celular?

APPENDIX B
INSTITUTIONAL REVIEW BOARD APPROVAL

IRB #: IRB-FY2021-73

Title: Mental Health Among the Latinx Population

Creation Date: 10-22-2020

End Date:

Status: Approved

Principal Investigator: Janet Chang

Review Board: Main IRB Designated Reviewers for School of Social Work

Sponsor:

Study History

Submission Type	Review Type	Decision
Initial	Exempt	Exempt

Key Study Contacts

Member Jocelyn Mendoza-Sierra	Role Co-Principal Investigator	Contact 005827532@coyote.csusb.edu
Member Janet Chang	Role Principal Investigator	Contact JChang@csusb.edu
Member Janet Chang	Role Primary Contact	Contact JChang@csusb.edu

APPENDIX C
INFORMED CONSENT
(ENGLISH AND SPANISH)

Informed Consent

The study in which you are asked to participate is designed to examine how mental health is viewed in the Latinx community and if this affects the utilization or lack thereof mental health services in the county of San Bernardino. The study is being conducted by Jocelyn Mendoza Sierra, a graduate student, under the supervision of Dr. Janet Chang, 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 examine how mental health is viewed in the Latinx community and if this affects the utilization or lack thereof mental health services.

DESCRIPTION: Participants will be asked questions on the language/educational barriers faced, stigma associated with MH services, if legal status interferes with access to MH services, reasons for accessing/not accessing MH services, and some demographics.

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

CONFIDENTIALITY: Responses will remain confidential and information gathered will not be identifiable. Data gathered will be transcribed/coded and at the end of the study responses will be discarded.

DURATION: This will take approximately 20-30 minutes.

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 if needed.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge on how mental health is viewed in the Latinx community.

CONTACT: If you have any questions about this study, please feel free to contact Dr.Chang at jchang@csusb.edu

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 May 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

Formulario de Consentimiento

El estudio en el que se le pide que participe está diseñado para examinar cómo se ve la salud mental en la comunidad de Latinx y si esto afecta la utilización o la falta de servicios de salud mental en el condado de San Bernardino. El estudio está siendo conducido por Jocelyn Mendoza Sierra, un estudiante de graduado, en la supervisión de Dr. Janet Chang, Profesora en la Escuela de Asistencia Social en la Universidad Estatal de California, San Bernardino (CSUSB). El estudio ha sido aprobado por el Comité Examinador Institucional en CSUSB.

OBJETIVO: El objetivo del estudio es examinar cómo se ve la salud mental en la comunidad de Latinx y si esto afecta la utilización o la falta de servicios de salud mental en el condado de San Bernardino

DESCRIPCIÓN: Preguntarán a participantes sobre las barreras de lengua / barreras educativas afrontadas, estigma asociado con servicios de SM, si el estado legal interfiere con el acceso de servicios SM, motivos de tener acceso/ o no a servicios SM que tienen acceso, y algunos datos demográficos.

PARTICIPACIÓN: Su participación en todas partes del estudio es completamente voluntaria. Usted puede rechazar participar en el estudio o discontinuar su participación en cualquier momento sin consecuencias.

CONFIDENCIALIDAD: Sus respuestas permanecerán confidenciales y los datos juntados serán transcrito/cifrados. Al final del estudio, su información será eliminada.

DURACIÓN: Las preguntas tomarán aproximadamente 20-30 minutos.

RIESGOS: Aunque no esperado, pueda haber alguna incomodidad en la contestación de algunas preguntas. Usted no es requerido contestar y puede saltar la pregunta o terminar su participación si es necesario.

BENEFICIOS: No habrá ningunos beneficios directos a los participantes. Sin embargo, las conclusiones del estudio contribuirán a nuestro conocimiento en la utilización de servicios de salud mental entre la comunidad Latinx.

CONTACTO: Si tiene alguna pregunta sobre el estudio, por favor de comunicarse con Dr.Chang en jchang@csusb.edu

RESULTADOS: Los Resultados del estudio pueden ser obtenidos de la Biblioteca Pfaú base de datos de ScholarWorks (<http://scholarworks.lib.csusb.edu/>) en la Universidad Estatal de California, San Bernardino después de Mayo 2021.

.....
Consiento en hacer que esta entrevista fuera de audio registrado: _____ SI _____ NO

Entiendo que debo ser 18 años mayores de edad para participar en su estudio, e leído y entiendo el documento de consentimiento y consienten en participar en su estudio.

Coloque una señal de X aquí

Fecha

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