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## EVOLUTION OF STIGMA: UNDERSTANDING THE PROGRESSION OF STIGMA ON RECEIVING MENTAL HEALTH SERVICES WITHIN LATINX COMMUNITIES IN THE INLAND EMPIRE

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EVOLUTION OF STIGMA: UNDERSTANDING THE PROGRESSION OF  
STIGMA ON RECEIVING MENTAL HEALTH SERVICES WITHIN LATINX  
COMMUNITIES IN THE INLAND EMPIRE

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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  
Joanna Gutierrez  
Ciel Rivas  
May 2022

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## ABSTRACT

The stigmatization of mental health services within the Latinx community has led to the underutilization of these services within this population. This study examined whether the stigma on receiving mental health services has evolved over the years within the Latinx community of the Inland Empire region. An analysis of the evolution of this stigma brings insight on why this stigma exists, and what has made it increase or decrease. The study was conducted through a qualitative procedure; Individual interviews were conducted where the information gathered was analyzed through thematic analysis to identify overlapping ideas and topics. The findings supported that the perspectives on mental health services within the Latinx community differ according to generations, and that the stigma has decreased over the years. To improve mental health within the Latinx community, there needs to be efforts to destigmatize receiving mental health services. Additionally, To improve and sustain the goals of the public sector and to provide the adequate services, the mental health needs of the Latinx community need to be met. A better understanding of the stigmatization of mental health services will improve the services provided by social workers and all other mental health services providers.

## TABLE OF CONTENTS

ABSTRACT .....	iii
LIST OF FIGURES .....	viii
CHAPTER ONE: INTRODUCTION .....	1
Problem Formulation.....	1
Purpose of the Study .....	4
Significance of the Project for Social Work .....	4
CHAPTER TWO: LITERATURE REVIEW.....	7
Introduction.....	7
___ Stigma on Mental Illness Within the Latinx Community .....	8
___ Barriers to Mental Health Services within the Latinx Community .....	10
___ Theories Guiding Conceptualization .....	12
Summary .....	13
CHAPTER THREE: METHODS .....	14
Introduction.....	14
Study Design .....	14
Sampling.....	16
Data Collection and Instruments.....	16
Procedures .....	18
Protection of Human Subjects .....	19
Data Analysis.....	20
Summary .....	20
CHAPTER FOUR: RESULTS.....	22

Introduction .....	22
Demographics.....	22
Presentation of the Findings .....	23
___Family’s Perspectives on Mental Health Services .....	24
___Participants’ Perspectives on Mental Health Services .....	26
___Accessibility and the Quality of Services in the Inland Empire .....	29
Summary .....	30
CHAPTER 5: DISCUSSION .....	31
Introduction .....	31
Discussion .....	31
Limitations to the Study.....	34
Suggestions for Social Work Practice .....	35
APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL LETTER .....	37
APPENDIX B INTERVIEW GUIDE .....	42
APPENDIX C INFORMED CONSENT .....	45
REFERENCES .....	49
ASSIGNED RESPONSIBILITIES PAGE .....	53

## LIST OF TABLES

Table 1: Respondents' Demographic Characteristics.....	23
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## LIST OF FIGURES

Figure 1: Shift in Family and Participants' Views .....	28
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# CHAPTER ONE

## INTRODUCTION

### Problem Formulation

Within the two-county area of California known as the Inland Empire (IE), a rise in mental health needs have been captured in research data relating to the Latinx population. This community is said to experience high amounts of psychological distress and in turn, also display a high amount of mental health concerns, (Barragan, et. al, 2020). Studies have shown that the rates of underutilization of mental health services (MHS) by the Latinx community and other ethnic groups are significantly larger than that of whites (Rao et al., 2007). The Latinx population is amongst the largest growing ethnic minority within the United States which is why it is important to place focus on this community. It is composed of a myriad of people from the geographic areas of what is today known as Mexico, Central America, South America, and Islands of the Caribbean, (U.S. Census, 2017; Kittleson, 2019). The barriers to accessing MHS for Latinx individuals can vary greatly on an intergenerational level, along with adjustments in culturally held views on mental health, (Manoleas, 2009).

It is crucial to act with urgency when addressing the mental health concerns of Latinx people as the delay in accessing treatment for their needs may result in experiencing a series of severe mental disorders. Any unnecessary delay in accessing services among the Latinx community may result in the

presentation of damaging their ability to properly function (Barragan et al., 2015; Bratter & Eschback, 2005; Kessler & Barker et al., 2003). There are different effects which the process of acculturation amongst the intergenerational Latinx community may experience, these effects can also pose significant harm and influence on the ways in which one is exposed to trauma, (Archuleta & Lakhwani, 2016).

It is imperative that the mental health needs be addressed amongst this rapidly growing population in order to improve and sustain the goals of the public health sector. Just this year, it is estimated that the Latinx population will stand at 62.3 million people. With an increasing average of about 6.1 million Latinx individuals every 5 years, it is concluded that the Latinx population will reach approximately 111 Million by the year 2060 (U.S. Census, 2018). As it relates to accessing MHS, a lack of culturally competent mental health providers, inaccessibility to medical insurance, and the strong presence of stigma within the community are all dominant barriers that Latinx individuals face in the U.S. (Manoleas, 2007; Ayon, 2014; Barrera & Longoria al, 2018). Stigma is a large contributing factor to the lack of urgency that exists for Latinx communities in receiving MHS and treatment. It is also shown that Latinx parents are more likely to discuss stigma as it relates to mental health concerns than non-Latinx parents, making mental health-related stigma a learned connotation amongst younger generations within Latinx communities (Chavira, 2017).

The mental health needs of the Latinx community must be accurately captured in order to provide adequate services to this population. As the field of Social Work continues to find itself more present throughout social service sectors, it will become increasingly relevant to understand the needs of the rising Latinx population and their distinctive intergenerational needs. Among Latinx family experiences, from older to younger generations, there are different limiting aspects that these individuals are faced with as a result of acculturation into the American society. Changes in attitudes which lead Latinx individuals to be critical about receiving mental health care show to have recently evolved as studies show they have begun to request an increase in needs for mental health support. For example, it has been indicated that coping skills as it relates to Post-Traumatic Stress Disorder (PTSD), migration, and acculturation have gradually become more sought out. In assessing and meeting these needs a clear understanding must be captured as to which specific methods are most effectively allowing for this community to access MHS with ease. By accurately capturing nuanced information which allows for efficient efforts to be developed in reaching such targeted populations, programs may be duplicated at the micro, mezzo and macro levels of society for better functioning and improved public health. More importantly, mental health professionals will receive clients at an ideal state which sets clients up for a successful relationship with mental health treatment, and best of all, circumventing severe psychological impairments

resulting from aforementioned service disparities, (Ayon, 2014; Archuleta & Lakhwan, 2016).

### Purpose of the Study

The purpose of this study is to focus on the Latinx population living within the geographic location of the IE and assess the changes that may be present in the general attitude toward receiving MHS. This study utilized qualitative methods of conducting research. Data was gathered by individual interviewing of Latinx members in the IE community. It was ideal to engage with community members at random to gain a clear understanding of the general attitudes that remain amongst this population today. The objective of the individualized interviews is to capture the repetitive themes of Latinx attitudes toward receiving MHS amongst our chosen population. In asking the poignant questions, a clear understanding of whether further efforts must be made in the service sector to enhance the engagement of Latinx individuals to mental health care was gained.

### Significance of the Project for Social Work

The need to conduct this study stems from the need to destigmatize receiving MHS for the purpose of improving mental health within Latinx community. A better understanding of the stigmatization of MHS will improve the services provided by social workers. The exploration of this issue can allow social workers to gain insight on why there has been stigma on MHS in the Latinx

community and develop effective strategies to break these stigmas. Does the stigma simply come from cultural beliefs about mental health problems, or can it also be related to ineffective therapies, the lack of Spanish services, or other flaws which leave a bad impression on MHS for these communities? (Vega et al., 1994). Exploring the evolution of the stigma in this community reveals what has already been done in the social work field that has encouraged or discouraged Latinx to seek MHS and from there adjust in order to help more Latinx individuals utilize our services.

Considering the core values of a social worker, such as that of competence, findings on this subject could also prove useful to any professional that seeks to service individuals with mental health concerns. Furthermore, by gathering information to understand the deficits in bridging the communities in need of MHS, social workers can also captivate the social work value of upholding social justice in their practice by finding best practices in validating their clients' needs. This study can help diminish some of the racial disparities in the utilization of MHS, in order to open the door of access to the Latinx community. Additionally, social workers may further be able to care for individuals in their struggles with mental illness as they will remain aware of their self-worth and integrity by continuing with their personalized mental health care and treatment plans. The role of a social worker, based on the promises made via the National Association of Social Work, may be maintained by this study if all findings may be utilized effectively (NASW, 1999).

The question which this study aims to identify is the following: Has the stigma on receiving mental health services evolved within the Latinx community?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter consists of an analysis of the literature relevant to the topic of stigma on receiving MHS within the Latinx community and the evolution of this stigma. There will be a focus on 2 major themes which were found repeatedly throughout the literature which was reviewed. The first theme which will be discussed is the stigma on mental illness within the Latinx community. The second theme is the barriers to MHS within the Latinx community. The exploration of these two themes will provide us with an insight on the reasons why this stigma exists within this community and will be valuable to the topic we intend to explore. There is a lack of research exploring the *evolution* of the stigma itself, which is why this study is important to conduct. A study with a focus on the evolution of attitudes toward MHS within the Latinx community provides us with a lot of information about whether these attitudes have changed, and why they have changed. This information can be used to work towards breaking the existing stigmas in order to improve the mental health wellness of the Latinx population. The theories which have guided the conceptualization will also be discussed.



## Stigma on Mental Illness Within the Latinx Community

There is great stigma on mental illness, which consequently contributes to the stigma attached to receiving MHS. The Latinx community is of important focus because a great portion of the stigma stems from the culture of this population and it is difficult to detach from one's own culture. In the Latinx culture, mental illness has negative connotations and is associated with craziness (Barrera & Longoria, 2018), rather than as part of the overall health and well-being of an individual. This creates the misconception that someone suffering from a mental illness is dangerous to the community and causes the Latinx population to refrain from receiving MHS. The Latinx community possesses culture values of collectivism, interdependence, and cooperation which differs from the values of individualism which are promoted by US culture (Abdullah & Brown, 2011). The values of individualism are also present in the mental health clinical practices, which can discourage individuals of the Latinx community to seek treatment and causes the stigmatization of these services whose values do not align with those of the community. Other cultural values of the Latinx culture which affect the underutilization of MHS are those of machismo and marianismo (Abdullah & Brown, 2011; Barrera & Longoria, 2018). Marianismo, the female gender role in the Latinx culture, is associated with moral strength while machismo, the male gender role, is associated with characteristics of strength and protectors. Mental illness is often associated with weakness; Therefore,

receiving MHS could potentially stigmatize those individuals utilizing these services, and jeopardize their cultural values.

In 1997 a study was conducted where Whaley examined different ethnic groups' attitudes towards people with mental illnesses. This study compared the stigmatization of individuals with mental illness and the perception of these individuals as dangerous. Asian and Hispanic individuals perceived those with mental illness as much more dangerous than did White respondents in the study (Whaley, 1997). Because this study is from 1997, it is difficult to know whether the findings pertain to the Latinx population today. Nevertheless, comparing the findings to a similar more recent study, can provide useful information on the evolving stigmatization of mental illness within the Latinx community (Abdullah & Brown, 2011).

In a more recent study, Latinx respondents perceived individuals with mental illnesses as less dangerous than did White respondents (Rao et al., 2007). It could be that the stigmatization of mental illnesses has decreased within the Latinx community over the 10 years difference in which these studies were conducted and even more so today. This is what the present study aims to explore. Whaley and Rao failed to look at generational attitudes; One study had older respondents and the other had college students as respondents. The age differences and educational level can be a factor that contributes to the responses. The present study aims to obtain information regarding the attitudes of mental illnesses and MHS for both younger and older generations through a

randomized sample, and through questions which will provide insight on intergenerational stigmatization by looking at respondents' own families.

### Barriers to Mental Health Services within the Latinx Community

Many of the studies have focused on stigma as one of the barriers to the utilization of MHS. Nevertheless, in the present study a new perspective is taken, where barriers are analyzed as possible reasons to why the Latinx population stigmatizes MHS. Research shows that when controlling social-economic related barriers such as poverty, level of education, and insurance coverage, there are still disproportionate levels of MHS utilization by ethnic minority groups, in comparison to White counterparts (Alegria, et al., 2002). Although social-economic factors are extremely important to consider, the present study aims to look at the quality of the services themselves, to understand if this can be a reason as to why the Latinx community stigmatizes these services, or if it creates negative attitudes towards mental health professionals and services.

Other factors which account for the underutilization of MHS by ethnic minority groups are the under detection of mental illnesses among these groups, mistreatment by mental health professionals, under detection of mental illnesses among these groups, and or inadequate treatment (Alegria, et al., 2002; Borowsky et al., 2000; Fripp & Carlson, 2017; Lagomasino et al., 2005). People of color experience poor treatment on a daily basis which can lead to the fear of this same type of treatment in the clinical setting; Latinx in particular, experience the challenge of having to identify competent practitioners who will not treat them

poorly, while also needing to find practitioners who provide Spanish services (Fripp & Carlson, 2017). This is a challenge which can become intimidating for the Latinx community and deter them from seeking services. Through cross-sectional patient and physician surveys focusing on detection and treatment, it was found that primary care physicians were less likely to detect mental health problems among ethnic minority groups such as African Americans and Hispanics, than among whites (Borowsky, et al.,2000). Furthermore, in another study which analyzed data from organizations, clinics, and providers, it was found that among a sample of insured, depressed primary care patients, Latinos were less likely to report any depression care, or depression care that met the minimum treatment guidelines for depression (Lagomasino et al., 2005).

The findings suggest that there exist evident disparities in Depression treatment for the Latinx community. The research reviewed failed to examine whether the disparities in mental health access, and MHS have evolved over time. Contrary to the literature reviewed, this study aimed to expand the findings to other mental health issues and not only depression in order to get a broader understanding. The present study aimed to explore generational attitudes and utilization of MHS to determine whether the stigmatization has evolved. The evolution provides us insight on whether or not the quality of the services has evolved over the years as well. Social Workers can then work towards bridging the gap of the quality of services and treatment seeking among the Latinx community.

## Theories Guiding Conceptualization

In previous studies and in this study, guiding frameworks that are considered in understanding the mental health service disparities amongst Latinx populations have been guided Ecological Systems and Empowerment Perspectives. Ecological Systems is presented by the developmental psychologist Urie Bronfenbrenner as a framework that speaks to the ways in which individuals learn and develop from their environment. It is highly supported by previous studies that physiological needs include mental health. This theory examines individual's relationships within their communities and the greater society in order to understand individuals' development. The theory describes five systems which influence an individual's development. The first system is the microsystem or, known as the individual level. The second system is the mesosystem, which is composed of family members. Then there is the exosystem which refers to the community, school, and the immediate environment. The macrosystem would be the societal level, which includes the legal system and the government. The last system is the chronosystem and it refers to the changes of events across one's entire life span. Prior research has utilized this approach as it relates to understanding the ways in which stigma on Mental Health permeate communities and how approaches can be used to shift attitudes on this topic (Whaley, 1997; Rao et al., 2007; Fripp & Carlson, 2017). Additionally, in the acts of requesting services to help oneself in achieving overall wellness the theory of Empowerment supports that barriers should be

minimized in order for individuals to be able to do just that. It is the objective of many previous studies to gain a clear understanding of the current barriers that exist in accessing MHS among Latinx communities. Ultimately, the goal for many prior studies, parallel to that of this study, aim to provide information that would allow for barriers to be lessened and for the Latinx community to receive the services needed in order to “empower people [in reaching] their fullest potential,” (NASW, 1999).

### Summary

This study applied exploratory research methods to identify shifts amongst Latinx communities on an intergenerational level regarding MHS. Mental health has become an increasingly needed service in the public health sector. There are many barriers to accessing care in mental health care for the Latinx community, in which needs, accessibility and attitudes may differ from one generation to the next. Understanding what allows for Latinx communities to successfully engage and remain engaged in MHS, can be helpful to the public health and service sectors. This study aimed to provide a community-based view on receiving MHS which could prove worthy of contributing to and enhancing macro-scale mental health programs to better service Latinx communities.

## CHAPTER THREE

### METHODS

#### Introduction

This study's objective was to best describe how the stigma on MHS has evolved over time within the Latinx community, as well as to explore the ways in which the stigma affects utilization of MHS among the Latinx community. This chapter contains the details on how this study will be conducted. The sections discussed will include the following: study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis. The purpose of this study is to investigate and identify the ways in which the ever-growing Latinx population in the IE may show shifts in their attitude relating to MHS over the years.

#### Study Design

This study is an exploratory research study which uses qualitative techniques of research to capture data from the selected participants. Participants of the study have been sought out from amongst the various generations of Latinx identified individuals in the IE via focus groups and individual interviews. The use of open-ended questions via interviews are expected to identify information from a range of personal and familial ties to MHS amongst the Latinx communities of this area.

It is expected that some strengths of the exploratory and qualitative methods of conducting this study will include the collecting of detailed and nuanced information in an organic and personal manner. Participants have been encouraged to share what they are most comfortable disclosing during their set interviews, with hopes that this will allow for individuals to share all details of their experiences which they find most pertinent to the study. Additionally, by collecting data in an exploratory manner, this allows for mental health service attitudes of participants within the Latinx community to be identified clearly. The very same words and sentiments that participants shared regarding their attitudes towards services have been utilized for purposes of better understanding changes in attitude on MHS.

Some limitations to this study design are that as the purpose of this study is to explore, it is possible that not all crucial pieces of information were captured due to various barriers. Mental health information is health-related and sensitive for some more than others. Therefore, conducting Interviews with researchers that participants do not have rapport can lead to shared information being compromised due to a lack of comfort in disclosing such information. It is also possible that important information which is not directly asked within the interview went unmentioned by participants. It is, however, anticipated that participants of this study have revealed aspects of their beliefs on MHS which most stood out or affected them.



## Sampling

This study utilizes a non-random purposive sample of individuals of the Latinx community in the IE who can give insight on the stigma attached to receiving MHS. The participants are members of the Latinx community and reside in the IE. A purposive sample was chosen for this study with the intention of having individuals from different generations, ages, and mental health experiences to help gather a general idea of the overall views of the Latinx community, and to see if these either do or do not differ according to who we are interviewing. The participants were purposely selected from the options available to us and it the participants provided unique information to the value of this study. The participants were selected from but not limited to, our workplace, school, personal life, and social media platforms in order to get a variety of individuals. The study includes 10 participants, and because they were all more comfortable being interviewed individually due to the private and sensitive topics, 10 individual interviews were conducted.

## Data Collection and Instruments

This study sought out qualitative information by use of various interview platforms. In an effort to provide accessible options to individuals during the COVID-19 pandemic, the options provided include participation via use of an online video platform. Additionally, an option for in-person interviews is offered for participants who may not feel tech-savvy. The in-person option was set-up to

comply with CDC regulations as it relates to COVID-19 provisions of 6-foot-distances with face mask parameters. The information collected via interviews pertain to the dynamics and perceptions of receiving and/ or engaging MHS throughout a participant's lifespan and/or at a familial level. Participants of this study spoke on their experiences with MHS based on a few chosen questions that were asked during their set interviews. This interview guide did not include use of an instrument of measurement. The instrument to compiling the data for this study was based on open-ended questions formed to purposefully gather changes and pertinent information as it relates to shifts in the participant's views of mental health care. The questions formed can be referred to in Appendix A. These questions have been reviewed for reliability by the assigned research supervisor and peers for improvement and corrections before they were presented to participants of the study.

The strength in using questions as the main and only factor in measuring data collected is that the information meant to be understood will occur in an organic fashion. In other words, the conversations with participants were meant to be open to the information that seems to be most impactful to participants regarding MHS. Details are most welcome in using the open-ended questions as shown in Appendix A. However, it may be limiting to provide questions to participants that may not trigger additional important aspects of their relationship to MHS. It is also possible that participants limited answers during their

interviews by answering questions at a bare minimum resulting in the aforementioned concern.

### Procedures

The researchers created a simple flier explaining the purpose of this study and the need for participants. There were proposed dates and times for individual interviews from which the candidates could choose from. There were time slots in the morning and in the afternoons to accommodate the different schedules. The researchers provided these flyers and a signup sheet to individuals who were good candidates for this study, as well as posted the flyer on social media. From those interested on social media, the researchers selected the best candidates for the study. Once the participants signed up, they received a reminder of their interview the day prior to their meeting. There was a \$10 gift card incentive for each participant, which was sent to them electronically the day of the interviews.

Due to COVID-19, individual interviews were conducted via zoom. The participants had the option to have their cameras off. This was to ensure that they were as comfortable as possible, and to encourage participation and honesty in the responses. Depending on the researcher's schedules, either one of them, or both facilitated the focus groups. The demographics of each participant and verbal consent was filled out and turned in to the researchers prior to the interview to respect time. After the researchers introduced

themselves and asked the same of the participants, confidentiality was discussed. The researchers then explained that the meeting will be recorded and transcribed, and the interviews began. At the end of the focus groups, the participants were thanked and dismissed.

### Protection of Human Subjects

There are a number of methods to this study that were enforced to protect participants of this study. First and foremost, during the time of the COVID-19 pandemic, there were options offered to participants such as online interviews or the option to meet in-person under the strict enforcement of CDC guidelines to keep all participants safe from any COVID-19 transmissions. Additionally, there are several methods used to protect any identifying participant information as confidential as possible. Upon being selected to participate in this study, all chosen individuals were provided with an informed consent form. This form contained a list of the ways their identifying information may be at risk due to the nature of electronic methods of communication and the difficulty of ascertaining complete confidentiality. Additionally, due to HIPPA, the utilization of passwords and lockboxes was communicated to participants by way of explaining efforts to keep all personal, sensitive and health-related information confidential and safe.

Participants were made aware of the manner in which this study aims to keep their identities anonymous and protected as a participant of the study. The informed consent disclosed the steps necessary for participants, such as utilizing

a pre-selected and agreed-upon pseudonyms during both online and in-person interviews or focus group discussions, in order to maintain anonymity and confidentiality of the participants' identities. Being that interview conversations were recorded for future reference, the informed consent also informed participants that these recording files are kept in a password protected electronic files for participant protection, as well. All mentioned aspects of confidentiality are previewed on Appendix B, alongside additional important information.

### Data Analysis

The data that was gathered in the individual interviews were analyzed with use of thematic analysis methods. All interviews were recorded with every participant was given a pseudonym for the purpose of differentiating files for reference of study findings. The researchers closely examined the interview data and identified commonalities in topics and ideas, which then were used to form themes from the aforementioned data. The data was be reviewed several times to accurately categorize information into themes. The themes which were specifically sought out are all relating to the stigma on MHS and the barriers to MHS services within the Latinx community. If other themes were brought up in the interviews, they were noted and considered, as well.

### Summary

This study examined the evolution of the stigma on receiving MHS within the Latinx community. Individual interviews were facilitated in a manner that will

allow every participant to feel comfortable enough to share their unique experiences. The goal of the interviews was to identify similar themes amongst the participants. Additionally, individual interviews allowed the researchers to go into much more depth and detail with individuals on a much more private and intimate level. The research methods discussed provided information of much value pertaining to the research question.

## CHAPTER FOUR

### RESULTS

#### Introduction

The purpose of this chapter is to present the findings of the study which were analyzed using qualitative data analysis procedures. The data were derived from the recordings of the individual interviews conducted. The participants' experiences and responses contributed to the research question posed in this study and added insight to the evolution of the stigma surrounding MHS within the Latinx community. Demographics and responses from interviewees will be presented in this chapter along with themes and subthemes that were derived from the responses.

#### Demographics

There was a total of 10 participants in this study. Table 1 outlines the demographic characteristics of the participants. Seventy percent of the participants identified as female while 30% identified as male. The ages of the respondents range from 22 to 32 years, with the average age being 25.9 years. The ethnicities of this sample were 80% Mexican, 10% Mexican- Puerto Rican, and 10% Salvadorian- Venezuelan.

**Table 1**  
*Respondents' Demographic Characteristics*

Variable	N	Frequency (n)	Valid Percentage (%)
Age	10		
22		1	10%
24		1	10%
25		5	50%
27		1	10%
29		1	10%
32		1	10%
Sex	10		
Female		7	70%
Male		3	30%
Ethnicity	10		
Mexican		8	80%
Mexican- Puerto Rican		1	10%
Venezuelan- Salvadorian		1	10%

*Note.* This table represents the demographic characteristics of the sample. N represents the population size. The data is demonstrated in frequency and percentages form.

#### Presentation of the Findings

The data will be presented in accordance with the interview guide. This section will include: (1) The participants' family's perspectives on MHS now and in the past, (2) the participants' own perspectives on MHS now and in the past,



and (3) accessibility and the quality of services in the IE according to the participants' experiences and knowledge. Direct quotes and extracts from the interviews are utilized to conceptualize and support the themes and subthemes that were found in the study.

### Family's Perspectives on Mental Health Services

Questions 7-8b from the interview guide were utilized to gauge and analyze the previous and current views which participants' families hold toward MHS. Those who were considered within the "family" category were parents and other significant family members from older generations. We categorized the responses into positive, negative, or mixed sentiments towards MHS now and in the past. The overall past and present views of the participants' families can be found in Figure 1. Eight of ten participants expressed their family having negative past views on MHS and one of ten participants expressed there being a combination between negative and positive views; These nine participants all stated one or more cultural factors which contributed to these negative past views from their family.

When referring to her mom, Participant 1 (P#1) stated, "She came from Mexico. Her primary language is Spanish and I know that in the beginning her English wasn't as good as it is now, so she had difficulty with finding Spanish speaking providers that she feels connected to... she has commented to me like the frustration of having to like find finally a Spanish speaking provider and someone that she feels like she can relate to, and then having them rotate and

then...start again". P#7 stated: "Definitely [MHS] was not recommended because prayer was more looked at than actually getting help from a therapist.... All you have to do is pray so that's how my family viewed mental health". Language and religion were only a couple of the multiple cultural barriers mentioned which contributed to the attitudes of Latinx families toward MHS.

Other contributing factors to the negative past views from families which were expressed by several participants were lack of education and lack of personal experience with services. P#5 states, "In the past I feel like no one ever talked about it...now they're more open to it...me and my older sisters kinda told them that it was rude to speak on something that they don't know about... and educating them on the many reasons why it's good to get MHS".

Only one of ten participants expressed positive views on MHS from their family. A key difference between this participant and the others is that he was raised by his adoptive father who is White. Additionally, this participant is the only Central American Latinx interviewed and the only participant who is not of Mexican descent.

Seven of ten participants expressed there being a shift from negative views to positive views in their family. The factors which have contributed to these shifts are education, personal experiences which have led them to the realization of the importance of mental health, and/ or personal experiences with the services themselves. When asked reasons as to why family views have changed, P#4 responded, "In 2017 I almost committed suicide and I think that

opened up my mom's eyes a lot... to believe more in [mental health] and just be more supportive on it.... they check in on that kind of stuff a lot more now.”

P#9 stated that their family has neutral feelings about MHS due to not needing services but being more educated on the subject due to the younger generation. P#1 stated there being a shift from negatives to a mixture of both negative and positive views because not all their family members have educated themselves on the topic.

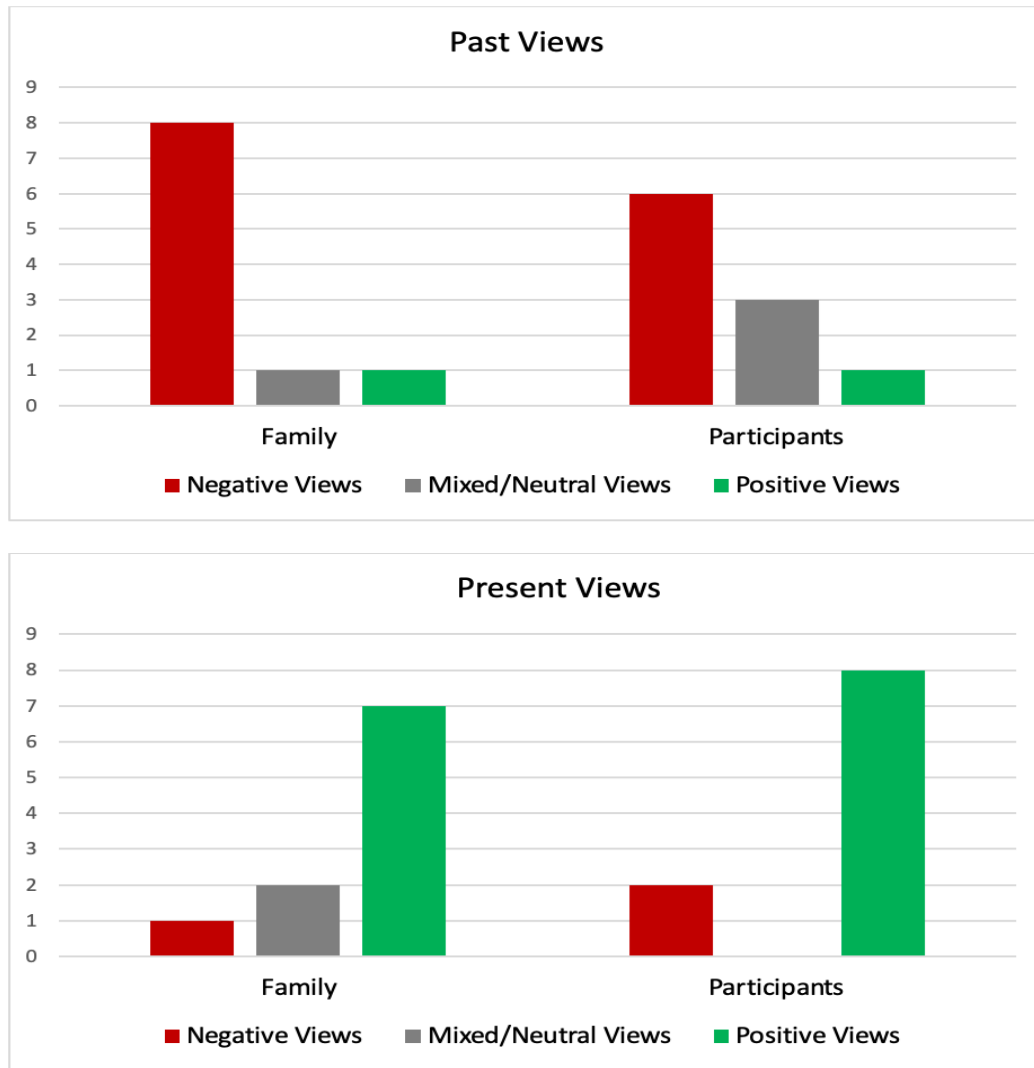
### Participants' Perspectives on Mental Health Services

Previous and current participant perspectives on MHS were analyzed via use of questions 9, 9a, 10, 10a, 11, and 14 of the interview guide. A visual depiction of the overall past and present views of participants can be found in Figure 1. Of the respondents, seven of ten reported having received MHS at some point in their lives, while three of ten stated they have never received services. Only one of ten participants expressed having positive views about MHS in the past as she was influenced to engage in services and received services at a younger age; she stated, “It was helpful for me” (P#2). Six of ten participants expressed having negative views in the past and three of ten expressed having neutral views in the past due to similar reasons as their families which are lack of education, lack of personal experiences with the services, and cultural barriers. P#2 stated, “I didn't really give it too much mind just because I just kind of felt like I didn't need the services myself, so it's kind of

just like out of sight, out of mind. I didn't put so much thought into it until I really was in a position where maybe I needed it myself.”

Of those nine participants with negative and neutral past views, seven expressed now having positive views about MHS. The factors which have contributed to this shift in views are once again personal experiences with services, exposure to services, and education. P#4 stated, “Now I feel like [MHS] are necessary not just because of what I've gone through or what I've experienced, but also because I can relate to others going through similar situations and it's real, you know, mental illnesses are real, and I feel like I'm very for MHS... They're beneficial.” P#5 stated, “There was no one to educate me when I was younger and it was something that I felt afraid of. I didn't ever want to be someone that needs it, never want to get to that point. But now it's like if you're willing to receive MHS you're taking care of yourself and being proactive about your mental health.” Furthermore, P#8 stated, “I didn't really understand it until I went through it myself... I couldn't comprehend it.” He also stated that presently “[He] would recommend therapy to the happiest person” as it has helped him a lot. P#9 stated, “Before I wasn't against it but I wasn't really for it... I was more neutral. Now that I am educated, if I go through a phase where I have super anxiety... I'd definitely go out and seek MHS.”

**Figure 1:**  
*Shift in Family and Participants' Views*



*Note.* The two graphs show the differences in past and present views for participants and their families. For both, the graphs show a shift towards positive views.

## Accessibility and the Quality of Services in the Inland Empire

Questions 6, 12, 13, and 15 examined the accessibility and quality of services in the IE area according to the participants' personal experiences and their own knowledge. The responses indicate the participants hold mixed feelings about accessibility to MHS in their home areas. Although overall the majority of participants believe MHS are effective and beneficial for the well-being of an individual, recurring barriers to mental health services were revealed by the respondents which included high service costs, low exposure to MHS, lack of resources, little option in MHS methods, and limitation among staff among MHS.

When asked how MHS can be improved, P#10 stated, "Have [MHS] be more flexible in means of communication. Maybe open-up text messaging or maybe, I don't know, more options other than being present." Additionally, P#7 stated, "When doing the intake process, I would ask if there [are] cultural aspects of gender relations that will allow the therapeutic process to be more efficient," in reference to the process of getting an adequate therapist. P#6 stated, "There needs to be more resources...it has to be displayed in a better way where it is...easier for the Hispanic community to [access] it." P#4 responded, "I've never...seen or heard about [MHS] around my area where I live; I reside in Fontana, California...I don't really hear so much about that kind of stuff." Lastly, P#1 stated, "There's a high demand and not enough individuals to meet that demand...and this is where it results in high caseload[s] which results in lack of

follow through...staff burnout. I think it would be funding first, and foremost, funding into, not [just] California, but San Bernardino County itself.”

### Summary

This chapter highlighted the perceptions of Latinx individuals and their families on MHS. The findings demonstrate the shifts in views that have occurred within the Latinx community. Three major themes were found among the participants’ responses on the prevalence of stigma on MHS: cultural barriers, education/ experience with services, and accessibility (exposure, cost, resources, staff, communication options). As a result, when Latinx individuals are more assimilated in the US and stray from their cultural norms and more educated and exposed to MHS, they are more inclined to participate in services. Similarly, when MHS become more accessible and geared towards the Latinx community, Latinx individuals are more willing to seek and receive services. That is what has caused some deviation from the stigma attached to MHS and what can be done more to continue this deviation.

## CHAPTER 5: DISCUSSION

### Introduction

Researchers received valuable information from the participants of this study. Through personal stories shared by participants, insight was gathered giving light to key reasons on why stigma persists in Latinx populations within the IE. Although participants in this study were quite limited, with one of the limitations being that most participants primarily resided in Fontana, many of the participants gave credit to mental health services (MHS) in various areas throughout the IE. With the goal being to capture generational differences in views on MHS, the participants provided information which was not limited to only their own experiences with MHS, but as well as others' use, access, or lack thereof. Unfortunately, this study reached mostly Mexican descendants who were female, with most participants in their 20s. For this reason, the results of discussion do not provide the most inclusive and extensive perspectives on MHS in the whole of the IE. The study does, however, find that the individually- told stories show common themes among the generational shifts seen in the lives of participants in this study.

### Discussion

Some of the major themes amongst our findings continue to support findings from previously conducted research on the topic of MHS views within



Latinx communities. In referencing some of previously mentioned studies, we find that mental health (MH) concerns continue to hold negative connotations in the Latinx community. Additionally, the correlation between mental illness and MHS continues to derive a “crazy- person” stereotype, a point that Barrera & Longoria discuss from back in 2018. Many of the responses the participants shared confirmed that these aforementioned views on mental health concerns and services kept family members from seeking care. Mental health, however, shows a correlation to being more accepted as a part of one’s overall well-being amongst our participants who had an average age of 26 years old.

Another study from 2011 by Abdullah & Brown identified values of collectivism, interdependence, and cooperation amongst the Latinx community which clash with the western ideals of individualism. When adding this value to that of mental health care access, participants shared that older generations amongst their families grew to need mental health support while others stated that stressful life events pushed family members or themselves, toward engaging with MHS. P#10 shared with us that mental health was gradually understood as something that could be easily brushed off, yet as her family aged, they were presented with the need for emotional support as children aged out of the home. This in turn caused the older family members to seek MHS for support and necessary interventions. P#6 was another individual who shared that although she grew up in a family that held negative views on MHS, she came to a point in her life where she needed therapeutic supportive services due to her pregnancy.

Together, the abovementioned studies also concluded that machismo was an additional barrier to accessing MHS for Latinx. This continued to show prevalence in the experiences of other participants of this study. For example, P#9 discussed how younger individuals in the family had to educate older generations on aspects of mental health. P#8 shared that the acts of machismo contributed to the negative perception that he held toward mental health in general. Furthermore, P#8 states machismo also enforced the negative views he had toward other members in the home who were actively experiencing mental health concerns. Overall, the connection with mental health concerns continues to linger in being viewed as a weakness according to the reports of a handful of the participants in this study. In fact many respondents shared that due to the “get-over-it” mentality, this was a key reason as to why MHS were avoided. (Abdullah & Brown, 2011; Barrera & Longoria, 2018).

Among the study’s findings the theme of stigma toward MHS was manifested as depicting mentally ill people as a danger. As previously mentioned, there were studies amongst this field who found that individuals who required MHS were actually seen as being either unsafe or a threat to communities (Whaley, 1997; Rao et al., 2007). In this study, with most participants being of the younger generations, the overall consensus was the belief that individuals who utilize MHS are not a threat. However, most participants would state that members amongst older generations in their family agreed with the threatening stereotype for any mentally ill person. P#1 for

example, stated the following: “I think we're seeing that cultural shift.... the Gen Z generation is more open [in] talking about emotions, talking about their struggles. and I like to see it because... well millennials may not have had it in the bag but Gen Z is definitely moving forward with ... individuality and being true to themselves. I think we are seeing that [change] for sure.” Therefore, a shift in this specific MH stigma has progressed with time, from older generations to younger generations.

#### Limitations to the Study

As previously mentioned, the IE is composed of two geographically large counties, with both San Bernardino and Riverside Counties summing up 27,408.45 miles total (Wee, 2020). In this study merely 10 participants' data were collected to understand the greater part of the IE and this poses a significant limitation to its generalizability of its findings. Due to the small sample size, it is difficult to speak for the entire region in regard to a more well-rounded understanding of the Latinx community's overall generational shift in MHS views. Additionally, a heavy percentage of the study's participants resided in the city of Fontana, making the findings quite skewed in the direction of that region instead of other parts of the IE. Due to COVID-19, methods to seek participants, most especially in the older generation, because of the drawbacks of social distancing and lack of familiarity with technology.

Various methods of social media advertisement were utilized as a means of recruiting a range of participants and most of our participants were successfully identified through this avenue. However, the older generation of Latinx individuals were unable to be filtered into engagement for the study. In future studies it would be beneficial to find more diverse methods of reaching older members of the Latinx community for their specific views on MHS. Unfortunately, because in this study there was a major lack of older Latinx individuals amongst the participants, only second-hand information from the understanding of the younger generations were collected as on MHS. To provide a clear contrast in elder/younger individuals it would be wise for future studies to incorporate other more appropriate measures of reaching older participants, as well.

### Suggestions for Social Work Practice

With social workers becoming one of the more prevalent groups of practitioners in the MH field, the initiative to provide more effective and demographically appropriate MHS has been at the forefront of collective clinical efforts. Additionally, because social workers are abundantly involved in the MH field, there are also stigmas associated with social workers that extend into the MHS sector. One of the specialties that social workers have as clinicians is that they are able to encourage clients to voice their needs in MHS (Wilberforce, et al., 2020). There were several concerns among participants of this study who

voiced various ways that MHS could improve for better quality of care which likely will also require an increase in funding as well.

Ultimately, the best way to understand MHS users' needs is to communicate directly with the relevant populations. It would be beneficial for social workers in the field to continue and educate MHS users about the impact they hold as the recipients of these services, which could prove helpful in bridging the gaps in this field. With the support of further research, it could also be useful to identify overall themes of challenging dynamics that the Latinx population might have as well as ways to break the existing barriers. With America holding a myriad of people with differing cultures and lifestyle choices, this sort of intervention could be duplicated for various population groups that face difficulties with engaging and/or maintaining their MH services.

APPENDIX A  
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

February 28, 2021

**CSUSB INSTITUTIONAL REVIEW BOARD**

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2021-143

Herbert Shon Joanna Gutierrez, Sandra Ciel Rivas

CSBS - Social Work

California State University, San Bernardino

5500 University Parkway

San Bernardino, California 92407

Dear Herbert Shon Joanna Gutierrez, Sandra Ciel Rivas:

Your application to use human subjects, titled "Evolution of Stigma:

Understanding the Progression of Stigma on Receiving Mental Health Services

within Latinx Communities in the Inland Empire" 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.

Important Notice: For all in-person research following IRB approval all research activities must be approved through the Office of Academic Research by filling out the [Project Restart and Continuity Plan](#).



- 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-FY2021-143 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

APPENDIX B

INTERVIEW GUIDE

DEVELOPED BY JOANNA GUTIERREZ AND CIEL RIVAS

## INTERVIEW GUIDE

1. What is your gender?
2. What is your age?
3. What Latinx group do you belong to/ identify as?
4. What has your relationship with mental health services been like?
5. Have you received mental health services in the past?
  - a. If not, why have you not used mental health services?
6. What would you think needs to be done differently in order to receive mental health services in a comfortable manner?
7. How did your family view mental health services in the past?
8. Do your family members have different views on mental health services now?
  - a. **If yes**, what kind of changes have occurred and why do you believe the change occurred?
  - b. **If no**, do you believe there are any reasons as to why their views have stayed the same?
9. How do you personally feel about mental health services presently?
  - a. How about previously?
10. Do you personally know someone who receives or has received mental health services in their lifetime?
  - a. **If yes**, what do you think about their experience? Was this individual a person from the Latinx community?

11. What do you believe mental health services are?
12. Do you believe that mental health services in your area are good or bad and why?
13. How would you say mental health services can be improved, if at all?
14. At what point in life would you believe mental health services are necessary for an individual?
15. How would you access mental health services (for yourself or another loved one)?

APPENDIX C  
INFORMED CONSENT

## **INFORMED CONSENT**

The study in which you are being asked to participate is designed to investigate the evolution of stigma within the Latinx community. This study is being conducted by Joanna Gutierrez and Ciel Rivas under the supervision of Prof. Herbert Shon, California State University, San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

**PURPOSE:** The purpose of the study is to examine the progression of stigma on receiving mental health services within Latinx communities in the Inland Empire.

**DESCRIPTION:** Participants will provide their own experiences related to mental health services through a set of interview questions regarding their views on mental health services.

**PARTICIPATION:** Your participation in the study is completely 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. All information used when discussing or reporting data will be kept in a secured and locked

electronic and/ or physical filing cabinet in a locked setting. Once data has been fully analyzed the information will be destroyed.

**DURATION:** The interviews will take 30-60 minutes to complete.

**RISKS:** Although not anticipated, it is possible that answering some questions may be uncomfortable. You are not required to answer these questions and you may skip any questions without any consequences for doing so.

**BENEFITS:** The finding of this study will contribute to efforts of improvement in mental health services. Additionally, participants will be offered a confidential setting to provide real critiques, experiences, and solutions to the attention of any entities that may use research data to formulate mental health services.

**CONTACT:** If you have any questions about this study, feel free to contact Herbert Shon at (909)537-5532.

**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 2022.



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

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## ASSIGNED RESPONSIBILITIES PAGE

Each person had equal responsibilities throughout the entire process, and it was a collaborative effort. The work was divided equally, and the researchers came together to discuss each section in order to remain clear on the study objectives. Both researcher students are to be responsible for the search and identification of the 15 projected participants of the study. Joanna Gutierrez is to take on the responsibility of gathering the gift cards that are to be given to the participants for compensation. Ciel Rivas is to track and distribute the gift cards as necessary. Both researchers are to conduct the interviews together (both in-person and online), for best practice of procedures and gathering of data.