BARRIERS TO MENTAL HEALTH TREATMENT: A QUALITATIVE STUDY OF THE HISPANIC COMMUNITY IN A SOUTHERN CALIFORNIA COUNTY

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BARRIERS TO MENTAL HEALTH TREATMENT: A QUALITATIVE STUDY OF THE HISPANIC COMMUNITY IN A SOUTHERN CALIFORNIA COUNTY

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
Fred Rodriguez
May 2022
BARRIERS TO MENTAL HEALTH TREATMENT: A QUALITATIVE STUDY OF
THE HISPANIC COMMUNITY IN A SOUTHERN CALIFORNIA COUNTY

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Fred Rodriguez
May 2022
Approved by:

Dr. Carolyn McAllister, Faculty Supervisor
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ABSTRACT

This study aimed to highlight the perspectives of the Southern California County’s Hispanic community on how to address the underutilization of mental health services and inform mental health stakeholders on steps toward solving a major social issue. Three major themes were identified through data analysis: Hispanic culture/tradition, the need for increased education and promotion of mental health, and lack of information from agencies and organizations. A limitation of this study included results that could not be generalized to the larger population due to the small sample size. Recommendations included educating the community, parents and children, and increased promotion of services from community organizations.
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CHAPTER ONE:
PERSISTENCE OF MENTAL ILLNESS

Mental illness is a huge problem that people face here in the United States, with about 19% of the population having experienced mental illness in the past year (CDC, 2020). On the other hand, mental health treatment has been very beneficial in reinstating people into society and allowing them to experience an improved quality of life. Treatment opens many new doors to people who are in crisis and helps stabilize them toward optimum wellness and through a variety of interventions, including therapy, medication, psychotherapy, hospitalization, groups, etc. The lack of access to mental health treatment constitutes a significant barrier to a better quality of life for some groups of people, notably the minority populations. According to the Centers for Disease Control and Prevention (2020), more Non-Hispanic white adults, 23%, received mental health treatment as opposed to Hispanic adults, 12.9%, and Non-Hispanic Black adults, 13.6% (see Figure 1 below).
Figure 1.

Percentage of adults aged 18 and over who had received any mental health treatment Source: CDC

![Figure 1](percentage_of_adults_18_and_over_who_had_received_any_mental_health_treatment.png)

1Significantly different from non-Hispanic white adults \((p < 0.05)\).

2Significantly different from non-Hispanic black adults \((p < 0.05)\).

Causes

Mental health literacy and stigma are some of the biggest barriers to reception of treatment. Mental health literacy refers to knowledge and beliefs about mental disorders which aid in their recognition, management, or prevention (Bonanno et al., 2021). Having mental health literacy is important to find adequate treatment and identify warning signs to mental illness. Oftentimes, though, family members or parents lack the knowledge on this and cannot
correctly identify an onset of mental illness or where to go for help. Stigma is also a contributing factor for the lack of access or reception of mental health treatment. Mental health stigma is when others see or treat another person in a negative way due to their mental illness. This discourages people from seeking treatment because of fear of people finding out and being judged, getting treated differently, or being made fun of. Many times, this occurs in African American and Hispanic families. Due to the lack of mental health literacy, many of these families ignore symptoms of mental illness and discourage family members from seeking treatment and instead encourage them to handle the situation on their own. Accessibility is also another important factor to reception or lack of reception of mental health. The geographic location, whether rural or metropolitan, can also have a positive or negative impact on availability of treatment for many people (CDC, 2020).

Ethical Duty

Social workers have a duty to serve these at-risk populations and aid them in their journey to seek an improved quality of life. By finding ways to eliminate stigma, educate families, and make treatment equally accessible for all races/ethnicities, society will see an improvement in mental health and decrease in mental illness.
Major Interventions

Since the middle of the twentieth century, the federal government has come up with major macro interventions to address the issue of mental health. These include, but are not limited to, the National Mental Health Act of 1946, the Social Security Amendments of 1965, and the Patient Protection and Affordable Care Act of 2010. A succinct description of these interventions is provided below.

The National Mental Health Act of 1946 (US Congress, P. L. 79-487) was a huge milestone in the advancement of mental health treatment. This law was signed on July 3, 1964, by President Harry Truman which established The National Institute of Mental Health. This meant that this new program would help improve the mental health of U.S. citizens through research into causes, diagnosis, and treatment of psychiatric disorders. Through research of these mental disorders, Surgeon General could find treatment options and solutions to better the mental health of U.S. citizens, which would in turn allow more people to have access to mental treatment as solutions and found.

The Social Security Amendments of 1965 (US Congress, P. L. 89–97) was also another advancement in accessibility to mental health treatment for the elderly. This act created Medicare and Medicaid, which is a program of hospital insurance for people 65 or older, and functions as a medical insurance to help the elderly population pay health care bills. This program also covers mental health as part of health care therefore, people can receive mental health treatment and receive aid paying for the services or have them fully covered by
this act. The Medicare and Medicaid programs have made mental health more accessible and are among the largest payers of mental health services today.

Another major advancement in making mental health treatment accessible was The Patient Protection and Affordable Care Act of 2010 (US Congress, P. L. 111-148). This act made health coverage easier to understand and established subsidies to make it more affordable. This law also expanded the Medicaid program to cover people with lower incomes. Another feature of this program was that it eliminates pre-existing conditions and provides insurance coverage for people with mental health issues. This expands coverage and accessibility to people who applied and were not able to receive health coverage due to mental illnesses or preexisting conditions. These programs increase peoples’ access to reception of mental health treatment for those in lower income communities and improves quality of life of individuals in those areas due to the expanded coverage for people that already had an onset of mental illness.

There have been advances to accessibility of mental health treatment over the years with the implementation of these acts and programs, among others. Overall, treatment is becoming more accessible slowly, but unfortunately, there are many areas and groups of people that still have not been able to be covered or reached by these programs in place.

Purpose, Rationale and Significance

Despite existing interventions and outreach efforts, the underutilization of mental health services by the Hispanic community in this Southern California
County remains a significant social issue. Social workers have a duty to serve these at-risk populations and aid them in their journey to seek an improved quality of life (National Association of Social Workers, 2017). By finding ways to eliminate stigma, educate families, and make treatment equally accessible for all races/ethnicities, society will see an improvement in mental health and decrease in mental illness. The purpose of this study is to explore barriers to mental health treatment among the Hispanic community in this Southern California County. This study will attempt to answer the following set of questions:

What explains the underutilization of mental health services by the Hispanic community in this Southern California County? show resistance to mental health treatment?

How can access to mental health services be improved for Hispanics in this Southern California County?

The findings in this study are expected to have major implications for social work research and practice as well as macro policy. In fact, the findings will highlight the perspectives of the Southern California County's Hispanic community on how to address the underutilization of mental health services. Hence, the findings will inform mental health stakeholders on steps toward solving a major social issue. In addition, the results of this study will contribute to the literature on low-access of mental health treatment. On a micro-level, social workers can use the findings in this study to better understand and serve Hispanic clients.
CHAPTER TWO:  
LITERATURE REVIEW

The topic of access and resistance to mental health treatment by the Hispanic community has been a widely studied topic across the United States. This chapter will provide a synthesis of the existing literature on the topic of access to mental health for the Hispanic community and analyze the limitations of the existing literature. In this chapter there will also be a synthesis and analysis of theoretical perspective(s) guiding the research of access and resistance to mental health treatment by the Hispanic community.

Synthesis of the Literature

A study by Barrera (2008) used the Ecological Systems Theory to provide social workers with a better understanding of mental healthcare barriers in the Latino community in the United States. The study utilized both qualitative and quantitative data by conducting interviews of the participants, as well as gathering statistics from large agencies across the 50 states. Most of the participants of this study were pregnant Latina females between the ages 18-25. Findings were inconclusive on why the Latino community receives less mental healthcare as the variables (gender, age, and education) did not associate directly with any of the proposed barriers.
Cabassa et al. (2006) examined studies’ methodologies and summarized findings about how Latino adults access mental health services. The study collected quantitative data of the number of times mental health services were accessed, along with the type of service that was utilized. The Diagnostic Interview Schedule was used to collect this data in the Los Angeles area. Findings concluded that Latinos were less likely to seek treatment versus those of White descent and that the Hispanic community also delayed reception of treatment and instead sought general medical care rather than specialty mental health.

Bridges et al. (2012) assessed mental health needs and service utilization patterns in a convenience sample of Hispanic immigrants. This study used qualitative data via structured interviews and a semi-structured service utilization interview to collect data from 84 adult Hispanic participants located in two counties of Northwest Arkansas. The participants of this study were all 18 years or older with 54 participants being female and 27 males. Findings concluded that the most common barriers to service utilization were cost, lack of health insurance, and language (Bridges et al., 2012).

Biegel et al. (1998) conducted a study in a large, midwestern community of the United States to explore the needs and barriers to mental health services among Hispanic and African American elderly populations. The study consisted of qualitative data including interviews and surveys. The snowball method was used to collect a total of 103 participants who were knowledgeable “key
informants” on the mental health topic for the African American and Hispanic elderly populations. Findings show that barriers to mental health were small amount of money available to develop mental health programs, lack of awareness about mental health services, and limited mental health programs for minority elderly.

Limitations of Existing Studies (or Limitations of Previous Work, of Previous Research, of Current Literature, of Existing Literature)

The literature consists of few studies where there is a specific theory utilized to analyze the data. The literature is also limited in its geographical location as most of the studies are located outside of this Southern California County. Many studies utilize unequal representation of gender of participants and some studies incorporated other ethnicities into the data. The purpose of this study is to explore the barriers to mental health treatment that prevent the Hispanic community in this Southern California County from seeking treatment and how access to treatment can be improved. The study will fill a gap in the literature as there seems to a lack studies specific to resistance and access of the Hispanic community in this Southern California County to mental health services.

Synthesis of Theoretical Perspectives Guiding this Research

The Ecological Systems Theory can be used to explain the underutilization of mental health services by the Hispanic community in this Southern California County. The Ecological Systems theory was created in 1974
by American Psychologist Urie Bronfenbrenner (Bronfenbrenner, 1979). This theory studies a person's development in immediate and larger environments. The Ecological Systems Theory considers the five systems of a person's environment: the micro, meso, exo, macro, and chrono systems. Bronfenbrenner (1979) describes each of these systems and their components in his Ecological Systems Theory. The Microsystem is composed of family, school, peers, health services, religious organizations, daycare, and neighborhood. The Mesosystem is composed of the location of mental health services and bilingual professionals. The Exosystem includes extended family, school board, and economic situation of family. The Macrosystem deals with cultural barriers such as attitudes and ideologies. Lastly, the Chronosystem is made up of environmental changes occurring over the course of life. Through the use of this theory, it is seen how all of these “five systems are interrelated, and the influence of one system on a child’s development depends on its relationship with the others” (Bronfenbrenner, 1979).

If the Ecological Systems Theory is used to study the underutilization of mental health services by the Hispanic community in this Southern California County, it would address the problem very well because the theory includes all the systems a person takes part in and the variety of dynamics that are present in different families. This theory would facilitate the study of the factors that encourage or discourage the Hispanic community in this Southern California County to seek mental health services. The Ecological Systems Theory could
evaluate the ways families, peers, and institutions all work together to influence the individuals’ decision to receive or decline treatment. This theory would encompass family dynamics, stigma from family and peers, social pressure, access to treatment, finances, etc. and their effects on reception of treatment.

Once the major factors that contribute to underutilization on mental health services are identified through the Ecological Systems Theory, plan development can take place to explore new ways to make treatment more accessible and bring the Hispanic community in this Southern California County to open up to mental health treatment. By implementing the Ecological Systems Theory into new ideas and development, the proposed plans, programs, and solutions can yield improved results and access to mental health services by the Hispanic community in this Southern California County.

Critical Analysis of Theoretical Perspectives Guiding this Research

The Theory Evaluation Scale developed by Joseph and Macgowan (2019), is an instrument which evaluates nine areas of a theory: (1) Coherence, (2) Conceptual Clarity, (3) Philosophical Assumptions, (4) Historical Roots, (5) Testability, (6) Empiricism, (7) Boundaries, (8) Usefulness for Practice, and (9) Human Agency. Each of the areas have a possibility of score 1-5, with 5 being the best possible score for each category. The Ecological Systems Theory is overall an excellent social work theory by generating an overall score of 36 on Joseph and Macgowan’s Theory Evaluation Scale (Joseph & Macgowan 2019). The Ecological Systems Theory displays many strengths and few weaknesses as
ranked by the Theory Evaluation Scale (Refer to Table 1). The Ecological Systems Theory has exceptional coherence where the tenets are all consistent with each other. The Ecological Systems Theory is ranked highly on the TES Scale with a score of 5 for conceptual clarity, displaying the comprehensiveness and unambiguity of the theory. The Ecological Systems Theory explains its roots well along with time and prior research. The Ecological Systems theory displays strengths in accounting for the systems impacting an individuals’ life as well as recognizing that humans are active agents in their environment. The Ecological Systems Theory is based on the impact the different agents in the micro, meso, macro, exo, and chrono systems all interact and impact their surroundings. The theory’s strength in all of these areas allows for a high score of 5 in the TES, displaying its excellent evaluation as a social work theory and in practice.

There are minor limitations to the Ecological Systems Theory when ranked by the Theoretical Evaluation Scale (Joseph and Macgowan 2019). On the TES scale, the Ecological Systems Theory ranked a 3 for philosophical assumptions, testability, and boundaries, while ranking a 2 for empiricism. The Ecological Systems Theory explains its tenets but lacks fully explaining its paradigmatic belongingness. The literature of the Ecological Systems Theory does not provide much information on testing the tenets of the theory and somewhat explains the scope of competence or limitations. The last limitation of the Ecological Systems Theory would be empiricism as the theory just contains some empirical evidence supporting the theory.
Overall, The Ecological Systems Theory proves to be an excellent social work theory due to its overwhelming strengths in coherence, conceptual clarity, historical roots, usefulness in practice and human agency (see Table 1 below).
Table 1

Critical Analysis of the Ecological Systems Theory with Joseph & Macgowan’s Theory Evaluation Scale (TES)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The theory has coherence.</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>The theory has conceptual clarity.</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>The theory clearly outlines and explains its philosophical assumptions.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>The theory describes its historical roots in connection with previous research.</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>The theory can be tested and proven false via observational and experimental methods.</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>The theory has been critically tested and validated through empirical evidence.</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>The theory explains its boundaries or limitations.</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>The theory accounts for the systems within which individuals interact with people around them.</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>The theory recognizes humans as active agents within their environment.</td>
<td>5</td>
</tr>
</tbody>
</table>

Overall score 36

Theory quality based on overall TES score: Excellent for Ecological Systems Theory

*Ecological Systems Theory
CHAPTER THREE:

METHODS

Introduction

Understanding and analyzing the access to mental health treatment by the Hispanic community in this Southern California County is very important to understand barriers there may be to treatment. This information also identified any resistance there may be by the Hispanic population when it comes to reception of treatment. In addition, this section explains the research design, data collection process, as well as other procedures that will be taken to ensure participant safety and anonymity. Moreover, hypotheses on the research will be presented in this section.

Ethics/Protection of Human Subjects

To ensure research is conducted in an ethical manner that protects all participants, the researcher has completed the ethics training and has been CITI certified. The researcher received approval from the California State University San Bernardino Institutional Review Board. Informed consent will take part in all facets of the study, including purpose, risks, and benefits posed to the participants. Proper COVID-19 guidelines were followed when applicable in data collection and throughput the research process. Anonymity and privacy of the participants were maintained by applying codes to answers and assigning numbers to participants of the study. Files will be stored in a password protected
Research Design

This study took an explanatory design to understand access and resistance to treatment by the Hispanic community in this Southern California County. More specifically, this research used the qualitative research methodology. Despite being prone to biases, qualitative research studies allow researchers to understand contexts and situations in which participants function (Grinnell & Unrau, 2013; Royse, 2017). In this study, participants of the study were interviewed to determine causes of underutilization of mental health services.

Sampling

This research used a non-probability sampling method to assess underutilization of mental health services among Hispanics in Southern California. In this purposive research, the target population were members of the Hispanic community in this Southern California County who are 18 or older. The researcher targeted a sample of about 20 participants (n =20), all of whom will be Hispanic and living within the boundaries of this Southern California County. The researcher will use the snowball sampling method to get a variety of participants for the study. By using snowball sampling, participants can refer more
participants to the study which will provide a variety of different experiences with mental health treatment in this Southern California County.

Data Collection Instruments and Procedures

The researcher collected primary data through a semi-structured interview procedure. The researcher used various means to recruit participants. These include, but are not limited to, flyers, emails, and phone calls. The researcher relied on virtual methods of interviewing participants such as Zoom meetings. The day of interview, all participants were asked to provide consent for their participation in the study. Furthermore, before the interview begins, all participants must have consented for the interview to be recorded. Besides demographic variables, the researcher asked questions related to the purpose of the study. Immediately after the interview, all zoom files are saved on an encrypted file on a password-protected computer to ensure the information is secure.

Sensitizing Concepts

There are several key concepts in this study, including mental health treatment resistance, Hispanic adults, and Southern California. All these concepts are described below.

Mental Health Treatment Resistance: Resistance to treatment in this study refers to participants not seeking mental health treatment due to specific factors
in their environment. Those factors will be explored in the interviews with each of the participants.

**Hispanic Adults:** Hispanic adults would be defined as anyone 18 or older who descends from a Spanish speaking country. In this study participants must be Hispanic adults living in Southern California.

**Southern California County:** Southern California is an area whose geographical boundaries are defined by the following cities: Adelanto, Apple Valley, Barstow, Big Bear Lake, Chino, Chino Hills, Colton, Crestline, Fontana, Grand Terrace, Hesperia, Highland, Joshua Tree, Lake, Arrowhead, Loma Linda, Lucerne Valley, Montclair, Needles, Ontario, Rancho Cucamonga, Redlands, Rialto, Running Springs, San Bernardino, Twentynine Palms, Upland, Victorville, Wrightwood, Yermo, Yucaipa, and Yucca Valley (San Bernardino County, 2021).

**Data Analysis**

The researcher assigned a code to each participant to ensure anonymity and data from the participants will be recorded. Each of the recorded interviews were transcribed using Zoom transcriptions and were corrected as needed. The transcriptions were analyzed thematically. The researcher created a codebook for the data which included participant numbers and participant coded responses. The data was transferred onto a spreadsheet with each of the major themes and recorded on the spreadsheet with its corresponding code which allowed for the
researcher to see the overall results of access to mental health and factors that cause resistance to treatment.
CHAPTER FOUR:

RESULTS

Introduction

This chapter provides data collected through the interview process with adult Hispanic/Latinos living in this Southern California County and their experiences and knowledge on mental health treatment. The participants' responses were gathered from a demographics questionnaire and individual interviews.

Qualitative Data

The qualitative study consisted of eight adult participants who identified to be Hispanic or Latino and currently live in Southern California. A questionnaire containing six questions was administered to each participant individually. The results indicated that 100% of the participants were Hispanic/Latino. 87.5% of the participants were in the 18-35 year old age range and 12.5% of the participants were in the 36-45 year old range. Participants were also asked their highest level of education and 62.5% stated they had a bachelor's degree, 25% stated they had completed some college, and 12.5% had an Associate’s degree. 75% of the participants identified as female and 25% identified as male as indicated by the questionnaire results. All participants reported being single. 50% of participants reported being employed part-time, 25% reported being unemployed and not
looking for a job, 12.5% stated they were self-employed, and 12.5% reported working full-time.

The participant interviews lasted approximately 10-25 mins in which each participant was asked a total of ten open ended questions. Participants were asked about their thoughts on access and reception to mental health treatment. Participants were also asked about the cultural impact on reception of mental health and any recommendations to improve view or reception of mental health treatment.

Themes

Data analysis was completed and the researcher identified the interview to yield the three main themes regarding the Hispanic community’s view on barriers to mental health treatment. The three themes are: 1) Hispanic culture/tradition, 2) The need for increased education and promotion of mental health, and 3) Lack of information from agencies and organizations.

Hispanic Culture and Tradition

The Hispanic culture and tradition is reported to have an overall negative view on mental health treatment. Participants were asked about their family as well as the Hispanic community’s view on mental health treatment and many participants reported that it is very stigmatized and looked down upon. Participant 1 spoke on family upbringing and family view of mental health treatment:

We're raised in a way that our parents have always told us to solve it ourselves. It's like you never go seeking help. You always just want to do things
yourself. So I feel like it's more of a discouragement like you can't as a Hispanic. You can't really go to other hispanic families and look sad around them because they'll just make fun of you. (Participant 1, personal communication, March 2022) Participant 2 had a similar experience and reported that the Hispanic community has trouble accepting the need for help:

Like they're traditional, and they tend to look at it as something that they would just roll through their shoulders basically like kind of like move on, move forward no matter what. Don't look through your past or your fears or your trauma at all. (Participant 2, personal communication, February 2022)

The stigmatization of reception of mental health services is very evident in the Hispanic community and Participants 5, 7, and 8 all shared some experiences they have had in their families. Participant 5 stated:

As far as like in the hispanic community you know that's still kind of taboo. Like a few years ago I asked my Mom if I could go see a therapist, and she straight up laughed in my face because with us, it's kind of just like okay, get over it type of thing. (Participant 5, personal communication, February 2022)

Participant 7 reported a similar experience with family members and stated:

My family's Mexican. It was really hard to have that conversation with my family that I needed help. My mom was supportive of it but also she was kind of hesitant too. She's just like oh, like what's going on,
you know, like what did I do wrong. Then my dad was very unsupportive of it. He was there for me, but he also didn't feel like I needed any help. were my dad you know he wasn't the nicest, sometimes he would say things that weren't the nicest to me.

(Participant 7, personal communication, February 2022)

Participant 8 shared thoughts on the Hispanic community’s view on mental health treatment as a whole and reported:

When it comes to the community I believe it is kind of like if you call therapy you gotta keep them secret because of the stigma that exists there. You're gonna be judged. People are gonna be gossiping around because they will see you as crazy. (Participant 8, personal communication, March 2022)

**The Need for Increased Education and Promotion of Mental Health**

Many participants of the study reported a need for increase in education and promotion of mental health. Not having this information created several barriers to reception and acceptance to treatment. Participants shared several examples on this topic and how it has an impact on treatment. Participant 3 stated:

I do think that they do have to put more emphasis on getting the information out there to the Hispanic culture, especially within my experience, which is sometimes difficult to reach. I can say ads or
propaganda advocating for certain things. But I'd say that gaining their trust would be a big step by creating that familiarity.

(Participant 3, personal communication, February 2022)

Education plays a big part in recognizing the need for help in the family's eyes and Participant 4 stated, "Maybe just advertise a little more. Simple things like posters in some cases with a lot of symptoms or things that kids might go through can help." (Participant 4, personal communication, February 2022). Also, the need for education on mental health for children was important for the participants as it allowed for recognition of possible symptoms and reduction of stigma. Participant 5 reported:

In schools like in high schools I think there should definitely be like mental health advocates going into the schools targeting the youth. I feel like this is very effective for their mental health because it is vulnerable. So I think it's important to start talking to these kids about mental health, about their resources, and stuff while they're young. So you know, go to high school, make workshops on it, do presentations, like the little assemblies that they would have.

(Participant 5, personal communication, February 2022)

Participant 7 also emphasized the education aspect as it would’ve helped realize the need for help and improve family acceptance. The participant stated:
The education piece is very important to you know, combating the stigma that there is, specially in Hispanic community. I was going through depression and anxiety. I didn’t know what therapy was or that there was something that I could access… So it would be great to give those courses to parents that have kids in K-12 schools. Giving an orientation to those parents on like stigma and mental health for Latino parents, so they that they know what it is and if they see their kids struggling, they can provide them those resources. (Participant 7, personal communication, February 2022)

Additionally, Participant 8 stated similar interest in education and raising awareness for the Hispanic community. The participant stated:

I would say programs to create awareness within the community, especially informing the Hispanic community of services in Spanish where there are people that are certified as bilingual clinicians or therapists. Not just like people that say “Oh yea, I'm bilingual” and then don't have the qualification to provide the community with the services they deserve. (Participant 8, personal communication, March 2022)

Lack of Information From Agencies and Organizations

Many participants found it difficult to know where to go, who to call, or what to do if they did need mental health services. The lack of knowledge on the process of reception of treatment functioned as a barrier for participants. Some
participants stated that there needed to be more information from agencies and organizations so that access to services could be improved for the Hispanic community. Participant 2 stated that, “I think it’s something that can be accessible but I don't know much about it.” (Personal communication, February 2022).

Participant 3 also had a similar statement and reported, “Have specific like emphasis where like they go and try to inform people with documents that let you know where to go or what to do in a crisis or something like that.” (Personal communication, February 2022). In another interview, Participant 4 stated not knowing what to do. The participant said, “I don't even know where to find a phone number to call.” (Personal communication, February 2022).

Another topic mentioned by the participants was access to services for those people who don't have health insurance or can't receive services through school since they don't attend. Participant 6 stated:

I have access to therapists and counselors at my university. Um, but I honestly wouldn't know outside of those two sources. I feel like it's almost like I'm very privileged. I don't know how that would be for someone that's not a student, and then again someone that might not have health insurance. Like if it were my mom, where would she go if she needed it because she's not a student. Even though she has health insurance, who can really navigate her through that process because she's so restricted with language. (Participant 6, personal communication, February 2022)
Participant 7 also stated:

It was kind of difficult, like it took a few weeks for me to actually get an appointment when I was going through a crisis. For me, I had no idea. No one ever gave me a flyer or it wasn't seen on television. I had never heard of it, I didn't know I could access services and I didn't know what I was going through. (Participant 7, personal communication, February 2022)

Summary

This chapter gathered data from questionnaires and individual interviews. The identified themes were Hispanic culture/tradition, the need for increased education and promotion of mental health, and lack of information from agencies and organizations. A qualitative approach was utilized by the researcher to gain in-depth data from Hispanic participants within this Southern California County in regards to access, barriers and views on mental health treatment.
CHAPTER FIVE:
DISCUSSION

Introduction

This chapter will provide a synopsis of the results to address the research questions: What explains the underutilization of mental health services by the Hispanic community in this Southern California County? show resistance to mental health treatment? How can access to mental health services be improved for Hispanics in this Southern California County? As previously stated, the three major themes identified in chapter four are the Hispanic culture/tradition, the need for increased education and promotion of mental health, and lack of information from agencies and organizations. Based on the results, the researcher will make recommendations to improve access to mental health treatment and reduce stigmatization in the Hispanic community within this Southern California County.

Discussion

Consistency With Previous Research Findings

The research results vary from those from the literature reviewed in chapter 2. The previous findings discuss the lack of access to mental health treatment due to language barriers and cost (Bridges et al., 2012). Cabassa et al. (2006) discussed how many Hispanics seek out less mental health treatment and instead seek general health treatment. Other studies, such as the one conducted
by Barrera (2008), had inconclusive results as to why the Hispanic community has less access to mental health treatment. Other findings by Biegel et al. (1998), did correlate in one aspect with this study as it stated that one of the barriers for Hispanic community members was the lack of awareness of services available.

Implications of the Findings

The research shows that there is a large need for psychoeducation in the Hispanic community in this Southern California County so that stigmatization around mental health is decreased. Also, results indicate the need for increased exposure and promotion of agencies, services, and the process to receive treatment overall.

Implications of Findings for Social Work Practice

The findings display a large need for culturally competent services. This includes information given in Spanish, as well as social workers and therapists that are bilingual and fluent in writing, reading, and speaking Spanish. This is necessary as it allows for clients to feel understood and minimizes the pressure on the clients as they do not have to help or decode what the social worker is trying to say due to a barrier in communication.

Implications of Findings for Policy

There are no policies in place that make it a requirement for students in a K-12 setting to receive mental health education. Policy to have this set in place could bring about great benefit for the future as students will understand and be
able to identify any symptoms of mental illness. Establishing education on mental health will also destigmatize mental health treatment by allowing for it to be a topic more spoken about within the Hispanic community.

**Limitation of the Findings**

A limitation of this study was the sample size of 8 participants. Data gathered can only be applied to this research and cannot be generalized to the larger population. In the future it would be of benefit to conduct a larger study with an increased number of participants to better understand barriers to mental health treatment that can be generalized. The second limitation of this study is the questionnaire which was developed by the researcher. No testing was conducted of the reliability or validity of the instrument utilized.

**Conclusion**

This research aimed to explain the underutilization of mental health services by the Hispanic community in this Southern California County and how access to mental health services be improved for Hispanics in Southern California. Based on the data collected in this research, increased exposure on services available and the process to receive treatment would increase utilization of services. Furthermore, implementing early mental health education in schools for parents and students will aid in destigmatizing treatment and educate parents so they can help their children. By implementing these changes, Hispanic clients in Southern California will be able to adequately access and receive the services they deserve without having to worry about stigmatization.
APPENDIX A:

INFORMED CONSENT
Informed Consent

The study in which you are asked to participate is designed to explore the barriers to mental health treatment that prevent the Hispanic community in San Bernardino County from seeking treatment and how access to treatment can be improved. The study is being conducted by Fred Rodriguez, MSW student under the supervision of Dr. Carolyn McAllister, MSW, PhD, faculty in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

PURPOSE: The purpose of this study is to explore the barriers to mental health treatment that prevent the Hispanic community in San Bernardino County from seeking treatment, and how access to treatment can be improved.

DESCRIPTION: Volunteer participants will be asked a few general demographic questions at the beginning of the interview, followed by some questions that will prompt conversation about access and possible resistance to mental health treatment.

PARTICIPATION: Your participation in the study is totally voluntary and anonymous. You can refuse to participate in the study or discontinue your participation at any time without any consequences. After going over the document I will ask for verbal consent since the interview will be conducted virtually. This document will be sent to the participant in advance or via mail if needed.

CONFIDENTIALITY: Your responses will remain confidential. Your name will not be used in the report of findings.

DURATION: The interview will take approximately 30-60 minutes to complete.

RISKS: Risk foreseen in relation to this study may be due to personal level of comfort when answering interview questions. If a question makes you feel uncomfortable, feel free to skip the question or stop the interview at any time.

BENEFITS: The findings of this research have the potential to increase access to mental health treatment for the Hispanic community in San Bernardino County and reduce the stigma surrounding mental health.

CONTACT: If you have any questions about this study, feel free to contact Carolyn McAllister, MSW, PhD at (909) 537- 5501 or cmcallis@csusb.edu.

RESULTS: Results of this study can be obtained from the Pflau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after June 2022.

I have read and understand the consent document and agree to participate in your study.

X Date
I agree to have this interview be audio recorded: YES NO
APPENDIX B:

QUESTIONNAIRE
Demographics

1. Where is your age range?
   - 18-35
   - 36-45
   - 46-55
   - 56-64
   - 65 or older

2. What is your ethnicity?
   - White/Caucasian
   - Hispanic/Latino
   - Black/African American
   - Native American/ American Indian
   - Asian American/ Pacific Islander
   - Other: _____________

3. What is your highest level of education completed?
   - Less than high school diploma
   - High school degree or GED
   - Vocational/Trade diploma
   - Some college
   - Associate’s degree
   - Bachelor’s degree
   - Master’s degree
   - Doctoral degree

4. What is your gender?
   - Male
   - Female
   - Other: _____________

5. What is your marital status?
   - Single
   - Married
   - Separated
6. What is your current employment status?
   - Employed Full-time
   - Employed Part-Time
   - Unemployed but looking for work
   - Unemployed but not looking for work
   - Retired
   - Other: ____________

   If you are 18 years or older, Hispanic/Latino, and live in San Bernardino County, you are eligible to participate in this study.

**Interview**

1. What are your thoughts on mental health treatment?

2. How do you feel about access to mental health treatment in San Bernardino County? (Do you feel it is easily accessible if needed?)

3. Have you or anyone you know ever received mental health treatment? If so, what was the experience like from your perspective?

4. How do you feel about reception of mental health services? (Do you view it as something positive or negative?)

5. Have you or anyone you know ever been recommended or referred to mental health treatment?
6. Where would you access mental health treatment if needed? (Medical provider, mental health clinic, school setting, church, peers, family, etc.)

7. How does your family and community see mental health treatment? (Is it encouraged? discouraged? looked down upon? seen as a strength?)

8. How does your culture impact access to mental health treatment?

9. Would your culture impact reception of mental health treatment and how so?

10. What would you recommend a mental health organization do to be more receptive or appealing to yourself or others you know? (Structure? Services provided?)

*This study has been approved by the California State University, San Bernardino Institutional Review Board*
APPENDIX C

IRB APPROVAL
November 12, 2021

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2022-57

Carolyn McAllister
CSBS – Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Carolyn McAllister:

Your application to use human subjects, titled "Mental health treatment: Access and resistance to treatment by Hispanic community in San Bernardino County" 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 weighed the risks and benefits of the study to ensure the protection of human participants.

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. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB’s COVID-19 Prevention Plan for more information regarding campus requirements.

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

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

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-57 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs
Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board
NC/MEG
REFERENCES


