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Contemporary Barriers Impacting Latinx Children's Access to Mental Health Services

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MENTAL HEALTH SERVICES

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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

Alejandra Andalon

Clarissa Reyes

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ABSTRACT

Latinx parents face various barriers to accessing mental health services for their children, and not enough findings have examined the perspective from a social workers' lens. This study provides a recent look at consistent and new discoveries that can be classified as barriers for Latinx parents. In this qualitative study, we asked eleven parents to participate in an interview that asked open-ended questions. The qualitative data was gathered in the form of interview transcripts. The transcripts were reviewed for accuracy, coded for themes, and evaluated with the use of thematic analysis. The findings describe various contemporary barriers that impact Latinx parents' access to mental health services for their children, as well as facilitators to mental health services.

ACKNOWLEDGEMENTS

DEDICATION

For all the Latinx parents and/or caregivers who demonstrate resilience despite barriers in their community and families.

-        Alejandra Andalon & Clarissa Reyes

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CHAPTER ONE

INTRODUCTION

Problem Formulation

When children grow up in a Latinx household When children grow up in a

Latinx household with traditional values and customs from locations where

mental health is not believed or important, the child is at risk for not receiving the

mental health support they need. As a result, children are being affected because

they do not learn coping skills, grounding techniques, or acknowledge that the

way they feel is important and real. Among major mental health concerns for

children is anxiety, depression, oppositional defiant disorder (ODD), conduct

disorder (CD), attention-deficit/hyperactivity disorder (ADHD), tourette syndrome,

obsessive-compulsive disorder (OCD), and post-traumatic stress disorder

(PTSD,), as indicated by the Center for Disease Control and Prevention (2021).

The American Psychiatric Association (2017) states that Hispanic and Latinx

children are at a greater risk than their white counterparts for developing mental

health problems. Specifically, Latinx adolescents had higher rates of suicide

ideation and attempts than White and Black students and had higher rates of

alcohol and cigarette use (American Psychiatric Association, 2017). Another

concern Latinx children face is depression. "Major depressive episodes

increased from 12.6 percent-15.1 percent in Latinx/Hispanic youth ages 12-17, 8

percent to 12 percent in young adults 18-25, and 4.5 percent to 6 percent in the

26-49 age range between 2015 and 2018" (Mental Health America, n.d).

Given the high prevalence of these mental health issues, these children face tremendous hurdles to get the help they need. This data points to mental health conditions that impact Latinx children, adolescents, and their families. The parents themselves may have concerns about their children but may not know or have the ability to seek out the best options for their children. SAMHSA (2018) issued a large survey study to gather the various perceptions that Latinx individuals have regarding mental health and found that many individuals would seek support from a trusted peer or decided to work through the mental health issue on their own rather than seek out a formal mental health service.

Previous research identified barriers Latinx families faced in participating in mental health services by accessing mental health services in educational systems. A major concern for Latinx families was the cultural stigma associated with mental health diagnoses and services. This stigma causes discomfort to the parents because of social or cultural norms about what is the appropriate treatment for their children and the assumptions made by others that their child is "crazy." There is negative connotation surrounding the term "mentally ill" and some parents express discomfort with services due to how others might label the child (Chavirra et al., 2017). Further, parents may express a sense of pride in caring for their children without the need for an outside provider or they may have a sense of denial regarding the child's symptoms being serious that they require treatment. Families are sometimes referred to a higher level of care and this causes financial concerns for the caregivers, especially those without insurance.

According to SAMHSA (2018), "eighteen percent of Latinx/Hispanic people in the U.S. do not have health insurance, with those of Honduran and Guatemalan origin having the highest rates of being uninsured (35 percent and 33 percent respectively)." These are variables previous research has found that contribute to Latinx families not accessing needed services. Some of these barriers may be resolved by connecting families to the appropriate resources, yet others may require a more extensive understanding of cultural, spiritual, or social implications where interventions may include working with culturally competent social workers.

Purpose of the Study

The purpose of this research study is to discover what may be some contemporary reasons that prevent Latinx parents or caregivers from providing their children mental health services. The subjects that will be affected by this problem are both Latinx children and their caregivers. In order to create greater self-awareness to where the roots of these problems stem from, Latinx families need to have the opportunity to create dialogue with mental health professionals and be active participants in child's attainment of services. As mental health providers, the researchers have experienced parents who expressed concerns regarding the client's participation in the service due to a lack of awareness towards mental health services.

The researchers utilized a qualitative research design. After careful deliberation, this method was selected in order to gather an in-depth understanding of parental perceptions regarding mental health access for their children. We plan to conduct one-on-one interviews using open-ended questions to gather information from parents or guardians regarding topics such as religion, cost, culture, beliefs, and ego. The researchers sought to obtain detailed responses with the use of open-ended questions. The open-ended questions, provided in the preferred language (Spanish or English) of the participants will allow the researchers to assess the various factors of interest as well as give opportunity for new themes to emerge from the participants.

Significance of the Project for Social Work Practice

Our research will explore the current barriers that Latinx parents and caregivers encounter that limit access to mental health service for their children. The research will help to understand the impact this may have for social work practice. Currently, the social work field is blossoming and reaching across cultures, however the transgenerational effects that occur within a Latinx family are creating a barrier to allowing mental health services to their younger generations. Latinx children are experiencing low levels of mental health advocacy across different ethnicities (Child Welfare Information Gateway, 2010). This research will support social workers in their practice by creating awareness of the gaps and barriers associated with mental health use. Further, there are

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children in the Latinx community that are not being provided mental health services compared to other ethnicities. For these reasons, it is meaningful to address the areas where Latinx children are not receiving services in order to inform social workers of some of the barriers that are happening with the Latinx community. Clinicians are advocates for these children and must concern themselves with this issue in order to work more effectively and communicate with parents. This is another opportunity for social workers to provide culturally appropriate care and education to parents in light of these barriers. Our research question will focus on, what are the specific contemporary barriers that limit Latinx parents and caregivers from seeking mental health services for their children? It is essential in the generalist intervention process to explore the lack of mental health services for Latinx children. This study will allow researchers to reassess the various barriers that the Latinx community faces with the hope that this information will guide social workers in the provision of culturally competent practices and measures. Ideally, social workers will be able to reduce the barriers and facilitate mental health use to families in need in services.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will include an examination of the research relevant to the factors that affect Latinx families from seeking mental health services for their children. The subsections will include parental perceptions & stigma of mental health services as a barrier for seeking services, religiosity as a consideration in help-seeking behaviors in mental health services, an understanding of cultural factors, beliefs, and additional factors that may play a role in service participation, and finally, theories guiding conceptualization.

Parental Perceptions & Stigma of Mental Health Services as a Barrier for Seeking Services

Baker-Ericzen et al. (2013) sought to identify families' barriers to mental health services for youth with behavior problems enrolled in family-focused community mental health services. The researchers conducted an exploratory, qualitative study to assess the various treatment barriers for families in the program and sought to receive input from the children receiving treatment, the parents of the children, and the therapists as well. The researcher conducted three parent focus groups (14 parents total), four therapist focus groups (26 therapists total), and interviews with 10 child clients. Most of the participants were Caucasian and only a small number of them identified as Latinx. The child

participants were asked open-ended questions during individual interviews consisting of questions about their experience in treatment, then questions that grew more specific about the therapist and family interactions (i.e. what is appropriate for therapist to discuss with families), and about parent involvement in their treatment. The parent focus group and therapist focus group were held separately but the researchers inquired about all the individuals' experience in this mental health setting, problems encountered in the process, and their perspectives on ways to improve the services provided.

The researchers utilized a thematic content analysis approach and found several notable themes as a result of the focus groups and interviews. Parents often expressed feeling overwhelmed by the client's symptoms and on top of this, some reported not feeling supported in services but rather being blamed for the child's behaviors, as negative perceptions of the diagnosis and the experience of service served as major barriers. Additionally, some parents felt that the services were not comprehensive and not understanding of the client's and family's situation. For the therapists, the results showed various treatment barriers to be a lack of support from the agency, being overwhelmed by the families complex needs, and the parent's lack of involvement. The children in the study indicated that they were interested in the services and having their parents involved in treatment, but that their parents often were not a part of treatment due to the infrequency of family being included in the sessions. Interestingly, the children identified an additional barrier to be a lack of helpful skills and activities

completed in therapy and were dissatisfied with the conversation and questions they spent time on in sessions. Overall, the researchers found it shocking that there was such a disconnect between the perceptions of the therapists and the parents, that where clinicians felt parents were uninvolved, the parents felt excluded in the services (Baker-Ericzen et al., 2013).

Parental treatment perceptions have been explored by Hinojosa et al. (2015) among White and Latino parents with children who have mental health diagnoses. Perceptions refer to how parents feel about the quality of treatment their children receive, how they perceive communication between the family and provider, and whether they feel that cultural sensitivity is applied in treatment. Families caring for children with mental health diagnosis often experience family strain related to the diagnosis; the researchers sought to understand how perceptions of treatment, resources, and additional stressors contributed to family strain and whether these differed among White and Latinx families. While Latinx families and White families both expressed levels of strain related to perceptions, resources, and stressors, Latinx families' major predictor of strain was the parent's perceptions of treatment quality. The researchers synthesized that by improving these perceptions, familial strain could be reduced, which would then facilitate positive outcomes for children's mental health. This study suggests that perceptions, especially for families who have previously received mental health services, may act as a barrier for accessing future services (Hinojosa et al., 2015).

Rasgoti et al. (2012) explored barriers that the Latinx community faces in accessing mental health services, especially those with migrant status. The researchers inquired about the role that perceptions of mental health services play as predictors of seeking services and what socioeconomic resources may impede or assist the families. Additionally, the researchers inquired from Latinx families what recommendations they had for improving access to services. Due to the emphasis on Latinx immigrant families in the Midwest, this study presents a major limitation in generalizability for families living on the West coast due to potential cultural, social, and economic differences. The researchers conducted interviews with 18 Latinxs within five separate focus groups as well as one additional single interview. From the comparison analyses conducted with the data, the researchers found the most significant barriers to be stigma surrounding mental health service utilization, fears about misunderstandings or miscommunication related to cultural differences between families and providers, and fears about legal issues as well. The researchers found that the families expressed interest in learning more about mental health conditions and that this type of education might impact the stigmatized attitudes of the community at large (Rasgoti et al., 2012).

Moreover, Chavira et al. (2017) examined stigma found among Latinx parents whose children suffered from anxiety disorders. The study focused on "parental endorsement of stigma and its impact on service utilization among children with significant anxiety" (Chavira et al., 2017). This study was one of the

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first to examine stigma that was connected to beliefs among parents of children with anxiety symptoms by using data-transformation variant of convergent parallel mixed methods research. They used the formula "(qual + QUAN)" which supported the methodology of a mixed method because they used semi-structured qualitative interviews and quantitative data was analyzed using a chi-square test. The study consisted of parents of 300 children from two pediatric clinics that included the screen for anxiety and related disorders. Overall, the findings were identified by using quantitative measures, service utilization, and qualitative interviews. The results indicated "three broad themes emerged related to stigma from the qualitative data analysis: 1) Parental Concern for Negative Consequences, 2) Parent Internalized Stigma about Mental Health Problems, and 3) Negative Associations with Mental Health Treatment" (Chavira et al., 2017). This research demonstrates that the stigma parents hold greatly affects the probability a child will receive mental health services. A major limitation of the study was the lack of participants in the research process. It was evident that results were formulated based on participation, but out of the 47 families contacted 29 (62%) agreed to participate (Chavira et al., 2017).

Religiosity as a Consideration in Help-seeking Behaviors in Mental Health Services

Turner and Llama (2017) investigated the role of ethnic identity and preconceived notions of therapy (i.e. fears of therapy) as factors that either encourage or discourage help seeking behaviors among Latinx college students

in mental health services. The researchers hypothesized that ethnic identity and spirituality would be correlated with participants' past mental health services use and that those with no previous history would have greater therapy fears, stronger spirituality, and stronger ethnic identity. The participants of this quantitative study were undergraduate Latinx students from a Texas university, between the ages of 18 and 43. To collect the data, participants filled out various measures for ethnic identity (Multigroup Ethnic Identity Measure-Revised), psychotherapy fears (Thoughts about Psychotherapy Survey), and spirituality (The Spirituality Meaning Scale) (Turner & Llamas, 2017). Descriptive statistics in the form of MANOVA correlation analyses were used to assess the relationships between the formerly stated variables of the study. Correlation coefficients were drawn and the following results were determined. Psychotherapy fear was not a predictor of help-seeking behavior, and fears did not differ among the participants who had previously received services and those that had never received services. Ethnic identity was also not a predictor of help-seeking. The only predictor of help-seeking behavior in this study was spirituality; those without previous counseling experience had higher spiritual beliefs. In other words, students with a stronger spirituality may utilize religious or spiritual resources more than formal mental health services. A limitation of this research design was the focus solely on college students, yet the emphasis on Latinx culture aids the researcher's understanding of treatment barriers and of spirituality as a variable of interest in mental health research (Turner & Llamas, 2017).

Expanding on the role of religiosity as but one aspect that may impact Latinx access to mental health services, Moreno & Cardemil (2013) conducted a qualitative study to assess religiosity as a coping strategy and to assess the reasons for Latinxs to seek different mental health services, both religious counseling and traditional mental health services. The researchers conducted interviews with the following questions to guide their research: What forms of coping with adversity are common among Latinxs? What factors might encourage Latinxs with strong religiosity to seek out religious counseling? What factors might encourage Latinxs with strong religiosity to seek out formal mental health services? (Moreno & Cardemil, 2013). Semi-structured interviews were completed with 20 adult Latinxs (11 men and 9 women) diverse in both national origin (El Salvador, Mexico, Honduras, Guatemala, Puerto Rico) and religious background (Catholic, Protestant, and other religions). From the interview data, the researchers found that religious and spiritual coping strategies for adversity were the most common among the participants. This included seeking advice from religious leaders, seeking social support from the religious/church community, and engaging in spiritual practices such as prayer. Additionally, the participants had preferences for religious counseling services over formal mental health services because the former had practices consistent with spiritual beliefs, there was trust due to existing relationships with the providers of religious counseling services, and it was overall more accessible for the participants. Notably, some of the participants indicated that there were reasons they would

seek out formal mental health services: working with a provider who had understanding of their religious beliefs, experiencing very serious mental health problems (i.e. depression), and having problems that were biological in nature (i.e. autism, schizophrenia, clinical depression). These results provide a frame of reference as to why some individuals may be more inclined to seek out mental health services related to their spirituality and religiosity; a person may feel encouraged to pursue formal mental health services or seek alternative treatment in line with their spiritual or religious values and traditions (Moreno & Cardemil, 2013).

Additional Barriers to Accessing Mental Health Services

Research has found language to be a barrier for Latinx families. Umpierre et al. (2015) used focus groups to identify the knowledge parents had regarding mental health services and communication parents had with mental health providers. The participants involved in this study were a total of 36 parents/caregivers primarily foreign-born Spanish speaking, female, and residing in urban poor communities. The researchers discovered that caregivers and/or parents reported they did not know much about mental health services until they entered into care; this demonstrates a need to promote resources that support families with children who are diagnosed with anxiety disorders or psychological disorders in general. The participants in this study welcomed the children's mental health literacy, especially when it was provided in their native language. A

failure to provide comprehensive information and transparency, may facilitate a suspicion or lack of trust of mental health services among Latinx families with low SES or in poverty. With these considerations, the researchers generated a solution in response to the limitations of child mental health services knowledge, beliefs, and attitudes; they created an educational video with culturally relevant information that is anticipated to positively impact service utilization among this community.

Theories Guiding Conceptualization

Bronfenbrenner's Ecological Systems Theory is of particular interest for the current research proposal, as the theory understands child development within a series of relationships between various ecological systems the child interacts with. In our research, we are highlighting Latinx children's mental health through the lens of various barriers or reasons that impact Latinx children's access to formal mental health services. Multiple reasons have been proposed as to why Latinx families do not utilize mental health services: lack of access due to health insurance/economic limitations, cultural barriers between family and service provider, mental health stigma in Latinx communities, parental perceptions of treatment, preferences for other cultural or religious practices to support the child with mental health concerns, etc. In Bronfenbrenner's theory, the various ecological system levels are the microsystems, mesosystems, exosystems, and macrosystems (Paat, 2013). The model places the individual

whom they are investigating at the very center and sees the systems as surrounding the individual. The first level, the microsystem, consists of the individual's immediate environments such as family, school, friends, and work. The mesosystem then encapsulates the relationships or connections between two or more microsystems that the individual actively engages with, such as the relationship between the family and friends. Next, the exosystem refers to social settings that the individual does not directly engage with but may impact them nonetheless. As an example relevant to our study, an ecosystem may be a child's parent's work and the child's mental health program; though not directly involved, the parent's job may impact the parents ability to participate in the child's treatment. Lastly, the macrosystem is broad and refers to the overarching set of social values, cultural beliefs, political environment, and laws and customs (Paat, 2013).

The article by Paat (2013) conceptualizes the model by applying it to immigrant children in the U.S., stressing that the child's experiences cannot be understood without further analyzing the various layers and interconnectedness of the systems the child interacts with, directly and indirectly. This model was used to understand immigrant children's experience because in understanding the various levels, the researchers could identify ecological risks that immigrant families face (i.e. barriers in language, socialization with peers (microsystem), limited or negative interactions with the child's school (mesosystem), the balance between assimilation to the new culture and immigrant culture and values

(macrosystem)) in order to work through solutions at the corresponding levels and strengthen relationships between these levels as appropriate for the family (Paat, 2013).

Further, the researchers Garcia and Lindgren (2009) studied the need for collaborative interventions and multiple level strategies (individual family and community) in order to address stressors in Latinx adolescent experiences. The theoretical framework for this study was Bronfenbrenner's ecological framework (Garcia & Lindgren, 2009). It is known that multiple levels of a person's life impact the beliefs and views of an individual. For example, immigration and acculturation impact the developed views of mental health services. One factor that is relevant to an individual's ecological level is having to immigrate without their family and living with unfamiliar individuals. This affects the person at a macro level because they may suffer mental health issues. They are in a new environment and are forced to adapt to being away from their family. One of the greatest macrosystem level risk factors is cultural clashes due to conflicting value systems. The study indicates that adolescent youth are at risk for mental health problems due to stigmatization of mental health services and the parents and/or caregivers' perspectives of services. Garcia and Lindgren (2009) conducted a descriptive study to elicit Latinx adolescents' and parents' perspectives regarding mental health stressors as a basis for future preventive interventions. They used eight focus groups consisting of fifty three Latinx participants, which included 4-8 male and female students from public charter school or a community social

service agency and the parents were from Catholic churches. The focus groups lasted two hours and centered on three categories of mental health: discrimination, immigration, and familial disconnection. The use of focus groups enabled the researchers to elicit Latinx adolescents' and parents' views of mental health stressors, barriers to care, and general mental well-being (Garcia & Lindgren, 2009).

Overall, the males in the group of participants indicated that "they keep their problems to themselves" (Garcia & Lindgren, 2009). This demonstrates the machismo influence in Latinx communities where men are expected to be strong and unbreakable. The focus group containing truant youth readily described stressors related to gang involvement, substance use, and violence, which were not raised in the other school-based group. The girls from the study "identified sources of stress in school, family, and peer relationships. They identified discrimination and immigration/acculturation as sources of stress." Females were found to be more in touch with their emotions and feelings compared to male. Additionally, mother and father groups focused heavily on the parental role and responsibilities and how these influenced family functioning and stressors. This represents the cultural and societal expectations that come from various levels of family. Parents are expected to raise their children "correctly" so that they will not develop mental health problems. The macro and micro levels are impacted by the cultural expectations of the Latinx community. Findings suggest that the family's perception influences their need for seeing mental health services and

feelings of self-efficacy. The study found that Latinx adolescents have many overlapping circles. This can be represented by school, family, friends, religion, acculturation, languages, etc. This particular model facilitated the recognition of where stressors were occurring in the lives of our study participants and, thereby, targets for intervention. Researchers discussed how the "family-based interventions may prove to address factors contributing to stress such as lack of communication, unresolved abandonment issues, or lack of family time together." Another difference noticed by the researchers was the emphasis of the males on extra-familial stressors (e.g., gangs, law enforcement), and of the females on intrafamilial stressors (e.g., family separation, parent – child relationship). This demonstrates how sex is a factor in the Latinx community because it dictates if stressors will be coming from within school or family issues. It is evident that schools need growth with helping the Latinx families with mental health resources, and educating the families on mental health state laws will help minimize stressors (Garcia & Lindgren, 2009).

Andersen's Behavioral Model of Health Services Use (BMHSU) will enable a deeper understanding of the various factors that impact a family's relationship with mental health services. The model, developed by Andersen in the 1960s, has been updated and adapted to various settings or specific populations and focuses on how the three factors-predisposing, enabling, and need- explain service utilization (Lederle, Tempes, & Bitzer, 2021). Predisposing factors include individual characteristics that may influence a person's decision or access to

services such as age, gender, education, and also contextual predisposing factors such as culture, social networks, and beliefs held about services. Enabling factors are those personal and environmental resources that either enable or impede a person's access to services such as income, health insurance, availability of healthcare providers or agencies in a community, etc. Need factors refer to an individual's need for services based on their health status (severity of symptoms and how it impacts daily functioning) and how they perceive their need for help. The most recent review of BMHSU applications in qualitative studies illustrates an emphasis on individual characteristics as the main considerations in understanding people's utilization of services. The researchers found this result unsurprising due to the nature of these studies utilizing interviews with service users, rather than mental health and health care providers or by an analysis of the agencies providing care (Lederle, Tempes, & Bitzer, 2021).

A systematic review of research studies in the U.S. and Germany from 1998-2011 that utilized versions of Anderson's health utilization model among various health and mental health settings, offers insight of the three utilization factors discussed previously (Babitsch, Gohl, & Lengerke, 2012). Among the predisposing factors, a majority of the studies included how age, marital status, gender, education, and ethnicity played a role in service utilization. For example, as related to ethnicity, a few studies found that African Americans, Hispanics, Asians, and American Indians were less likely than their White counterparts to

seek health services. Other explanations given under the predisposing factors that are relevant to the current study include: trust and familiarity with various health organizations in the community (if one trusts a care provider one is more likely to opt for treatment) and cultural beliefs and norms (i.e. alternative medicine may be a cultural preference over formal health services). When assessing the enabling factors, income, health insurance, and availability of medical services and care facilities were the most widely cited characteristics of service access under this category. Finally, when analyzing various need factors, most individuals reported seeking services after having received a physical or mental health evaluation, or because of their perceived need for the services. In the review, only one of sixteen studies had looked at the role of cultural factors (religion, traditional health beliefs, traditional medicine use); the current study seeks to fill this gap in the literature. Overall, BMHSU will facilitate a deeper understanding of the individual factors unique to each family that facilitate service utilization, as well as the contextual characteristics that facilitate service access as well.

Summary

The study will discover barriers to Latinx families for seeking mental health services. As discussed in the literature, there are various factors that contribute to this disparity in mental health access and they can often interact with one another at the various micro, mezzo, and macro levels of a family.

Bronfenbrenner's ecological model will guide a further understanding of these variables and how they might be addressed. Furthermore, Andersen's behavioral model of health services utilization will provide a deeper understanding of the predispositions, enabling factors, and need factors at the individual and contextual levels that serve to enable or inhibit people's access to services. This study will evoke the generalist social worker perspective via active listening in participant interviews and the thoughtful interpretation of the data collected. By identifying these socio-cultural gaps, social workers will be better able to address parental concerns and work within their agencies to improve the service experience for families or even identify additional resources for families that align with their needs.

CHAPTER THREE

METHODS

Introduction

The research study seeks to discover what may be some contemporary

reasons that prevent Latinx parents or caregivers from providing their children

mental health services. This chapter contains the necessary details that will be

taken in order to ethically complete the study. The sections discussed will be

study design, sampling, data collection and instruments, procedures, protection

of human subjects, and data analysis.

Study Design

The purpose of this study id to discover what may be some contemporary

barriers that are preventing Latinx parents or caregivers from seeking mental

health services for their children. The study hopes to answer what are barriers to

Latinx families receiving mental health services for their children. This is an

exploratory research project as the researchers hope to gain insight into new

variables regarding Latinx perspectives on mental health utilization for children.

Interviews provide an opportunity to explore the topic in depth as the researchers

will ask the participants questions and have the ability to follow up with additional

open-ended questions to deepen the understanding of parental perceptions.

A limitation to using open-ended questions to conduct interviews is the participant not answering truthfully. The participant may not share answers because they feel like the interviewers will judge their responses. Also, the use of interviews may cause the participants to feel uncomfortable to disclose certain information because they do not want to be incorrect regarding the expected response. Lastly, by holding interviews via ZOOM, participants may encounter fatigue due to being in front of a screen monitor for a long period of time. When conducting interviews via the telehealth platform, participants may not be able to find a private location to have their meeting and therefore run the risk of having confidentiality broken. Furthermore, qualitative interviews cannot determine causality. As a result, the findings to the study are limited in it's generalizability to all Latinx families.

Sampling

The qualitative study will utilize a non-random purpose sample of fifteen individual parents or caregivers that identify as Latinx who have a child or children between the ages of 0 and 18. These Latinx parents and/or caregivers will be from Riverside and San Bernardino counties. The parents will be retrieved from religious based settings and community settings where the researchers live. Researchers will send the research flyer via email in order to become posted on social media. Researchers will contact social media mental health groups in the prospective counties to identify additional participants for the study. Consent for participation will be obtained and consent forms will be signed by each

participant, prior to beginning the interview. There will be a total of fifteen

subjects participating in one- on-one interviews with the researchers.

Data Collection and Instruments

Qualitative data will be collected via live, audio-recorded interviews taking

place though the ZOOM platform beginning in December of the year 2021. Every

interview will begin with an introduction and description of the study and the

purpose will be clearly stated to all participants. Demographic information will be

collected prior to the start of the interviews (Appendix B). The demographic

information consists of age, gender identification, ethical identification, achieved

education level, number of children, family income, religious beliefs, and if the

individual is a parent or caregiver.

The researchers will conduct each virtual interview using the same

platform and questions in order to have consistent procedures for all interviews.

Each participant will be asked the same set of open-ended questions as

formulated by the researchers. (Appendix A).

The open-ended questions have been formulated by the researchers

based on the barriers found throughout the literature review articles. The barriers

that will be discussed through the questions are religion, cultural values,

finances, parental perceptions and stigmas, and language. The researchers have

formulated seven questions. The first question asks about the participant's

personal experiences with mental health services in the past. The following

questions pertain to the specific barriers, as mentioned above. The last question

focuses on finding any additional barriers not discussed in the interview.

Participants will be asked to answer all questions and to describe their opinions

and experiences with those barriers that impeded seeking out mental health

services. Answers will be recorded. The researchers, if needed, will be attentive

to rephrase the questions depending on the participants' understanding and

willingness to answer all interview questions. The researchers will be mindful of

the participants' time to not exceed 45 minutes. Participant's confidentiality will be

ensured. Researchers will ensure all participants answer all seven questions in

order to avoid missing values.

Procedures

Researchers will store digital files within an encrypted version of Google

Drive as provided by the researcher's university. The files used for documenting

demographic information and consent forms will be stored. Additionally, the

transcriptions from the interviews will be downloaded from Zoom and stored

within Google Drive. Physical copies of the documentation will be locked in a

filing cabinet. Once inputting data, physical documents will be filed and stored for

three years, after this time they will be shredded to ensure confidentiality. In

order to further maintain confidentiality researchers will create pseudo names for

each participant. The researchers will communicate via phone-call or email to

seek a date and time slot in order to explain the study, obtain a copy of the

demographic survey, and consent form prior to the scheduled ZOOM interview.

Researchers will remind participants electronically of their upcoming interview.

Researchers have a ZOOM account that is registered through their school email address to ensure confidentiality when utilizing telecommunications. The researchers will create a meeting on ZOOM and email the participants their meeting information. Due to the global pandemic, COVID-19, researchers have decided to conduct the interviews via an electronic platform in order to minimize exposure and increase health safety. Each interview will last approximately 45 minutes and will consist of one participant and one researcher. The researchers will log on to the ZOOM meeting 10 minutes prior to the scheduled interview time for the purpose of setting-up and recording, and selecting the transcription option. Once the participants log on to the ZOOM interview, there will be a brief overview of the study and confidentiality will be discussed. The researchers will confirm that all documents have been submitted prior to beginning the interview. Participants will be thanked and the interview questions will be introduced. At the close of each interview, participants will be thanked and a debriefing statement will be read and shared on the screen.

Protection of Human Subjects

The participants' identities will be confidential. There will be one researcher and one parent or caregiver present per interview. Interviews will take place in rooms behind closed doors. Additionally, participants will still be

reminded of confidentiality and anonymity being enforced through the interview

and for the purpose of the study. Each participant will read and sign an informed

consent (Appendix C) prior to participating in the interview. Additionally,

participants will be given a "photograph/video/audio use informed consent form"

for non-medical human subjects to secure video and audio consent (Appendix

E). Participants will be provided a debriefing statement via the ZOOM screen

(Appendix D) once the interview has been completed. Participants will be

assigned a letter for transcription, for the purpose of minimizing the likelihood of

identifying information being exposed. All documentation will be stored in a

locked filing cabinet and encrypted Google Drive file. Researchers have

completed the Institutional Review Board (IRB) application process and have

received approval to conduct the research study in accordance with the

Collaborative Institutional Training Initiative (CITI). The previously mentioned

steps will serve to ethically conduct the study and project the rights of the

participants.

Data Analysis

Thematic analysis of the interview transcripts was conducted to identify

prominent contemporary barriers that participants face when seeking mental

health services for their children. Braun and Clarke's (2006) six steps to

conducting a thematic analysis will be applied. All data collected in the interviews

will be analyzed by collecting transcripts and understanding similarities and

differences between each participant. All audio responses from participants and researchers will be documented on the transcripts. Non-verbal actions and behaviors, such as body language will be documented. Transcripts will be listened to and read carefully. With the use of pen and paper, each transcription will be coded, line by line, and produced multiple codes. All broad codes will be merged into sections that involve one main theme.

All of the responses collected for an individual question will be sorted based on what number question was answered. The responses will then be categorized as either barriers to receiving mental health services, facilitators to accessing mental health services, or comments pertaining to mental health services for their child. Common themes from participant responses will be grouped and analyzed together. The researchers will also categorize new barriers that may surface. Researchers will reread transcripts to make sure no information is lost or misread in order to understand and interpret the data accurately. Transparency and coherence will be respected by utilizing broad analytical interpretations (Hugget et al., 2018).

Summary

The study will uncover reasons found within Latinx families that create barriers for children to receive mental health services. The interviews serve as an open dialogue to obtain greater details regarding barriers towards mental health

services. Qualitative methods used in the study will serve to best facilitate the

purpose of this study.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the results of the data analyses performed on responses gathered from 11 participants, some of whom had previously utilized mental health services for their children. The following sections present the demographic characteristics of participants and the identified themes from the interviews conducted with participants.

Demographic Characteristics

Table 1. displays the demographic profile of the sample (N = 11). Eleven Latinx parents were interviewed. As can be seen, the study featured a relatively homogeneous sample, with the majority of participants between the ages of 29 to 50 (81.82%), being female (81.81%), being parents (100.00%), having some years of college or greater (72.73%), and having religiously affiliations (100.00%). On average, participants had two children (SD = 1.57). The number of children each participant had ranged between one and five children. Almost half (45.00 %) of the participants had an annual household income of over $70,000, a few participants (27.27%) had an income of $60,000 to $70,000, and the remainder had an income of $40, 000 or less.

All participants completed the same demographic survey, and hence there was no missing responses. Direct quotes from the participants were included to illustrate the main themes and subthemes identified.

Table 1. Demographic and Clinical Descriptors of Sample at Baseline (*N*=11)

Variable	*M (SD)*	*n (%)*
Demographic characteristics		
Parent Status		
Parent		11 (100.00)
Number of Children	2.36 (1.57)	
Age	38.54 (9.00)	
Gender		
Male		2 (18.18)
Female		9 (81.81)
Education		
Middle School		1 (9.00)
High School		2 (18.18)
Some years college		2 (18.18)
College Degree		3 (27.27)
Graduate Degree		3 (27.27)
Family Income		
20-30,000		1 (9.00)
40-50,000		2 (18.18)
60-70,000		3 (27.27)
Over 70,000		5 (45.45)
Religious beliefs		
Catholic		7 (63.63)
Chrisitan		4 (36.36)

Theme

The research study sought to explore the contemporary reasons that may prevent Latinx parents from providing their children mental health services. The study provided an opportunity for parents to share barriers, perceived or actual, to accessing mental health service for their children.

Emerged Themes

Five themes were identified (see Table 2): mental health system and logistical issues, religion and spirituality, Latinx culture, parent characteristics, and mental health provider relationship.

Table 2. Themes and Subtheme Descriptions Related to Mental Health Service Use

Theme (%)	Subtheme	*n*
Mental Health System (36.36)	Finances	4
and Logistical Issues (36.36)	Responsiveness of Agency	4
(18.18)	Quality of Services	2
Religion (18.18)	Positive Influence	2
(36.36)	Negative Influence	4
Culture (63.63)	Cultural Stigma	7
(36.36)	Family Culture	4
Parental Characteristics (18.18)	Stress Levels	2
(27.27)	Personal Perceptions	3
(18.18)	Knowledge of Mental Health	2
Mental Health Provider Relationship (18.18)	Culturally Competent Language	2
and Characteristics (18.18)	Personal and Professional Background	2

Theme 1. Mental Health System and Logistical Issues

In this section, we cover finances, the responsiveness of mental health agencies, and the quality of mental health services as the main concerns that fall under logistical issues and the mental health system.

Most participants (36.36%) shared that finance was an obstacle for seeking mental health services for their children, especially if it involved out-of-pocket expenses. These participants (36.36%) mentioned their concerns for finances in regards to supplying for treatment for their children but then not having enough income for their additional responsibilities.

One concern would be that if I were able to pay for the mental health services, that I wouldn't have finances for any other things that I need.

For me personally, I would obviously try to not get the most expensive service. Try to like, you know, seek different options, so that I wouldn't have to pay so much out of Pocket.

Another theme that emerged was concerns about the quality of mental health services. A few participants (18.18 %) mentioned their concerns about mental health providers not being able to explain the diagnosis or clinical concepts to the client and family.

If things are not explained … not fully understanding the concept of what is being delivered…like I said it's the stigma of it. You're going in with

the idea of they're going to try to medicate your son or they're going to try

to implement something, and you put a stop to it just because you don't

want it to get there without understanding that it's not just medicating that

is helping your son.

A few participants (36.36%) identified the responsiveness of mental health

agencies as an additional barrier, in that mental health agencies tend to have

limited availability for services so clients must wait a long time to receive the

services. Participants expressed that it takes time to find a mental health

provider or agency and that once having obtained the services, mental health

providers may have limited availability for appointments and may not be able to

schedule the clients consistently or as frequently as requested by families.

When I was trying to seek some help because I felt she [the child] needed

it right away, I couldn't get an appointment until like two months later, so

that availability is a barrier…especially when you try to get the help that

your daughter needs as soon as possible.

Theme 2. Religion and Spirituality

The religion and spirituality theme is associated with participant's religious

beliefs and practices and the influence this may have on mental health services,

whether it may be positive or negative.

Some participants (18.18%) associated faith or religious beliefs to their

willingness to seek mental health services for their child, indicating that a person

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can utilize their religious beliefs and practices as a form of coping along with

formal mental health utilization.

> I think a lot of times we see it more like well just pray about it, but a lot of
> people don't know until you go through it, you kind of don't really
> understand that it takes, I want to say, you work at it along with prayer.
> And not just praying about it and just leaving it alone, but also acting in
> that faith.

> I am an advocate for having a sense of both, you can have your religion
> and you can pray and utilize your practices and also seek mental health
> services at the same time.

A few participants (36.36%) shared how religion might be a barrier to

utilizing services. Participants described that people in their faith community

might rely on prayer or their form of spirituality over accessing formal mental

health services or they may feel uncomfortable with a mental health provider

should the provider have conflicting religious beliefs that could potentially impact

services in a negative way.

> I try to see what kind of beliefs that person has and try to kind of get a
> sense of whether she's a parent or whether she's a believer. I do pay
> attention to whether she believes in Christ or not but it's not the main
> thing. I think with the first interview, you can see a lot, you know how she
> thinks or whether she'll say some sort of comment that helps me to feel

that they are a person I can rely on or trust my child with.

Theme 3. Latinx Culture

Concerning this theme, the influence of cultural stigma, cultural values within one's family system, and perceived cultural sensitivity in mental health services are barriers for using formal mental health services.

A majority of the participants (63.63%) had discussed cultural stigma as a barrier for Latinxs in accessing mental health services. Participants observed that people seem to "panic" when they hear someone talk about mental health services or mention the term "psychiatrist" and that these ideas can even discourage a parent from seeking or learning more about mental health. The same participants discussed the idea that people perceive individuals who use mental health services as being "crazy" and that this is a common reason in Hispanic culture not to seek services. Some (18.18%) even mentioned that family members might judge the child for utilizing services. These parents did not exercise this belief but had experience or observations of other Latinxs who buy into the cultural stigma (e.g. intersectionality of religion and culture).

> If I was a typical person that didn't have the knowledge base that I have I would think that would be a barrier to seeking out services, because myself and other people in my culture utilize our religion as our support system. And so, if you have someone that is telling you that you shouldn't be doing that [therapy], you'd be discouraged [from seeking formal mental health services to address mental health concerns].

A few participants (36.36%) shared culture was a barrier inside their family system when growing up or within their current family system. The same participants explained their own mental health experiences based on their families cultural values and stated that culture was a barrier for their family. They did not communicate about topics of mental health; instead they learned that challenges related to mental health were to be addressed on one's own. The participants felt their own experiences influenced their willingness to seek mental health services for their own children.

> In my culture, for example, like my parents, I guess mental health wasn't a very big thing in their generation, and so until now there's more awareness on mental health and so you know I just try to be mindful.

> We're also to be a man and push through things and that we don't necessarily need things like mental health services, because we can just get through it ourselves…because we are told that we don't need help, and that we should just get over it.

Theme 4. Parent Characteristics

The theme covered how parental characteristics play a role in whether parents are likely to access services, based on their stress levels, their positive and negative perceptions of mental health, and their knowledge of mental health and how services work.

Some participants (18.18%) reported a great level of tension in their lives, therefore, seeking services, when time is already limited, would exacerbate their stress levels.

> So the biggest barrier would be the stress. The stressors that come along with it so, for example, you know just the stress of following through with all of the services that my child needs and requires and then also working a full time job my husband working a full time job. I feel that time could definitely be a barrier, and how long are we going to receive the services for. I would say overall, just time and I guess the stressor of when she grows up are definitely like that's biggest barriers, in my opinion.

All of the participants (100%) agreed that they would utilize mental health services for their children if they saw a need; a select few (27.27%) stated they would use services if they were unable to help the child with the presenting problem themselves. A sentiment these parents seemed to express was that, as parents, they have the capability to address mental health concerns or any challenges their children might face, without the need for outside intervention.

> I think if it was something I couldn't resolve or take matters into my own hands then I would use services.

> My husband-I don't think he believes in therapy. He would always say 'it will be okay, we could fix it ourselves.

Many of the participants (45.45%) identified that there seems to be a lack of education on mental health services and mental health in general among the Latinx population. A number of participants (63.63%) had experiences with mental health, either by being a mental health provider themselves or having previously used the services for themselves or for their child. Their experiences with past services were identified as both positive and negative. They stated that Latinx parents not having this information is a prominent reason that parents do not seek services for their children.

> They [other Latinxs] don't know what it really means to go to therapy. It's not because you're crazy, it's because you need to speak with someone… I needed to speak to someone who would hear me and not judge me.

> Sometimes there are students here at school who are invited to get that extra support but parents do not want to accept that help and they won't receive that support. The parents don't want to seek help for the problem when it is small, so then it grows and becomes a bigger problem later on. I think that there needs to be more education about this topic for the parents. So the Latino parents will have the *confianza* [trust] to use the services.

Theme 5. Mental Health Provider Relationship and Characteristics

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Theme five explores barriers in the mental health provider relationship and characteristics, namely the language used in services related to cultural competency and the providers' personal and professional background.

A couple participants (18.18%) shared that it is important for the providers to have a language common with clients but that the cultural humility be practiced in order to further enhance the services.

[A] mental health provider should be someone that speaks, not just your language, but someone who you can identify yourself with.

When I think about a language barrier, I think about how language is used because you can say the wrong thing and it can really turn off someone of color… it can be perceived as 'you don't really understand me, so I don't want to talk to you anymore.'

A few of the parents (18.18%) felt that the mental health provider's background could play a role in their utilization of services. The participants said that it was important that the mental health provider share in the same spiritual beliefs, though not necessary, as this would improve the sense of trust in the mental health provider working with the child. These same participants had previously used mental health services for their children and expressed the importance of the mental health provider relationship, namely that the provider come well-recommended and can work well with the child. A concern was that

the child and the mental health provider are a "good match" because in the past, this had deterred the child from continuing the counseling services.

> I've had various experiences in the past where there's not a good match so my daughter didn't want to continue, but recently she found a good match and I can see that the services are working.

> If there was a chance of it being beneficial, I would use the services. And it also depends on the person that will be providing the services… the reference that I receive for that person… because in the past, the services were ineffective and that was discouraging.

CHAPTER FIVE

DISCUSSION

Introduction

This qualitative study engaged with Latinx parents regarding their perspectives and experiences with accessing mental health services for their children. We found that the factors that acted as obstacles to parents seeking mental health services for their children were mental health system and logistical issues, religion and spirituality, Latinx culture, parent characteristics, and mental health provider relationship and characteristics. In addition to barriers, this study also identified facilitators of mental health service such as spirituality, having prior positive mental health services experiences of having knowledge of mental health, and being involved in the mental health field (i.e. therapist, clinician).

Mental Health System and Logistical Issues

A common barrier identified by participants was mental health systems and logistical issues. These included the availability of the mental health providers and parents' apprehension about mental health providers' explanations of the diagnosis and clinical concepts. These barriers were especially salient among participants who have utilized mental health services or are mental health providers themselves. Our study's findings are consistent with those of previous studies For example, Baker-Ericzen and colleagues (2013) similarly found the

major barriers to mental health service use was feeling overwhelmed due to the clients symptoms, and not feeling supported through the processes of treatment. The parents reported feeling targeted and blamed for their child's behaviors which produced a negative perception of the diagnosis. Parents stated the major barrier was the disappointment they felt with their experience of mental health services. Likewise, participants in our study were concerned that their child would be incorrectly diagnosed and thus receive ineffective treatment. These negative feelings towards mental health's values are formulated by the individual's experiences and opinions from family and community members. Members of the Latinx community have experienced or perceive limitations in mental health services regarding culturally competent service provision (Rasgoti et al., 2012). Consequently, we see the need for providers to welcome cultural traditions and communicate with parents in a way that is attentive to and respectful of their cultural views on mental health diagnoses and their interaction with services. In all, it is important for the providers to be culturally competent and demonstrate cultural humility in her practice.

<center>Religion and Spirituality</center>

Religion and spirituality impacted parents' utilization of mental health services for their children. The results indicated that a few participants expressed religion and spirituality as a barrier or concern when accessing mental health services due to their community's support being sufficient. For example, one

<center>45</center>

participant identified how others in her religious community receive

encouragement by their religious leaders and community and in the form of

prayer, that mental health services were not discussed or openly encouraged.

This finding of religious affiliation being a possible barrier is consistent with

Turner and Llamas (2017) who found that individuals who have strong support in

their religious community or strong spiritual beliefs are likely to use these spiritual

supports to address mental health concerns more often than a formalized mental

health service.

In contrast, some participants expressed that religion and spirituality would

not impede them from seeking mental health services for their children because

they believe religious practices would not be the only source of treatment.

According to a few participants, spiritual beliefs, such as prayer, can complement

a person's decision to participate in formal mental health services. A few

participants shared their strong spiritual beliefs, yet acknowledged that faith

requires action, meaning that it is important to receive support from

professionals. This finding is consistent with those of a study of 20 spiritual Latinx

men and women of diverse ages that shared they preferred religious and spiritual

coping strategies such as community support or religious counseling, over formal

mental health services (Moreno and Cardemil's, 2013). The study found that

among this group of participants with religious and spiritual affiliations, while

religious and spiritual coping strategies were commonly adopted when life

challenges arose, participants still sought formalized mental health services for

serious mental health problems or a problem that is biological in nature. The participants in our study cited religion as an important factor, and they also identified that they would use formal services if they saw their child needed it.

A small number of participants, who had previously used counseling services for their children, felt that a barrier that would discourage them from using services in the future would be differences in religion between the client and the provider. Specifically, these participants would feel more comfortable with a provider who was inclusive to the client's spiritual and religious beliefs, but uncomfortable if the provider were to express opposing religious beliefs. Ethically, providers do not have to disclose information, but it seems to be an important consideration for Latinx parents to know this background information as it might alleviate concerns or provide them and their child a sense of connection and trust in the mental health services. Further, the researchers hypothesize that Latinx parents may wish to find support in the mental health services that parallels the support they may receive in their own spiritual or religious community; they may seek to incorporate rituals, such as prayer at the start of a meeting, into the therapeutic context.

<div align="center">Latinx Culture</div>

This theme relates to the impact of cultural stigma, namely, the values, beliefs, and communication learned in one's upbringing, on parents' willingness to seek mental health services for their children.

In line with previous research, participants in this study expressed that cultural stigma about mental health continues to be prevalent and a reason that Latinx families might not access services (Rasgoti et al., 2012). Participants reflected on their personal experiences with family and other Latinxs disapproving of mental health services or expressing discomfort related to the topic of mental health. It was a common theme that people have been labeled as "crazy" for using a mental health service or that people become uncomfortable when discussing mental health services. Notably, the topic of "machismo" remains prevalent in the Latinx culture by stigmatizing men for showing emotion or engaging in help-seeking behaviors. Overall, it seems that mental health has been a taboo in Latinx culture, and that this stigma has discouraged other Latinx parents from accessing services for their children or for themselves.

To further understand the extent of cultural stigma, Chavira et al., (2017) found that parents' stigma of mental disorders prevented their future generations from accessing mental health services, which indicates the need for further psycho-education within the Latinx community. Chavira et al. (2017) supports our findings as evidence of discovering internalized stigma that stems from parents' concerns of other people's perceptions about their child receiving mental health services, decreases parents' help-seeking behaviors for mental health services. Parents shared a concern about the public's perception towards their child's diagnosis, which would result in the child being negatively labeled by the public (e.g. abnormal and crazy). If Latinx communities seek mental health services,

they are viewed by the community as untraditional (meaning the community sees these individuals as departing from cultural norms due to mental health illness). Moreover, Umpierre et al. (2015) asked Latinx participants to discuss their perceptions of mental health within their own cultural understanding; parents were under the impression that all mental health services are intense and require high acute treatment but are not aware of early interventions. The participants from the study did not have an understanding of the various types of services due to cultural stigma (e.g., shame, guilt, embarrassment, judgment) and consequently were skeptical about engaging in mental health services.

Additionally, Chavira et al. (2017) found that family culture shaped participants' perception towards accessing mental health services for their children. Specifically, we found that participants' upbringing created a barrier towards their perception of accessing mental health service. More often than not, values and traditions that are learned in childhood or within one's family growing up are adopted into one's future family system; a lack of communication on the topic of mental health may lead to discomfort in disclosing information with family. There were participants who reflected upon these taught familial norms and demonstrated resilience by overcoming negative cultural perceptions on their children's access to mental health services. These individuals learned how destructive it can be when family members do not discuss or have an openness to addressing mental health concerns. This suggests that cultural perceptions gleaned from childhood can negatively impact a parent's outlook towards mental

health services for their children. Moreover, as tendered by the participants, having education about mental health may help to offset this barrier.

Parent Characteristics

Parents' characteristics were related to their stress levels, perceptions of mental health, and knowledge of mental disorders and mental health services.

A couple of participants expressed stress being a barrier to accessing mental health services because as parents they have the responsibility of providing for their family. Stress was a barrier that crossed the participants mind because the processes of receiving mental health services for their child can cause anxiety and irritability. They addressed how time can also cause worry and stress because they do not know for how long treatment may last. Hinojosa et al., 2015 examined how parental perceptions about services as well as their perceived familial stress has an impact on the child's treatment. Stress to the Latinx families may be related to the family-provider communication, cultural sensitivity, and/or the quality of treatment etc.

In addition, participants were concerned about their financial capabilities, namely, how much would the family pay and how financially prepared they would be to provide for their children and to pay for mental health services, which was another source of stress. Research mentions socioeconomic status as a possible barrier for Latinx families (Rasgoti et al., 2012). We believe that several parents stated finances were a barrier, but parents were willing to obtain services for their

children in the future if they saw a need and this was consistent regardless of the family income. Several participants shared they face a concern for how they would financially pay for the services for their child.

Parent's perceptions of mental health play a critical role in their utilization of services. Parents are in agreement to connect their children to mental health services if they were to need them in the future, and a select few reasoned that they would use the services if they were unable to fix the problem themselves. Parent's desire to "fix the problem" seemed to reflect a need for self-efficacy in addressing the child's mental health concerns. This was a theme that had not previously been explored but had been of particular interest in the current study. Specifically, the researchers were curious as to whether a parent felt uncomfortable to reach out to mental health services out of fear or discomfort they would be seen as unable to care for their children. It seemed that these select few, while open to services, would prefer to address the mental health concerns within their family unit first. The researchers reason that the parent-child relationship within Latinx families is very important; a parent might perceive that when they use a formal mental health service, it is compromising the parent-child relationship or the parent's ability to solve the situation within their own family.

Finally, participants shared that parents who do not have an understanding of mental health or mental health services are less likely to utilize services. They attributed the low awareness to a lack of education about mental

health among the Latinx community. This finding is consistent with a study of Latinx parents' mental health literacy, in that Latinx parents are more likely to develop a willingness to receive psychoeducation when their children are receiving treatment (Umpierre et al., 2015). When there is limited information about mental health, parents might interpret mental health services as not being appropriate for the child. Parents who have previously used services generally seem to have a clearer understanding on what mental health is and how the service can be helpful for the child.

<div align="center">Mental Health Provider Relationship and Characteristics</div>

The mental health provider relationship and characteristics of facilitators, specifically, the use of culturally competent language and personal and professional background, were explored to identify barriers parents perceive in accessing mental health services for their children.

The study found that the extent to which mental health providers and parents share similar characteristics (e.g., culture, religion, language, and communication style) was another factor that influenced their decision to seek out mental health services for their children. It is possible that having conflicting views or traits can cause a negative outcome for the child's treatment. For example, the child may experience regression in treatment or may encounter inconsistent patterns in services which may cause the child to terminate services. Our study demonstrates consistency with previous findings. Hinojosa et al.

(2015) suggested that parental perceptions of the quality of treatment, the relationship with the mental health provider, and the perceived cultural sensitivity applied within services, play a significant role in the positive outcomes of mental health services for children. Having negative perceptions of these items was identified as a barrier to accessing future services, especially for those Latinx families who had previously participated in mental health services.

Other characteristics that participants identified mental health providers should possess to facilitate mental health service use were competency in several domains such as cultural competency, openness to religious values in services, clinical skills, and client engagement. In the study, various participants indicated they had no previous exposure to mental health services for themselves or for their children so it would be essential to meet with a mental health provider that can facilitate parents' understanding of mental health services. Participants shared they would find it difficult to seek mental health services if the provider was not culturally competent and did not approach the family's background with a level of understanding. This finding is similar to a study of Latinx parents in the Midwest who experienced cultural miscommunication in services, which discouraged them from exploring or committing to mental health services (Rasgoti et al., 2012). Participants in the present study felt that the terminology or language used by the mental health provider was significant to their engagement in the services. For example,

participants suggested that language used should ensure the recipient of services feels understood in regards to their cultural identity.

Interestingly, the few parents with previous mental health service experiences felt that the mental health provider's approach played a major role in their utilization of services. In past counseling services, participants had paid close attention to the provider's approach with the child: they identified if the provider seemed open to their religious beliefs as this could be important to the child during services, they assessed if the provider was able to make a connection with the child, enabling the child to feel comfortable and participate in services, and finally, that the provider was highly referred and experienced in mental health services with children and teens. When these factors were not met in services, parents were discouraged from continuing or seeking services in the future. These findings are consistent with previous research. Baker-Ericzen et al. (2013) similarly found that parents obtaining mental health services for children felt unsupported (e.g. judged and not included in treatment) by their mental health providers and they perceived the providers' approach being ineffective. It is understandable that these items are important to parents since they had previously accessed services so they are familiar with the process for acquiring services and the experience of working with the mental health provider, and what specifically worked or did not work for them. Parents who have never used services may present with concerns distinct from these, as discussed previously.

Limitations

Similarly to most studies, this study presents its own limitations. We identified three: participants had a previous background in mental health services, question design was too narrow and specific, and the study displayed a low diversity in sample. We aimed for low bias from our participants, however some participants had a background in mental health or were mental health providers. Having prior experience with mental health services meant parents had a greater understanding of mental health and were open to accessing future services. Yet, these parents also identified barriers that parents who had no prior experience with mental health services had not because they had higher expectations for the services. This caused a bias in some of the themes we identified, specifically: mental health provider relationships and characteristics and mental health services and logistical issues. Additionally, we strived to reduce researcher bias through open ended interviews, but our interview questions were specifically designed based on our discovered themes from previous research. This led to little room for discovering new contemporary barriers. We attempted to circumvent this limitation by inviting participants with our last question that allowed for them to share additional barriers that had not yet been addressed. Lastly, there was minimal diversity found with our participants. Our participants were mostly Latinx families. Despite the study limitations, we acknowledged that those involved in the mental health field still shared crucial contemporary barriers they have experienced.

Conclusion

In summary, this study found that mental health system and logical issues, religion and spirituality, Latinx culture, parent characteristics, and mental health provider relationship and characteristics, acted as barriers to mental health services among parents. In order to minimize the barriers Latinx parents and caregivers encounter towards mental health for their children, there needs to be a call to action of advocacy. Participants in this study suggest that mental health knowledge is key to increasing mental health service use and optimal mental health of children and may be achieved in children's schools and community settings. Managing community events and distributing mental health information is essential to empowering and building resilience for Latinx parents and caregivers and their children. When managing religious and spirituality barriers, providers can practice their ethical values and professional codes of ethics. Also, providers can refer families to mental health agencies that are religiously affiliated. Additionally, providers should be knowledgeable of community-based resources available in their communities. Mental health providers are able to pursue continuing education units (CEU's) which minimizes the barrier attached to mental health provider characteristics. Overall, our recommendations for future research includes further exploration on the idea of parental self-efficacy as a barrier to mental health service utilization, as well as how intergenerational

patterns are reflected in parents' willingness to seek mental health services for

their children among a larger sample of diverse Latinx families.

APPENDIX A

INTERVIEW QUESTIONS

Appendix A. Interview Questions

1.   General question to begin: What is the biggest barrier for your family when it

comes to your child receiving mental health services?

2.   Have you accessed mental health services for your child in the past? If so, could

you tell us about your experience?

3.   Religiosity: How do your religious/spiritual beliefs influence your decision on

receiving mental health services for our children?

4.   Cultural values: What are some cultural values that influence how you parent or

support your child?

        a. What are some cultural values that negatively and positively affect your

        perception for therapy?

5.   Finances: What is your financial understanding towards mental health services?

Are there any financial concerns that would influence your decision to reach out to

services?

6.   Parental perceptions and Stigmas: Are there any personal or familial

beliefs/stigmas that you have heard in your family that has shaped your view about

mental health services?

7.   Language: Are there any concerns about language spoken with the mental health

staff at an agency that would influence your decision to reach out/use services?

8.   Are there any other factors that influence your access to mental health services

        that was not discussed?

APPENDIX B

DEMOGRAPHIC SURVEY

Appendix B
Demographic Survey

1. Parental Status: Are you a parent or caregiver?
   a. Parent   b. Caregiver
2. How many children do you have? _____
3. What is your age? _____
4. What gender do you identify with?
   a.   Male   b. Female   c. do not want to disclose
5. What is the high level of education you have achieved?
   a.   Elementary school
   b.   Middle school
   c.   High school
   d.   Some years of college
   e.   College degree
   f.   Some graduate school
   g.   Graduate degree

6. Approximately what is your family income?
   a. $20,000-30,000   b. $40,000-50,000   c. $60,000-$70,000
   d. over $70,000
7. What is your religious beliefs?
   a.   Catholic
   b.   Christian
   c.   Buddhist
   d.   Muslim
   e.   Mormon
   f.   Jehovah Witness
   g.   No religion
   h.   Atheist

APPENDIX C

PARENT/GUARDIAN INFORMED CONSENT

Informed Consent

The study in which you are being asked to participate is designed to investigate what may be some contemporary reasons that prevent Latinx parents or caregivers from accessing mental health services for their children. This study is being conducted by *Alejandra Andalon and Clarissa Reyes* under the supervision of *Prof. Caroline Lim, Professor of Social Work, California State University, San Bernardino*. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this research study is to discover what may be some contemporary reasons that prevent Latinx parents or caregivers from accessing mental health services for their children.

DESCRIPTION: First, demographic information will be collected. Second, participants will be asked open-ended questions on their perception of accessing mental health services for their child or children.

PARTICIPATION: Your participation is completely voluntary, and you do not have to answer any questions in the interview if you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time. Your decision to not participate in this study's activities will have no penalty of any kind. Only adults who agree to participate will be interviewed.

CONFIDENTIAL: Your responses will not be shared with anyone outside of the research team, including your family members. The researchers will keep your personal information (name and contact number) separate from your responses during the interview. Your personal information will be stored in an encrypted folder with password protection on a secure laptop. This information will be stored until the study is completed and then destroyed. Researchers will store digital files of the interview within an encrypted version of Google documents as provided by the researchers' university.

DURATION: Each interview will last approximately 30-45 minutes and will consist of one participant and one researcher.

RISKS: The study has no physical risk. Some of the questions that will be asked may make you feel uneasy. You have the right to skip or refuse to answer any questions that you make you uncomfortable. You also have the right to terminate your participation at any point.

BENEFITS: No benefits for participation in the research.

AUDIO: I consent to the audio recording of this research project.
☐ Yes
☐ No

CONTACT: Professor Caroline Lim can be contacted at Caroline.lim@csusb.edu, for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject.

RESULTS: Results can be obtained from the California State University of San Bernardino library. Pfau Library can be located at 5500 University Pkwy, San Bernardino, CA 92407

CONFIRMATION STATEMENT:
I have read and understand the consent document and agree to participate in your study.
VERBAL CONSENT: _____   **DATE:** _____

Last edited November 23, 2021

APPENDIX D

DEBRIEFING STATEMENT STUDY OF DECISION-MAKING PROCESSES

Debriefing Statement Study of Decision-Making Processes

This study you have just completed was designed to discover what may be some contemporary reasons that prevent Latinx parents or caregivers from providing their children mental health services. In this study, various barriers were gathered through the participants to further comprehend the factors that prevent Latinx parents or caregivers from providing mental health services to their children. We are particularly interested in the relationship between these two decision biases to see whether people who are susceptible to one are also susceptible to the other.

Thank you for your participation and for not discussing the contents of the decision question with other students. If you have any questions about the study, please feel free to contact Alejandra Andalon and/or Clarissa Reyes or Professor Caroline Lim at Caroline.Lim@csusb.edu. If you would like to obtain a copy of the group results of this study, please contact Professor Caroline Lim at Caroline.Lim@csusb.edu at the end of Spring semester in 2022.

APPENDIX E

VIDEO/AUDIO USE INFORMED CONSENT FORM FOR NON-MEDICAL

SUBJECTS

Video/Audio Use Informed Consent Form For Non-Medical Subjects

As part of this research project, we will be making a photograph/videotape/audiotape recording of you during your participation in the experiment. Please indicate what uses of this photograph/videotape/audiotape you are willing to consent to by initialing below. You are free to initial any number of spaces from zero to all of the spaces, and your response will in no way affect your credit for participating. We will only use the photograph/videotape/audiotape in ways that you agree to. In any use of this photograph/videotape/audiotape, your name would not be identified. If you do not initial any of the spaces below, the photograph/videotape/audiotape will be destroyed.

Please indicate the type of informed consent (as applicable):

Photograph   Videotape   Audiotape

The photograph/videotape/audiotape can be studied by the research team for use in the research project.

Please initial: _____

I have read the above description and give my consent for the use of the photograph/videotape/audiotape as indicated above.

The extra copy of this consent form is for your records.

SIGNATURE _____ DATE _____

APPENDIX F

RECRUIMENT FLYER

CSUSB

School of Social Work

WE DEFINE THE *Future*

Latinx Community Members and Mental Health Services

We are looking for individuals that identify as a part of the Latinx community and who are parents or caregivers of children younger than 18 years of age, who would like to participate in a research study that seeks to understand contemporary barriers that Latinx members of the community face in accessing mental health services for their children.

Who can Participate

- ♦ Be at least 18 years old
- ♦ Be a member of the Latinx Community
- ♦ Be a parent or caregiver to a child between the ages 0-18
- ♦ Can read and speak English or Spanish

What is Required

- ♦ Parents will engage in one 30-45 minute virtual interview with the researchers on Zoom.
- ♦ Participants will be invited to provide basic demographic information.
- ♦ Participants will be asked questions concerning their opinions on and experiences with accessing mental health services for their child on Zoom.

What Next

- ♦ If you are interested in learning more about this study or to participate in this study, you can contact the researchers at research.andalon.reyes@gmail.com
- ♦ Participation is voluntary. You may refuse or discontinue your participation at any time without penalty.

This study is being conducted by Alejandra Andalon and Clarissa Reyes, graduate students, under the supervision of Dr. Caroline Lim, Professor in the School of Social Work at California State University, San Bernardino (CSUSB), and is being done for solely research purposes. This study has been approved by the Institutional Review Board at CSUSB.

Professor Caroline Lim can be contacted at Caroline.lim@csusb.edu, for answers to pertinent questions about the research and research subjects' rights.

APPENDIX G

INSTITUTIONAL REVIEW BOARD APPROVAL

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

Clarissa Reyes <007423631@coyote.csusb.edu>

IRB-FY2022-81 - Initial: IRB Admin./Exempt Review Determination Letter
1 message

do-not-reply@cayuse.com <do-not-reply@cayuse.com>
To: alejandra.andalon3449@coyote.csusb.edu, caroline.lim@csusb.edu, clarissa.reyes3631@coyote.csusb.edu

Tue, Dec 14, 2021 at 9:44 AM

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

December 14, 2021

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2022-81

Caroline Lim Alejandra Andalon, Clarissa Reyes
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Caroline Lim Alejandra Andalon, Clarissa Reyes:

Your application to use human subjects, titled "Contemporary Barriers Impacting Latina Children's Access to Mental Health Services " 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-FY2022-81 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

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

ND/MG

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