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UTILIZATION OF MENTAL HEALTH SERVICES AND CULTURE: A QUALITATIVE STUDY OF MONOLINGUAL SPANISH SPEAKING PARENTS IN THE INLAND EMPIRE

Valeria Armentilla Cecena

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UTILIZATION OF MENTAL HEALTH SERVICES AND CULTURE:
A QUALITATIVE STUDY OF MONOLINGUAL SPANISH SPEAKING PARENTS
IN THE INLAND EMPIRE

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
Valeria Armentilla Cecena

May 2022

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ABSTRACT

Mental health services in the United States have been underutilized despite the fact that millions of Americans suffer from mental health issues. Previous research has largely ignored the views of Hispanics in the Inland Empire. This qualitative study fills this gap in the literature by exploring the underutilization of mental health services among monolingual Spanish-speaking parents in the Inland Empire. This study consisted of 30 participants (N = 30) with whom semi-structured interview were conducted. 12 themes emerged from the analysis of the data. These themes vary from one another and reflect (a) understanding of mental health, (b) stigma, (c) multiple mental health advice sources, (d) alternative sources to mental health services, (e) language, (f) mental health insurance coverage, (g) awareness of mental health and mental health services, (h) strategies for raising awareness about mental health programs in the community, (i) mental health services and privacy terms, (j) financial incentives, (k) voluntary nature of mental health services, and (l) collaboration between mental health agencies and local churches. These findings carry implications for mental health stakeholders at both national and subnational levels. Social workers can use these findings to better understand how to serve their Hispanic clients (micro practice) and advocate for more effective strategies aimed at increasing their participation in mental health services (macro practice).

Keywords: monolingual Spanish-speaking parents, underutilization of mental health services, Inland Empire, qualitative research, social work practice

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DEDICATION

I would like to dedicate this research project to the immigrant community in the Country who left everything behind to come to this country for a better life. You are not the forgotten community, but the community that is being represented by its own people as myself at tables where you are given a voice to be heard.

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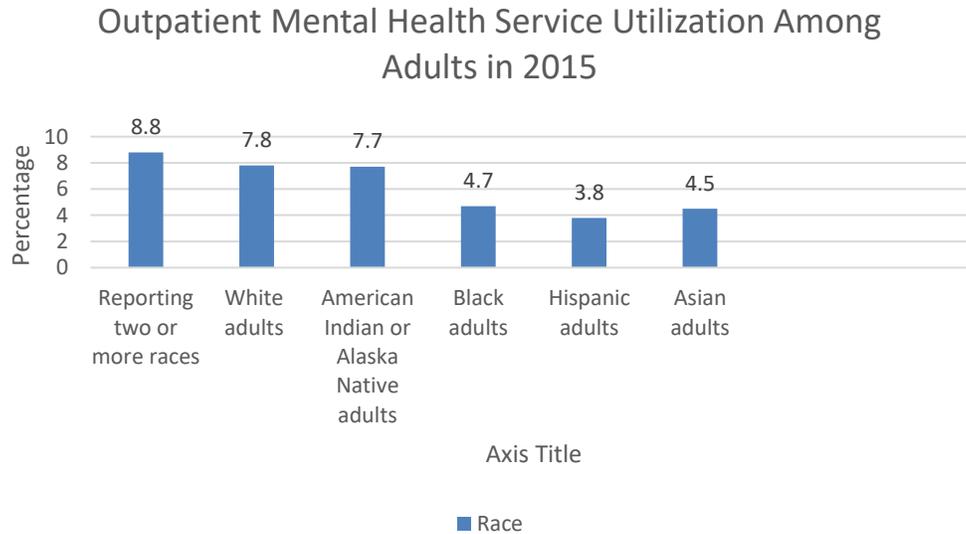
CHAPTER ONE

PROBLEM FORMULATION

Overview and Scope of Social Problem

According to the United States Department of Health and Human Services (2015), 20.6% of adults in the United States experienced mental illness in 2019. This is roughly representing 51.5 million people or 1 in 5 adults (United States Department of Health and Human Services, 2015). Yet, mental health services have been underutilized across the country. The underutilization of mental health services in the United States is a social problem that affects different populations. However, this issue is more pronounced among the Hispanic population. Made of data from the Substance Abuse and Mental Health Services Administration (2015), Figure 1 shows 2015 outpatient mental health service utilization among adults based on racial groups. Based on the data in this figure, Hispanic Americans were the lowest users of mental health services. This issue is even more salient among sub-groups. For example, Vega et al. (1999) reported that among Mexican Americans with a diagnosed mental disorder, only about one-fourth had used mental health services. For Mexican immigrants, the degree of underutilization was even lower at two-fifths of the U.S.-born Mexican Americans (Vega et al., 1999).

Figure 1. *Outpatient Mental Health Service Utilization among Adults in 2015 based on Race.*



Causes and Multifaceted Impact of the Problem

The stigma of mental health reminds negatively powerful in the monolingual Spanish-speaking immigrant parents' population. Previous studies revealed that parents' education, immigration status, language barriers, economics, etiology beliefs, religious and cultural factors contribute to the underutilization of professional mental health services and less willingness to seek mental health assistance from professionals (Choi et al., 2019). Among Latinos, previous studies also identified limited English proficiency (Barrio et al. 2003), lack of formal education and high rates of illiteracy (Harris, 1998), and lack of bilingual staff, and transportation (Beyene et al., 2002) as factors related to the lack of mental health services used in the United States. Moreover, Barrio et al.'s

(2008) work revealed limitations to accessing existing mental health services. Such limitations include organizational factors, administrative factors, financing of services, logistics of access to services, and source to access services

Findings from a large population-based study showed that the pervasiveness and provability for depression were higher for older Mexican immigrants than for Mexican Americans born in the United States (Gonzalez et al., 2001). A report by the Office of the Surgeon General stated similar facts, stating that among Hispanic immigrants struggling with mental health disorders, fewer than 1 in 20 utilized or sought specialists to use mental health services (Satcher, 2001).

Major Interventions Aimed at Addressing the Problem

The National Mental Health Act of 1946 (United States Congress, P. L. 79-489) made the mental health of all Americans a federal priority. According to the NIMH (2017), the act provides funding for the study of the causes, diagnosis, and treatment of psychiatric disorders. As a result, this act contributed to creating a new form of diagnosis and treatment to better assist individuals facing mental health problems (NIMH, 2017). During the time this act was first implemented mental health patients benefited more from evaluation and treatment rather than being institutionalized (NIMH, 2017).

The Social Security Amendments of 1965 created the Medical and Medicaid programs, perhaps the largest payers of mental health services (Centers for Medicare and Medicaid Services, 2020; US Congress, P. L. 89–97).

According to the Centers for Medicare and Medicaid Services (2020), the Social Security Amendments of 1965 first provided medical insurance to people getting cash assistance, nowadays it covers low-income families, pregnant women, people of all ages with disabilities, and people who need long-term care.

The Patient Protection and Affordable Care Act of 2010, colloquially known as Obamacare, eliminated pre-existing conditions and provided insurance coverage for people with mental health issues (US Congress, P. L. 111-148). The Affordable Care Act provides more Americans with access to affordable health coverage (US Congress, P. L. 111-148). While decreasing racial and ethnic health care inequity, the Affordable Care Act of 2010 has the efficiency to intensify inequity among undocumented immigrants (Fernandez et al., 2017; Wallace et al., 2012). Indeed, undocumented immigrants had the worst sequence of access to care before 2010 when the ACA was passed (Barrio et al., 2008; Vargas et al., 2014).

The Mental Health Services Act (MHSA)—tailored to amplify California's behavioral health system to improve the services provided to individuals with and at risk of, serious mental health issues, and their families as well—was passed by California voters in 2004 (Department of Health Care Services, 2021). The MHSA funds programs that provide improvements to the public behavioral health system of care that advocates for wellness, resilience, and recovery, including cultural competency values and inclusion of clients (Department of Health Care Services, 2021).

Rationale, Purpose and Significance

Previous research has largely ignored the views of monolingual Hispanic speaking individuals in the Inland Empire. The purpose of this study is to answer the following two questions: 1) What explains the underutilization of mental health services among monolingual Spanish-speaking parents in the Inland Empire? 2) What can be done to increase utilization of mental health services among monolingual Spanish-speaking parents in the Inland Empire? The findings from this study carry implications for mental health stakeholders, including Hispanic clients, social workers, and policymakers at the national and subnational level. Social workers can use the findings from this study to better understanding how to serve their Hispanic clients (micro social work practice). Social workers can also rely on the findings in this study to advocate for more effective strategies aimed at increasing participation in mental health services among the Hispanic population.

CHAPTER TWO

LITERATURE REVIEW

The past three decades have witnessed the publications of many studies on the utilization of mental health services among Hispanics. Many scholars and researchers (e.g., Barrio et al., 2008; Chang & Biegel, 2018; Chang et al., 2013; Dupree et al., 2010; Jang et al., 2011; Mackenzie et al., 2006; Moreno & Cardemil, 2013; Moyce et al., 2022; Ohtani et al., 2015; Rastogi et al., 2012; Ruiz, 2013) have taken various approaches to study this topic. This chapter explores existing studies in the literature with regard to utilization of mental health services among the Hispanic community Latinos. This chapter also describes the theoretical frameworks that guide this study.

Studies on Utilization of Mental Health Services among Hispanics

Barrio et al. (2008) qualitatively assessed the need for mental health services among Latino older adults. Part of a larger qualitative investigation of the unmet needs for mental health services among older adults in San Diego County, California, the work of Barrio et al. (2008) identified language and cultural barriers, specifically a lack of translators, as main barriers to mental health services among Hispanics. Barrio et al. (2008) also found that the inability to communicate with older Latinos and the failure to build rapport based on sufficient time spent with consumers during clinic visits important barriers to service quality.

Using data from the nationwide National Latino and Asian American Study, Chang and Biegel (2018) analyzed the factors intervening in the use of mental health services and dropouts from mental health services among Latino Americans with mental health disorders. Age, health insurance, perception of mental health, and family support were among the factors that influence utilization of mental health services. Improving mental health services for the Hispanic community requires Latino Americans should come to grips with their mental health needs and the government to provide financial support for treatment (Chang & Biegel, 2018).

Using data from the National Latino and Asian American Study in the United States, Chang et al. (2013) evaluated ethnic and generational disparities regarding mental health service use among Latino Americans and Asian Americans. The results showed that Latino Americans who revealed higher family cultural conflict and lower family cohesion were highly able to use mental health services (Chang et al., 2013). It was also found that the main barrier that Latino Americans face when seeking mental health services is stigma associated with the lack of support from their families (Chang et al., 2013).

Dupree et al. (2010) examined mental health care preferences and barriers to mental health care among younger and older individuals identified as Latinos living in different areas of an unknown county. The findings revealed that the older age group expressed a significant inclination for seeking mental health advice from a family doctor but displayed less inclination toward mental health

professionals. The older age group expressed a greater approval for the belief that mental health is a personal business (Dupree et al., 2010). On the other hand, the younger group was less likely to express feelings due to shame received from family as well as the family disapproval for utilizing mental health services (Dupree et al., 2010).

Jang et al. (2011) explored the predictors of the perspectives toward mental health services among 297 Hispanic older adults living in a senior housing facility in the Tampa Bay area. The findings showed that half of the participants reported depression a normal part of aging; however, some considered depression a sign of an individual's weakness. Mental health disorders were also considered a source of shame and disappointment not only for the individuals experiencing homeliness but also the whole family. These individuals are seen as weak based on cultural beliefs including stigma about mental health. Findings in Jang et al.'s (2011) study also revealed misconceptions and personal beliefs about counseling and medication for mental health issues. Participants perceived counseling as a source of negative feelings and labeled medication as addictive substance. Therefore, participants would rather stay away from counseling as well as medication.

Mackenzie et al. (2006) conducted a study whose purpose was to explore age and gender differences in attitudes toward seeking professional psychological guidance and to examine whether attitudes negatively impact intentions to seek assistance among older adults and men, whose mental health

needs are underserved (Mackenzie et al., 2006). The study included 106 men and 100 women who ranged in age from 18–89 (Mackenzie et al., 2006). The study used a regression model to explore and analyze the finding patterns in the target population (Mackenzie et al., 2006). The interesting finding of this study was that men were found less open than women concerning acknowledging mental health problems and the possibility of seeking professional help suggesting that attitudes concerning psychological openness are a barrier to men when using mental health services (Mackenzie et al., 2006).

Moreno and Cardemil (2013) examined religiosity and mental health services (coping with adversity and help-seeking facilitators) among 20 religious Latino men and women in Northeastern United States. Findings demonstrated, when faced with mental health adversity, participants prefer to seek religious practice methods, including religious counseling services, as a coping mechanism. Participants also expressed that seeking mental health services as a last resort is acceptable, particularly when a higher level of care is needed (Moreno & Cardemil, 2013).

Using a qualitative methodology, Moyce et al. (2022) investigated the perception of mental health and mental health services utilization among 14 Spanish-speaking immigrants in the rural part of the State Montana. Among the most significant findings was the need for Spanish-language as a stigma-reduction and social connection method with regard to mental health services (Moyce et al., 2022).

In a systematic review, Ohtani et al. (2015) incorporated the available evidence from the United States, Australia, Canada, and the Netherlands concerning the influence of language competency on accessing psychiatric care among patients with psychiatric disorders. Findings from Ohtani et al.'s (2015) review indicated that language barriers limit access to psychiatric care. In other words, a deficient language capacity is strongly related to the underutilization of psychiatric services (Ohtani et al., 2015).

Using a qualitative analysis, Rastogi et al. (2012) sought to understand barriers to seeking mental health services among members of a Latino/a community living in a metropolitan area in the Midwest. The findings of the study indicated an urge for bilingual therapists that could assist the community's families and children (Rastogi et al., 2012). Findings also highlighted stigma, legal aspects, and racism concerns as other barriers to accessing mental health services in the community.

Meanwhile, Ruiz's (2013) study purposes were to identify components that caused non-U.S.-born Latinos to use services from a nonprofit clinic in Texas and to assess whether acculturation performs a role in accessing mental health care. This study utilized a researcher-developed questionnaire and the Bidimensional Acculturation Scale for Hispanics (Ruiz, 2013). All the participants were born outside of the United States most (72.3%) were born in Mexico, and a convenience sample was used to select 65 participants (Ruiz, 2013). According to the study results, acculturation did not play a significant role in access to

mental health services, however patient knowledge of mental health care issues did (Ruiz, 2013). Ruiz (2013) highlighted that the main barriers to access mental health services were the lack of awareness to identify a mental health disorder and the lack of knowledge of where to go for mental health services. In the same manner, Ruiz (2013) argued that based on the results Latinos may not use mental health care because mental health care providers are not culturally sensitive to Latino attitudes in terms of mental health aspects.

Limitations of Existing Studies

The aforementioned quantitative and qualitative studies on the utilization of mental health services among Hispanics (Chang & Biegel, 2018; Chang et al., 2013; Dupree et al., 2010; Jang et al., 2011; Mackenzie et al., 2006; Moreno & Cardemil, 2013; Moyce et al., 2022; Ohtani et al., 2015; Rastogi et al., 2012; Ruiz, 2013) were conducted largely outside the State of California. The work of Barrio et al. (2008) involved different parts of Southern California, but not the Inland Empire. The current study is an attempt to fill this gap in the literature by exploring the views of monolingual Hispanic speaking individuals living in the Inland Empire.

Synthesis of Theoretical Perspectives Guiding this Research

The problem of mental healthcare underutilization among Hispanics is best perceived by applying the theoretical framework of Ecological System Theory (Bronfenbrenner, 1979). This theory was introduced by the American

psychologist Urie Bronfenbrenner back in 1979 and states that the environment plays a crucial role in the development of all individuals (Bronfenbrenner, 1979). Bronfenbrenner (1979) highlights that the interactions made with people within an environment affect individuals' development as a result. As stated by Martin (2007), this theory includes four components known as microsystem, mezzosystem, exosystem, and macrosystem. The microsystem component includes individuals and their families, the mezzosystem component includes neighborhoods, the exosystem component includes organizations such as governmental organizations, and the macrosystem includes overall culture (Martin, 2007).

The Ecological System Theory is also explicated as a successive system model used in social work since the theory's dynamic assists the social worker to understand the client's behavior in different environments and how this is being affected by the different environments they perform (Siporin, 1980). In order to better understand the mental healthcare services underutilization among Hispanics, the theoretical barriers that affect this problem were broken down into four components (Barrera, 2008). The microsystem component explains barriers such as language, religious beliefs, alternative treatments, attitude toward mental health services, citizenship status, the stigma of mental illness, acculturation, and cost/lack of insurance (Barrera, 2008). Barrera (2008) states that the mezzosystem component explicates the barriers that fall into this category such as bilingual professionals and accessibility of mental health services. In the same

manner, Barrera (2008) emphasizes that the exosystem component explains the systematic bias and lack of information. Lastly, the macrosystem component explains the cultural barriers this group face (Barrera, (2008).

Critical Analysis of Theoretical Perspectives Guiding this Research

This study used the Joseph and Macgowan's (2019) Theory Evaluation Scale (TES) to evaluate the overall quality of the Ecological Systems Theory. The TES has been known in the social work literature as a tool for analyzing the qualities of theories (Drew et al., 2021; Joseph, 2020a; Joseph, 2020b; Joseph, 2021; Joseph et al., 2022; Stoeffler & Joseph, 2020). Table 1 presents the nine criteria of the TES: coherence, conceptual clarity, philosophical assumptions, historical development, testability, empiricism, boundaries, utility for practice, and human agency (Joseph & Macgowan, 2019). Scores on the TES range from 9 to 45 (Joseph & Macgowan, 2019).

Scrutinized by the TES, the Ecological Systems Theory generated a score of 36/45, indicating an excellent overall quality for the theory (please refer to Table 1). This theory is strong in terms of coherence, conceptual clarity, historical development, utility for practice, and human agency, but weak with regard to testability and empiricism. These findings reflect previous analyses of the Ecological Systems Theory with the TES (Contreras, 2019; Koehler & Parrell, 2020; Navarro, 2019; Ramirez & Rodriguez, 2019).

Table 1

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

Criteria	Description	Score
1	The theory has coherence.	5
2	The theory has conceptual clarity.	5
3	The theory clearly outlines and explains its philosophical assumptions.	3
4	The theory describes its historical roots in connection with previous research.	5
5	The theory can be tested and proven false via observational and experimental methods.	3
6	The theory has been critically tested and validated through empirical evidence.	2
7	The theory explains its boundaries or limitations.	3
8	The theory accounts for the systems within which individuals interact with people around them.	5
9	The theory recognizes humans as active agents within their environment.	5
Overall score		36

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

CHAPTER THREE

METHODS

Introduction

This study took an exploratory design to understand the underutilization of mental health services among monolingual Spanish-speaking parents in the Inland Empire. This is qualitative research that required in-depth interviews with participants.

Ethics/Protection of Human Subjects

This study is compromised to protect each participant and therefore a research ethics training completion (CITI certificate) was previously taken before interviewing the participants. In the same manner, other important prerequisites are to be met in order to conduct the study, such as an approval to conduct the study from CSUSB Institutional Review Board.

The researcher developed an interview guide to conduct semi-structured interviews with participants. The interview was conducted by phone or Zoom. The researcher invited people to participate in the study, using strategic locations such as local churches, supermarkets, and events involving the Hispanic community by using a flyer. Before proceeding with the interview, participants were required to provide “verbal consent” to the researcher. The researcher read the informed consent to the participant. Researcher collected demographic

information (age, gender, ethnicity, and, marital status) as well as participants' experiences with mental health services.

For cultural sensitivity purposes, the researcher conducted the interview in Spanish. Therefore, the interview guide was Spanish as well. Researcher had college-level proficiency in Spanish and utilize translation and back-translation to collect data. The researcher did not audio record the interviews; instead, the researcher took notes. This study took an exploratory design to understand the underutilization of mental health services among monolingual Spanish-speaking parents in the Inland Empire. This was qualitative research that requires in-depth interviews with participants.

Researcher transferred the interview notes into an electronic file and then destroyed the hard copies after the completion of the study. No one had access to the drive which was password protected.

Research Design

This study used an exploratory, qualitative design to explain the underutilization of mental health services among monolingual Spanish-speaking parents living in the Inland Empire. Although limited, a qualitative inquiry allows researchers to have an in-depth understanding of people's experiences and living situations. The qualitative research approach is consistent with the purpose of this study.

Sampling

The researcher used the purposive non-probability sampling method to recruit participants for this study. The target population was the monolingual Spanish-speaking immigrant parents living in the Inland Empire. Individuals not included in this survey were monolingual Spanish-speaking non-parents, bilingual English and Spanish parents, monolingual individuals that speak other foreign languages that are not Spanish, monolingual Spanish-speaking parents living outside the Inland Empire, and monolingual Spanish-speaking individuals that are not parents yet. The final sample consisted of 30 adult participants (N = 30).

Data Collection Instruments and Procedures

The researcher developed an interview guide to conduct semi-structured interviews with participants. The participants were monolingual Spanish-speaking parents living in the Inland Empire. The interview was conducted via Zoom. The researcher invited people to participate in the study, using strategic locations such as local churches, supermarkets, and events involving the Hispanic community by using a flyer.

For cultural sensitivity purposes, the researcher interviewed in Spanish. Therefore, the interview guide was in Spanish as well. The researcher has college-level proficiency in Spanish. However, the researcher sought translation and back-translation assistance when needed. The researcher did not audio

record the interviews; instead, the researcher took notes and utilized notes to transcribe interviews.

Sensitizing Concepts

- *Hispanic or Latino*: An individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race (U.S. Census Bureau, 2020)
- *Monolingual*: An individual that speaks only one language (Klein et al., 2014).
- *Inland Empire*: A Southern California region comprised of San Bernardino and Riverside Counties (Inland Action, 2022).

Data Analysis

Data collected was translated and back translated from Spanish to English. Words that were considered Hispanic phrases or “modismos” were translated and put into context. To analyze the participants' responses, the researcher used the six steps of thematic analysis: familiarization with data, assigning codes, searching for a team, reviewing themes, naming themes, and presenting results (Labra et al., 2019).

CHAPTER FOUR

RESULTS

Frequency Distributions

Table 2 highlights the demographic characteristics of the study participants. Regarding ethnicity, all of the participants (100%) were monolingual Spanish speakers. In terms of gender, the vast majority of them (83.4) were cisgender, with only a few being transgender (6.6 %) and non-binary (10.0%). In terms of age, more than half of the participants were 40 or less and the other half were over 40. With regards to marital status, almost half of the respondents (46.6%) were married, while the rest reported being single (16.6%), cohabitated (23.4%), separated (3.4%), widowed (6.6%), and divorced (3.4%).

Table 2*Demographic Characteristics of the Sample (N=30)*

Variables	N	%
Gender		
Cisgender	25	83.4
Transgender	2	6.6
Nonbinary	3	10.0
Ethnicity		
Monolingual Spanish Speaker	30	100
Non monolingual Spanish speaker	0	0.0
Age		
40 or less	16	53.4
41 and over	14	46.6
Marital Status		
Married	14	46.6
Single	5	16.6
Cohabitated	7	23.4
Separated	1	3.4
Widowed	2	6.6
Divorced	1	3.4

Results

Table 3 displays 12 major themes associated with the data. The first seven themes—understanding of mental health, stigma, mental health advice sources, meeting mental health needs, lack of bilingual Spanish speaking therapists, lack of mental health insurance coverage, and lack of awareness of mental health and mental health services—address the first research question in this study: What explains the underutilization of mental health services among monolingual Spanish speaking parents in the Inland Empire? The remaining five themes—awareness about mental health programs in the community, information about mental health services and privacy terms, financial incentives, voluntary nature of mental health services, and collaboration between mental health agencies and local churches—answer the second research question formulated in this study: What can be done to attract monolingual Spanish speaking parents in the Inland Empire to use mental health services more? This study describes each of the 12 themes below.

Table 3

Study Themes

Themes	Description
Theme 1	Monolingual Spanish speaking parents have a different understanding of mental health
Theme 2	Stigma still prevents monolingual Spanish speaking parents from seeking mental health services
Theme 3	Monolingual Spanish speaking parents receive mental health advice from various (perhaps conflicting) sources
Theme 4	Monolingual Spanish speaking parents utilize multiple means to meet their mental health needs
Theme 5	The lack of bilingual Spanish speaking therapists prevents monolingual Spanish speaking parents from seeking mental health services
Theme 6:	Lack of mental health insurance coverage prevents monolingual Spanish speaking parents from seeking mental health services
Theme 7	Lack of awareness of mental health and mental health services prevents monolingual Spanish speaking parents from seeking such services
Theme 8	Awareness about mental health programs in the community can increase the likelihood of utilizing such services among the monolingual Spanish speaking parents
Theme 9	Informing the community about mental health services and privacy terms can increase the likelihood of utilizing such services among the monolingual Spanish speaking parents
Theme 10	Financial incentives can encourage monolingual Spanish speaking parents to utilize mental health services
Theme 11	Ensuring that mental health services remain voluntary and not mandatory can encourage monolingual Spanish speaking parents to utilize such services
Theme 12	Collaboration between mental health agencies and local churches in the community can encourage monolingual Spanish speaking parents to utilize such services

Theme 1: Understanding of mental health. Monolingual Spanish-speaking parents in the Inland Empire have a different understanding of mental health. This population does not seek early intervention services concerning mental health. In other words, the participants perceive mental health as psychiatry where there is only high level of care and where people usually deal with serious mental health disorders. Participants expressed this feeling as follows:

Participant #27: Mental health services are for those that have mental problems and need to be medicated.

Participant #7: I am not sick in the head.

Participant #4: Therapists are for the insane.

Theme 2: Stigma. Stigma still prevents monolingual Spanish-speaking parents from seeking mental health services. The dishonor aspect among this population when utilizing mental health services is still present nowadays. Individuals are painted as not strong enough and weak of mind when using services for their mental health wellbeing. Some of the participants stated that their families looked down on them as traitorous for betraying their families and for revealing their own family's secrets during therapy to strangers, professional therapists. Families have invisible but well-established agreements to protect their family privacy in this culture. When this agreement is broken, the whole family feels betrayed. Other participants also stated that the main reason that prevents them from using services is the rooted belief that services are for individuals who

are extremely in need of services. This proves once again that stigma is a strong barrier for this population to seek services. Participants shared:

Participant #4: The fact of being looked down on as a disloyal person in one's own family for meeting with a stranger and talking about family' businesses make me not want to use services.

Participant #12: Therapists are for the insane.

Participant #2: Mental health issues are to be controlled with the mind itself.

Theme 3: Mental health advice sources. Monolingual Spanish-speaking parents receive mental health advice from various perhaps conflicting sources. This population chooses to seek other resources within their reach to meet their needs. Participants shared that talking to loved ones such as close friends, close family members including partners and parents are part of their resources to receive mental health advice or support. While others stated that they talk to no one due to being afraid that others would make fun of them, start gossiping and be a topic in other people's conversations. Participants expressed:

Participant #8: No one is interested in listening to others' problems when they can barely navigate their own.

Participant #3: "La ropa sucia se lava en casa" / "dirty laundry should be washed at home".

This saying is a cultural belief within the Hispanic community. Meaning that personal businesses are to be kept private. It strongly highlights the fear

individuals have to disclose private information including mental health status and other aspects they are struggling with. Protecting oneself and loved ones from disclosing private information has become a type of love language in the culture.

Theme 4: Meeting mental health needs. Monolingual Spanish-speaking parents utilize multiple means to meet their mental health necessities. Monolingual Spanish-speaking parents in the Inland Empire have a strong spiritual and religious connection with the resource they utilize to cope with their needs. Church and religious figures have become an important role in this population's lives since they turn to them for moral support and empower themselves as well as to amend themselves to move on with their lives. In the same manner, some individuals consider their close loved ones as their resources to meet their mental health needs. Recurring to loved ones offers this population a safe support system in which a sense of protection that embraces them with a non-judgmental feeling. On the other hand, some individuals would rather do not talk to others due to their strong belief that mental health needs do not need to be met with any resources but to let them heal themselves.

Participants reported:

Participant #21: Going to church and confessing to a Father gives me a sense of relief.

Participant #28: I do not use mental health services but when I need advice I talk to my husband because validates and understands my feelings without judging.

Participant #4: Time heals everything.

Participant #27: Wait for time to pass to heal anything.

Participant #8: Suck it up and let time pass.

Theme 5: Lack of bilingual Spanish speaking therapists. The lack of bilingual Spanish-speaking therapists prevents monolingual Spanish-speaking parents from seeking mental health services. Accessing services in their first language is a barrier that this population in the Inland Empire still faces. Another important aspect of this barrier is that individuals would rather not utilize the mental health services because sharing during therapy with an interpreter and a therapist in the same room is unpleasant to them. Participants stated:

Participant # 19: I tried to request mental health services; however, it took too long for the clinic to assign a therapist for me since they were short in bilingual Spanish speaking therapists by the time the clinic processed my request and found a therapist to meet my needs I had already heal.

Participant #1: I feel some information can get missed in the interpretation process, and also, I do not feel comfortable having a third person listening to my personal businesses.

Theme 6: Lack of mental health insurance coverage. Lack of mental health insurance coverage prevents monolingual Spanish-speaking parents from seeking mental health services. The legal immigration status in the country and affordability to pay insurance coverage that the members of this population lack determine the lack of utilization of mental health services. It is not a secret that the immigrant population in this country has been advocating to get rights and a voice to be heard as well. As a population living under the shadows, it does not only impact their rights to vote, but also to have decent health care assistance. The lack of mental health insurance coverage has impacted this population to increase their lack of awareness regardless of mental health and to access services. In the same manner, it increases the rate of individuals struggling with undiagnosed and untreated mental health disorders in the country. Participants reported:

Participant #11: Not having medical insurance and legal status in the country has prevented me from utilizing mental health services.

Theme 7: Lack of awareness of mental health and mental health services. Lack of awareness of mental health and mental health services prevents monolingual Spanish-speaking parents in the Inland Empire from seeking such services. Nowadays there is still a wide group of individuals in this population that is not familiar with the term mental health nor with the mental health services that are offered in the community whether from private or public agencies. As a result, not being aware of the subject makes it another barrier for them to access

services whether because of the various understandings they have of the subject or the lack of awareness of who can utilize the services. Participants shared:

Participant #16: I do not use mental health services because I do not know where to go to request services or who can use them.

Participant #18: I do not use services because I do not know what they are for.

Theme 8: Awareness about mental health programs in the community.

Awareness about mental health programs in the community can increase the likelihood of utilizing such services among monolingual Spanish-speaking parents. Stating that there is not enough information available at their reach in Spanish about mental health not about mental health services. Individuals expressed their willingness to expand their awareness of the subject. Participants expressed:

Participant #11: There should be more mental health information on those TV channels that are for us.

Participant #28: Disseminate more the services offered in clinics or community centers so we can be informed of them.

Theme 9: Information about mental health services and privacy terms.

Informing the community about mental health services and privacy terms can increase the likelihood of utilizing such services among monolingual Spanish-speaking parents. Persuading this population about the services, who can use them, the positive impact that they can have on clients and family members of

consumers, and informing them about the privacy terms would help to break the embedded stigma in them. Privacy terms including confidentiality play a crucial aspect when understanding mental health services as well. Due to the stigma that prevents this population from utilizing mental health services, it is necessary to educate them on such terms as well. Participants stated:

Participant #19: Informing the community about mental health services and privacy terms can help to attract monolingual Spanish speaking parents to use the services.

Theme 10: Financial incentives. Financial incentives can encourage monolingual Spanish-speaking parents to utilize mental health services. Incentives and rewards play an important role when encouraging others to utilize services in certain agencies or institutions. Using gift cards to prize consumers for utilizing services may become a positive strategy to boost the utilization of mental health services within this community. Participant expressed:

Participant #22: Offering people economic incentives will encourage them to use the services.

Theme 11: Voluntary nature of mental health services. Ensuring that mental health services remain voluntary and not mandatory can encourage monolingual Spanish-speaking parents to utilize such services. Monolingual Spanish-speaking parents from the Inland Empire stated that to encourage their population to utilize such services it is also crucial to make it optional for them to use the services. Participants said:

Participant #8: Keeping the services optional and not mandatory would contribute to encouraging others to use mental health services.

Theme 12: Collaboration between mental health agencies and local churches. Collaboration between mental health agencies and local churches in the Inland Empire community can encourage monolingual Spanish-speaking parents to utilize such services. These parties together have access to this vulnerable community that requires awareness and guidance to utilize mental health services. Together, all parties have the power in their hands to persuade the community and to also create the foundation of a community project to assist the parents of our future generations. Participants reported:

Participant #29: Creating programs in children's schools for parents to attend and learn about mental health would be helpful for us to raise our knowledge on the subject.

CHAPTER FIVE

DISCUSSION

This study sought to determine factors associated with the underutilization of mental health services among monolingual Spanish-speaking parents in the Inland Empire and interventions that can be performed to attract this population to use mental health services more. This topic is important for the social work profession where mental health occupies a central position. Using a qualitative approach, this research identified 12 major themes associated with the underutilization of mental health among the monolingual. The themes are: a) understanding of mental health, b) stigma, mental health advice sources, c) meeting mental health needs, d) lack of bilingual Spanish speaking therapists, d) lack of mental health insurance coverage, e) lack of awareness of mental health and mental health services, f) awareness about mental health programs in the community, g) information about mental health services and privacy terms, h) financial incentives, i) voluntary nature of mental health services, j) collaboration between mental health agencies and local churches.

Consistency of the Findings with Previous Research

The findings in this research are consistent with previous research on underutilization of mental health services among Hispanics (Barrio et al., 2008; Chang & Biegel, 2018; Chang et al., 2013; Dupree et al., 2010; Jang et al., 2011; Mackenzie et al., 2006; Moreno & Cardemil, 2013; Moyce et al., 2022; Ohtani et

al., 2015; Rastogi et al., 2012; Ruiz, 2013). In particular, Themes 2, 3, 4, 5, 6, 7, and 8 reflect the work of Barrera (2008) who found that language, religious beliefs, citizenship status, unfamiliarity with mental health services, the stigma of mental illness, cost/lack of insurance, alternative treatments, lack of bilingual professionals, and lack of information are barriers that prevent Hispanics in the U.S. from utilizing mental health services.

Implications of the Findings

Implications for Theory

The findings in this study relate to Ecological System Theory, which contains four components – microsystem, mesosystem, exosystem, and macrosystem. Based on the findings, different factors impact the utilization of mental health services among the monolingual Spanish-speaking parents in the Inland Empire. The themes in this study—stigma, understanding of mental health, lack of insurance coverage, lack of awareness of mental health and mental health services, awareness about mental health programs in the community, and mental health advice sources, meeting mental health needs, lack of bilingual Spanish-speaking therapists, mental health services and privacy terms, financial incentives, the voluntary nature of mental health services, and collaboration between mental health agencies and local churches—reflect the hallmarks of Bronfenbrenner’s model: microsystem, mesosystem, exosystem, and macrosystem. In social work, this approach is known as the person-in-environment.

Implications for Research

Themes 10 (financial incentives), 11 (voluntary nature of mental health services and privacy, and 12 (collaboration between mental health agencies and local churches) are relatively novel. Apart from the work of Chang and Biegel (2018) on the need for the government to provide financial support for mental health services (Theme 10), the literature, to the researcher's knowledge, has not seen the aforementioned themes before. Hence, the findings in this study extend the literature on underutilization of mental health services among Hispanics.

Financial incentives to increase the utilization of mental health services is a useful innovation that agencies should take into consideration to promote their services. The voluntary nature of mental health services and privacy is another factor that is important when promoting such services to take into consideration. There is a worry within the monolingual Spanish-speaking parents concerning disclosure. Therefore, privacy terms should be considered when promoting mental health services within a community with a high level of stigma due to cultural protection factors. It is perceivable that this population's lack of willingness to seek mental health services has also to do with the fact of the shame of sharing private information involving others due to being afraid to be targeted as traitors by their families. Collaboration between mental health agencies and local churches is another factor that is important to be taken into consideration to build a strong bond with the monolingual Spanish-speaking parents' community. Church plays an indisputable role within the Hispanic

community, assisting as the cultural broker. Along with bilingual staff representing the mental health organizations, church could be the way to appeal to this community.

Implications for Social Work Practice

The significance of the findings in this study is crucial for micro and macro social work practices. Nowadays, advocacy has come to a higher level of demand in both levels of practice. Bringing an awareness of the different barriers this vulnerable population faces when seeking mental health services to the social work profession is necessary due to the urgency to increase the bilingual professional staff in the field whether providing services one on one or behind the scenes creating programs. Understating the needs of the population and their roots of them from the client perspective is valuable for the professionals to meet them with tailored plans and advocacy with foundations. Vulnerable communities as the monolingual Spanish-speaking population are in the urge of understanding and validation from the professional settings.

Outreach efforts to raise mental health and mental health services awareness among the monolingual Spanish-speaking parents in the Inland Empire is valuable to break down the barriers that prevent this vulnerable population to Understand the mental health and services as well. In the same manner, funding is another need that government should help meet. Collaboration is crucial to see positive results in a big project such as leasing the stigma and raising awareness on mental health in the community. Collaboration

is also needed to build rapport between the government agencies and the monolingual Spanish-speaking community. The generational governmental/system trauma the immigrant community has inherited needs to be addressed to join forces with this population also formed by undocumented individuals afraid of the system. It is evident that the undocumented community's voice needs to be heard and include this population in medical insurance coverage programs as well.

Limitations of the Findings

Despite its strengths, this study carries several limitations, particularly in terms of design and sampling. First, the qualitative nature of this research allowed the researcher to understand the perspectives of the participants. However, this design, compared to its quantitative counterpart, is more prone to potential bias. Despite the researcher's best effort, this study is not exempt for social desirability bias. In addition, the participants in this were only monolingual Spanish-speaking parents living in the Inland Empire. Therefore, this study lacks generalizability. In other words, its findings are applicable only within the Inland Empire. Hence, based on the scope and design, the findings this study should be interpreted with caution.

Recommendations for Further Research

Replicating the findings in this study should be a goal of future research studies. California is big state; therefore, it would be interesting to look at

monolingual Spanish-speaking parents in other parts of the state. Future research can also address the limitations of this study by recruiting participants from other racial groups. In addition, for greater applicability of findings, researchers can look for different locations, beyond the boundaries of the Golden State. Furthermore, future research can limit potential bias through quantitative investigations. In the meantime, the findings of this study can inform mental health stakeholders, at least in the Inland Empire. The findings can also serve as a template for future research.

APPENDIX A
IRB APPROVAL

Fwd: IRB-FY2022-48 - Initial: IRB Admin./Exempt Review Determination Letter

Valeria Armentilla Cecena <006977302@coyote.csusb.edu>

Fri, Apr 15, 2022 at
9:23 PM

----- Forwarded message -----

From: <do-not-reply@cayuse.com>

Date: Mon, Oct 25, 2021 at 1:54 PM

Subject: IRB-FY2022-48 - Initial: IRB Admin./Exempt Review Determination Letter

To: <006977302@coyote.csusb.edu>, <Rigaud.Joseph@csusb.edu>

October 25, 2021

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-48

Rigaud Joseph Valeria Cecena
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
[San Bernardino, California 92407](#)

Dear Rigaud Joseph Valeria Cecena:

Your application to use human subjects, titled "UTILIZATION OF MENTAL HEALTH SERVICES AND CULTURE: A QUALITATIVE STUDY OF MONOLINGUAL SPANISH SPEAKING PARENTS IN THE INLAND EMPIRE" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has 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-FY2022-48 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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Valeria Armentilla

She/Her/Hers/Elle

MSW 2022

CSUSB

APPENDIX B
INFORMED CONSENT

The study in which you are asked to participate is to assess the underutilization of mental health services among the monolingual Spanish speaking parents in the Inland Empire. The study is being conducted by Valeria Armentilla Cecena, a graduate student, under the supervision of Dr. Rigaud Joseph, a Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to explore factors associated with underutilization of mental health services among monolingual Spanish speaking parents in the Inland Empire.

DESCRIPTION: Volunteer participants will be asked a few general demographic information at the beginning of the interview, followed by some question that will prompt the conversation regarding the utilization of mental health services.

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

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

DURATION: The interview will take approximately 20 minutes to complete.

RISKS: Risk foreseen in relation to this study may be subject to your personal level of comfort in answering interview questions. However, if a question has made you feel uncomfortable, feel free to skip the question or discontinue the interview at any time.

BENEFITS: Although there is no direct benefit to participants, the study will generate valuable results to increase current knowledge in the area of social worker engagement with the monolingual Spanish speaking population in the Inland Empire.

CONTACT: If you have any questions related to the study, please contact Dr. Joseph (909) 537-5507 **RESULTS:** The findings from the study can be obtained by accessing CSUSB's Pfau Library

ScholarWork Database (<http://scholarworks.lib.csusb.edu/>) after July of 2022.

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

Place an X mark here

Date

APPENDIX C
SAMPLE QUESTIONS

Gender:

Age:

Marital Status:

Interview Guide

1. What is your overall understanding of MH services? / What are your general beliefs about MH?
2. Could you please tell me about your experience with mental health services? /Have you ever received services or apply for services?
3. Have you ever tried to get mental health services? if so, why? if not, why?
4. Have you received mental health services? If so, why? If not, why?
5. When you need advice for mental health where do you go? / Who do you talk to? Why?
6. How do you meet your mental health needs?
7. What barriers do you face when seeking MH services?
8. What do you think prevents monolingual Spanish speaking parents from seeking/ receiving mental health services?
9. What advice do you have for monolingual Spanish speaking parents who do not seek mental health services?
10. In your opinion, what can be done to attract monolingual Spanish speaking parents to use mental health services?

Survey created by Valeria Armentilla Cecena

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • SAN BERNARDINO • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

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