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UNDERUTILIZAITON OF MENTAL HEALTH SERVICES BY MARGINALIZED POPULATIONS

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UNDERUTILIZATION OF MENTAL HEALTH SERVICES BY MARGINALIZED

POPULATIONS

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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

Jermaine Bennett

Anna Blum

May 2022

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Approved by:

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ABSTRACT

Underutilization of mental health services is a serious issue in the United States, particularly among marginalized groups. Previous research has not explored this issue in depth in the Inland Empire nor focused simultaneously on the federal protected classes of race, age, gender, and sexual orientation. This study expands the literature by using Systems Theory and Intersectional Perspective to determine whether there exists a difference in utilization of mental health services between marginalized populations and their non-marginalized counterparts in San Bernardino County. Through a non-probability sampling method, this study recruited eighty-seven adults who completed a questionnaire on their participation in mental health services via a Qualtrics link. Binary logistic regression results show that minority/intersectional participants were 210 percent more likely to underutilize mental health services than were their non-minority/non-intersectional counterparts (OR = 3.1, p = .018). The findings in this study have implications for social work and mental health stakeholders.

Keywords: mental health, underutilization of services, minority populations, systems theory, intersectionality perspective, logistic regression.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Underutilization of mental health services by marginalized communities is influenced by many biopsychosocial reasons (Brelan-Noble, 2013). Underutilization is defined by factors contributing to the non-use of offered services by all populations in the community (Brelan-Noble, 2013). Marginalized communities represent a large portion of the population that experience numerous barriers that prevent the utilization of heath care services, especially, mental health care. Some of the factors that contribute to this problem are racism, discrimination, homophobia, poverty, unemployment, stigma, and lack access to mental health services (Brelan-Noble, 2013). The problem is that marginalized populations are affected by unmet needs, untreated mental health conditions, internal and external issues with stigma and discrimination.

Marginalized populations are disproportionately affected by poverty, unemployment and tend to live in areas where there is little or no access to mental health services. The effects of poverty can exacerbate any mental health issues that may be present (Barkdale et al., 2010). Combined with the underutilization of mental health services there is a significant increase in the likelihood of negative outcomes in adulthood that include the development of a serious mental illness, unemployment, incarceration, and homelessness (Barkdale et al., 2010).

At the micro level there are numerous epidemiological studies that find the difference in perception to health care and to mental health services between African Americans and Caucasians (Brelan-Noble, 2013). African American youth are less likely to receive outpatient psychiatric care than Caucasian youth and are more likely to drop out of outpatient services. Marginalized youth are more likely to utilize emergency services for mental health care (Brelan-Noble, 2013). This is a problem because emergency services do not provide for a continuum of care and combined with the underutilization of mental health services can lead to unnecessary suffering from a misdiagnosed or undiagnosed mental illness. These issues lead to an increase in negative outcomes including under performing in school, violence, delinquency, and involvement in the juvenile justice system (Brelan-Noble, 2013).

Individuals from various marginalized groups identify stigma as a barrier to utilizing mental health services. Some individuals have stated that their concern of being judged or called "crazy" by others in their community (Ojeda & Bergstresser, 2008). Some individuals have stated that they do not want to seek mental health services because it may reflect negatively toward their family. Individuals from marginalized groups have also stated that the delivery of mental health services are not always culturally competent, and conflict with their cultural norms. An example is a male heath care professional working with a female client (Ojeda & Bergstresser, 2008). Within some cultures the individual may not feel that their behaviors are related to a mental illness but rather a gift they were

born with, or inherited from their ancestors (Ojeda & Bergstresser, 2008). The

language barrier for immigrant minorities is a definite barrier preventing them

from seeking mental health services (Merianos et al., 2017). Many individuals

from marginalized communities have also stated the lack of minorities in the role

of health care professionals is also a barrier preventing them from utilizing mental

health services (Ojeda & Bergstresser, 2008).

Purpose and Rationale of Study

The purpose of this study is to answer this question: Is there a difference

in utilization of mental health services between marginalized populations and

their non-marginalized counterparts in San Bernardino County? Previous

research has demonstrated that minority groups face more barriers to healthcare

and mental health services than do the dominant group. However, previous

research has not focused on San Bernardino County nor involved sexual minority

groups. This study seeks to extend the literature by considering not only San

Bernardino County but also the federal protected classes of race, age, gender,

and sexual orientation.

Significance of the Project for Social Work. This study is significant for

social work practice and mental health stakeholders. In fact, social workers have

an ethical obligation to serve marginalized populations and to advocate on their

behalf. Underutilization of mental health is a serious issue for social work and

policymakers. It is important to understand how individual and systemic barriers

can lead to this problem. When people do not use mental health services, there

is a possibility that their mental health issues would go untreated, making their

community less safe. By comparing the use of mental health services among

minority groups as opposed to their non-minority counterparts, the findings in this

study will raise awareness on a serious social problem.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides an examination of the available research related to

the barriers related to the underutilization of mental health services within

marginalized communities. This chapter will discuss how stigma, discrimination,

and the role they play in the underutilization of services. This chapter also

examines the use of the Systems theory and its use in research that is relevant

to this population.

Barriers Related to Underutilization of Mental Health Services

For nearly 40 years, health care professionals have been asking the

questions about ways Americans deal with their emotions. Through research, it

was discovered that minorities are more likely to underutilize mental health

services or prematurely terminate services, regardless, more treatment was

needed (Leong & Kalibatseva, 2011). Recent research has been dedicated to

identifying what are the barriers preventing minorities from utilizing services.

Stigma and discrimination have been identified as two major contributors that

contribute to minorities underutilizing mental health services.

The stigma of having a mental illness is a significant barrier to the

underutilization of mental health services among minorities. Stigma within

marginalized communities can be divided into two types, external stigma and

internal stigma (Shefer et al., 2012). External stigma is the stigma associated

with having a mental illness, and the fear of being labeled "crazy". There is also the stigma that the rights of people with a mental illness are denied, and the idea of forced hospitalizations are concerns expressed by minorities (Shefer et al., 2012).

In a qualitative study of African American youth who are already utilizing mental health services a large portion reported that if their inner circles knew of their utilization of mental health services for feelings of depression or anxiety they would be considered "crazy" and that speaking to someone who isn't family or friend would be considered as "airing out their dirty laundry" (Assari & Caldwell, 2007). Also, many minorities feel that by acknowledging they need help with a mental health issue is an indicator that they have failed their families, or their families have failed them by not being able to address the problem internally (Assari & Caldwell, 2007). These are examples of how internal stigma is a barrier to utilization of mental health services.

Discrimination and or perceived discrimination is a significant barrier minorities experience that contribute to underutilization of mental health services. Minorities in the Unites States have historically been subjugated to illegal and legal forms of discrimination. African Americans who were forcibly brought to the Unites States as slaves and did not receive equal rights until 1960's. Mexican and Latin Americans who had to became U.S. citizens by force, not choice, and the persistent fear of immigration status. The Chinese Exclusion Act of 1882. The imprisonment of over 100,000 Japanese Americans during WWII. The Indian

Removal Act of 1830. These examples provided the foundation to general mistrust minorities have for the government and government services (National Institute of Mental Health [NIMH], 2001).

Much research already done as recorded minorities stating that they will not or have not utilized mental health services due being discriminated against or even perceived to be discriminated against due to their ethnicity or sexual orientation. (George et al., 2014). These communities also have stated that the lack of diversity if mental health professionals also contributed. Many responses from focus groups, respondents stated that not seeing people who look like them working as professionals or in positions of authority gave them the perception of possible discrimination (George et al., 2014).

Studies Focused on Underutilization of Mental Health Services by Minorities. There is extremely limited research that focuses on minorities and the cross-cultural barriers they experience that leads to the underutilization of mental health services. Despite the scarcity of research available there is some that has been conducted that specifically addresses this issue.

Burgess et al. (2008) conducted two studies. One study focused on perceived discrimination experienced by minorities and if there was an association or correlation with the underutilization of needed medical and mental health care (Burgess et al., 2008). The data used for this research study was derived from the Survey of the Health of Adults, the Population, and the Environment (SHAPE) survey 2002. The SHAPE survey was a collaborative

public health project that focused on studying the major health indicators for the multiethnic community in Heppin County Minnesota. The total study consisted of 10,098 individuals (Burgess et al., 2008).

The researchers hypothesized that the greater number of perceived discrimination experiences, within the health care setting, would negatively influence their utilization of medical services, specifically, mental health services (Burgess et al., 2008). The study's hypothesis was confirmed. Whites and minorities who had experienced perceived discrimination in the healthcare setting also reported underutilization mental health services. Minorites who reported experiencing perceived discrimination from outside the heath care setting also reported more instances or occurrences of underutilization of mental health services (Burgess et al., 2008).

The second study conducted by Burgess and her team focused on the effects of perceived discrimination and the utilization of mental health services among the LGBTQ community. The researchers derived their sample population from those identified as LGBTQ and heterosexual from the SHAPE 2002 survey (Burgess et al., 2007). The researchers also chose to use the same conceptualization and method to measure discrimination as from their previous study on multi-ethnic communities in Heppin Minnesota. The hypothesis of this study was also confirmed. The results of the study suggest that individuals from the LGBTQ who reported experiencing perceived discrimination within the health

care setting also reported underutilization of mental health services (Burgess et al., 2007).

The researchers of these studies did a tremendous job at providing a conceptualization and method to measure perceived discrimination for research by utilizing the framework from Major and O'Brien's stigma-induced threat model and utilizing the Experience of Discrimination questions from the coronary risk development in young adult's exam as a tool to measure discrimination (Burgess et al., 2008). Their research also provided data that emphasizes the impact perceived discrimination within the health care setting has on underutilization of mental health services (Burgess et al., 2008).

Unfortunately, that is the extent of their research. The researchers identified that perceived discrimination is a barrier to the underutilization of mental health services. They did not consider actual discrimination. Researchers should have acknowledged the discriminatory practices within the health care system due to systemic racism. The researcher's conceptualization of discrimination is underestimated and should have incorporated some of the causal affects and the nuances of discrimination that also contribute to the underutilization of mental health services. The researcher also failed to consider stigma and investigate how much stigma may have influenced perceived discrimination. After reviewing the research conducted by Burgess et al., (2008) and her team, our study has an opportunity to build on their conceptualization of

discrimination by provided a more in-depth conceptualization of discrimination by identifying common themes or occurrences that are shared among all minorities.

The stigma associated with having a mental illness is widely recognized as a barrier that prevents individuals to seek mental health services. Within marginalized communities' cultural views influence stigma and resistance to seeking help. Research conduct by Shefer et al. (2012) from London, England set out to examine how impactful cultural beliefs influence stigma and prevent seeking help (Shefer et al., 2012). The researchers looked at research conducted across the pond and identified that African Americans reported external stigma as the predominate reason for underutilization of mental health services, but that reoccurring themes of cultural and family relationships influencing the stigma of mental also emerged. Shefer et al. (2012) focused on the impact internal stigma has on seeking help and utilization of mental health services of Black marginalized or Ethnic (BME) families in London England (Shefer et al., 2012). The research team conducted 10 focus groups with individuals from BME families and asked the questions to elicit responses on how impactful culture and family relationships relate to the stigma of mental illness and willingness to seek help (Shefer et al., 2012).

Their analysis states that the BME families reported four "voices" on approaches to mental illness. These approaches were shared among all BME families during each focus group. Some of the common themes that emerged are that the traditional or cultural views BME families do not accept western

conceptualization mental illness. Also, BME individuals also feel that it is not appropriate to seek outside help for a mental illness, but that it should be handled in house (Shefer et al., 2012).

The research did an excellent job of being able to identify that African American and BME individuals in London share some of the same cultural views that influence the stigma of mental illness. There are other studies that examine how the influence family relationship and cultural views have on the stigma of mental health and underutilizing mental health services. While identifying cultural views and how family relationships influence stigma and attitudes toward mental health is important for further research this study fails to provide or suggest how to help reduce the stigma but states that more education is needed. There is extraordinarily little research or interventions that address how to provide education about mental illness that is more specific to each marginalized group. This study also aims to provide or develop framework that can be used to develop education of mental illness that also integrates cultural views and the impact of family relationships.

Theories Guiding Conceptualization. Two theoretical frameworks guide this study: Systems Theory and Intersectionality Perspective. A system is a set of elements that are interconnected and are primarily related to public social services. Systems Theory directly relates to the social work practice through social systems composed of people, families, and their communities. There are many terms associated with system theory some examples are homeostasis,

subsystems, balance, and differentiation (Zastrow & Kirst-Ashman, 2016). Systems theory provides an organizing conceptual framework for understanding what contributing factors may be involved in the underutilization of services for marginalized populations. Systems Theory is a way of providing details causally related to the increasingly complex systems across a continuum that encompasses the person-in-environment (Anderson et al., 1999). Applying this theory helps frame the process of an approach to reach underserved marginalized populations and increase an understanding of why such populations are discouraged from using mental health services in their communities.

A systems approach is used in collaboration for mental health care to work within the ecosystem to tap into the internal resources of an individual through family, extended family, and communities. Collaborative mental health interventions provide an understanding of the person within the context of their ecosystem. This provides an understanding of their life story, and challenges. Through this process an individual is provided with their own understanding and meaning of their life, approach stability and change (Bowers & Bowers, 2017). This systems approach will help out-reach programs with providing information, education, and services to underserved marginalized populations.

The theoretical framework of Intersectionality provides social work researchers and practitioners an approach that considers the interconnections and interdependencies a person may have between social categories and

systems (Atewologun, 2018). This theory is critical to our comprehension of how the observations of certain phenomenon supported by literature and objective data provide new information. With new information social workers can conceptualized how differences in social position and power shapes identities and access to social services (Atewologun, 2018).

Intersectionality is relevant to this study by offering theoretical explanations for the underutilization of mental health services among marginalized groups. This theory allows the researchers to look at the intersections of age, gender ethnicity, sexual orientation, and education in relation to the use of mental health services. Understanding of these differences heightens awareness into issues of social justice and inequality in organizations and other institutions at the micro, mezzo, and macro level, maximizing therefore the chance of social change (Atewologun, 2018).

Summary. This study will explore why marginalized populations are discouraged from utilizing mental health services in their communities. Many barriers contribute to marginalized populations not fully using the services offered, such as stigma and discrimination. The access to such services will help reduce chronic diseases related to anxiety, stress, and substance use. Improving the outlook on mental health services will help save lives. This study will attempt to provide information and solutions for social workers to improve service utilization. By integrating the ideas of the theory of intersectionality the study provides a collaborative approach to social work structures that increases the

utilization of mental health services by marginalized populations, thereby

reducing the overutilization of other healthcare services, and lessening the

burden on non-mental healthcare providers.

CHAPTER THREE

METHODS

This study compares underutilization of mental health services between marginalized and non-marginalized groups in San Bernardino. This chapter covers the following sections: study design, sampling, data collection and instruments, procedures, and protection of human subjects, study variables, and data analysis.

Study Design

This study embraces a descriptive design to determine whether there is a difference in utilization of mental health services between marginalized populations and their non-marginalized counterparts. Because this study is conducted at one point in time, its design is also cross-sectional. The quantitative approach in this study allows the researchers to conduct a more accurate assessment on how social groups utilize mental health resources in their communities.

Sampling

This study used the non-probability purposive sampling method to recruit participants from various socioeconomic backgrounds. The researchers limited the sample to English-speaking participants who are at least 18 years old. A few participants started but did not complete the survey entirely, leaving key questions unanswered. The researchers excluded all incomplete cases from the

final sample, which constituted of 87 participants (N = 87). Frequency distributions of the sample is provided in Chapter 4.

Data Collection and Instruments

The researchers developed a questionnaire to gather information from the participants. The questionnaire contains a demographics section and a survey section (please refer to Appendix A). The demographic information pertains to the variables age, education, gender identity, ethnic identity, and sexual orientation. The survey section explored participants' experience with mental health services.

Procedures

To avoid COVID-19 complications, the researchers avoided face-to-face meetings by disseminating the questionnaire electronically via Qualtrics XM. Researchers solicited participants via social media platforms Facebook and Instagram, requesting their participation in this study. The social media invitation provided a Qualtrics link to the survey. On Qualtrics, respondents first read the informed consent and then agreed to participate in the study. After all surveys were completed, the researchers converted the Qualtrics file into SPSS for data analysis purposes.

<u>Protection of Human Subjects</u>

The California State University San Bernardino Institutional Review Board granted permission to conduct this study (IRB #: IRB-FY2021-130). The anonymous Qualtrics link to the survey prevented the researchers from knowing the identity of the respondents. The researchers took the necessary steps to keep all data confidential, using personal password-protected computers and Google Drive accounts for the storage of information. The researchers will disseminate the findings of this study in the aggregate only, that is, with no identifiable information. Furthermore, the researchers will destroy all study files three years after the completion of the study.

<u>Study Variables</u>

This study contained a dependent variable and an independent variable. The dependent variable reflects participation in mental health services. This variable was coded in a binary manner with values of 0 and 1. Participants who sought or received mental health services were attributed 1; by contrast, those who did not seek or receive mental health services were coded as 0. Meanwhile, the independent variable, intersectionality, pertains to the marginalization status of participants. This variable was coded as 1 for participants who intersect for gender, race, sexual orientation, and education (non-whites, females, LGBTG+ members, and non-college graduates made up the intersectional category) and 2 for those who did not intersect for gender, race, sexual orientation, and education

(whites, males, non-members of the LGBTQ+ community, and college graduates).

<u>Data Analysis</u>

Because the dependent variable was binary, the researchers ran binary logistic regression in SPSS, Version 28.0. Logistic regression requires normal distribution of the data, which was assumed in this study. In addition, logistic regression is sensitive to the number of independent variables that can be accommodated into the analysis. By using only one mega variable, this study complies with the 1 in 10 rule of logistic regression. This regression analysis will allow the researchers to determine whether there is a difference in utilization of mental health services between marginalized populations and their non-marginalized counterparts.

CHAPTER FOUR

RESULTS

Descriptive Statistics

<u>Frequency Distribution</u>

Table 1 presents the demographic characteristics of the sample. Nearly

three quarters (73.6%) of the respondents reported have either an associate

degree or a bachelor's degree. Those that reported to have a master's degree or

higher were the smallest group represented in the study (26.4%). The age

distribution of the respondents was somewhat evenly spread out between those

under-50 (56.3%) and that over-50 (43.7%) having a small difference in

representation between them. An overwhelming number of the respondents,

nearly three quarters, identified as female. (71.3%). A little more than a quarter of

the respondents identified as males (28.7%). Most of the respondents, more than

three quarters, identify as heterosexual, (85.1%). A little more than an eighth of

the respondents identified as non-Heterosexual (14.9%). Nearly half of the

respondents identified as Non-Hispanic White (44.8%). While African Americans

(21.8%) and Hispanic Americans (21.8%) were represented equally. The least

number of participants identified as other racial groups (11.5%).

Table 1. Sample Demographic Characteristics (N = 87)

Variables	N	%
Education Level	*87*	*100*
Associate degree or less	34	39.1
Bachelor's degree	30	34.5
Master's degree or more	23	26.4
Age	*87*	*100*
Under 50	49	56.3
50 and over	38	43.7
Gender	*87*	*100*
Female	62	71.3
Male	25	28.7
Sexual Orientation	*87*	*100*
Heterosexual	74	85.1
Non-Heterosexual	13	14.9
Race/Ethnicity	*87*	*100*
Non-Hispanic White	39	44.8
African American	19	21.8
Hispanic	19	21.8
Other Racial Groups	10	11.5

Regression Analysis Results

Table 2 exhibits the results of the binary logistic regression. As seen in the table, participants with marginalization status / intersectional participants were 3.1 times as likely to underutilize mental health services as their counterparts with no marginalization status/non-intersectional participants (OR = 3.1, p = .018). Based on odds ratio classifications (Buchholz et al., 2016, p. 57; Osteen & Bright, 2010), this was a medium-to-large difference.

Table2. Binary Logistic Regression Results

Table 2

Binary Logistic Regression Results

Variables	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
							Lower	Upper
Intersectionality / marginalization Status	1.129	.477	5.611	1	.018	3.093	1.215	7.874
Constant	-.148	.273	.296	1	.587	.862		

CHAPTER FIVE

DISCUSSION

This study attempted to determine whether there exists a difference in utilization of mental health services between marginalized populations and their non-marginalized counterparts in San Bernardino County. 87 individuals participated in this study, providing the researchers with demographic information and an account of their experience with mental health services. Binary logistic regression results show that minority/intersectional participants were 210 percent more likely to underutilize mental health services than were their non-minority/non-intersectional counterparts (OR = 3.1, p = .018).

Consistency of the Findings with Existing Literature

To some extent, the findings in this study mirror the existing literature on underutilization of mental health services, particularly the work of Burgess et al. (2007), Burgess et al. (2008), Assari and Caldwell (2007), Leong and Kalibatseva (2011), and Shefer et al. (2012). The work of Burgess et al. (2007) and Burgess et al. (2008) included respondents from multiethnic and LGBT communities when considering barriers that contribute to underutilization of mental health services. Assari and Caldwell (2007) performed some of the earliest literature to identify factors that contribute to the underutilization of mental health services by marginalized populations. Their literature identified internal stigma as a barrier to receive services through a qualitative study of African American youth. Leong and Kalibatseva (2011) postulated that minorities are more likely to underutilize

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mental health services or prematurely terminate services even if more treatment was needed. Research conducted by Shefer et al. (2012) focused on the fear of external and internal stigma experienced by minorities as a major contributor to the underutilization of mental health services.

The findings in this study extend the literature by focusing exclusively on the intersection of race, gender, age, sexual orientation, and education with respect to the utilization of mental health services by minority populations. The existing body of scholarship on utilization of mental health services focuses more on personal and systemic factors impeding participation in services, not necessarily the intersection of two of many contributing factors as conducted in this study. Hence, the findings in this study contribute to the literature on mental health.

Implications of the Findings.

Implications for Theory

The findings in this study carry implications for theory. In effect, the results imply that there are personal and structural factors that force marginalized respondents from utilizing mental health services at the same rate as their non-marginalized counterparts. This is consistent with the tenets of Systems Theory. In addition, the findings in this study corroborate the principles of intersectionality, which considers the interconnections and interdependencies a person may have between social categories and systems (Atewologun, 2018). The independent variable in this study is a combination of education and federal protected classes

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of race, gender, age, and sexual orientation. This is a form of intersectionality. By finding that intersectional/minority participants being 3.1 as likely to underutilize mental health services as non-intersectional/non-minority participants, this study provides credence to the Intersectionality Perspective.

Implications for Social work practice

At the micro level social workers who provided direct mental health services to individuals from marginalized populations might utilize this research to enhance their knowledge of intersectionality and how barriers can be created that contribute to their underutilization of mental health services. With that recognition, social workers at the macro level can embrace cultural humility and engage in culturally competent tools of engagement, and interventions to remove some barriers and improve utilization of mental health service within marginalized populations. Social workers must not lose sight of their ethical responsibility to advocate with and on behalf of marginalized populations, including the minorities.

Implications for Social work education

The findings of this research also have implications for social work education. Faculty can use the findings in courses such as macro practice, human behavior social environment, and social work research to prepare students vis-à-vis social challenges faced by minorities, including underutilization of mental health services. With a focus on intersectionality, social work faculty can raise awareness in the classroom regarding structural forces preventing marginalized groups from accessing vital social resources.

Implications for Policy

The research from this study can raise awareness at the congressional level to force lawmakers to do something to address this problem. This is also where social workers have the power to advocate for policies that provide more targeted resources. When people underutilize mental health services, there is a risk that severe mental health issues to remain undiagnosed and untreated. Such scenario can lead to long-term mental health issues in families and communities. Lawmakers, therefore, should provide adequate funding to social service agencies for outreach purposes concerning participation in mental health services.

Limitations

This study faced several major limitations. Sampling method, low sample size, lack of randomization, and settings are some of them. First, the non-probability sampling method in this study did not allow the researchers to verify the information provided by the respondents. In addition, 87 participants seem a relatively low sample for a quantitative study. Perhaps the lingering effects of the COVID-19 pandemic have negatively impacted the recruitment of participants for this study. Another limitation is the lack of randomization. Therefore, the findings in this study are not generalizable, but only reflect the conditions in which the study was conducted.

<u>Recommendations</u>

Future research can address the limitations of this study. The first recommendation is to broaden the net of respondents geographically and in terms of diversity. Indeed, an effort should be made to recruit participants from all backgrounds and in various settings. Moreover, future research should attempt to use better sampling method during the recruitment process, particularly probability-sampling techniques. Furthermore, the use of longitudinal analysis will allow scholars and researchers to track respondents over time.

APPENDIX A

PERCEPTIONS OF MENTAL HEALTH SURVEY

Q1 INFORMED CONSENT   The survey in which you are asked to participate is designed to identify participants to study what are the factors that prevent marginalized populations from seeking mental health services. The study is being conducted by Anna Blum and Jermaine Bennett, in the School of Social Work at California State University, San Bernardino (CSUSB).   PURPOSE: The purpose of the study is to identify some of the shared or common cross-cultural barriers that contribute to the underutilization of mental health services by marginalized populations.   DESCRIPTION: Participants will be asked a few questions on their experiences, perceptions and opinions on issues related to stigma and discrimination in the health care system.   PARTICIPATION: Your participation in the study is totally 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, and data will be reported in group form only.   DURATION: It will take 5 to 10 minutes to complete the survey.   RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.   BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.   CONTACT: If you have any questions about this study, please feel free to contact Dr. Joseph at (909) 537- 5507.   RESULTS: Results of the study can be obtained from the Pfau

Library Scholar Works database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after May 2022.

Do consent to participate in this survey?

o   Yes (1)

o   No (2)

Skip To: End of Block If INFORMED CONSENT   The survey in which you are asked to participate is designed to identify parti... = Yes

Skip To: End of Survey If INFORMED CONSENT   The survey in which you are asked to participate is designed to identify parti... = No

End of Block: Infconst

Start of Block: Legal Age

Q2 Are you 18yrs. old or older?

o   Yes (1)

o   No (2)

Skip To: End of Survey If Are you 18yrs. old or older? = No

Skip To: End of Block If Are you 18yrs. old or older? = Yes

End of Block: Legal Age

Start of Block: Demographics Base/Universal

Q3 What is your year of birth?

_____

_____

Q4 What gender do you identify as?

o   Male (1)

o   Female (2)

o   Other (3)

_____

o   Prefer not to say (4)

Q5 Which of the following best describes your sexual orientation?

o   Heterosexual (straight) (1)

o   Homosexual (gay) (2)

o   Bisexual (3)

o   Other (4)

_____

o   Prefer not to say (5)

Q8 Choose one or more races that you consider yourself to be:

☐   White (1)

☐   Black or African American (2)

☐   American Indian or Alaska Native (3)

☐   Asian (4)

☐   Native Hawaiian or Pacific Islander (5)

☐   Other (6)

_____

☐   Mexican American (7)

Q6 Are you Spanish, Hispanic, or Latino or none of these?

o   Yes (1)

o   None of these (2)

Display This Question:

If Are you Spanish, Hispanic, or Latino or none of these? = Yes

Q7 Are you Spanish, Hispanic, or Latino?

o   Spanish (1)

o   Hispanic (2)

o   Latino (3)

Q9 What is the highest level of school you have completed or the highest degree you have received?

o   Less than high school degree (1)

o   High school graduate (high school diploma or equivalent including GED) (2)

o   Some college but no degree (3)

o   Associate degree in college (2-year) (4)

o   Bachelor's degree in college (4-year) (5)

o   Master's degree (6)

o   Doctoral degree (7)

o   Professional degree (JD, MD) (8)

Q10 What is your ZIP code?

_____

_____

Q11 Which statement best describes your current employment status?

o   Working (paid employee) (1)

o   Working (self-employed) (2)

o   Not working (temporary layoff from a job) (3)

o   Not working (looking for work) (4)

o   Not working (retired) (5)

o   Not working (disabled) (6)

o   Not working (other) (7)

_____

o   Prefer not to answer (8)

End of Block: Demographics Base/Universal

Start of Block: MNTLHLTH/EXPCE

Q12 Do you believe that mental illness is a "real thing"?

o   Yes (1)

o   No (2)

Skip To: Q13 If Do you believe that mental illness is a "real thing"? = Yes

Skip To: End of Survey If Do you believe that mental illness is a "real

thing"? = No

Q13 Have you ever used mental health services when needed in your

lifetime?

o   Yes (1)

o   No (2)

Skip To: End of Block If Have you ever used mental health services when

needed in your lifetime? = No

Skip To: Q14 If Have you ever used mental health services when needed in your lifetime? = Yes

Q14 How satisfied were you with the mental health services you were provided with at that time

- o Extremely satisfied (1)
- o Somewhat satisfied (2)
- o Neither satisfied nor dissatisfied (3)
- o Somewhat dissatisfied (4)
- o Extremely dissatisfied (5)

Skip To: End of Block If How satisfied were you with the mental health services you were provided with at that time = Extremely satisfied

Skip To: End of Block If How satisfied were you with the mental health services you were provided with at that time = Somewhat satisfied

Skip To: Q15 If How satisfied were you with the mental health services you were provided with at that time = Neither satisfied nor dissatisfied

Skip To: Q15 If How satisfied were you with the mental health services you were provided with at that time = Somewhat dissatisfied

Skip To: Q15 If How satisfied were you with the mental health services you were provided with at that time = Extremely dissatisfied

Q15 Do you believe you inability to receive mental health services is directly related to your?

- o Ethnicity (1)

- o Sexual Orientation (2)

- o Socioeconomic Status (3)

- o None of the above (4)

Q16 Have you ever experienced actual or perceived discrimination directly from a service provider in a mental health setting?

- o Yes (1)

- o No (2)

Q17 Have you ever experienced barriers to obtaining mental health services due to your financial situation?

- o Yes (1)

- o No (2)

End of Block: MNTLHLTH/EXPCE

Start of Block: MNTLHLTH/PERCP

Q18 Do you believe marginalized communities experience similar barriers to accessing mental health services?

o   Yes (1)

o   No (2)

o   Somewhat (3)

Skip To: Q19 If Do you believe marginalized communities experience similar barriers to accessing mental health se... = Yes

Skip To: End of Block If Do you believe marginalized communities experience similar barriers to accessing mental health se... = No

Skip To: Q19 If Do you believe marginalized communities experience similar barriers to accessing mental health se... = Somewhat

Q19 Which population do you think utilizes mental health services the most?

o   African American (1)

o   Latin X (2)

o   Asian (3)

o   Native American (4)

o   Arabs (5)

o   LGBTQ   (6)

o   Caucasian (7)

Q20 Which population do you think underutilizes mental health services
the most?

o   African American (1)

o   Latin X (2)

o   Asian (3)

o   Native American (4)

o   Arabs (5)

o   LGBTQ   (6)

o   Caucasian (7)

End of Block: MNTLHLTH/PERCP

Start of Block: STGM/DSCRMNT

Q21 What factors do you think impact marginalized communities the most from accessing mental health services?

o   Stigma (1)

o   Discrimination (2)

o   Lack of cultural diversity among healthcare professionals (3)

o   Poverty (4)

o   Access to care (5)

Q22 In one or two words what do you think impacts marginalized communities from accessing mental health services?

_____

_____

Q23 Which factors do you think contribute to stigma?

o   Racial Background (1)

o   Gender (2)

o   Education   (3)

o   Knowledge of Mental Health (4)

o   Socioeconomic   (5)

Q26 Which form of discrimination do you think impacts marginalized

communities the most?

o   Racial Discrimination (1)

o   Gender Identity/Orientation Discrimination (2)

o   National Origin Discrimination (3)

o   Socioeconomic Discrimination (4)

o   Age Discrimination (5)

Q24 On a scale of 1-5 how strongly do you think stigma is a barrier to

marginalized communities accessing mental health services?

        1 Very Strongly (1) 2 Strongly (2)   3 Neutral (3) 4 Somewhat

(4)   5 Not at all (5)

Stigma (1)   o   o   o   o   o

Q25 On a scale of 1-5 how strongly do you think discrimination is a barrier to marginalized communities accessing mental health services?

1 Very Strongly (1)   2 Strongly (2)   3 Neutral (3) 4 Somewhat (4)   5 Not at all (5)

Discrimination (1)   o   o   o   o

o

End of Block: STGM/DSCRMNT

APPENDIX B

INFORMED CONSENT

The study in which you are asked to participate is designed to identify the factors that prevent minorities from seeking mental health services living in the San Bernardino County. The study is being conducted by Anna Blum and Jermaine Bennett, graduate students, under the supervision of Dr. Rigaud Joseph, Assistant 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 identify some of the shared or common cross-cultural barriers that contribute to the underutilization of mental health services by ethnic and sexual minorities.

DESCRIPTION: Participants will be asked of a few questions on their perceptions of stigma and discrimination in the health care system

PARTICIPATION: Your participation in the study is totally 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, and data will be reported in group form only.

DURATION: It will take 5 to 10 minutes to complete the survey, and up to an hour to complete interviews.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Joseph at (909) 537- 5507.

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after May 2022.

****

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

Place an X mark here _____ Date _____

APPENDIX C

IRB APPROVAL LETTER

IRB #: IRB-FY2021-130

Title: The Underutilization of Mental Health Services by Marginalized Populations

Creation Date: 11-15-2020

End Date:

Status: Approved

Principal Investigator: Rigaud Joseph

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

Sponsor:

Study History

Submission Type Initial Review Type Exempt Decision Exempt

Key Study Contacts

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REFERENCES

Anderson, R.E., Carter, L., & Lowe, G. R. (1999). *Human behavior in the social environment* (5th ed.). Aldine de Gruyter.

Assari, S., & Caldwell, C. (2017). Mental health service utilization among black youth; psychosocial determinants in a national sample. *Children, 4*(5), Article 40. https://doi.org/10.3390/children4050040

Atewologun, D. (2018). Intersectionality Theory and Practice. *Oxford Research Encyclopedia of Business and Management.* Retrieved 17 Apr. 2022, from https://oxfordre.com/business/view/10.1093/acrefore/9780190224851.001.0001/acrefore-9780190224851-e-48.

Barksdale, C. L., Azur, M., & Leaf, P. J. (2010). Differences in mental health service sector utilization among African American and Caucasian youth entering systems of care programs. *The Journal of Behavioral Health Services & Research*, *37*(3), 363-373.

Bowers, N.R., & Bowers, A. (2017). General Systems Theory. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (6th ed., pp. 240–247). Oxford University Press.

Breland-Noble, A. (2013). African American youth mental health: Individual, environmental and clinical factors in context. *Journal of Child and Family Studies*, 22(1), 1-3.

Buchholz, S. W., Linton, D. M., Courtney, M. R., & Schoeny, M. E. (2016). Systematic

    reviews. In J. R. Bloch, M. R. Courtney, & M. L. Clark (Eds.), *Practice-based*

    clinical inquiry in nursing: Looking beyond traditional methods for PhD and DNP

    research (pp. 45–66). Springer Publishing Company.

Burgess, D., Lee, R., Tran, A., & Van Ryn, M. (2007). Effects of perceived

    discrimination on mental health and mental health services utilization among gay,

    lesbian, bisexual and transgender persons. *Journal of LGBT Health Research*,

    3(4), 1–14. https://doi.org/10.1080/15574090802226626

Burgess, D. J., Ding, Y., Hargreaves, M., Van Ryn, M., & Phelan, S. (2008). The

    association between perceived discrimination and underutilization of needed

    medical and mental health care in a multi-ethnic community sample. *Journal of*

    Health Care for the Poor and Underserved, *19*(3), 894–911.

    https://doi.org/10.1353/hpu.0.0063

Cheung, F. K., & Snowden, L. R. (1990). Community mental health and ethnic minority

    populations. *Community Mental Health Journal*, *26*(3), 277-291.

George, S., Duran, N., & Norris, K. (2014). A systematic review of barriers and

    facilitators to minority research participation among African Americans, Latinos,

    Asian Americans, and Pacific Islanders. *American Journal of Public Health*,

    104(2), e16–e31. https://doi.org/10.2105/ajph.2013.301706

Gibelman, M. (2005). What social workers do (2nd ed.). NASW Press.

Leong, F. T., & Kalibatseva, Z. (2011). Cross-cultural barriers to mental health services

    in the United States. Cerebrum.

    http://dana.org/news/cerebrum/detail.aspx?id=31364

Merianos, A. L., Vidourek, R. A., & King, K. A. (2017). Effective prevention strategies for

increasing health services utilization among Hispanic youth. Community Mental

Health Journal, 53(1), 79-91.

http://dx.doi.org.libproxy.lib.csusb.edu/10.1007/s10597-016-0022-6

Office of the United States Surgeon General (2011). Mental health: Culture, race, and

ethnicity. https://www.ncbi.nlm.nih.gov/books/NBK44243/

Ojeda, V. D., & Bergstresser, S. M. (2008). Gender, race-ethnicity, and psychosocial

barriers to mental health care: An examination of perceptions and attitudes

among adults reporting unmet need. Journal of Health and Social

Behavior, 49(3), 317-334.

Osteen, P., & Bright, C. (2010, January). Effect sizes and intervention research.

Workshop delivered at the 2010 Society for Social Work and Research (SSWR)

Conference, San Francisco, CA.

Shefer, G., Rose, D., Nellums, L., Thornicroft, G., Henderson, C., & Evans-Lacko, S.

(2012). 'Our community is the worst': The influence of cultural beliefs on stigma,

relationships with family and help-seeking in three ethnic communities in London.

International Journal of Social Psychiatry, 59(6), 535–544.

https://doi.org/10.1177/0020764012443759

Zastrow, C. H., Kirst-Ashman, K. K. (2016, 2013). Understanding human behavior and

the social environment (10th ed.). Boston, MA: Cengage Learning Inc.

ASSIGNED RESPONSIBILITIES

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

Formatting into Master Template and Abstract- Anna Blum

Chapter One- Problem Formulation-Jermaine Bennett & Anna Blum

Purpose of Study- Jermaine Bennett

Significance of the Project for Social Work- Anna Blum

Chapter Two- Introduction- Anna Blum

Barriers Related to the Underutilization of Mental Health Services- Jermaine Bennett

Studies Focused on Underutilization of Mental Health Services by Minorities- Jermaine Bennett

Theories Guiding Conceptualization, Summary- Anna Blum

Chapter Three- Introduction, Study design, Sampling-Anna Blum

Data Collection, Procedures, Protection of Human Subjects, Data Analysis- Jermaine Bennett

Summary- Anna Blum

Chapter Four- Results- Jermaine Bennett & Anna Blum

Chapter Five- Discussion- Jermaine Bennett & Anna Blum