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# HOW LANGUAGE, HEALTHCARE INSURANCE STATUS, STIGMA, AGE, AND EDUCATIONAL ATTAINMENT INFLUENCED THE UTILIZATION OF MENTAL HEALTH SERVICES AMONG THE LATINO MALE POPULATION

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HEALTH SERVICES AMONG THE LATINO MALE POPULATION

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Esmeralda Solis  
Annika Coe  
May 2023

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## ABSTRACT

Latinx individuals comprise the largest ethnic minority group in the US but are the least likely to use mental health treatments despite experiencing increased mental health difficulties. This study conducted a secondary data analysis of the 2020 and 2021 California Health Interview Survey (CHIS) by UCLA's Center for Health Policy Research. This study tested whether mental health service use among Latino males could be predicted based on language, healthcare insurance status, stigma, age, and educational attainment. The logistic regression analysis results explained that of the predictor variables, two, age and healthcare insurance status, were statistically significant. Our research aims to shed light on Latino males' challenges when utilizing mental health services, hoping to raise awareness about these barriers. By highlighting the limited existing research on this topic, we hope to inspire further investigations by other researchers in the future.

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## DEDICATION

With all my heart and gratitude, I dedicate this research project to each of you. To my children Rey, Angelo, and Sammy, you were the light that kept pushing me forward in this long journey. Para mi Amorcito, John Paul, thank you for your continuous love and support. Para mi Mama y Amado Papa que sacrificaron sus vidas para darnos mejores oportunidades. To my siblings and, more specifically, my beloved brother Miguel, I carried you all in my heart every step of the way. To the most loving, supporting, and caring women in my life, Esperanza and Diana, multumesc. To my research partner, Annika, gracias, Amiga, for your patience, hard work, and dedication.

I would like to dedicate this to the people who have been my biggest supporters. To my mother and father, thank you for being the driving force behind my success and shaping me into who I am today. To my love, John, you are my rock and my source of true happiness. Your unwavering support and love have made all the difference in my life, and I could not have imagined this journey without you by my side. To my research partner, Esmeralda, thank you for always having my back. Your insight, dedication, and hard work have made this possible. I could not have asked for a better partner, and I am grateful for our time together.

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## CHAPTER ONE:

### INTRODUCTION

#### Problem Formulation

Even though the Latinx community is the country's largest ethnic minority group, they are the least likely to utilize mental health treatments (Barrera & Longoria, 2018). Mental health is emotional, psychological, and social well-being (U.S. Department of Health & Human Services, 2020). SAMHSA's National Survey on Drug Use and Health show that Latinx people aged 12 to 49 are experiencing an increase in mental health difficulties; from the ten years 2008 to 2018, serious mental illness among adults aged 26 to 49 rose from 2.2% to 3.9% (2018). The data shows that mental health difficulties have been increasing among the Latinx population. While the Latinx population is growing yearly (Colby & Ortman, 2015). With the Latinx population growing annually, focusing on the underutilization of mental health care within the community was essential.

The Latinx community includes Mexican, Puerto Rican, Salvadorian, Cuban, Dominican, Guatemalan, Columbian, Honduran, Spaniard, Ecuadorian, Peruvian, Nicaraguan, Venezuelan, Argentinian, and Panamanian ethnicity (Noe-Bustamante, 2019). Within the Latinx community, there are specific barriers that the population faces regarding the utilization of care. Due to various systemic hurdles, Latinx individuals encounter significant challenges when seeking mental health care. These include a scarcity of bilingual clinicians, language barriers, inadequate healthcare insurance coverage, and stigma (Caplan et al., 2013).

Age is another factor that could prevent Latinx individuals from accessing mental health services (Jimenez et al., 2020). Additionally, educational attainment is another factor that could impede this population's utilization of mental health services (Cepeda, Saint Onge, & Nowotny, 2018).

The underutilization of mental health services within the Latinx community, specifically among men, may negatively affect their lives individually and in their families. The effects of not receiving adequate mental health care can result in unemployment, substance abuse, inappropriate incarceration, suicide, and poor quality of life (National Alliance on Mental Illness, 2021).

#### Definition of Terms

*Familismo*: A Latino cultural value marked by high levels of social connection, loyalty, duty, reciprocity, and support networks amongst nuclear and extended family members, as well as fictive kin. The family has interest and attention centered on others within the family instead of on themselves while giving priority to the family dynamic over everyone in it (Davis & Couper., 2011, p. 1222)

*Loco/Loca*: "Someone labeled severely mentally ill is seen as crazy with being potentially violent or incurable, which has a negative connotation. (Guarnaccia et al., 2005, p. 36)

*Machismo*: The term machismo relates to Latino men's hypermasculine stereotypical attitudes and practices (Davis & Liang, 2015).

*Nervios*: Many individuals use nervios idioms and ataque de nervios as significant symptoms of psychological distress. (Guarnaccia et al., 2005, p. 7)

Stigma: When people are deemed "mentally ill," they face threats to their self-esteem and public identity (Corrigan, 2004, p. 614).

### Purpose of the Study

To begin addressing the problem of underutilization within mental health care, research needed to be completed to fully understand the specific barriers Latino males face. This research study identified and described the barriers that influence the Latino male population's utilization of mental health services. In looking at the barriers the Latino male population faces, this research study focused on an area lacking research.

The overall research method used in this study was secondary data analysis on the 2020 and 2021 California Health Interview Survey conducted by UCLA Center for Health Policy Research. This research design was selected because their data is well representative of the California Latino male population, is reliable, and allowed us to analyze Latino males' barriers and how they contribute to the underutilization of mental health care services. This was an exploratory research project because this research question has not been previously studied in depth.

### Significance of the Project for Social Work

The significance of the project for social work included bringing attention to the barriers that were language, healthcare insurance status, stigma, age, and educational attainment, which may have influenced the utilization of mental health services among Latino males. Our study may have identified the lack of Spanish-speaking providers in the mental health field and the issues with the language barrier between clients and providers who do not speak the same language. Our study may have encouraged bilingual students to enter the mental health field. Our study may have helped expand healthcare insurance status for those lacking healthcare insurance for various reasons. It may have encouraged social workers to assist those without healthcare insurance and search for services that accept uninsured people. Our study may have positively influenced the Latino male perception of using mental health services or helped influence their attitudes, values, and knowledge about mental health services. Our study may have helped the Latino male population have a more positive view of utilizing mental health services.

According to the 2020 Census data, the Latinx community made up about 39.4% of the total population of California, equating to around 15 million Latinx Californians (United States Census Bureau, 2021). With California having such a large majority of residents who identify as Latinx, social workers must be educated about the population they serve. The NASW explained that social workers should demonstrate knowledge and awareness of their client's cultural

and socioeconomic differences. It also explained that social workers should act against inequities (Code of Ethics, 2017).

## CHAPTER TWO: LITERATURE REVIEW

### Introduction

This chapter examines the research relevant to disparities within the Latinx community regarding access to mental health care services. The study suggested several reasons why the Latinx population experienced disparities in the rates at which they accessed mental healthcare services. These barriers included language, lack of insurance (Barrera & Longoria, 2018), stigma (2021 National Healthcare Quality and Disparities Report, 2021), age (Caplan et al., 2013), and educational attainment (Cepeda, Saint Onge, & Nowotny, 2018).

### Underutilization of Mental Health Care Services

#### English Proficiency

Language had been identified as a barrier for the Latinx community when utilizing mental health care; with the most considerable portion of the Latinx population's primary language being Spanish, utilizing mental health care in their primary language was a significant factor for effective treatment (Barrera & Longoria, 2018). The amount of Latinx mental health providers did not equate to the Latinx population creating an imbalanced ratio of Spanish-speaking providers to Spanish-speaking clients (2021 National Healthcare Quality and Disparities Report, 2021). There was a racial and cultural diversity shortage in the healthcare workforce, particularly among psychologists. (2021 National



Healthcare Quality and Disparities Report, 2021). Working with Latinos requires understanding the language since it allows the practitioner to grasp how Latinos perceive and interpret words (Barrera & Longoria, 2018). When people could not convey their service or treatment needs, they were more likely not to receive treatment (Barrera & Longoria, 2018).

### Healthcare Insurance Status

Lack of healthcare insurance was another barrier that those within the Latinx community faced. According to the Pew Research Center, in 2017, 18% of the Latinx population within the U.S. lacked healthcare insurance. With a large portion of the Latinx community uninsured, mental health care services were not utilized at the same rates as those insured (Bridges et al., 2014).

### Stigma

A person within the Latinx community may face many challenges when dealing with their mental health due to the potential stigma they may encounter from their community's cultural beliefs. Stigma regarding mental illness can harm a person's public identity and damage their self-esteem (Corrigan, 2004, p. 614). Hampton and Sharp (2014) researched shame due to mental illness. The results showed that Latinx individuals reported greater internal shame than other ethnicities when dealing with mental illness. The shame that those within the community potentially face often results in a lack of utilization of mental health care services (2021 National Healthcare Quality and Disparities Report, 2021).

In a study conducted in 2012, researchers found that Latinx who fear stigma are less likely to acknowledge the symptoms of a mental illness and less likely to receive care for them. The study found that the older Latinx population was more hesitant to use mental health services for fear of being seen as mentally ill (Aguilar-Gaxiola et al., 2012). According to Dow (2011), mental health professionals must understand minority ethnic people's beliefs and ideas about mental illness in a cultural context.

A critical aspect of stigma among Latino males was the term machismo. Machismo has been a factor in why the Latino male population did not access mental health services. In Aguilar-Gaxiola's (2012) study, male participants recognized machismo as a barrier to seeking mental health services. Furthermore, males also stated that when seeking mental health, they were viewed as weak and exposed to the family's weakness (Aguilar-Gaxiola et al., 2012). One interesting aspect reported in a study was that Latino males identifying as third and fourth generations reported being strongly influenced by first-generation Latino males' views of masculinity (Aguilar-Gaxiola et al., 2012). According to the study, the first generation did not see masculinity as a problem. In contrast, the third and fourth generation felt the perspectives of the older generations was a barrier in and of itself (Aguilar-Gaxiola et al., 2012). As the younger generations evolve in society, their views on male roles also evolve.

According to Barrera, Latinx families placed significant importance on family and looked to the family for support during important events and situations.

They were potential barriers for the Latinx community since they chose to turn to the family instead of seeking professional help when dealing with psychological issues Barrera & Longoria, 2018.

Contrary to Barrera and Longoria (2018), Aguilar-Gaxiola's (2012) focused on how familismo could be a source of protective factors in Latinx families. One goal with familismo was to educate the whole family on mental illnesses and get the entire family on board to support each other's mental health care. By educating the family, they could acquire the tools for preventing and intervening in stressors to help prevent severe mental disorders (Aguilar-Gaxiola et al., 2012).

### Age

According to Jimenez et al. (2020), many older Latinos are not using effective treatments for depression and anxiety due to various barriers. These barriers can be structural, such as language, income, healthcare insurance, and a shortage of providers, or psychological, such as stigma. There is a need for culturally and linguistically appropriate mental health services to address these barriers and improve access to mental health services for older Latinos. This can include increasing the number of bilingual and culturally competent mental health providers, expanding healthcare insurance coverage for mental health services, and providing community-based interventions that address mental health stigma and promote help-seeking behaviors (Aguilera & López, 2018; Jimenez et al., 2013).

## Educational Attainment

One study found that Latino males with higher levels of educational attainment were more likely to seek help for mental health concerns than those with lower educational attainment (Cepeda, Saint Onge, & Nowotny, 2018).

Other studies have also found significant association between educational attainment and mental health service utilization among Latino males. For example, a national study of Latino adults found that educational attainment was a predictor of mental health service use among males (Alegría et al., 2002).

## Methodological Limitations

The lack of research conducted in recent years was the most limiting aspect of the literature regarding the underutilization of mental health care services among the Latinx population. Most studies conducted in the last several years relied on outdated data from decades ago. Finding new data that focused on language, healthcare insurance status, stigma, age, and educational attainment as barriers to utilizing mental healthcare services was difficult, especially finding gender-specific data.

## Theories Guiding Conceptualization

Anderson's Expanded Behavioral Model of Health Services Use and Stigma theory were used to conceptualize the ideas mentioned in this study.

Anderson's Expanded Behavioral Model of Health Services Use was expanded from the original Behavioral Model of Health Services Use by Ronald M. Andersen in 1995. Andersen (1995) aimed to understand the factors that lead to using health services, including demographic factors, social structure, health beliefs, enabling, and needs. According to Andersen, the model was used to explain and predict the use of health services (Andersen, 1995).

Demographic factors include age and gender, a person's ability to cope with presenting difficulties and commanding resources to deal with these problems, and how healthy or unhealthy the physical environment is likely to be, all elements in the social structure (Andersen, 1995). Health beliefs were people's attitudes, values, and health knowledge. Health services were all factors that could influence their perceptions of the needs and uses of health care (Andersen, 1995). Enabling were the resources that needed to be available for use (Andersen, 1995). Health professionals and facilities were examples of enabling resources required where people live and work to receive services (Andersen, 1995). Lastly, the need for care included the perceived need for care and that individuals have a biological imperative that considers some of their health-seeking and consumption of medical services (Andersen, 1995).

This model is used within our study by explaining the use, or lack thereof mental health services. This model helped understand why males within the Latinx population may have underutilized mental health services regarding language, healthcare insurance status, stigma, age, and educational attainment.

Stigma theory was coined by Goffman (1963); he argued that people depend on stereotypes to interact effectively with strangers and categorize them. Stigma was defined as being marked as different, setting them apart from everyone else (Bates & Stickley, 2012; Goffman, 1963). Individuals were placed in specific categories, according to Goffman (1963). Virtual social identity was society's stereotyped identity of individuals (Goffman, 1963). The second category, the actual nature of the person, was the reality of the individual and not the stereotype (Goffman, 1963).

Goffman (1963) stated that the root of stigma lies within the disparities in an individual's virtual and social identity. Society treated stigmatized individuals in a way that changed their lives and shrank their potential (Bates & Stickley, 2012). Goffman also explained that individuals were less affected by the stigmatization, which he called "The Wise." They did not share the stigma but were much closer to the group than others (Bates & Stickley, 2012).

The theory helped explain the internalized stigma within individuals (Bates & Stickley, 2012) and, in this case, the males within the Latinx community. The internalization of the stigma changed the lives of Latino males and diminished their potential.

### Summary

In terms of research already conducted within the Latinx population regarding the disparities among the rates at which they accessed mental

healthcare services, the study stated several barriers inhibited utilization. These barriers included language, healthcare insurance status, stigma, age, and educational attainment (Barrera & Longoria, 2018; 2021 National Healthcare Quality and Disparities Report, 2021). Although most of the research aligned with the findings of other studies, certain studies required updating due to the significant amount of time that had passed since their publication.

## CHAPTER THREE:

### METHODS

#### Introduction

This study identified and described the predicted barriers that influenced the Latino male population's utilization of mental health services. This study tested whether mental health service use could be predicted based on language, healthcare insurance status, stigma, age, and educational attainment. This chapter contains the details of how this research was carried out. This section discusses the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

#### Study Design

This study aimed to identify and describe the barriers that influenced the Latino male population's utilization of mental health services within California. This research was a secondary data analysis from the 2020 and 2021 California Health Interview Survey conducted by UCLA Center for Health Policy Research. This is an explanatory research project because this research question tested predicted barriers that influenced utilization. This research added to the limited understanding of the utilization of mental health services and barriers to obtaining mental health services. It increased the awareness of research among the Latinx population.



One strength of using secondary data analysis was that data was collected by UCLA Center for Health Policy Research, a reputable research center with ample funding. This afforded the researchers a more extensive and representative sample size than our research endeavors would have allowed.

This study sought to identify how language, healthcare insurance status, and stigma influenced the utilization of mental health services among the Latinx population within California.

### Sampling

This study includes secondary data from UCLA Center for Health Policy Research's California Health Interview Survey (CHIS). According to UCLA's Center for Health Policy Research, The California Health Interview Survey covers a wide array of health-related topics, including health insurance coverage, health status and behaviors, and access to health care. It is based on interviews conducted continuously through the year with respondents from more than 20,000 California households. CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Public Health, and the California Department of Health Care Services (About CHIS, n.d.).

The data was collected via a random sample of California residents, with 22,616 participants representing the entire state. The data consisted of sampling from 58 California counties grouped into 44 geographical sampling strata. At the same time, the remaining 14 sub-strata were created from Los Angeles and San

Diego due to those counties being the most populous. We used this data because the sample included 1,511 self-reported participants.

### Data Collection and Instruments

The quantitative data collected by UCLA Center for Health Policy Research's California Health Interview Survey were analyzed using secondary data analysis. To investigate influencing factors of mental health service use among Latino males, participants were asked whether they had seen a professional such as a counselor, psychiatrist, or social worker, for problems with their mental health, emotions, or nerves in the last 12 months. The survey also included five independent variables: stigma (measured through participants' self-reported concerns about the potential consequences of others finding out about their problems), healthcare insurance status (measured by whether participants' insurance covers mental health treatment), English proficiency (measured through proxy measurement of educational attainment), age (measured through participants' self-reported age), and educational attainment (measured through participants' self-reported educational attainment).

### Procedures

We used secondary data from UCLA Center for Health Policy Research's California Health Interview Survey. UCLA created an address-based sampling using a computerized sequence from the United States Postal Service's address

database. Only residential households in California were included in the sample; this did not include institutionalized residences, addresses outside of California or group quarters that contained nine or more unrelated persons. A mail invitation was sent to each sample's household to complete a web or telephone-based survey. The survey was offered in English, Spanish, Chinese (Mandarin and Cantonese dialects, Vietnamese, Korean, and Tagalog).

#### Protection of Human Subjects

The data used in this study was collected by UCLA and provided to us by their Data Access Center, which is kept private. Only the output is provided, with no identifiable information from the participants. UCLA employs a rigorous process to protect respondents' identities and ensure informed consent. Respondents are read an introduction of the interviewer and the purpose and importance of the study; UCLA and UCLA's sponsors; a statement indicating confidentiality and voluntary nature; and the respondent's right to skip questions. We chose to use this data because the sample size included 1,456 participants that have all been protected by UCLA's thorough process.

#### Data Analysis

The quantitative procedures gathered from UCLA Center for Health Policy Research's California Health Interview Survey were analyzed using Statistical Package for the Science (SPSS). We conducted a logistic regression

data analysis to study whether mental health service use could be predicted based on language, healthcare insurance status, stigma, age, and educational attainment.

### Summary

This research test whether mental health service use could be predicted based on language, healthcare insurance status, stigma, age, and educational attainment within California. This secondary data analysis from the 2020 and 2021 California Health Interview Survey conducted by UCLA Center for Health Policy Research allowed a deeper understanding of how to service the Latinx population properly.

## CHAPTER FOUR: FINDINGS AND RESULTS

We analyzed secondary data from the 2020 and 2021 California Health Interview Survey conducted by UCLA Center for Health Policy Research. UCLA's DAC team of researchers utilized the Statistical Package for Social Sciences (SPSS) for the data analysis. The study's research question is: How do language, healthcare insurance status, stigma, age, and education attainment affect the likelihood that Latino males use mental health services? The dependent variable (DV) of the study is whether participants had seen a professional such as a counselor, psychiatrist, or social worker, for problems with their mental health. The independent variables (IV) include language, healthcare insurance status, stigma, age, and educational attainment. It was hypothesized that these independent variables would impact Latino males' use of mental health services.

A logistical regression analysis was performed to determine if language, health care insurance status, stigma, age, and educational attainment could predict the likelihood of Latino males' mental health service use. The logistic regression results were statistically significant,  $X^2(11) = 1248.486$ ,  $p = 0.00$ . The model stigma, healthcare insurance status, English proficiency, age, and educational attainment explained between 57.6 % (Cox & Snell  $R^2$ ) and 77.0% (Nagelkerke  $R^2$ ) of the variance in persistent and correctly classified 89.0% of cases. In this case, the classification rate improved, from 54.7% for Block 0 to

89.6% for Block Sensitivity was 100.0%, and specificity was 81.1%. The positive predictive value was 98.51%, and the negative predictive value was 98.48%. Of the predictor variables, two, age and healthcare insurance status, were statistically significant (see Table 1).

The B value for participants reporting no healthcare insurance status was  $B=0.931$ , while the B value for participants reporting healthcare insurance status was  $B=0.366$ . The B value for participants reporting educational attainment lower than a bachelor's degree was  $B=0.133$ , while the B value for participants who reported having attained a bachelor's degree or higher was  $B=-0.280$ . The regression analysis found that healthcare insurance status was a significant predictor of utilization of mental health services, with participants who lacked healthcare insurance status having a higher average probability increase in not utilizing mental health services ( $B=0.931$ ) compared to those with healthcare insurance status ( $B=0.366$ ). The regression analysis found that educational attainment was a significant predictor of utilization of mental health services, with participants who had a bachelor's degree or higher having a lower average score on the dependent variable ( $B=-0.280$ ) compared to those without a bachelor's degree or lower educational attainment ( $B=0.133$ ).

The odds ratio of 2.506 for the age group 46 – 55 indicates that the odds of not seeking MH is 2.506 times higher for someone between 46 to 55 years old than for someone between 18 to 25 years old, 95% CI = 1.225–5.128.

The odds ratio of 2.746 for the age group 56 – 65 indicates that the odds of not seeking MH is 2.746 times higher for someone between 56 to 65 years old than for someone between 18 to 25 years old, 95% CI = 1.349–5.591. The odds ratio of 2.378 for the age group 66 and older indicates that the odds of not seeking MH is 2.378 times higher for someone 66 years and older than for someone between 18 to 25 years old, 95% CI = 1.115–5.072.

The odds ratio of 2.537 for the group of participants who reported no healthcare insurance indicates that the odds of not seeking mental health is 2.537 times higher for someone who has no healthcare insurance than for someone who does have healthcare insurance, 95% CI = 1.130–5.694.

**Table 1**

*Variables in the Model*

						95% C.I. for Exp (B)	
	B	S.E.	Wald	Sig.	Exp(B)	Lower	Upper
<i>Age</i>							
18-25			12.782	.026			
46-55	0.919	0.365	6.327	0.012	2.506	1.225	5.128
56-65	1.010	0.363	7.755	0.005	2.746	1.349	5.591
66 >	0.866	0.387	5.021	0.025	2.378	1.115	5.072
No Insurance	0.931	0.412	5.093	0.024	2.537	1.130	5.694

## CHAPTER FIVE:

### CONCLUSION AND RECOMMENDATIONS

#### Conclusion

Latinx individuals comprise the largest ethnic minority group in the US and are the least likely to use mental health treatments despite experiencing increased mental health difficulties. Specific barriers to mental health care within the Latinx community include language barriers, inadequate healthcare insurance coverage, stigma, age, and educational attainment. The underutilization of mental health services among Latino males can lead to negative consequences, such as unemployment, substance abuse, inappropriate incarceration, suicide, and poor quality of life. The study focused on identifying the barriers that prevent Latino males from utilizing mental health services, such as language, healthcare insurance status, stigma, age, and educational attainment. The study highlights the importance of addressing the barriers to mental health services and improving access for the Latino male population. With California having a large majority of residents who identify as Latinx, social workers must be educated about the population they serve. Social workers should demonstrate knowledge and awareness of their client's cultural and socioeconomic differences.

The study utilized Anderson's Expanded Behavioral Model of Health Services Use and Stigma theory to conceptualize the ideas mentioned. Anderson's model aims to understand the factors that lead to using health



services, including demographic factors, social structure, health beliefs, enabling, and needs. Stigma theory explains the internalized stigma within individuals.

This study aimed to explore the barriers that affect the use of mental health services among the Latinx population in California by conducting a secondary data analysis of the 2020 and 2021 California Health Interview Survey conducted by UCLA Center for Health Policy Research. The study used quantitative procedures and logistic regression analysis to investigate the relationship between the dependent variable and various independent variables such as stigma, healthcare insurance status, proficiency in the English language, age, and educational attainment. The research adds to the limited understanding of the utilization of mental health services and barriers to obtaining them, raising awareness among the Latinx population.

Our study found several findings. First, the logistic regression results were statistically significant, and the model correctly classified 89.0% of cases. Of the predictor variables, only age and healthcare insurance status were significant in predicting the utilization of mental health services among Latino males. Our study found that participants within the 46-55 age group were 2.506 times less likely to utilize mental health services, participants within the 56-65 age group were 2.746 higher less likely to utilize mental health services, and participants within the 66 and older age group were 2.378 times less likely to utilize mental health services compared to the reference group (participants within the age group 18-25). Our study also found that participants with no healthcare insurance were 2.537 times

less likely to utilize mental health services compared to the reference group of participants who had healthcare insurance.

### Limitations

One limitation that was a challenge for our study related to the independent variable: stigma was that during our data analysis phase, our data output came back as system missing due to a coding error. This resulted in the loss of a reference group for the analysis. Although we attempted to rectify the coding error, we found that the system missing data for the stigma variable needed to be higher. This limited our ability to conclude the relationship between stigma and the utilization of mental health services within our sample.

Another limitation we encountered regarding the use of secondary data analysis was the lack of control over the data collection process, for example, the questions asked of the participants. We were reliant on the data collection procedures of the original study. This meant that the questions asked, the response options provided, and the sampling methods used were all predetermined, which we had no control over. This limited our ability to address specific research questions not initially included in the data collection process. Another limitation of our study was that we were required to provide the syntax to UCLA's DAC team, which left room for errors in the coding process. This made it difficult to test different statistical models or refine our analyses to assess the robustness of our findings.

Another limitation of our study was the lack of research available to fully understand the Latinx community' accessing mental health care services. This limitation highlights the need for future studies to focus on the specific challenges and needs of the Latinx community in accessing mental health care services. The final limitation of our study was that it solely focused on Latino males in California. Therefore, the findings may not be generalizable to Latino males outside California or unwilling to participate in the CHIS study. While our study provides some insights into the factors that influence mental health services among Latino males, there is a need for more comprehensive research to fully explore language, healthcare insurance status, stigma, age, and educational attainment that may prevent Latinx individuals from accessing mental health care services.

### Recommendations

It is essential for future researchers to be aware of the limitations of secondary data analysis and to carefully consider whether this approach is appropriate for their research question and objectives. By doing so, they can ensure that their research is valid and reliable and contributes to advancing knowledge in their field.

Despite these limitations, secondary data analysis can still be a valuable research approach, particularly when examining large datasets or when the original study is expensive or time-consuming. Researchers can take steps to

address some of these limitations, such as using multiple sources of data or employing statistical techniques to account for missing data.

The affordability and accessibility of healthcare insurance are crucial issues for the Latino male population. Outreach and education about healthcare insurance benefits are vital in ensuring that individuals, including Latino males, fully understand and take advantage of the coverage and services available to them. As a marginalized community that faces various mental health disparities, ensuring that Latino males have affordable and accessible healthcare insurance can have a significant positive impact on their overall mental health and well-being.

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## ASSIGNED RESPONSIBILITIES

In relation to this paper, the workload was equal between Esmeralda Solis and Annika Coe. Both worked together on every section of the project and shared responsibilities evenly. They frequently consulted and collaborated with each other during the entire process and sought guidance from their supervisor during meetings.