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Identification of effective outreach methods for mental health services to the Hispanic population

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IDENTIFICATION OF EFFECTIVE OUTREACH METHODS FOR MENTAL HEALTH SERVICES TO THE HISPANIC POPULATION

A Project

Presented to the

Faculty of

California State University,

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In Partial Fulfillment

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Master of Social Work

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ABSTRACT

Hispanics seek mental health services at a lower rate than mainstream America. It is important to study this phenomenon, because this community is the most rapidly growing in San Bernardino County, and lack of early intervention when necessary may have costly consequences to Hispanics and society as a whole. Often, unattended cases end up in emergency rooms and jails. A study that identifies the barriers that prevent Hispanics from pursuing mental health services and explores effective ways to outreach to this community to seek these services would be beneficial to society. This study quantified the barriers and identified the most effective outreach methods to this community. The data was obtained through extensive literature research, feedback from experts and a survey of one hundred Hispanics in San Bernardino County. This researcher used this information to suggest effective and sustainable outreach methods to reduce the disparity of the use of mental health services by Hispanics.

ACKNOWLEDGMENTS

To many it may appear that my thesis was a solitary work; however, to complete a project of this magnitude requires a network of support, and I am indebted to many people. I would like to thank the participants of this study for taking the time to answer the survey. I also owe a debt of gratitude to Dr. Lidia "Lily" Rivera for her support and confidence in me and the many hours spent reading and re-reading my work. I would like to thank Dr. Carolyn McAllister for her patience, kindness, and empathetic guidance with the writing process of this thesis. She is an awesome advisor, a wonderful teacher, and a great role model for the social work profession. I am especially grateful to my husband Nicolas Canello for his commitment and support throughout my education. My children Anthony and Juddy Canello have also played a great role for their technical support with the computer-you guys ROCK! (sorry for the many times you had to endure fast food while I was in school). Finally, I would like to thank Tim Thelander "the formatting Guru" for formatting my thesis. My life has been blessed because all of you have been a part of it.

DEDICATION

I dedicate this thesis to the Hispanic community and hope that my work will contribute to their well-being by reducing the disparities of mental health services in the community.

This thesis is further dedicated to my family for their love and support, to my beloved husband, my children Juddy and Anthony and to my granddaughter Izbela Rose. I hope that my writing inspires you to be strong and seek help when you need it.

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CHAPTER ONE

INTRODUCTIONS

This study sought to address the underutilization of mental health outreach services in the Hispanic community by identifying what are seen as effective services by members of the Hispanic community. Three important elements of the study are presented. The statement of the problem covers the context of the problem and explains why this problem needs further exploration. In the purpose section, the researcher specifies the methodology and theories that were used in the study. Finally, the section titled "significance of the study" explains the contribution that this study can make to the field of social work.

Problem Statement

The Hispanic community does not seek mental health services as often as other ethnic communities (Anez, Silva, Paris, & Bedregal, 2008; Cabassa & Zayas, 2007; Lopez, Bergren, & Painter, 2008). This claim is supported by the Latino Initiative Task Force of the One Stop TAY Center administered by the Department of Behavioral Health. This is especially evident in San Bernardino

County which is California's largest county. The problem merits attention because Hispanics are the most rapidly growing minority in San Bernardino County; in fact, this county is believed to be among one of the top five to gain an increase in the Hispanic population nationwide (Census Bureau, 2006). The Census Bureau states that from 2000 to 2006 there was an increase of 241,955 Hispanics in San Bernardino County (2006).

It is important to consider the population expansion of Hispanics because there are dire consequences when mental problems in the Hispanic community are not addressed. In some cases, lack of needed help may result in increased violence, including suicide and homicide (Lopez, Bergren, & Painter, 2008). Henry Acosta, Deputy Director of the New Jersey Mental Health Institute reported, in a presentation for the National Alliance for Mental Illness, "According to the Youth Risk Behavior Survey of 2005, 11.3% of Hispanic high school students (9^{th} thru 12^{th} grade) attempted suicide, the highest percentage of any group" (2006). In addition, Hispanics have been linked to a higher rate of depression, teen pregnancy, binge drinking, heroin and cocaine use (Barona, 2003). Acosta affirmed, "A survey from

Commonwealth Fund revealed that Hispanic adults had the highest rate of depressive symptoms of any ethnic group with 53% of Hispanic females and 36% of Hispanic males reporting moderate to severe depressive symptoms a week prior to survey interviews." He further stated that Caetano and Galvan (2001) found that the eighth leading cause of death for Hispanics was cirrhosis of the liver, and that between 1991 and 1998, Hispanic hospital admissions for drug use increased by 80% (Acosta, 2006). These issues are also important to the business sector because research shows that "untreated depression costs firms $31 billion a year in lost productivity" (Acosta, 2006).

The literature suggests that there are a large number of cases where Hispanics did not seek needed help at the preventive stage and ended up in emergency rooms (Barona & Barona, 2003). Acosta reports, "In many cases, jail and detention centers have become the front-line 'providers' of mental health services causing financial burden" (2006). In this study, the researcher investigated ways to outreach to the Hispanic population so that they seek mental health assistance early on if they need it. The problem of outreach to the Hispanic

population is complicated. This population is very heterogeneous; and it is, in fact, an agglomerate of several sub-populations. Some of the groups are first-generation Mexicans, El Salvadorians, Puerto Rican, Chilean, Peruvians, and Argentineans (Anez, Silva, Paris, & Bedregal, 2008; & Bagley et al., 2006). These individuals can further be divided into documented and undocumented categories. Then, there are second and third-generation Hispanics, which may, or may not, identify with their ancestry. To compound the problem, there are various levels of education, income, and health needs within each group (Bagley et al., 2006). Furthermore, all these subgroups may differ in their culture, religion, values, and needs. For these reasons, it is difficult to approach the problem with a one-fits-all solution (Anez, Silva, Paris, & Bedregal, 2008).

There are many reasons to explain why Hispanics do not seek mental health services. According to the literature, some of these include lack of knowledge of the available services and, in the case of undocumented immigrants, fear of government retribution (Latino Initiative Task Force, 2008). Other reasons also cited in

the literature are social stigma, somatization of symptoms, and cultural beliefs (Barona & Barona, 2003; Acosta, 2006).

In the case of undocumented Hispanics, the fear of seeking government help may become worse as immigration authorities become more aggressive deporting them. Immigrants tend to believe that they may be reported to the Immigration and Customs Enforcement if they seek help at a government-sponsored agency. One of the causes for this fear may be the lack of understanding that the concept of privacy of information is important in the United States. Seeking ways to outreach to the Hispanic population and educating them that mental health services are not linked to Immigration and Customs Enforcement could be beneficial.

The Hispanic community, as described in the literature, is also afraid of the social stigma associated with mental illness. Quite often, they equate mental illness to insanity (Interian, Martinez, Guarnaccia, Vega, & Escobar, 2007). Because mental issues such as depression, anxiety and others may not be treated, many Hispanics would suffer somatization of symptoms in the form of headaches, nausea, lack of sleep

and shortness of breath (Barona & Barona, 2003). These outlets further contribute to hide the need for treatment and blame the problems on physical or somatic factors. Mental health in the Hispanic population can best be understood through Hispanic focused cultural bound syndromes. Examples of these can be found in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, 2000 (DSM-IV). Some of these include such syndromes as "nervios" (nerves), "ataque de nervios" (literally translated as nerves attack but can mean anxiety attack), and "susto" (fright), or in its most severe form, "espanto" (severe fright or loss of soul) (Barona & Barona, 2003). In order to develop an effective outreach program for the Hispanic population, it is necessary to comprehend and use terminology that is culturally appropriate. It is also important to understand their needs and educate them on how they can be fulfilled through the use of mental health services.

The Latino Initiative Task Force, at the San Bernardino County Department of Behavioral Health has attempted to increase the number of Hispanics seeking mental health services. This group is working to address this problem by conducting outreach and education

programs. The Task Force is also working to earn the trust of the Hispanic community. This is important because research suggests that the Hispanic population has a distrust of bureaucracies (Gonzales-Ramos, 1990), which stems from a history of oppression and racism (Barona & Barona, 2003). One of the ways the Task Force is trying to accommodate non-English-speaking Hispanics is by utilizing Executive Order 13166, which mandates that federally funded programs translate material for non-English speakers. In fact, federal government policies provide a basis to help Hispanics get access to social services even when they have no command of the English language. The right of this population to have access to these services in their native language falls under Title VI of the Civil Rights Law of 1964. Under this title, individuals with limited English proficiency are entitled to language access under the Civil Rights Law, which protects them from discrimination in federally funded health services (as cited in Suleiman, 2003). Additionally, in the year 2000, President Clinton issued an executive order (E.O.13166) in which he emphasized that agencies under the US government need to have written policies to allow language accessibility for

people of limited English proficiency. This was meant to help minimize language barriers as a reason for underutilization of social services (as cited in Snowden, Masland, & Guerrero, 2007). Even though these policies provide useful tools, there is a need for more research to develop an effective and sustainable approach to reduce the low rate at which Hispanics utilize mental health services.

Purpose of the Study

The purpose of this study was to find effective outreach methods to the Hispanic population to empower them to seek mental health services when they need them. The researcher believed that any methods identified by this study should be sustainable, focused, and should produce measurable and lasting results (Grinell & Unrau, 2008). This means that their application must be practical, focused and effective, rather than a diluted shotgun approach (Grinell & Unrau, 2008). Additionally, in order to assess the effectiveness of the approach, a measuring instrument and follow-up research would be suggested (Grinell & Unrau, 2008).

In order to conceptualize this study, several theories were considered. It was important for the researcher to consider Maslow's hierarchy of needs, person-in-environment theory, and motivational theory when effective outreach methods were explored. Maslow's Hierarchy of Needs is relevant because an individual tends to fulfill some basic needs, such as food and shelter, before beginning to meet higher needs of a psychological and emotional nature. Many in the Hispanic population may have unfulfilled needs at hierarchies (levels) lower than mainstream America. This may be caused by economic, social or cultural factors which would differ from the dominant culture (Barona & Barona, 2003). Without the more basic needs being met, it may be more difficult to pursue higher needs such as emotional well being. The person-in-environment theory is also necessary in order to understand the cultural aspects that influence the clients' attitudes which may be affected by the way they perceive their environment. Alex Gitterman (in Turner's text, 1996, p. 390 para. 5) states that "the perceived environmental and personal limitations are fueled and sustained by oppressive social and physical environment" .In other words, factors such

as discrimination and the inability to speak fluent English could reinforce the notion that some Hispanics may have regarding the difficult to get mental health even if they felt it was necessary. Gitterman, (in Turner's text, 1996, p. 390 para. 5) conditions readers to believe that "some people mobilize inner strengths and resiliency to steel themselves against unurturing environments-to be survivors rather than victims. Others internalize the oppression and turn it against themselves through such destructive behavior as substance abuse and unprotected sex. Still others externalize the oppression, strike back, and vent their rage on others less powerful than they through such behaviors as violence, crime, and property destruction." It can be expected that socioeconomic factors shared by many Hispanics such as low income, inability to fluently speak English and lack of legal immigration status would lead to frustration. This in turn would lead to internalization or externalization of the perceived oppression making it difficult for them to expect or seek help from a society that may be viewed as hostile to their needs. Understanding individuals' needs and their environment would allow proper use of motivational theory to

influence Hispanics to seek mental health services when they need them. If clinicians understood what motivates the Hispanic population to seek mental health services more outreach methods could be geared toward increasing motivation in the Hispanic population. Anez, Paris, Silva, and Bedregal stated that, "knowledge regarding clients individual preference and subjective experience are limited...in order to motivate change mental health professionals need to gain awareness into the presence, attributed meaning, and expression of culture specific values and beliefs within the Latino community" (2008). If motivation was to be explored clinicians would be able to work with the Hispanic population to identify intrinsic motivational values that are inherent within the population.

The research design involved dynamic data gathering techniques to obtain information and varied points of views on how to outreach effectively to the Hispanic population. After the literature review identified existing outreach programs and how they are structured, the researcher expanded the data acquisition portion of the study by contacting individuals running those programs. This allowed the researcher to get grass-roots

information through interviews of individuals conducting the programs to benefit from their experiences. To further broaden information acquisition tools, the research used dialectic hermeneutic circles and constant comparison of methods and dynamic discussions (Grinell & Unrau, 2008). The circles included not only agencies that provide outreach service but also mental health scholars who specialize in cultural sensitivity issues (Grinell & Unrau, 2008). The information gathered through the literature and the interviews assisted in developing a survey to obtain feedback from Hispanics at a grass-root level.

The researcher believes that the Hispanics surveyed were experts in the subject matter since they are the ones who experience the barriers to seeking mental help. Their input was valuable to design an effective outreach approach.

Significance of the Project for Social Work

Exploring effective outreach to the Hispanic community to seek mental health services would be beneficial to the social work profession because Hispanics are underutilizing these services with dire

consequences (Acosta, 2006). There was a necessity to conduct this research even though the National Association of Social Workers Center for Workforce Studies claims, "77% of all social workers report having Hispanic clients on their caseload" (Anez, Silva, Paris, & Bedregal, 2008, p. 154 para. 2). The reason why there needs to be more work done in order to outreach to this population is that there is still a significant underutilization of mental health services by Hispanics. Literature supporting this has been presented earlier in this thesis and continues to be supported in the "Literature Review" section. It is not sufficient to find the causes of the problem but it is also necessary to view these barriers from their cultural point of view in order to motivate them to seek help when needed.

As social service providers we have the duty to outreach to Hispanics if they are not seeking needed mental services. In order to develop an effective outreach program it was of outmost importance to understand and consider several factors. Some of these were social, economical, and educational barriers perceived by the Hispanic population that prevent them from seeking these services (Barona & Barona, 2003). The

information gathered in this research will be valuable to social workers in order to outreach or disseminate information to Hispanics through channels that they trust. By an effective outreach approach, social workers can seek activism, organizing, and social change that would empower the Hispanic community to seek mental health services. It was the purpose of this study to identify effective outreach methods for mental health services to the Hispanic population.

Summary

It is to the benefit of Hispanics and society as a whole to help this minority group to look for mental health when it is needed. Unattended mental health issues may result in loss of productivity and high burden on hospitals and jails. The researcher used literature and feedback from experts to develop a survey and obtain data from Hispanic to quantify barriers and the effectiveness of outreach methods. The investigator considered three theories to better understand the needs and issues of the Hispanic population. Maslow's Hierarchy of Needs and person-in-environment theory allowed the researcher to view the barriers from the point of view of Hispanics.

Motivational theory was helpful in determining how to outreach this population to reduce the disparity in the use of mental health services. The information in the study contributed to social work because it shed light into the degree to which the different barriers affect Hispanics. Finally, the research identified the most trusted avenues to outreach this minority to seek mental health when it is necessary.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The literature review found various topics relevant to the study. It covers theories and conceptualization that have guided previous research, policies established to assist Non-English speakers to access government services, underutilization of mental health services by Hispanics, barriers that prevent Hispanics from seeking these services, and current outreach programs.

Theories that Have Guided Previous Research

The literature reviewed included descriptive, prescriptive, and empirical research articles that focused on Hispanics' access of mental health services. Some of the research was guided by key theories in the field of mental health. Those theories are outlined below.

In a study conducted by Gonzalez-Ramos (1990), she explained the underutilization of treatment by Hispanic families with Alternate Resource theory. Alternate Resource theory explains how Hispanics seek familiar social organizations within the cultural bounds to

address their needs. For example, Hispanics families may look up to the church to address their emotional needs because they may be more familiar with their own church rather than with mental health services which are not common in their countries of origin. Gonzales-Ramos also explored Barrier theory which described barriers experienced by Hispanics that made it difficult to access services. She blames the insufficient service delivery to the lack of cultural sensitivity by providers (Gonzales-Ramos, 1990). Research has also suggested that environmental factors play a role. In fact, Gonzalez-Ramos and Gonzales, both prominent professors at New York University School of Social Work, said that a "Myriad of reasons for these inequalities that seem to include an interplay of social, personal and environmental factors" (2005, p. 1) They felt so strongly about the role of the individual's surroundings that Environmental theory guided the conceptualization regarding their findings and conclusions. To explain this theory in simple words, Environmental theory is defined as the impact that the surroundings in which an individual lives affects the person's opportunities. Gonzales-Ramos attributes some of the barriers of seeking

services to nutrition, socio-economic status, lifestyle choices, and discrimination (Gonzales-Ramos, 1990).

In 2007, Cabassa and Zayas presented another theory that was used to understand the barriers faced by Hispanics when seeking mental health services. They relied on the theory of *Reasoned Action*, and the *Self-regulatory model* of illness cognitions to evaluate how cognitive processes influences intention to seek mental health service. The theory of *Reasoned Action* states that behaviors or actions come from intentions to engage in such behavior (Cabassa & Zayas, 2007). The theory further explains that such intentions to engage (or not) in the behavior come from attitudes toward that behavior (Cabassa & Zayas, 2007). In other words, the root cause of behavior is the person's attitude towards such behavior. Consequently, a person attitude towards mental health service determines whether that person will seek the help (Cabassa & Zayas, 2007). For example, if one has the idea or "attitude" that "only crazy people seek mental health services," the one would conclude that "since mental health service are for crazy people, I don't intend to seek service, because I am not crazy". Cabassa and Zayas further emphasize this concept with the

Self-Regulatory model. This model stipulates that the individuals' perception of a situation (in this case mental illness) influences how the person copes with the mental illness (2007).

Although all the theories mentioned above play an important role in understanding why Hispanics do not seek mental health services, the theories are limited in scope to fully understand the impact of the various barriers and how to overcome them. The researcher sought to close the gap between current research and fact based implementation. The literature review and consultation with experts conducting outreach programs allowed for the identification of the barriers and outreach methods. A survey was created to gather data at a grass root level interviewing a sample of one hundred Hispanics in San Bernardino County. The survey used a numeric scale that allowed the participants to quantify the degree to which the different barriers affect them and approaches that they would expect to be most effective to outreach them. A key premise of the study was that Hispanics would know best how barriers prevent them from seeking mental health and what would be the best methods to approach them to overcome the barriers. The central hypothesis of the

study rested on ability to develop fact based data that would be useful to implement an effective and sustainable outreach approach. The survey explored each of the main barriers and approaches to gather quantifiable and reliable data.

The literature reviewed for this study was also helpful for the researcher to understand the barriers that prevent Hispanics from seeking mental help and how government policies have been crafted to attempt to address some of the barriers. Below are some of these policies.

Policies Established to Assist Non-English Speakers to Access Government Services

Government policies provide support for the outreach of Hispanics to seek mental health services. Federal policy requires attention to remediate language barriers under Title VI of the Civil Rights Act of 1964 (Snowden, Masland, & Guerrero, 2007). Additionally, the Bush Administration mandated the implementation of Limited English Proficiency Enforcement under Executive Order 13166 (issued in 2000 by Clinton), which prohibited discrimination based on limited English Proficiency (Snowden, Masland, & Guerrero, 2007). Access to services

is guaranteed under this executive order (Suleiman, 2003). The policies outlined above are an attempt to address barriers to access health services by non-English speakers including Hispanics. The next section of this study describes the literature findings that support the problem of Hispanics' not seeking mental health services when they need them.

Underutilization of Mental Health Services by Hispanics

The literature is consistent in stating that the Hispanic community does not seek mental health services at the same rate as whites. In the article titled "Latino Disparities in Child Mental Health services", the authors affirm the same phenomenon regarding Latino children (Lopez, Bergren, & Painter, 2003,). Additional findings conclude similar results (Barona & Barona, 2003; Cabassa & Zayas, 2007). In fact, research done by the Los Angeles site of the Epidemiologic Catchment Area Study found that non-Hispanic whites were seven times more likely to seek mental health outpatient services than Spanish-speaking Hispanics (Guarnaccia, Martinez, & Acosta, 2002). Study after study has found that Hispanics are not accessing mental health services at the same rate as their white

counterparts (Gonzales-Ramos & Gonzales, 2005). There have been many attempts to identify the different barriers that account for this phenomenon.

Barriers that Prevent Hispanics from Seeking Mental Health Services

There is ample literature geared toward finding the barriers that keep Hispanics from getting mental health services when they need them. Some of the various studies have similarities with some differences on the particular barrier that they emphasize. Nevertheless, all the studies reviewed by the researcher are consistent in acknowledging the existence of such barriers.

Language appears to be a major barrier cited often with first-generation Hispanics (Garza & Powers, 2001; Suleiman, 2003). Other findings also point to language proficiency and link the difficulty to access the services to the lack of availability of culturally and linguistically appropriate mental health services and staff (Anez, Silva, Paris, & Bedregal, 2008; Barona & Barona, 2003; Guarnaccia, Martinez, & Acosta, 2002). Another study determined that not only language is a barrier for non-fluent English speakers but also it affects many English-fluent U.S. born Hispanics. This

study suggests that Hispanics tend to have less education than whites and indicates that much of the health promotional materials require a high literacy level (high school or college). The government is attempting to address language related problems by employing policies that are aimed at reducing language barriers (Gonzales-Ramos & Gonzales, 2005; Snowden, Masland, & Guerrero, 2007; Suleiman, 2003).

Research also suggested that many Hispanics who are not getting needed mental health are just not aware of where to receive these services and how to access them (Garza & Powers, 2001). Additionally, there are also many Hispanics who may not be able to recognize the signs of mental health problems and are not aware that they need help (Guarnaccia, Martinez, & Acosta, 2002; Interian, Martinez, Guarnaccia, Vega, & Escobar, 2007).

Other barriers seem to be cultural such as the stigma attached to the use of medication for mental health (Interian, Martinez, Guarnaccia, Vega, & Escobar, 2007) or therapy to solve emotional problems (Anez, Silva, Paris, & Bedregal, 2008; Guarnaccia, Martinez, & Acosta, 2002). This seems to stem from the cultural

belief that if you look for help in mental health settings you are "loco" (crazy) (Garza & Powers, 2001).

In the case of undocumented immigrants, they are afraid to seek mental health services because they fear deportation (Guarnaccia, Martinez, & Acosta 2005; Guarnaccia, Martinez, & Acosta, 2002; Perez & Fortuna, 2005).

A significant amount of literature findings pointed out that, for many individuals, major barriers are "lack of insurance", "economical factors" and "inability to pay for services" (Anez, Silva, Paris, & Bedregal, 2008; Garza & Powers 2001; Guarnaccia, Martinez, & Acosta 2005; Guarnaccia, Martinez, & Acosta, 2002).

It has also been pointed out that many Hispanics who are in need of mental treatment do not believe that it is necessary. This often stems from high expectation that religion will take care of these problems and many state that "the Lord will take care of it" (Garza & Powers, 2001). This high reliance on religion may be the reason why the literature revealed that when Hispanics look for help dealing with emotional or mental issues, they tend to seek a priest, pastor, or minister (Garza &Powers, 2001). Another source of help that Hispanics turn to is

primary care doctors (Barona & Barona, 2003; Guarnaccia, Martinez, & Acosta, 2005; Guarnaccia, Martinez, & Acosta, 2002). It is very likely that Hispanics turn to these religious leaders or primary care physicians for mental help because they trust them. In fact, it has been pointed out that Hispanics do not feel comfortable discussing family problems outside of the family unless it is with a trusted individual (Garza & Powers, 2001).

These findings strongly support the claim that any mental health program that intends to outreach to Hispanics should involve trusted entities such as a church, school, or primary care facilities. It was the intention of the researcher to evaluate the possibility of using trusted entities to outreach the Hispanic population. The literature review did not support that this has been done successfully by present outreach attempts.

Current Outreach Programs and Efforts

Currently, there are initiatives that aim endeavors at reducing the disparity of service accessibility. An example of this is a program at federal, state, and local levels called Healthy People 2010 (Gonzales-Ramos &

Gonzales, 2005). Human Health Services and other federal agencies serve as coordinators for specific focus areas of Healthy People 2010 (Gonzales-Ramos & Gonzales, 2005). Healthy People 2010, however, lacks cultural sensitivity regarding mental health needs for minority populations and would benefit by effective outreach methods.

The New Jersey Mental Health Institute, through its director Henry Acosta, has achieved many milestones in attempting to reduce mental health disparities in the Hispanic population. He has a nationally and internationally recognized program (Changing Minds Advancing Mental Health for Hispanics) that addresses mental health disparities in the Hispanic community (New Jersey Mental Health Institute, n.d.). The New Jersey Mental Health Institute has also conducted research and published findings on "barriers facing Hispanics accessing and receiving quality mental health service" (New Jersey Health Institute, n.d., p. 1). The research conducted by the New Jersey Mental Health department has included surveys, interviews with mental health agency administrators, and interviews with direct service providers as well as community leaders. In addition, focus groups throughout the state of New Jersey were

conducted to address Hispanic Mental Health. The research in the studies conducted by Acosta and his associates through the New Jersey Mental Health Institute have identified barriers that prevent Hispanics from seeking mental health services. However, topics on how to attract or outreach to the Hispanic populations were not fully elaborated in the articles. The researcher of this study found it useful to utilize findings by the New Jersey Mental Health Institute to aid in developing the questionnaire that is part of the data acquisition portion of to gather data at a grass-roots level. The information gather by the questionnaire allowed getting first-hand information from the participants to help develop effective and sustainable outreach methods.

The Department of Behavioral Health in San Bernardino County, California is seeking effective ways to outreach to the Hispanic population as part of its "Prevention and Early Intervention Plan" (San Bernardino County Department of Behavioral Health, 2008). Currently the department has contracted these services to "EL SOL" (San Bernardino County Department of Behavioral Health, 2008), which is an agency that seeks "promotores de salud" (health promoters). The "promotores de salud" are

individuals in the community -familiar with the culture- who volunteer their services to educate other community members about mental health services (OCCES, 2008). The approach used by this agency is consistent with values of trust expressed by the Hispanic population. The reason for this is that trusted people in the community such as friends, family, and community leaders are volunteering to educate and promote mental health services. El Sol offers a thirteen-module course that provides guidelines for the volunteers on various topics such as: leadership skills, communication skills, and issues of mental health (El Sol, 2008). Although the program designed by El Sol for the San Bernardino County Department of Behavioral Health uses cultural knowledge to address the underutilization of mental services, it would benefit from this research. This investigation combines extensive literature reviewed along with inputs from multiple experts and data obtained from a grass-root level of the participants in the research. The information and data obtained would help develop fact-based approaches to increase the effectiveness of existing programs.

Literature regarding existing mental health services to the Hispanic population revealed limitations in the

studies to properly outreach and increase the accessibility of mental health services to Hispanics.

Need for Further Research

In an article titled, "Learning from Communities: Overcoming Difficulties Dissemination and Promotion Efforts", the author states that there are "gaps between research and practice" (Miller & Shinn, 2005). A major gap in the research appears to be the lack of studies that would help develop an effective program to increase the number of Hispanics that access mental health services. None of the literature addressed the development of a coherent method to create a culturally sensitivity and effective way to outreach to Hispanic clients (Bernal & Saez-Santiago, 2006; Garza & Powers, 2001). In this regard, Miller and Shinn have cited Homer and Milstein, 2004, and Kegler and Mcleroy, 2003, as stating that "at a community level poor capacity can lead to negative side effects of prevention programs". Most of the research stresses the significance of the problem and finding the barriers that prevent Hispanics from getting mental health services (Guarnaccia, Martinez, & Acosta, 2002). However, the literature did not discuss in much

detail outreach efforts and implementation of sustainable programs in the Hispanic communities. Clearly, fact based data to identify the degree that the different barriers affect Hispanics merits investigation in that area. Furthermore, a quantitative data that allows us to identify the most trusted outreach methods would allow to determine the best avenues of outreach. This study seeks to quantify the barriers and the best outreach approaches. With both sets of data, an effective and sustainable outreach approach can be developed.

Urgency to Address the Problem

Investigation of the problem of underutilization of services by Hispanics is of great importance because Hispanics are the largest-growing population in the country. Indeed, this community grew 57.9% from 1990 to 2000 (Suleiman, 2003). To further emphasize the urgency of outreach programs, it has been pointed out that when Hispanics are not able to get mental health services when needed may lead to a myriad of problems. Some of them range from smoking, drinking, and unsafe sex to suicide and homicide (Lopez, Bergren, & Painter, 2008; Acosta, 2006). There is also evidence that Hispanic youths report

higher depression rates partly fueled by the difference in cultural values and attitudes between immigrant parents and first-generation offspring (Cespedes & Huey, 2008).

Even though it may be impractical to study every single subgroup of Hispanics to tailor culturally sensitive services, it would be important to conduct further investigation into some of the differences among these groups to avoid incorrect generalized assumptions (Gonzales-Ramos & Gonzales, 2005). Some of the literature limitations that have been cited are the lack of enough studies covering the diverse Hispanic community. Most of the studies have been conducted with Mexican Americans, Puerto Ricans, and Cubans. Yet, the Hispanic community has become more diversified than ever, with a constant influx of immigrants from many Latin American countries (Gonzales-Ramos & Gonzales, 2005).

Summary

The literature review and the discussions with experts were useful to identify barriers and potential outreach methods. This information was key to develop a data gathering tool in the form of a questionnaire to

gather quantifiable data from Hispanics in San Bernardino county. There is urgency to address the disparity of utilization of mental health services by the Hispanic community. There is also a need of research that quantifies the impact of barriers and effectiveness of outreach methods. This information would be helpful to guide the efforts to reduce the disparity maximizing the use of available resources.

CHAPTER THREE

METHODS

Introduction

This chapter will discuss the design of the study, the sampling methods, the data collection instrument, and the procedures that the researcher will follow. Additionally, it will cover the identity protection of human subjects and data analysis. It is intended to obtain abundant data that when analyzed it will allow to identify effective outreach methods to the Hispanic population.

Study Design

The object of the study was to identify effective outreach methods for mental health services to the Hispanic population. The researcher used a survey to interview approximately one hundred members of the Hispanic community in San Bernardino County. The questionnaire was designed after an extensive literature review on potential barriers and ways to overcome them. The questionnaire development also benefited from consultations with experts on the subject.

The questions sought feedback at a grass-roots level regarding the extent to which the different barriers affect Hispanics. It also obtained input from the participants regarding the most effective ways they believed would help them overcome the barriers. Before the questionnaire began demographic data on the interviewee was obtained regarding gender, age, marital status, English language fluency, country where the person was born, and degree of acculturation. The second part of the survey consisted of a list of barriers that this study identified as keeping Hispanics from seeking help. The interviewee was asked to quantify, in a scale of 1 to 5, the degree to which the barriers prevent them from seeking mental health services. The interviewees was explained that five is a complete barrier that makes it almost impossible to seek help while one is a very minimal-barrier. The interviewee also was instructed to add barriers in a fill-in section if he or she felt strongly that an important barrier was not mentioned in the survey. If the interviewee added an additional barrier he or she was asked to quantify it in the same scale from 1 to 5. The questionnaire also presented the participant with a list of potential outreach efforts to

overcome the barriers. The interviewee was also asked to quantify the effectiveness of the different outreach methods. Again, a scale of 1 to 5 was used with five being a very effective outreach method while one was a very ineffective approach. Additionally, the opportunity was given to fill in an outreach approach if the individual believed that an important method was not mentioned. If the participant added an approach, he or she was also asked to quantify it in the same scale.

Sampling

The sampling to be surveyed consisted of one hundred Hispanics in the San Bernardino area. The samples will be taken from areas where Hispanics congregate. A broad spectrum of locations was utilized to collect the samples. This diversification was important in order not to skew the results. That is, very religious people (from churches) may have different answers than more secular individuals. Some of the places where the sampling was taken included markets, parks, churches, adult schools, colleges and clubs. The survey was conducted either in English or Spanish according to the individual's comfort with the language.

Data Collection and Instruments

The data was collected through a questionnaire that gathered demographic information of the interviewees, obtained a quantitative measure of the impact of the barriers and got feedback regarding the best approaches to overcome the barriers. The participant was asked to give his or her opinion to quantify the efficiency of potential approaches to overcome the barrier and volunteer approaches that are not in the questionnaire if the participant felt strongly that an important barrier or an important outreach approach was not mentioned.

The independent variables in this study included various socio-demographic information of the sample population including age, marital status, years in the United States, country of birth, income level, grade completed and English fluency. The dependent variables in the study came in two sets. The first consisted of the barriers to seek mental health services. The dependent variables were the degree to which the different barriers kept Hispanics from looking for help. The second set of dependent variables was the approaches to outreach Hispanics to seek mental health services when they need

them. The dependent variables in this set were the degree that Hispanics trusted the different outreach methods.

Procedures

The participants were selected from a wide range of locations and activities in the San Bernardino County to get a widespread segment of the Hispanic population in the county. The subjects were informed of the purpose of the study and the approximate time needed to complete the questionnaire (roughly fifteen minutes). Informed consent forms were given to the participants to make them aware that the participation in the study was voluntary. The participant was only required to mark an "X" in the "signature line" in order to maintain confidentiality. The survey was available in Spanish and English and was conducted in the individual's language of preference. The participants were notified when and where the results of the study would be available. The electronic address of the researcher along with the contact information of the research advisor was available if the interviewee had questions and concerns at a later time.

Protection of Identity of Human Subjects

The identity of the participants was kept confidential. The names or other identifying information regarding the participants was not discussed nor disclosed under any circumstance. The participants signed the questionnaires with an "X" in order to keep their participation a private matter. The questionnaire was filled in the researcher's handwriting based on the answers of the participants to the researcher's questions. To further safeguard this information the researcher kept the surveys in a locked box.

Data Analysis

The data obtained with the survey was of quantitative in nature to allow graphing, testing of hypotheses, and a clear evaluation. This permitted the measure of the degree to which the participants believed that the barriers prevented them from seeking mental help as well as the quantification of the effectiveness of outreach methods. Additionally, the data obtained was suitable for statistical analysis to find the most effective ways to overcome the barriers. A number of tests were performed to examine this data. First,

descriptive statistics were gathered, including the mean, median, standard deviation and frequencies of the variables. Next, inferential statistics were run on the following hypotheses, using either the Spearman's rho and Somers'd for relationships between variables, or the chi-square measure of association depending on the variables used to examine the hypothesis. A Type I error rate of $p < .05$ was used to determine whether or not the hypothesis should be retained or rejected. Listed below are the hypotheses that helped to form this study:

H1: To what extent is there a relationship between barriers to seeking mental health services and the age of the participant? A correlation was done to study this hypothesis using Spearman Rho.

H2: Does age play a role in effective outreach methods? Was tested using Spearman rho.

H3: Does the degree of acculturation influence the response of barriers and effective outreach methods? To evaluate these barriers/effective outreach methods and language skills were correlated using Spearman's rho.

H4: How does the degree of education influence the response of barriers and effective outreach methods?

To assess if indeed there was a relationship between the independent variable (education) and the dependent variable (barriers/effective outreach methods) the researcher utilized Somers'd to evaluate correlations.

H5: Does socioeconomic status influence the response of barriers/effective outreach methods? To explore this further the researcher again ran a correlation using Somers'd.

H6: Does gender play a role in perception of barriers and effective outreach methods? To study this correlation a Chi Square was analyzed.

Summary

The study intended to quantify the degree to which barriers prevent Hispanics from seeking mental health as well as quantify the effectiveness of potential approaches to overcome them. The participants provided the data with their responses to a survey that the researcher used as part of the data acquisition tool. The survey asked the participants to quantify the effect of barriers and potential approaches to overcome them. Such barriers and approaches were gathered through extensive

research of the literature on the subject as well as discussion with individuals involved in Hispanic outreach programs and experts in the subject. The approach of this study was to combine knowledge from research and experts in the area with grass-roots feedback from Hispanics in the community. Finally, the responses of the surveys and the hypotheses formed by the researcher were evaluated trough statistical analysis using the SPSS software.

CHAPTER FOUR

RESULTS

Introduction

In this chapter the researcher will discuss the result from the various tests ran. The researcher first reviewed the descriptive statistics (univariate analysis), and then the inferential statistics (bivariate analysis) were analyzed. Finally, the researcher will summarize the findings.

Results of Demographic Information

The first set of tables includes the frequency results on the different demographic parameters of the participants (ex. gender, age, marital status, and others). The second table contains the frequency of the responses to the barriers. The data allows for quantification of the degree to which the barriers prevent the respondents from seeking mental health services. The third table covers the frequency of the responses to the different outreach approaches.

The answers to the questions constitute the data that is the basis for the thesis. A sample of one hundred participants was surveyed and their answers are presented

in three tables. In order to quantify the impact of the barriers and the effectiveness of outreach approaches, percentages were used based on the responses to the questions.

As stated, the demographic data is in table one.

Table 1. Demographic Characteristics of the Subjects

Variable	Frequency (N)	Percentage (%)
Language survey was taken in (N = 100)		
Spanish	75	75%
English	25	25%
Gender (N = 100)		
Males	41	41%
Females	59	59%
Marital Status (N = 100)		
Single	29	29%
Married	52	52%
Unmarried living with a partner	8	8%
Divorced	7	7%
Widowed	4	4%
Other	1	1%
What is your ethnic background? (N = 100)		
Mexican	67	67%
Mexican American	15	15%
Central American	11	11%
American born from Central American parents	2	2%
Other	5	5%

Variable	Frequency (N)	Percentage (%)
Age (N = 99)		
18	4	4.0%
19	3	3.0%
20	4	4.0%
21	3	3.0%
22	4	4.0%
23	1	1.0%
24	3	3.0%
25	5	5.1%
26	2	2.0%
27	2	2.0%
28	2	2.0%
29	1	1.0%
30	3	3.0%
31	1	1.0%
32	2	2.0%
33	2	2.0%
34	2	2.0%
35	4	4.0%
36	3	3.0%
37	2	2.0%
40	2	2.0%
42	8	8.1%
43	4	4.0%
44	1	1.0%
45	2	2.0%
48	2	2.0%
49	2	2.0%
50	1	1.0%
51	1	1.0%
52	2	2.0%
53	2	2.0%
54	2	2.0%
55	2	2.0%
56	1	1.0%
57	1	1.0%
59	2	2.0%
60	1	1.0%
61	1	1.0%
65	1	1.0%
68	2	2.0%
72	1	1.0%
74	1	1.0%
76	1	1.0%
80	1	1.0%
83	1	1.0%
86	1	1.0%

Variable	Frequency (N)	Percentage (%)
Number of years in the United States (N = 98)		
1	6	6.1%
2	1	1.0%
3	4	4.1%
5	4	4.1%
6	2	2.0%
8	5	5.1%
9	3	3.1%
10	4	4.1%
11	2	2.0%
12	5	5.1%
13	1	1.0%
14	4	4.1%
15	1	1.0%
16	2	2.0%
17	3	3.1%
18	5	5.1%
19	4	4.1%
20	11	11.2%
21	1	1.0%
22	3	3.1%
23	2	2.0%
24	2	2.0%
25	1	1.0%
26	1	1.0%
27	1	1.0%
28	4	4.1%
29	1	1.0%
30	2	2.0%
32	1	1.0%
33	1	1.0%
34	1	1.0%
36	1	1.0%
38	1	1.0%
45	1	1.0%
46	1	1.0%
49	1	1.0%
50	2	2.0%
52	1	1.0%
53	1	1.0%
59	1	1.0%

Variable	Frequency (N)	Percentage (%)
Language of preference (N = 100)		
Spanish	67	67%
English	25	25%
Both (English/Spanish)	8	8%
How well do you speak English? (N = 100)		
Very well and fluent	34	34%
Fair	28	28%
Not well	12	12%
Not at all	26	26%
What is the highest level of education completed? (N = 100)		
No schooling	10	10%
Elementary	24	24%
Middle School	7	7%
High School	37	37%
Junior college or vocational school	11	11%
Four year college	8	8%
Graduate/ post graduate school	3	3%
Specify your economic status (N = 100)		
I am a dependant	28	28%
I do not have dependents	18	18%
I help provide for my family	54	54%
What is your income? (N = 100)		
Up to $ 10,000	31	31%
$10,001 to $20,000	36	36%
$20,001 to $30,000	16	16%
$30,001 to $40,000	7	7%
$40,001 to $50,000	6	6%
Above $ 50,000	4	4%

The language that the survey was taken in was reported by the number of surveys the researcher had in each language (Spanish/ English). The researcher collected 25% of the surveys in English and 75% in Spanish.

All the 100 participants answered the first survey question which had to do with gender. The breakdown was 59% female and 41% male. The marital status information was answered by all the participants. Twenty nine percent were single, 51% were married, 8% were unmarried and lived with a partner, 7% were divorce, 4% were widowed and 1% answered other (separated). All one hundred answered the question regarding ethnic background. Sixty seven percent were Mexican, 15% Mexican American, 11% Central American, 2% American born from Central American parents and 5% Other (Cuban, Puerto Rican, Peruvian, South American, and one individual stated his ethnic background was "White").

The age distribution of the 99 subjects who responded was widely spread. The ages ranged from 18 to 86 years old. The M = 39.2, Mdn = 36.0, SD = 16.5 indicating that the ages of the group were well distributed within the statistical range.

There were only 98 respondents to the question regarding the number of years in the United States. The statistical data includes those born in the United States as well as immigrants. The range was from 1 to 59 years living in the United States. The M = 18.6, SD = 13.0,

indicating a wide spread across the range. The number of individuals who answered the language preference question was one hundred. Those who preferred Spanish were 67%, English was preferred by 25% and 8% stated that they felt comfortably in both languages. The question regarding fluency in English also had 100% participation. Thirty four percent stated that they are fluent in English, 28% stated that they can speak English fairly, 12% said that they do not speak it well and 26% reported not speaking English at all. The question regarding the highest level of education completed was answered by all the interviewees. Ten percent reported having no schooling, 24% only completed elementary school, 7% only finished middle school, 37% finished high school, 11% have attended junior college, 8% have a four year college education and 3% had post graduate education. The economic status question also had 100% participation. Twenty eight percent said that they are dependent, 18% reported that they support themselves but have no dependents and 54% are they support their families. The last question covered income and was responded by all the participants. Thirty one percent make up to $10,000, 36% make $10,001 to $20,000, 16% stated that they make

$20,001 to $30,000, 7% make 30,001 to $40,000, 6% make $40,001 to $50,000 and 4% make above $50,000.

Result of Barriers

The second set of table shows the responses to the barriers. The rating of 1 to 5 (lowest barrier to highest barrier) was expressed for simplicity as no barrier (1), low barrier (2), medium barrier (3), medium to high barrier (4) and high barrier (5).

Table 2. Barriers that are Believed to Prevent Hispanics from Seeking Mental Health Services

Variable	Frequency (N)	Percentage (%)
Lack of understanding of what mental health is (N = 100)		
Not a barrier	56	56%
Low barrier	12	12%
Medium barrier	18	18%
Medium to high barrier	0	0%
High barrier	14	14%
You know what mental health is but you do not know at which point you need to see a therapist (N = 100)		
Not a barrier	30	30%
Low barrier	22	22%
Medium barrier	27	27%
Medium to High Barrier	9	9%
High barrier	12	12%
Your belief that mental health is NOT necessary or useful (N = 100)		
Not a barrier	70	70%
Low barrier	16	16%
Medium barrier	7	7%
Medium to High Barrier	3	3%
High barrier	4	4%

Variable	Frequency (N)	Percentage (%)
You do not know where you could get help if you need it (N = 99)		
Not a barrier	36	36.4%
Low barrier	15	15.2%
Medium barrier	11	11.1%
Medium to High Barrier	11	11.1%
High barrier	26	26.3%
You would be concerned if people who know you find out that you are seeking or getting mental health (N = 100)		
Not a barrier	71	71%
Low barrier	11	11%
Medium barrier	10	10%
Medium to High Barrier	3	3%
High barrier	5	5%
Lack of information in Spanish and lack of Spanish speaking mental health providers (N = 99)		
Not a barrier	35	35.4%
Low barrier	14	14.1%
Medium barrier	9	9.1%
Medium to High Barrier	11	11.1%
High barrier	30	30.3%
Distrust of health government agencies (N = 99)		
Not a barrier	38	38.4%
Low barrier	19	19.2%
Medium barrier	23	23.2%
Medium to High Barrier	9	9.1%
High barrier	10	10.1%
Lack of money and medical insurance (N = 100)		
Not a barrier	24	24%
Low barrier	14	14%
Medium barrier	12	12%
Medium to High Barrier	15	15%
High barrier	35	35%
No need to seek help because my faith alone will take care of my mental health needs (N = 98)		
Not a barrier	59	60.2%
Low barrier	23	23.5%
Medium barrier	10	10.2%
Medium to High Barrier	3	3.1%
High barrier	3	3.1%

All interviewed answered the question whether lack of understanding what mental health constitutes a barrier. Fifty six percent reported that it is not a barrier, 12% stated that it is a low barrier, 18% saw this as a medium barrier, no one felt that it was a high to medium barrier and 14% stated that it was a high barrier. These results are further discussed in the discussion section of the thesis (chapter 5).

The next barrier evaluated was aimed at determining whether the participant knew when to get mental health assuming the he or she understood what mental health was. The participation was 100% and culminated with the following results. Thirty percent stated that it was not a barrier, 22% expressed that it was a low barrier, 27% answered that it was a medium barrier, 9% reported this to be a high to medium barrier and 12% reported that it is a high barrier. The frequencies to the question whether mental health was not necessary or useful was answered by all. Seventy percent said that it was not a barrier, 16% said that it was a low barrier, 7% stated that it was a medium barrier, 3% said that it was a high medium barrier and 4% said that it was a high barrier. The next item explores whether the lack of knowledge of

where to get help is a barrier. Ninety nine answered the question. The results were 36.4% believed that it is not a barrier, 15.2% said it was a low barrier, 11.1% stated that it was a medium barrier, 11.1% said that it was a high medium barrier and 26.3% stated that it was a high barrier. The next question had to do with stigma and it was worded to reflect concern about other people's perception if they know the participant is seeking mental health service. One hundred people answered it. Seventy one stated that it was not a barrier, 11% stated that it is a low barrier, 10% stated that it was a medium barrier, 3% said that it was a high medium barrier and 5% said that it was a high barrier.

The next response involves the lack of information available in Spanish as well as the ability of mental health providers to speak Spanish. Ninety nine percent of the participants answered this question. Thirty five percent said that it was not a barrier, 14.1% said that it was a low barrier, 9.1% said that it was a medium barrier, 11% said that it was a medium high barrier and 30.3% stated that it was a high barrier. Ninety nine participants responded to the question whether distrust of government agencies is a barrier. Thirty eight percent

said that it was not a barrier, 19.2% stated that it is a low barrier, 23.2% considered it to be a medium barrier, 9.1% medium high and 10.1% said it was a high barrier.

The question on lack of money or medical insurance had a 100% response. Twenty four said it is not a barrier, 14% it is a low barrier, 12% said it is a medium barrier, 15% high medium barrier and 35% a high barrier. The last question in the survey regarding barriers asked whether their faith alone would heal their mental health needs. Ninety eight percent of the interviewees answered the question. Sixty percent said it is not a barrier, 23.5% said it is a low barrier, 10.2% stated it is a medium barrier, 3.1% a high medium barrier and 3.1% responded it is a high barrier.

In the fill in portion of the barriers, respondents were asked to add a barrier not listed only if the participant felt strongly that it was important. Even though only 5% of individuals felt necessary to add additional barriers, they rated the importance of the barriers very high. Two stated that immigration and danger of deportation was a barrier. Both rated this as a high barrier (this is consistent with lack of trust with governmental agencies which they both rated it as high

barriers). One rated as medium high barrier "pride". The participant felt that it would play a role in seeking mental health. Another participant rated lack of transportation to seek services as a high barrier. Finally one interviewee stated that it is a high barrier that "The concept of behavioral health does not have a proper connotation for Latinos and I honestly think that sadly it is overlooked because of lack of basic quality primary care before specialty care". Basically the participant believes that the poor access to primary care by Latinos prevents them from obtaining information that would facilitate understanding and accessing mental health.

Results of Outreach Methods

The third table presents the different outreach methods that the Hispanic population would be most likely to trust.

Table 3. Who Would be Some One of Trust to Provide you with Information Regarding Mental Health?

Variable	Frequency (N)	Percentage (%)
A leader from your church (N = 98)		
No trust	27	27.6%
Low trust	12	12.2%
Medium trust	10	10.2%
Medium to high trust	10	10.2%
High trust	39	39.8%
A family doctor (N = 100)		
No trust	3	3%
Low trust	8	8%
Medium trust	26	26%
Medium to high trust	23	23%
High trust	40	40%
A social worker (N = 100)		
No trust	12	12%
Low trust	17	17%
Medium trust	31	31%
Medium to high trust	17	17%
High trust	23	23%
A popular disc jockey from the radio (N = 99)		
No trust	77	77.8%
Low trust	10	10.1%
Medium trust	7	7.1%
Medium to high trust	0	0%
High trust	5	5.1%
A popular actor on television or the news (N = 100)		
No trust	76	76%
Low trust	9	9%
Medium trust	8	8%
Medium to high trust	3	3%
High trust	4	4%
A friend (N = 100)		
No trust	22	22%
Low trust	14	14%
Medium trust	23	23%
Medium to high trust	17	17%
High trust	24	24%

Variable	Frequency (N)	Percentage (%)
A volunteer that approaches you (N = 99)		
No trust	45	45.5%
Low trust	17	17.2%
Medium trust	23	23.2%
Medium to high trust	9	9.1%
High trust	5	5.1%

The first question explored whether a leader of the church would be trusted to outreach the participant regarding mental health. Ninety eight participants answered the question. Twenty seven percent stated that there is no trust, 12.2% stated that there is low trust, 10.2% expressed medium trust, 10.2% said that they had medium to high trust and 39.8% said that they had high trust. The next question had to do with the degree to which the participant would trust a family doctor to provide information about mental health. All the one hundred participants answered this question. Three percent stated that there is no trust, 8% stated that there is low trust, 26% expressed medium trust, 23% said that they had medium to high trust and 40% expressed that they have high trust. The next question sought to determine the degree that the participant would trust a social worker to outreach him or her to seek mental

health services. Once more, all the participants answered the survey question. Twelve percent said that there is no trust, 17% expressed low trust, 31% expressed medium trust, 17% medium to high trust and 23% expressed high trust. The next question explores the degree of trust of a popular disc jockey to outreach the Hispanic population to seek mental health services. Ninety nine percent of the individuals answered. Nearly seventy eight do not trust the disc jockey to perform the task, 10.1% have low trust, 7.1% have medium trust, no one reported medium high trust and 5.1% had high trust. The same question was presented if a popular actor on television or the news attempted to outreach the Hispanic population. All participants answered. Seventy six had no trust, 9% low trust, 8% medium trust, 3% medium to high trust and 4% high trust.

The questionnaire asked the degree of trust that would be perceived if a friend performed the outreach. All subjects answered the question. Twenty two percent said no trust, 14% low trust, 23% medium trust, 17% medium to high trust and 24% high trust. When the same question was asked regarding a volunteer that would approach the participants 99 individuals answered. The

results were forty five and a half percent said no trust, 17.2% said low trust, 23.2% said medium trust, 9.1% stated medium to high trust and 5.1% said high trust.

There were several individuals who felt that it was important to add outreach methods in the fill in section because they strongly believed that important outreach methods were not mentioned in the questionnaire. The results showed that fifty five individuals felt strongly that a family member would be a highly trusted person to receive information regarding mental health. Nineteen individuals believed that schools would be a trusted avenue to receive information on mental health. Eight respondents believed that Facebook or MySpace would be trusted avenue. Six individuals believed that the internet was a good avenue for outreaching the Hispanic population; four participants believed that a psychologist or mental health professional would be a trusted source outreach the Hispanic population. Two believed that a college professor would be effective outreaching this population; one stated that support groups would be beneficial. Finally, one person said that age appropriate reading material would be useful as an outreach tool.

Results of Researcher's Hypotheses

The hypotheses that were tested resulted in the following findings:

H1: To what extent is there a relationship between barriers to seeking mental health services and the age of the participant? To analyze this Spearman's rho correlation were run. The significant findings were that there was a negative correlation ($r = -.293$, $p = 0.01$) in age when participants were asked if they believed mental health was useful or necessary. Age was also positively correlated ($r = .228$, $p = 0.05$) to lack of information in Spanish and lack of Spanish speaking mental health professional as a barrier to seeking mental health services. All other barriers related to age were not significant. Because there were correlations found at a type I error of $p < .05$ there are perceived barriers that have a relationship with the age of the participants.

H2: Does age play a role in effective outreach methods? Was tested using Spearman rho. However, there were no significant findings in this area therefore, the hypothesis was rejected.

H3: Does the degree of acculturation influence the response of barriers and effective outreach methods? To evaluate these barriers/effective outreach methods and language skills were correlated using Spearman's rho. Additionally, the same test was completed using the number of years that the participant had been in the United States. The significant findings were that how well you speak English and lack of information in Spanish positively correlated ($r = .486$, $p = 0.01$). No need to seek mental health because faith alone will take care of my mental health needs had a significant correlation with how well you speak English ($r = .228$, $p = 0.05$). The number of years a person has been in the United States had a negative correlation ($r = -.338$, $p = 0.01$) with lack of information in Spanish and Spanish speaking mental health professionals. Another significant finding impacting barriers was a negative correlation ($r = .213$, $p = 0.05$) with lack of money or medical insurance and how many years the participant had been in the United States. The significant correlations affecting trusted individuals to provide mental health outreach yielded the following results: There

is a correlation between number of years in the United States and trusting a popular actor on television or a televised news broadcast ($r = -.204$, $p = 0.05$). There was also a correlation with the degree of trust regarding a volunteer that approaches you to provide mental health information and the number of years in the United States ($r = -.254$, $p = 0.05$). All other barriers and approaches were non-significant to how well you speak English and number of years in the United States. Since there were a few correlating factors when using a Type I error rate of $p < .05$ to determine whether or not the test was significant it was established that language skills and number of years in the United States played a role in perceived barriers and trusted outreach methods.

H4: How does the degree of education influence the response of barriers and effective outreach methods? To assess if indeed there was a relationship between the independent variable (education) and the dependent variable (barriers/effective outreach methods) the researcher utilized Somers'd to evaluate correlations. The test demonstrated that there was a

negative correlation ($d = -.297$, $p \leq .0005$) between lack of information in Spanish and Spanish speaking mental health providers and what is the highest level of education provided. Another significant finding was the negative correlation ($d = -.271$, $p \leq .004$) between no need to seek help because my faith alone will take care of my mental health needs and the highest level of education completed. All other correlations in these areas were not significant.

H5: Does socioeconomic status influence the response of barriers/effective outreach methods? To explore this further the researcher again ran a correlation using Somers'd. There was no significant findings regarding barriers or trusted individual for effective outreach that were influenced by socioeconomic status. Therefore, this hypothesis was rejected.

H6: Does gender play a role in perception of barriers and effective outreach methods? To study this correlation a Chi Square was analyzed which resulted in the following findings: Gender is perceived to be a significant barrier ($\chi = 16.458$, $p \leq .002$) in the belief that mental health is not significant or useful. Gender also plays a significant role

(χ = 12.136, $p \leq .016$) in perceived trust of effective outreach methods towards a social worker.

Summary

All participants answered most questions providing the researcher with a wealth of data. Tables were presented to offer visual representation of the data collected. The information obtained through the surveys was analyzed in detail to quantify the barriers, the effectiveness of the approaches and to find useful correlations based on hypotheses formed by the researcher.

CHAPTER FIVE

DISCUSSION

Introduction

In this chapter the researcher will discuss the results of the survey in further detail. The research will attempt to explain similar findings and discrepancies found in previous literature, expectations of researcher's hypothesis, important correlations, limitations of the study, and researcher's recommendation for effectively outreaching to the Hispanic population.

In order to quantify each barrier, the researcher added the cumulative percentages of the participants who defined the barriers as medium barrier, medium high barrier and high barrier. In order to tabulate the percentage of individuals who trusted a particular approach the cumulative percentages were added of medium trust, medium high trust and high trust. The researcher explained to the interviewee what mental health meant. This was necessary to make sure that the questions were answered correctly and were not affected by a misunderstanding of the meaning of mental health.

Discussion on the Results of the Perceived Barriers

The first barrier that the interviewee was asked to rate in item number eleven of the questionnaire is whether "lack of understanding what mental health" constitutes a barrier. The interviewer explained to the participant to rate this barrier based on his or her previous understanding of mental health before the explanation by interviewer. Nevertheless, the interviewer believes that the results on this item may have been skewed. Fifty six percent reported that it is not a barrier and 12% that it is a low barrier. This was contrary to what the researcher expected. Literature also suggests that lack of understanding of mental health is a barrier (Barona & Barona, 2003; Bernal & Sáez-Santiago, 2006). The researcher noticed that in most cases when the explanation of what is mental health the participants had misconceptions. Multiple statements were made by a great majority of interviewees explaining that they believed that mental health was only for "locos" (crazy individuals).

In fact, the participants were eager to know as much as possible about the subject. Interestingly enough, the

interviewer needed to spend a significant amount of time with a great majority of the participants answering multiple questions on the subject. It is evident that once the interviewer understands what mental health is lack of understanding of it disappears as a barrier. It is also interesting that once Hispanics understand the meaning of mental health they are very eager for more information on the subject. It appears that they would be open to information on the subject if they are approached with an effective outreach method and if this is presented as part of their overall health.

Forty eight percent of the participants believed that not knowing at which point or "when" to get help was also an issue (Añez, Silva, Paris, & Bedregal, 2008; Barona & Barona, 2003; Bernal & Sáez-Santiago, 2006; González-Ramos & González, 2005). Even though the percentage is significant, the investigator believed that this barrier would be rated higher. The reason for this is that, often, it is not an easy matter for untrained individuals to determine at which point they need to seek help. It is possible that awareness that mental health involves common afflictions such as depression or anger,

just to mention a few, may make it easier to realize when help is needed.

The next barrier was "Your belief that mental health help is not necessary or useful." A total of 48% of the participants believed that it was a barrier. When answers to the different barriers by females and males were compared, this is the only one that appeared to have a significant difference in response. Seventy four percent of women believed that it was not a barrier and 22% believe it to be a low barrier for a total of 96%. In contrast 63.4% of men thought it was not a barrier and 7.3% believed it to be a low barrier for a total of 70.7%. The results are consistent with the expectations of the researcher because once Hispanics understand the meaning of mental health the misconceptions disappear. Consequently, they realize that mental health is an important part of their total health.

Forty eight and a half percent felt that it was a barrier if they did not know "where" to get help. The investigator expected this to be a barrier because it appears that lack of knowledge regarding mental heath in this community would imply lack of information of where

to get help. This is consistent with the literature (Cabassa & Zayas, 2007; Gonzales-Ramos & Gonzales, 2005).

A very interesting finding occurred when the interviewee was asked whether it would be a barrier if others knew that the participant was seeking mental health. Seventy one percent stated that it was not a barrier and eleven percent that it was a low barrier for a total of 82%. The investigator did not expect this results because the literature suggests that there is a stigma attached to seeking mental health (Acosta, 2006; Añez, Silva, Paris, & Bedregal, 2008; Barona & Barona, 2003; Bernal & Sáez-Santiago, 2006; González-Ramos & González, 2005; Guarnaccia, Martinez, & Acosta, 2005; Interian, Martinez, Guarnaccia, Vega, & Escobar, 2007). A possible explanation is that once the participants understand that mental health is not for "locos" (disturbed individuals) but for people with common problems such as depression, anger, and anxiety then the stigma may not be as high a barrier as expected.

Lack of information and services in Spanish rated high at 50.5%. This is consistent with the expectations of the investigator and with the literature (Añez, Silva, Paris, & Bedregal, 2008; Barona & Barona, 2003; Bernal &

Sáez-Santiago, 2006; Cabassa & Zayas, 2007; González-Ramos & González, 2005; Guarnaccia, Martinez, & Acosta, 2005; Interian, Martinez, Guarnaccia, Vega, & Escobar, 2007; La Roche, 2002). The result also emphasizes the need for more literature in Spanish to inform this community.

The next barrier also rated high. Distrust of government agencies also scored as a high barrier at 42.4%. This is consistent with expectations of the researcher and with the literature (Gonzales-Ramos & Gonzales, 2005). The reason for this is that there is a significant number of Hispanics that may face deportation if their information is referred to immigration agencies. In addition, the concept of "confidentiality" is not common in many countries in Latin America.

The next barrier rated high in the interviews. Lack of money or medical insurance came at 62%. The researcher believe that this would be a significant barrier because of socioeconomic factors in the Hispanic community. With rising costs of healthcare and lack of knowledge regarding mental health services in the Hispanic community, it can be expected that getting mental health

is expensive. More information regarding free or affordable mental health would help reduce this barrier.

The response to the last barrier in the survey, defies the literature. Roughly only sixteen percent of the participants that believes that "the belief that faith alone will take care of my mental health" would be a barrier to seeking help. This is not consistent with the literature which states that "Strong religious beliefs and practices combined with family or community support for folk remedies may affect the Latino's willingness to seek mental health services" (Barona & Barona, 2005). The findings defied the expectations of the researcher who strongly believes in collaboration and alliances with faith based organizations. It is possible that the more informed the participant is regarding mental health, the more he or she trusts a professional mental health provider rather than the traditional mental health support received from family or their religious belief system.

In the section that allowed the participants to fill in a barrier that was not mentioned but they felt it was very important only 5% added barriers. However, it is interesting that two of the participants felt compelled

to clearly state their fear of being deported if the sought the services. This is consistent with barrier of "distrust of government agencies". When filling in this item, many of the participants expressed the fear of deportation if they went to get help at government agencies. This is also consistent with the literature (Gonzales-Ramos & Gonzales, 2005).

Discussion on Results of Outreach Methods

The last portion of the questionnaire intended to determine the most trusted avenues to approach Hispanics regarding utilization of mental health services. As the research expected, trust in a member of the church such as a priest or pastor came out high at 60.2%. This appears to emphasize suggestions in the literature that church leaders need to be an important component of outreach methods (Barona & Barona, 2005).

It is interesting that a family doctor was the highest rated trusted avenue to outreach the Hispanic community. At eighty nine percent, it surpassed church leaders. The research anticipated that the family doctor would score high but not higher than leaders of the clergy. It would seem that the interviewees may be more

open to seek mental help if it comes from the doctor who would normally trusted for their overall health. It is clear that the family doctor would also be an important asset to outreach Hispanics.

Trust for a social worker came at seventy one percent. The interviewer I estimated that a social worker would be trusted. Nevertheless, the investigator was concerned that a social worker could be viewed as an extension of government agencies which are not trusted. There may be many explanations for this high trust but the researcher thinks that approaching the participant with respect and honest concern may play a positive role.

Popular radio disc jockeys came out very low in trust at only 12.2%. This was contrary to the researcher's expectation since disc jockeys have been able to galvanize significant popular support for issues such as immigration reform. It is clear that Hispanics may trust them to voice the concerns of the community but when it comes to outreaching them on mental health issues they do not consider them to be a trusted avenue.

Another possible outreach figure that the questionnaire explored was a popular actor. This was also rated very poor at only 15%. This was expected by the

interviewer because an actor may be liked but this does not necessarily means that it would be a knowledgeable or trusted source when it comes to mental health.

A friend rated high at sixty four percent. The researcher believed that a friend would rate only moderately because of the possibility of stigma associated with some one else knowing that the participant needs mental health help. Nevertheless, it is evident that if a friend recommends mental help, one can assume that the friend also believes that this help is useful and important.

Volunteers as a means to outreach the Hispanic community only obtained a moderate percentage of individuals who trust them. This is consistent with the expectations of the researcher. This finding supports the belief that a volunteer without professional training may face some difficulty developing trust in a short interview.

Several participants added a family member as a potential trusted approach in the fill in section. Of those who mentioned it, a family member scored high at 85%. This approach was not expected by the researcher because of the possible fear of stigma if other relative

members know that the individual needs mental help. The finding points out that relatives may be an avenue to reach Hispanics by the word of mouth if enough members of the community are informed on what mental health is and how important it is.

Important Correlations

The data also showed interesting correlations. Of those who believed that mental health was necessary or useful they presented a correlation coefficient of ($r = 0.279$, $p = 0.05$) with the barrier of "lack of money or medical insurance". This means that even if the individual wants help, lack of monetary resources may prevent him or her from getting help.

Other correlations worth mentioning were that the lack of literature in Spanish or of Spanish speaking mental health providers had a correlation coefficient of ($r = 0.230$, $p = 0.01$) with understanding what mental health is. The same lack of Spanish language resources correlated at $r = 0.266$, $p = 0.05$) coefficient with distrust of government agencies. The first correlation indicates that literature in Spanish would educate Hispanics on mental health. The second correlation shows

that outreaching the population in their native language may help dispel misconceptions that the individual would be reported to immigration authorities..

Another interesting finding was the correlation with lack of English fluency with the belief that faith alone would take care of the problem ($r = 0.228$, $p = 0.05$). The more acculturated the individual, the more likely he or she is to look for help beyond the church.

Regarding the age of the participants, the older they were the more they believed faith alone could help them ($r = 0.223$, $p = 0.05$). Additionally, there was a negative correlation coefficient between the older the individual was and the perception that mental health was useful or necessary ($r = -0.293$, $p = 0.01$). The demographic data also showed that a negative correlation between the older the participant and the highest level of education ($r = -0.524$, $p = 0.01$). This information may be useful to be when preparing material geared toward older adults.

Discussion of Researcher's Hypothesis

The hypotheses stated below were designed to test if the barriers or outreach methods identified by the researcher affected sub populations within the sample.

H1: To what extent is there a relationship between barriers to seeking mental health services and the age of the participant? The significant findings were that there was a negative correlation ($r = -.293$, $p = 0.01$) in age when participants were asked if they believed mental health was useful or necessary. It seems that older adults do not think that mental health is necessary or useful. This could be due to cultural generational beliefs that problems affecting the individual and the family system should stay within the family system. Age was also positively correlated ($r = .228$, $p = 0.05$) to lack of information in Spanish and lack of Spanish speaking mental health professional as a barrier to seeking mental health services. It appears that older individuals prefer materials in Spanish and the younger population was not affected by language and in some cases preferred English. It seems that to effectively diminish language as a barrier

outreach workers should have materials in both languages Spanish and English.

H2: Does age play a role in effective outreach methods? Although there were no significant findings in the statistical analysis, a number of the younger population mentioned that they would like to be outreached through social networks such as Facebook and Myspace. Because social cultures are considered to be a "culture" within a culture, further studies should be conducted regarding the effectiveness of public service announcements dealing with mental health with as an outreach method for younger adults. Additionally several people mentioned that schools would be an effective outreach approach. In a study conducted by Gonzales-Ramos in 2001, the researcher identified that the "Hispanic clients usually view schools as less threatening community-based environments that is more acceptable than highly structured conventional agencies and clinics." For this reason, a partnership between schools and mental health providers may be beneficial to the Hispanic community.

H3: Does the degree of acculturation influence the response of barriers and effective outreach methods? To evaluate these barriers/effective outreach methods and language skills were correlated using Spearman's rho. Additionally, the same test was completed using the number of years that the participant had been in the United States. The significant findings were that how well you speak English and lack of information in Spanish positively correlated ($r = .486$, $p = 0.01$). Snowden, Masland, and Guerrero, (2007) stated that federal policy requires actions to overcome language barrier and not doing so is a violation of Title VI which carries penalties enforced by the Office of Civil Rights. Therefore, clinicians and outreach workers should follow the law and translate written materials that would assist the Hispanic population in accessing mental health services. No need to seek mental health because faith alone will take care of my mental health needs had a significant correlation with how well you speak English ($r = .228$, $p = 0.05$) this may mean that traditional cultural value regarding religion are held in higher regard among

those who have not assimilated to the main stream culture. The number of years a person has been in the United States had a negative correlation ($r = -.338$, $p = 0.01$) with lack of information in Spanish and Spanish speaking mental health professionals. Acculturation could play a factor in this finding. It is possible that the longer an individual has been in the United States, the more acculturated they have become. It may be beneficial to outreach to new comers at a faith based organizations based on the relationship between acculturation and the use of religion to treat potential mental health issues. Another significant finding impacting barriers was a negative correlation ($r = .213$, $p = 0.05$) with lack of money or medical insurance and how many years the participant had been in the United States. This may mean that people who have been in the United States longer may have knowledge of resources that can help pay for medical or psychiatric treatment, they might have established themselves in the work force, and may have access to medical insurance. The significant correlations affecting trusted

individuals to provide mental health outreach yielded the following results: There is a correlation between number of years in the United States and trusting a popular actor on television or a televised news broadcast ($r = -.204$, $p = 0.05$) it seems that the younger population puts more trust in the media than do older adults. This finding startled the researcher because in talking to the participant older adults reported that they do watch the news and keep up with current events but do not necessarily trust what is being said. In fact one elderly man in this study stated that "the media is like a telenovela" and that he believed half of what was being said in the news. There was also a correlation with the degree of trust regarding a volunteer that approaches you to provide mental health information and the number of years in the United States ($r = -.254$, $p = 0.05$). It appears that people who have been in the United State longer seem to become more trusting and less suspicious of outsiders trying to help

H4: How does the degree of education influence the response of barriers and effective outreach methods?

To assess if indeed there was a relationship between the independent variable (education) and the dependent variable (barriers/effective outreach methods) the researcher utilized Somers'd to evaluate correlations. The test demonstrated that there was a negative correlation ($d = -.297$, $p \leq .0005$) between lack of information in Spanish and Spanish speaking mental health providers and what is the highest level of education provided. It seems that the more education an individual has the less likely it is that they will need material in Spanish. Another significant finding was the negative correlation ($d = -.271$, $p \leq .004$) between no need to seek help because my faith alone will take care of my mental health needs and the highest level of education completed. It seems that people with higher education are less likely to thinking that faith alone will take care of their mental health needs. Therefore, it would be beneficial to have Spanish material distributed at faith based organizations that are simpler in language and geared toward a less educated audience.

H5: Does socioeconomic status influence the response of barriers/effective outreach methods? There was no significant findings regarding barriers or trusted individual for effective outreach that were influenced by socioeconomic status. However, it was noted that participant with a higher income bracket were less likely to report that lack of money and or medical insurance was a barrier.

H6: Does gender play a role in perception of barriers and effective outreach methods? To study this correlation a Chi Square was analyzed which resulted in the following findings: Gender is perceived to be a significant barrier ($\chi = 16.458$, $p \leq .002$) in the belief that mental health is not significant or useful. This may have been impacted by traditional cultural values of machismo and marianismo which relate to cultural gender roles in the Hispanic population (Barona & Barona, 2005). Male do not normally talk about their problems. Gender also plays a significant role ($\chi = 12.136$, $p \leq .016$) in perceived trust of effective outreach methods towards a social worker. In this case females were more open to trust and accept information regarding

mental health from a social worker than were men. In outreaching to men it is important to understand the cultural values that define their roles so that outreach workers can be sensitive to their needs, traditions, beliefs, and values when outreaching to this population.

Overall, the researcher feels that hypotheses explored culminated with a wealth of information. In order to effectively outreach to Hispanic population outreach workers must pay attention to the responses stimulated by the participants in four different areas: 1) age, 2) degree of education, 3) degree of acculturation, and 4) socio economic status.

Correlations Regarding the Different Approaches.

There were also interesting correlations. Trusting a leader of the church had a ($r = 0.255$, $p = 0.05$) coefficient with trusting a family doctor, ($r = 0.310$, $p = 0.01$) trusting a social worker, ($r = 0.278$, $p = 0.01$) trusting a friend and ($r = 0.409$, $p = 0.01$) trusting a relative. If the participant trusted a family doctor the correlation were ($r = 0.255$, $p = 0.05$) with a leader of the church, ($r = 0.313$, $p = 0.01$) with a social worker

and ($r = 0.228$, $p = 0.05$) with a friend. If a social worker was trusted the correlations were ($r = 0.310$, $p = 0.01$) with a leader of the church ($r = 0.313$, $p = 0.01$) with a family doctor and $r = 0.228$, $p = 0.05$) with a friend. If a disc jockey was trusted there was a 0.210 correlation with a social worker and ($r = 0.571$, $p = 0.01$) with an actor or news cast. If the actor/news was trusted there was only correlation with a disc jockey ($r = 0.571$, $p = 0.01$). If a friend was trusted, it correlated with a leader of the church with a coefficient of ($r = 0.278$, $p = 0.01$), ($r = 0.228$, $p = 0.05$) with a family doctor and ($r = 0.393$, $p = 0.01$) with a family member. Trusting a volunteer did not show correlation with any of the other parameters. When trusting a family member, it correlated at ($r = 0.409$, $p = 0.01$) with a church leader and ($r = 0.393$, $p = 0.01$) with a friend. This data may be useful when a multiple outreach approach is necessary for a particular group of individuals.

Limitations of the Study

One of the limitations of the study was that there was no assessment of the understanding of what constitutes mental health by the participants before the

researcher provided the explanation. The participants could have been asked to fill in a multiple choice question to assess the degree to which they understood what mental health is. This would have allowed a more accurate quantification of this barrier. It would also be important to get a better understanding of the ways that participants define mental health to help mental health practitioners improve their communication and perspective on this particular clientele. Another limitation was that "a relative" should have been mentioned in the questionnaire as a potential outreach. The importance of this item became obvious after multiple individuals added it in the fill in section. One more limitation was the breakdown of education as no education, elementary, middle school etc. A more accurate spread would have been obtained if it was broken down by grade level. In addition, the study was limited by the lack of generalizability because the researcher used a convenience sample to conduct "person-on-the-street" interviews (Grinell & Unrau, 2008). There was no systematic approach to select the respondents because the only criterion used was that the respondent identified him or herself as Hispanic and over the age of 18.

Need for Further Research

Further research should be conducted to work out the best way to secure collaboration from the individuals and institutions that would serve as outreach avenues (churches, schools and others). Additionally, the development of a presentation and literature in Spanish to address the individuals being outreached merits research efforts. Finally, a study needs to be conducted to find ways to encourage bilingual individuals to pursue social work and psychology to address this barrier.

Recommendations by the Researcher

The researcher believes that in order to develop a sustainable outreach approach it has to be uncomplicated to execute and it should not be costly or dependant on large funding sources or short-term grants so that it is not vulnerable to budget cuts. In addition, if the approach is to be effective it needs to be culturally sensitive, it must address all the main barriers, it has to be easily understood by individuals of all the educational levels and it needs to use outreach avenues that are trusted by the Hispanic population.

The researcher believes that the person conducting the outreach needs to seek collaboration of local churches, school superintendents and various Hispanic clinics in the area (most of these can be found in the yellow pages). The idea is that these institutions allow the individual outreaching to give a brief and informative presentation to groups of Hispanics in the mention locations. The presenter can also maintain literature (such as a brochure) in these locations in a visible place for visitors to take.

It is imperative that the presentation and brochure includes pictures and simple language because the research showed that 78% of the interviewees had only a high school education or lower. It is also important to have the presentation in Spanish because 75% of the participants preferred to take the survey in Spanish. The presenter can give the brochures to the participants and encourage them to give it to friends and relatives. Friendship scored 64% in trust to outreach Hispanics and relatives scored 85%. There is also a need to have a similar presentation and brochure in English for those who may only Speak English. The outreach approach would be the same except that the presentation and literature

is in English. Bilingual presentations can also be done with a translator if necessary.

The presentation given to the groups needs to be accompanied with a brochure. This brochure needs to have pictures and uncomplicated wording in Spanish. The brochure must address the questions of what mental health is, why it is important to address issues before they become more complicated, when to realize that help is needed (presumably when issues interfere with work or family dynamics) and where mental health can be sought. Additionally, it needs to explain that the services are free or low cost and there is strict confidentiality and no other individuals or government agencies would be informed other than the Department of Behavioral Health.

The approach above uses trusted outreach avenues and addresses most of the barriers found in the research. Other avenues to reach the Hispanic population are community health fairs and cultural events.

Great effort needs to be done to prepare the presentation and brochure to make it clear and easily understood. The Spanish used needs to be "neutral". That is it should not use language or slang that is country or

region based. Even though the research showed that 67% were of Mexican and 15% were Mexican American, the information needs to be understood by other Hispanics. In this regard Gonzales-Ramos and Gonzales (2005) state that "not looking further into the differences and similarities among groups, only risks leading us into a state of making generalizations, which may not only be incorrect, but which might create services that are not responsive and will be underutilized". The presentation and the brochure need to be developed using feedback from Hispanic volunteers with minimal education to ensure that it would be understood by all.

To quantify the effectiveness of the presentation, the social worker may give the participants a short written questionnaire to fill and turn in at the end. This would help determine if the participants understood what is mental health, why it is important, when they need to seek help, where they can get the help and if they understand that the services are low cost (or free) and confidential (no other government agency would be informed). The feedback from this questionnaire would assess the effectiveness of the presentation and help make changes to improve it.

It is important that we address the underutilization of mental health services by Hispanics. This is the most rapidly growing group in San Bernardino County and the lack of early intervention has been linked to loss in productivity, crime and added burden to the state in the form of emergency visits and even incarceration. It is not only an investment in our society to address this issue but also mandated by the core values of social work. It is our mission to uphold the values of service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence.

Summary

This study sought to find outreach methods to the Hispanic community to seek mental health services when they need them. The need to develop such outreach approaches stems from the disparity of the usage of these services by Hispanics when compared to mainstream culture (Acosta, 2006; Añez, Silva, Paris, & Bedregal, 2008; Barona & Barona, 2003; Bernal & Sáez-Santiago, 2006; González-Ramos & González, 2005). The central tool to gather data was a questionnaire which obtained feedback

from Hispanics in the San Bernardino County regarding the barriers to seek the services and to find out what are the outreach methods that the participants deem to be effective. The researcher believes that Hispanics can provide valid information in these two areas because they are the ones who suffer the barriers and would also know what outreach methods they would trust more. The questionnaire was prepared after extensive literature on the subject and discussion with experts in the field such as personnel from the New Jersey Mental Health Department, personnel from the San Bernardino County Behavioral Health and professors from California State University San Bernardino who specialize in teaching multicultural studies. The researcher formed and tested hypothesis to find sub-populations affected by the barriers and outreach methods.

APPENDIX A

INFORMED CONSENT IN ENGLISH

INFORMED CONSENT

The study in which you are being asked to participate in is designed to explore the identification of outreach methods for mental health services to the Hispanic population. The student researcher, Nidia Canello, MSW student is conducting this study under the supervision of Dr. Carolyn Mc Allister, professor of social work at California State University San Bernardino (CSUSB). This study has been approved by the Department of Social Work subcommittee of institutional review board, CSUSB.

In this study you will be asked to answer questions about overcoming barriers to effectively outreach mental health services to the Hispanic population. This will be asked and completed during an interviewing process. This should take about 15 to 20 minutes to complete. All of your responses will be held in the strictest of confidence by the researcher. Your name will not be reported with your responses to the various interview questions. You may receive the results of this study upon completion after September 2009 at Pfau library located at California State University San Bernardino.

Your participation in this study is totally voluntary. A $10.00 gift card will be given to each participant. There are no foreseeable risks to participating in this study. You are free not to answer any questions and withdraw at any time without penalty or coercion.

If you have any questions or concerns about this study, please feel free to contact, Dr Carolyn McAllister, at (909) 537-5559.

By placing a check mark in the box, I acknowledge that I have been informed of, and that I understand, the nature and the purpose of this study, and I freely consent to participate.

Today's Date: _____

☐ Place a check mark here

APPENDIX B

INFORMED CONSENT IN SPANISH

Consentimiento a Llenar el Cuestionario

El estudio en el que se le pide que participe esta diseñado a explorar e identificar métodos que ayuden a atraer a la población Hispana para que utilicen servicios de salud mental cuando lo necesiten. La estudiante investigadora, Nidia Canello, estudiante de MSW esta conduciendo este estudio bajo la supervisión de la Dr. Carolyn McAllister, Profesora del Programa de Trabajo Social en California State University San Bernardino (CSUSB). Este estudio ha sido aprobado por el Subcomité del Consejo de Revisión Institucional del Departamento de Trabajo Social, CSUSB.

En este estudio, se le pedirá que responda preguntas referente a barreras que previenen a la población Hispana a que reciban servicios de salud mental. Estas preguntas se le harán durante la entrevista. Ello tomaría de 15 a 20 minutos para completar. La investigadora mantendrá todas sus respuestas estrictamente confidenciales. Su nombre no se reportara junto a ninguna de las preguntas en el cuestionario. Usted puede recibir los resultados de este estudio después de Septiembre 2009 en la Liberia PFAU que se encuentra en California State University San Bernardino.

Su participación en este estudio es totalmente voluntaria. Se le dará una tarjeta de regalo de $10.00 a cada participante. No hay ningún riesgo que se crea ocurre al participar en este estudio. Usted puede dejar de participar o responder preguntas y decidir no participar sin temor a coerción.

Si tiene alguna pregunta o preocupación acerca de este estudio, por favor siéntase libre de comunicarse con, Dr. Carolyn Mc Allister, a (909) 537-5559.

Al marcar dentro del cuadro abajo, usted reconoce que usted ha sido informado, y que comprende, la naturaleza y el propósito de este estudio, y que participa voluntariamente.

Fecha de Hoy: _____

☐ Marque la caja aca

APPENDIX C

QUESTIONNAIRE IN ENGLISH

This questionnaire intends to gather information to help the Hispanic population to get better access to **mental** health when it is needed. Some examples of mental health (but not the only ones) that need attention are depression, anxiety, chronic stress, anger episodes, desire to commit suicide, hallucinations etc.

QUESTIONNAIRE

1. Gender _____ 1. Male _____ 2. Female

2. Age _____

3. Marital Status
   ____ 1. Single
   ____ 2. Married
   ____ 3. Unmarried living with a partner
   ____ 4. Divorced
   ____ 5. Widowed
   ____ 6. Other, specify

4. What is your ethnic background (please check one)
   ____ 1. Mexican
   ____ 2. Mexican American
   ____ 3. Central American
   ____ 4. American born from Central American parents
   ____ 5. Other, specify

5. Number of years in the United States _____

6. Language of preference:
   ____ 1. Spanish
   ____ 2. English
   ____ 3. Other, Specify _____

7. How well do you speak English?
   ____ 1. Very well and fluent
   ____ 2. Fair
   ____ 3. Not well
   ____ 4. Not at all

8. What is your highest level of education completed"
   _____ 1. No schooling
   _____ 2. Elementary (1st to 6th grade)
   _____ 3. Middle school (7th to 8th grade)
   _____ 4. High school (9th to 12th grade)
   _____ 5. Junior college or vocational school
   _____ 6. Four year college
   _____ 7. Graduate/postgraduate school

9. Specify if you economic status
   _____ I am a dependent
   _____ I do not have dependents
   _____ I help provide for my family

10. What is Your Income?
   _____ 1. Up to $ 10,000
   _____ 2. $ 10,001 to $20,000
   _____ 3. $ 20,001 to $30,000
   _____ 4. $30,001 to $40,000
   _____ 5. $40,001 to $50,000
   _____ 6. Above $50,000

11. Below are barriers that are believed to prevent Hispanics from seeking mental health.
   You will be asked which barriers would prevent you from seeking mental health. Assign a number to the barriers below in a scale from 1 to 5. Number "1" means that it is not a barrier for you at all. Number "5" means that it is a major barrier that would prevent you from seeking mental health.
   _____ Lack of understanding what mental health is
   _____ You know what mental health is but you do not know at which point you need to see a therapist
   _____ Your belief that mental health help is not necessary or useful
   _____ You do not know where you could get help if you need it
   _____ You would be concerned if people who know you find out that you are seeking or getting mental health
   _____ Lack of information in Spanish and a Spanish speaking mental health provider
   _____ Distrust of health government agencies
   _____ Lack of money and or medical insurance
   _____ No need to seek help because my faith alone will take care of my mental health needs
   If you believe there is another barrier(s) not mentioned, include the barrier and the number you would assign to it: _____

12. Who would be a person that you would feel comfo_____ A popular disc jockey from the radio (Cucuy, Piolin etc)
    ____ A popular actor on T.V.
    ____ A friend
    ____ A volunteer that approached you
    Other (please mention and rate) _____

    Who would be a person that you would feel comfortable and trust to provide you some general information on what is mental health and where you can seek more information and help confidentially? Rate from 1 to 5. One is "least trusted" and five is "most trusted" source.

    ____ A leader from your church (priest, pastor, rabbi etc.)
    ____ A family doctor
    ____ A social worker

APPENDIX D

QUESTIONNAIRE IN SPANISH

El propósito de este cuestionario es para obtener información que ayudara a la población Hispana para tener mejor acceso a servicios de salud mental si lo necesitan. Algunos ejemplos (aunque no son los únicos) de salud mental que necesitan atención son depresión, ansiedad, estrés crónico, episodios de ira, deseo de suicidarse o alucinaciones etc.

CUESTIONARIOS

1. GENERO _____ 1. Masculino _____ 2. Femenino

2. Edad _____

3. Estado matrimonial
   ____ 1. Soltero (a)
   ____ 2. Casado (a)
   ____ 3. No esta casado (a) pero vive con alguien
   ____ 4. Divorciado (a)
   ____ 5. Viudo (a)
   ____ 6. Otro, especifique,

4. Cual es su grupo étnico (por favor marque uno)
   ____ 1. Mejicano (a)
   ____ 2. Méjico Americano (a)
   ____ 3. Centroamericano (a)
   ____ 4. Americano (a) nacido de padres Centroamericanos
   ____ 5. Otro, especifique

5. Numero de años viviendo en Estados Unidos _____

6. Lenguaje que prefiere:
   ____ 1. Español
   ____ 2. Ingles
   ____ 3. Otro, Especifique_____

7. Que tanto habla Ingles?
   ____ 1. Muy bien y fluente
   ____ 2. Más o menos
   ____ 3. No muy bien
   ____ 4. Casi nada

8. Cual es el mayor nivel de educación que ha completado?
   _____ 1. Nada
   _____ 2. Elementaria (1st a 6th grado)
   _____ 3. Plan Básico 7th a 8th grado)
   _____ 4. Bachillerato (9th a 12th grado)
   _____ 5. Colegio de dos anos o escuela vocacional
   _____ 6. Cuatro años de universidad
   _____ 7. Maestría o doctorado universitario

9. Especifique su estado económico
   _____ Soy dependiente
   _____ No tengo dependientes
   _____ Mi familia depende de mi económicamente

10. De cuanto es su entrada económica al año?
   _____ 1. Hasta $ 10,000
   _____ 2. $ 10,001 to $20,000
   _____ 3. $ 20,001 to $30,000
   _____ 4. $30,001 to $40,000
   _____ 5. $40,001 to $50,000
   _____ 6 Mas de $50,000

11. Abajo se mencionan barreras que impiden que Hispanos busquen ayuda de salud mental.
Se le preguntara que barreras harían difícil que pida ayuda de servicios mentales. Asigne un numero a cada barrera en una escala de 1 a 5. Numero "1" quiere decir que no es una barrera para usted. Numero "5" quiere decir que es una barrera muy grande para usted y le prevendría a buscar ayuda de servicios mentales.

____ No comprende que es salud mental
____ Usted sabe lo que es salud mental pero no sabe cuando es necesario ver a un sicólogo
____ Usted no cree que la salud mental es importante o necesaria
____ Usted no sabe donde puede conseguir ayuda para salud mental
____ Usted esta preocupado (a) que la gente que la conozca se de cuenta que usted esta buscando u obteniendo ayuda mental
____ Falta de información disponible en Español y sicólogos que hablen Español
____ Desconfianza de agencias de salud del gobierno
____ Falta de dinero y/o falta de aseguranza medica
____ No creo en buscar ayuda de salud mental pues creo que mi fe sola ayudara con mis necesidades de salud mental

Si usted cree que hay otra(s) barrera(s) importantes que no se han mencionado, por favor menciónele y asígnele un numero de 1 a 5 como hizo anteriormente: _____

12. Quien seria una persona con la que usted se sentiría en confianza para que le provea información de que es salud mental y donde pueda obtener ayuda en confidencialidad? Asígnele un numero de 1 a 5. Uno es "casi no confío en esa persona" y cinco es "confío mucho" en esa persona.

____ Un líder de la iglesia (padre, pastor, rabino etc.)
____ Un doctor familiar
____ Una trabajadora social o trabajador social
____ Por la radio Hispana por alguien famoso como el Cucuy, Piolin etc
____ Por la televisión por un actor famoso
____ Un amigo (a)
____ Un voluntario que se le acerque y le de la información

Otro (por favor menciónelo y asigne un numero de 1 a 5

_____

APPENDIX E

DEBRIEFING STATEMENT IN ENGLISH

Debriefing Statement

Thank you for participating in this study conducted by Nidia Canello, MSW student from the California State University San Bernardino (CSUSB). The purpose of this study is to research identification of effective outreach methods for mental health services to the Hispanic population. It is hoped that the results of this study will contribute to a better understanding of how to effectively outreach to the Hispanic population.

The research data were collected through the interviewing process which you completed. All data collected will be kept confidential and anonymous. The results of this study will be available at the PFAU Library located at California State University San Bernardino by September of 2009. If you have any questions or concerns regarding this research project you may contact my research faculty supervisor, Dr. Carolyn Mc Allister at the CSUSB Department of Social Work at (909) 537-5559.

Thank you again for your participation and cooperation in this research project.

APPENDIX F

DEBRIEFING STATEMENT IN SPANISH

Declaración Informativa

Gracias por participar en este estudio conducido por Nidia Canello, MSW estudiante de California State University San Bernardino (CSUSB). El propósito de este estudio es el encontrar métodos efectivos para alcanzar a la población Hispana con servicios de salud mental. Se espera que los resultados de este estudio contribuirán para alcanzar mejor a la población Hispana al ofrecerle estos servicios.

La información del estudio se obtendrá a través de la información que usted provea con sus repuestas en el proceso de la entrevista que usted completo. Toda la información que se obtenga se mantendrá confidencial y anónima. Los resultados de este estudio estarán disponibles en la librería PFAU que estará en la universidad estatal de San Bernardino en el mes de Septiembre del 2009. Si usted tiene alguna pregunta referente a la investigación, usted puede comunicarse con mi supervisora de la facultad, Dr. Carolyn Mc Allister en CSUSB en el Departamento de Trabajo Social por el teléfono (909) 537-5559.

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