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BARRIERS TO ACCESSING MENTAL HEALTH
SERVICES AMONG LATINOS

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

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

by
Patricia Guadalupe Pasillas
June 2010


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June 2010

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ABSTRACT

The Latino population in the United States seeks mental health services at a lower rate. This is due to barriers in accessing the services they encountered. It is vital that we identify and ameliorate the barriers since the Latino population is growing in the Ventura County. This study was done qualitatively by conducting nine focus groups with staff personnel of mental health providers. Staff was given the opportunity to identify the top 3 barriers in the categories of Service Improvement, Organizational Issues, and General education & outreach. Barriers identify by the staff of the Ventura Behavioral Health Services are: not enough representation of the bilingual staff at the workplace, stigma, and taboo behind mental health services, lack of transportation and locally accessibility. This researcher used this information to identify barriers in mental health services and to come up with recommendation to ameliorate the disparity by Latinos.

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DEDICATION

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CHAPTER ONE

INTRODUCTION

Problem Statement

Mental health care is important because many illnesses and diseases can be prevented or dealt with if a medical practitioner addresses an individual's deep-seated mental, and psychological issues. Mental health care is a critical issue within the spectrum of health care services because, in many cases, a patient's physical health issues are related to their mental health. According to the Supplement Report of the Surgeon General on Mental Health, Latinos with diagnosable mental disorders underutilize mental health care (US Department of Health and Human Services [USDHHS], 2001). With that said, another area within the discussion of health care that merits greater attention is the utilization of mental health care services by ethnic minorities. For this reason, Latinos have been identified and categorized under the high-risk group for depression, anxiety and substance abuse (National Alliance for Hispanic Health, 2004). Latinos are the largest ethnic minority in the country, having surpassed African Americans in 2001. The

Latino population in the United States consists of many different nationalities, representing various different countries in Latin America.

Within the Latino population, the most prevalent form of depression is major depression (Aguilar-Gaxiola, 2005). Depression is a common mental disorder that manifests itself in individuals as depressed mood characteristics, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. Depression is very debilitating usually because it starts early with an onset prior to age 25 (American Psychiatric Association, 2000). Depression is commonly associated with other mental or physical illnesses and results in lost productivity or energy by the individual. Among Latinos, symptoms of depression are expressed in the following manner: bodily aches, feeling nervous, and tiredness (Aguilar-Gaxiola, 2005). This is known as psychosomaticism. It is important that mental health providers recognize these symptoms to better serve Latinos with mental health issues.

As above mentioned, Latinos underutilize mental health care services, therefore, they are less likely to

receive care for depression much less quality care in comparison to other racial/ethnic groups (Wells, Schoenbaum, Sherbourne, Duan, Meredith, Unutzer, et al., 2000). According to the Surgeon General's Report, nationally a study found that only 24% of Hispanics with depression and anxiety received appropriate care, compared to 34% of whites (USDHHS, 2001). Within the Latino population suffering from a recurring mental disorder, 1 out of 11 individuals contacts a mental health provider or specialist. This demonstrates the underutilization of mental health services among Latinos compared to other groups in the United States. Research that analyzes this disparity have found that underutilization of services among Latinos is largely due to inadequate resources of treatment personnel. The treatment personnel are often not adequately trained to work with this population and have language barriers.

This study focuses on the barriers in accessing mental health services among the Latino population. The study seeks to investigate further why Latinos have a lower likelihood of seeking and receiving mental health services than the total US population (Gruskin, Rodriguez, & Vega, 2009). Research within various

disciplines has examined this issue and offered various explanations for the unequal access and use of mental health care services by Latinos. Explanations offered indicate that language barriers, inadequate sources of treatment, and lack of cultural competence withhold Latinos from seeking the services they need. Gaining a deeper understanding and knowledge of these factors are important because Latinos are the largest minority group in the United States. It is important to address these issues because Latinos have been identified as one of the most disadvantaged ethnic groups in mental health service utilization ((Chapa, 2004, as cited in Aguilar-Gaxiola, 2005).

Policy Content

Currently, the most comprehensive mental health policy that affects Latinos and their access to mental health care services is the Mental Health Service Act, also known as Proposition 63 or Prop 63. In 2004, this act provided the California Department of Mental Health with funding, adequate personnel, and resources to support mental health programs. The target population includes children, youth, adults, older adults, and families. The goal of the Mental Health Service Act is to reduce

long-term negative impact of mental illness on the individual and family. In addition, it also includes culturally and linguistic competent approaches for underserved populations like Latinos (Cunningham, McKenzie & Taylor, 2006). Another goal of Proposition 63 is to conduct outreach and integrate services, including psychiatric, substance abuse, health services, and other services the consumer may need.

The Mental Health Service Act is furthermore enhanced, at the federal level by the Civil Rights Act 1964, title VI. This piece of legislation prevented discrimination by agencies receiving federal funding. This is relevant to Latinos with mental health issues because, if an agency is found in violation of this title, they can lose federal funding (Wright, 2006).

These policies are relevant to Latinos accessing mental health services because Latinos have consistently had lower rates of utilization of mental health services. The Mental Health Service Act mandates the increase for cultural competence among social workers, caseworkers, and mental health practitioners when working with Latinos. Propositions 63's objective is to eliminate disparities among ethnic and racial groups and in

low-income communities which include urban and rural counties (Cunningham, McKenzie, & Taylor, 2006).

Practice Context

In the profession of social work, social workers will come into contact with clients with mental illness of many varieties. Social workers in mental health institutions, colleges, universities, hospitals, hospices, child welfare agencies, public welfare agencies, outpatient, and in clinics settings will work with individuals with a mental illness. According to (Aguilar-Gaxiola, 2005), social workers and caseworkers have the most frequent contact with individuals with mental health disorders. Social Workers are inclined to be the first person an individual with mental health issues is in contact via intake, bio-psycho social assessments, and therapeutic sessions.

Unfortunately, Gaxiola found that licensed MSW or Bachelor level social workers lacked the preparation to work with Latinos with mental health issues (2005). His study examines inadequate resources of treatment and inadequate personnel. This again pointed out to the lack of cultural competency in that there was a lack of professional Latinos working as mental health providers.

According to the Center for Mental Health Services (CMHS), there are 20 Latino mental health professionals for every 100,000 Latinos in the United States. On the other hand, for whites, the rate was 173 white providers per 100,000 (Center for Mental Health Service [CMHS], 1999). This information suggests that until Latinos are able to receive care by professionals who represent their population, understand their cultures, and speak their language, mental health issues will continue to disproportionately affect the fastest growing sector of the population. This inadequate representation will further the stigma surrounding mental health care and deter Latinos from accessing services.

At a macro level, social workers need to know about the most current policies and laws regarding mental health. It is vital that they inform their clients of the services and rights they have, when facing or encountering a mental health illness. Another important factor under the macro level is the responsibility of the social worker to refer the client to the appropriate source or practitioner available. Social Workers serve as referrals and navigate their clientele to many types of service that are essential to improving their quality of

life. It is essential for Social Workers to have system of care information to better help their clientele access services they need.

Purpose of the Study

The purpose of this study is to examine the use of services by Latinos in the Mental Health system. This study is important for several reasons. According to Aguilar-Gaxiola (2005), Latinos are often faced with language barriers in accessing mental health services. Latinos are unable to obtain quality care by professionals who do not understand them in any capacity including language, race, or gender. Since Latinos are unable to communicate their mental health dilemmas or questions in their language, Latinos as a group then do not have access to mental health services. Many Latinos are monolingual speakers and need services provided in their primary language. Other issues with language are the massive paper work that comes when seeking services of any kind. These forms are in English, and when translated into Spanish, they do not translate or interpret appropriately. These primarily monolingual Spanish speakers need to understand what they are reading

and signing. According to Aguilar-Gaxiola (2005), Spanish speaking Latinos with mental health issues have much lower odds of receiving needed services compared to English speaking Latinos.

The Latino Behavioral Health Institute (LBHI) in Los Angeles was founded in 1996, with the mission of enhancing behavioral health services to the Latino community. LBHI is known for promoting respectful and equal treatment to Latinos with behavioral health issues. The Institute seeks to provide training, education and outreach and behavioral health services to the most needy. The Latino Behavioral Health Institute focuses on working on service improvements, organizational issues and Education/Outreach. The Latino Behavioral Health Institute conducted focus groups in Ventura County Behavioral Health System with the intent to identify barriers in accessing mental health services by Latinos. In its study, LBHI identified inadequate personnel, treatment, language, location, and transportation as barriers (Vega, Kolody, Aguilar-Gaxiola, & Catalano, 1999).

The overall research method to be used for this study is qualitative data analysis design. I will be

using qualitative data generated in focus groups to analyze information on barriers to accessing mental health services by focus group facilitators. Facilitation for the study are clinicians who work for the Latino Behavioral Health Institute. The information collected in the Focus Groups will help provide a better understanding of the disparities that Latinos are facing and coming with different techniques to approach the issues. Additionally, the study will receive quantitative data including demographics of Ventura County, and caseload information. Quantitative data will demonstrate the disparity in services to Latinos.

Significance of the Project for Social Work

This study will explore barriers in accessing mental health services among Latinos. The eventual goal is to generate recommendations for Latinos to access mental health services in a way that is appropriate. The finding of the study will improve the approach social workers use in servicing the Latino population by recruiting bilingual-bicultural practitioners, reduce biases the practitioner may have and offer culturally competent approaches and techniques to better serve the Latino

population. Having awareness and sensitivity of the issues that Latinos face will help the social worker improve the quality of services for Latinos at the micro and macro level. Mental Health practitioners, social workers, caseworkers, organizations, agencies, and institutions may use the findings of this study to improve the services provided to Latinos with mental disorders. This knowledge will improve social workers' from recommendation of this report understanding about the Latinos need in regards to mental health assistance. The beneficiaries of such study will be the Latinos seeking mental health service. This research will increase more knowledge about the barriers in accessing mental health services.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of a discussion of relevant literature to the study of mental health among Latinos. This chapter is divided into sub-sections which consist of mental health among Latinos, barriers to mental health, and stigma associated with mental health. This section concludes with the concepts of empowerment, advocacy and the mutual aid approach which is appropriate to this population.

Mental Health among Latinos

In examining the disparities on services to Latinos with mental health, Gruskin, Rodriguez, and Vega (2009) pointed out that many research studies have been conducted to describe the disparities, but few have dealt or improved the services to Latino population.

Gruskin, Rodriguez, and Vega (2009) examined health disparities data in their descriptive study. In this study, they indicated that Latinos were not homogeneous groups. They are composed of Mexicans, Cubans, and Puerto Ricans. These three groups are the most prevalent Latino

ethnic groups in the United States. According to their data, 40% of Mexicans and Mexican Americans, 26% of Cubans, and 21% of Puerto Ricans were uninsured in 2006 compared with 16% of White non-Latinos. They stated that the disparities among Latinos were unfair and unjust. These numerical disparities need to be addressed and improved (Gruskin, Rodriguez, & Vega, 2009).

Berdhal and Torres-Stone (2009) also examined the disparities in regard to mental health. They found that of the Latinos with a mental disorder seeking treatment, fewer than 1 in 20 uses services from mental health specialists, while less than 1 in 10 uses services from a general health care provider (US Department of Health and Human Services, 1999). This study indicated that many Latino groups have different perspectives about the services in the health care system. Every culture has a different perspective on services provided and how they serve them. In addition, Latinos are more likely to seek treatment from a general medical health care provider than a specialist on mental health. In addition to describing mental health among Latinos, Berdhal and Vega also examined the reasons for not accessing mental health services. Many of the incoming Latinos are foreign born

and are faced with the difficulty of not speaking the English language and not being able to explain their suffering or concerns (2009). Language barriers between clients and therapists have been shown to result in incorrect diagnoses and treatment. Language barriers are very important issues to address. This leads to the importance of examining the barriers to mental health services.

Barriers Accessing Mental Health Services

Consistent with other previous study findings, Aguilar-Gaxiola (2005) found that Latinos faced barriers in accessing mental health services. Aguilar-Gaxiola's (2005) study is consistent with Berdahl and Torres Stone (2009) both noting insufficient Latino personnel and providers of mental health who speak Spanish are factors to consider why Latinos not to seek services. According to The Center for Mental Health Services [CMHS] (1999), there are 20 Latino mental health professionals for every 100,000 Latinos in the United States. This suggests that Latinos underutilize mental health services because there is a dearth of mental health providers cultural or spiritual beliefs. Aguilar-Gaxiola's (2005) study concurs

with Berdahl and Torres Stone's (2009) observation that acculturation and attitudes toward mental health need to be reexamined and evaluated to increase treatment effectiveness.

Another barrier is the question of legal status of some Latinos in the United States. Many individuals seeking mental health services are undocumented in this country. These undocumented individuals are ineligible when applying for Medicaid or mental health services. According to Aguilar-Gaxiola, Borge, Breslau, and Medina-Mora (2007), undocumented immigrants are afraid of seeking services because of fear of deportation, as well as not wanting to burden the system. Many Latinos want to obtain legal status and thus refrain from receiving services, as to not ruin their chances to secure legal status in this country.

According to Aguilar-Gaxiola, Bohhan, Vega, and Williams (2001), location is an important factor when identifying barriers to using mental health services. Understanding the composition of the community is the first and most basic level of identifying if services are being utilized. The study examines what groups make up the population in the clinic's locality, where do

particular groups live, are there recognizable socioeconomic groups with special needs. Aguilar-Gaxiola, Borges, Breslau, and Medina-Mora (2001) identify the geographical distance from the large metropolitan areas, as a factor to not accessing services. This demonstrates how rural residents are isolated or unaware of services. Consistent with Aguilar-Gaxiola, Bohdan, Vega, and Williams (2001), it shows a lack of education and outreach in rural communities by mental health practitioners. The lack of outreach and education makes the residents unaware of their mental health status, availability of services or their eligibility for services.

Stigma is another barrier in accessing mental health services. Within the Latino population there is a resistance to utilize mental health services because they are afraid of being stigmatized by society. Furnan, Negi, Iwamoto, Rowan, Skukraft, and Gragg (2009) examined that social workers need to be aware of the different beliefs Latinos have regarding mental health services to better serve them. This is was best described in a Spanish saying "No se lava la ropa en casa ajena" meaning that one must not wash their dirty clothes in someone else

house. They rather just keep everything inside the family and not look for outside services. In addition, they rather go to "curanderos" known as folk healers than mental health practitioners. They need to understand the culture of that particular individual to serve them in mental health clinics. This will enhance their mental health approach, and avoid marginalization by others.

Theories Guiding Mental Health Services

Given all the lack of services Latinos receive in mental health services, Empowerment Theory and Mutual Aid Approach serve to empower Latinos to seek services within their community and surroundings. Empowerment practice is an approach to restore power and self-efficacy to disempowered populations (Parsons, 1994). These two theories and conceptual frameworks empower clients in finding additional support within their community. It empowers them to seek better services.

Empowerment theory, for example, is known for increasing an individual's knowledge about his/ her spiritual, political, economical and social confidence around their community or surrounding (Roberts, 2005). Empowerment also addresses social inequality and it

develops in the individual awareness of oppressing forces and how to engage in action to ameliorate the situation. Empowerment is applied to this issue of barriers in accessing mental health services because it gathers by helping Latinos increase knowledge on the availability of various mental health services. The group is ready to do its work of sharing real concerns and helping each other to deal with the issues of life that brought them to the group, critical reflection, and come up with solutions. Through organizations, institutions and agencies empowerment is promoted by ensuring that their staff involve clients in treatment planning, and setting realistic goals in their life. They also promote an attitude of respect toward the client and ability to allow the client to a treatment option and decision making skills and strategies. Empowerment occurs when mental health practitioners develop a peer support system with their clients to achieve an independent decision making over short and long term in their client.

One of the conceptual frameworks to analyzing mental health services among Latinos is the mutual aid approach (Parsons et al., 1994). This approach focuses in sharing information and mutual support in regards to issues that

are taboo or controversial. It also comes together as a force of advocacy and empowerment for the individual to initiate change. It allows the client to explore different ways of thinking, and being. A Self-help/Mutual Aid Approach group will provide psychological education services to the Latino population. This approach will target Latinos with mental health illnesses, individuals coping or living with a chronic mental illness, and families of individuals who suffer from these conditions. Self-help groups for family members are available since illness, addiction, and distress affect the entire family. Family members may unknowingly reinforce illness or addictive behaviors, or may need help coping with the person in distress. This approach will empower mental health consumers/clients with the opportunity of becoming helpers in self-help groups and mutual aid approaches.

Summary

As demonstrated the literature related to the present study provides information on barriers Latinos face when seeking services in mental health. Literature cited examined disparities Latinos undergo with mental health and how to improve services. Both Empowerment

Theory and Mutual Aid Approach provide a perspective on empowering Latinos dealing with mental health issues.

CHAPTER THREE

METHODS

Introduction

This chapter includes six sections. These sections are composed of the design of the study, sampling methods, data collection instrument, procedures, protection of human subjects and finally data analysis.

Study Design

The purpose of the study is to examine the barriers in accessing mental health services among the Latino population in Ventura County, California. These barriers are reasons for disparities because services to mental health services are not accessible. A qualitative study will be conducted by interviewing mental health practitioners that provide services to this population. Qualitative data will be collected by the Latino Behavioral Health Institute in 2009-2010. This data will be gathered during 9 focus groups. Additionally, Ventura County demographic data will be compared to existing caseload information to establish the extent of disparity in services to Latinos.

The focus groups will be conducted by the Latino Behavioral Health Institute employing a qualitative design. This design will allow for open-ended questions in focus groups. The method will also enable participants to respond using their own words rather than forcing them to choose from fixed responses. With open-ended questions, participants will have the ability to respond in a rich and explanatory nature. The participants will be able to share their own relevant experiences. This approach will allow participants to identify the most effective way of overcoming barriers to accessing mental health by Latinos.

The weaknesses in using qualitative research are:

1) that this approach is less likely to impose restrictive a priori classification on the collection of data 2) It is less driven by very specific hypotheses and categorical frameworks and more concerned with emergent themes and idiographic descriptions (Cassell & Symon, 1994) and 3) is lacking consistency and reliability because the researcher can employ different probing techniques additionally the respondent can choose to tell some particular stories and ignores others.

These focus groups will be conducted with mental health practitioners by the Latino Behavioral Health Institute in the Mental Health facilities of Ventura County. For this study, face-to-face contact and open questions will allow the facilitators to listen carefully to what the participant has to say, and engage them individually. It will also encourage participants to elaborate on their specific points of view.

Sampling

The purpose of this study will be to obtain information about barriers, which impede mental health services to the Latino Population. This proposed study will be utilizing a non-random convenience sample consisting of various mental health practitioners in each of the 9 focus groups. These staff members will be from the Ventura Behavioral Health Department. The supervisors will direct staff to represent the facility on the Focus group. This sample will include LCSW, MSW, MFT, Caseworkers, and Office Personnel. The sample consists of males and females participants varying in age, and includes Caucasians, Latinos, African Americans, Asians, and others and length of employment in the Ventura County

Behavioral Health Department. Caucasians, Latinos, African Americans, Asians, and others.

Data Collection and Instruments

Qualitative data will be collected from focus groups conducted by the Latino Behavioral Health Institute in 2009-2010. Data will be collected on Monday, Wednesday and Friday for an hour and a half during each focus group. Participants will include various mental health practitioners from the 9 Ventura County Behavioral Departments.

The outline of the focus group process will consist of:

- 1) Introduction,
- 2) Purpose of Focus group,
- 3) Major discussion,
- 4) Voting,
- 5) Recommendations.

In the introduction phase of each focus group, confidentiality will be discussed and participants will be asked to consent for the interview to be tape-recorded. The focus group's discussion on mental health services to Latinos will be open-ended.

Participants will be able to respond openly without restrictions. This approach will allow participants to reflect or use their own experiences to comment on this topic. Participants will be encouraged to give recommendations regarding the best approaches to overcoming mental health barriers in service. These focus groups will be used to acquire quality responses in order to implement constructive change in the mental health system. These responses will be used to improve service delivery to the Latino population. The open-ended questions will consist of three areas:

- 1) Service Improvement
 - a) service improvement,
 - b) Partner with others,
 - c) transportation,
 - d) location,
 - e) schedule,
 - f) use of others as model,
 - g) child care,
 - h) financial,
 - i) other.
- 2) Organizational Issues
 - a) Workload/Support Staffing,

- b) Language,
 - c) Cultural Awareness,
 - d) Training,
 - e) Other.
- 3) Education/Outreach
- a) General Education/Outreach,
 - b) School,
 - c) Church,
 - d) Other.

Each participant will be given an opportunity to rank barriers under major areas in a voting process. Three barriers receiving most votes under each major area will be identified. Recommendations for overcoming the barriers will then be discussed.

Procedures

The supervisor of every Behavioral Health facility will be inviting individuals who have direct contact with mental health clients. These individuals will be part of the Focus Groups. These Focus groups will be conducted 3 times a week in each of the 9 different facilities in the Ventura County area. Each focus group will consist of about 10 individuals, lasting for an hour and a half, and

will be held at the agency of employment. The focus groups will be conducted by an LBHI and facilitator.

Data will be recorded during the focus group by a recorder. Information will be transcribed after each focus group. Once the focus groups are completed, data analysis and synthesis of the material will take one month to be completed. This process of analysis will include LBHI consultant and the author of the study.

Protection of Human Subjects

The identity of the participants will be kept confidential at all time. During the focus groups, the names or any identifying information of the participants will not be discussed or disclosed. In addition, the data will be stored in such a manner where it would not be accessible to others.

Data Analysis

The data gathered in this study will be analyzed by using qualitative data analysis techniques. The first step will be transcribing data acquired from audio-taped and or hand written recorded information from the focus groups. A coding method will be used to identify common themes in the different focus groups. The author of this

study will utilize a journal to keep a written record of the methods of study being used and to record the identified meaning units of the data. The journal will also help keep a written record of the rules that will guide the definition of categories and the assignment of codes to the found categories. This will allow for identifying differences and similarities in the data collected from each focus group. Analysis of this data will lead to identifying the barriers to service and will facilitate developing strategies to overcome these barriers (Boeijs, 2002).

Summary

The study will be intended to identify the barriers to accessing mental health services and seeking recommendations and suggestions from the focus groups. Different barriers will be identified in discussions with the participants. This will allow for participants to give feedback to ameliorate the problem.

CHAPTER FOUR

RESULTS

Introduction

Comparative analysis was completed on Qualitative data. This was the method of choice because it produced a collective summary of the focus groups. The analysis provided details including time, place, demographics of participants and duration of the focus group. The studied population was comprised of employees of Ventura County Department of Behavioral Health. All employees of each service facility were invited to each of the meetings. The population included LCSW's, MSW's, MFT's, Case Workers, and Office Personnel. The population of 72 consisted of male and female participants varying in age, and included, Caucasians, Latinos, African Americans, Asians and others. See Table #1 for further information.

Presentation of the Findings

The analysis identified emerging themes such as needed Service Improvement, Organizational Issues, and General Education & Outreach. For each of these topics, a voting procedure was used, individuals identified what they thought were the critical issues. The voting

procedure determined group consensus for each of the themes. The following analysis provided information on the consensus of the group for each of these topics.

Table 1. Demographic Information Regarding Focus Groups

Gender	Job Title	Credentials
62 Female	7 Office Assistant	24 unknown
10 Male	9 Supervisors	48 LCSW, MSW, MFT/ psychologist/ psychiatrist
	40 MSW/ LCSW/ MFT/ Psychologist/ Psychiatrist	
	16 CASEMANAGERS	

Note: Please see Table #1 for information about the demographics.

Of the nine focus groups, there were 72 Participants. Out of the 72, 62 were female and 10 male participants. In the category of job title, there were 7 office assistants, 9 supervisors, 40 MSW's, LCSW's, MFT's, Psychologists, and Psychiatrists. In the last category, 28 staff members did not specify their credentials or degrees and 48 of the participants did.

In this study, I used comparative analysis (Boeije, 2002). Analyses were based on themes emerging from the collected data and were not imposed by the researcher. They were rather created by the results of focus group

participants and their consensus. An extensive literature search of mental health services barriers supported the findings of this research. Using this method, data from other research sources was systematically compared and contrasted and the process continued until no new issues emerged (Boeije, 2002)

The hypothesis of this study postulated that barriers to mental health services to Latinos were in the areas of:

- 1) Service Improvements that were needed
 - a) Service Improvement,
 - b) Partner with others,
 - c) Transportation,
 - d) Location,
 - e) Schedule,
 - f) Use of others as model,
 - g) Childcare,
 - h) Financial,
 - i) Other.
- 2) Organizational Issues that existed
 - a) Workload/Support Staffing,
 - b) Language,
 - c) Cultural awareness,

- d) Training,
 - e) Other.
- 3) Education/Outreach needs
- a) General Education/Outreach,
 - b) School,
 - c) Church,
 - d) Other issues.

This researcher used these topics as starting points in focus groups. Focus group participants were asked to vote for their top three concerns per category, and each focus group had to come to a consensus on their votes. The responses were collected data from the 9 distinct focus groups and their demographics which included gender/credentials and job titles. The tallies of the votes in the focus groups were described below in Tables 1, 2, and 3. Further description of the qualitative data was also given.

Service Improvement

Table 2. Participants Voted on Service Improvement on Most Important, Second Most Important, and Third Most Important Categories

Service Improvements	Most Important	Second Most Important	Third Most Important
1. Service Improvement	4	0	0
2. Partner with others	1	2	2
3. Transportation	2	2	1
4. Location	1	3	3
5. Schedule	0	0	1
6. Use of others as model	0	0	0
7. Child care	0	2	0
8. Financial	1	0	2
9. Other	0	0	0

Note: 9 Focus groups included the most important, second most important and third most important categories regarding Service Improvements.

Service Improvements that are Needed

In the nine focus groups, all felt that service improvements were the top need. An example of this was (person S, personal interview, January 2010), who stated "Due to cultural issues, there exists a high potential for misdiagnosis and a need for service improvement in services and cultural competency." For the second most

needed, the group identified transportation, Location, Partner with others and child cares. An example of this was (person.T, personal interview, January 2010), who stated "it takes the client one hour to get to desired location" (Person U, personal interview, January 2010). said that "the clinics needed to be more centralized and there should be a partnership with bus system in that county." With Partnering with others, (Person V, personal interview, January 2010) mentioned "Partnering with Ambulatory Clinics also known as mobile units or clinics to provide and take services to the needed communities." Lastly, was child care, the inability for clients to attend the clinics due to lack of child care in the facility (Person W, personal interview, January 2010). stated "improve the play area for and have interns babysit while in therapy process." In the third most important, location was emphasized again, in having more accessible clinics.

Organizational Issues

Table 3. Participants voted on Organizational Issues on Most Important, Second Most Important, and Third Most Important Categories

Organizational Issues	Most Important	Second Most Important	Third Most Important
1. Workload/Support Staffing	6	2	1
2. Language	2	4	0
3. Cultural Awareness	0	1	5
4. Training	1	2	2
5. Other	0	0	1

In the section regarding organizational issues, Workload /Support Staffing and Languages were the issue most important and second most important that the staff identified, respectively. The participants agreed that there was a demand for Spanish speaking professionals in this county. Administration should hire more bilingual and bicultural personnel to work with this population. In many cases, the receptionist or administrative assistant was being called to come and interpret for a psychiatrist or a social worker. Another recommendation from (person X, personal interview, January 2010) was that "Physician

and mental health personnel need to have written information in Spanish and flyers and brochures in Spanish." The third most important topic identified by the 9 focus groups was cultural competency. The group emphasized face-to-face interaction by service provider. They also mentioned integrating social elements that accentuate cultural elements. In the other category, Person P stated organizational issues related to bureaucracy of the agency.

Education/Outreach

Table 4. Participants voted on Education/Outreach on Most Important, Second Most Important, and Third Most Important Categories

Education/Outreach	Most Important	Second Most Important	Third Most Important
1. General Education/ Outreach	9	0	0
2. School	0	4	0
3. Church	0	5	0
4. Other	0	0	0

In Section 3, the most important topic was general education/outreach. Many of the participants agreed that

there should be more outreach and home visits to destigmatize mental problems and to inform them about the services. The group as a whole agreed that one of the biggest problems was the lack of information Latinos have regarding mental health services in general. They also mentioned the increase in collaboration and coordination among service providers in order to improve service availability, access, and appropriateness in service. With General Education/Outreach Participants agreed that there should be an appropriate response to acculturation on mental health with the Latino population. The second most important was church (Person R, personal interview, January 2010). Recommended forming partnerships with Churches since they have a huge amount of followers and gatherings on Sunday". In regards to school, the third most important, participants recommended working with elementary schools to diagnose problems at their developmental stage. This will ameliorate the problem later on in life. The group also mentioned having more counseling or therapists at school sites and at the university level.

Conclusion

With the use of Comparative analyses, we found the emerging themes with each focus group. The themes were in the categories of Service Improvements needed, Organizational Issues, and General Education/Outreach. Participants of the study identified their priorities in the focus group. The voting procedure generated the themes that were discussed and the recommendations generated.

According to the Latino Behavioral Health Institute (2002), recommendations should take into consideration the location of this study which was at a rural community where the Latino population is growing incredibly. In conclusion, the system of mental health services does not provide effective delivery of services to the Latino population. With all nine focus groups, the provision of services was recommended. They also suggested that mental health professionals should be skilled in the language of Spanish. They also need to have an understanding of the culture and traditions. The issue of mental health was prevalent across every ethnic group. It is important that we improve our services and serve this population effectively.

CHAPTER FIVE

DISCUSSION

Introduction

In this chapter, the findings concurred that the underutilization of mental health services was due to the many barriers Latinos faced when trying to access services. In the areas of Service Improvement:

- 1) barriers identified were
 - a) Service Improvement,
 - b) Partner with others,
 - c) Transportation,
 - d) Location,
 - e) Schedule,
 - f) Use of others as model,
 - g) Childcare,
 - h) Financial,
 - i) Other.
- 2) Organizational Issues that existed
 - a) Workload/Support Staffing,
 - b) Language,
 - c) Cultural awareness,
 - d) Training,

- e) Other.
- 3) Education/Outreach needs
 - a) General Education/Outreach,
 - b) School,
 - c) Church,
 - d) Other issues.

As demonstrated by the study, the system of mental health services currently in place failed to provide for the majority of Latinos in need of these services. It is clear that Latino consumers have limited access to ethnically and linguistically competent providers in regards to mental health. With these recommendations, we can improve service to the Latino population.

Services Improvements that Needed

In Service Improvement, the recommendations were as followed: The Ventura County Behavioral Health and other agencies must work to address the needs of the population regarding mental health access and availability. Many of the services improvement recommendations were that improving transportation problems was critical. Improving this area could be done by providing and or using private

or public transportation, such as Dial-A-ride, Bus, or agency van's.

Another issue that was related to transportation was geographic proximity (location) to the many services. Many of the individuals seeking services have to commute about an 1hr to receive services. A recommendation was to establish treatment centers in local communities to reduce transportation problems (Latino Behavioral Health Institute, 2002). With Service Improvement, a vital recommendation was partnering with others for resources and working collaboratively. One suggestion was collaborating with community based services and organizations. In addition to this, there were also other suggestions like to: Send a Spanish speaking professional to talk to the priest, minister or pastor about how to reach the community by providing information about the different services in the community, and to have a booklet prepare to give to the community to see the different agencies they can contact for services.

Workload/Support Staff

In this section, the number one issue identified was workload/support staffing. Many of the participants

recommended hiring Spanish speaking staff at all levels including receptionists, line staff, psychiatrists, and social workers. It is essential to have bi-cultural, bi-lingual, and bi-cognition individuals as staff members. With this, they also recommended having cultural competence trainings and seminars to learn about the different cultures and culture bound syndromes within each diverse population. They also suggested that the mental health staff needed to use culturally competent assessments, treatment, and resource coordination. The material about mental health should be in written Spanish, and the telephone line should have a Spanish message instead of English only.

A national study survey of 596 licensed psychologists with active clinical practices who are members of the American Psychological Association found that only 1 percent of the randomly selected sample identified themselves as Hispanics, whereas 96 percent identified themselves as white (Williams & Kohut, 1999). A study suggested that among Hispanic Americans with mental disorders, fewer than 1 in 11 contacted mental health care specialists, while fewer than 1 in 5

contacted general health care providers (Latino Behavioral Health Institute, 2002).

General Education/Outreach

In this section, the recommendations were effective outreach leads to linkage and education. For example, take services to the community through establishment of satellite centers or mobile clinics. In addition to this, other recommendations were increased ethnic and language matching of mental health service staff including understanding of Social Economic Status Issues. Another recommendation was to increase use of "promotores", individuals who are responsible for engagement, outreach and linkage and organizing self help groups for the Latino population. Another recommendation was visit and use community venues where Latinos congregate such as churches, parks, or recreational centers. One vital source of outreach was using the local Spanish language radio stations, newspapers, and television stations to get the message about mental health out there in the community. The group also recommended providing information and education to faith based groups on mental health and services.

Limitations of Study

This study has important limitations that should be examined when interpreting the findings. One of the limitations to this study was that the population is Latino and is difficult to generalize to other non-Latino populations. Secondly, Ventura County is a rural agricultural setting and findings cannot be generalized to an urban community. Another limitation was that we cannot generalize these outside mental health to other human services. Finally, it was a perspective of the staff not the consumer or general public. The results were more easily influenced by the staff's biases or own perceptions and idiosyncrasies. In regards to limitations due to the qualitative nature of the study, is that it takes more time to collect the data when compared to quantitative research (Grinnell & Unrau, 2008). Qualitative data can be time consuming for the researcher.

Strengths to Study

This study included professionals knowledgeable about the mental health services and the mental health system. It also included administrative and

paraprofessionals with experience in mental health. This study also offered awareness to the different agencies or organizations serving Latinos. They have realized Service Improvement such as hiring bilingual personnel and community education and reviewing organizational issues are assets to their organizations.

Qualitative research is useful because Qualitative data is richer, and less able to be generalized (Grinnell & Unrau, 2008). It is also useful because it uses participants and their observations for ideas and recommendations. Focus groups are useful because they gathered the voice of the participants through a structured group interview. They provide an opportunity to get multiple participants together to discuss their ideas and needs and provide feedback. With Focus groups, new ideas are brought up and explored in depth.

Recommendations for Social Work Practice, Policy and Research

In the area of public policy, these were some of the recommendations to this study. According to Aguilar-Gaxiola (2005), the issue of mental health should be designated as a health disparity category to better understand and validate that mental health is a part of

overall health. Because of this, there should therefore be an increased national attention to its awareness. Another important public policy as recommendation was that at a national, state and local level advocacy efforts should be visible to promote access to mental health services for Latinos. Other important issues were allocating money or fund sources for Latinos who lack health care or insurance for these services which consist of treatment.

According to Aguilar-Gaxiola (2005), mandating policy to ensure adequate representation of Latinos and other racial/ethnic minorities in national studies and drug trials was essential and necessary for the understanding of this population.

Social Work practice is important in this study because it identifies the barriers future social workers are faced with if they are not equipped with skills to approach mental health consumers. It is necessary that social workers are trained in cultural bound syndrome to understand their clients instead of misdiagnosing them without understanding their customs or traditions. The therapist should understand those beliefs, but most importantly the therapist should be prepared to function

with both systems which consist of the folk belief, and the scientific system (Garza-Trevino Ruiz & Venegas-Samuels, 1997).

There are many agencies that provide cultural competency trainings and interpreting and language techniques. It is necessary that the social workers get the needed training and preparation to work with this population.

Finally, it is important that four-year universities become more selective in their admissions to the social work program by recruiting more culturally competent, and bilingual/ bicultural students. This will train Latino social workers to be more effective with Latino populations and be more understanding about their beliefs regarding mental health. With this, trained social workers have an opportunity to provide culturally responsive therapy and access the local world of their client and family.

Further research is necessary in this study to ameliorate the barriers in mental health. According to the Latino Behavioral Health Institute 2002, Latinos are less likely than whites to receive treatment in evidence based approach. More research should be conducted on

modalities to approach and treat the different ethnic groups within the Latino population. There needs to be a specific cultural competence guideline for Latinos. The Latino population is very diverse. In the United States, there are many different nationalities and ethnic groups that comprise the Latino population. The guidelines in place, however, are used across ethnic groups (Western Interstate Commission for lines for Higher Education, 1996). There are differences in food, language, and culture within the Latino population. Further research also needs to be done on how consumers, families, agencies, and organizations view what are barriers to accessing mental health services. Finally, special research is needed to examine the role of stigma in the Latino population and how it relates to accessing mental health care (Latino Behavioral Health Institute, 2002).

Conclusion

As the Latino population continues to grow in the United States, the topic of mental health will be more important to understand within the Latino Community. By improving on mental health services to Latinos, professionals, and researchers can identify the gaps in

services and effective interventions. There is a large need to provide mental health services to underserved groups in the United States. The Latino market needs these mental health services to be readily available. These focus groups conducted help identify and come up with recommendations which have to do with systematic barriers and increasing linguistically and culturally skilled paraprofessionals. The main objective is for the Ventura County Department of Behavioral Health to develop creative innovative approaches regarding mental health services to the Latino community. The objective is also about highlighting staff recommendations in how to engage the Latino population regarding mental health services and improving access to these services.

APPENDIX A
QUESTIONNAIRE

Qualitative Focus Group Instrument for Measuring Discussion

Procedure: Have each staff member in focus group vote for the 3 most important barriers.

For each focus group identify the 3 most important barriers

Area 1: Service Improvements

Vote for top 3 (Open Discussion)

1. Service Improvement
2. Partner with Others
3. Transportation
4. Location
5. Schedule
6. Use others as model
7. Child Care
8. Financial
9. Other

Procedure: Have each staff member in focus group vote for the 3 most important barriers.

Area 2: Organizational Issues

Vote for top 3 (Open Discussion)

1. Workload/Support Staffing
2. Language
3. Cultural Awareness
4. Training
5. Other

Procedure: Have each staff member in focus group vote for the 3 most important barriers.

Area 3: Education/Outreach

Vote for top 3 (Open Discussion)

1. General Education/Outreach
2. School
3. Church
4. Other

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate barriers in accessing mental health services in Ventura County. This study is being conducted by Patricia G. Pasillas under the supervision of Dr. McAllister, Assistant Professor at California State University, San Bernardino. This study has been approved by Social Work Human Subjects Subcommittee of the Institutional Review Board, California State University, and San Bernardino.

PURPOSE: The purpose of the study is to examine barriers in accessing mental health services among the Latino population in Ventura County, California.

DESCRIPTION: You are being asked to participate in focus group. You will be asked questions regarding barriers in accessing mental health services. There will be major discussion on identifying barriers to mental services in the community. The open-ended questions will consist of three areas: 1) Service Improvement 2) Organizational Issues 3) Education/Outreach. Each participant will be given an opportunity to rank barriers under major areas in a voting process. Three barriers receiving most votes under each major area will be identified. Recommendations for overcoming the barriers will then be discussed.

PARTICIPATION: Participation in this study is voluntary; refusal to participate will involve no penalty. Each participant is free to withdraw and discontinue participation in this project at any time.

CONFIDENTIALITY OR ANONYMITY: The identity of the participants will be kept confidential at all time. During the focus groups, the names or any identifying information of the participants will not be discussed or disclosed. In addition, the data will be stored in such a manner where it would not be accessible to others.

DURATION: The duration will be approximately an hour and a half.

RISKS: There is no foreseeable physical or psychological risks to participants.

BENEFITS: There are no direct benefits by participating in this focus group. However, this research is expected to yield knowledge about barriers in accessing mental health services. It is intended to give recommendations to ameliorate the problem.

CONTACT: If you have any questions regarding this study, research subjects rights, or research related injury please call Dr. McAllister, Assistant Professor at CSUSB at (909) 537-5559 or you may contact via-email cmcallis@csusb.edu

RESULTS: The results of this research project will be available at the Pfau Library in San Bernardino.

By placing a check mark below, I acknowledge that I have been informed of, and that I understand, the purpose and nature of the study, and I willing consent to participate. I also acknowledge that I am 18 years of age or older.

Please make a mark here _____

Today's date: _____

APPENDIX C
DEBRIEFING STATEMENT



Debriefing Statement

The study you are participating in is designed to investigate barriers in mental health services utilization among Latinos. All information collected will be kept confidential, If any questions you have been asked to complete cause you any emotional stress which might require discussion with a professional mental health worker, please contact Dr. McAllister , Assistant Professor at CSUSB at (909) 537-5559 or you may contact via email cmallis@csusb.edu. The research team would like to thank you for voluntarily participating in our research project. Results should be available by July 30, 2010.

APPENDIX D
AUTHORIZATION LETTER



November 25, 2009

Latino Behavioral
Health Institute

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AFFILIATES

ASHP – American Society of
Hispanic Psychiatry
NAMI – National Alliance for the
mentally ill

ASSOCIATES

Irma Martinez, MA
Patricia Zavala-Ansel

To the IRB Board,

Latino Behavioral Health Institute (LBHI) will permit intern Patricia G. Pasillas to co-facilitate focus groups in the Ventura County to obtain qualitative data. This information is being gathered by conducting focus groups that include staff in the county of Ventura.

The Latino Behavioral Health Institute (LBHI) is a non profit organization dedicated to promoting prevention, intervention, cultural competency, education and research on Latino health and mental health. The institute prides itself in providing training and consultation to organizations that serving Latinas an effort to eliminate disparities in access to care. Its services are intended for consumers, family members, mental health clinicians, care providers, administrators, educators and researchers.

Should you need additional information, please feel free to contact me at (818) 831-3395 or arod@lbhi.org. On behalf of those we serve, thank you.

Warmest regards,
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REFERENCES

- Aguilar-Gaxiola, S. (2005). Critical disparities in Latino mental health: Transforming research into action. *Institute for Hispanic Health*, 1-33.
- Aguilar-Gaxiola, S., Bohdan K., & Vega, W. A. (2001). Help seeking for mental health problems among Mexican Americans. *Journal of Immigrant Health*, 3, 133-140.
- Aguilar-Gaxiola, S., Borges, G., Breslau, J., & Medina-Mora, M. E. (2007). The effect of migration to the United States on substance use disorders among returned Mexican migrants and families of migrants. *American Journal of Public Health* 97, 1847-1851.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4th ed.). Washington, DC: Author.
- Berdahl, T., & Torres Stone, R. A. (2009) Examining Latino differences in mental healthcare use: The roles of acculturation and attitudes towards healthcare. *Community Mental Health Journal*, 45, 393-403.
- Boeije, H. (2002) A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality & Quantity*, 36, 391-409.
- Cassell, C., & Symon, G. (1994). *Qualitative methods in organizational research: A practical guide*. London: Sage Publications.
- Center for Mental Health Services; Center for Substance Abuse Prevention ... U.S. Department of Health and Human Services. (1999). *Mental health: A mental health: A report of the surgeon general*. Rockville, MD: U.S. Department of Health and Human Services.

- Cunningham, P., McKenzie, K., & Taylor, E. F. (2006). The struggle to provide community-based care to low-income people with serious mental illnesses. *Health Aff.*, 25(3), 694-705.
- Furnan, R., Negi, N. J., Iwamoto, D. K., Rowan, D., Skukraft, A., & Gragg, J. (2009). Social work practice with *Latinos*: Key issues for social workers. *National Association of Social Workers*, 54, 167-174.
- Garza-Treviño, E., Ruiz, P., & Venegas-Samuels, K. (1997). A psychiatric curriculum directed to the care of the Hispanic patient. *Academic Psychiatric*, 21, 1-10.
- Grinnell, R., & Unrau, Y. (2008). *Social work research and evaluation: Foundations of evidence-based practice*, (8th ed.). Oxford University Press.
- Gruskin, E., Rodriguez, M. A., & Vega, W. A. (2009). Health disparities in the Latino population. *American Journal of Public Health*, 99, 728-733.
- Hennie, B. (2005). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. Utrecht. NIZW. *Quality & Quantity*, 36, 391-409.
- Latino Behavioral Health Institute. (2002). *Mental health needs assessment*. Canoga Park, CA: Author.
- National Alliance for Hispanic Health. (2004). *Depression health fact sheet*. Retrieved on November 8, 2004, <http://www.hispanichealth.org/depression>
- Parsons, R. J. (1994). *Empowerment based social work practice: A study of process and outcomes*. Paper presented to the 41st Annual Program Meeting, Council on Social Work Education, San Diego, and CA. March.
- Roberts, A. (2005). *Crisis intervention handbook: Assessment, treatment, and research*. Oxford: Oxford University Press.

US Department of Health and Human Services. (1999). *The AFCARS (Adoption and foster care analysis and Reporting System) Report: Current estimates as of January 1999*. Rockville, MD: Author.

US Department of Health and Human Services. (2001). *Mental health: Culture, race and ethnicity—a supplement to mental health: A report of the surgeon general*. Rockville, MD: Author.

Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., & Catalano, R. (1999). Gaps in service utilization by Mexican Americans with mental health problems. *American Journal of Psychiatry*, 156, 928-934.

Wells, K. B., Sherbourne, C., Schoenbaum, C., Duan, N., Meredith, L., Unutzer, J., Miranda, J., Carney, M. F., & Rubenstein, L. V. (2000). Impact of disseminating quality improvement programs for depression in managed primary care. *Journal of the American Medical Association*, 283, 212-220.

Western Interstate Commission for Higher Education. (1996). *Cultural competence standards in managed care mental services for Latino populations*. Boulder, CO: Author.

Williams, S., & Kohout, J. L. (1999). *A survey of licensed practitioners of psychology: Activities, roles, and services*. Washington, DC: American Psychological Association.

Wright, S. (2006). *The civil rights act of 1964: Landmark antidiscrimination legislation*. The Rosen Publishing Group.