2012

Utilization of mental health services among Mexican-Americans

Carmen Isabel Mendoza

Maria Sanjuana. Olmos

UTILIZATION OF MENTAL HEALTH SERVICES AMONG MEXICAN-AMERICANS

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

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Approved by:

[redacted]

Dr. Ray E. Liles, Faculty Supervisor
Social Work

6/5/12
Date

[redacted]

Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

This study explores the relationship between culture and the utilization of mental health services among Mexican-Americans. The study consisted of 20 participants from Saint George Catholic Church in Fontana, California and 20 participants from Iglesia Familiar Nueva Vida Christian church in La Quinta, California. Of the 40 participants, 20 were from La Quinta and 20 were from Fontana. Of the 40 participants, 20 were men and 20 were women, ten from each city. This study utilized a qualitative method to assess the perceptions of Mexican-Americans in accessing mental health services. The majority of participant responses indicated that their country of origin or their family's country of origin did not impact their decision to seek mental health services. Participants from La Quinta were more likely to be influenced by their country of origin or their family's country of origin than participants from Fontana. Men were more likely to be influenced by their culture or their family's country of origin than women. All participants agreed that the service provider speaking their native language was the most important factor when seeking mental health services.

ACKNOWLEDGMENTS

We would like to thank Dr. Ray Liles for the patience, guidance, and support he provided us in completing this project. I would also like to thank Dr. Stanley Taylor, our advisor Julia Poirier, MSW, and my field instructor, Donna Lohman, LCSW for all their support, guidance, and flexibility this school year.

DEDICATION

I would like to thank my husband, Steve, for all the love, support, and encouragement. I would also like to thank my daughters, Sophia and Olivia, for giving me the strength and motivation to complete this program. I especially would like thank my parents, Antonio and Maria Mendoza for their guidance, unconditional love, and support. I would also like to thank my friends, Sara, Greg, Phyllis, and Abel for their encouraging words and motivation during the past three years. Without the love and support of my family and friends completion of this graduate program would not have been possible.

I would like to thank my husband, Jose, for all his love, support, and patience through this graduate program. I would like to thank my parents for the love, encouragement, and support they have given me that gave me the push to continue my education. I would also like to thank my friends and family for their encouragement and motivation during this graduate program. I could not have gotten through this program without it. Finally, special thanks to my thesis partner, Carmen for her dedication to this project.

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CHAPTER ONE

INTRODUCTION

This chapter discusses Mexican-Americans living in the in the United States and how mental health services are utilized by this population. By narrowing the population studied to Mexican-Americans, as opposed to the larger group of "Hispanics" or "Latinos" the study may provide insight regarding the need to develop culturally sensitive assessment tools and increase the number of Spanish-speaking social workers. This chapter discusses how the current study contributes to the social work profession and to society. For the purpose of this study, Mexican-Americans will include undocumented Mexicans who have lived in the United States for many years.

Problem Statement

Mexican-Americans are the fastest growing minority in the United States and will soon be the largest. According to the United States Census Bureau in 2010 there were 31,798,258 Mexican-Americans living in the United States as opposed to 20,640,711 in 2000. Kanel reports (2002), births of Hispanic children in Orange

County, California have surpassed those of [Caucasian] children (p. 75). Kanel (2002) also reports 225,000 Hispanic births in 1996 compared to 90,000 Hispanic births in 1984. These statistics demonstrate the rise of Mexican-Americans living in the United States. Research suggests that Latinos are less likely to seek mental health services than non-Latinos. In fact, according to Cardemil et al. (2007), "Latinos were only 0.6 times as likely to seek services as non-Latino whites" (p. 332). Mexican-Americans who have or may have conditions, such as depression, anxiety, and substance abuse, among other mental health diagnoses often fail to seek mental health services.

It is important to identify barriers Mexican-Americans face in seeking mental health services to better develop services that will meet the mental health services needs not just of non-Latino whites but of other minorities as well. An example of a barrier that Mexican-Americans face in seeking mental health services is the cost of those services. Developing services and interventions that meet the needs of different minorities will increase the quality of life for many individuals.

It is estimated that by 2020, Latinos will become the largest ethnic minority group in the United States, compromising about 15% of the U.S. population (Kouyoumdjan, Zamboagan, & Hansen, 2003, p. 346). However, according to Vega, Kolody, and Aguilar-Gaxiola (2001), "the research literature on the phenomenology of mental illness and improving access and quality of care for Mexican-Americans, and other Latinos, remains about where it stood 25 years ago" (p. 133). Many studies confirm the "reporting [of] disproportionate underutilization of mental health ambulatory care by Mexican-Americans" (Vega et al., 2001, p. 133). According to The-wei, Snowden, Jerrell, and Nguyen (1991), [African Americans], Asians, Native Americans, and [Mexican-Americans] in Los Angeles County had fewer contacts than [Caucasians] with mental health facilities and were more likely not to return after an initial session (p. 1429).

Mexican-Americans often minimize problems with mental health and instead, focus on the physical aspects of their emotional problems, such as, stomach distress and headaches. For example, Mexican-Americans who are experiencing symptoms of anxiety are more likely to see a

primary physician and obtain medication rather than consider being referred to a therapist for treatment. By seeking out a physician, Mexican-Americans can sometimes avoid the cultural stigma attached to seeking mental health services. Zartaloudi and Madianos (2010) define stigma as "the negative effect of a label and a product of disgrace that sets a person apart from others" (pp. 77-78). A study conducted by Acosta (1979) suggests that the majority of a large group of Mexican-Americans in Los Angeles, California, preferred the physician as a key referral for someone with a psychological disorder (p. 511).

Culture and language can be obstacles in the utilization of mental health services. The lack of Spanish speaking practitioners significantly reduces the number of Mexican-Americans seeking services. Kanel (2002) reports a study conducted in Los Angeles, California by the Mental Health Association of Los Angeles reports, "the language of the greatest need for bilingual workers was Spanish" (p. 75). The increase of the Mexican-American population and the underutilization of mental health services can partially be related to language and culture. As a result, culturally sensitive

practitioners and interventions are needed in the mental health field.

Purpose of the Study

This research focused on the influence and/or impact culture has on the utilization of mental health services among Mexican-Americans. The study addresses why some members of the Mexican-American population access mental health services and others do not. The study used the ecological perspective to identify barriers that are affecting the Mexican-American community in terms of mental health service utilization. According to Turner (2011):

> The ecological perspective focuses on the interface between people and their environments. This approach recognizes that social ecologies-the people, places, times, and contexts in which social interaction occurs-offer both the cause of and solution to problems (p. 450).

The study examined how an individual's decision about whether or not to access mental health services was influenced by the different systems people interact with every day, including family, society, and the community.

Narrowing the population in this study to Mexican-Americans rather than all Hispanics and Latinos leads to a better understanding of the barriers Mexican-Americans experience when accessing mental health services. Very often, Mexican-Americans, Puerto Ricans, Cubans, and all other Spanish speaking minorities are combined in research studies. This study assumes that not all Spanish speaking ethnicities are the same. They do not necessarily share the same values, culture, beliefs, point of views, or struggles and studies should use tools specifically created for each group.

First generation Mexican-Americans who are born in the United States deal with the dilemma of deciding which culture should take the primary role in their lives: the Anglo-American culture in which they grow up or the Mexican culture of their parents. The findings of this study might be used to increase the availability and utilization of mental health services to the Mexican population.

This study utilized a qualitative research method. The questionnaire used in the study consisted of closed-ended and open-ended questions. Closed-ended questions asked about age, birth place, years living in

the United States, and highest level of education. Open-ended questions asked participants about their perceptions regarding mental health services and how culture may have influenced their decision to seek services.

Significance of the Project for Social Work

Determining the underutilization of mental health services among Mexican-Americans is of great importance to social service agencies, social workers, and clients. First, social service agencies could potentially benefit from learning effective intervention methods with the Mexican-American population. Research can help determine the extent to which culture influences the utilization of mental health services among Mexican-American men and women. Finding effective interventions and outreach methods could increase the rate of successful mental health services offered to Mexican-Americans. According to Ponce and Atkinson (1989), although many Mexican-Americans are exposed to a number of stress-inducing environmental conditions, they tend to underutilize community mental health services (p. 203).

Second, the underutilization of services among Mexican-Americans would be important to social workers. Data obtained in this study could be utilized by practitioners to develop special treatments that will address the cultural barriers experienced by Mexican-Americans.

Ponce and Atkinson (1989) found that the lack of bilingual, bicultural (Mexican-American) counselors and counselors offering culturally responsive forms of treatment is clearly one of the reasons Mexican-Americans fail to utilize professional [mental health] services (p. 203). The study could benefit service providers by helping them better serve this population.

Third, one reason many Mexican-Americans do not seek mental health services is that they are unaware the services are available. Findings related to how culture influences the utilization of mental health services and the differences that exist between men and women in the utilization of services would be beneficial to social work practice and agencies. Programs could be developed or current programs could be restructured to make mental health services more accessible to Mexican-Americans.

Appropriate and culturally sensitive measuring tools could also be developed based on research in this area.

This study was informed by the first two stages of the generalist intervention model, engagement and assessment. Kirst-Ashman and Hull (2009) define the generalist intervention model as, "a practice model providing step-by step direction concerning how to undertake the planned change process, which is generally directed at addressing problems" (p. 29). In the engagement stage, it is essential to be aware of the cultural differences that exist between client and the therapist, focusing directly on clients and their needs. Kirst-Ashman and Hull (2009) define engagement stage as "the initial period where you as a practitioner orient yourself to the problem at hand and begin to establish communication and a relationship with others also addressing the problem" (p. 34). For Mexican-American clients who seek services with a pre-conception of their symptoms or illness, it is important the therapist acknowledge related cultural beliefs prior to beginning treatment. Studies have demonstrated the importance of a good fit between therapist work and the client's culture.

Rodger, Malgady, Costantino, and Blumenthal (1987) stated:

> A clear example of using an element from the client's culture [was seen] in treating two Mexican-American female schizophrenics who thought of themselves as embrujadas (bewitched). The essence of the treatment modification was merely to concur that they were indeed bewitched. The therapist's acknowledgment of the bewitchment and of the need for folk remedies broke through the plateau that had been reached in conventional therapy, thus enabling further therapeutic progress (p. 286).

This is an example of the importance of considering culture in the therapeutic relationship. Incorporating the clients' culture into the treatment plan when working with Mexican-Americans can assist in building rapport. Without rapport the therapeutic relationship cannot exist.

The assessment stage is another aspect of the generalist model informing this study. It focuses the worker on understanding the client's problem. Kirst-Ashman and Hull (2009) define assessment as "the investigation and determination of variables affecting an

identified problem or issue as viewed from micro, mezzo, or macro perspectives" (p. 34). Learning where clients are coming from and how they are affected by other systems is beneficial in working with any population. Mexicans born in the United States may not have the same views as Mexicans born in Mexico. Mexicans born in the United States have different life experiences than recent immigrants and non-Latino whites that often change their perception of mental illness. In a recent study Parra, Yiu-Cheong So (1983) found the following:

> Mexican Americans residing in the U.S. have a more negative view of themselves than newly arrived [migrated] Mexicans, in terms of moral worth, competence, self-determination, and altruism. Mexicans-Americans have a different perception of mental illness and would address some issues as part of their culture and life style. Since the [Mexican-American] culture experiences frustration and alienation in their daily life, they are much less likely than other social groupings to perceive the vignettes of juvenile delinquent, anxiety neurotic, and simple schizophrenic as traits of mental illness (p. 99).

Findings of this study may potentially identify barriers Mexican-Americans face in seeking mental health services. Findings might contribute to the social work profession by providing an understanding of the mental health services needs of Mexican-Americans. By understanding the needs of this population, appropriate tools and interventions could be developed. Therefore, the research question is:

Are Mexican-American men and women influenced by the culture of their country of origin or their family's country of origin in seeking mental health services?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter reviews studies related to the utilization of mental health services among Mexican-Americans. Gaps in literature, limitations, and conflicting findings among studies are analyzed and discussed. Theoretical perspectives used in studying the utilization of mental health services among Mexican-Americans are addressed. This chapter also discusses the relevance of this study to the social work profession and how it can contribute to the social work knowledge base. A discussion of how this study differs from previous studies on the utilization of mental health services among Mexican-Americans will also be addressed in this chapter.

Critical Review of Previous Studies

Previous research indicates Mexican-Americans receive fewer mental health services than other groups even though the prevalence of mental illness in Latinos is similar to that in other groups (Shattell et al., 2008, p. 352). A number of research studies have been

conducted on the lack of utilization of mental health services among minority populations and suggest minority groups use mental health services less often than Caucasians in the United States. Furthermore, research also indicates that there is a lack of focus on intervention methods that are effective among the Mexican-American community. According to Murkowski, Westin, and Millan (2010), "a research gap exists in understanding effective interventions for Latinos, who have chronically low rates of mental health problem detection. They also have lower utilization rates for mental health [services]" (p. 225).

One study completed by Snell-Johns and Mendez (2004) stated underserved populations face multiple barriers that prevent them from seeking mental health services, such as "child care, cost of treatment {…} limited access to telephones for scheduling appointments or for arranging transportation. Poor verbal or social skills can also make it difficult for families to access services" (pp. 19-20). As a result, finding providers that speak their native language can be difficult and prevent Latinos from seeking services. Finding providers that Latinos can trust and feel comfortable with can be a

challenge when the provider speaks a different language. Shattell et al. (2008) suggested "the most effective means of building a relationship with clients is to have the same culture and speak the same language" (p. 364).

Ruiz (2002) also identifies one of the major barriers in seeking mental health services as language and culture. The lack of Spanish-speaking service providers in different areas may discourage Mexican-Americans from seeking mental health services. Clients who are unable to communicate with the therapist cannot effectively use services and are often misdiagnosed. According to Ruiz (2008)., "it was also proven that Hispanic patients were suffering from more severe psychopathology when interviewed by an English-speaking therapist in comparison to a Spanish-speaking therapist" (p. 86). Misdiagnosis by the therapist can ultimately harm the client and potentially result in additional difficulty for the client.

The lack of Mexican-American therapists, psychiatrists, psychologists, and social workers is a major barrier for Mexican-Americans who need mental health services. According to Ruiz (2008), the number of Hispanics in the mental health field does not represent

the number of Hispanics living in the United States. Only 4.6% of the nation's psychiatrists are Hispanic and the Hispanics population in the United States is 16.3% (p. 87). The lack of Mexican-American service providers can create service barriers in accessing mental health services.

Another barrier Mexican-Americans experience when seeking mental health services could be their immigration status. Due to fears of being deported, Latinos are often reluctant to seek mental health services. Shattell et al. (2008) found that "Undocumented immigration status gave rise to feelings of fear and anxiety, which influenced how individuals saw themselves, interacted with others in the community, and accessed resources" (p. 358).

Furthermore, Mexican immigrants are likely to have experienced trauma in their native countries which increases the need for mental health services. Many immigrants come from countries that are experiencing political violence such as México and other Latin American countries. The National Latino and Asian American study (NLAASS) found that:

> Individuals who come from countries with a history of political violence often have multiple traumatic

> experiences. This suggests a need for systematic screening for trauma and related psychiatric disorders. Specific outreach interventions focused on perceptions of need could be helpful for subgroups of Latinos including men who are particularly underrepresented in mental health services but who exhibit trauma histories (Fortuna, Porche, & Alegria, 2008, p. 435).

Latinos that were born in the United States also need mental health services. Shattel et al. (2008) found that "[Latinos] born in the U.S. have been found to be more likely to experience depressive disorders, anxiety disorders, and substance abuse disorders than [Latinos born in countries other than the United States]" (p. 352). According to Cook, Alegría, Lin, and Guo (2009), Latinos who recently immigrated to the United States and have lived in the country for fewer than thirteen years have fewer mental health problems than those born and raised in the United States and non-Latino whites (p. 2247).

Latinos are more likely not to seek mental health services which may exacerbate their conditions. According to one study:

> [African-Americans] and Latinos have fewer mental health visits to both generalist and specialty mental health care providers than [Caucasians] do, and [African-Americans] suffering from mood and anxiety disorders are less likely than [Caucasians] to receive care. These treatment disparities may contribute to more chronic episodes of depression and greater functional limitations among minority groups (Le Cook, McGuirre, Lock, & Zavalasky, 2010, p. 286).

Health insurance is another barrier for Mexican-Americans when attempting to seek mental health services. Shattell et al. (2008) found "some Latinos, especially those without health insurance, believed that there were no mental health services for them" (p. 357). This could also be a result of Mexicans not being aware of the services available in their communities.

A recurring barrier identified in many studies is the socioeconomic status of Mexican-Americans. Dupree et al. (2010) determined that mental health care services are much more accessible to those individuals who have resources and insurance (p. 48). Mexican-Americans have high poverty rates and usually work in low wage jobs that

do not offer any insurance benefits. As a result Mexican-Americans are often unable to access mental health services.

Gaps in Literature, Methological Limitations, and Conflicting Findings

Studies regarding utilization of mental health services among Mexican-Americans utilize the terms "Latinos" and "Hispanics" interchangeably. Ethnicities such as Puerto Ricans, Cubans, Mexicans, Salvadorians, and those born in the United States of "Hispanic" or "Latino" decent are often seen by researchers as one group. To obtain an understanding of the barriers each ethnicity may face when accessing mental health services, each ethnic group should be studied individually.

Each minority group has its own set of values that may or may not influence whether or not members of that group would utilize mental health services. Therefore, studies need to be based on more specifically defined ethnic groups. Results from studies that incorporate all individuals who speak Spanish into one group without taking into consideration ethnic differences may result in unreliable generalizations.

Literature specifically focusing on Mexican-Americans and the utilization of mental health services is limited. Many studies that focused on Mexican-Americans focused on two populations: college students and low-skilled working poor. One study conducted by Kanel (2002) suggests that Mexican-American college students are less likely to make an appointment with a psychologist than are low-skilled workers (p. 90). The study also indicated that thirty one percent of Mexican-American college students prefer to speak to family and friends than to meet with a psychologist where only nine percent [of low-skilled workers] prefer speaking to a friend or family member (Kanel, 2002, p. 90). This study differs from other studies related to whether or not Mexican-Americans keep their personal problems within their families. It suggests that Mexican-Americans, especially Mexican-Americans living in poverty, are more likely to seek services.

A study conducted by Vega, Kolody, and Aguilar-Gaxiola (2001) suggests Mexican-Americans born in the United States utilize mental health practitioners three times more often than immigrants (p. 138). However, the study does not specify the socioeconomic status of

their sample groups. Kanel (2002) also suggest that mental health consumers preferred to speak to a therapist rather than taking medications to alleviate their symptoms (p. 87). Contradictory to Kanels' study, Snyder, Diaz-Perez, Maldonado, and Bautista (1998) suggest in their study that "self-care behaviors such as diet change and the use of remedies, over-the-counter medication, and self-control are the first attempts a person [of the general population] uses to relive the physical or emotional pain" (p. 15). Studies regarding the utilization of mental health services among Latinos have been conducted for many decades, however, much more work remains to be done.

Theories Guiding Conceptualization

The ecological perspective serves as the guiding theory in many studies of Mexican-Americans and their utilization of mental health services. Many risk factors are attributed to the lack of utilization of services among Latinos and Mexican-Americans. Risk factors range not just from attitudes and perspectives of the individual but to social factors as well. Snell-Johns, Mendez, and Smith (2004) stated that "individuals

participate in microsystems, which are immediate environments that influence behavior and well-being" (p. 20). Microsystems include but are not limited to family, friends, work, and school. Mesosystems are defined by Snell-Johns, Mendez, and Smith (2004) as "the links between Microsystems" (p. 20). For example, family members can encourage an individual to seek mental health services, and teachers can educate individuals on the benefits of utilizing mental health services.

Many studies acknowledge the huge impact family life has on individual behavior. The term *Familism* was utilized in a significant number of studies concerning Latinos. Snyder, Diaz-Perez, Maldonado, and Bautista (1998) define *Familism* as, "strong identification with and attachment to family" (p. 3). At the mezzo level families of Mexican origin might influence the bicultural Mexican-American in deciding to utilize services. Dupree, Herrera, Martinez-Tyson, Jang, and King-Kallimanis (2010) investigated barriers to accessing mental health services among young and older Latinos and found that "a significantly higher proportion of the younger adult group reported family disapproval and beliefs that their

problems are their own as barriers to mental health" (p. 53).

Mexican-Americans struggle with discrimination and racism. The Anglo-American community at times through policies and laws demonstrate anti-immigrant sentiment. Immigration laws, such as Proposition 187 in California, increased barriers for Hispanics in accessing services, especially those who are undocumented (Ayón et al., 2010, p. 743). The purpose of proposition 187 was "to deny certain publicly funded social and health care services to illegal immigrants and to prevent enrollment in tax-supported educational institutions" (Alvarez & Butterfield, 2000, p. 168). Parents of many first generation Mexican-Americans came to the United States illegally. Family members, who have experienced discrimination and experienced the effects of propositions as Proposition 187, may pass on their beliefs on to their children that even though they are Mexican-Americans, they will continue to not be accepted by the Anglo-culture.

Issues of acculturation should also be considered as a cultural barrier to accessing mental health services. According to Miville and Constantine (2006),

"acculturation typically refers to immersion into dominant Anglo/United States society, whereas enculturation reflects immersion into Mexican and Mexican American cultures" (p. 421). The Anglo culture can be very different from the Mexican culture. If the Anglo culture is preferred by a Mexican-American individual, it can create family issues and internal distress. As stated by Miville and Constantine (2006), "acculturative and enculturative processes are believed to shape critical aspects of psychological functioning, including core beliefs, choice of language, attitudes, and expectations of behaviors" (p. 421).

This study utilized the ecological perspective because culturally related barriers to utilizing mental health services among Mexican-Americans could be at the micro, mezzo, and macro levels to social work practice. Individuals interact with several systems that may influence their decision to seek mental health services. Systems an individual may interact with that could influence their decisions include families, work environments, school systems, their communities, and religious institutions.

Current Study

This research adds to previous studies because it focuses on exploring the influence of culture on the utilization of mental health services by Mexican-Americans rather than all Hispanics. The research also explored the differences that exist between Mexican-American men and women in the utilization of mental health services. Findings may indicate the direct influence of culture and the differences that exist which affect the utilization of services among men and women. This study provides information related to two Mexican-American communities in the Inland Empire of Southern California. By researching Mexican-American perceptions about mental health services, possible gaps in utilization among Mexican-Americans may be identified.

Previous studies have focused on acculturation and language as determinants of Mexican-Americans utilization of mental health services. Ponce and Atkinson (1989) suggests that the level of acculturation impacts the perceptions of counseling services in the Mexican culture, indicating that acculturated Mexicans may be expected to have more positive attitudes towards counseling services than those who are not acculturated

(p. 204). This study could contribute to the body of knowledge about how cultural attitudes and beliefs influence Mexican-Americans in seeking mental health services.

Summary

This study explored the underutilization of mental health services and the influence culture has in utilizing counseling services among the Mexican-American community. The study may provide answers as to why Mexican-American men and women utilize counseling services at a lower rate than other cultures.

This study may provide the social work profession with information that could be useful in developing intervention methods that are specific to the Mexican-American population. Results of this study could be useful in informing members of the Mexican culture about "mental illness" and offer optional ways of treatment for psychological symptoms. It is important to study the role of culture and its influences on utilization of mental health services to better serve this population.

CHAPTER THREE

METHODS

Introduction

This chapter discusses the purpose, implications, and limitations of this study. The selection criteria utilized in this study will be discussed and the dependent and independent variables of the study are identified. This chapter also discusses how each variable was measured. The strengths and weaknesses of the instrument utilized are addressed in this chapter. The procedures used to collect and analyze data are also discussed along with the steps that were taken to protect the anonymity and confidentiality of all participants.

Study Design

This study is exploratory in its nature. The purpose of the study was to determine the impact culture has on the underutilization of mental health services among Mexican-Americans. The research method that was going to be utilized in this study was face-to-face interviews. The method of research was changed due to a perception that many Mexican-Americans would be reluctant to participate in face-to-face interviews. All participants

chose to participate in the study when they were allowed to answer questionnaires on their own and submit questionnaires to researchers. This method still allowed participants to share their perception and experiences in seeking mental health services.

Sampling

Participants for this study were obtained by utilizing the convenience or availability sampling technique. Two predominantly Mexican-American community organizations were selected for this study. One was a Christian church in the rural town of La Quinta, California and the other was a Catholic church in the urban city of Fontana, California. Rural is defined by the United States census as "Territory, population and housing units not classified as urban" and urban is defined as, "An area consisting of a central place(s) and adjacent territory with a general population density of at least 1,000 people per square mile, of land area that together have a minimum residential population of at least 50,000 people" (United States Census Bureau, 2010). La Quinta occupies 35.12 square miles and has a population of 1,066.9 people per square mile resulting in

a total population of 37,467. Even though La Quinta has at least 1,000 people per square mile it does not have a population of at least 50,000, makes La Quinta a rural area. (United States Census Bureau, 2010). Fontana occupies 42.43 square miles and has a population of 4,620.8 people per square mile with a total population of 196,069 which makes Fontana an urban area (United States Census). The organization in Fontana that was utilized to gather data for this research was a community Catholic Church. A brief description of the study was given to members at each organization site.

A total of 40 questionnaires were completed for the study. A sample of 40 questionnaires seemed to be large enough to provide some generalization but not so large that it would have been impossible to complete in the time available to the researchers. Ten women and ten men were selected utilizing the availability and convenient sampling technique from Fontana and ten men and ten women were selected from La Quinta, utilizing the same techniques. All participants were Mexican-American and between the ages of 21 and 70 years old. Questionnaires were distributed to voluntary participants after each church service at each site. The questionnaire consisted

of 20 questions (Appendix A) and was developed for this specific study.

Data Collection and Instruments

Data regarding culture, utilization of counseling services, perceptions of counseling services, and how culture impacts the utilization of services among the Mexican-American community was obtained. In the questionnaires general demographic information was also collected.

The utilization of mental health services was the dependent variable in this study. The independent variable was culture. Culture was defined as language, traditions, beliefs, ideas, values, knowledge, and attitudes shared by a group. Other variables such as gender, geographic location, education, years living in the United States, and age where also analyzed.

The levels of measurement for gender and geographic location were nominal because both variables can only be categorized into two categories. For the purpose of this study, gender was categorized as male or female and geographic location was categorized as Fontana or La Quinta. The impact of culture and the utilization of

mental health services had a nominal level of measurement. There were two possible responses to each, yes or no. Culture either had an impact on utilization of services or it did not and individuals either utilized services or they did not.

The level of measurement for education was ordinal. Education was categorized from low to high based on responses from participants, for instance, a high school diploma is less than a master's degree. The level of measurement for age was ratio.

The questionnaire for this study was developed specifically for the study. Questions in the study were both open-ended questions and closed-ended questions. Questions addressed acculturation, culture, perception of mental health services, and the utilization of mental health services. Responses from participants were used to measure the relationship between the dependent and independent variables. Other variables, such as gender were also taken into consideration during data analysis.

The questionnaire was divided into five categories: demographics, the individuals' perception of mental health services, utilization of services, the influence of family and community members, and the influence of

culture. Basic demographic questions were utilized to obtain an understanding of the group being studied. Demographic variables were used to investigate how Mexicans born in the United States and those who migrated to the United States might utilize and perceive mental health services.

Questions regarding perceptions of the term "mental health" and the perception of "mental health issues" were designed to yield an understanding of why some people do not utilize services. Questions in the questionnaire also identified stigmas perceived by individuals of this group. The questions in the section of utilization of services asked if the individual had sought services before, and asked why or why not. It also sought information on why individuals may have chosen not to seek assistance, and if the participants had received services, it then asked participants about their experiences. The study allowed participants who had received services to provide feedback on why early termination might have occurred. The purpose of the questions was to obtain an understanding of the barriers Mexican-Americans might face in seeking mental health services.

A section of the questionnaire sought information on how family, the community, and culture influenced participants decision in seeking mental health services. This section of the questionnaire was designed to yield an understanding of how individuals may be influenced by their community and their families in seeking mental health services. The questions also focused on obtaining an understanding of the stigma that is attached to mental health services by family and society as perceived by the individual.

The last section of the questionnaire attempted to measure how culture influences Mexicans living in the United States to seek or not to seek mental health services. Participants were asked how important it was to them that therapists speak the same language, that therapists are of the same ethnicity, and how comfortable participants would be sharing their feelings and problems with therapists.

The instrument used in the study was constructed for this specific study because of the apparent lack of other instruments that have measured culture and utilization of mental health services for this population. Another reason for the creation of this instrument was that most

studies that have researched culture and utilization of mental health services focused on closed-ended questions. The open-ended questions in this instrument allowed for an exploration of attitudes and beliefs regarding mental health services among a small group of Mexican-Americans.

The instrument was pre-tested and tested for reliability by Mexican-American friends, family members, and co-workers of the researchers. The content of the questionnaire was reviewed for culturally sensitive and relevant questions for this population. Feedback from Mexican friends, co-workers, and family members was utilized to ensure appropriate wording.

Procedures

This study was advertised at the Fontana Catholic church a week before data was collected in their Sunday newsletter. The pastor of the Christian church in La Quinta advertised this study during Sunday's announcements. Both organizations announced the study on the Sunday that data was to be collected. Participants who wanted to participate in this study voluntarily stayed after service and completed the questionnaires. A copy of the informed consent (Appendix B) was provided to

all participants who volunteered to take part in the study. All questionnaires were completed the same day participation was solicited.

Data was collected by both researchers. Data from Fontana was collected by Maria Olmos with assistance from Carmen Mendoza. Data in La Quinta was collected by Carmen Mendoza with assistance from Maria Olmos. Once all questionnaires were completed, data analysis was completed by both researchers.

Data was obtained from a small sample of forty Mexican-Americans in the Inland Empire region of Southern California. All participants were given a questionnaire in their preferred language. Participants were allowed to write in their responses to each question. Questionnaires were numbered in blue and red ink to differentiate gender of participant.

Protection of Human Subjects

An informed consent was provided for all participants in both English and Spanish. The informed consent form described the study being conducted and advised participants they could withdraw at any time without any penalties or consequences. The answers to the

questionnaires and the participants' identities were not shared with anyone. The questionnaires will be kept in a locked container until they are destroyed.

Data Analysis

Data collected was transcribed into word processing documents. Once all data was transcribed, data was read by both researchers. Responses were coded and researchers identified commonalities and recurrent patterns in participant responses. Responses were divided into major and minor themes based on recurrent ideas in participant responses. Responses were also analyzed based on region and gender. Themes were determined by recurrent responses from participants from each region and by men and women.

Frequency units were utilized to determine the number of responses that fit into each value category of a specific variable. Frequency units were compared between men and women. Frequency units were also compared between Fontana, California and La Quinta, California.

Summary

This chapter described the process that was followed to gather the data necessary to analyze findings that resulted from the qualitative research method proposed.

The dependent and independent variables were identified. Other variables and how they were measured was discussed. The instrument utilized in this study was described.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the results from the study conducted. An analysis of these results will be discussed in chapter five. Participant demographics are discussed in this chapter. All questions in the questionnaire will be addressed and participants' responses will be included. Based on participant responses, major and minor themes that emerged within the study are identified.

Demographic Characteristics of the Participants

This study had a sample of forty participants, 20(50%) were women and 20(50%) were men. Ten men and ten women were from La Quinta, California and ten men and ten women were from Fontana, California. All study participants were of Mexican ethnicity. Participants were between the ages of 22-67 years with an average age of 38.9 years as displayed in Table 1 (below).

Table 1. Demographic Characteristics of Participants

Variable	Frequency (n)	Percentage (%)
Gender (n = 40)		
Male	20	50.0
Female	20	50.0
Region (n = 40)		
La Quinta	20	50.0
Fontana	20	50.0
Age (n = 40) Mean = 38.9		
20-30	11	27.5
31-40	12	30.0
41-50	10	25.0
51-60	5	12.5
61-70	2	5.0
Birth Place (n = 40)		
Mexico	27	67.5
United States	11	27.5
Guatemala	1	2.5
Canada	1	2.5
Years Living in the United States (n = 40) Mean = 22.4		
0-10	8	20.0
11-20	13	32.5
21-30	10	25.0
31-40	5	12.5
41-50	2	5.0
51-60	1	2.5
61 or more	1	2.5
Highest Level of Education (n = 40)		
Elementary	5	12.5
Middle School	8	20.0
Some High School	6	15.0
High School	10	25.0
Some College	1	2.5
Vocational Training/ Associate's Degree	4	10.0
Bachelor's Degree	4	10.0
Master's Degree	2	5.0

The majority of participants 27(67.5%) were born in Mexico, while 11(27.5%) were born in the United States, 1(2.5%) was born in Canada, and 1(2.5%) was born in Guatemala. As displayed in Table 1 (above), of the 29(72.5%) foreign born, 8(20%) participants have lived in the United States 0 to 10 years. The number of participants who have lived in the United States 11 to 20 years was 13(32.5%). The number of participants who have lived in the United States 21 to 30 years was 10(25%). The number of participants who have lived in the United States 31 to 40 years was 5(12.5%). The number of participants who have lived in the United States 41 to 50 years was 2(5%). Of the 40 participants 1(2.5%) has lived in the Unites States 51 to 60 years, and 1(2.5%) has lived in the United States more than 61 years. The mean for the number of years living in the United States was 22.4 years.

The number of participants who have completed an education of high school or less was 29(72.5%). One (2.5%) participant had attended some college and 4(10%) had completed vocational training or an associate's degree. A bachelor's degree was completed by 4(10%)

participants. A master's degree was completed by 2(5%) participants.

The average age for women was 38.75 years and was 39.05 years for men. Of the women who participated in the study, 15(75%) were born in Mexico and 5(25%) in the United States. Of the men who participated in the study, 12(60%) were born in Mexico, 6(30%) in the United States, 1(5%) in Guatemala, and 1(5%) in Canada.

Of the number of participants who have lived in the Unites States 0 to 10 years 5(25%) were women, and 3(15%) were men. Of the participants who have lived in the United States 11 to 20 years 7(35%) were women and 6(30%) were men. Of the participants who had lived in the United States 21 to 30 years, 3(15%) were women and 7(35%) were men. Of the participants that reported living in the United States 31 to 40 years, 2(10%) were women and 3(15%) were men. Of the number of participants who have lived in the United States 41 to 50 years, 2(10%) were women and none were men. Of the participants who have lived in the United States 51 to 60 years, 1(5%) was a women and none were men. There were no women in the study who have lived in the United States more than 61 years and only 1(5%) man. More men than women were foreign

born, however, men in the study have lived longer in the United States than women. The average number of years living in the United States for women was 21.7 years compared to 23.1 years for men.

Of the participants in the study who had completed an education of high school or less 14(70%) were women and 15(75%) were men. Of the participants who reported attending some college 1(5%) was a man and none were women. An associate degree or a vocational program had been completed by 3(15%) of the women and 1(5%) man in the study. A bachelor's degree had been completed by 2(10%) of the women and 2(10%) of the men in the study. One (5%) man and one (5%) woman in the study had completed a master's degree.

The average age for participants in La Quinta was 37.4 years old. The average age for participants in Fontana was 40.4 years old. The number of participants from Fontana who were born in Mexico was 17(85%) compared to 10(50%) of the La Quinta participants. The number of participants from Fontana born in the United States was 3(15%), compared to 8(40%) participants from La Quinta. One (5%) participant was born in Canada and one (5%)

participant was born in Guatemala, both were from La Quinta.

Of those foreign born, 5(25%) were from the Fontana area had lived in the United States 0 to 10 years, compared to 3(15%) of the participants from La Quinta. Of the number of participants who have lived in the United States 11 to 20 years, 7(35%) were from Fontana and 6(30%) were from La Quinta. Of the number participants who have lived in the United States 21 to 30 years, 5(25%) were from Fontana and 5(25%) were from La Quinta. Of the number participants who have lived in the United States 31 to 40 years, 2(10%) were from Fontana and 3(15%) were from La Quinta. Of the number of participants who have lived in the United States 41 to 50 years, 1(5%) was from Fontana and 1(5%) was from La Quinta. One (5%) participant from La Quinta had lived in the United States for 51 to 60 years. No participants from Fontana had lived in the United Stated for more than 51 years. In La Quinta, 1(5%) of the participants had lived in the United States for more than 61 years. The average number of years of living in the United States for participants from Fontana was 18.7 years and 26.1 years was for La Quinta.

Even though more participants from Fontana were foreign born and have been living in the United States for fewer years than La Quinta participants, they pursued post-secondary education more often than La Quinta participants. An education of high school or less was completed by 13(65%) of the 20 participants from Fontana, compared to 16(80%) of the 20 participants from La Quinta. A vocational training program or an associate degree had been completed by 2(10%) of the participants from Fontana. One (5%) participant from Fontana had attended some college. In La Quinta, 2(10%) participants had vocational training or an associate degree. A bachelor's degree was completed by 3(15%) participants from Fontana, compared to 1(5%) participant from La Quinta. A master's degree was completed by 1(5%) participant from Fontana and 1(5%) participant from La Quinta.

Presentation of the Findings

The first set of questions on the questionnaire was related to the participants' perception of and understanding of mental health services. The first question asked participants to define mental health

services. The majority of participants defined mental health services as assistance for those suffering from emotional issues, psychological problems, and as an extra assistance to solving problems that seemed impossible to solve on their own. This theme was a general theme in both locations and among both genders.

Responses to the question, "Can you define mental health services?" are stated below:

One participant defined mental health as "Helping people who have emotional problems" (Participant 7, personal communication, August 2011). Another participant, defined mental health as "Seeking services when you have a problem in which you do not see an ending to it or a have a good perspective on it" (Participant 14, personal communication, July 2011). Mental health services were defined by another participant as "A service which helps us solve problems in a practical and fast way" (Participant 30, personal communication, January 2012). Another participant defined mental health as "Services that help with personal, psychological problems, problems at work, emotional, and addictions" (Participant 33, personal communication, August 2011).

Only three participants did not know how to define mental health services.

The majority of participants also viewed mental health services as beneficial. Several participants stated: "Improves our health, culture, and communication" (Participant 27, personal communication, July 2011); "Very helpful for families who have a family member with psychological problems..." (Participant 35, personal communication, August 2011); "Great help for those who need it" (Participant 13, personal communication, August 2011).

The second question was related to the participants' perception of "nervios" as being a mental health issue. "Nervios" is defined as, "feeling vulnerable to stressful life experiences, usually brought on by difficult life circumstances. Symptoms include headaches, inability to perform activities of daily living, irritability, stomach problems, sleep difficulties, nervousness [...]" (Cardemil et al., 2007, pp. 339-340). Mexican-Americans often see "nervios" as a medical condition not a mental health issue. Of the number of participants surveyed, 9(45%) believed that "nervios" was a mental health issue, 8(40%) participants stated it was not a mental health

issue, and 3(15%) participants stated it can be a mental health issue if it becomes severe enough to interfere with the person's life.

Examples of responses to the question, "Do you think "nervios" or nervousness, is a mental health issue?" are: "I believe it is and it isn't. If you can control the nervousness, it shouldn't be an issue. But some people are always nervous and that can be bad because it effects their thinking and reaction time" (Participant 1, personal communication, August 2011); "Yes but not necessarily they were possibly raised that way or possibly its part of their personality" (Participant 32, personal communication, August 2011); "If combined with anxiety feelings, yes" (Participant 15, personal communication, July 2011).

The number of participants who agreed that "nervios" is a mental illness was 9(45%), regardless of gender and region. Of the number of participants who stated "nervios" is not a mental illness, 7(35%) were women and 9(45%) were men. Of the number of participants who stated "nervios" could be a mental health issue depending on the circumstances and person, 4(20%) were women and 2(10%) were men.

For the purpose of this study positive, negative, and neutral were defined by the researchers by using the Merriam-Webster dictionary. Positive is defined as "marked by or indicating acceptance, approval, or affirmation" (Merriam-Webster Dictionary, 2012). Negative is defined as "lacking positive qualities: especially disagreeable" (Merriam-Webster Dictionary, 2012). Neutral is defined as "not deciding {...} indifferent" (Merriam-Webster Dictionary, 2012).

The number of participants in the study who had a positive perception of those who utilized mental health services was 32(80%). Of the number of participants who had a negative perception of those who utilize mental health services was 3(7.5%). Of the number of participants who did not have a negative or positive perception of individuals who utilize mental health services was 5(12.5%).

Women in the study who had a positive perception of those who utilize mental health services were 17(85%) compared to 15(75%) of men. More participants, 17(85%) in Fontana had a positive perception of individuals who utilized mental health services compared, to 15(75%) participants in La Quinta. Positive responses to the

question, "What do you think about individuals who seek mental health services?" are as follows: One participant stated, "That they [individuals who seek services] need that help because I was one of them" (Participant 11, personal communication, July 2011). Another individual stated, "I believe that it is great that people with those types of problems receive the help they need based on the needs the family or individual requires" (Participant 17, personal communication, July 2011). Another participant stated, "That it is healthy and natural. Just like if your tooth hurts, you go to a dentist. If you are dealing with a mental health issue or just if you need it to avoid a mental health issue" (Participant 23, personal communication, July 2011). A La Quinta resident stated, "Great, at least they have some mental capability to seek help" (Participant 36, personal communication, August 2011). Other positive statements included: "If they need it, then I think [they are] taking a good step to help themselves" (Participant 1, personal communication, August 2011); "Good for them, to keep moving forward" (Participant 12, personal communication, July 2011); "They are sacred and deserve respect" (Participant 28, personal communication, July

2011); and another positive statement "It is good that they try to help themselves" (Participant 33, personal communication, August 2011).

One (5%) woman compared to 2(10%) men reported having a negative perception of those who utilize mental health services; participants who did not have a negative or positive perception of individuals who utilize mental health services, 3(15%) were men and 2(10%) were women. Some of the negative perceptions included: "That it is wrong or that they need psychological help" (Participant 39, personal communication, August 2011); "That they are stubborn people who do not care for their health" (Participant 27, personal communication, July 2011); "That they are people who have gone through many traumas and difficult situations in their life" (Participant 2, personal communication, August 2011).

The most common responses for those who had a neutral response included: "Nothing bad" (Participant 38, personal communication, August 2011); "They need help I don't judge people" (Participant 40, personal communication, August 2011); and "Its fine they feel they have a problem or need assistance" (Participant 15, personal communication, July 2011).

The number of participants who reported they had never thought about seeking mental health services were 28(70%). Of the number of participants who reported they had thought about seeking services were 12(30%). More women 7(35%) than men 5(25%) had thought about seeking mental health services. There were no differences between participants from Fontana and La Quinta in terms of whether or not they had thought about seeking services. Of the number of participants who thought about seeking services, 8(66%) actually sought services. Of the women who thought about seeking services, 5(71%) actually sought mental health services. Of the men who thought about seeking services 3(60%) actually sought mental health services.

In both, La Quinta and Fontana, 13(66%) of the participants who thought about seeking services actually sought services. One participant stated, "I sought services for my son and family to educate me on how to control my hyperactive son" (Participant 7, personal communication, August 2011).

Another participant obtained mental health services and participated, "In group and [met with a] doctor" (Participant 11, personal communication, July 2011). One

participant reported utilizing services "In prison" (Participant 37, personal communication, August 2011) and another participant reported, "I attended because I was very stressed with problems from work" (Participant 33, personal communication, August 2011).

One participant who sought services but decided not to continue with services stated, "because of what others might say" (Participant 14, personal communication, July 2011). Another participant stated, "I would like to attend services for stress and better communication with my partner" (Participant 12, personal communication, July 2011). A participant who received services in prison did not continue with services because "They said I didn't need it" (Participant 37, personal communication, August 2011).

Participants who sought services and utilized services were asked why they stopped attending. Most participants decided to terminate services prematurely based on how they felt and whether or not they believed their problems had been resolved. Responses are as follows: "My son no longer needed them" (Participant 7, personal communication, August 2011); "I did not return after my first session because I realized it was normal

what I was going through" (Participant 15, personal communication, July 2011); "I had problems and I needed them" (Participant 19, personal communication, July 2011). One participant stated, "I felt better and I needed to pay therefore, the cost was also stressful" (Participant 33, personal communication, July 2011). Two individuals terminated services when the clinician determined services where no longer needed. A participant stated, "We continued treatment until the therapist decided it was no longer necessary" (Participant 34, personal communication, July 2011). Another participant stated, "When the provider decided I no longer needed to return" (Participant 14, personal communication, August 2011).

All participants who utilized services were asked what they liked about the services they received, what they did not like, and what they would change. The majority of participants benefited and enjoyed the services they received. One of the participants stated, "I liked how they provided me with information regarding hyperactivity" (Participant 7, personal communication, August 2011). Another participant reported, "I liked feeling supported, not feeling like a sick person and how

the provider helped me think about the good and bad I would disclose. I would like to make these services more acceptable for others" (Participant 14, personal communication, July 2011). Another participant reported how his therapist was able to provide insight on how their childhood events impact them now as adults, "Our therapist was able to explain the impact of events during our childhood in our adult lives" (Participant 34, personal communication, August 2011). One participant reported she would change her psychiatrist but liked her therapist, she stated, "That they [therapists] are concerned about the person. I would change the doctor [psychiatrist] to be more human and less medically oriented" (Participant 11, personal communication, July 2011). There were two participants who stated they did not like the medication they received. "When I was going, I liked the class, just didn't like the medication" (participant 37, personal communication, August 2011). Another participant reported enjoying therapy, "The therapy sessions were good, but the medication was too strong it made me feel uncomfortable" (Participant 33, male, personal communication, August 2011).

The next set of questions in the questionnaire was related to the influence of family, friends, co-workers, and other community members in the individual's life. Table 2 (below) displays the reactions family members may have to their family member seeking mental health services. Of the 40 participants, 13(32.5%) stated they did not know what the reaction from their family would be to them seeking mental health services. Of the 40 participants, 13(32.5%) reported a positive reaction for seeking mental health services from their family, while 8 out of 40(20%) reported a negative reaction from their family, and 6 out of 40(15%) reported a neutral reaction from their family.

Table 2. Reaction from Family Members

Variable	Frequency (n)	Percentage (%)
Reaction (n = 40)		
Positive	13	32.5
Negative	8	20.0
Neutral	6	15.0
Did not know	13	32.5

In the study, 7(35%) women compared to 5(25%) men did not know the reaction for seeking mental health services from their family. Of the women who reported their "family would have a neutral reaction" 4(20%) were women and 3(15%) were men. In the study, 4(20%) women reported a negative response from family; 4(20%) men also reported a negative response from family. Of the women in the study 5(25%) reported a positive response compared to 8(40%) men. Table 3 (below) displays reactions from family members based on gender.

Table 3. Reactions from Family Members Based on Gender

Variable	Female Frequency (n)	Female Percentage (%)	Male Frequency (n)	Male Percentage (%)
Reaction (n = 40)				
Positive	5	25	8	40
Negative	4	20	4	20
Neutral	4	20	3	15
Did not know	7	35	5	25

In Fontana, 2(10%) of the participants reported a neutral response to utilizing mental health services from family members, compared to 5(25%) in La Quinta. In Fontana, 3(15%) of the participants reported a negative

response for seeking mental health services from family members, compared to 5(25%) in La Quinta. In Fontana, 9(45%) of the participants reported their families would respond positively compared to 4(20%) participants in La Quinta. Of the number of participants who did not know the reaction of their family to seeking mental health services, 6(30%) were from La Quinta and 6(30%) were from Fontana. Table 4 (below) displays reactions from family members based on region.

Table 4. Reaction from Family Members Based on Region

Variable	Fontana Frequency (n)	Fontana Percentage (%)	La Quinta Frequency (n)	La Quinta Percentage (%)
Reaction (n = 40)				
Positive	9	45	4	20
Negative	3	15	5	25
Neutral	2	10	5	25
Did not know	6	30	6	30

"First reaction would be anger" (Participant 1, personal communication, August 2011); "Why was I going if my son was not crazy" (Participant 7, personal communication, August 2011); "They would question why" (Participant 15, personal communication, July 2011);

"That I am not right in the head" (Participant 37, personal communication, August 2011); "They would say I am sick in the head" (Participant 27, personal communication, July 2011).

Responses that indicate a positive reaction from family members to seeking mental health services were: "They would worry about my health and provide support any way possible" (Participant 35, personal communication, July 2011); "If I needed the help, my family would support me as they had with everything else" (Participant 25, personal communication, July 2011); "If it was necessary, they would support me" (Participant 17, personal communication, July 2011); "Positive, for me to continue going" (Participant 11, personal communication, July 2011); "It would be good to get the help I needed to better myself" (Participant 6, personal communication, August 2011).

The next set of questions in the questionnaire was related to the influence of friends, co-workers, and other community members. Table 5 (below) displays the responses from participants. Of the 40 participants, 15 (37.5%) indicated they did not know what the reactions to seeking mental health services would be from friends,

co-workers, and other community members, and 4(10%) reported they would expect a neutral response. Of the 40 participants, 9 (22.5%) stated they would receive a negative reaction from friends, co-workers, and other community members. Of the 40 participants 12 (30%) reported a positive reaction.

Table 5. Reaction from Friends, Co-Workers, and Community Members

Variable	Frequency (n)	Percentage (%)
Reaction (n = 40)		
Positive	12	30.0
Negative	9	22.5
Neutral	4	10.0
Did not know	15	37.5

Of the participants who did not know the reaction from their friends, co-workers, and community members to seeking mental health services, 6(30%) were women and 7(35%) were men. Of the participants who reported a neutral response 3(15%) were women and 1(5%) was a man. Of the participants who reported a negative response, 3(15%) were women and 6(30%) were men. Of the

participants in the study who reported a positive reaction to seeking mental health services from their friends, co-workers, and other community members, 8(40%) were women and 6(30%) were men. Table 6 (below) displays these findings.

Table 6. Reaction from Friends, Co-Workers, and Community Members Based on Gender

Variable	Female Frequency (n)	Female Percentage (%)	Male Frequency (n)	Male Percentage (%)
Reaction (n = 40)				
Positive	6	30	6	30
Negative	3	15	6	30
Neutral	3	15	1	5
Did not know	8	40	7	35

Of the participants who reported not knowing the reaction they would receive from friends, co-workers, or community members to seeking mental health services, 9(45%) were from Fontana and 6(30%) were from La Quinta. Of the participants who reported a negative response 4(20%) were from Fontana and 5(25%) were from La Quinta. Of the participants who reported a neutral response, 2(10%) were from La Quinta and 2(10%) were from Fontana.

Of the participants who reported a positive response from friends, co-workers, and community members to seeking mental health services, 5(25%) were from Fontana and 7(35%) were from La Quinta.

Table 7. Reaction from Friends, Co-Workers, and Community Members Based on Region

Variable	Fontana Frequency (n)	Fontana Percentage (%)	La Quinta Frequency (n)	La Quinta Percentage (%)
Reaction (n = 40)				
Positive	5	25	7	35
Negative	4	20	5	25
Neutral	2	10	2	10
Did not know	9	45	6	30

Responses from participants to the question, "What reactions did you or would you get from friends, co-workers, and other community members if they knew you wanted or did seek counseling services?" are as follows:

One participant stated, "That I was crazy and my son would get sicker" (Participant 7, personal communication, August 2011). Another participant stated, "They would be shocked" (Participant 15, personal communication, July 2011). Another male participant stated, "Some would make

fun of me" (Participant 26, personal communication, July 2011). Other males from La Quinta stated, "It would be very negative and very critical. Not understanding what mental health illness is" (Participant 33, personal communication, August 2011) and "They would not trust me" (Participant 37, personal communication, August 2011).

Positive responses from participants were as follows: "They would be supportive" (Participant 36, personal communication, August 2011); "Encouragement" (Participant 40, personal communication, August 2011); "It would be very positive" (Participant 34, personal communication, August 2011); "Positive feedback and support" (Participant 25, personal communication, July 2011); "It would be positive, for me to continue going" (Participant 11, personal communication, July 2011); "I don't think they would say anything and if they did, they would be supportive" (Participant 13, personal communication, July 2011); "They would be happy that I am getting help" (Participant 6, personal communication, August 2011); "I think it would be good" (Participant 9, personal communication, August 2011).

Participants were also asked who they seek support from when they are feeling overwhelmed. The number of

participants who reported not seeking support from anyone was 17(42.5%). The participants who reported seeking support from their religious community was 14(35%). The participants who reported seeking support from their family and spouse was 7(17.5%). The participants who reported they seek support from mental health providers there was 2(10%). Of the participants who reported they seek support from their religion, 9(45%) were from La Quinta and 5(25%) were from Fontana. Of the participants who reported they seek support from their family and/or spouse, 2(10%) were from La Quinta and 5(25%) were from Fontana. Of the participants who reported they did not seek support from anyone, 6(30%) were from La Quinta and 11(55%) were from Fontana. The 2(10%) participants who reported they seek support from mental health service providers were from Fontana. There were no participants from La Quinta who sought support from mental health service providers.

Of the participants who sought services from mental health service providers 2(10%) were women and none were men. Of the participants who sought support from their families and/or spouse, 4(20%) were women and 3(15%) were men. Of the participants who reported seeking support

from their religious community, 6(30%) were women and 8(40%) were men. On the participants who reported not seeking support from anyone 9(45%) were men and 8(40%) were women.

Participants were asked if they felt comfortable sharing personal information with a therapist. The number of participants who reported they felt comfortable sharing personal information with a therapist was 11(55%). Of the number of participants who reported not feeling comfortable sharing personal information with a therapist was 9(45%). Of the number of participants who reported they felt comfortable speaking to a therapist, 12(60%) were from Fontana and 10(50%) were from La Quinta. Of the number of participants who stated they did not feel comfortable speaking to a therapist, 8(40%) were from Fontana and 10(50%) were from La Quinta. Of the number of participants who reported feeling comfortable sharing personal information with a therapist, 12(60%) were women and 10(50%) were men. Of the number of participants who reported they did not feel comfortable sharing personal information with a therapist, 8(40%) were women and 10(50%) were men.

Responses from participants who responded not feeling comfortable sharing personal information with a therapist, are as follows: "No, I don't want a therapist to know exactly what I'm thinking" (Participant 6, personal communication, August 2011); "No, I would feel more comfortable if I shared with someone close" (Participant 1, personal communication, August 2011); "No, too personal" (Participant 36, personal communication, August 2011); "No because for those problems I would seek assistance from my creator(God)" (Participant 37, personal communication, August 2011); "No, I prefer a pastor, therapists have a different perspective on life" (Participant 33, personal communication, August 2011).

Participants who reported feeling comfortable sharing personal information with a therapist all stated the therapist would help them. Common responses were: "Yes, because they offer a different point of view and can give you solutions to personal problems" (Participant 34, personal communication, August 2011); "Yes, a professional would understand my situation without any prejudice" (Participant 31, personal communication, August 2011); "Yes, it is comfortable, relaxing, and I

like meditation" (Participant 27, personal communication, July 2011); "Yes, sometimes, we need to get out what we really feel in order to really deal with the issues" (Participant 22, personal communication, July 2011); "Yes, because it helps, they are trained professionals" (Participant 15, personal communication, July 2011); "Yes, I think it's good it helps sort out your thoughts and feelings" (Participant 8, personal communication, August 2011).

In the last section of the questionnaire participants were asked to discuss how important it was to them for the mental health professional to speak their language and was of the same ethnicity. No one in the study stated ethnicity was important. Everyone in the study stated language was important.

Responses to the question, How important is it to you that the therapist speaks your language? Is of the same ethnicity? are as follows:

"The language is very important because I can express myself better. Ethnicity does not matter" (Participant 5, personal communication, August 2011); "It is important because there are times that translation is not understood" (Participant 4, personal communication,

August 2011); "Just language to understand each other better" (Participant 2, personal communication, August 2011). "It's important they speak Spanish, ethnicity does not matter" (Participant 11, personal communication, July 2011); "That they speak Spanish not ethnicity what's important is that they help" (Participant 12, personal communication, July 2011); "That they are the same ethnicity is not very important, but that they speak my language is important and most importantly, that they know how to be compassionate" (Participant 20, personal communication, July 2011).

Men, regardless of region, agreed: "Ethnicity is not an issue, but I would need someone who spoke my same language" (Participant 23, personal communication, July 2011); "Very important since I would like to express everything I feel, ethnicity does not matter" (Participant 25, personal communication, July 2011); "It's important that they speak the same language to establish good communication but ethnicity is not important" (Participant 34, personal communication, August 2011); "Good, but it wouldn't matter what ethnicity" (Participant 36, personal communication,

August 2011); "Language-very, ethnicity-not important" (Participant 40, personal communication, August 2011).

Participants were asked if them being bi-cultural affected their decision to seek mental health services. Of the number of participants who stated being bi-cultural did not affect their decision, was 24(60%), 10(25%) stated being bi-cultural did affect their decision, and 6(15%) responded not applicable. Of the number of participants who reported being bi-cultural did not affect their decision to seek mental health services, 13(65%) were women and 11(55%) were men. Of the number of participants who reported being bi-cultural did affect their decision to seek mental health services, 3(15%) were women and 7(35%) were men. Of the participants, who reported not applicable, 4(20%) were women and 2(10%) were men.

Of the number of participants who stated their culture affected their decision to seek services, 4(20%) were from Fontana and 6(30%) were from La Quinta. The number of participants who reported it did not affect their decision to seek services, 15(75%) were from Fontana and 9(45%) were from La Quinta. The number of

participants who responded not applicable, 1(5%) was from Fontana and 5(25%) were from La Quinta.

Participants were also asked if they believed that the American and Mexican cultures are conflicting. Participants were asked if either culture influences their decision more than the other to seek mental health services. Of the number of participants who reported that neither culture influenced their decision to seek mental health services were 22(55%). Of the number of participants who reported that the cultures did influence their decision to utilize or not utilize mental health services were 18(45%). All participants agreed that the cultures were different and had different values and ideas; however, the majority of the individuals stated it did not influence their decision to seek services.

Of the number of participants that stated culture did not influence their decision to seek mental health services, 7(35%) were from Fontana and 13(65%) were from La Quinta. Of the number of participants who stated culture did impact their decision to seek mental health services, 12(65%) were from Fontana and 7(35%) were from La Quinta. The number of participants who stated being

bi-cultural did not impact their decision to seek mental health services, 11(55%) were women and 9(45%) were men.

One participant stated, "Yes, I think so because Mexicans would say, 'what would people say'" (Participant 12, personal communication, July 2011). Another participant stated, "They don't contradict each other but they are different. I believe that the American culture influences because between the Latinos, only the 'crazy' seek help from counselors, psychiatrists, or psychologists" (Participant 14, personal communication, July 2011). Another participant stated, "I don't think it's really the culture instead, it's the socioeconomic status and education that influences our decision to seek mental health services" (Participant 34, personal communication, August 2011).

Participants were also asked if their country or their family's country of origin, culture, and beliefs affected their decision to seek services. The number of participants that reported no influence from their country of origin or their family's country of origin was 31(77.5%), compared to 9(22.5%) who reported culture did influence their decision. Of the participants, who reported culture did influence their decision, some

participants, reported it influenced their decision in a positive way. The number of participants who stated yes, culture influenced their decision, 2(22.2%) reported it affected their decision in a positive way.

Two participants stated, "I have never utilized the services but I do believe it affects my decision in a positive way as long as the intention is for my own good" (Participant 20, personal communication, July 2011) and "When a person needs help, they should leave their family's beliefs aside or the customs of their country of origin because it will not give you the health you need to seek and obtain" (Participant 14, personal communication, July 2011).

Of the number of participants who stated that the culture from their country of origin or their family's country of origin impacted their decision to seek services in a negative way, was 7(77.8%). One participant stated, "Well, my grandpa would say it was a waste of time and effort" (Participant 38, personal communication, August 2011). Another participant stated, "I believe it prevents me from seeking services for mental health problems. Especially with problems regarding my children with dyslexia or lack of concentration" (Participant 33,

personal communication, August 2011). Another participant stated, "Mexicans say, 'I'm not crazy'" (Participant 28, personal communication, July 2011).

Of the number of participants who stated the culture from their country of origin or their family's country of origin, did not affect their decision to seek mental health services, 18(90%) were women and 13(65%) were men. The number of participants who stated the culture from their country of origin or their family's country of origin did impact their decision to seek services, 2(10%) were women and 7(35%) were men. Of the number of participants who stated culture from their country of origin or their family's country of origin did not influence their decision to seek services, 15(75%) were from Fontana and 16(80%) were from La Quinta. Of the number of participants who reported culture influenced their decision to seek services, 5(25%) were from Fontana and 4(20%) were from La Quinta.

Summary

This section presented results of the study. The total number of participants in the study were as follows; 20(50%) were from Fontana and 20(50%) were from

La Quinta. Of the total number of participants, 20(50%) were women and 20(50%) were men. This chapter reported how participants answered the questions. Responses from participants for open-ended question were also included.

CHAPTER FIVE

DISCUSSION

Introduction

The results of this study showed that culture did not appear to influence Mexican-Americans in seeking mental health services. A major theme identified in this study was language. Every participant in the study stated that the therapist did not have to be of the same ethnicity, but it was important to them that the therapist spoke their language. This chapter will also discuss the implications, limitations of the study, and how social work practice could be impacted.

Discussion

The majority of participants 29(72.5%) reported a positive perception of individuals who utilize mental health services regardless of gender, age, or geographical location. Men reported a positive perception just as often as women. For example, one participant stated, "I am in agreement with the support and help they receive" (Participant 32, personal communication, August 2011). Another participant reported, "I think that it is a good thing" (Participant 25, personal communication,

July 2011). This may be an indication that the historical "macho" Mexican-American value which suggests that men are tough and not emotional may not be the very well established social norm it used to be. Mexican-American men may be becoming more open to seeking mental health services than before.

Participants reported a positive perception of individuals who utilize mental health services regardless of years living in the United States. This may indicate acculturation is not a factor in seeking mental health services among Mexican-Americans men and women. For example, a participant who has lived in the United States for 41 years stated, "I believe it's good for them to get help to better themselves" (Participant 6, personal communication, August 2011). Another participant who has lived in the United States for one year stated, "I wish there were more [mental health services], they are a great help for society especially when there is no economic interests when providing the [mental health services]" (Participant 20, personal communication, July 2011).

This study utilized the ecological perspective in understanding the results. The majority of respondents

31(77.5%) reported that the culture of their country of origin or their family's country of origin did not influence their decision to seek mental health services. This finding indicates that even though most participants 13(32.5%) reported their families would be supportive of them if they utilized mental health services their family's opinion was not a factor in utilizing mental health services.

Of the 40 participants in the study 13(32.5%) reported not knowing the reaction from family if they sought mental health services. Of the 40 participants in the study 15(37.5%) indicated they did not know the reaction from friends, co-workers, or community members. This finding indicates that Mexican-Americans might not be seeking mental health services because they do not know what others might think. These results demonstrate that even though participants in the study stated they would seek services even if their family disapproved, they may be influenced by what others may think of them if they were to seek mental health services. This could be an indication that Mexican-Americans perceive mental health services as beneficial for others but not for themselves. Findings in this study indicate that the

stigma of mental health services among Mexican-Americans continues to be a barrier in seeking mental health services.

Only 8(20%) of all participants in the study had utilized mental health services, even though, 12(30%) participants had thought about seeking mental health services. There may be many reasons why individuals contemplate seeking mental health services but do not follow through. For example, individuals might not know where to obtain services or they are concerned about what people could think about them. Future studies need to be conducted to obtain an understanding of why some Mexican-Americans never seek services even when they contemplate utilizing mental health services.

Results indicated a positive correlation between seeking services and language. When asked "How important it is to you for the mental health professional to speak your language and is of your same ethnicity" all participants stated that being able to communicate with the therapist in their native language was more important than ethnicity. Participants in both regions agreed that not having a therapist that speaks the same language

influenced their decision in seeking mental health services.

There was no correlation between age and seeking mental health services. Nor do the results indicate there was a correlation with education and seeking mental health services. Participants with a high school diploma reported not being influenced by the culture of their country of origin or their family's country of origin just as participants with a master's degree. This may indicate that the family system has a greater influence on an individual than education.

Participants in this study reported feeling comfortable talking to therapists about their problems. However, over half of the participants chose to seek help with their friends and family rather than seeking mental health services. This may indicate that the Mexican-American family values the utility of family and interconnectedness more than mental health services. Therefore, when working with an individual who is Mexican-American, the family should be engaged as a part of the treatment process. As a mental health service provider, it is important to allow family members to communicate their concerns and perceptions of seeking

mental health related assistance outside of the family unit. By allowing the family to discuss their perception of the problem and their perception of seeking mental health services the service provider may be able to assess the needs of the family more accurately. An assessment of the perceptions of each family member may provide an understanding of the family's cultural values; which may be essential to provide culturally competent services and avoid premature termination of services.

This finding also indicates how the ecological perspective plays a role in accessing mental health services among the Mexican-American community. This finding indicates that participants in this study may be heavily influenced by their environment in terms of whether or they not seek mental health services. Family and friends were the primary support system for participants in the study; which may indicate if the family members encouraged participants to utilize mental health services, and if families were appropriately engaged by mental health service providers participation of Mexican-Americans in mental health services might increase.

Limitations

There were a number of limitations in this study. One limitation of this study was the small sample size. Results of this study cannot be generalized to all Mexican-Americans because of the small sample size from one geographical region.

Another limitation is that questionnaires were only handed out at two churches that were located in Fontana, California and La Quinta, California. Results could have been more diverse if the questionnaires were distributed at different locations not just religious institutions. If the questionnaires had been distributed at several different locations in other areas an greater understanding of how culture impacts the utilization of mental health services by Mexican-Americans might have been attained. Mexican-Americans who attend church tend to have a positive view of life because of the social support received there and the tenets of religious belief. It may be that Mexican-Americans who attend church are less likely to see themselves as needing mental health services. Surveying a more diverse population of Mexican-Americans might have yielded somewhat different results.

Another limitation of this study was the questionnaire. Participants, of course, provided a response to questions based on their understanding of the questions. Very few participants asked for assistance when completing the questionnaire. Therefore, responses are based on how they perceived the question and it may be the participants perceived the questions very differently. If face-to-face interviews would have been conducted results may have been more informative because clarification could have been provided to all individuals if they were not sure what the questions meant.

Recommendations for Social Work Practice, Policy and Research

The results from this study are clearly related to social work practice. Results from this study identified the importance of language to Mexican-Americans when they are seeking or utilizing mental health services. Social work programs, especially in California, should recruit more Spanish-speaking students into social work programs. Social work programs should also provide incentives such as, mental health stipends to encourage Spanish-speaking students to pursue careers in mental health. Proposing a loan forgiveness programs for Spanish-speaking mental

health social workers may also potentially increase the number of Spanish-speaking mental health professionals.

Future studies related to this topic could be conducted utilizing larger samples. Larger samples could provide a better understanding of the impact of culture on Mexican-Americans who are seeking mental health services or who might need those services, but don't seek them. Replication of this study utilizing a larger sample and multiple locations to recruit participants may provide more diverse results that might yield a better understanding of barriers for Mexican-Americans in seeking mental health services. Results of future studies could influence the development of culturally sensitive intervention and outreach methods.

Future studies could explore the impact of socioeconomic status in seeking mental health services among Mexican-Americans. Future studies should also ask participants if they know where they can access mental health services. Mexican-Americans may not be utilizing services because of their lack of knowledge of what mental health services are, where they can be accessed, and their cost. If future studies determine that Mexican-Americans in California do not know how and where

to access services, outreach programs that target the Mexican-American community could be developed.

Conclusion

This study demonstrated that culture was not apparently perceived of a barrier in seeking mental health services among the Mexican-American participants in the sample. Another important finding of the study was that having the provider speak the same language was critically important to the participants. The therapists' ethnicity was not seen as a barrier among Mexican-Americans in utilizing mental health services. Future research should be conducted on the underutilization of mental health services among Mexican-Americans by asking Mexican-Americans for information about factors that may prevent them from seeking mental health services. By determining those barriers service gaps within the mental health system could potentially be addressed to better serve this population.

APPENDIX A

QUESTIONNAIRE

QUESTIONNAIRE

DEMOGRAPHICS:

1. Where were you born?
2. If other than the United States, How long have you lived in the United States?
3. How old are you?
4. What is your highest level of education?

PERCEPTION:

1. Can you define mental health services?
2. Do you think "nervios" or nervousness is a mental health issue?
3. What do you think about individuals who seek mental health services?
4. Have you thought about seeking any type of mental health services before?

UTILIZATION OF SERVICES:

1. Have you sought mental health services before?
2. If so, but failed to attend. What discouraged you from attending?
3. If you did attend services, but stopped attending services, why did you stop attending counseling services?
4. If you did attend services and completed your treatment, what did you like about the services? What did you not like? What would you change?

INFLUENCE OF OUTSIDE MEMBERS:

1. How did/would your family react? What did/would they say if you sought individual counseling services?
2. What reactions did/would you get from friends/co-workers/other community members if they knew you wanted or did seek counseling services?
3. Where or with whom do you seek support when in need?

CULTURE:

1. Do you feel comfortable sharing your personal thoughts/feelings with a therapist? Why? Or Why not?
2. How important is it to you that the therapist speaks your language? Is of the same ethnicity?
3. How does being bicultural affect your decision to seek individual counseling services?
4. Do you feel that the Mexican and the American culture are conflicting? Does one culture influence your decisions more than the other?
5. How does your country of origin or your family's country of origin's culture and beliefs affect your decision to seek individual counseling services?

Designed by Carmen Mendoza & Maria Olmos

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the influence of culture and utilization of counseling services among Mexicans. This study is being conducted by Carmen Isabel Mendoza and Maria Sanjuana Olmos under the supervision of Dr.Par Vang, Professor of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

The purpose of the study is to research the influence of culture and utilization of counseling services among Mexicans. It is believed that the research findings will help increase the utilization of individual counseling and mental services among the Mexican population by finding the appropriate approaches unique to the population and increase knowledge of the Mexican community about mental health. The research could also benefit social workers in working with this unique population and increase their knowledge of the Mexican culture.

If you decide to participate in this study your participation is voluntary and you can withdraw from the study at any time without any penalty or consequences. Participating in this study does have potential risk to participants who may realize that they have been in need of services. This may bring back emotional stress for those unresolved issues. Participants will be given community resources to agencies that assist with emotional stress.

Your identity will be kept anonymous and your identity will not be revealed during any part of this study or after its completion. A number will be assigned to your interview and will be kept stored and deleted after the study is completed.

If you decide to participate in the study the research will be conducted by an interview and you will be asked questions regarding your culture and your experience in using mental health services. The interview will take about 40-60 minutes.

There are no direct benefits to you, by participating in the study. The findings could benefit social worker and other providers in identifying cultural influences that might prevent this particular population from obtaining needed services as well as develop helping approaches that are unique the Mexican population.

The research will include a questionnaire consisting of open ended questions and researchers will use audio recording during the interview. Please initial below with an X to agree to use audio recording during the interview.

I understand that this research will be audio recorded Initials___

Thank you for your consideration in the study. If at any time you have any questions or concerns about your rights regarding this study please feel free to contact Dr. Vang with the School of Social Work, California State University, San Bernardino at (909) 537-3775.

Please indicate your consent by marking an X.

_____ Date: _____

APPENDIX C

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study that you have just participated in was designed to explore the influence of culture on the utilization of individual counseling services among Mexicans. Attitudes of Mexican men and women will be compared as well as the two geographical areas utilized, Coachella Valley and Fontana. All responses shared with the researchers will be kept confidential and the privacy of all individuals will be ensured. Any identifiable information will be removed from all data to protect all participants in the study. If you know someone who will also be participating in the study we ask that you please refrain from sharing the content of the study as well as your responses and reaction to the study.

We thank you for being part of this research study and not disclosing any information to other participants. If you have any questions and/or concerns regarding this study please feel free to contact supervisor Dr. Par Vang at (909) 880-5091. If you would like a copy of the results of this study please contact Dr. Par Vang at (909) 880-5091 at the end of fall quarter of 2012, which is the middle of December.

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ASSIGNED RESPONSIBILITIES PAGE

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

1. Data Collection: Team Effort

   Assigned Leader: Carmen Mendoza in La Quinta

   Maria Olmos in Fontana

   Assisted By: Maria Olmos in La Quinta

   Carmen Mendoza in Fontana

2. Data Entry and Analysis:

   Team Effort: Maria Olmos & Carmen Mendoza

3. Writing Report and Presentation of Findings:

   a. Introduction and Literature

      Team Effort: Maria Olmos & Carmen Mendoza

   b. Methods

      Team Effort: Maria Olmos & Carmen Mendoza

   c. Results

      Team Effort: Maria Olmos & Carmen Mendoza

   d. Discussion

      Team Effort: Maria Olmos & Carmen Mendoza