PERCEPTIONS OF CHILD MENTAL HEALTH AMONGST THE LATINO COMMUNITY INCLUDING KNOWLEDGE OF CHILD MENTAL HEALTH SERVICES

A Project

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by
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Department of Social Work
Abstract

PERCEPTIONS OF CHILD MENTAL HEALTH AMONGST THE LATINO COMMUNITY INCLUDING KNOWLEDGE OF CHILD MENTAL HEALTH SERVICES

by

Jessica Nelson

Mental health is an essential part of a child’s overall health. Over the years there have been many studies on the underutilization of mental health services in the Latino population. Many studies examine the barriers to mental health, but there is very little information about how perceptions of mental health services impact service utilization.

The purpose of this study is to explore the perceptions of Latino adults in regards to accessing child mental health services, and examine factors that influence the utilization of child mental health services among Latino parents. A quantitative descriptive research design was used for this study and sample recruited for this study was composed of 25 male and 48 female participants attending a voluntary well-being workshop through an organization program in Merced County. Participants were all above the age of 18, and identified as being parents. The results of this study indicated statistically significant differences between participants who were born in the United States versus those who were born outside of the United States regarding their perceptions of child mental health. Findings suggest that ensuring that Latino families have an understanding of child mental health, as well as access to services, is important as the population of Latinos in the
United States continues to rise rapidly. Recommendations to improve mental health care amongst the Latino population would be to promote mental health services in primary care centers, educate professionals, and to increase the proportion of Latino health professionals.

Keywords: Latino, Child, Mental Health, Perceptions

_______________________, Committee Chair
Kisun Nam, Ph. D., MSSW

_______________________
Date

DEDICATION
I dedicate this project to my parents, Eduardo and Jessica Martinez. They have always believed in my success, and I would not be where I am today without them. Because of them, I know I can accomplish anything. They have both given me the world and I only hope that I have made them both proud. I love you both so much.
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Gender differences in knowledge regarding accessing child mental health services
Chapter 1

Introduction

The purpose of this research is to explore the perceptions of child mental health within the Latino community in hopes of being able to identify factors that lead to the underutilization of child mental health services. The researcher also seeks to identify whether the Latino community is aware of community resources in regards to child mental health. Understanding these factors will assist social workers and other health care professionals that work with children and their families in helping Latino parents or guardians access community resources. It will also enhance mental health promotion efforts for this generation of Latinos and the generations to come. The intrigue for this research came about through the author’s first-hand experiences in working with Latino families. The researcher realized that Latinos highly underutilize mental health services. This observation aroused curiosity about whether their perceptions also impeded the use of child mental health services. In the professional field of social work, mental health providers strive to provide clients with services that meet every populations needs.

This study focuses on Latino children, and focuses on understanding factors that influence, the parent or guardians, both help-seeking and mental-health service utilization. It is well known that utilization rates of mental health treatment for Latinos with mental illness are already low. Alegria and colleagues (2002) examined disparities in the utilization rates of specialty mental health care, and found a significantly higher proportion of non-Latino Whites (11.8%) receive specialty care than African Americans (7.2%) or Latinos (5.9%). Without a significant alteration in this trajectory, the United
States will reap the consequences of overlooked and untreated mental health problems among those who will soon make up a large proportion of the workforce and of parents.

This study collected data through questionnaires. Participants were asked fourteen questions ranging from basic demographic questions to exploring each person’s perceptions about child mental health. The goal of asking these questions was to gain a better understanding of how different factors affect utilization of child mental health services amongst the Latino community. This research anticipates contributing to the existing research on mental health perceptions and barriers to service use present in the Latino community.

**Background of the Problem**

An estimated 15 million of our nation’s young people can currently be diagnosed with a mental health disorder. However, it is estimated that only about 7% of these youth who need services receive appropriate help from mental health professionals (Department of Health and Human Services, 2001). The Surgeon General’s Report on Mental Health (1999) classified several ways to better the nation’s mental health services, including modifying mental health services to the increasingly diverse, age, gender, racial, and cultural composition of the population. The U.S Surgeon General also reported that culture has an impact on mental illness and mental health as it impacts how patients communicate and exhibit symptoms; cope with mental illness, and how families and communities cope with mental illness.

Latino youths’ mental health status and trajectory into adulthood in the United States is concerning. Their mental health problems have serious health and economic
societal implications as Latinos currently compromise over half of the immigrants in the United States (55%) (Douglas-Hall & Koball, 2004). The U.S Census estimates that as of July 2007 there were over 15.4 million Latino youth under the age of 18 and 7.7 million are estimated to be 10-19 years old. The increase of Latinos living in the United States suggests that the needs and demands for mental health services among Latinos will also increase. The U.S Department of Health and Human Services (2000) found that Latino youth and children report higher rates of mental health problems and associated negative outcomes including anxiety, depression, suicidal ideation and suicide attempts than non-Latino white and black youth. Latino children have become a high-risk group due to the amount of disparities their parent or guardian encounters in not only seeking services, but also in completing treatment. It is important to understand and recognize the needs, as well as the different access issues that Latinos face throughout the U.S in order to better serve them.

Although the Latino community represents the largest racial and ethnic minority in the United States, they continue to face challenges that affect their quality of life. Studies have found that minority racial/ethnic groups are more likely to use emergency services than whites for mental health care, which suggests that they are likely to seek help until there is a crisis (Chow, Jaffee, & Snowden, 2003). Depression and anxiety are the most commonly occurring mental health disorders in the United States, including Latinos, yet treatment does not reach everyone in need (Sanchez, Cardemil, Adams, Calista, Connell, DePalo, Ferreira, Gould, Handler, Kaminow, Melo, Parks, Rice, & Rivera, 2014). Compared with non-Hispanic White population, ethnic minorities
including immigrants, have significantly underutilized mental health services (Harris, Edlund, & Larson, 2005).

**Statement of the Research Problem**

Latino children have the highest rates of unmet mental health needs (Kataoka, Zhang, & Wells, 2002). Mental health is an essential part of a child’s overall health. Over the years there have been many studies on the underutilization of mental health services in the Latino population. However, there has been very little research done that focuses on the impacts of Latinos perceptions of mental health. Many studies examine the barriers to mental health, but there is very little information about how perceptions of mental health services impact service utilization.

There is a major difference between access barriers and utilization barriers. Access refers to seeking, locating, and receiving mental health services, while utilization refers to the percentage of members of an ethnic minority group who avail themselves of existing mental health services (Rastogi, Massey-Hastings, & Wieling, 2012). Utilization rates of mental health treatment for Hispanics with mental illness are low (Gonzalez, 2008). Crystal and colleagues (2003) studied trends in treatment and found that receiving no treatment was higher for Hispanics and other ethnic groups, low income, and those with no supplemental insurance. The researchers added that 50.8% of respondents with no supplemental insurance did not receive treatment, concluding that Hispanics were much less likely to receive treatment than Whites.

One growing population in the United States at particular risk for not receiving specialty mental health care is Latino children (Kataoka et al. 2002). Latinos have been
found to be less likely than others to receive health care services because of such factors such as help-seeking patterns, and an unrecognized need for services. Although this underserved group has been found to consistently underutilize mental health care, there has been little effort in developing and evaluating accessible and evidence-based interventions specifically for Latino children.

This is evidence that shows the importance to explore this topic. Therefore, the purpose of this study is to explore the perceptions of Latino adults in regards to accessing child mental health services, and examine factors that influence the utilization of mental health services among Latinos. There is existing research that illustrates the relationship between utilization of mental health services and the Latino population (DHHS, 2001; Guarnaccia et al., 2007; Kanel, 2002; Manoleas, 2008); however, not much research has explored how adult perceptions affect the utilization of child mental health services amongst the Latino community.

**Study Purpose**

This study aims to explore the perceptions of Latino parents surrounding child mental health, as well as their perceptions in regards to the accessibility of services. The author will use the systems theory as a theoretical framework to understand the perceptions of Latino parents within the context of their systemic barriers. The researcher will explain the Systems theory followed by a description of how this theory can be applied to this research.
Research Questions

This study investigated the following research questions:

1) What are Latinos’ perceptions of child mental health?

2) What factors contribute to Latino adults accessing mental health services for children?

Theoretical Framework

Systems theory. Systems theory offers the notions that all organisms are systems, composed of subsystems, and are in turn part of super systems (Payne, 1997). The Latino culture is a super-system that encompasses different elements which are all interrelated—language, values, beliefs, and traditions; with each other representing subsystems. The advantage of this theory is that it deals with whole, exploring the big picture, rather than just parts of human or social behavior. An individual’s psychological, social, and emotional system helps to jointly define human behavior. According to Payne, three types of systems exist (Payne, 1997). The three systems are: informal (family friends), formal systems (community groups), and societal systems (hospitals, schools, and mental health agencies). All three types of systems allow the researcher to identify how different systems influence Latino adults’ perceptions about child mental health and accessing child mental health services.

Each part of the general system provides a fundamental functioning in maintaining the system’s stability, or steady state of optimal functioning (Payne, 1997). For example, a Latino client is the primary individual system in his or her larger system, such as culture, and they are impacted by subsystems with which he or she interacts with,
such as family, church, community, or a mental health institution that ultimately can affect their human development.

Systems theory is a study of multifaceted systems. In order for mental health professionals to understand their clients’ behavior, they need to be aware of the existing systems surrounding Latinos. This perspective lends itself to examining what relationships with the system are supportive or obstructive. The researchers exploration of these relationships may provide connections to other subsystems that prove to be negative to Latino parents’ perceptions of child mental health service utilization.

Mental health professionals can use systems theory as a way of understanding how individuals are products of interpersonal situations, as well as how these situations affect them and other systems in which they interact. Mental health professionals can then work with Latino parents to assess the situation and decide which systems (perceptions, language, culture, religious beliefs, stigma, legal status, and acculturation) are important elements of attention, or focus for mental health practice.

**Definition of terms**

The following is a list of terms that are used throughout this study and are pertinent to understand perception of child mental health.

**Latinos**—

Members of the U.S population who identify themselves among one specific Spanish, Hispanic, or Latino categories listed in the 2000 Census questionnaire. It includes those whose origins are from Spanish-speaking Central or South America (United States Census Bureau, 2006).
Mental Health—
The psychological state of someone who is performing at an acceptable level of emotional and behavioral adjustment (World Health Organization, 2014).

Mental Health Services—
Assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders. (U.S. Department of Health and Human Services, Public Health Service, 2001).

Assumptions
Because this topic is relatively new and understudied, the research will be applicable and practical in the field of social work as it prepares to continue to provide services to the growing Latino population. Several assumptions to be considered in this study include: 1) Latino parents will seek mental health services for their child’s mental health problems if the mental health professionals are culturally competent; 2) there are barriers that impede a Latino parent to utilize mental health services for their child; 3) Mental health professionals are the experts at addressing issues of mental health.

Social Work Justification
Utilization rates for mental health treatment amongst Latinos with mental illness are low. Latinos have different attitudes towards mental illness and mental health services, and often feel stigmatized for accessing these services. Exposure to mental
health issues and attitudes toward mental illness need to be examined in order to understand mental health services utilization patterns among the Latino/Hispanic community. Research in this area is also crucial given the marked rise in the health needs of these groups (Kandula, Kersey, & Lurie, 2004). The underutilization of mental health services among Latinos who need mental health services has been a growing concern in research and clinical practice settings (Kouyoumdjian, Zamboanga, & Hansen, 2003). Previous studies have addressed various factors that affect mental health service utilization amongst the Latino community. Until Latinos are able to receive care by professionals who represent their population, understand their culture, and speak their language, mental health issues will continue to disproportionately affect the fastest-growing sector in the U.S population, and the stigma surrounding mental health care will further deter Latinos from accessing services.

Despite progress in the general understanding of factors that impact the use and outcome of Latinos use of mental health services, there remains a need to better understand the factors that may influence the voluntary use of child mental health services. The researcher will be examining factors associated with use of mental health services, and how perceptions of mental illness impact help seeking behaviors. Mental health access is determined by the availability, acceptability, and cultural appropriateness of services, as well as location, hours of operation, transportation needs, and cost (USDHHS, 2009). On the other hand, service utilization can be affected by factors not commonly associated with accessibility.

This study seeks to better understand the barriers the Latino community faces in
accessing child mental health services. This study also seeks to help mental health practitioners, as well as professionals working with Latino families, have a better understanding of how to better deliver their services to the Latino community. Exploring factors associated with the underutilization and early termination of mental health services by Latinos could help mental health practitioners have a better understanding of how to improve and deliver their services to the Latino community, therefore, this study could be helpful to practitioners who provide mental health services to the Latino community. This study seeks to better understand the barriers the Latino community faces in accessing child mental health services. This study also seeks to help mental health practitioners, as well as professionals working with Latino families, have a better understanding of how to better deliver their services to the Latino community.

**Study Limitations**

This study focuses solely on the perceptions of Latino adults. Their responses are entirely based upon their own knowledge, experiences, background and views in regards to mental health service utilization. The research is limited to only perceptions. The researcher assumes that what the participants answer on their questionnaire is the truth. Furthermore, only 73 participants completed the questionnaire; therefore, this sample is not representative of the general population.

**Summary**

Chapter 1 incorporated the introduction to the problem, background of the problem, statement of the research problem and the purpose of the study. It outlines the common terms used throughout this study along with their definitions to help readers
make more sent of the information. Chapter 1 also included sections about the theoretical framework and its application to conceptualize the problem. After the assumptions and limitations of the research study were discussed, the justification or rationale for the use of the research study was outlined. Chapter 2 is an in-depth review of available literature pertaining to the research topic with sections covering the following factors that influence the utilization of child mental health services amongst Latinos: barriers in mental health service utilization, language barriers, family and culture, religious beliefs, stigma, treatment preferences, legal status, acculturation, and mental health literacy.
Chapter 2

Review of the Literature

There are many variations amongst Latinos in the United States, including country of origin, reasons for leaving their country of origin, generation, levels of acculturation, and length of residency that all play a role in their mental health well being as well as their child’s mental health well being. Having an understanding of how these various factors affect child mental health service utilization is vital for social work practitioners. The fact that so many children are suffering from serious mental health problems means that social workers, teachers, and others will encounter these children in schools, child welfare institutions, jails, foster homes, and on the streets (LeCroy & Ashford, 1992). This research explores the impact perceptions of mental health have on child mental health care.

Understanding the mental health needs of Latino children is critical, as many are likely to experience high needs and barriers to accessing services. Children are a particularly vulnerable group as they completely rely on adult caregivers for their healthcare needs during their early childhood and school age years. This chapter reviews the literature on Latino culture including family, values, and views on mental illness in the Latino community. In order to understand the barriers present in child mental health service utilization among Latinos, there needs to be an understanding of the overall barriers to access present within the Latino community. This chapter also seeks to distinguish between barriers present within the service system, the community system, and the personal barriers experienced among Latinos in the United States.
Barriers in Service Utilization

There is a wide range of barriers to seeking mental health care that have been identified in the Latino mental health literature. These barriers can be organized into several dimensions: provider barriers, barriers in the service system, community-level barriers, barriers in the social networks of people in the community, and person-centered barriers. Researchers have found that the most important system level barriers include lack of health insurance, language barriers, discrimination throughout the system and lack of information about services provided in Spanish (Guendelman & Wagner, 2000). They also found that person-centered barriers include lack of recognition of mental health problems, stigma associated with mental illness, and a negative attitude towards accessing services.

Barriers are defined as factors that impede access to mental health services for minorities and their cultural group. As a group, Latinos have a high level of poverty (U.S. Census Bureau, 2006), specific linguistic needs, and alternate ways of viewing mental health issues. All of these characteristics form barriers to seeking mental health services for themselves as well as for their children. Minorities face several challenges with regard to accessing health care, which includes mental health treatment. The literature has documented the argument that economic, cultural and structural barriers have led to lower utilization of mental health services by Latinos, including Mexican-Americans, when compared to other ethnic groups in the population (Marin, Escobar, & Vega, 2006).

Several barriers at the societal level keep Latino parents and guardians from accessing health care, such as degree of acculturation, communication/language
preference, lack of access to insurance, poverty, lack of education, and culture (Gonzalez, 2008). It has been found that barriers either prevent access to mental health services, or decrease utilization of services. Previous negative experiences related to language barriers, discrimination, or poor treatment impact a person’s confidence in the ability of services to meet mental health needs (Slade, 2004). Freedenthal (2007) reported that even the presence of serious mental health problems did not predict mental health utilization for Latinos. Latinos who come from low socioeconomic backgrounds are at an even higher risk of encountering a number of challenges in utilizing mental health services. These challenges include time, economic, and transportation limitations (Pumariéga, Glover, Holzer, & Nguyen, 1998).

**Legal Status and Length of Stay in the United States**

A majority of immigrants from Mexico and Latin America do not have citizenship status upon arrival to the United States, and many immigrate illegally. Undocumented immigrants face severe psychosocial stressors brought upon by harsh living and working conditions, low levels of education and income, fear of deportation and absence of social networks (Magaña & Hovey, 2003). Research suggests that these stressors result in a higher prevalence of anxiety disorders and alcoholism for undocumented immigrants in comparison to Latinos born in the United States (Perez & Fortuna, 2005).

Data from the National Survey on Child and Adolescent Well Being (NSCAW), a nationally representative sample of youth, reveals that there are vast differences between cases involving native and foreign-born Latino caregivers and their families (Dettlaff, Earner, & Phillips, 2009). Children of immigrants are more likely to be living
with both parents and immigrant families tend to be poorer, with 77% reporting an annual household income of less than $20,000, compared with 63% of native-born caregivers. On the other hand, they also found that Latino immigrant families presented with high family stress and low social support. It has also been documented in the literature that native-born parents tend to have a history of drug abuse, intellectual or cognitive impairment, poor parenting skills, history of maltreatment, and high family stress levels (Ayon, Krysik, Gerdes, Androff, Becerra, Gurrola, Salas, Segal, & Androff, 2011). These findings illustrate the diversity of risk factors within Latino families residing in the United States. Dettlaff and colleagues (2009) found a significant difference in the risk factors and type of maltreatment experienced by children of immigrants as compared to children of U.S.-born Latino parents. While this significant difference may have implications for the need to provide this population mental health services, little research has examined the need for mental health services among Latino children according to parental nativity.

Several studies have found that both African American and Latino youth are significantly less likely to receive mental health treatment compared to White youth even after controlling for key variables including age, gender, income, and severity of need (Garland, Hough, Landsverk, McCabe, Yeh, Ganger, et al., 2000). Immigrants are even less likely to use mental health services than U.S born Latinos. Little is known about the difference in mental health needs among Latino children as a result of parental nativity. Several studies suggest that youth in immigrant families may be at increased risk of having unmet mental health needs given immigrant parents’ greater likelihood of limited
English proficiency, lower levels of formal education, lack of insurance coverage, and overall poorer access to regular health care providers (Fiscella, Franks, Doescher, & Saver, 2002). A significant structural barrier for Latinos seeking mental health services is an elevated concern regarding their residency documentation in the United States. The anxiety associated with one’s legal status and fear of deportation has a huge negative impact on help seeking behaviors (Cardemil, Adams, Calista, Connel, Encarnacion, Esparza, et al., 2007). People who have lived in the United States for multiple generations have a better understanding of how to navigate systems of care, whereas more recent immigrants may need additional assistance from social workers to access services. Evidence suggests that immigrant children perform better on some measure of well being compared to US-born Latino children; however, over time and across generations, many of these advantages are lost (Hernandez & Charney 1998). In a study with Latino youth, Peña and colleagues (2008) found that generation status was a determinant of well-being. They found that Latino youth who were second or third generation were at greater risk for suicide attempts, problematic alcohol use, and repeated marijuana use when compared with first-generation Latino youth.

**Acculturation and Discrimination**

Latino families are often fractured by the strain of acculturation. Theorists have long postulated that conflicts associated with differences in the acculturation process for parents and their children in immigrant Latino families can result in maladaptive youth outcomes (Telzer, 2010). Immigrant families are exposed to the United States mainstream values the longer they live in the United States, which results in pressure and
incentives to conform to the new set of values that surround them. This acculturation gap has been hypothesized to place families at risk, as acculturation gaps predicted higher youth substance use and externalizing problems (Zayas, Bright, Alvarez-Sanchez, & Cabassa, 2009). On the other hand, other studies did not find a relationship between acculturation gaps and anxiety or depression (Bauman, Kuhlberg, & Zayas, 2010). This reveals conceptualization and measurement limitations that may help explain inconsistent findings between acculturation and mental health in Latino children. Supporting the argument that specific values need to be measured, Céspedes and Huy (2008) found that cultural value gaps between parents and their children in the supposed ratification of traditional gender roles predicted greater depressive symptoms, but, in the same study, parent-child gaps on a broad measure of acculturation were not related to depression. Additionally, mother-daughter cultural value gaps were associated with greater externalizing symptoms but not internalizing symptoms in a sample of suicide-attempters and non-attempters (Zayas et al. 2009). More research is needed in order to examine how specific value gaps relate to child and adolescent functioning.

A related concern is discrimination against Latinos in mental health services. This discrimination has been noted as a result from both racial and cultural bias against Latinos. There is more evidence of discrimination for medical conditions (Institute of Medicine, 2002) than in the mental health sector; however, it is likely these factors operate in the mental health sector as well. There is evidence that the issue of discrimination differs between Latino groups. Mexicans have been the focus in California, but there are other Latino groups that are just as affected here in California.
The process of adaptation to U.S norms and changing expectations may also result in dissonance between parents and their children, producing a strong effect of disconnection between the parents’ aspirations upon immigration and the outcomes of the lives of their offspring (Suro, 1999). A great deal of evidence exists to confirm the overall negative effects of the acculturation process on mental health status (Miranda & Umhoefer, 1998).

**Language**

A large proportion of the Latino population in the United States speak Spanish as their primary language, though this differs among the major Latino groups and across studies. Difference in primary language and culture between care providers and seekers can present difficulties of utilization (McNeill, Prieto, Neimann, Pizarro, Vera, & Gomez, 2001). Language barriers also come into play when clients have to complete paperwork (Alegría, Mulvaney-Day, Woo, Torres, Gao, & Oddo, 2007). Cabassa, Zayas, and Hansen (2006) found that linguistic barriers even play a role in the number of Latinos who report not knowing where to find mental health services. While some mental health programs have developed specific Latino-focused programs, the norm is that there is few, if any, bilingual/bicultural staff in mental health agencies and even fewer bilingual masters and doctoral level professionals (Guarnaccia, Martinez, & Acosta, 2005). Therefore, it can be concluded that a major barrier for Spanish-speaking Latinos is the lack of providers who can offer mental health services in Spanish.

In a study, Barrio and colleagues (2003) found a disproportionate underuse of case management services by Spanish-speaking Latinos. They found that only 19% of
Latinos were likely to receive case management services compared to 30% of non-Latino Whites. These findings demonstrate that ethnic minority status and language moderate the receipt of mental health care. Latinos, especially those who are only Spanish-speaking, are markedly underserviced compared to non-Latino Whites (Horvitz-Lennon, McGuire, Alegria, & Frank, 2009). Studies based on databases provide important information regarding who enters specific mental health systems of care; however, they do not account for those in need of services who do not access services. There may be disproportionately more Spanish-speaking Latinos in the community in need of case management services who have yet to enter the mental health system of care. There is a need for research approaches that integrate household interviews with databases of local communities (Koenen, Moffitt, Roberts, Martin, Kubzansky, Harrington, & Caspi, 2009) in order to identify the full range of disparities in the treatment of mental health illnesses.

**Stigma**

The influence of culture can play an important role in shaping one’s view of mental illness. Specifically, Latinos’ perceptions of mental illness may play an influential role in their underutilization of community services. For instance, many Latinos view physical symptoms more seriously than problems associated with mental health. Research has shown that Latinos are more likely to seek a physician’s help than a mental health professional for psychological problems. Comas-Diaz and Griffith (1988) indicated that symptoms of depression and anxiety may develop as a result of immigration and culture shock and, in turn, many Latinos are likely to perceive symptoms of depression and anxiety as physical problems.
The recognition of mental distress in children is sometimes a problem for the child’s parent or guardian. In Latino culture, individuals suffering from depression who no longer care about their appearance may be perceived as witches or assumed to be going crazy (Rastogi et al., 2012). The “crazy” label carries strong negative connotations. Furthermore, Latinos are more likely than other ethnic groups to believe that individuals with mental illness are dangerous (Brennan, Vega, Garcia, Abad, & Friedman, 2005). Yeh, McCabe, Hough, Lau, Fakhry, and Garland (2005) found that Latino parents are more likely to seek services for their child’s illness if it is assumed to be physiological in nature compared with problems related to social, personality, or familial difficulties. In essence, Latino parents may only seek mental health services for a small proportion of challenges their child might encounter.

Recent research has highlighted a self-reliant attitude present among Latinos as a barrier to seeking care. Ortega & Alegria (2002) found that Latinos who felt they should be able to cope with mental health problems themselves were less likely to seek care, even when they reported symptoms indicative of mental illness. This self-reliant attitude reflects the feeling that one should be strong enough to cope with life’s problems on their own and with the help of family rather than depending on the mental health system. Latinos tend to be very expressive of both their physical and emotional pain. This “somatization” of distress is often times misunderstood as either hypochondriasis or a lack of ability to express the psychological dimensions of emotional distress, neither of which is accurate (Angel & Guarnaccia, 1989). It is well known that Latinos express depression and anxiety through a mix of physical and emotional complaints. The cultural
syndrome of ataque de nervios is a dramatic expression of deep sadness and distress. Some ataques that occur at culturally appropriate times are the cultural normative way of expressing deep sadness while others may signal the presence of an anxiety or depression disorder (Guarnaccia, DeLaCancela, & Carillo, 1989). This is one of the many reasons it can be difficult to assess whether mental health services are needed during a time of crisis.

Perceived stigma can be defined from the individual’s viewpoint as feelings of shame or embarrassment about depression, and also as a social construct that entails negative stereotyping of individuals with mental illness (Mickelson, 2001). There is conflicting research as to whether perceived stigma creates barriers to help-seeking or mental health treatment among Latinos (Halter, 2004). Moreover, previous research has not addressed the origin of stigma beliefs in Latinos and how it affects parents’ willingness to access mental health services for children.

**Family and Culture**

Families play a huge role in the care of those with mental illness (Snowden, 2007). Rogler and Cortes (1993) referred to numerous networks that can facilitate pathways to mental health care among Latinos. Studies have found that in addition to facilitating access to care, families can serve as a source of support or conflict that is associated with an increase or reduction in the likelihood of treatment effectiveness. Latino families have been characterized as having particularly strong familism, a traditional culture value that emphasizes family obligation, unity, and connectedness (Lugo, Steidel, & Contreras 2003). A critical function of familialism is its influence on
parent and child interactions (Campos, Dunkel-Schetter, Abdou, Hobel, Glynn, & Sandman, 2008). Researchers have found that Mexican, Central American, and South American youth were less likely to report openly disagreeing with parents than European American youth (Fuligni, Tseng, & Lam, 1999). There has been very little research that actually examines the relationship of this value to expectation outcomes. Familialism emphasizes suppression of the self in favor of the family, and may socialize children to avoid expressing their distress openly, which could result in internalizing problems (Campos, et al., 2008). Although there has been limited research that examines how child expectations in a Latino family predict mental health outcomes, other studies have examined the protective role of familialism in Mexican American families. However, the findings have been inconsistent. Polo and Lopez (2009) document that familialism is associated with fewer internalizing or depressive symptoms in samples with majority Mexican American youth. Yet, other studies find that familialism predicts greater externalizing or internalizing of symptoms (Delgado, Updegraff, Roosa, & Umana-Taylor, 2011). The lack of correlation implies that some families are more aligned with these values, while other families report familialism in significantly different ways.

Family is significant in the Latino culture. The family values of the culture influence help-seeking behaviors and adherence to medical recommendations (Gonzalez, 2008). The family network consists of multiple generations that include the nuclear family, extended family, the compadrazo system (i.e., godparents), the barrios (i.e., friends and neighbors), and the larger community (Gonzalez, 2008). Keeping medical, mental health and other problems in the family is a norm that contributes to the
reluctance of taking advantage of available health care services (Magilvy, Congdon, Martinez, Davis, & Averill, 2000). Some researchers have even argued that extended family support systems among Latinos may serve as a barrier to seeking mental health care, because, although the resources are available to deal with the problem in the community, problems like mental health are typically dealt from within the privacy of the family (Rastogi, Massey-Hastings, & Wieling, 2012).

There is a significant disconnect between American, mainstream models of psychotherapy, and the needs and values of the Latino community. Culture is a factor that can serve as a barrier for Latino adults seeking mental health services for a child. At the same time, culture can sometimes serve as a facilitator in accessing mental health services. Culture is important in compliance with medical regimens (Antshel, 2002). Researchers have found that whereas the Eurocentric models of therapy value individual traits and independence (Rastogi, 2009), Latino culture values family unity, loyalty to familial and interpersonal relationships, and one’s role within the social context (Comas-Diaz, 2006). Latino clients may find their worldviews to be quite different from those of their therapists, who often use standard models of psychotherapy (Parra-Cardona, Cordova, Holtrop, Escobar-Chew, & Horsford, 2009). A different study found that since family and friends are considered a foundation for coping with mental health concerns amongst Latinos, they are likely to utilize their social networks as a preferred coping strategy (Nadeem, Lange, & Miranda, 2008).

Illogically, Latino children and adolescents are at an increased risk for internalizing problems, particularly in relationship to conflicts with their parents.
(Smokowski & Bacallao, 2007) due to their collectivistic values. They are often left without an outlet outside of their home to help them cope with distress. The lack of external support may leave minimally assimilated Latino children and youth at risk for depression (Smokowski et al., 2007). Research has found that Latino parents that maintain these collectivist cultural values may be more accepting and understanding of their child’s behavior, and thus less likely to identify externalizing symptoms as problematic in their child, but rather part of typical child development (Schmitz and Velez, 2003). An investigation by Arcia and Fernandez (2003) found that while mental health professionals identified several diagnosable symptoms in a sample of Latino children, Latina mothers either failed to describe symptoms or felt that the behaviors were not problematic. Cultural differences are likely to be more pronounced among immigrant families. Gudiño, Lua, and Hough (2008) found that immigrant parents may be less likely to seek mental health services for their children due to stronger adherence to cultural beliefs concerning mental illness and stigma, as well as less familiarity with social problems affecting youth in the United States. Roberts, Alegria, Roberts, & Chen (2005) found that cultural differences in the interpretation or understanding of children’s behaviors became a barrier for Latino parents accessing mental health services for their children. Gudiño, et al. (2008) also found that there is a lack of culturally appropriate services available to Latino families to begin with.

**Religious Beliefs**

Religion, whether measured by frequency of prayer, religious attendance, or subjective statements about the meaning of religion and practices, is a major part of
Latino culture (Florez, Aguirre, Viladrich, Céspedes, DeLa Cruz, & Abraído-Lanza, 2009). Traditionally, Latin American countries have been closely linked to the influence of Catholicism that came with Spanish colonization. Some traits that have been associated with Catholic upbringing in Latin America include “suffering,” “fatalism” and a certain resignation in the face of adverse conditions. Latinos may be described as fatalistic because they believe their destiny is in the hands of God. Some Latinos think that supernatural forces are the source of health problems and psychological distress. These beliefs, at times, can act as a barrier to accessing mental health treatment for themselves or their children. When psychiatric distress is experienced in the Latino community, they often interpret their symptom as a deserved punishment for their sins (Gonzalez, 2008). Some believe that all they can do is pray for God’s will (Lopez & Carillo, 2001). Getting better or worse is interpreted as an act of God’s will, rather than an indicator of how well they are living with their symptomology. This belief is often seen as incompatible with traditional mental health services (Lopez & Carillo, 2001).

On the other hand, research has found that among Latinos in the United States Catholicism is not the greatest influence on religious beliefs (Kelly & Kelly, 2005). Kelly & Kelly (2005) found that 44% of Latinos in the United States identify themselves as religious other than Catholic. However, because Latinos also endorse a collectivist perspective, they are likely to seek assistance from members of their own cultural group before seeking help elsewhere, meaning that Latinos are still more likely to seek mental health services from religious organizations (Altarriba, & Santiago-Rivera, 1994) rather than seeking outside services. For many Latinos, the church remains a primary source of
There has been an abundance of research suggesting that religiosity and spirituality play a significant role in the mental health and health outcomes related to Latinos (Applewhite, Biggs, & Herrera, 2009). Religious values affect beliefs about mental illness and recognition of illness. Latinos are more likely than non-Latinos to believe that prayer or faith in God can help relieve depression (Cabassa, Lester, & Zayas, 2007).

**Treatment Preferences and Literacy**

Latinos, particularly Mexican Americans, have very low rates of use of mental health services (U.S Department of Health and Human Services, 2001). When Latinos do seek help for mental health problems, they are more likely to do so in the general medical sector than at specialty mental health services. The most robust findings of the underutilization of mental health services by Mexican-Americans come from the Los Angeles site of the Epidemiologic Catchment Area (LA-ECA) Study from the Mexican American Prevalence and Services Survey (MAPPS). They found that non-Hispanic whites were seven times more likely to use outpatient mental health services than Mexicans who spoke mostly Spanish. Mexicans who were less acculturated had very low usage of any services that might address mental health problems, either in the specialty mental health sector or in general human services. They also found that Mexican Americans who had been diagnosed with a mental disorder in the LA-ECA were half as likely as non-Hispanic whites to make a mental health visit. In addition, results from the MAPSS indicate that the most commonly reported barriers to receipt of mental health support.
care services were lack of knowledge of where to seek treatment, proximity to treatment centers, and lack of available Spanish-speaking providers.

Studies have found that Latinos tend to have large family networks, which are very important sources of social support and problem solving in times of crisis (Comas-Diaz, 2006). However, it is important to recognize that many recently immigrated Latinos have fractured family systems as a result of the migration process. Thus the reality of family support may be considerably less than ideal. Some studies have examined Latinos treatment preferences. Lopez (2002) found that lack of provider understanding of values greatly affected access to care. In a qualitative study, Lantican (1998) found those who have expressed a preference for bilingual/bicultural professional staff alluded to the benefits of feeling better understood in the therapy process when language barriers were overcome. Warda (2000) found that communication is repeatedly identified as a key component of culturally competent care. Adjectives used to describe harmonious verbal and nonverbal communication include humane, respectful, professional, and sensitive. Another finding of the study was that the use of health care professionals’ Spanish-speaking abilities positively affects the content of the interaction, and the patient’s recall of the information (Warda, 2000).

Although studies have identified the importance of providers who are culturally and linguistically trained to meet the mental health benefits to bridge service utilization barriers, there is a distressing lack of Latinos working as professional mental health providers. A national survey by Williams and Kohout revealed that out of a sample of 596 licensed psychologists with active clinical practices who are members of the
American Psychological Association only 1% of the randomly selected sample identified themselves as Latino (1999). Furthermore, it was reported that there were 100,000 Latinos for every Latino mental health professional in the United States (US Department of Health and Human Services, 2011). Until Latinos are able to receive care from professionals who represent their population, understand their culture, and speak their language, a deficit of culturally competent care will continue to disproportionately affect the fastest-growing sector of the United States population.

Mexican-Americans only seek assistance from outside sources when their initial remedy attempts have failed and the illness persists (Salgado-de Snyder, Díaz-Pérez, & González-Vázquez, 2003). Salgado de Snyder, de Jesus Diaz-Perez, Maldonado, and Bautista (1998) provide a description of the pathways to the utilization of mental health services among rural Mexicans. They note a pathway that begins with symptom and self-care. The next step is turning to the social network, which includes the immediate family and the extended family. If the symptom persists, the next path is informal services including the priest, pharmacist, nurse, and folk healers. If symptoms still persist formal services follow, including seeking help from professionals like physicians. They found that the last path is the mental health specialist, psychologist, or psychiatrist. Alleviation of the symptom can occur at any stage in the model, and the only reason to move to the next path was the lack of success of earlier paths in alleviating the symptom. The literature contains many suggestions about Latino cultural values being incorporated into mental health treatment, as well as providing therapies that are more directive rather than insight oriented and more family rather than individual focused; however, the research
base for these assertions is lacking (Salgado, et al., 1998).

Researchers have found that ethnic matching, having Latino clients see Latino therapists, has been shown to be effective in some aspects of mental health treatment and for some Latino groups. Sue and her colleagues (1991) show that when Latino patients are seen by Latino therapists who speak their language, they are more likely to return for follow up appointments and to remain in treatment over longer periods of time. This effect has mostly been studied for Mexican Americans. While the impacts on retention in these studies are clear, it has been stated that the problem is identifying appropriate and sensitive outcome measures. Overall, the studies show that once in treatment, Latinos benefit from it (Kouyoumdjian, Zamboanga, & Hansen, 2003).

In the literature on help-seeking and mental health service utilization, the terms help-seeking and accessing services are frequently discussed. Andersen and Newman (1973) noted that the concept of “access refers to the means through which the patient gains entry to the medical care system and continues the treatment process” (p.102). Meanwhile, Rogler and Cortes (1993) define the concept of help-seeking pathways as “the sequence of contacts with individuals and organizations prompted by the distressed person’s efforts, and those of his or her significant others, to seek help as well as the help that is supplied in response to such efforts” (p.555). It can be argued that both definitions share similar meanings; however, this study is concerned about identifying factors that influence help seeking and service utilization. Those factors are found at all levels: individual, agency, and system. Each individual has personal circumstances that have led him or her to seek help from mental health professionals.
Vega, Kolody, Aguilar-Gaxiola, Alderete, Catalano, & Caraveo-Anduago (1998) have examined some of the factors that contribute to a person accessing mental health services. The researchers found that U.S.-born Mexican-Americans had higher utilization of primary physicians and counselors than immigrants did. They also found that neither group relied heavily on informal network providers to treat psychiatric disorders. In addition, they discovered that knowing where to find a specialty mental health provider increased the likelihood of service use, as did having private insurance. Researchers pointed towards limitations of their study. The most significant limitation was that they were able to identify was that the data did not include other explanatory factors, like the role of medical conditions. This warrants further investigation into the help seeking process of Latinos when it comes to accessing mental health services.

Choi & Gonzalez (2005) found several contributing factors to accessing services including doctor referrals, referrals from social workers, churches, former patients, community outreach, supportive family, bilingual/bicultural clinics, dual Medicare/Medicaid eligibility, and transportation. Their study interviewed practitioners and provided useful insight into the access barriers and contributors for minorities. Interviewing Latino parents or guardians who access services and continue in treatment can help mental health service providers gain a better understanding into how Latinos navigate access barriers and what contributors are significant. Recent literature on help-seeking and mental health service use is limited when it comes to Latino adults seeking mental health services for children. The literature mainly focuses on Latino adults, and very rarely on Latino children.
Mental Health Literacy

Lack of information about where to seek mental health services is a barrier for Latinos who are interested in seeking those services. Given that most mental health services are offered in separate settings from general medical services, where it has been noted that Latinos often go to for help, it is not always clear where to access these services (Jorm, 2000). One approach to reduce disparities in mental health care utilization in Latinos is to address their limited mental health literacy (Jorm, 2000). The Institute of Medicine (2002) defines literacy as the extent to which individuals are able to obtain, process, and understand health information and services in order to make health decisions. Lopez, Lara, Kopelowicz, Solano, Foncerrada, & Aguilera (2009) developed a psychoeducational program that aims at increasing people’s knowledge of psychosis, delusions, hallucination, and disordered speech, as well as increasing their attributions of psychosis-related behavior to serious mental illness. These investigators examined whether the increase in health knowledge would increase in greater referrals to health and mental health professionals given hypothetical scenarios. Prior to the psychoeducational program, less than half of the participants identified at least one of the three psychotic symptoms in their definition of serious mental illness. After the training, they were able to better identify symptoms. These findings indicate that the psychoeducational program increased mental health literacy among Spanish-speaking community residents (Lopez et al., 2009).

Lopez and colleagues (2002) identified a number of modifications that they recommend for developing culturally congruent family interventions for Latino families.
with a relative with a mental illness. These adaptations include appropriate translation of family education materials both in terms of language and reading level; engaging families as helpers in improving outcomes for their ill relative; starting education about mental illness by eliciting families’ understandings of the problem rather than with standard lectures on the medical model of mental illness; integrating biological and social dimensions of mental illness; and building supports for families and their ill relatives using naturally existing support systems in Latino communities rather than creating support systems among families who are strangers but share the problem of illness.

Schools

It has been documented that the majority of mental health care in the U.S. is delivered in schools (Burns, Costello, Angold, Tweed, Stangl, Farmer, & Erkanli, 1995), yet little is known about how to deliver effective care in this setting. One recommendation from the Surgeon General’s Conference on Children’s Mental Health is to improve the quality of mental health services in various sectors of care such as schools (U.S. Public Health Service, 2000). Further research is needed to determine how schools can create sustainable programs that not only meet the needs of students, but also use the resources available at schools and in the neighboring communities. Collaborations between nontraditional mental health delivery settings such as schools and mental health services researchers can result in programs that are evidence-based, effective, and utilized by ethnic minority children and their families (Kataoka, Stein, Jaycox, Wong, Escudero, Tu, Zaragoza, & Fink, 2003). Delivering mental health services through the school system can address key financial and structural barriers that often prevent Latinos from
receiving needed services (Garrison, Roy, & Azar, 1999). Schools have long been identified as ideal entry points for improving access to mental health services for children (Allensworth, Lawson, Nicholson, & Wyche, 1997). However, the researchers found that few programs have been designed specifically for ethnic minority children. Kataoka, Zhang, and Wells (2002) found that there are extremely low rates of mental health service utilization among preschool children, and that Latinos have especially high rates of unmet needs. There is a need for investigating the reasons for high unmet needs in order to inform policies and clinical programs.

**Conclusion**

A review of the literature offers some insight into what is known about the barriers affecting Latinos in regards to mental health service access and service utilization. The key issue to getting Latinos to access mental health services appears to be getting Latinos into treatment and keeping them there. Getting them into treatment involves addressing the barriers discussed above. Additional research is needed to clarify the underlying disparities in unmet needs for mental health care among Latino children because there is a need for interventions as well as policy implications. For example, there may be a necessity for educational interventions, but also service availability. This study reinforces the findings of the recent Surgeon General’s report that there is substantial unmet need for child mental health care in the United States, which is particularly acute for Latino children.
Chapter 3

Methods

Research methods in this chapter identify the process and procedures used in gathering and analyzing information. This chapter refers to the research design and the methodology employed to collect and assemble data. A description of the target population, the process for recruiting the sample population, instruments used to measure materials and procedures to gather information are examined. The last section of this chapter describes the steps and efforts taken to protect the human subjects from any risk they may experience as a result of their participation in the study.

Study Objectives

This study investigated the following research questions:

3) What are Latinos’ perceptions of child mental health?

4) What factors contribute to Latino adults accessing mental health services for children?

Study Design

The research design used for this study was a quantitative descriptive design. Self-administered survey questionnaires were utilized in order to examine parents’ perceptions about child mental health, as well as perceptions about accessing child mental health services. They survey questionnaire consisted of several questions relating to perceptions of child mental health, as well as demographic background questions. This particular design was chosen because it provided a structured and uniform design to the participants, and facilitated statistical data analysis of the findings.
Along with the quantitative approach, the researcher will use variable analysis as a way to identify statistical significance. The different research categories derived from this research will be based on the research question, and literature that has been published on the topic of perceptions of mental health amongst the Latino community.

There are many advantages to using the quantitative approach with research. The primary one being that it is useful for obtaining data that allows quantitative predictions to be made. Another advantage is that quantitative research is useful for studying large numbers of people. This is an advantage because it allows the researcher to gather more data. There are disadvantages to using the quantitative approach as well. The primary one being that the researcher’s categories that are used might not reflect local constituencies. The secondary disadvantage is that it is possible for the researcher to miss out on phenomena that is occurring because of the focus on theory or hypothesis testing rather than on theory or hypothesis generation.

**Sampling Procedures**

The sampling used for this research was convenience sampling recruited from a well-being workshop offered through an organization in Merced County. The advantage to this sampling method is that it is convenient. However, the disadvantage to this method is that the participants are not representative of the general population. Participants spent approximately 10 to 15 minutes to complete the survey.

There were no demographic limitations imposed on the participants. They were selected based upon the following criterion: 1) participants must be of Latino descent, 2) participants must be able to read either English or Spanish, and 3) participants must be 18
years or older in order to participate in the research. The final sample consisted of 73 individuals. The workshops where recruitment took place were not mandated; therefore, the participants attended voluntarily.

**Data Collection Procedures**

The researcher obtained permission to attend the well-being workshops prior to administering the surveys in order to recruit participants. Those attending the well-being workshops were notified about the purpose of the study and were given an informed consent form, and two envelopes. The researcher is biliterate in Spanish; therefore, translated the questionnaire and the consent form from English to Spanish. One envelope was labeled “Survey/Formulario” and the other envelope was labeled “informed Consent/Consentimiento”. Each person who then agreed to participate was informed of his or her rights as a voluntary participant. The researcher then explained the consent form, and briefly describes each section of the consent form in both English and Spanish. Participants were then asked to sign the informed consent stating they reviewed their personal rights and agree to participate. It was clearly stated there was no commitment required if they chose to participate and that their identity would be strictly confidential. The researcher picked up both the questionnaires and informed consent forms at the end of the workshops in order to ensure confidentiality.

**Instruments**

The survey used in this study sought out to identify how perceptions of child mental health influenced service utilization. The survey instrument was divided into three sections. The first section, items 1-7, consisted of questions with regards to
demographics. The second section, items 8-14, consisted of questions relating to perceptions of child mental health and barriers to service utilization. Factors including micro, meso, and macro level barriers were used to measure how perceptions related to service utilization.

The survey items in this study were developed as a result of an analysis of previous studies, and a review of the literature. Reliability and validity are important aspects of questionnaire design. According to Ruben and Babbie (2014), a perfectly reliable questionnaire elicits consistent responses. Although it is difficult to develop, it is reasonable to design a questionnaire that approaches a consistent level of response. Ruben and Babbie (2014) provide guidelines for designing a useful questionnaire: make items clear, avoid double-barreled questions, ask relevant questions, ask short and concise questions, avoid biased items and terms, and ask culturally sensitive questions.

Validity is inherently more difficult to establish within a single statistical measure. If a questionnaire is perfectly valid, it must measure in such a way that inferences drawn from the questionnaire are entirely accurate. The researcher’s advisor reviewed the questionnaire.

**Data Analysis**

Descriptive and statistical data analysis was conducted on variables examined in this study along with participants’ responses using the SPSS program. By using descriptive statistical analysis, the researcher was able to provide a demographic profile of the sample, as well as descriptive data in regards to Latino parent’s perceptions regarding child mental health, and perceptions regarding the accessibility of child mental
health services. In order to examine the relationship between demographic items and examined variables, statistical reports were conducted including correlational tests to determine statistical significance.

**Protection of Human Subjects**

A human subject’s application was submitted to the Committee for the Protection of Human Subjects from the California State University of Sacramento, Division of Social Work. This committee approved the proposed study and determined the project as minimal risk to the participants. The researcher took steps to help ensure the safety of the participants in thesis study by reminding participants that participation was voluntary and they could opt not to answer questions on the questionnaire. Participants were also given the researcher and researcher’s advisor’s contact information in case they wish to speak to someone regarding questions that arise out of participation in the research. The approval from the Committee for the Protection of Human Subjects was received prior to the collection of any research data.

All information received from the participants was held strictly confidential. The questionnaires were stored in a locked cabinet, and electronic files were password protected. The research material was only available to the researcher and the researcher’s thesis advisor. All research materials will be destroyed once the thesis is approved.

**Summary**

The researcher focused on the quantitative methods used for this study. This chapter began with the research question being investigated and a description of the participants. It mainly centered on the techniques used and techniques applied for
collecting data. This chapter concluded with a brief description on steps taken to protect the human subjects. The next chapter will present and analyze the results of the research.
Chapter 4

Study Findings and Discussions

This chapter presents study results that emerged from data collection from Latino parents attending wellness workshops. The purpose of this study was to explore the perceptions of child mental health amongst the Latino community, and identify factors that lead to child mental health service utilization. As discussed in Chapter One, Latino children have the highest rates of unmet mental health needs (Kataoka, Zhang, & Wells, 2002). However, there is little understanding of how Latino parent’s perceptions of mental health affect service utilization.

This chapter covers: (a) demographic characteristics of participants; (b) correlations between service barriers; and (c) finding differences amongst Latino parents who participated in the study.

Overall Findings

Participants were compromised of 73 total participants. All participants were parents. Majority of the participants were female, and the average age of the participants ranged between 18 and 35 years old. In regards to child mental health perceptions, there was a significant difference amongst those participants who were born in the United States versus those who were born outside of the country. There were also findings to indicate that out-of-pocket expenses as well as transportation continue to be some of the barriers that impede Latino parents from accessing mental health services for their children.
**Specific Finding**

**Table 1**

*Description of Demographic Profile*

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<thead>
<tr>
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<td>34.2</td>
</tr>
<tr>
<td>Female</td>
<td>48</td>
<td>65.8</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-25</td>
<td>13</td>
<td>17.8</td>
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<tr>
<td>26-35</td>
<td>26</td>
<td>35.6</td>
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<td>65.8</td>
</tr>
<tr>
<td>Yes</td>
<td>25</td>
<td>34.2</td>
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<tr>
<td>[If No] Number of years in the U.S</td>
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<td></td>
</tr>
<tr>
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<td>10</td>
<td>20.8</td>
</tr>
<tr>
<td>10+</td>
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<td>79.2</td>
</tr>
<tr>
<td><strong>Number of Children</strong></td>
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<td></td>
</tr>
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<tr>
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<td>24.7</td>
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<tr>
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</table>
A total of 73 completed survey questionnaires and informed consents were collected. Frequencies and percentages are illustrated in Table 1 to represent client’s demographic information, which includes participant’s age, gender, country of origin; number of years lived in the United States, and highest level of education. Participants’ ages ranged from 18 to 55+ with the majority of participants falling between the ages of 18 and 35 (n= 39 or 53.4%). The number of males (n = 25 or 34.2%) that participated in the study was significantly lower than the number of females (n = 48 or 65.8%). The country of origin where most participants were from was Mexico (n= 65 or 89%). Other Latino American countries where participants originated from included Central America (n= 8 or 11%). Majority of the participants reported having lived in the United States more than 10 years (n= 38 or 52.19%).

Since one of the requirements to participate in the study was to have children, 100% of the participants were parents. Majority of the participants reported having at least 1-2 children (n= 32 or 43.8%), followed by 3-4 children (n=30 or 41.1%). Only 11 participants reported having 5 or more children (15.1%). Finally, Table 1 illustrates participants’ level of education. According to the results, more than half of the participants’ reported that their highest level of education was less than high school (n = 42 or 57.5%), followed by reporting their highest level of education being at the high school level (n = 18 or 24.7%). Only 13 participants indicated having higher than a high school education (17.8%).
Table 2

Perceptions of Child Mental Health and Mental Health Understanding

<table>
<thead>
<tr>
<th>Child Mental Health</th>
<th>Disagree</th>
<th>Agree</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18</td>
<td>19</td>
<td>59.7</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>8</td>
<td>40.3</td>
</tr>
<tr>
<td>Totals (N = 62)</td>
<td>35</td>
<td>27</td>
<td></td>
</tr>
</tbody>
</table>

Latino parents who agreed that children also experience mental health issues similar to adults agreed that Latinos have a good understanding of mental health. Those who disagreed that children do not experience mental health issues similar to adults, reported having little understanding of mental health.
Figure 1. Bar graph showing Latino parents child mental health perceptions in relation to their mental health understanding.
Figure 2. Bar graph showing differences in perceptions of child mental health and knowledge of where to seek services.
Figure 3. Bar graph showing child mental health perceptions in relation to service providers of Latino heritage.

Table 3

Child Mental Health Perceptions Based on Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Yes</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>15</td>
<td>10</td>
<td>34.2</td>
</tr>
<tr>
<td>Female</td>
<td>29</td>
<td>19</td>
<td>65.8</td>
</tr>
<tr>
<td>Totals</td>
<td>(N = 73)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p > .05

There was no statistical significance between participants’ gender and their perception relating to whether children experienced mental health issues.
Table 3

Child Mental Health Perceptions by Participants Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Yes</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>7</td>
<td>6</td>
<td>17.8</td>
</tr>
<tr>
<td>26-35</td>
<td>14</td>
<td>12</td>
<td>35.6</td>
</tr>
<tr>
<td>36-45</td>
<td>11</td>
<td>9</td>
<td>27.4</td>
</tr>
<tr>
<td>46+</td>
<td>12</td>
<td>2</td>
<td>19.2</td>
</tr>
</tbody>
</table>

Totals (N = 73)

p > .05

Table 4 shows that there were no significant differences between respondent’s age groups in relation to their perceptions of child mental health issues.

Table 4

Perceptions of Child Mental Health in Relation to Number of Children

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Yes</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>22</td>
<td>10</td>
<td>43.8</td>
</tr>
<tr>
<td>3-4</td>
<td>17</td>
<td>13</td>
<td>41.1</td>
</tr>
<tr>
<td>5+</td>
<td>5</td>
<td>6</td>
<td>15.1</td>
</tr>
</tbody>
</table>

Totals (N = 73)

p > .05

There was no statistical significance found between participant’s perceptions of child mental health, and the number of children each participants had.
Table 5

*Perceptions of Child Mental Health Based on Country of Origin*

<table>
<thead>
<tr>
<th>US Born</th>
<th>Yes</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19</td>
<td>6</td>
<td>34.2</td>
</tr>
<tr>
<td>No</td>
<td>25</td>
<td>23</td>
<td>65.8</td>
</tr>
</tbody>
</table>

Totals (N = 73)

*p = .048.*

There was a statistical significance between participants who were born in the United States versus those who were born outside of the United States regarding their perceptions of child mental health. Latino parents who were born outside of the United States reported having less of an understanding of child mental health issues.
Table 6

*Correlations of Factors Contributing to Latino Parent’s Accessing Mental Health Services for Children*

<table>
<thead>
<tr>
<th></th>
<th>Getting help</th>
<th>Transportation</th>
<th>Access to Spanish speaking provider</th>
<th>Latino Provider</th>
<th>Out of pocket expenses</th>
<th>Insurance coverage</th>
<th>Negatively judged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting help</td>
<td>1</td>
<td>-.24</td>
<td>-.18</td>
<td>-.15</td>
<td>-.09</td>
<td>.09</td>
<td>.16</td>
</tr>
<tr>
<td>Transportation</td>
<td>-.24</td>
<td>1</td>
<td>.69**</td>
<td>.61**</td>
<td>.06</td>
<td>.16</td>
<td>.10</td>
</tr>
<tr>
<td>Access to Spanish-Speaking provider</td>
<td>-.18</td>
<td>.69**</td>
<td>1</td>
<td>.71**</td>
<td>.16</td>
<td>.27*</td>
<td>.21</td>
</tr>
<tr>
<td>Latino Provider</td>
<td>-.15</td>
<td>.62**</td>
<td>.71**</td>
<td>1</td>
<td>.22</td>
<td>.21</td>
<td>.11</td>
</tr>
<tr>
<td>Out of pocket Expenses</td>
<td>-.09</td>
<td>.06</td>
<td>.16</td>
<td>.22</td>
<td>1</td>
<td>.38**</td>
<td>.33**</td>
</tr>
<tr>
<td>Insurance Coverage</td>
<td>.09</td>
<td>.16</td>
<td>.27*</td>
<td>.21</td>
<td>.38**</td>
<td>1</td>
<td>.37**</td>
</tr>
<tr>
<td>Negatively judged</td>
<td>.16</td>
<td>.10</td>
<td>.21</td>
<td>.11</td>
<td>.33**</td>
<td>.37**</td>
<td>1</td>
</tr>
</tbody>
</table>

* p < .05. ** p < .01.
According to Table 8, findings show that Latino adults reported that transportation was a barrier in accessing child mental health services from either a Latino provider, or a provider who spoke Spanish. There was also a significant relationship between those who reported that out-of-pocket expenses were a barrier to accessing services as well as insurance coverage.

*Figure 4.* Gender differences in knowledge regarding accessing child mental health services.
Table 7

*Differences in Language Use When Referring to Mental Health*

<table>
<thead>
<tr>
<th>Child Mental Health</th>
<th>Yes</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18</td>
<td>6</td>
<td>82.8</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>4</td>
<td>17.2</td>
</tr>
</tbody>
</table>

Totals (N = 29)

This table shows that when participants were asked whether or not they believed children suffered from psychiatric disorders, participants disagreed; however, when the participants were asked whether or not they believed children experienced mental health issues like adults participants agreed to that statement.

**Interpretations to the Findings**

The findings suggest there is an existing perspective that children experience mental health issues amongst the Latino community. This research sought to identify if perceptions of mental health affected service utilization, and only found that Latino parents showed a negative perception in identifying mental health needs depending of the terminology used. There were also barriers rated on their importance to accessing child mental health services.

The parents who participated in this study also placed a high importance on the provider’s ability to speak Spanish as being one of the greatest barriers in seeking services. This indicates that translators should be provided where there is no Spanish-speaking provider in order for Latino parents to feel comfortable seeking services for their child or children.
Summary

More research is needed to fully understand Latino parent’s perceptions of child mental health, and barriers to accessing services. Despite research showing the vast underutilization of services; participants declared having an understanding of child mental health and some ability to access services. There is potentially not enough services that cater to serving the needs of Latino children in a culturally comprehensive manner.
Chapter 5

Conclusion, Summary, and Recommendations

Summary of Study

The primary purpose of this research study is to explore the perceptions of child mental health amongst the Latino community, and identify factors that lead to child mental health service utilization. A quantitative descriptive design was used to administer survey questionnaires to Latino adults in order to study demographic characteristics of the sample, their perception regarding child mental health, and their perceptions of barriers to accessing services. This section will discuss the research questions as well as the study’s strengths, and limitations.

Findings show that there was a significant difference between participants who were born in the United States versus those who were born outside of the United States and their understanding of child mental health needs. Previous studies have found that Latino’s are not always aware of where to access services (Jorm, 2000); however, findings from this research illustrate that understanding of where to access mental health services differed by gender. The majority of females disagreed that other Latino parents know where to access child mental health services. In comparison, most males agreed that other Latino parents were aware of where to access services. Regardless of gender, once Latinos become aware of culturally sensitive mental health services and begin to utilize them, they may find them helpful and continue to use them (O’Sullivan & Lasso, 1992).
Additional information regarding existing barriers and their relation to mental health service utilization can help service providers better serve the Latino community. In addition to language spoken by the provider, other barriers prove to still be relevant in Latino parent’s ability to access mental health services for their children. Although disparities in mental health service utilization have been identified in the research literature (Alegria et al, 2002), detailed information on reasons for underutilization of services is rarely available. One important feature of the questionnaire is that it provides participants to identify and rate barriers to accessing services for their children.

This research study has important implications for the assumption that use of mental health services is a highly stigmatized behavior within minority communities. These findings, although based on a small sample, suggest that assumptions about stigma require additional empirical testing with a larger, more representative population. Stigma was not one of the barriers identified to have significance in accessing mental health services amongst this group of participants.

**Implications for Social Work**

The underutilization of child mental health services by Latino parents might be attributed to a variety of factors including socioeconomic, demographic, cultural, and environmental factors. It is imperative that better attempts are made to understand how child mental health perceptions are preventing Latino parents from accessing services. It is also important to pay attention to this topic since the Latino population encompasses the largest ethnic minority group in the United States and will continue to grow in the coming years (Census Bureau, 2008). This research study aimed to provide a step in
understanding the Latino culture and some of the perceptions and barriers that continue to affect mental health service utilization.

**Recommendations**

Due to increasingly big number of Latinos living in the United States and the complexity of factors surrounding the Latino population it is suggested that a larger more thorough study be designed for future analyses. Because there are so many ethnic and unique characteristics within each Latino cultural variations within the Latino population, a larger sample size will help examine unique characteristics within each Latino group to understand their unique barriers to accessing mental health services for their children.

This study was conducted only in one part of Merced County thus the generalizability of these findings is limited. Future studies clearly need to be more generalized and conducted in diverse parts of the United States.

**Limitations**

During the course of the research several limitations became apparent. First, the Well-being classes were completely voluntarily and with the purpose of learning about skills and techniques to improve one’s well-being, which means that participants would probably be more likely to seek services than the average Latino, and therefore, they might perceive less stigma or concern about their self regard associated with seeking mental health services for their children. Also, since one of the qualifications to participate in the study stated that participants must be parents or either biological or non-biological children, the findings should not be generalized, as they might not apply to the general population. Although participation in the research was voluntary and anonymous,
another possible limitation is that individuals might not have answered the questionnaire using the most truthful answers in fear that their identity might have been compromised since they meet as a group every weekend. Also, since individuals attend the group on a regular basis and the researcher was not present during the completion of the survey, participants might have shared answers with their acquaintances. Lastly, Spanish translations of the instruments were researcher-based and might have not been culturally appropriate for the specific sample. A more culturally specific instrument might have been able to provide a more accurate understanding of perceptions towards child mental health. Although the empirical and clinical literature examining issues related to perceptions and barriers in mental health service utilization amongst the Latino community, more issues need to be explored, and more services need to be developed to cater to the needs of this community in an evidence-based manner.

Conclusion

Ensuring that Latino families have an understanding of child mental health, and access to services is increasingly important as the population of Latinos in the United States rises rapidly. Some of the recommendation to improve mental health care amongst the Latino population, according to Acevedo, Gonzalez, Santiago, & Vargas-Ramos (2007), is to promote mental health services in primary care centers, educate professionals in regards to the different Latino cultures in the United States, and to increase the proportion of Latino health professionals. It is hoped that this research could help both current, as well as future, social work professionals working to meet the mental
health needs of the Latino community. Fortunately, the utilization of mental health services by Latinos has been a growing focus of research and clinical practice.
Appendix A

English Consent Form

CONSENT FORM TO PARTICIPATE IN RESEARCH
Perceptions of Child Mental Health Amongst the Latino Community including Knowledge of Child Mental Health Services
Sacramento State University

Description of the research and your participation
You are invited to participate in a research study being conducted by Jessica Nelson. I am a graduate student working on my Masters in Social Work at California State University Sacramento. The purpose of this research is to explore the perceptions of child mental health within the Latino community, and identify factors that lead to child mental health service utilization. You were selected as a possible participant in this study because you are at least 18 years of age and of Latino descent. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

Procedures
You are invited to participate in this research project. If you agree to take part in this study, you will be asked to complete this consent form and the questionnaire consisting of 14 questions. The questions will be related to perceptions of child mental health and access to mental health services. The survey should take approximately 10-15 minutes to complete. Once you have completed the consent form and the questionnaire, you will be asked to insert both forms in separate envelopes.

Risks and discomforts
The risks of participating in this study are minimal. You might experience some discomfort in answering some of these questions. If so, you can skip the question or discontinue participation in the study. Please know that your participation in this study, as well as your individual responses will remain confidential.

Potential benefits
There are no known benefits to you that would result from your participation in this research. The overall goal of the study is to learn about the perceptions of mental health and mental health service use among Latinos.

Protection of confidentiality
Your identity will not be revealed in any publication resulting from this study. The records of this study will be kept private. All consent forms and survey questionnaires will be kept in a locked file. Please do not write your name or any other identifying information on the survey or envelope.

Voluntary Participation
Your participation in this research study is voluntary. You may choose not to participate and you may withdraw your consent to participate at any time. You will no be penalized in any way should you decide not to participate or to withdraw from this study.

Contact information
Please ask any questions you have now. If you have questions later, you may contact Jessica Nelson at Sacramento State University at (209) 324-8455 or by e-mail Jmartinez8455@gmail.com, or my thesis advisor Kisun Nam, Ph.D. at (916) 278-7069 or by e-mail at knam@saclink.csus.edu.
Consent

I have read this consent form and have been given the opportunity to ask questions. I give my consent to participate in this study.

Participant’s signature_______________________________________ Date:_________________

You will be given a copy of this form to keep for your records.
Appendix B

Spanish Consent Form

FORMULARIO DE CONSENTIMIENTO PARA PARTICIPAR EN LA INVESTIGACIÓN
Las Percepciones de la Salud Mental Infantil en la Comunidad Latina Incluyendo el Conocimiento de los Servicios de Salud Mental Infantil
Sacramento State University

Descripción de la investigación y su participación
Usted está invitado a participar en un estudio de investigación llevado a cabo por Jessica Nelson. Soy una estudiante trabajando en mi Maestría en Trabajo Social de la Universidad Estatal de California en Sacramento. El propósito de esta investigación es explorar las percepciones de la salud mental de los niños dentro de la comunidad latina, e identificar los factores que conducen a la utilización de servicios de salud mental infantil. Usted ha sido seleccionado como posible participante en este estudio porque usted tiene al menos 18 años de edad y de ascendencia Latina. Por favor, lea cuidadosamente este formulario y haga cualquier pregunta que usted pueda tener antes de aceptar participar en el estudio.

Procedimientos
Usted está invitado a participar en este proyecto de investigación. Si usted acepta participar en este estudio, se le pedirá que complete este formulario de consentimiento y el cuestionario que consta de 14 preguntas. Las preguntas estarán relacionadas con la percepción de la salud mental infantil y acceso a servicios de salud mental. La encuesta debería tomar aproximadamente 10-15 minutos para completar. Una vez que haya completado el formulario de consentimiento y el cuestionario, se le pedirá que inserte ambas formas en sobres separados.

Riesgos y molestias
Los riesgos de participar en este estudio son mínimos. Es posible que sienta alguna molestia en responder a algunas de estas preguntas. Si es así, puede omitir la pregunta o dejar de participar en el estudio. Por favor, sepan que su participación en este estudio, así como sus respuestas individuales serán confidenciales.

Los beneficios potenciales
No hay beneficios conocidos a usted que se derivarían de su participación en esta investigación. El objetivo general del estudio es conocer las percepciones de la salud mental y uso de los servicios de salud mental entre los Latinos.

Protección de la confidencialidad
Su identidad no será revelada en cualquier publicación resultante de este estudio. Los registros de este estudio serán confidenciales. Todos los formularios de consentimiento y cuestionarios de las encuestas se mantendrán en un archivo bloqueado. Por favor no escriba su nombre o cualquier otra información de identificación en la encuesta o sobre.

Participación Voluntaria
Su participación en este estudio de investigación es voluntaria. Usted puede optar por no participar y usted puede retirar su consentimiento en cualquier momento. Usted no será penalizado de ninguna manera si usted decide no participar o retirarse de este estudio.

Información del contacto
Por favor haga cualquier pregunta que tenga ahora. Si tiene alguna pregunta más adelante, puede comunicarse con Jessica Nelson de la Universidad Estatal de Sacramento al (209) 324-8455 o por correo electrónico Jmartinez8455@gmail.com, o mi asesor de tesis Kisun Nam, Ph.D. al (916) 278-7069 o por correo electrónico Knam@saclink.csus.edu
Consentimiento

He leído este formulario de consentimiento y se me ha dado la oportunidad de hacer preguntas. Doy mi consentimiento para participar en este estudio.

Firma del Participante: __________________________
Fecha: ______________________

Se le dará una copia de este formulario para que usted la guarde.
Appendix C

English Survey

Instructions: Please complete the following questions as accurately as possible. Your information will be kept strictly confidential. You can choose not to answer any of the questions at any time.

1. What is your ethnic origin?
   ☐ Mexican
   ☐ Central American
   ☐ South American

2. What is your gender?
   ☐ Male
   ☐ Female

3. How proficient are you in Spanish?
   ☐ Very proficient
   ☐ Somewhat proficient
   ☐ Not at all proficient

4. How old are you?
   ☐ 18-25
   ☐ 26-35
   ☐ 36-45
   ☐ 46-55
   ☐ 55+

5. Were you born in the United States of America?
   ☐ Yes
   ☐ No

   If yes, skip to question 6.

   If no, how many years have you lived in the United States?
   ☐ 0-2
   ☐ 3-5
   ☐ 5-10
   ☐ 10+

6. How many children do you have? (You can include both biological and adopted children.)
7. What is your highest level of education?
   Elementary
   Middle School
   High School
   Some college, but no degree
   College degree
   More than college degree

8. The following questions ask about how you perceive child mental health:

On a scale of 1 to 5, how would you rate the following?

<table>
<thead>
<tr>
<th>Do you agree that…</th>
<th>1= highly disagree</th>
<th>2= somewhat disagree</th>
<th>3= neutral</th>
<th>4= somewhat agree</th>
<th>5= highly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latinos have a good understanding of mental health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latinos know where to seek help for child mental health related issues.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical professionals with Latino heritage serve Latino mental health patients better than medical professionals with a different cultural background.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. If you need to seek mental health services how important are the following factors?

On a scale of 1 to 5, how would you rate the following?

<table>
<thead>
<tr>
<th>Having transportation to the clinic</th>
<th>1= Not important</th>
<th>2= Somewhat not important</th>
<th>3= Neutral</th>
<th>4= Somewhat Important</th>
<th>5= Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Having access to a Spanish-speaking service provider

<table>
<thead>
<tr>
<th>1= Not important</th>
<th>2= Somewhat not important</th>
<th>3= Neutral</th>
<th>4= Somewhat important</th>
<th>5= Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving services from a Latino provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of pocket expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling negatively judged by family and/or friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. On a scale of 1 to 5, how would you rate the following statements?

<table>
<thead>
<tr>
<th>Do you agree that…</th>
<th>1= Highly disagree</th>
<th>2= Somewhat disagree</th>
<th>3= Neutral</th>
<th>4= Somewhat agree</th>
<th>5= Highly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino health professionals understand Latino patients better.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeking professional mental health support is more important than seeking community support.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would consider taking my child to see a therapist, even if the health provider didn’t speak Spanish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I would rather seek help in my community (friends, church, etc.) rather than go to the doctor.

I would seek help if my child’s behavior worried me.

Psychiatric disorders in children exist.

<table>
<thead>
<tr>
<th>11. Do you agree that children also experience mental health issues like adults?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

If you answered yes to question 11, please answer the following.

<table>
<thead>
<tr>
<th>12. Is it difficult to know whether or not your child’s behavior is abnormal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Would you know where to get help if your child was showing signs of a mental health condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Would you tell your family members or friends if your child had a mental health condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

Thank you for your time
Instrucciones: Por favor complete las siguientes preguntas con la mejor precisión posible. Su información se mantendrá estrictamente confidencial. Usted puede optar por no contestar alguna de las preguntas en cualquier momento.

1. ¿Cuál es su origen étnico?
   - Mexicano
   - Centroamericano(a)
   - Sudamericano(a)

2. ¿Cuál es su género?
   - Hombre
   - Mujer

3. ¿Que tan competente es en Inglés?
   - Muy hábil
   - Algo competente
   - No, en absoluto competente

4. ¿Cuántos años tienes ?
   - 18-25
   - 26-35
   - 36-45
   - 46-55
   - 55+

5. ¿Nació en los Estados Unidos de América?
   - Sí
   - No

Si contesto sí, pase a la pregunta numero 6.

Si contesto no, ¿Cuántos años ha vivido en los Estados Unidos?
   - 0-2
   - 3-5
   - 5-10
   - 10+

6. ¿Cuántos hijos tiene ? (Puede incluir ambos hijos biológicos y adoptados)
   - 0
   - 1-2
7. ¿Cuál es su nivel de educación?
   - Primaria
   - Secundaria
   - Alguna educación superior sin título
   - Título universitario
   - Más de título universitario

8. Las siguientes preguntas se refieren a cómo se percibe la salud mental infantil:

En una escala de 1 a 5, ¿Cómo calificaría la siguiente?

<table>
<thead>
<tr>
<th>¿Está de acuerdo que...</th>
<th>1= Muy en desacuerdo</th>
<th>2= Algo en desacuerdo</th>
<th>3= Neutral</th>
<th>4= Algo en acuerdo</th>
<th>5= Muy en acuerdo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los latinos tienen una buena comprensión de la salud mental.</td>
<td></td>
<td></td>
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<tr>
<td>Latinos saben dónde buscar ayuda para problemas relacionados con la salud mental infantil.</td>
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<tr>
<td>Los profesionales médicos con herencia latina sirven los pacientes de salud mental latinos mejor que los profesionales médicos con un fondo cultural diferente.</td>
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</tr>
</tbody>
</table>

9. ¿Si tiene que acudir a los servicios de salud mental lo importante son los factores siguientes?

En una escala de 1 a 5, ¿Cómo calificaría usted lo siguiente?

<table>
<thead>
<tr>
<th>Tener transportacion a</th>
<th>1= Sin importancia</th>
<th>2= Algo no importante</th>
<th>3= Neutral</th>
<th>4= Algo importante</th>
<th>5= Muy importante</th>
</tr>
</thead>
<tbody>
<tr>
<td>la clínica</td>
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<tr>
<td>Tener acceso a un proveedor de servicios que habla español</td>
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<tr>
<td>Recibir servicios de un proveedor Latino</td>
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<tr>
<td>Cuanto dinero dispones</td>
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<tr>
<td>La cobertura de la aseguranza</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sentirse juzgado negativamente por la familia y/o amigos</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. En una escala de 1 a 5, ¿Cómo calificaría usted lo siguiente?

<table>
<thead>
<tr>
<th>Está de acuerdo que ...</th>
<th>1= Muy en desacuerdo</th>
<th>2= Algo en desacuerdo</th>
<th>3= Neutral</th>
<th>4= Algo en acuerdo</th>
<th>5= Muy en acuerdo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profesionales de la salud entienden pacientes Latinos mejor si ellos son Latinos.</td>
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<tr>
<td>La búsqueda de apoyo profesional de salud mental es más importante que la búsqueda de apoyo de la comunidad.</td>
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</tr>
<tr>
<td>Llevaría a mi hijo a ver a un terapeuta, incluso si el proveedor de salud no hablaba español.</td>
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<td></td>
</tr>
<tr>
<td>Prefiero buscar ayuda en mi comunidad (amigos, iglesia,</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
etc.) en lugar de ir al médico.

Me gustaría pedir ayuda si la conducta de mi hijo me preocupó.

Existen trastornos psiquiátricos en niños.

11. ¿Está de acuerdo que los niños también experimentan problemas de salud mental como adultos?
   Sí
   No

Si contesto sí a la pregunta numero 11, por favor conteste las siguientes preguntas:

12. ¿Es difícil saber si el comportamiento de su hijo es anormal?
    Sí
    No

13. ¿Sabrías dónde obtener ayuda si su hijo estaba mostrando señales de una condición de salud mental?
    Sí
    No

14. ¿Le dirías a los miembros de su familia o amigos si su hijo tenía un problema de salud mental?
    Sí
    No

Gracias por su tiempo!
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