LATINO CULTURAL COMPETENCY IN THE MENTAL HEALTH FIELD

A Project

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Division of Social Work
Abstract

of

LATINO CULTURAL COMPETENCY IN THE MENTAL HEALTH FIELD

by

Georgina Vallejo

This study interviewed mental health professionals to gain insight into their perspectives of Latino cultural competency and cultural factors that limit accessing mental health services by this underserved population. A qualitative methodology was used to explore, from mental health professionals’ perceptions, the effect cultural issues have in the utilization of mental health treatment among Latinos. Ten participants were interviewed to get an understanding of what barriers Latinos face in utilizing mental health services. Themes that emerged from the interviews included: the importance of education in regard to cultural awareness and acculturation; methods Latinos utilize to manage mental health issues such as substance abuse and family privacy; and cultural competency. Further research with a significantly larger group of participants is essential to improve the level of culturally competent services provided to the Latino population.

Dr. Maura O'Keefe Ph.D. LCSW

Date
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Chapter 1

INTRODUCTION

The purpose of this exploratory research is to examine the level of Latino cultural awareness among mental health providers and their comprehension of factors related to Latinos utilizing mental health services. The intrigue for this research came about through the author’s first-hand experiences in working with Latinos at mental health facilities in rural communities. The researcher realized Latino clients seemed more at ease and collaborated with one another in settings where they shared a like cultural context and where staff appeared more culturally competent. If the mental health provider is not of the same background or culture, having cultural competency training would allow for better services to be provided to the Latino community and other minorities. This observation aroused curiosity about the cultural factors that influence the use of mental health services among Latinos. In the professional field of social work, mental health agencies strive to provide clients with services in their cultural context, underscoring the importance of conducting this study to learn the level of Latino cultural competency among mental health providers and their understanding factors of Latinos utilizing mental health services.

This study collected data through qualitative interviews. Participants, mental health service professionals, were asked nineteen (19) questions ranging from basic introductory questions to exploring each person’s clinical training, knowledge of social awareness and their understanding of cultural competency. Ten (10) to fifteen (15) interviews were conducted with mental health providers with titles ranging from licensed
social workers (ASW/LCSW) to licensed family and marriage therapists (LMFT) lasting ten (10) to forty-five (45) minutes. Interviews were done to address the position of cultural competency of the Latino population and their views on how this influences their ability to provide services to the Latino community. The goal of performing these interviews is to recognize how their own knowledge of cultural competency influences their clinical reputation and how they comprehend the significance of cultural competency within the agency.

This project anticipates contributing to the existing research on cultural competency. Extensive research regarding suitable strategies and cultural competency has been performed since the U.S. Surgeon General’s Report in the late 1990’s. However, this project will further the comprehension and education of how cultural competency impacts Latinos and provide possible solutions that may address problems that have been identified.

Latinos are the second major population in the U.S. and the main populace in California as reported in 2005 by Gonzalez and Gonzalez-Ramas. This shows that such a large ethnic group also uses mental health services and should receive culture competency when interacting with mental health providers. Having such awareness would be beneficial to better accommodate services offered. According to Pumariega, Rogers and Roth, (2005), the Latino minority populace has increased in the last twenty years at a quicker rate than that of Caucasian ethnic groups. This dramatic change in the makeup of the American population requires that mental health providers be culturally competent.
Prior research indicates that there is a gap in providing adequate mental health services in a context and language that make the client comfortable. The need to improve social workers’ insight to cultural factors that cause Latinos to utilize mental health services would cause less apprehension in clients. A study by the Institute of Medicine (2002) found that there is a deficit between psychotherapy in the mental health field and understanding of cultures. One of the most important needs is to increase the diversity among health professionals as a resource to recognize and offer culturally competent services. The importance in having a greater insight into the Latino population could improve the services provided to Latinos and allow professionals to gain insight to the quality of the service provided. At the same time, growing diversity can decrease gaps in availability, access, and develop the quality and improve the cultural competency amid mental health providers as noted by Office of Minority Health, 2001. Offering adequate mental health services via professionals that are culturally competent allows the community to be provided with the appropriate level of care.

**Background of the Problem**

The U.S and especially California, a state bordering Mexico, is experiencing an influx of immigrant arrivals who will at some point in their lives or the lives of their family members, utilize mental health services. Because of this increase, it is crucial that the services being provided are culturally sensitive. The United States Census Bureau estimates that about one-third of the United States population is made up of minorities (www.census.gov, 2011). Because of the demographic change, the number of persons being served impacts how agencies deliver appropriate services to clients.
Many of these new immigrants maintain to have strong bonds with their home communities and countries and have upheld their culture and native tongue in ways different from the earlier immigrants. This occurrence has posed challenges in regards to mental health issues and the demand for mental health treatments (U.S. Department of Health and Human Services, Office of the Surgeon General, 2001). One test of the mental health care system is serving a large amount of new immigrants who speak a different language (Guarnaccio, et al, 2007).

In 1999, United States General Report states that the U.S. mental health organization is not prepared to facilitate ethnic minorities (United States Surgeon General, 2009). Cultural competency incorporates respect and understanding of the traditions, morals and values of racial and ethnic minorities (Center for Mental Health Services, 1998). Agencies are finding it problematic to recruit and maintain staff that can meet the needs of a culturally diverse population. This is true across the board, but the researcher finds it even more crucial for counties in California, which are meccas for immigrants from Latin America who seek out the ‘American dream’. According to Culturally Competent Public Child Welfare Practice (Samantrai, 2003), being culturally diverse as well as culturally competent plays an integral part of providing services to minorities.

A survey of 2,000 National Association Social Workers (NASW) in 2002 by showed that of the registered members only 2% were of Hispanic/Latino and 1% of Mexican American origin compared to a staggering 87% of white members. The study clearly showed the shortage among practitioners and how this may affect the crushing
need to have providers that meets the cultural needs of minorities. A different study also performed by Center for Health Workforce Studies, NASW in 2006 reported the lack of diversity among social workers. Findings showed that licensed social workers among whites, non-Hispanic is eighty-six percent and the United States population being sixty-eight percent compared to four percent of Hispanic licensed social workers and fourteen percent of the U.S. population of Hispanic (National Association of Social Workers, 2006). This clearly shows an absence of minority social workers contributing to the cultural competency in the mental health agencies. Increasing diversity and representation of minorities can improve the quality and access to services as well as advance communication and understanding among the mental health professionals lacking insight to Latinos (Office of Minority Health, 2001.)

In 1997, the United States Census Report projected that the state of California will have the largest amount of minorities, as many as 8 million within the next 30 years. Because of this rapid growth in population, the lack of services being provided can be an obstacle for those seeking assistance. Many minorities, especially Latinos, reject the idea of seeking mental health services because of the lack of staff being culturally aware of their needs. Such a barrier has contributed to the misdiagnosis, mistrust, and dissatisfaction that Latinos have with the mental health system (Office of Minority Health, 2001). They often get less help and unsuitable care, because of the lack of awareness on the part of mental health professionals. An array of issues such as taboos, lack of culturally diverse professionals and linguistic inaccessibility has added to this underutilization (Manolas, 2008). Of Latinos who did seek help for nervous breakdowns,
a large majority saw a clergy (two-fifths), while one-third either saw a physician or sought services from a mental health/social agency (Gurin, Veroff, and Feld, 1960). This clearly shows that Latinos often prefer to seek help from someone who understands their needs.

The lack of impact that social workers have on intricate factors such as cultural competency and the necessity for changes continue to plague service delivery to minorities. The 2006 NASW report stated that most of the participants questioned were content with how they engaged and addressed cultural differences, while at the same time a quarter felt disturbed with the failure to influence treatment delivery in the context of lack of cultural competency. The National Society of Social Worker’s Standards for Cultural Competence (2001) reports there should be praise and growth for standards addressing the complex range of needs of a diverse population. Social workers are finding it problematic to provide cultural competent services to minorities such as Latinos, since there are no values in offering cultural competent services.

What mental health facilities have accomplished since the enactment of Proposition 63 (Mental Health Service Acts) was to hire more Hmong and Spanish-speaking therapists, social workers and service providers who are more familiar with the culture, customs and norms of the population they serve. Doing so helps makes the recipient feel at ease and better understood because their values, beliefs and norms are being accepted. Spanish-speaking patients tend to underutilize current services because they are unaccustomed with the overall purpose and role of the mental health system
(Padello, Ruiz, & Alvarez, 1989). Factors such as stigma, language barriers and culturally incompetent providers have contributed to the under usage (Manolas, 2008).

In 2003, the President’s New Freedom Commission provided a perspective into the obstacles that many minorities face when it comes to gaining access to mental health services. Some of the differences were the overall feeling of discrimination and racism, differences in cultural ideas concerning health and mental disorders, and differences in seeking help. The need to provide services that encourage minorities, specifically Latinos, to access services is critical in closing the gap in the mental health field. Language, culture, ideals, views, are all-important areas in which clients and staff can work together to understand each other. Having a greater understanding of this concept will provide better overall services.

Insufficient services and lack of representation of Latinos, as service providers demonstrates the importance of exploring this topic. The focus of this study is to provide more information on cultural competency in mental health workers as well as show differences in cultural beliefs and values that exist amidst the Latino society and how mental health professionals offer such treatments.

**Statement of the Research Problem**

Services are inadequately tailored for Latinos because of the lack of diversity in the mental health field which impacts how services are provided to the under-served communities in California. This research project will show how the level of cultural competency amidst mental health providers influences their social awareness, clinical practice and the knowledge of cultural competency in the agency. It is the belief of this
researcher that mental health providers must attempt to identify the cultural issues related to the themes that impact the utilization of mental health treatments among Latinos so they can continue to maintain them in meeting their needs. The data collected will display insight into problems in services, boundaries to services, and how the contributors’ part as mental health providers impacts their stand among others in the same working field.

The spoken language is possibly the cultural issue that has obtained much thought in contrast to other possible cultural factors that may affect mental health services by Latinos. Because many ethno-cultural groups, including Latinos, approve a common perspective, they are likely to manage or obtain aid from providers of their own cultural group before pursuing help elsewhere (Brinson & Kottler, 1995). A main significance for the nation is to transform mental health treatments by customizing them to link the needs of all Americans, including minorities. To be effective, services must be individualized allowing for each client’s age, race, ethnicity and culture (DHS, 1999) and thus ensuring services tailored to its consumers.

**Purpose of the Study**

The primary goal of this study is to explore cultural competency of mental health workers servicing the Latino community. This qualitative research will examine mental health professionals’ observations related to the cultural elements that effect the utilization of services among Latinos and to determine if those cultural issues found in the work truly effects the usage of treatments reported by mental health providers. The researcher conducted ten (10) interviews and noted that employers have been providing cultural competency training to staff. Providers acknowledged that if there was a
language barrier services rendered suffered and that older generations tend to deal with mental health issues with in the family dynamic then to seek out services. Clinicians providing crisis services provided a prospective, that when a Latino client is in need all fixed barrios hindering them from seeking out mental health services are dismissed and receptive to assistance. Mental health professionals are the authority in providing and focusing the needs of clients with a mental health issues, and are skilled to how best to help Latinos seeking out services.

The secondary goal is to contribute advanced knowledge to social workers, and providers in the mental health and related providers fields on how to deliver adequate mental health treatment to the Latino populace. The objective of this study is to specify the significant to which mental health is reliant on issues persuading the usage of mental health treatments.

**Theoretical Framework.**

Because human experience is intricate and differs, the author will use the Systems/ecological Theory as a method to comprehend cultural competency and the influence this might have on mental health professionals in understanding their Latino patient’s actions in the framework of their culture. The researchers will explain the Systems/ecological theory followed by an explanation of how this approach can be relatable to this research.

**System/ecological theory**

This theory says that all organisms are systems, created of subsystems, and are in turn part of first---class system (Payne, 1997). Subsystems, as defined are made up of
unified values or beliefs (Kast and Rosenzweig, 1972). For instance, the Latino culture, a superior-system encompassing an array of components that is interrelated --- linguistically, history, morals, views, and traditions ---with each other meaningful subsystems. The theory is also the basis of human conduct (Blanco, et al, 2008). This happens at various levels and is influenced by the environment they happen to be in and they may happen in the following four instances: micro, mezzo, exo and macro. Direct interaction with another being in one’s environment is considered micro, while mezzo is influenced by one’s community such living in a predominantly Latino housing project. Exo refers to being influenced by decisions being made while not actually being present and macro is the influence of a larger environment on humans (Blanco, et al, 2008).

The benefit of this theory is that it explores the big picture, somewhat than just parts of human or social conduct. Because of the complexity of this theory, it permits a mental health professional to create an all-inclusive cognitive plan of a person with their social environment (Organista, 2009). For example, a Latino client is an individual system part of a larger system, and they can be influenced by smaller systems, which with they interact regularly such as family, church, social groups or schools that can affect their development. Systems/ecological theory is a study of multi-layered systems; and one can say that Latinos and their culture is a multi-layered system in itself, particularly when not agreed (Greene, Jenson & Jones, 1996). It also provides the capacity to studied, classified and researched variety of problems and ways to develop alternative solutions by mental health workers.
Definition of Terms.

The following is a list of terms that are used throughout this study and are pertinent to the application of mental health treatment among Latinos within the framework of culture.

Hispanics/Latinos –

Are members of the U.S. population who identify themselves among one specific Spanish, Hispanic, or Latino categories listed in the 2000 Census questionnaire – ‘Mexican, Mexican-American, Chicano,’ ‘Puerto Rican,’ or ‘Cuban’ – as well as those who indicate that they are other.

Spanish/Hispanic/Latino –

Includes those whose origins are from Spain, Spanish-speaking Central or South America (United States Census Bureau, 1996)

Culture –

The joint repetition of human behaviors surrounding thoughts, beliefs, ways of communication, morals and customs within a minority group (CA Dept. of Mental Health, 2002).

Cultural Competence –

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. (National Association Social Workers, 2001).
Mental Health Worker –

A worker ranging from a variety of degrees (ASW, LCSW, LMFT) and length of experience working first hand with the Hispanic/Latino community.

Ethnicity –

Tseng and Streltzer (1997) describe it as identity with or membership in a particular racial, national, or cultural group and observance of that group's customs, values, and linguistics.

Family Perceptions –

As defined by Tseng and Streltzer (1997), a way of perceiving something; in this situation, the way Latino families identifies mental health services.

Mental Health –

The psychological state of someone who is performing at an acceptable level of emotional and behavioral adjustment (Padello, 1995).

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.

Several assumptions can be made regarding this study including: 1) Latinos will seek mental health services if there are culturally competent workers; 2) having culturally
competent mental health workers allows for a better understanding in identifying the obstacles and limitations of the Latino community; 3) and mental health workers are helpers and they need to be responsive and sensitive to those being served.

**Justification.**

Research has been performed in the fields of psychology, counseling, and social work to better understand working with the Latino population. However, minimal research available shows work merely focused on cultural competency of mental health workers working with Latinos. Mental health practitioners are vital in the recuperation of an individual’s health. Their part involves them to study and/or assess their clients biologically, genetically, socially, and psychologically to establish if mental health services would meet their client’s needs and be a good treatment of service. Comprehending the cultural factors that influence cultural competency in the mental health services field among Latinos will help the mental health professional prepare for work with Latino population. Mental health providers need to acknowledge other cultural upbringings, potential impact of their own history on the perception of others, and the influence that social policies and agencies have on their clients. This matter may be fairly new and understudied nonetheless the study will be relevant in the field of social work as it continues providing services to the Latino populations.

**Limitations.**

A key limitation of this study is that it is grounded only on perceptions of the mental health professionals. Their knowledge and experiences of cultural influences are purely subjective knowledge since their replies are purely based their own experiences,
knowledge, background and perception in interacting with the Latino populace. Also, because there were a small number of participants in the research, the information obtained cannot be generalized to all mental health providers. Urban areas were not explored because the research conducted was only in a rural setting. While there are limitations to the research provided, it still can serve as a basis for more extensive research in cultural competency in California.
Chapter 2

REVIEW OF THE LITERATURE

To improve services to minorities in the mental health field, it is key to understand the culture, barricades and suitable interventions in order to decrease the gaps in the field (Department of Health and Human Services, Office of the Surgeon General, 1999). This research explores the role of mental health workers and the impact they have in their understanding in being culturally competent. The dearth of culturally assorted mental health professionals as well as, discrimination, language barrier, acculturation problems, and ethnic identification are some issues that affect the application of mental health treatment among many minorities (Office of Minority Health 2001, DHS 2009, Shattell, et al, 2008). These factors were identified in the Surgeon General’s 1999 Mental Health Report. The report said, “Very few professionals identify themselves as Spanish speaking. The outcome is that most Latinos have limited contact to culturally or verbally relatable professionals.” (DHS, 2009).

In the following sections, the researcher will cover a brief history of Latinos failure to use mental health services. It will also cover the cultural factors identified in previous research in the following sections: acculturation, linguistics, coping mechanisms, Latinos’ perceptions, cultural competency and bicultural/multicultural issues.

Brief History of Latinos Failure to Utilize Mental Health Services

The U.S. Census Bureau predicts that by 2050 Latinos will have tripled in size from 45.7 million to 123.8 million (2008). The Bureau also predicts that by 2025 in
California the same population will almost double to 22 million (1996). The increase in population creates new obstacle to the already minimal resources available.

Comprehending the factors that affect the application of mental health treatment among the minority population has been a US policy for the past 20 years (Hu et al, 1991). The 1978 Special Population Task Panel on Mental health of Latino Americans of the President’s Commission lamented that information based on research on the Latino community was overwhelmed by stereotypic interpretations, shaky methodological techniques, lack to reproduce results and the void of programmatic research (Malgady, 1987). Since the early 1978 research and studies have been done to understand the needs of minorities, and as this population persists to rise at such a rapid pace, studies have received increasing care during the last two decades but these do not reflect culture and its impact on service used stated by Gonzalez and Gonzalez-Ramas (2005) (DHS, 2001). Cultural issues that caused Latinos to seek out mental health treatments are fundamental in order to offer much needed services. These involve linguistic obstacles, cultural competence, acculturation, contact with mental health treatment, and general impressions that Latino clients have about accepting mental health services.

Over the last four decades, minimal research has been lead to explore the utilization of mental health treatments for the Latino population with culture as its framework (Alegria et al, 2002; Gaviria and Stern, 1980). Language has thus far been possibly the cultural issue that has received the most thought in contrast to other possible cultural factors that may affect mental health treatments by Latinos (LaVina & Padello, 1980). A study by Gonzalez and Gonzalez-Ramas shows that there is a dearth of
understanding other cultures as well as of the understanding of psychotherapy in mental health field (2005). They also talk about findings on the need to educate mental health providers about method of services to clients of different cultures in the United States (2005).

According to DHS, to have the most effective treatments, treatments always need to be adapted in the clinical setting according to each client’s age, race, ethnicity, and culture (1999). Although there is no easy outline for how to achieve this transformation, DHS does state that there are promising courses of action for the U.S. to follow. However, there is a lack of ethnically diverse staff in the mental health field. The Surgeon General’s Report identified the necessity to grow the recruitment of ethnically diverse providers, and the promotion of mental health will decline gaps among minorities and the access of mental health treatment (1999).

Acculturation

Acculturation has been a main factor influencing Latinos seek out mental health services. This is the degree to which the patient or family has assimilated into the American social norms and their views of mental health services. Latinos are more likely to utilize mental health treatments when they comprehend and identify their problems in descriptive terms, such as stress, depression, and anxiety (LaVina and Padello, 1980). As Latinos become accustom to the United States, levels of service utilization equal those of the majority ethnic group (DHS, 2001). Acculturation is described as a social and psychological change that groups and persons undergo as they enter a new ethnic surrounding (Berry, 1980; and Padello 1980). Rogler, Cortes, and Malgady (1991)
reported that it is the process where immigrants transform their behaviors and views toward those of the hold society. Latinos who have recently migrated to the US have a much harder time transitioning and adjusting to the new social norms.

For Latinos low in acculturation, the absence of useful skills, such as being able to communicate in English, keeps the unknown domain from becoming aware and manageable. These difficulties lowers self-esteem and eventually give way to suggestive behaviors that often times renders to mental health treatment (Miranda et al, 2006). On the other hand, a high level of acculturation also has negative impacts. An increase can isolate people from traditional supportive primary groups and facilitates the internalization of societal cultural norms. Some of these are destructive stereotypes and harmful attitudes towards the Latino population causing self-depreciation and ethnic self-hatred (Antshal, 2002). Surges in acculturation also description a population, both socially and biologically, to the danger of alcohol and substance abuse, which can lead to mental health issues. It is also suggested that as an immigrant adapts to a new surroundings and learn a new language, there can be a sense of loss in self-identity issues (Misky, 1991). Kanel found that a combination of having a supportive and reinforcing customary cultural elements and learning the host society’s cultural elements is essential in maintaining a functional mental state (2002).

Services for mental health issues for recent immigrants tend to be stigmatized. The degree of acculturation is especially significant since many Hispanics prize family devotion and view mental health issues as factors that are private and not to be made public with others (Antshal, 2002). Latino perception, as noted by Berry, of mental health
utilization differs among the multiple nationalities that make up this population (1980). Lack of familiarity with services also hurts the utilization of such services. Studies have shown that Hispanic females are highly likely to pursue services when they individually know someone else who has previously received them (Alvidrez, 1999). According to Alvidrez’s findings, the studies shows that when their knowledge of acculturation grows and their culture is well understood and prized especially among non-Latino mental health providers, Latinos are more prone to be positively receptive to the use of mental health services. A different study performed in 1987 by Wells, Hough, Golding, Karno, and Burman used a gauge of culture to explore the use of mental health treatment by Latinos. Their study found that those who were less accustomed were less likely to receive mental health treatment in relation to with non-Latinos Caucasians and more acculturated Latinos.

Two flawed assumptions have been made to the development of acculturation. The first is that researchers find that acculturation is a basic common omission or bipolar theory of acculturative modified differentiating “Latinocism” versus “Americanism” as found by Gonzalez et al (2005). The theory here is that increased involvement in the American culture entails detachment from the immigrant’s traditional culture. The second assumption states that acculturating scales across Latino groups is sufficient for the task provided they fulfill proper psychometric ideals of reliability and validity (Gonzalez et al, 2005). However, Smith and Montilla stated that Latino culture displays a large range not only concerning socioeconomic status and other features but also with matter to cultural elements entrenched in their respective culture (2006). With such assumption, cultural
elements to specific Latino nations that compose a nation’s cultural heritage are not being considered as a result (Gaviria & Stern, 1980).

Two studies support the need to abandon these assumptions and to give individualized care to the specific culture of Latino groups. Both gathered statistics by making utilization of The Center for Epidemiological Studies Depression Scale (CES-D) (Smith & Montilla, 2006). The first study showed, after socioeconomic status was controlled, that Puerto Ricans consistently rated higher levels of depression than Cuban-Americans and Mexican-American. After levels of education were measured, the second study showed higher levels of depression between immigrants of Central America than between immigrants from Mexico. Latinos, as for of their own distinctive culture and nationalities and skills will respond to acculturation scales differently. The studies suggested that care be focused on cultural variances amidst Latinos.

**Linguistics.**

When Latinos with limited English-speaking capability turn to organizations for mental health services, the first impression they feel is a common issue of language and cultural disconnect from treatment providers because there is a lack of bilingual and bicultural professionals (Malgady & Zayas, 2001). With same limited professionals categorizing themselves as Spanish-speaking, Latinos have restricted contact to culturally or linguistically parallel to professionals (DHS, 2001). The Mental Health Association conducted a human resource need for bilingual workers in Los Angeles and found that the language of greatest need (40.7%) for bilingual workers was Spanish (Kanel, 2002). The rate of Latino mental health providers compared to Latino consumers is drastically
low. In 2001, there were 42 Latino Mental Health providers for 100,000 Latinos compared to 329 non-Latino white professionals 100,000 in the US (DHS, 2001). The negative impact of life circumstances such as linguistic barriers, unfairness in education and in the work force have made Latinos prone to a variety of mental health issues (Padello, and Alvarez, 1989).

Researchers have explored the success of an array of therapeutic approaches in a cultural structure (Comas-Diaz, 1985). However, there is less importance given to the utilization of linguistics as a therapeutic strategy (Santiago Rivero, 1993). According to Acosta and Cristo, linguistics is the method by which knowledge, morals and customs are spread and are closely related to a person’s history and culture, and they argue that these voids in the research literature are shocking. Many researchers hypothesize that linguistics molds the way in which people perceive the world. Not much research has been performed on providing services in the preferred language to Latinos. Barriers between languages can complicate the initial assessment of an individual’s mental health rank. Marcos and Urcuyo suggest that the assessment of physical and cognitive indicators and the course of the services are dictated by what the patient says and, more importantly, how it is said (1979). For example, a Latino client might attach a different meaning to symptoms and also express it in a way that can be misunderstood by the provider of their cultural differences.

Studies have found that bilingual clients are assessed differently when assessed in English as to in Spanish (DHS, 2001). The DHS also reported that a specific study stated that Latinos with bipolar diagnosis were more prone to be mislabeled with schizophrenia
than Caucasians due to their incapacity to exactly communicate their symptoms in English. Another example provided by Rodriguez-Gomez and Caban (1992), described a misunderstanding that occurred between a mostly Spanish-speaking client and an English-speaking doctor. The patient was complaining of a backache and was misdiagnosed with psychological problems because of the misinterpretation of the words she was conveying.

Research by Marcos et al (1979) and Marcos (1988) found that Latino patients who are fluent in Spanish and attempted to speak English might be more troubled with correctly pronouncing words and articulate things that are grammatically precise as opposed to uttering what is therapeutically relevant. The same researchers found that the Spanish-dominate client might express information that lacks emotion when speaking in English. Javier demonstrated in his work with a Latino woman that when she verbally expressed experiences in her native language she released important memories but also showed strong emotions that had been hidden when speaking in English (1989). Bilingual services are vital when servicing this population but the problem for Latinos is the inadequate accessibility of bilingual mental health workers.

**Surviving Mechanism.**

Minorities such as Latinos and other minorities manage to espouse coping skills that cause reduction in mental health service used. They believe that suppression and circumvention are often better resolutions (Kleinman, 1977), and rely on themselves to cope with the pain (Narikiyo & Kameoka, 1992). In 1990, such ways of coping encourage the avoidance of mental health systems until the problem becomes impossible
to handle on their own as found by Snowden and Cheung. A belief shared by many
Latinos is the notion of fatalism, which may lead to the neglect of mental health services
(Chandler, 1979). Fatalism is the idea that individuals have little control over their
environment and the outcome of an individual’s life is controlled by the environment
regardless of efforts made (Comas-Diaz & Griffith, 1988). Latinos believe that occasions
are only the result of flukes, God’s way, or ill wishes from their foes (Frevet & Miranda,
1998).

Latinos strong spiritual belief is another coping mechanism or barrier in seeking
mental health services. One study documented that individuals who approve religious or
mystical causes of mental illness are fewer prone to utilize mental health services
(Alvidrez, 1999). Latinos often go to religious organizations for medical and mental
health needs because religion is a central factor in their life style (Altarria & Bauer, 1998;
Arredondo, 1991; Frevet & Miranda, 1998). Torrey study showed that some Latinos
would go as far as seeking help for their mental health issues from folk medicine men
(1972). Curanderos are considered to be folk medicine and believed to be capable to
speak with the spiritual world (Altarria & Bauer, 1998) and most of the time use power of
suggestion, persuasion, direct advice, herbs, rituals, and the client’s sense of wickedness
and guiltiness (Acosta, 1979). While the use of curanderos is more common among
Latinos residing in country areas (Keefe, Padello, & Carlos, 1979), it may not be a
common practice for the majority of Latinos living in urban areas, as it is difficult to find
them (Keefe & Casos, 1980).
Familism is another component that affects the utilization of mental health services. This term refers to a strong affinity, connection, and respect to his or her family (Hovey & King, 1996). Regardless of the level of acculturation, research shows that Latinos endorse strong family values (Sabogal, Marin, Otero-Sabogal, Marin, & Perez-Stable, 1987). The worth placed on family first is higher for Latinos than for Caucasians regardless of cultural orientation (Keefe & Padello, 1987). Latino families allow for strong supports for one another at times of emotional and psychological hardship (Cheung, 1991; Sandoval & Delarosa, 1986). Families regularly grant them with dignity and public backing (Keefe, 1979). Because family is such an important factor for Latinos, many are hesitant to divulge their mental health issues with individuals other than their family (Altarria & Bauer, 1998). Furthermore, it has been noted that Latino families are more patient when dealing with a mental disorder in their family than non-Latino support systems (Martinez, 1993). The downside to such strong ties is the acceptance in seeking treatment for mental illness. Sometimes when family members are not cohesive, Latinos may experience stress because their family is inconsistent with their ideal (Keefe, 1979). And for Latinos, whose family may not be near, they lack a strong alternative support system in times of distress (Keefe, 1979). Latinos may not see the value of using mental health services when having psychological problems because of how much they depend on their family.

*A Latino’s Insight.*

An influential factor in the underutilization of mental health is a Latinos’ perception of mental illness (Keefe, 1979; Sandoval & Delarosa, 1986). For example, a
diagnosis of mental illness for Latinos means being called a “loco” (a crazy person) which is viewed as extremely degrading. Latinos also feel that non-Latino therapist can sometimes be oblivious to their psychosocial requirements (Torrey, 1972). Client-therapist mismatching is perceived as potentially hampering a positive connection and effective treatment delivery. It has been explored that Latinos are generally not drawn to psychotherapy even when the clinics are free/low cost and located convenient to Latino populations (Kline, 1969). Latinos do not relate mental health as serious issues because they see physical symptoms are more serious.

Latinos instead see a physician for mental health issues to prevent the taboo of pursuing a psychologist (Gonzalez, 1997). Compared to Caucasians, stigma connected to psychiatric disorders seems to be significantly more common in Hispanics and other minority populations (Alvidrez, 1999). Because of such a strong stigma attached, they are unwilling to divulge their mental health conflict with people besides their family such as friends, therapist, and associates (Altarria & Bauer, 1998; Madsen, 1964). Many see this as a sign of weakness in character to go through such illness or to get professional help (Frevet & Miranda, 1998; Keefe, 1982). Stigma has been viewed as the largest obstacle for progress in the mental illness and health especially for minorities (DHS, 1999). A study by the American Psychological Association in 2005 noted that the Latino community tends to think of a mental diagnosis as no more than a flaw that a person should defeat.
Cultural Competency.

The disparities that minorities face in receiving regular access to preventative care, undereducated in the area of cultural competence and lack of representation of minorities among health care professionals are barriers for minorities in utilizing mental health services (Kagawa-Singer & Kassim-Laka, 2003). The current demographic trend shows that minorities make up about 25% of the population and will be the majority by 2050 in the United States (U. S. Census Bureau, 2001). Understanding cultural differences and becoming culturally competent is crucial for any culture to ensure the well-being of its members. Because culture is such a huge part of any member of society, it shapes the environment in which the client/family/provider encounter occurs. A physician/clinician can provide better care to the patient and family when they identify the cultural framework of the experience and can assess potentially contradictory findings, potentials, values and morals they may have with the participants. To have an effective cross-cultural interaction it is essential that the clinician incorporate multiple cultures in their encounters such as their own culture, that of the client and the health institution’s culture. Such integration encompasses cultural competency when the physician and the client are able to reach a mutual goal of medical care (Kagawa-Singer & Kassim-Laka, 2003).

Social sciences specify that health and the methods to preserve, reclaim or accomplish good health are culturally necessary (Angel & Thoits, 1987). However, each society outlines what health is for its populace and recommends the most suitable means to treat the diagnosis both pathologically and communally (Fadimen, 1997). Since many
Latinos value family loyalty and view mental health problems as a matter that is private, the level of cultural competency is crucial (Antshal, 2002). Antshal (2002) says that outcomes for culturally competent practices indicate that patients and families are able to promote, and maintain joint want and accessible levels of health within the environment of their life surroundings. To address the misinterpretations that occur in culturally conflicting professional interactions and to remove racial inequalities in health outcomes, professional groups and governmental agencies are now using ‘cultural competency’ (Jackson, 1993). However, most thoughts of cultural competency have the veiled message that the efforts is shifting in only one direction to educate the patient into a biomedical model negating the integrity of culture and is challenging diverse culture (Kagawa-Singer & Kassim-Laka, 2003).

Diversity.

A template for culturally competent practices was developed by Kagawa-Singer and Kassim-Laka (2003) which states that the level of practice for a culturally competent professional is a bicultural or multicultural system. Such system says that an individual has sufficient knowledge about their own culture as well as one or more other cultures of patients they treat to be able to identify the variances, identifying what they signify and to interpret those differences to get a clear and effective way to communicate information and care. This culturally based system requires that physicians be aware of their own cultural morals and views in order to identify when they are different from those of the clients and assess the client’s answers objectively. Mental health professionals need to ask questions that acknowledge differences when the patient is from a different cultural
background so that trust is built for the patient to confide in the mental health professional. They can also use knowledge about certain cultural beliefs, values or practices as an assumption about the patient’s beliefs and practices but at the same time assess the degree to which the patient or family might abide by in their cultural background (Dana, Behn, & Gonwa, 1992).

Agencies will need to make key structural and process modifications to renovate into multicultural agencies since most are currently structured within the European-American cultural model. To support patient and employee diversity and responsiveness to cross-cultural issues, a culturally competent practice requires institutional commitment and the creation of infrastructure (LaVeist, 2000). Ways to achieve diversity include recruiting ethnically diverse faculty and medical staff; developing policies and procedures that integrate cultural competency into ongoing work; and to establish means of consultation with the community being served to find the needs of the program and appropriate ways of interventions including educational materials (DHS, 2001). One the Surgeon General’s recommendation to close the gap among minorities was to increase encouragement among minorities to enter the field of mental health (DHS, 2009). In 2003, the California Mental Health Planning Council encouraged the governor and legislatures the following recommendations: distributing assets to primary and secondary institutions so they may prepare bilingual and bicultural providers; encourage counties to seek, hire and reeducate bicultural/bilingual providers; and to provide resources so that organizations may have ongoing education regarding cultural competency.
Summary

Literature that is relevant to the influence of utilization of mental health services among Latinos was reviewed in this chapter. Acculturation, language, Latino’s perception, coping mechanism, cultural competence, and bicultural/multicultural were discussed as factors that influence application of mental health treatment. Through the review of these factors it was shown how the Latino community has a long way to go to receive adequate mental health services especially since the population will grow at such a rapid pace in the years to come. Mental health services need to be culturally competent to allow minorities to have a better view of such services and feel like they are not being left out because of the barriers discussed in this chapter.
Chapter 3

METHODOLOGY

Highlighted in this chapter are the research methods used in the assembly and analyzing of data. Topics covered are those of study design, how data were collected, participants in the study, procedures used in the collection of data and protection of human subjects.

Research Question

The primary research question that guided this study was: What are the levels of cultural competency awareness in mental health professionals who are providing services to the Latino population? A second question was: What are the possible obstacles that impede utilization of services?

Study Design

The project design for this research was an exploratory approach, which allowed having a descriptive qualitative method to permit openness in the interview conducted with mental health professionals on the topic of their perception of cultural competency. Participants were chosen to be interviewed at their earliest convenience so not to interfere with their personal life or work. Participants ranged in job titles such as licensed clinical social worker, associate clinical social worker, crisis counselor, mental health worker, and licensed marriage and family therapist. Ten participants were interviewed at a location convenient to them, as well as the researcher; the duration of interviews ranged from ten to twenty-five minutes. The categories derived from this research will be based
on the research question, literature and common themes that emerged from the participants’ responses.

The purpose of the interview is to better understand cultural competency and possible obstacles that hinder Latinos from seeking mental health services. All participants have worked with the underserved population directly. This qualitative approach involves face-to-face interviews and allows for an in-depth discussion of the matter. Via the interview, the researcher will be looking for themes to arise from the array of participants. As Rubin and Babbie (2008) explained, all that is needed for this type of design is a pencil and notebook to collect data. The qualitative approach was a best fit for this project as it allows there to be detailed insight into how the participants view their cultural awareness of Latino consumers.

The primary advantage of using the qualitative method is that the participant is able to speak freely and instinctively. The response generates a deeper understanding of the person’s experiences, which allows observations to be made on beliefs regarding the subject. Another advantage is that it allows for the researcher to make observations such as facial expressions, body language, reactions and interactions to the questions and their environment. Nevertheless, there are back draws to using this method such as all the information is subjective knowledge, and the information provided by the participants is personal. Answers are based upon the individual’s own background, experiences, learning, biases and level of knowledge about the subject. Therefore, their responses are not generalizable to the entire population. Also, potential for biased sampling is likely.
Protection of Human Subjects

An application for human subject was submitted to the Committee for Human Subject Approval to the division of Social Work at California State University, Sacramento. The researcher had the approval (12-13-009) for October 2012- October 2013 with a determination of risk level to be minimal to participants. Participants’ risk levels are to be kept minimal by the researcher by ensuring participants know their involvement is voluntarily. If they choose to discontinue they may do so at any point in time and no consequences will arise from doing so. In addition, participants that do experience any emotional or psychological discomfort are provided with the local county Psychiatric Emergency Service (PES) warm-line in the county of the participant.

The subjects targeted to be interviewed for the researcher’s project were mental health professionals that have provided services to a recipient of meant health services first hand. Participants were advised of an upcoming opportunity to participate in an anonymous, voluntary audio-recorded interview, and all that were interested provided contact information. Possible participants were contacted and arranged a meeting after work hours to conduct interview. Consent was obtained prior to proceeding with questions. Participants were provided with copy of the consent, which outlined the purpose of the project, confidentiality, audio recording of the interview, that there is no monetary gain if participating, the potential harm, and the potential future benefits of the study. Upon reviewing consent and signing the form, participants were well aware of their involvement of the study, questions and being audio recorded.
To maintain confidentiality, all participants were randomly allocated numerical number to be able to identify their audio recording to their consent. All materials gathered (consent forms, questionnaires and audio recordings) were stored in a locked file cabinet at the researcher’s residence. To further insure confidentiality, all data collected are to be destroyed six months from date collected.

**Study Participants**

After receiving the permission from the Human Subject Committee, the researcher proceeded with the interview process. The researcher focused on approaching potential participants that met the criteria to be interviewed. The project research question of: Latino Cultural Competency in the Mental Health Setting would be the premise on to which participants would give their perceived knowledge. Participants were selected based upon the following criterion: be a mental health employee and previously or currently provided mental health services to Latino clients. Once the first few participants were identified, they were asked to refer other employees that met the criterion. From their responses, other potential participants were referred and if subject met criteria they were asked to participate in the researcher’s project entailing an audio-recorded interview.

Once a list of prospective participants was obtained of roughly eight to ten mental health workers, contact was made to arrange for a face-to-face audio-recorded interview, at a location of their choice. Subjects were asked to sign the Consent to Participate form to participate in the project and understanding that the interview was to be audio taped. The researcher informed the participants of what was outlined in the Informed Consent to
Participate such as: voluntary participation, confidentiality, minimal harm, contact to the local warm line if they were to experience any emotional or psychological discomfort, that interview would be audio recorded, and they had the right to not answer any questions or discontinue without any consequences. After the in-depth qualitative interview, all materials and forms were to be analyzed and coded to allow any correlating themes to be present in regard to their understanding of the Latino community utilizing mental health services.

**Instruments**

During the face-to-face interviews, which lasted between ten to twenty-five minutes, the only instruments used were an audiotape recorder and a questionnaire to guide the interview process. The interview survey consisted of nineteen qualitative open-ended questions as a means to explore detailed views, judgment of the contributors’ insight in regards to their amount of cultural competency, and the influence this has on delivering treatments to the Latino community. All contributors were asked the same questions in the exact manor to warrant that in the latter part of data analysis be identical with all participants.

During the interview, participants were reminded, once again, about having the interview audio recorded and researcher asked for verbal consent once the session was being recorded. Participants were informed that they could choose, at any time, to stop the interview or choose to skip any of the questions. The importance of having standardized open-ended questions is that it allowed the participants to have detailed
responses to their experiences and knowledge on the topic. The researcher ensured all participants that there was no correct answer to the questions.

During the interview, preliminary questions were utilized to collect information regarding the participants’ gender, age, and ethnicity for it was significant to collect data concerning their culture due to the differences among the Latino populous, and to exhibit how this range may or may not affect treatments provided to the Latino community. Participants were also asked to identify if they identified themselves bilingual and/or bicultural. The second part of the interview questions consisted of their personal views on how Latinos cope with mental health, the perceptions they have and family support. The last section of the interview was outlined to discuss each participant’s knowledge of cultural competency. Participants were asked to gauge their own knowledge of cultural competency by identifying how they perceive cultural diversity and the limitations that their facility may have in regards this topic. The questions were designed to gain knowledge on the participant’s insight of cultural competency and to study what obstacles they view within the current regulations concerning cultural competency.

**Data Collection**

A list of potential mental health employees that met the criteria for consideration to participate was generated with the aid of colleagues the researcher had made contact with. Future participants were contacted via email and/or phone and informed of possibly volunteering to be interviewed; participants were advised of the purpose of the project and that their involvement was purely voluntarily based. Once an employee agreed to participate, it was made clear to them that their participation was voluntarily and could
opt out of participating at any time with no repercussion or consequences to them. All participants signed a consent form acknowledging that they were informed of the purpose of the research, their personal rights, agreement to be interviewed and that the interview would be tape-recorded. Participants were provided with a copy of their consent form for their records. It was clearly stated there was no commitment required and if they chose to participate, their identity would be strictly confidential.

Besides a tape recorder, no other instruments or equipment were used. Participants were informed at the beginning of the interview that the tape recorder would be turned off if it appeared they were experiencing any kind of discomfort or if they asked for it to be turned off. The researchers took detailed notes during the interview. A questionnaire, consisting of nineteen culturally aware prompts pertaining to demographic information and cultural issues that influence the usage of mental health services among Latinos, was also utilized to ensure all contributors were asked the same questioned and in exactly the same order and notes could be jotted as well. At the beginning of interviewing and taping, consent was verbally contracted. The researcher would periodically check in with participants to gage their emotional and mental comfort level. To ensure confidentiality, participants were randomly assigned a numerical identification number that was then placed on all forms, questionnaire and audio recordings.

**Data Analysis**

Once all interviews were concluded, the researcher transformed the audio recording into written format to allow data to be analyzed. In order to better understand the view of mental health providers relating to cultural issues and mental health services,
the researcher looked for common themes and distinctions between the interviews and analyzed common attitudes, beliefs and or feelings that emerged. This content analysis involved examining both manifest and latent themes.
Chapter 4

INTERPRETATION OF RESULTS

This chapter centers on the cultural factors that influence the utilizations of mental health services among Latinos derived from themes from the views of the mental health professionals. The information is from 10 interviews with mental health providers working in different health agencies in the Yuba-Sutter area in California. The researchers used an outline questionnaire as a guide to interview participants in this study (see appendix B). There were 19 questions addressed ranging from demographics to personal perceptions of cultural factors such as cultural values, family perceptions, coping strategies, linguistic and cultural competency. As participants responded to the interview questions, they used their knowledge, understanding and personal experience in working with the Latino clients.

Demographics

Six questions were asked to establish demographic information about the participants. The characteristics are discussed in general format below. In terms of gender, seven identified themselves as females and three as male. In terms of race, six were identified as Caucasian, one East Indian, one as Latino, and one as Portuguese-Italian American. Only three participants identified themselves as speaking Spanish; while 5 said they spoke no other languages but English, one spoke Hindi, one Russian, and one some French. In terms of identifying themselves as bicultural, it was evenly split with 5 saying they were bicultural and five not. Participants’ job titles varied within the mental health field ranging from two jail crisis intervention counselors, four psychiatric
emergency crisis counselors, two mental health workers, and two licensed therapists. Also, the years of professional experience also varied among participants. These ranged from one with 15 years, three with 10 years, one with seven years, one with six years, one with five years, one with four, one with three and a half years and one with two years. Below is a very brief description of each participant.

Suzy, a Caucasian female with 10 years of experience working in mental health services, has a master’s degree in social work.

Colette, also a Caucasian mono lingual female, has been working in the mental health field for two years and provides services to the Latino population. She holds an undergraduate degree in Psychology.

Darrel, a Caucasian male of Irish decent, speaks Russian and has been providing services in the mental health field for six years. Darrell is a former police officer.

Josh, also a Caucasian male, has an undergraduate degree in pre-medicine and is not fluent in another language and has worked fifteen years in the mental health field.

Pam is an East Indian female in the early mid-thirties and is fluent in Hindi language and considers herself bicultural. She has been providing services in the mental health field for three and a half years and holds a master’s degree in social work.

Talia, a licensed psychiatric technician, is a Caucasian female who is mono lingual and has been providing mental health services to the Latino population for seven years.
Jean, who has four years of experience providing mental health services to the Latino population, is a Latina female who is fluent in Spanish and holds a bachelor degree in Social Work.

Jessica, a Caucasian female that does not identify as bicultural and is not fluent in any other language, holds an undergraduate degree in Psychology and has been providing services to the mental health field for ten years. She has attended yearly cultural competency training.

Paul is a Latino male in his late twenties who speaks Spanish and has an undergraduate degree in Psychology. He has been providing mental health services for the past five years.

Teal, a mono lingual Portuguese-Italian American female, has been working in the mental health field for ten years, which includes serving the Latino population and has a Master’s in Criminal Justice.

Some of the themes that emerged from the respondents’ perceptions in regard to cultural factors that impact the usage of mental health services among Latinos were: the importance of education in regard to cultural awareness and acculturation; ways Latinos utilize to manage their mental health matters which include religion, substance abuse and family privacy; and cultural competency. This chapter will include quotes from the interviews discussing such themes.

_The Importance of Education_

A preferred level of practice for a culturally competent professional is bicultural and/or multicultural position. It is essential that a contributor is educated about his/her
own customs as well as other cultures of clients that he/she provides services to so as to identify differences, comprehend what they signifies, and links those variances to achieve a strong and successful transmission of data and services (Kagawa-Singer & Kassim-Laka, 2003). All participants explained and stressed the importance of being educated to better serve the population. All participants stressed that even entry-level positions require at least an undergraduate degree to be able to serve the community since it is a sensitive topic and cases vary from anxiety issues with homelessness or substance abuse to crisis situations.

*Cultural Awareness*

Studies have shown that there is a large disapproval for mental health professionals’ lack of knowledge and understanding of Latino’s diverse nationalities, coping strategies, and language and how this culture aspect of mental health services among Latinos using mental health services (Smith & Monilla, 2006). Latinos exhibit significant diversity, not only with in regard to socioeconomic rank and other demographic traits (Smith & Monilla, 2006), but also with respect to exact cultural fundamentals historically entrenched in their individual nationalities.

Jean, who is fluent in Spanish, stated that she was a bit naïve in the diversity of Latinos not all being “Mexican” and that they spoke the same language but vary in their norm or cultural beliefs. Suzy said, “I grew up in an all Caucasian community and nothing other than a Caucasian Community.” She was frank about her awareness to the Latino culture was all attributed to her education and interactions with minorities once she left her community where she grew up. Talia also acknowledged her lack of
understanding of the Latino culture but said she has a general understanding from her training and interaction she has received via her employer. However, being a Latin mental health professional does have an advantage point. Paul stated that as a Latino he was able to educate other staff on cultural norms of the Latino community. He made it clear to his co-workers that he is more than willing to help translate if needed to both parties rendering any fears or misunderstandings that could possibly occur.

It was also reported by the interviewers that it is important to understand the role of the patient within the family, but more importantly to understand the dynamics of family within the Latino culture. Josh said, “Clients cope with stressors by utilizing family support. Latino families do support their loved ones in a time of need to deal with mental health issues.”

Jean said:

As a Latina myself, besides support from a religious group or priest, Latino clients rely heavily on family. It is ingrained in our culture to respect our elders. As the youngest of 4, I witnessed firsthand the family dynamics of the importance of respecting elders, assisting them, helping out the family as a member of the family and extended family being present as well. It’s important to know how the client defines family. Most Latino families include, tio/as [uncles], primos/primas [cousins], abuelo/as [grandparents], friends, close neighbors and so on. There’s something about the relative status that I don’t think is emphasized enough when treating Latinos.
Darrell brought on an interesting point when Latino families deal with mental health issues. He touched on the subject as he referred to as ‘machismo’ where the male is the head of the household and nothing is to be done without his approve. He said, “You respect the hierarchy of the family, mainly the males.” Paul also added that, as a Latino himself, it was always stressed to take care of the family financially. He said, “Ideals of family first is the core to any Latino family and respecting seniors. It is hard to seek out services when there is a lot of pressure to be the man of the family.”

Suzy’s impression of how Latino’s cope with mental health issues also expressed the importance of the family unit. She felt this applied more to the older generations, which she stated did not use mental health services due to the stigma or taboo that mental health illness has. However, Jessica stated that even with such stigma attached to mental health, that when a loved one is in crisis they seek out services for the wellbeing of the person. She said, “Families are willing to try western medicine if their beliefs or religion are not meeting their needs.”

Families are willing to try western medicine if their beliefs or religion are not meeting their needs (Tervalon, 1997). Negotiations can take place in a surrounding of respect rather than anger and miscommunication when mental health professionals and the patient have some understanding of each other’s awareness (Airhihenbawa, 1995). To have an effective cross-cultural interaction, clinicians must integrate multiple cultures in their encounters: their own culture also that of the client, family, and the health care organization’s culture (Kagawa-Singer & Kassim-Laka, 2003). Fadimen (1997) states that culturally competent standards describes a sets procedures that allows a providers, in
a culturally conflicting encounter, to respectfully draw from the client and family the facts required to make an accurate diagnosis and establish mutually agreed upon goals for services.

*Acculturation*

It is stated by Elaine LaVina and Amado Padello (1980) that the use of mental health treatment by Latinos is associated with their knowledge about services and their level of acculturation. The lack of knowing English or high levels of acculturation sometimes keep the familiar and controllable seem an unfamiliar world (Miranda, Bilot, Peluso, Berman, & Van Meek, 2006). Paul said, “We have to remember that every day there are people migrating to the US and are unfamiliar with, not only the language, but what services they are entitled to because some are here illegally and fear legal repercussion if they were to seek out any.”

Family is undeniably one of the most important values in the Latino culture. Some of the interviewees stated that second and third generations of American-born Latinos support their families in the utilization of mental health services; however, those recently immigrated Latinos living in the country do not support their family member in this endeavor. According to Colette, “most Latinos see mental health as a taboo, but for those that are educated in the services that mental health offers and that of patient confidentiality, then allows the client to educate other family member. However, three participants reported that because of the stigma, shame and/or embarrassment that accompany discussion of mental health issues outside the family, Latinos with limited or no knowledge of mental health issues do not obtain much family support. Jean, a first
generation Mexican American, spoke first hand of how the patriarch of the family does not seek out mental health service, as it is not a practice customary in the Mexico. She added:

Older generations of Latinos not born in the U.S. have a negative suspicious attitude towards therapy and will not be supportive. And when receiving treatment, families are mostly reluctant to participate in the treatment process. Husbands or fathers stay as far away from the office if their child or wife is getting services.

However, Talia said:

Families at times do not support mental health services as it is connected to stigmas. But once they have received services, they are more likely to come if they were treated with dignity and answered any questions to demystify the taboos. They are every united even with extended family and that is nice to see even when they only have one another here in the states.

Methods Latinos Utilize to Manage Mental Health Issues

Some participants acknowledged the challenges Latino’s have when coping with mental health issues. Participants found Latinos internalize mental health issues through various ways because of the ‘old generation’ way of thinking and instead deal with their issues in the following ways: family privacy, substance abuse, and religion as a way to avoid shame and/or embarrassment.
Family Privacy

Latinos are very private when it comes to discussing mental health issues outside the family (Altarriba & Bauer, 1998; Frevet & Miranda, 1998; Madsen, 1964). They focus more on family loyalty and observe mental health issues as factors that are personal (Antshal, 2002). Teal reported that clients could be standoffish when they want to deal with it [mental health issues] with their family first. She said, “They don’t want to ask for help as it may be seen as a weakness among peers, friends and families. And if they do seek services their family and community might see them as they have changed or weak for seeking outside aid.” Jean also added that while growing up she learned quickly that “you do not share family information with others, families deal with matters internally and do not involve others.” Paul also stated, “When I do assess a client there is resistance in the beginning as it is customary not to share family dilemmas. I have to constantly remind clients of patient confidentiality so to ensure them that our conversations, to a point, are kept between us.” Three other participants agreed that because Latino families are so tight knitted that they tend to be reserved and still see mental health as a stigma overall. For trust to be created, mental health professionals need to be aware and acknowledge the cultural differences and build trust between the consumers (Dana et al., 1992).

Religion

Another important factor in the coping mechanism of Latinos is the important role of religion plays in their lives. In too many instances Latinos prefer to seek help for their mental health problems from religious organizations (Altarriba & Bauer, 1998; Frevet &
Miranda, 1998). In this study, participants recognized that religion strongly influences the use of mental health services utilization. Individuals who approve religious or mystical ideals causes of mental illness are less prone to seek out mental health services (Alvidrez 1999).

Teal stated:

When the family is old fashioned and believes whole-heartedly in their higher power they are likely not going to seek out services. When clients seek out services, we encourage clients to form their support groups in time of need. The Latino population largely identifies with religious figures.

Colette also added:

Everyone copes in their own way based on their up bring, religion and education. As a western culture, we always try to cure ourselves with a pill. But I have seen Latinos are very family oriented and use their religious beliefs as coping mechanisms. They are more likely to look at their faith to help them get through the mental illness.

A rather important observation is made by Jean who stated that religion is a support for new comers to the US since it allows them to still feel a part of their community in a foreign country. She gave an example from her own life of that her mother who attends mass more than once a week and has sought out counseling from her pastor. Paul said that it is important for providers to work alongside these well rooted beliefs to have services be successful for client in a context they are familiar with.
Substance Abuse

Paul said that it is important for providers to work alongside these well rooted beliefs to have services be successful for client in a context they are familiar with. However, an increase in acculturation exposes people, socially and ecologically, to the risk of alcohol and drugs abuse, which tends to be a way to cope or potentially leads to mental health issues (Antshal 2002).

Paul states:

As a man it would be okay for me to drown by sorrows with alcohol because that is socially acceptable. That is how in the Latino culture you self-medicate and it has been reflected that way in the music and movies. Also, as it is in many cultures not only Latinos men who do not verbalize their emotions.

Jessica added:

Like any other culture, not just necessarily Latinos, substances are used to deal with emotion rather than confront them. Sometimes it is hard to seek out services or even knowing where to start. It’s sad, but access to substances are sometime more relatively available.

Teal also reported that clients are self-medicating to help deal with issues prior to reaching out to mental health services. She states that older Latino males do abuse substances to minimize their problems and alcohol use primary. Darrel observed that predominately Latino males do not seek out help and instead deal with the issues in their cultural norms causing an increase in substance abuse.
**Cultural Competency**

When interviewing the participants, factors such as training, knowledge of competency and employment of diverse staff were discussed pertaining to cultural competency. Teal expressed her opinion that there are few staff that reflect that of the Latino population served; however she noted that the cultural competency training she received in her education has been better an integral on how to approximately interact with the consumer and offer them services to suit their needs. A topic that arose was the absence of procedure and application of the policy pertaining to cultural competency. Jessica said that she has attended yearly cultural competency training and stressed the importance of continual education not only for employees but community members to inform of services provided at local mental health.

On the national level, the Office of Minority Health stated that in 2001 the need for superior training, and high-quality research as a way to connect the gaps among Latinos. Another factor that affects cultural competency is the absence of staffing and preservation of Latino bilingual and/or bicultural providers. Paul said that there can always be more Latinos represented in the staff of mental health facilities, but spoke to the importance of young Latinos getting educated to fill those positions. He said although non-Latinos do provide excellent services thanks to cultural competency training; however, services provided by a member of the same community as the client allows for adequate services with the same perspective. Jean, who is Latina, felt privileged to be able to provide services to her community in their native language. She has seen that
there are providers who are Latinos and speak the language, but there are many more service providers who are only English speaking.

Participants expressed the lack of applicants and the overall under-representation of Latino professionals in the mental health field. Darrel said that even with a mixed array of staff there aren’t enough Latinos in certain departments of the mental health service to serve the Latino population. This entails not only having services and staff that are culturally sensitive/competent but also culturally knowledgeable, recognizing cultures, values, beliefs, and traditions.

Summary

In this chapter, the data from the study were discussed. Three main themes were identified and discussed in-depth. Chapter 5 is an explanation of the conclusions and recommendations. The limitations of this study and implications for social work practice and policy are also reviewed.
Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

This final chapter focuses on summing up the findings from this study which include a discussion on the emergent themes on the importance of education, the means Latinos use to manage with mental health issues and cultural competency. It will also focus on future recommendations; discuss the limitations of this study and the implications for social work practice.

Conclusion

It is essential for mental health professionals to be informed, educated and to explore the Latino culture and how it affects the utilizations of mental health treatment among this group. Professionals need to evaluate the level of the Latino client’s acculturation because this affects whether and how they look for services and it impacts how the services are provided to them.

The main themes identified in this study were: 1) the importance of education 2) the means Latinos utilize to cope with mental health issues, and 3) cultural competency.

In terms of education, the professionals in this study agree that cultural awareness is an important area to be explored and understood. Cultural awareness allows the professionals to notice the immense similarities and differences that exist in many of the Latino cultures. Understanding the levels of acculturation among the different Latino generations and how this affects the utilizations of mental health services is essential for effective social work practice. More importantly, this study found that mental health professionals must be aware of coping mechanism used by Latinos so that they
understand that Latinos view privacy as high factor affecting their willingness to participate in such services. It is very important to understand family dynamics because each member seems to have a specific role, and professionals need to be aware of how each role affects how they treat a Latino client.

Also identified as a coping mechanism is the importance of religion and how respecting this is vital for a professional working with Latinos deal with mental illness. Acknowledging how vital religion is to the Latino client will help in the development of a therapeutic relationship. Consumptions of alcohol or other drugs were also shown as a mechanism to deal with mental illness in this culture. Greater acculturation exposes people socially and naturally at risk of alcohol and substance abuse. This self-medication through alcohol and drugs then decreases the use of using a mental health professional as a way of dealing with such mental health issues (Antshel 2002).

In terms of cultural competency, participants recommended the necessity for bilingual or Latino staff in order to serve this population in the language of their preference. Using such staff will eliminate interpreters that sometimes can’t adequately interpret culturally. The findings also showed the necessity of staff becoming culturally knowledgeable in order to understand Latinos in their practice. Furthermore, it is important for mental health staff to be open to different therapeutic approaches that are not just based on western mentality or approach.

This study is meant to help social workers and other mental health professionals improve their insight into the mental health services they provide to Latinos. In order to do this it is essential that professionals to explore their own cultural knowledge and
experiences in relations to cultural factors that influence the application of mental health services among Latinos and evaluate their professional self.

Some mental health professionals who work with the Latino population have an extensive knowledge that is beneficial to the mental health field. Assessing clients’ cultural and social characteristics to measure their ability and willingness to receive mental health services is critical. The themes identified in these interviews just give an insight to some of the general factors that are recognized in the U.S. Surgeon General’s Report from 1999 and the Office of Minority Health report from 2010. Clearly, the areas of social awareness and cultural competency are being discussed nationwide.

**Recommendations**

Based on the findings of this study, recommendations can be made to future researchers, professionals, mental health agencies and Latino clients. The researcher’s recommendations are described below.

*Future Researchers*

By the year 2050, the Latino population will reach 97 million showing the need for social work to continue to provide treatment (DHS, 2001). Existing research illustrates the correlation between usage of mental health treatment and the Latino populace (Guarnaccio et al., 2007; Manolas, 2008). There is lack of research that explores or details how mental health professionals’ perceive cultural issues that caused Latinos to seek out mental health treatment within the lens of their culture. Exploring such factors may give insight on their habit and deliver accurate mental services to appropriately provide treatment to Latinos. Practitioners bring a wealth of knowledge and
understanding of the mental health profession and it is recommended by this author to interview more professionals about cultural factors in a grander scale.

Because of this project and its findings, the research recommends increased understanding, competency and knowledge of cultures within the Latino community. This includes religion and its role in mental health challenges. Latino is not one culture on its own, but rather a large diversity of cultures that share commonalities and differences within language, cultures, traditions, values, beliefs, and even perceptions of the mental health field. It is also important to learn and understand family dynamics and the role each individual in the family plays. Mental health professionals should explore and understand how Latinos define family and how they encompass the extended family as well.

The participants in this research plus the literature suggest that knowledge and understanding and learning all these factors are important in the development of a strong therapeutic relationship (Altarriba & Bauer, 1998; Alvidrez, 1999; Antshal, 2002; Frevet & Miranda, 1998; Keefe, 1979; Sabogal et al., 1987). It is also of high importance to be aware of how third or future generations view mental health services because research has shown that such generations have more knowledge because of much better acculturation. Low acculturation rates impede service utilization, mainly for recent immigrants (LaVina & Padello, 1980). As Latinos become more acculturated in the U.S., the usage of services corresponds with those of the Latino populace (DHS, 2001).

The researcher also recommends that mental health professionals take the opportunity to ask appropriate questions showing interest in the Latino culture and give
the role the importance that it plays in the mental health services. Such information can be helpful because it provides the chance to learn about their culture, ways of coping such as drug abuse and the importance that family, language and religion places within the context of mental health. Showing such interest about the culture can be potentially valued by the Latino patients. To those professionals with limited knowledge about Latinos, it is suggested they follow the advice of Dana et al. (1992) who recommend asking questions that politely recognize cultural dissimilarities and develop crucial trust for the client to confide in the professional. They also say to consider the importance of learning Spanish, since the Latino population grows, it will be a great addition to their practice, career and professionalism.

**Latino Clients**

Latino clients also must make an effort to become more educated about mental health services in general. At the same time, professionals/providers must do their part and be educated about the Latino client’s culture and the importance it plays in the field. The researcher recommends having some formal education, and a curiosity about cultures, so that staff and clients become more culturally competent, knowledgeable and culturally aware of mental health services.

**Limitations**

There are several limitations of the study. First, the sample size was small even for qualitative studies. Thus, findings clearly cannot be generalized to all service providers. Secondly, this study focuses solely on the perceptions, experiences and knowledge of the mental health professionals which means it is subjective. No surveys or
standardized measures were used to assess cultural competencies. Also, the study focused only on professional perceptions and did not interview Latinos who might utilize mental health services and provided information regarding barriers to service utilization. The data collected from the interviews were transcribed and interpreted by the researcher and it may have resulted in bias interpretations.

**Conclusion**

The researcher believes that mental health professionals and social workers can use the information from this research to gain knowledge about Latino culture, strengthen their skills or add new ones. This information can serve as a guide to implement additional services to meet the needs of their Latino clients’. Furthermore, agencies can research theories or approaches that may work well with Latinos and add bilingual or Latino personnel to their staff to accommodate the need for bilingual services.

The goal of this study was to describe the views of mental health professionals relating to cultural factors that influence the usage of mental health services among Latinos. The participants in this study acknowledged the need to be more educated about Latino client’s culture and also realizing that the Latino client lacks knowledge about mental health services. The study allowed the participants to reflect on their own experiences in regards to interacting with the Latino population. It also demonstrated that there needs to be more research performed to include cultural factors that may or may not influence the utilization of the services to this population.

Latinos have previously adapted to the western ideologies with respect to language, culture and customs and will continue to adapt. Since it is unlikely that mental
health services will change overnight to meet the needs of Latinos, it is important that research identifies the cultural factors that are influencing Latinos in the purpose of mental health services. Such research will encourage Latinos to seek and be provided with culturally appropriate treatment.
Appendix A

Consent to Participate

You are being asked to participate in a research project, which will be conducted by Georgina Vallejo; a graduate student of the Division of Social Work at California State University, Sacramento. The purpose of this study is to explore the level of Latino cultural awareness of mental health practitioners particularly those that are highly likely to provide services to a consumer of the Latino community.

Please review consent form and if you choose to sign you are acknowledging your agreement to an audio taped interview. Once consent is signed the researcher will be setting up an interview date, location of participant’s choice. During the audio recorded interview a questionnaire will be utilized to ask a range of questions from basic demographics to questions about your insight to Latino cultural awareness in the mental health field. Data collected in a one-on-one interview will be audio recorded. Duration of interview tentatively to be 15-45 minutes, interview to be conducted on participant’s free time---so as not to interfere with work schedule.

The information collected may not benefit you directly, but what is learned from this study should provide general benefits to social service providers, civic leaders, and future researchers. This information may be useful in providing more effective mental health treatment, by providers, when interacting with the Latino population first hand.

All information will be kept confidential and every effort will be made to protect your anonymity. Consent forms, questionnaires and audio recordings will be kept in a locked file cabinet at the researcher’s residence in a locked safe. All gathered materials
will be shredded six (6) months after being collected. The research project is strictly voluntary based and anonymity will be kept by assigning participants randomly chosen numerical identification that will be placed on all materials.

If you have any questions about this research project, please ask now. If you have any questions at a later time, you may contact Georgina Vallejo, MSW II at (XXX) XXX-4436 or by E-mail at g.XXXXXXX@XXXX.com. You may also contact this researcher’s project advisor, Dr. O'Keefe, Maura at (916) 278-7067 or by E-mail at okeefem@csus.edu.

Your participation is entirely voluntary. You may decide to decline to participate. You may also change your mind and discontinue participating in the research at any time without any consequences. You can elect not to answer any specific question during the interview. If you experience any psychological discomfort, at any time, during the interview and need assistance at that time or any time after completing the research, you may call Sutter-Yuba Crisis/Warm-line at (530) 673-8255 or Sacramento Mental Health Crisis Intervention 24-hour Hotline: (916) 732-3637.

Your signature or initials indicates that you have read and agree to participate in a onetime face-to-face audio taped interview.

___________________________                              ________________________
Signature of Participant                          Date
Appendix B

Questionnaire

Demographics

1. What is your gender?
   Male or female

2. What is your race/ethnic background?
   a. White not Hispanic
   b. Asian or Pacific Islander
   c. Black not Hispanic
   d. Filipino
   e. Hispanic
   f. American Indian/Alaskan Native
   g. Other: __________________________

3. Are you fluent in any other language?

4. Would you consider yourself bicultural?
   a. Definition of bicultural: a person identifying with two or more culture not
      necessarily two or more languages.

5. How long have you provided mental health services in the mental health field?

6. Have you provided or currently provide mental health services to the Latino
   population?
   a. Services being: case management, counseling/group, triage and/or
      assessment (minor/adults).

Personal View

7. What is your impression of how Latinos cope with issues prior to receiving
   mental health?

8. What are some perceptions of mental health that Latino clients bring with them
   when receiving such services? Do these change throughout treatment?

9. Do you believe Latino clients have support from their families to utilize mental
   health? Please explain.
Practice

10. Do you believe that your ethnic identification impacts your role as a provider/clinician/administrator?
11. How does your ethnic identification help you in working with consumers?
12. Has your ethnic identification limit your work with consumers?
   a. If so, please explain?
13. How do you feel consumers respond to a bilingual staff that is not of their ethnicity?
14. How do personal and cultural values influence treatment within underserved consumers?
15. Have you receive cultural competency training at your current job position?
16. If so, did you learn new information that could better help you interact with the Latino community?
17. In your opinion is cultural diversity important?
18. Do you believe that your ethnicity determines what consumers are assigned to you?
19. Is there active recruitment for ethnically diverse clinicians/staff?
Appendix C

Human Subjects Review Approval Letter

TO: Georgina Vallejo

FROM: Committee for the Protection of Human Subjects

RE: YOUR RECENT HUMAN SUBJECTS APPLICATION

We are writing on behalf of the Committee for the Protection of Human Subjects from the Division of Social Work. Your proposed study, “Latino Cultural Competency in the Mental Health Field.”

__X__ approved as _____ EXEMPT    ___ NO RISK    __X__ MINIMAL RISK.

Your human subjects approval number is: 12-13-009. Please use this number in all official correspondence and written materials relative to your study. Your approval expires one year from this date. Approval carries with it that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

The committee wishes you the best in your research.


Cc: O’Keefe
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