PERCEPTIONS OF MENTAL HEALTH PROFESSIONALS PERTAINING TO CULTURAL FACTORS THAT INFLUENCE THE UTILIZATION OF MENTAL HEALTH SERVICES AMONG LATINOS

Raul A. Galvez
B.A., California State University, Sacramento, 2008
M.S., California State University, Sacramento, 2004

Tanaya Silva
B.A., California State University, Long Beach, 2006

PROJECT

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF SOCIAL WORK

at

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

SPRING
2010
PERCEPTIONS OF MENTAL HEALTH PROFESSIONALS PERTAINING TO CULTURAL FACTORS THAT INFLUENCE THE UTILIZATION OF MENTAL HEALTH SERVICES AMONG LATINOS

A Project

by

Raul A. Galvez

Tanaya Silva

Approved by:

______________________, Committee Chair
Maria Dinis, Ph.D., M.S.W.

______________________
Date
Raul A. Galvez
Students: Tanaya Silva

I certify that these students have met the requirements for format contained in the University format manual, and that this project is suitable for shelving in the Library and credit is to be awarded for the project.

__________________________________________, Graduate Coordinator
Teiahsha Bankhead, Ph.D., L.C.S.W.  

Date

Division of Social Work
Abstract

of

PERCEPTIONS OF MENTAL HEALTH PROFESSIONALS PERTAINING TO CULTURAL FACTORS THAT INFLUENCE THE UTILIZATION OF MENTAL HEALTH SERVICES AMONG LATINOS

by

Raul A. Galvez
Tanaya Silva

Cultural factors continue to be unstudied by researchers creating a cultural gap between mental health professionals and the Latino clients they serve. This descriptive-qualitative content analysis study examines, from a mental health professional perception, the influence cultural factors have in the utilization of mental health services among Latinos. After interviewing ten participants from a snowball sampling design, three themes emerged: 1) education, with reference to cultural awareness and acculturation; 2) means Latinos use to cope with mental health issues, which include privacy, religion and substance abuse; and 3) accommodations for better services, which center around bilingual services and staff and cultural knowledge; linguistic and culturally appropriate interpreters; and implementation of different therapeutic interventions/strategies.
Implications for social work practice and policy and the need for future research are discussed.

__________________________, Committee Chair
Maria Dinis, Ph.D., M.S.W.

__________________________
Date
ACKNOWLEDGMENTS

We want to thank the study participants, who allowed us insight to their professional use of self, beliefs, values and experiences within the field of mental health. Their candid answers provided a wealth of information for this study.

We want to thank our thesis advisor, Maria Dinis, Ph.D., MSW, for her expertise and guidance. Her relentless approach to advising us was very fitting and appreciated.

I, Raul A. Galvez, would like to acknowledge and thank my thesis partner for her support, work, dedication and commitment in the development of this project.

I want to thank my mother, Toni, for teaching me the value of an education at a young age, and for her unconditional love, support, care and guidance throughout my life.

I, Tanaya Silva, want to thank my thesis partner for his dedication and unyielding efforts in the development of this project. I am grateful that our partnership was a success.

I want to thank my friends for their encouragement during this process. I also want to acknowledge the strong women (teachers, leaders, friends, cousins, aunts, grandmothers and my mother) for providing me with comfort and strength throughout my life.

I want to thank my family, Tori, Cochise, Seneca and my nephews and niece, Seneca, Jr., Emiliano, Jr., Giovanni, Xavier, and Kiaya for their understanding and
support as I pursued my educational goals. Thank you for helping and motivating me to pursue my dreams.
TABLE OF CONTENTS

Page

Acknowledgments........................................................................................................ vi

Chapter

1. THE PROBLEM ........................................................................................................ 1
   Introduction ........................................................................................................... 1
   Statement of Collaboration .............................................................................. 3
   Background of the Problem ............................................................................. 3
   Statement of the Research Problem .............................................................. 5
   Purpose of the Study ......................................................................................... 6
   Research Question ........................................................................................ 8
   Theoretical Framework .................................................................................. 8
   Definition of Terms ....................................................................................... 11
   Assumptions .................................................................................................. 14
   Justification .................................................................................................... 14
   Delimitations .................................................................................................. 16
   Summary ......................................................................................................... 17

2. REVIEW OF THE LITERATURE ......................................................................... 19
   Introduction ................................................................................................... 19
   History of Underutilization of Mental Health Services Among Latinos .......... 19
   Acculturation .................................................................................................. 22
Means Latinos Use to Cope with Mental Health Issues ...........................................69
Accommodations for Better Services .........................................................................72
Summary .....................................................................................................................83

5. CONCLUSIONS AND RECOMMENDATIONS .........................................................84
   Introduction .............................................................................................................84
   Conclusions ............................................................................................................84
   Recommendations ................................................................................................87
   Future Researchers ...............................................................................................87
   Mental Health Professionals .................................................................................88
   Mental Health Providers/Agencies .......................................................................91
   Latino Clients .........................................................................................................93
   Limitations .............................................................................................................94
   Implications for Social Work Practice and Policy ..............................................94
   Conclusion .............................................................................................................96

Appendix A. Interview Questions .............................................................................100
Appendix B. Consent to Participate ..........................................................................102
References ..............................................................................................................105
Chapter 1
THE PROBLEM

Introduction

The cultural factors that influence the utilization of mental health services among Latinos is the problem the researchers will focus on in this study. The development of this research came about through the authors’ experiences in working predominantly with Latinos at a mental health agency that provides bilingual services. They have perceived that most of the Latino clients prefer to receive mental health services within the context of their culture. When given the option, Latinos appear to prefer to receive services in their primary language, Spanish. When support groups were offered in English, Spanish and Hmong, the Spanish speaking groups were always at its capacity.

The researchers realized the Latino clients appeared more comfortable and interactive with one another in a setting with whom they shared a similar cultural background and where professionals appeared more culturally competent. Through these observations, the researchers’ intellectual curiosity was stirred and ideas and opinions were generated about the cultural factors that influence the utilization of mental health services among Latinos.

Since Latinos have become the second largest population in the United States and the largest population of Latinos in California (Gonzalez & Gonzalez-Ramos, 2005), mental health professionals must be able to accommodate their needs to effectively provide services. Currently this population is composed of 35.3 million (U.S. Department
of Health and Human Services [DHHS], 2001). The field of social work will need to prepare to continue providing services to the Latino populations that will reach 97 million by the year 2050 (DHHS, 2001). These statistics suggest a need to focus on this population and their needs in the mental health system.

Researchers found that mental health providers appear in need of gaining greater awareness of cultural factors that influence the utilization of such services among Latinos. In some instances many Latinos who seek help from mental health facilities are at times misunderstood because of an institutional failure to appreciate cultural differences (Martin, 1979). “Unequal Treatment,”—a study report by the Institute of Medicine (2002), shows there is a lack of understanding of other cultures and in their view of psychotherapy in mental health services. Findings demonstrated the need to educate health and mental health care professionals about delivery of services to patients of different cultures in the United States.

Clinicians and service systems, naturally immersed in their own cultures, have been ill-equipped to meet the needs of patients from different backgrounds and, in some cases, have displayed bias in the delivery of care (DHHS, 2001). When these issues are not explored, appreciated, understood and communicated, patient dissatisfaction, poor adherence and poor outcomes are the end results. Literature discussed significant findings of cultural factors that influence the utilization of mental health services among Latinos (Alvidrez, 1999; Antshel, 2002; Breaux & Ryujin, 1999; Chandler, 1979; Gaciria & Stern, 1980; Gonzalez & Gonsalez-Ramos, 2005; Kanel, 2002; Levine & Padilla, 1980;
Malgady & Zayas, 2001; Manoleas, 2008; Miranda, Bilot, Peluso, Berman, & Meek, 2006; Narikiyo & Kameoka, 1992; Snowden & Cheung, 1990; Weech-Maldonado, Morales, Elliott, Spritzer, Marshall, & Hays, 2003). Researches want to know if the proposed cultural factors are indeed what mental health professionals perceive as factors that influence the utilization of mental services among Latinos. Gaining insight to the mental health professionals’ views on cultural factors and mental health services may shed some light on their practice and how to provide more effective mental health services to better meet the treatment needs of Latinos.

Statement of Collaboration

This project has been a collaborative effort by Raul Galvez and Tanaya Silva who equally shared the responsibilities to produce this project. Both collaborators were responsible for reviewing the literature of the project. All chapters were written in a collaborative manner. Tanaya Silva was responsible for writing chapters one and three while, Raul Galvez was responsible for writing chapter two. Both collaborators interviewed five mental health professionals each and collected and analyzed the data gathered for the project collaboratively. Raul Galvez and Tanaya Silva worked together to write chapters four and five.

Background of the Problem

In the second half of the 20th century large movements of people from Latin America and Asia came to the United States. These new arrivals have created a variety of cultural communities. Many of these new immigrants continue to have strong ties with
their home communities and countries and have maintained language and culture in ways quite different from the earlier immigrants. These developments have posed multifaceted challenges to examining their relationship to mental health problems and the need for mental health services (DHHS, 2001).

In the mental health field, a rapidly growing area of research has been to examine the impact of acculturation on mental health outcomes for these newly arrived groups and individuals. One challenge to the mental health care system is serving large numbers of new immigrants who speak a different language (Guarnaccia, Pincay, Alegría, Shrout, Lewis-Fernández, & Canino, 2007).

Other disparities in Latino utilization of mental health services have been documented for years. Among Latinos with a mental disorder, one in 11 contacts with a mental health specialist were made, whereas for Latino immigrants, one in 20 contacts with a mental health specialist were made (DHHS, 1999). Gurin, Veroff, and Feld (1960) said that Latinos who did seek help for feelings of impending nervous breakdowns, two-fifths saw clergy, one-third saw a physician and one-third sought services form mental health/social agency.

Moreover, in 1997, the Mental Health Association in Los Angeles found that the language of greatest need (40.7%) for bilingual workers was Spanish (Kanel, 2002). According to the Department of Health and Human Services (2001), 42 Latino Mental Health professionals provided for 100,000 Latinos compared to 328 non-Latino white providers per 100,000 Latinos. Padilla (1989) suggested that, in general, Spanish-
speaking clients tend to underutilize existing services because they are unfamiliar with overall function and role of the mental health system. Additionally, they often receive less attention and inappropriate care because of the lack of understanding on the part of mental health professionals. A number of factors such as stigma, lack of culturally competent providers, and linguistic inaccessibility have contributed to this underutilization (Manoleas, 2008).

This is evidence that shows the importance to explore this topic. Therefore, the purpose of the study is to describe the perceptions of mental health professionals’ and examine the services and factors that influence the utilization of mental health services among Latinos focusing on cultural elements. There is existing research that illustrates the relationship between utilization of mental health services and the Latino population (DHHS, 2001; Guarnaccia et al., 2007; Kanel, 2002; Manoleas, 2008); however, not much research has explained what mental health professionals’ state about the factors that lead Latinos to seek out mental health services within the lenses of their culture.

Statement of the Research Problem

An essential factor that has, for a long period of time, impacted access to mental health services for the Latino population, is addressing the issue of language barriers (Levine & Padilla, 1980). However, Levine and Padilla (1980) add that language is perhaps the cultural factor that has received much attention in comparison to other potential cultural factors that may impact mental health services by Latinos. Research is needed on several fronts, such as how to adapt evidence-based treatments to maximize
their appeal and effectiveness for racial and ethnic minorities, and developing cultural-based treatment or services (Kanel, 2002). Furthermore, because many ethnocultural groups, including Latinos, endorse a collectivist perspective, they are likely to cope or seek assistance from members of their own cultural group before seeking help elsewhere (Brinson & Kottler, 1995). Moreover, as the organization and delivery of health services are increasingly based on the distinct values and expectations of managed care, these health disparities may be further exacerbated by clashes with the belief systems and expectations of cultural subpopulations (Lavizzo-Mourey & Mackenzie, 1996).

Services are inadequately tailored for Latinos. In an effort for more Latino individuals with a mental health illness to collect the benefits of mental health services, mental health professionals must make an effort to identify the cultural factors that influence the utilization of mental health services among Latinos so they can continue to support them in meeting their needs. A major priority for the nation is to transform mental health services by tailoring them to meet the needs of all Americans, including racial and ethnic minorities. To be most effective, treatments always need to be individualized in the clinical setting according to each patient’s age, race, ethnicity, and culture (DHHS, 1999).

Purpose of the Study

The primary goal of this study is to explore the factors that influence the utilization of mental health services among the Latinos focusing on cultural elements. This is so that the study serves to point the way to a more refined research of the topic.
The purpose of this qualitative descriptive research study is to examine mental health professionals’ perceptions pertaining to the cultural factors that influence the utilization of services among Latinos and determine if those cultural factors identified in the literature actually influence the utilization of services according to the mental health professionals’.

The researchers interviewed 10 mental health professionals’ and listened to what they had to say about acculturation, language, coping mechanisms, family perceptions, and cultural competency. The intent of this study was to discuss cultural factors that influence the utilization of mental health services among Latinos with a population that had knowledge and experience in working with these clients. Mental health professionals are the experts in providing and addressing the needs of clients with a mental health illness. But do they know what prevents Latino clients from seeking treatment or better yet what influences the utilization of mental health services among them.

The secondary goal is to provide the audience with a more comprehensive view of the utilization of mental health services among Latinos. The research will contribute advanced knowledge to social workers, and professionals in the mental health and related professional fields in how to render adequate mental health services to the Latino population. The objective of this study is to indicate the importance to which mental health is dependent on factors influencing the utilization of mental health services.
Research Question

The study investigates the following research topic: Perceptions of mental health professionals pertaining to the cultural factors that influence the utilization of mental health services among Latinos.

Theoretical Framework

Because human experience is complex and varies widely, the authors will use the Systems Theory as a theoretical framework for mental health professionals to understand their Latino client’s behavior within the context of their culture. The researchers will explain the Systems theory followed by a description of how this theory can be applied to this research.

*Systems Theory*

This theory offers the notions that all organisms are systems, composed of subsystems, and are in turn part of super-systems (Payne, 1997) Subsystems, by definition are composed of interrelated parts or elements (Kast & Rosenzweig, 1972). For instance, the Latino culture, a super-system encompassing different elements that is interrelated (language, history, values, beliefs, and traditions—subsystems) with each other representing subsystems. This system is a multifaceted set of elements that function in mutual reciprocal relations with one another (Hudson, 2000). The advantage of this theory is that it deals with wholes, exploring the big picture, rather than just parts of human or social behavior. The elements are a result from an individual’s biological, psychological, social and emotional systems that jointly help define human behavior.
According to Payne, three types of systems exist, these systems may help mental health professionals understand their Latino client systems. Systems may be: informal (family friends), formal systems (community groups), and societal systems (hospital, schools, and mental health agencies).

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

Systems theory observes the mutual influence between social environments and the individuals therein. Systems theory is a study of multifaceted systems. Latinos and their culture is a multifaceted system in itself, especially when not understood (Greene, Jensen & Jones, 1996). In order for mental health professionals to understand their clients’ behavior and perceptions, they need to be aware of the existing systems surrounding Latinos, including the system the professional is in because the mental health practitioner is an important part of the client’s system as well.

**Application of Systems Theory**

This perspective lends itself to examining what relationships with the system are supportive, obstructive, arduous or stressful. The exploration of these relationships may provide hints as to what strengths an individual may possess that will support in their
human development and interactions. On the other hand, you can also find relationships or connections to other subsystems that are negative to the maintenance of an individual's mental health. Changes in one or more systems may in turn affect other positively or negatively.

To assess and work with human problems, professional providers need to be aware of the needs of the individuals and resources available to them. Mental health providers must become aware of how these needs are identified and met in different cultures. Because we need to understand the factors that motivate behavior in groups and organizations, and in order to understand Latino culture within the context of mental health, the writers will research factors such as language, acculturation, family perception, coping mechanisms and cultural competency in the utilization of mental health services. Understanding these cultural factors is essential for mental health professionals in the planning and implementing of effective preventive and remedial and treatment services.

Mental health professionals can use systems theory as a way of understanding how individuals are products of interpersonal situations, as well as how these situations affect them and other systems in which they interact. Mental health professionals seek to help individuals’ understand their situation, and work to help those individuals find healthy ways both to cope with their environments and to help bring about change within their own lives.
The reason for employing systems theory is so that mental health professionals can understand the dynamic interrelations between individuals, families, institutions and societies. Generally, mental health professionals want to identify how a system functions (the client), and what features of that system (cultural factors) have a negative or positive impact on clients in order to understand how they can cause change in that system.

In general, the mental health professionals and the client assess the situation and decide which systems (acculturation, family perceptions, language, coping mechanisms and cultural competency) are important elements of attention, or focus for mental health treatment/practice. Based on assessment of culture, the various systems (factors) are explored in order to solve problems of social functioning within the systems.

Systems theory offers a context of understanding human behavior, showing how public (mental health professional/providers) and private (Latino client) interact. The change agent (mental health professional and agencies) might themselves be targets for change (Payne, 1997). Mental health professionals must perceive where and what elements in the interactions between clients and their environments (systems) are causing problems for Latinos to utilize mental health services, therefore, mental health professionals must focus on such systems.

Definition of Terms

The following terms are used throughout this study and are relevant to the utilization of mental health services among Latinos within the context of culture.
Acculturation

A social and psychological change that groups and individuals experience as they enter into a new cultural context (Berry, 1980; Padilla, 1980).

Coping Mechanisms

A behavioral tool or skill, which may be used by individuals to offset or overcome adversity, disadvantage, or disability without correcting or eliminating the underlying condition (Nichols, 2001).

Culture

The sum of total of the learned behavior of a group of people that are generally considered to be the tradition of that people and are transmitted from generation to generation (Castillo, 1997).

Cultural Competency

A practical framework for addressing racial/ethnic disparities in health and health care (Castillo, 1997).

Ethnicity

Identity with or membership in a particular racial, national, or cultural group and observance of that group's customs, beliefs, and language (Tseng & Streltzer, 1997).

Family Perceptions

A way of conceiving something; in this case, the way Latino families perceives mental health services (Tseng & Streltzer, 1997).
Language

The method of human communication, either spoken or written, consisting of the use of words in a structures and conventional way (Nichols, 2001).

Latinos

Refers to people originating from, or having a heritage related to, Latin America, in recognition of the fact that this set of people is actually a superset of many nationalities (Nichols, 2001).

Mental Health

The psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment (Padilla, 1995).

Mental Health Professionals

A licensed and/or credentialed medical professional who specializes in the treatment of individuals with psychiatric, psychological, emotional or behavioral diagnoses (Padilla, 1995).

Mental Health Services

Aid in the prevention and treatment of mental illnesses (Nichols, 2001).

Mental Illness

A psychological or behavioral pattern that occurs in an individual and is thought to cause distress or disability that is not expected as part of normal development or culture (Castillo, 1997; Kleinman, 1977).
Assumptions

Because this topic may be relatively new and unstudied, the research will be applicable and practical in the field to social work as it prepares to continue providing services to the Latino populations that is growing rapidly. Several assumptions to be considered in this study include: 1) Latinos will seek mental health services for mental health problems if the mental health professional are culturally competent; 2) there are many barriers to utilize mental health services; 3) the Latino populations’ experience is diverse in their encounter with the United States culture; 4) the Latinos that have acculturated more successfully than their counterparts have better mental health; 5) mental health professionals are helpers and all people helpers are responsive and sensitive to those served; and 6) mental health professionals are the experts at addressing issues of mental health.

Justification

Rates of mental services among Latinos appear to have increased substantially over the past decade relative to the rates reported in the 1990s (Alegria, 2007). Changes have occurred within the field of mental health since its conception to accommodate and provide better services. Mental health and other social services providers are now attempting to cater new populations by developing effective services. Much research has been conducted within the fields of psychology, counseling, and social work when it comes to working with the Latino population. Yet, little of the research available shows
work solely focused on taking into account cultural factors that influence the utilization of such services among Latinos.

Mental health is one of the most important and vital social services provided in the U.S. In fact, providing adequate mental health services to the US population has been a national policy for over 20 years (Hu, Snowden, Jerrel, & Nguyen, 1991). Mental health practitioners can serve as a lifeline for clients with severe mental illness. Their role requires them to research and/or assess their clients genetically, biologically, psychologically, and socially to determine if mental health treatment would meet their client’s needs and be an efficient treatment of intervention. If the client is determined to benefit from mental health services, it is imperative the mental health provider be aware of the cultural factors that influence their clients’ decisions to seek, use and maintain mental health services. They must have an understanding of the historical and cultural constraints of the mental health service system and have the ability to accommodate their needs.

There seems to be a need to take a look at the cultural factors that influence the utilization of mental health services among the Latino population due to the growing prevalence of this population in the United States and in the mental health field and the underutilization of mental health services (Kanel, 2002). Understanding the cultural factors that affect utilization of mental health services among Latinos will help the mental health practitioner prepare for this client population and develop the necessary support system in the surrounding community. This topic may be relatively new and unstudied
but the research will be applicable and practical in the field to social work as it prepares to continue providing services to the Latino populations.

Social workers have a commitment and a mission to continually strive to increase their professional knowledge and skills and to apply them in practice. This, and according to the Social Work code of Ethics, requires them to be sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice (National Association of Social Workers [NASW], 2010). Because social workers’ primary goal is to help people in need and to address social problems, social workers must recognize that, as part of their knowledge and skills, learning about cultures is imperative for Latino clients’ well being, and for the effectiveness of practice. Social workers must recognize other cultural backgrounds, potential impact of own history on perception of others, and the impact that social policies and organizations have on their clients; so they are able to work with clients/client systems of various cultural, ethnic and racial backgrounds. Furthermore, and as a result of this, social workers can adhere to their agencies missions, organizational structures and protocols with dignity and integrity.

**Delimitations**

The study focuses solely on the perceptions of the mental health professionals. Their experiences and knowledge of cultural factors is purely subjective knowledge. Their responses are entirely based upon their own knowledge, experiences, background and views in working with the Latino population. The researchers assume that what the interviewees say is their truth. Because information is purely subjective there is no
statistical data, surveys or experiments that can be derived from it. Furthermore, only 10 participants were interviewed for this study, therefore this sample is not representative of the general population. There have been no efforts by the researchers to broaden their study to the general population. Additionally, the cultural factors identified as influencing the utilization of mental health services among Latinos does not take into accounts age, gender, socio-economic or educational backgrounds. The research is limited to only cultural influences.

Summary

Chapter 1 incorporated the introduction to the problem, background of the problem, statement of the research problem and the purpose of the study. Furthermore, it outlines the common terms used throughout this study along with their definitions to help readers make more sense of the information. Chapter 1 included sections about the theoretical framework and its application to conceptualize the problem. After the assumptions and limitations of the research were displayed, the justification and or rationale for the use of the research study were outlined. Chapter 2 is an in-depth review of available literature pertaining to the research topic with sections covering the following cultural factors that influence the utilization of mental health services among Latinos; 1) acculturation, 2) language, 3) coping mechanisms, 4) family perceptions and 5) cultural competency. Chapter 3 reviews the methodology employed and the process and procedures used to collect and analyze the data from the interviews. In Chapter 4 the
results of the data are analyzed and presented. Chapter 5 presents a summary of the findings, recommendations and implications for the social work practice.
Chapter 2

REVIEW OF THE LITERATURE

Introduction

This literature review will be organized in the following sections. First, the researchers will cover the history of underutilization of mental health services among Latinos. Second, the cultural factors identified in the research will be described in the following sections: 1) Acculturation, 2) Language, 3) Coping Mechanisms, 4) Family Perceptions, and 5) Cultural Competency. Third, the gaps in the literature will be addressed, and fourth; a summary will conclude this chapter.

History of Underutilization of Mental Health Services Among Latinos

Providing adequate mental health services to the US population has been a national policy for over 20 years (Hu et al., 1991). They add that achieving this objective requires an understanding of factors that affect utilization of mental health services, especially for minority populations. Nevertheless, among these, no cultural factors have gotten much attention. The 1978 Special Population Sub-Task Panel on Mental health of Hispanic Americans of the President’s Commission noted that some 2,000 works had been published on the mental health of the Latino population, largely since 1970 (Malgady, 1987). This goes on to state, according to Malgady, that the Panel lamented that such literature was plagued by stereotypic interpretations, weak methodological techniques, lack of replicability of findings and the absence of programmatic research. A year later, the 1979 President’s Commission on Mental health targeted Asian, Black and
Latino Americans for expanded research on the delivery and financing of mental health services and on factors affecting their utilizations (Padilla, 1980). However, Padilla adds that such research fail to mention cultural factors within the scope of delivery of services.

Research and studies about understanding the needs of this population have been conducted since the early 1970s. However, as this population continues to grow at such a rapid pace, such studies have received increasing attention during the last two decades but these do not take into consideration culture and its impact on service utilization (DHHS, 2001; Gonzalez & Gonzalez-Ramos, 2005). Necessary modifications focusing in learning more about cultural factors that lead Latinos to seek mental health services is fundamental in order to provide much better and needed services. Few studies and research focus on understanding the Latino population through the lenses of prevalent factors affecting the use of mental health services. These include language barriers, cultural competence, acculturation, access to mental health services, and overall impressions that Latino clients have about receiving mental health treatment. However, studies focusing on mental health providers’ perceptions of cultural factors and how these affect services among the Latino population are minimal (Kanel, 2002).

In the United States, there has been a long standing relationship between understanding mental health and how to provide treatment for minority populations in need of these services. Over the last four decades, little research has been conducted to explore the utilization of mental health services for the Latino population within the lens of culture (Alegria, Mulvaney-Day, Woo, Torres, Gao, & Oddo, 2007; Hu et al., 1991;
An essential factor that has, for a long period of time, impacted access to mental health services for the Latino population, is addressing the issue of language barriers (Levine & Padilla, 1980). However, they go on to state that language is perhaps the cultural factor that has received much attention in comparison to other potential cultural factors that may impact mental health services by Latinos. Researchers argue that it is critical to provide mental health services to Latino clients in their preferred language but not many researchers have explored other promising cultural factors that may affect utilization of services (Akutsu, Snowden, & Organista, 1996; Andres-Hyman, Ortiz, Anez, Paris, & Davidson, 2006; Santiago-Rivera, 1993).

Clinicians and service systems, naturally immersed in their own cultures, have been ill-equipped to meet the needs of patients from different backgrounds and, in some cases, have displayed bias in the delivery of care (DHHS, 2001). Gonzalez and Gonzales-Ramos (2005), by making use of “Unequal Treatment”—a report by the Institute of Medicine (2003), talk about findings on the necessity to educate health care professionals about delivery of services to patients of different cultures in the United States. The evidence of this study shows that there is a lack of understanding other cultures and their view of psychotherapy in mental health services. This is also a topic that has received minimal attention by researchers in the field.

A major priority for the nation is to transform mental health services by tailoring them to meet the needs of all Americans, including racial and ethnic minorities. To be
most effective, treatments always need to be individualized in the clinical setting according to each patient’s age, race, ethnicity, and culture (DHHS, 1999). DHHS goes on to state that no simple blueprint exists for how to achieve this transformation, but there are many promising courses of action for the nation to pursue. At the same time, research is needed on several fronts, such as how to adapt evidence-based treatments to maximize their appeal and effectiveness for racial and ethnic minorities, and developing cultural-based treatment or services (Kanel, 2002). While “ethnic-specific” and culturally competent service models take into account the cultures of racial and ethnic groups, including their languages, histories, traditions, beliefs, and values, these approaches to service delivery have thus far been promoted on the basis of humanistic values rather than rigorous empirical evidence. Further study may reveal how these models build an important, yet intangible, aspect of treatment: trust, rapport between patients and service providers (Comas-Diaz, 1981, 1985).

Acculturation

A factor that has an impact on the use of mental health services among Latinos, is the degree to which a client or family has acculturated to the American social norms and its views of mental health services. According to Elaine S. Levine and Amado M. Padilla (1980), mental health services by Latinos are associated with their knowledge in such services and their level of acculturation. Thus, they are more likely to use mental health services when they understand and label their problems in psychosocial terms, such as stress, anxiety and social isolation. Low acculturation rates also impede service
utilization, particularly for recent immigrants. Research has demonstrated that, as Latinos become acculturated to the United States, rates of service utilization match those of the majority ethnic group (DHHS, 2001).

Berry (1980) and Padilla (1980) describe acculturation as social and psychological changes that groups and individuals experience as they enter into a new cultural context. Rogler, Cortes, and Malgady (1991) state that acculturation is the process whereby immigrants change their behaviors and attitudes toward those of the host society. However, for many Latinos who have recently migrated to the United States, acculturation poses a difficult transition or adjustment.

Latinos low in acculturation have been recently uprooted from traditional supportive interpersonal networks in their society of origin and have not had sufficient time to reconstruct such networks in the host society. Shorn of social bonds, they also experience the strains of pervasive isolation from the cultural parameters of the host society (Miranda, Bilot, Peluso, Berman, & Meek, 2006). The strains accumulate in an unfamiliar and irregular environment that uncontrollably imposes on every day life. The absence of instrumental skills, such as knowledge of English or high levels of acculturation, keeps the unfamiliar world from becoming familiar and controllable. According to Miranda et al. (2006), this predicament lowers self-esteem and eventually, gives rise to symptomatic behaviors that often times translates to mental health issues.

On the other hand, increases in acculturation alienate people from traditional supportive primary groups. Increased acculturation also facilitates the internalization of
host-society cultural norms, among which are damaging stereotypes and prejudicial
attitudes towards Latino people (Antshel, 2002). The result of these processes is self-
depreciation and ethnic self-hatred in a weakened ego structure. Additionally, increases
in acculturation expose people, both socially and ecologically, to the risk of alcohol and
drug abuse, which potentially lead to mental health issues as well. Furthermore, Mirsky
(1991) suggests that as an immigrant adapts to a new environment and learns a new
language, there is a strong sense of loss, particularly with self-identity issues. To cope
with the stress associated with this transition, immigrants may adopt more defensive
behaviors such as withdrawal or reject the new culture altogether. Good mental health
stems from the optimal combination of retaining the supportive and ego-reinforcing
traditional cultural elements and learning the host society’s instrumental cultural elements
(Kanel, 2002).

In spite of these, treatment for mental health disorders for recent immigrants tends
to be stigmatized. Disapproval of such services is accounted for a lack of knowledge and
understanding of their different nationalities, coping mechanisms, language and how this
culture views mental health treatment, which in many cases promotes client’s pathology
(Tervalon 1997). Culturally, Latinos experience psychological behaviors and/or
symptoms through somatic means (separate from the mind). Furthermore, the level of
acculturation is particularly important given that many Latinos value family loyalty and,
consequently, view mental health problems as matters that are private and not to be
shared with others outside of the family (Antshel, 2002).
When acculturation is integrated in to the assessment of mental health status and/or services, Latinos perspectives of mental health utilization differ among the many nationalities that make up this population (Berry, 1980). Lack of knowledge about or awareness of services related to acculturation rates, and a lack of familiarity with available services may also impede help-seeking. Indeed, studies have demonstrated that Latino women are more likely to seek treatment when they personally know someone who has also received services (Alvidrez, 1999). However, Alvidrez goes on to state that when their levels of acculturation increases and their culture is much better understood, explored, and appreciated especially among non-Latino mental health professionals, Latinos are more likely to be positively receptive to the utilization of mental health services. Furthermore, culture shapes the environment in which the patient/family/physician encounter occurs. If the clinician recognizes the cultural context of the encounter and can assess and negotiate among all participants’ potentially conflicting interpretations, expectations, beliefs, and values, he or she may be better able to provide optimal care to the patient and family (Antshel, 2002).

In 1987 Wells, Hough, Golding, Burman, and Karno used a measure of acculturation to examine the use of mental health services by Latinos of Mexican descent. Their findings showed that those who were less acculturated were less likely to receive mental health services compared to with non-Latinos Whites and more acculturated Mexicans. Moreover, the findings reported that the less acculturated Mexicans tended to
perceive psychiatric symptoms as physical problems rather than as emotional or mental problems. This corroborates what the authors of this study voiced earlier.

In order to combine face validity with greater measurement exactitude, researches have gone beyond the use of simple collections of items towards the psychometric development of reliable and valid acculturation scales. Furthermore, Rogler et al. (1991) also state that an assortment of interview items, developed to tap the respondent’s immediate cultural life, has been used to assess acculturation more directly. They go on to add that collectively, the items are unified only by the assumption that each has validity in relation to acculturation. In both cases the items used are much alike. Such efforts, which began almost a decade and a half ago has been guided by the recognition that acculturation is multidimensional (Padilla, 1980).

However, the development of acculturation scales has been influenced by two basic but troublesome assumptions. First, researchers find, on theoretical grounds, that acculturation is a basic mutual exclusion or bipolar model of acculturative change contrasting “Latinocism” versus “Americanism.” They often assume in their methodological procedures or in the content of items in acculturation statements (Gonzalez & Gonzalez-Ramos, 2005). The assumption here is that increments of involvement in the American host society culture necessarily entail corresponding decrements or disengagement from the immigrant’s traditional culture.

The second assumption is tacit but pervasive. Gonzalez and Gonzalez-Ramos (2005) addressed this by stating that acculturating scales applicable across diverse Latino
groups are sufficient for the tasks at hand, provided they satisfy appropriate psychometric standards of reliability and validity. Yet, Latinos display considerable diversity not only with respect to socioeconomic status and other demographic characteristics but also with respect to specific cultural elements historically rooted in their respective nationalities (Smith & Montilla, 2006). Recognition must be given to the fact that cultural elements specific to Latino nations, or configurations of such elements composing a nation’s cultural heritage, are being left by the wayside as a result of this assumption (Gaciria & Stern, 1980). When left by the wayside, their relevance remains unexamined, unknowingly blocked from the researchers view. Thus, the drive towards more direct assessments of acculturation culminating in reliable and valid scales represents progress; the progress itself has been unnecessarily burdened by wearisome assumptions (Mirsky, 1991).

Two studies of the mental health of Latino groups support the need to abandon this assumption and to give individualized attention to the specific culture of Latino groups. Both used and collected data by making use of The Center for Epidemiological Studies Depression Scale—CES-D (Smith & Montilla, 2006). The first study show findings, after socioeconomic status was controlled, of Puerto Ricans consistently rating higher levels of depression than did Cuban-Americans and Mexican-Americans. The second study, after levels of education were controlled, shows higher levels of depression among immigrants of Central America than among immigrants from Mexico. Latinos, because of their own unique culture and/or nationalities and experiences will respond to
acculturation scales differently. Both studies pointedly recommended that attention be
given to cultural differences among Latinos. Furthermore, departures from such
assumptions in the indicated direction make sense because the process of migration to the
United States has rapidly increased the size and diversity of the Latino groups who are
unlikely to surrender their national cultures according to some bipolar acculturative
models (Rogler et al., 1991).

Language

About 40% Latinos in the 1990 census reported that they did not speak English
very well (DHHS, 2001). Very few providers identify themselves as Latino or Spanish-
speaking. The result is that most Latinos have limited access to ethnically or linguistically
similar providers (DHHS, 2001). When Latinos with limited English proficiency turn to
organizations delivering mental health services, on intake they often face a common
problem of language and cultural distance from service providers because there is a
severe shortage of bilingual and bicultural clinicians in the mental health services system
(Malgady & Zayas, 2001). In 1997, the Mental Health Association in Los Angeles
conducted a human resource needs assessment to examine the need for bilingual workers
in mental health and social service agencies in Los Angeles. They found that the
language of greatest need (40.7%) for bilingual workers was Spanish (Kanel, 2002).
However, the ratio of Latino mental health professionals to Latino consumers is very low.
In 1990 there were only 29 Latino Mental health professionals for every 100,000 Latinos
in the U.S., compared to 173 non-Latino white providers per 100,000. In 2001, these
numbers continued to portray low ratios despite a low increment in Latino mental health professionals. There were 42 Latino Mental Health Professionals for 100,000 Latinos compared to 328 non-Latino white providers per 100,000 (DHHS, 2001).

It is well documented that Latinos in the United States are confronted with language barriers, discrimination in education and employment and poverty (Javier, 1989; Ponterotto, 1987; Sciarra & Ponterotto, 1991). The negative impact of these life circumstances has made Latinos susceptible to a variety of mental health problems (Padilla, Ruiz, & Alvarez, 1989). Padilla et al. (1989) go on to state that combined with the rapid change in demographics, the experiences of Latinos present mental health professionals with the urgent need to provide bilingual services that are effective for his segment of the population.

According to Santiago-Rivera (1989), much of the earlier research on mental health services rendered to Latinos has focused on the underutilization of services and premature termination of treatment. Such research has offered a disturbing view of the mental health treatment to Latinos. For instance, Padilla (1989) suggested that, in general, Spanish-speaking clients tend to underutilize existing services because they are unfamiliar with the overall function and role of the mental health system. Additionally, Latinos often receive less attention and inappropriate care because of the insensitivity, and lack of understanding on the part of the mental health professionals.

The review of the literature suggests that, within the last decade, more attention has been given to treatment and prevention issues with Latinos. Specifically, researchers
have investigated the effectiveness of various forms of therapy in a cultural context (Comas-Díaz, 1981, 1985). Nevertheless, and although much of this research is in response to allegations that traditional approaches have been largely ineffective and lacking an integrative framework, minute consideration has been given to linguistic factors in the design of culturally relevant treatment plans. Moreover, and equally important, there is even less attention given to the use of language as a therapeutic intervention strategy (Santiago-Rivera, 1993). Acosta and Cristo (1981) dispute that these voids in the research literature are astonishing given that language is the technique by which knowledge, beliefs, and traditions are diffused and is closely related to an individual’s history and culture. Whorf (1956), among other researchers, hypothesized that language shapes the way in which people think and perceived the world. As such, the use of language may be both a stumbling block and a benefit in the counseling/therapy process.

It was mentioned earlier that Wells et al. (1987) examined the use of mental health services by Latinos of Mexican descent by making use of an acculturation measure. The acculturation measure included preference for either English or Spanish, or both. They found that those who were less acculturated were less likely to receive mental health services compared with non-Latino Whites and more acculturated Mexican-Americans. And although their study did not specifically examine the impact of language differences, Smith and Montilla (2006) conclude that it can be a potential barrier and/or factor contributing to the underutilization of mental health services.
Few studies have addressed the importance of providing services in the preferred language of a Latino individual. For instance, the language barrier between counselor/therapist and client can further complicate the initial assessment of mental health status. Marcos and Urcuyo (1979) acknowledge that a critical component of any treatment plan is the initial assessment of the client’s physical and mental health. They add that the evaluation of emotional and physical symptoms and the subsequent design of treatment are influenced by what the client says and how it is said. Thus, a Latino client who has cultural values, beliefs, language, and customs different from the counselor/therapist might not only attach a different meaning to symptoms but also express it in a way that can be easily misunderstood.

Rodriguez-Gomez and Caban (1992) offer an example describing the misunderstandings that arose between a predominately Spanish-speaking patient and an English-speaking physician. They illustrate that the physician, as a result of misinterpreting the words that she was conveying about her discomfort, misdiagnosed a female Latino patient complaining of a backache as having a psychological problem. Other studies have found that bilingual patients are evaluated differently when interviewed in English as opposed to Spanish (DHHS, 2001). DHHS goes on to report that one small study found that Latinos with bipolar disorder, because of their inability to properly convey about their symptomatology in English, were more likely to be misdiagnosed with schizophrenia than non-Latino white Americans.
Marcos and his colleagues (e.g., Marcos, 1976, 1979, 1988; Marcos & Alpert, 1976; Marcos, Alpert, Urcuyo, & Kesselman, 1973; Marcos & Urcuyo, 1979), in a series of landmark studies, propose that the importance of the language barrier in clinical assessment and psychotherapy has received little exploration and empirical support. Marcos and Urcuyo (1979) and Marcos (1988) pointed out that the Latino client who is fluent in Spanish and tries to speak English might be more concerned with properly pronouncing words and saying things that are grammatically correct rather than conveying content that is therapeutically relevant.

Another aspect contributing to the language barrier between client and counselor/therapist as proposed by Marcos and his colleagues is that the Spanish-dominant client when speaking in English might communicate information that lacks emotion. Javier (1989) illustrated this in his work with a Latino female client who began treatment deliberately speaking English. Javier contends that this Latino woman was trying to use avoidance and to intellectualize in discussing a conflicting relationship with her father. Her speech was often vague and emotionally detached. But when she verbalized experiences in her native language she not only released important memories but also communicated strong emotions that had been repressed when speaking in English. Javier concluded that speaking in her native language allowed her to remember past experiences and, more important, the emotions associated with these experiences that would not have been possible in the non-native language.
In order to facilitate much better and needed mental health services to the Latino population, Alegria et al. (2007) agreed that bilingual services are paramount when serving this population. However, they add that the problem for Latinos is the limited availability of bilingual clinicians. At the beginning of this section Kanel (2002) stated that the language of greatest need for bilingual workers was Spanish. This is logical considering that the ethnic group most served by various agencies report as being Latinos. Many (86.8%) reported that the need for bilingual/bicultural human service workers would increase by the year 2002 (Quintana, 1995). Estimates of Latinos’ mental health service use come from large national surveys that have not considered the heterogeneity of this population. English language proficiency has been suggested as correlate of Latino mental health service use but it is typically not evaluated in most national studies, which mostly describe Latinos in or as a general population context without addressing significant differences even in their use of the Spanish language (Weech-Maldonado et al., 2003).

**Coping Mechanisms**

The potential role of cultural attitudes, values, and beliefs in disproportionate service utilization can be illustrated by the examples of coping styles of mental health issues. Certain cultural groups, such as Latinos and Asians tend to adopt coping styles that may lead to reduced mental health service utilization. They tend to avoid dwelling on upsetting thoughts, believing that suppression of affect or avoidance are better solutions (Kleinman, 1977), and often rely on themselves to cope with distress (Narikiyo &
Kameoka, 1992). These types of coping styles may reduce mental health service utilization and/or promote avoidance of the mental health system until problems become impossible to handle on one’s own (Breaux & Ryujin, 1999; Snowden & Cheung, 1990).

A factor that may contribute to low mental health service utilization rates entails the notion of fatalism, a belief typically shared by many Latinos (Chandler, 1979). Fatalism is the belief that individuals have minimal control over their environment. Instead, the environment controls an individual’s life outcomes despite any efforts made (Comas-Diaz & Griffith, 1988). Latinos who accept fatalism believe that events occur only as a result of luck, God’s will, or harmful wishes made by their adversaries (Frevert & Miranda, 1998). Therefore, Latinos who experience mental illness and believe in fatalism may be less inclined to seek help for their psychological needs.

Because many ethnocultural groups, including Latinos, endorse a collectivist perspective, they are likely to cope or seek assistance from members of their own cultural group before seeking help elsewhere (Brinson & Kottler, 1995). One example of how the collectivist perspective can serve as a coping mechanism and/or a barrier in receiving community mental health services is evident in Latinos’ strong spiritual beliefs. One study revealed that individuals who endorse religious or supernatural causes of mental illness are less likely to utilize mental health services (Alvidrez, 1999). Some Latinos think that supernatural forces are the source of health problems and psychological distress (Altarriba & Bauer, 1998; Frevert & Miranda, 1998; Martinez, 1988). Because religion plays an important role in the lives of many Latinos, they often seek help for medical and
mental health needs from religious organizations (Altarriba & Bauer, 1998; Arredondo, 1991; Frevert & Miranda, 1998). In fact, many Latinos may seek the assistance of spiritual leaders to help them resolve their daily problems regardless of acculturation level (Kreisman, 1975).

Also, and in order to cope with mental health issues, some Latinos will seek mental health assistance from folk healers or Curanderos (Torrey, 1972). Curanderos are knowledgeable about folk medicine and are thought to be able to communicate with the spiritual world (Altarriba & Bauer, 1998). These folk healers usually use power of suggestion, persuasion, direct advice, massage, herbs, rituals, prayer, and the client’s sense of guilt and sin (Acosta, 1979). According to Edgarton, Karno, and Fernandez (1970), who visited several curanderos in Los Angeles, some appear to be well-meaning and sensitive individuals, while others appear to be mainly interested in financial or personal gain. The assumption by several authors has been that curanderos are popular and successful change-agents for emotional problems in both rural and urban areas of the Southwest (Kiev, 1968; Saunders, 1964). This information, however, has been generalized on the basis of impressions, and not on empirical findings. In contrast, Edgerton, (1970) found that only a few respondents in a large group of Mexican American residents in a Los Angeles neighborhood would recommend anyone with serious psychological problems to a curandero. Although receiving assistance from a folk healer may be consistent with Latinos’ cultural beliefs, it may not be common practice because the majority of Latinos live in urban areas, making it difficult for them to find
folk healers (Keefe & Casas, 1980). The use of folk healers may be more common among those Latinos living in rural environments (Keefe, Padilla, & Carlos, 1979), are Spanish monolinguals, are less acculturated, and come from low socioeconomic backgrounds (Keefe & Casas, 1980; Madsen, 1964). Nonetheless, the use of folk healers and religious organizations may limit Latinos’ utilization of community mental health programs.

Another core component of the collectivist perspective shared by Latinos that may contribute to their underutilization of community mental health services is familism (Moore, 1970). Familism refers to an individual’s strong identification, attachment, and loyalty to his or her family (Hovey & King, 1996). The literature review shows that Latinos endorse strong values of familism regardless of acculturation levels (Sabogal, Marin, Otero-Sabogal, Marin, & Perez-Stable, 1987). In fact, irrespective of cultural orientation, the value of placing family first is higher for Latinos than for Whites (Keefe & Padilla, 1987). Family relationships are very close and are usually the first or main source of help for Latinos (Altarriba & Bauer, 1998; Rogler, Malgady, & Rodriguez, 1989). Latino family members provide strong support for each other at times of emotional and psychological difficulties (Cheung, 1991; Madsen, 1964; Sandoval & De La Roza, 1986). In fact, Latinos report high levels of satisfaction with the support they receive from their families (Sabogal, 1987). For Latinos, their families often provide them with self-worth and social support (Keefe, 1979). Additionally, Latinos tend to value privacy highly (Frevert & Miranda, 1998). Accordingly, many Latinos may be reluctant to share their mental health challenges with people outside their family such as
friends, counselors, and coworkers (Altarriba & Bauer, 1998; Madsen, 1964). As a result, the majority of Latinos usually cope with mental health issues by relying on familial support for help with emotional difficulties. The strong Latino family system provides a supportive and accepting environment that may protect individuals from mental illness. Latino families may have greater tolerance for a family member with a mental disorder than non-Latino families (Martinez, 1993). Unfortunately, the acceptance of mental illness in a family member can result in not seeking treatment or in delays in doing so. Additionally, Latinos whose families are not cohesive may experience stress because their family system is inconsistent with their ideal, well-integrated family system (Keefe, 1979). Finally, Latinos who do not have family members in the area may lack a strong substitute support network in times of stress (Keefe, 1979). Because many Latinos depend greatly on their families in times of psychological challenges and are dedicated to their churches, they may not see the value of using community mental health services when experiencing psychological problems, which in turn can contribute to their underutilization of services.

Another way in which Latinos cope with mental health issues is the fact that they primarily go to physicians in general practice for the treatment of psychological problems. Edgerton (1970) found the majority of a large group of Mexican Americans in Los Angeles preferred the physician as a key referral for someone with a psychological disorder. Furthermore, Edgerton found that the majority of surveyed physicians in a large Mexican American community in East Los Angeles responded that they were treating
Mexican American patients who were experiencing emotional distress. The primary
treatment modality was medications and brief supportive sessions. The average time of
these sessions was not specified. Referrals to psychiatric facilities were seldom made.

Indeed, many of the Mexican American or other Latinos patients whom one of the
researchers of this study has treated at a local mental health-counseling center, La
Familia, have confirmed receiving medications and injections from physicians for many
years for their psychological problems. Some patients have expressed being told by their
physicians that there was no need to refer them to a mental health clinic. The apparently
widespread use of medications for emotional problems presented by Mexican Americans
in East Los Angeles may be adequate for some situations, but is more probably not for
most. Physicians themselves probably need greater education about the importance of
identifying psychological problems and referring patients to mental health specialists.

Furthermore, Gurin, Veroff, and Feld (1960) reported that 88% Latinos in a
survey who did seek help for feelings of impending nervous breakdowns went to see a
physician. However, Gurin added a greater variety of helpers for those who sought help
for serious personal problems and not for feelings of having a nervous breakdown. The
range here of sources consulted was about two-fifths clergy, one-third physician, and
one-third mental health/social agency. In a comparative study in three California towns,
Keefe (1979) found that Latinos prefer doctors more often than did Anglo Americans as a
source of most help for someone with an emotional problem. Only the Anglo Americans
in this study cited therapists or mental health clinics as one of the three sources of most
potential help. The real barrier of physicians being widely used by Latinos for help with psychological problems must be recognized and addressed. More evaluative research on this problem is needed.

Family Perceptions

The influence of culture can play an important role in shaping one’s view or perceptions of mental illness. Specifically, Latinos’ perception of mental illness may play an influential role in their underutilization of mental health and community services (Keefe, 1979; Sandoval & De La Roza, 1986). Current literature suggests that many minority groups hold extremely negative attitudes towards individuals with mental health issues. One study found that Asians, Latinos, and African Americans viewed mentally ill individuals as dangerous (Whaley, 1997). Moreover, some have, specifically, argued that Latinos’ perceptions of treatment for mental health problems contribute to their underutilization of services (Keefe, 1979). Many Latinos also perceive mainstream mental health services inadequate when addressing their specific needs and that non-Latino therapists are insensitive to their psychosocial needs (Torrey, 1972).

Accordingly, some of the relatively low percentage of Latinos who utilize mainstream mental health services may receive inadequate treatment. The use of mainstream counseling services by ethnoculturally diverse individuals has been suggested to be ineffective (Ibrahim & Arredondo, 1986). Client-therapist mismatching, particularly ethnocultural differences and psychotherapy expectations, is perceived as potentially hindering positive rapport and effective treatment delivery. This can be a
problem especially for Latino clients who see non-Latino therapists. Traditional treatment
approaches (i.e., nondirective, future oriented) are often used with Latinos and these
approaches may not be equally effective for all individuals. Therefore, special
considerations should be placed on the specific and unique needs of this population.

In taking a different approach, it has been argued that Latinos are generally not
involved in psychotherapy even when the clinics are free and located near Latino
communities (Kline, 1969). Kline has attributed much of the burden for this situation on
the Latino's perception or negative stereotypes of the Anglo American. Basing much of
his argument on Simmons's (1961) study of the Mexican American's/Latinos perception
of the Anglo American, Kline posited that the Latino's perception that the Anglo
American is cold, unkind, mercenary, and insincere presents a serious problem for Anglo
American mental health professionals. The implication here, according to Kline (1969), is
that it is Latinos who are not making themselves amenable to participating in
psychotherapy because of their prejudicial rejection of the Anglo American. However,
there is not much evidence that supports such claim.

Latinos perceive physical symptoms as more seriously than problems associated
with mental health and often do not relate them to mental health issues. Research has
shown that Latinos are more likely to seek a physician’s help for psychological problems
(Acosta, 1979; Wells et al., 1987). Comas-Diaz and Griffith (1988) indicated that
symptoms of depression or anxiety may develop as a result of immigration and culture
shock and, in turn, many Latinos are likely to perceive symptoms of depression and
anxiety as physical problems.

Furthermore, many Latinos seek help for their mental health concerns from their physician in an effort to avoid the stigma of seeing a psychologist (Gonzalez, 1997). Compared to Whites, stigma attached to psychiatric disorders seems to be more prevalent in Latinos and other ethnic groups (Alvidrez, 1999). Because Latinos may be more inclined to seek the help of a physician over a psychologist, treatment for their psychological difficulties will usually be medically based (e.g., pharmaceutical, intrusive medical procedures) and referral to a mental health clinic may not necessarily occur (Acosta, 1979).

As previously stated, Latinos tend to value privacy highly (Frevert & Miranda, 1998). Accordingly, they are reluctant to share their mental health challenges with people outside their family such as friends, counselors, and coworkers (Altarriba & Bauer, 1998; Madsen, 1964). For many of them, it is a sign of weakness in character to experience mental illness (Frevert & Miranda, 1998; Keefe, 1982) or to seek professional psychological help (Keefe, 1979, 1982). Latinos usually rely on familial support for help with emotional difficulties and therefore opt not to talk about their mental health issues outside their family; they are to be kept within the family. Fear of being shamed within the community is a deterrent to seeking services. Shame and/or embarrassment remain a major barrier to care among Latinos of all age group (Santiago-Rivera, 1993).

Possibly a more alarming problem is the stigma that many Latinos attach to mental illness. Stigma has been thought of as the most formidable obstacle to future
progress in the arena of mental illness and health (DHHS, 1999), and it has been hypothesized that stigma to mental health problems and services may be particularly strong for minorities. A 2005 American Psychological Association survey found that the Latino community tends to perceive mental illness as nothing more than a weakness that a person should overcome. Consequently, mental illness or experiencing psychological challenges carries a shameful stigma for many Latinos (Frevert & Miranda, 1998) and some may even feel guilty for seeking help outside of the family (Altarriba & Bauer, 1998). For instance, a diagnosis of mental illness for many participants means being called a “loco” (a crazy person), a label that is viewed as extremely marginalizing. Stigma can be so powerful and remains a major barrier to mental health care among Latinos of all age group.

Cultural Competency

The literature documents that all ethnic minority populations in the United States lag behind European Americans (whites) on almost every health indicator, including mental health care coverage, access to care, and life expectancy, while surpassing whites in almost all acute and chronic disease rates (Bradley, Given, & Roberts, 2001; Institute of Medicine, 2001; Institute of Medicine, 2002). While not completely understood or well explained, these disparities are variously attributed to barriers to routine access to preventive care, low levels of cultural competence among health care professionals in providing healthcare, and lack of proportional representation of minorities in the health professions (Kagawa-Singer & Kassim-Lakha, 2003).
Demographic trends show that ethnic minorities now constitute about 25% of the population, and will be the majority of the U.S. population by 2050 (U. S. Census Bureau, 2001). Thus, little hope exists that these statistics will improve without a concerted transformation of the mental health and health care structure to facilitate access and the training of all health care practitioners, including physicians and clinicians/therapists to reduce the dissonance that occurs across cultural differences. Moreover, as the organization and delivery of health services are increasingly based on the distinct values and expectations of managed care, these health disparities may be further exacerbated by clashes with the belief systems and expectations of cultural subpopulations (Lavizzo-Mourey & Mackenzie, 1996).

Culture shapes the environment in which the patient/family/physician encounter occurs. If the clinician recognizes the cultural context of the encounter and can assess and negotiate among all participants’ potentially conflicting interpretations, expectations, beliefs, and values, he or she may be better able to provide optimal care to the patient and family. Effective cross-cultural interactions require that the clinician integrate multiple cultures in the clinical encounter: his or her own culture, that of the patient/family, and the health care institution’s culture. Successful integration of these arenas constitutes cultural competency, or ethnorelative practice: that is, the ability to evaluate behavior relative to its cultural context so that the physician and patient/family are able to reach mutually desired goals of medical care (Kagawa-Singer & Kassim-Lakha, 2003).
Attending to cultural differences or becoming culturally competent is paramount in understanding the function of any culture to ensure the survival and well-being of its members within a particular ecologic niche. An extensive body of literature in the social sciences clearly indicates that health and the means to maintain, regain, or attain well-being are culturally defined (Angel & Thoits, 1987; Foster & Anderson, 1978). Every culture defines what health is for its members, determines the etiology of diseases, establishes the parameters within which distress is defined and signaled, and prescribes the appropriate means to treat the disorder, both medically and socially (Fadiman, 1997). Thus, an understanding of the role of a patient’s is fundamental to mental health care.

Furthermore, the level of cultural competency is particularly important given that many Latinos value family loyalty and, consequently, view mental health problems as matters that are private and not to be shared with others outside of the family (Antshel, 2002). Most mental health professionals and entities that provide such services overlook these often (Lazarus, 1983).

A new paradigm for practice would support cross-culturally expert practitioners with the ability to understand the Latino culture much better. According to Antshel (2002), outcomes for culturally competent practice would indicate that patients and families are able to promote, maintain, and/or regain mutually desired and obtainable levels of health within the realities of their life circumstances.

Such new paradigm must be fundamental to the concept of cultural competency. Professional groups and government agencies are now using “cultural competency” as a
means to address the miscommunication that occurs in culturally discordant clinical encounters and to eliminate racial disparities in health outcomes (Jackson, 1993).

Definitions abound, but empirical evidence is lacking. More problematic than the lack of clarity in the definition, however, is the lack of discussion of the goal or the “why” of these skills. Cultural competency is a means to a mutually desirable end, but most discussions of cultural competency have the implicit message that the effort is unidirectional to educate the patient into a biomedical model. This negates the integrity of culture and is problematic in a multicultural society (Kagawa-Singer & Kassim-Lakha, 2003). Culturally competent medical practice describes a skill set that enables a physician, in a culturally discordant encounter, to respectfully elicit from the patient and family the information needed to make an accurate diagnosis and negotiate mutually satisfactory goals for treatment.

Kagawa-Singer and Kassim-Lakha (2003) developed a culturally based systems approach that offers as a template for culturally competent practice. The desired level of practice for a cross-culturally competent expert is a bicultural or multicultural status. That is, the individual is sufficiently knowledgeable about his or her own culture as well as about one or more other cultures of patients that he or she treats to recognize the differences, understand what they mean, and translate or bridge those differences to accomplish clear and effective communication of information and caring.

While understanding the patient as an individual in the context of culture does not prevent conflicts over differing values, beliefs, or practices, information gained from
professionals serves to identify areas for negotiation of conflicts should they occur. When the mental health professional and the patient/family have some understanding of each other’s perspective, such negotiations can take place in an atmosphere of mutual respect rather than frustration and misunderstanding (Airhihenbuwa, 1995).

This culturally based system approach requires that the practitioner first be aware of his or her own cultural beliefs and values in order to recognize when they may differ from those of the patient, and evaluate the patient’s responses objectively. Both parties bring their cultural views to the interaction (Tervalon, 1997). When the mental health professional and the patient are from different cultural backgrounds, the mental health professional needs to ask questions that respectfully acknowledge these differences and build the trust necessary for the patient to confide in the mental health professionals. Mental health professionals can use knowledge about particular cultural beliefs, values, and practices as hypotheses about an individual’s beliefs and practices, but then must assess the degree to which an individual patient or family might adhere to their cultural background, if at all (Dana, Behn, & Gonwa, 1992). The literature, however, suggests that more culturally competency approaches are needed to allow non-minority professionals culturally understand patients who differ from their own culture.

Culturally based systems approach, however, cannot function in a vacuum. It requires a transformation of the Western culture–based mental health and health care system. Culturally competent care requires competence in the individual mental health professional and physicians, and the institutional will and skill to promote such care.
(Cross & Bazron, 1989). Most mainstream mental health and health care agencies are structured within the European-American cultural model. These agencies will need to make major structural and process changes to transform themselves into multicultural agencies that will be capable of providing optimal care in a more equitable manner to all segments of the U.S. society. An added value to this perspective is also the self-reflective realization that many of the ‘‘vulnerabilities’’ attributed to cultures other than European-American cultures are due to misinterpretations of these cultural values, beliefs, and practices. These practices may actually be effective in promoting mental health and general health, and thus these cultural beliefs and practices may actually be resources (Dana et al., 1992). The clinical encounter occurs within an agency milieu that must value and promote culturally based care to facilitate the clinician’s or physician’s efforts (Klessig, 1992). The literature review states that Latinos are significantly less likely than whites to believe that their primary mental health professionals listened to them, especially within the context of their culture (Yergan, Flood, LoGerfo, & Diehr, 1987).

The effect of ethnic minority status on American groups of color is essential to understand the phenomenon of differential treatment and the necessity for culturally competent practice (Institute of Medicine, 2001). Differential treatment in medical care occurs when external identifiers of group membership, such as skin color, language, or religion, are used to judge the relative value of individuals and resources are allocated based upon those criteria in a prejudicial manner (Lavizzo-Mourey & Mackenzie, 1996; Williams, Yan, Jackson, & Anderson, 1997). The effects of discrimination and racism,
uncovered in recent studies, cannot be overcome as barriers to optimal care by merely appreciating cultural differences, because most often, these reactions occur unconsciously (Schneider, 2001). The unconscious use of skin color to stereotype patients is one of the most common ways in which cultural differences—and ignorance of them—pose a risk to effective cross-cultural communication.

For that reason, culturally competent practice requires institutional commitment and the creation of infrastructure to promote and support patient and employee diversity, and responsiveness to cross-cultural issues (LaVeist, 2000). Specific interventions include finding ways to achieve diversity in residents’ training, such as recruiting ethnically diverse faculty and attending medical staff; developing policies and procedures that integrate the principles of cultural competency into the ongoing work of the organization; and, finally, establishing formal means of consultation with the community to be served for the verification of need for the program and appropriateness of the intervention, including patient educational materials (DHHS, 2001). The last should be particularly emphasized in the program planning and implementation phases to ensure availability, accessibility, acceptability, and accountability of appropriate, culturally responsive services (Mokuau & Fong, 1994).

Gaps in the Literature

A thorough investigation of the relevant literature on this subject was performed. The literature is well documented as to the cultural factors that influence the utilization of mental health services among Latinos, the barriers they face when seeking and or
obtaining mental health services, the type of mental health services provided by professionals, and the mental health services made accessible to Latino clients. The researchers were interested in learning about what mental health professionals, who directly deal with Latino clients with mental illness, thought about the cultural factors that influence such services among Latinos, but discovered no available information strictly and entirely devoted to mental health professionals’ perceptions about cultural factors, that influence such services with this population. When discussing cultural factors the literature invariably refers to the perceptions of cultural factors among Latino clients and family members.

Latinos are utilizing mental health systems (DHHS, 2001; Guarnaccia et al., 2007; Kannel, 2002; Manoleas, 2008) but there is a notable absence of efforts to integrate findings, a neglect that is especially evident with respect to the relationship between acculturation and mental health status (Baezconde-Garbanati & Padilla, 1988). The literature has not progressed beyond the point of declaring the point that cultural factors influence the utilization of services among Latinos and that it should be addressed when providing services. Literature does not investigate the criteria used by mental health professionals to determine the readiness and willingness of the Latino clients to use mental health services, and it does not adequately address what cultural elements should be included in mental health treatment.

Since mental health professionals are experts within their field, they serve as a vital source in treating clients with mental illness. There is a pressing need to examine
what needs to be done in order to provide new directions to the constant increase of this population within the United States. This research project describes the perceptions of mental health professionals relating to cultural factors that influences utilization of such services. At the same time, researchers hope that the findings of this study will help lessen the cultural gap between mental health professionals and Latino clients by addressing the known factors that influence Latinos to utilize mental health services. In order to achieve this, mental health professionals will be interviewed with a series of questions related to known cultural factors. Perceptions gathered will be explored and described to address this gap.

Summary

In this chapter, the literature relevant to the subject of cultural factors that influence the utilization of mental health services among Latinos was reviewed. Some of the topics discussed center around the cultural factors that influence accessibility to mental health services within the lenses of acculturation, language, family perceptions, coping mechanisms and cultural competence. The literature also displays the impact that these factors have on this population, the services that are inadequately tailored for Latinos, a lack of understanding and knowledge on behalf of mental health professionals and Latino clients, and issues of culture within the context mental health services. Gaps in literature were also discussed. In the next chapter, the methods use to conduct the study are described.
Chapter 3

METHODS

Introduction

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

Research Question

This study investigated the following research question: What are the perceptions of mental health professionals pertaining to the cultural factors that influence the utilization of mental health services among Latinos?

Research Design

For this study, the researchers will use a descriptive-qualitative approach to conducting research as a way to leave the topic of study open for discussion and/or exploring. Along with the qualitative approach the researchers will use content analysis as a way to identify emergent themes. The categories derived from this research will be based on the research question, literature and common themes that emerged from the participants’ responses.
The researchers will use this approach to gain in-depth knowledge and an understanding of the perceptions of mental health professionals through direct observation and interaction with them first handedly. Methods to collecting this data involve direct interaction between the participant and the researcher and/or face-to-face interviews. For this qualitative research, data will be collected through communications either oral or written and coded for the purpose of developing patterns of themes. After all the raw data has been collected and transcribed the researchers will organize to identify common themes. The content analysis will be used as a coding operation (Rubin & Babbie, 2008). Crabtree and Miller (1992) describe qualitative content analysis as codes that are derived from the data and then grouped into relevant themes.

There are many advantages to using the qualitative approach. The primary one being the respondents is able to speak freely and instinctively. The approach does not restrict the participant to predetermine multiple choice answers and categories. It is aimed at generating a deeper understanding of the person’s experiences and researchers are able to gather observations of their beliefs regarding the subject. It allows for the researchers to improvise and ask follow up questions if necessary during the interviews. It allows for the researchers to note any other observations such as their facial expressions, body language, reactions and interactions to interview questions and their environment. Since the researchers are interested in learning about the professionals’ views about cultural factors this approach allows the participants’ to explore. Other advantages to using qualitative research are its flexibility and cost effectiveness. The researchers are able to
modify their research at any time and whenever the occasion arises. Furthermore, all you need is a pencil and notebook to collect data (Rubin & Babbie 2008).

There are disadvantages to the qualitative approach also. The primary one being that all the information is subjective knowledge. The information provided by the participants is personal. It is 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. Rubin and Babbie (2008) would say first, the personal nature of observations and measurements made by the researcher can produce results but cannot be replicated by another, independent researcher. Second, the full in-depth interview can reach an unusually comprehensive understanding. Third, potential for biased sampling is very likely. Lastly, this approach is time consuming and therefore fewer participants are interviewed to gather information. The sample findings cannot be generalized to the larger population.

Descriptive study design is used to describe a set of observations for each mental health professional’s unique perception to the particular situation. Rubin and Babbie (2008) would refer to a descriptive study as to when, “The researchers observe and then describe what is being observed” (p. 136). Views about the interaction between the clinician and the Latino client are described. Concepts of how the mental health professionals manages mental health services, how they interact with the Latino population, how this makes them feel and what things they must do to provide adequate
services to this population are explored. For the purpose of this study, the researchers asked a set of questions in a semi-structured face-to-face interview.

There are two coding methods used to extract themes from the raw data. The first method is manifest content and the second is latent content. Rubin and Babbie (2008) describe manifest as the visible, surface content of a communication more closely approximate to the use of a standard questionnaire. This method has an advantage of letting the readers know precisely what common themes are derived from the perceptions of mental health professionals and produce reliability. However, the disadvantage to this method is the validity because the participants’ response may have an underlying meaning. Rubin and Babbie (2008) describe latent content as way to coding the underlining meaning through communication. The disadvantage of this method is different definitions or standards may be used especially since there is more than one author coding the data. What one author may believe important and well defined may not mean the same to the other author. It is why the authors will employ a combination of both methods to code data.

Study Participants

The type of mental health professional and or provider was purposefully not defined because the researchers wanted a suitably diverse sample of research participants. There were no demographic limitations imposed on the participants. They were selected solely based upon the following criterion: 1) be a mental health professional/provider 2) previously or currently provided mental health services to Latino Clients. Two identified
and known mental health professionals were asked if they knew of any other mental health professionals who would like to participate in the research project. Based on the mental health professional’s referrals other subjects were chosen and asked to participate.

The study participants are ten mental health professionals who currently or previously provided mental health services to Latino clients. These are professionals who have been working in the mental health field for a minimum of ten years and serving clients with a mental health illness. The participants differ by age, ethnic background, levels of education, gender and years of experience in the mental health field. Each participant practices or practiced mental health within the Sacramento County.

Sample Population

The sampling used for this research was snowball sampling. “Snowball sample is a technique that begins with a few relevant participants you’ve identified and then expands through the referrals” (Rubin & Babble, 2008, p. 426). For this study, the researchers interviewed two known mental health providers who met the criteria and had many years of experience working with Latino clients with mental health issues. From these two known participants more referrals were obtained. The participants were contacted by email or telephone and asked to participate. In this way, a total of 10 mental health professionals agreed to participate in this study. The advantage to this sampling method is that it is convenient. However, the disadvantage to this method is that the participants are not representative of the general population.
Instrumentation

Face-to-face interviews were used for data collection. The only instrument being used during the interview process was an audio tape recorder as a part of the procedure to collecting data. The participants that agreed to participate in this study initialed a consent form. The initialed consent form means that the participants were aware the interview was being recorded and they still agreed to participate. In the beginning of the interview, the researchers made it clear that there were no right or wrong answers and they could stop and withdraw from the interview at any time. The researchers constantly checked-in with participants during the interview to determine their level of comfort with answering the questions.

There are six demographic questions followed by eleven questions pertaining to the participants’ knowledge of Latino culture and mental health services. A standardized open-ended interview was used to organize the process of interviewing. It allowed the researchers to stay on topic and ask questions in the same order for each participant and confirms all material was covered that needed to be. This approach leaves less room for variation and more room to establish a natural flow to interviewing. Furthermore, it eases the task in organizing and analyzing data for the researchers. The disadvantage to using a standardized interview leaves less room to explore because the researchers are asking the questions in order and word for word. It also prevents the researchers from following up on important or unanticipated responses (Rubin & Babbie, 2008).
Themes presented in the standardized interviews were measured by open-ended questions. The advantage to using open-ended questions allows the participants to be unique in their answers and it allows for the researchers to gain insight to the participants’ in-depth knowledge and their experiences to the social world. The disadvantages to using open-ended questions are that responses can often be lengthy and not relevant to the topic. The interviews lasted between 45 minutes and one hour in length. They were conducted at a time of convenience for the participants and at a location of their choice for their comfort.

Data Gathering Procedures

The researchers contacted the known mental health professionals who referred others subjects that met the criteria. Those subjects were contacted by email and or phone and notified of the purpose and the importance of the study to voluntarily decide whether or not to participate. Each person who agreed to be interviewed was individually informed of his or her rights. They were asked to initial an informed consent stating they reviewed their personal rights and agree to participate and be audio taped. It was clearly stated there was no commitment required and if they chose to participate their identity would be strictly confidential.

Besides the tape recorder, no other instruments or equipment were used. Participants who felt comfortable in being audio taped gave their permission by initialing the consent form. They were told 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.

The interview included a set of seventeen questions pertaining to demographic information and cultural factors that influence the utilization of mental health services among Latinos. All participants were asked the same questions and in the same order. The researchers recorded any non-verbal cues or environmental reactions when asking the questions that were not recorded on the audio tape. Following the interview the researchers, gathered all forms, notes and audio tapes and numbered them for reference. This data procedure was conducted for each participant over a period of two months.

Data Analysis

After all the interviews were completed the audio tapes were transcribed verbatim by the researchers. The notes taken were compiled with transcription and were reviewed with all other material. The researchers looked for common themes and variation between the interviews and analyzed any attitudes, beliefs and or feelings that emerged. Identified themes were helpful to the researchers in understanding the perceptions of mental health professionals pertaining to cultural factors and mental health services. The researchers used a combination of manifest and latent content methods to produce a more valid and reliable study. The authors counted the number of times participants had a common response to a certain topic. Afterwards, the authors made a general in-depth analysis based upon those common responses.
Protection of Human Subjects

A human subject’s application was submitted to the Committee for the Protection of Human Subjects from the California State University of Sacramento, Division of Social Work. This committee approved the proposed study and determined the project as “minimal risk” to the participants. Steps taken to help ensure the physical and safety of the participants in this study included the following: 1) If the participant experienced any level of personal/emotional discomfort and or distress as a result of their participation they were asked not complete the questionnaire 2) If they needed to speak to someone regarding questions that arise out of participation they could contact Sacramento County Adult Access Team. The approval from the Committee for the Protection of Human Subjects was received prior to the collection of any research data.

The mental health professionals’ participation in the study was voluntarily based and no fiscal compensation was received. The researchers obtained consent forms from the participants prior to beginning of the interview. The consent form described the purpose of the study and the procedures used to gather the data, the potential risk that may be involved from their participation, the benefits from the study and the steps taken to protect their identity. The participants were informed their initials on the consent form means they are aware their interview is being audio taped and they still agree to participate.

All information received from the participants was held strictly confidential. The audiotapes and all other materials were stored in a locked cabinet in a desk. The research
material was only available to the researchers and the thesis advisor. All interview materials were destroyed by June of 2010.

Summary

In this chapter the researchers focused on the qualitative methods used for this study. It began with the research question being investigated and a description of the participants being interviewed. It mainly centered on the techniques used and applied for collecting data. The chapter concluded with a brief description on how the data will be examined and the steps taken to protect the human subjects. In the next chapter, the results of the data are analyzed and presented.
Chapter 4
DATA ANALYSIS

Introduction

This chapter focuses on common themes derived from the perceptions of mental health professionals pertaining to cultural factors that influence the utilization of mental health services among Latinos. The data is extracted from 10 interviews with mental health providers working in different mental health agencies and higher educational institutions around the City of Sacramento, California. The researchers used an outline of questions as a guide to interview participants in this study (see appendix A). The participants addressed a series of 17 questions regarding demographics and the perceptions of cultural factors such as, acculturation, language, coping mechanisms, family perceptions and cultural competency.

The participants used their knowledge, understanding and experience in working with their Latino clients in order to share their perceptions as they responded to the interview questions. Three main areas of discussion emerged from the respondents’ perceptions in regards to cultural factors influencing mental health services utilization among Latinos: 1) education, with reference to cultural awareness and acculturation; 2) means Latinos use to cope with mental health issues, which include privacy, religion and substance abuse; and 3) accommodations for better services, which center around bilingual services and staff and cultural knowledge; linguistic and culturally appropriate interpreters; implementation of different therapeutic interventions/strategies. This
chapter will focus on each area and will include quotes from the interviews when discussing them.

Demographics

Six questions were designed to establish demographics information about the participants. The demographic characteristics are discussed in general narrative format. In terms of gender, two self-identified as female and eight as male. Race follows with six self-identified as Caucasians; one as Native American; one as Mexican; one as Peruvian, and one as Colombian. In terms of speaking Spanish, two reported no skills at all; three reported limited skills; and five as having the ability to communicate in this language. Participants’ job titles varied within the mental health field ranging from one clinical director to one clinical supervisor to one mental health program manager; one licensed Marriage Family Therapist; one child/adolescent psychiatrist, two mental health clinicians; and three PhD’s who also are licensed clinical social workers. The years of professional experience also varied among participants. These ranged from four participants with 10 years; one with 15; one with 16; one with 20; one with 23, and two with 25 years of experience in the field of mental health. All participants have provided services to the Latino population. In order to protect the identity of the mental health professionals, all study participants are given fictitious names in this chapter.

Education

The desired level of practice for a cross-culturally competent expert is bicultural or multicultural status. The individual is sufficiently knowledgeable about his or her own
culture as well as about one or more other cultures of patients that he or she treats to recognize the differences, understand what they mean, and translate or bridge those differences to accomplish clear and effective communication of information and caring (Kagawa-Singer & Kassim-Lakha, 2003). Study participants explained and acknowledged that more often times than not; staff and Latino clients are not educated about each other’s lifestyles and each other’s ways surrounding issues of mental illness, which significantly influences the use of mental health services. Common responses for being uneducated about mental health services were accounted by a lack of cultural awareness among mental health professionals and low level of acculturation among Latinos.

_Cultural Awareness_

Literature shows disapproval among Latinos of mental health services is accounted for mental health professionals’ lack of knowledge and understanding of their different nationalities, coping mechanisms, and language and how this culture views mental health treatment. Latinos display considerable diversity, not only with respect to socioeconomic status and other demographic characteristics (Smits & Montilla, 2006), but also with respect to specific cultural elements historically rooted in their respective nationalities. Abel declares:

It’s key to realize that there are differences within different country locations and there’s not just this one monolithic way of categorizing and talking and treating
Spanish speaking clients. White clinicians often lump all Spanish speaking people into one category.

Eve echoed the sentiment by saying:

People come from different areas of the Spanish speaking world and there are subtleties and differences that people have to be aware of. When I grew up with Puerto Ricans in Chicago it was really different when working with Latinos from East Los Angeles. You have to be aware of the immigration factors, home country factors, loss issues and traumatic issues.

Corey extends the notion by saying:

They (Latino clients) don’t want to get involved with law enforcement and they don’t want to deal with the embarrassment of mental health. Show them you’re in tune with their culture. You don’t have to be from their culture but understand a little bit of it so that you’re able to respect it and know the rules and the roles of the family dynamics; doing this we will be able to go along way with services.

All participants reported that it is important to understand the role of the patient within the family but more importantly understand the dynamics of family within the Latino culture. Bob said, “My family is very nuclear and their family is extended.”

Eve said:

There’s a difference between Anglo culture and a lot of other countries where extended family is like the immediate family. It’s important to know how the client defines family. Most Latino families include, tias, tios, primos, primas,
abuelos, abuelas, friends, close neighbors, teachers and so on. There’s something about the relative status that I don’t think is emphasized enough when treating Latinos.

It is reported in studies that the practitioner first must be aware of his or her own cultural beliefs and values in order to recognize when they may differ from those of the patient, and evaluate the patient’s responses objectively (Tervalon, 1997). Corey understood this important component and reflected on the following:

It’s important to know how things operate within the family because it’s critical to the success of mental health services. If you rub the family the wrong way you may have lost their respect and any rapport immediately. I once asked a child and his parents to be present during a specific session. I initially addressed the child and the child didn’t speak to me. Instead, he pointed to his father. I immediately understood that this was a paternalistic and traditional family and that I would have been much better off if the first question respectfully was made to the father. This was not my first inclination, but these are the types of things that can turn people away.

If the clinician recognizes the cultural context of the encounter and can assess and negotiate among all participants’ potentially conflicting interpretations, expectations, beliefs, and values, he or she may be better able to provide optimal care to the patient and family (Alvidrez, 1999). When the mental health professional and the patient/family have some understanding of each other’s perspective, such negotiations can take place in an
atmosphere of mutual respect rather than frustration and misunderstanding (Airhihenbuwa, 1995). Effective cross-cultural interactions require that the clinician integrate multiple cultures in the clinical encounter: his or her own culture that of the patient/family, and the health care institution’s culture (Kagawa-Singer & Kassim-Lakha, 2003).

Fadiman (1997) states that every culture defines what health is for its members, determines the etiology of diseases, establishes the parameters in which distress is defined and signaled, and prescribes the appropriate means to treat the disorder, both medically and socially. Additionally, Fadiman goes on to state that culturally competent medical practice describes a skill set that enables a physician, in a culturally discordant encounter, to respectfully elicit from the patient and family the information needed to make an accurate diagnosis and negotiate mutually satisfactory goals for treatment. Good mental health stems from the optimal combination of retaining the supportive and ego-reinforcing traditional cultural elements and learning the host society’s instrumental cultural elements (Kagawa-Singer & Kassim-Lakha, 2003).

**Acculturation**

Elaine S. Levine and Amado M. Padilla (1980) mentioned the use of mental health services by Latinos is associated with their knowledge about services and their level of acculturation. The absence of instrumental skills, such as knowledge of English or high levels of acculturation, keeps the unfamiliar world from becoming familiar and controllable (Miranda, Bilot, Peluso, Berman, & Van Meek, 2006). Four respondents go
on to state that new generations of Latinos who are much better acculturated and much better educated about mental health services are more willingly to work with a mental health provider that may not share their language and/or culture. This, and according to Hugo’s experiences, happens more often with third, fourth generations and seldom between second generation Latinos. Hugo believes this is due to the strong cultural ties this generation still has with their parents’ culture or background.

Family is undoubtedly one of the most important values in the Latino culture. According to some interviewees, second and third generations of American-born Latinos support their families in the utilization of mental health services, but a large portion of Latinos, especially immigrants living in the country do not provide support in this endeavor. According to Ivette, “second and third Latino generations born in the US are better assimilated and may have some ideas about self-help and psychology and are more likely to receive the support from the family to utilize services such as counseling.”

However, four 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. This, according to John, happens more often among Latinos who have immigrated and live in the United States. Ivette added:

They (Latinos) often times do not seek help until mental health issues have already created severe repercussions on the family or in the life of the family’s individual(s) suffering from a mental health illness. 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.

All study participants reported the more acculturated the client is the more open the client is to using mental health services. Eve stated, “Latino clients have to be acculturated enough so they can walk through the door or acculturated enough that there’s some level of trust.” Abel reported,

Acculturation can be useful because the more acculturated the more open to services. However, it’s about honoring their culture and not encouraging assimilation. It’s important for mental health professionals to encourage their resistance to assimilation.

Daniel goes on to say the following:

It’s important that they (Latino clients) understand mental health largely like I do, which is that they, even though there’s a genetic component, there’s a biological component and that medications might be necessary in some cases. In my view Latino culture understanding of mental health is limited and see it as more shame, more self-blame, for the symptoms they have and less of an understanding that these are genetic, biological illnesses.
Means Latinos Use to Cope with Mental Health Issues

Participants acknowledged the different ways Latinos cope with mental health issues. Across the board, participants found Latinos internalize and/or cope with mental health issues through various avenues such as, family privacy, substance abuse, and religion as a deterrent to avoid shame and/or embarrassment.

*Family Privacy*

The literature demonstrated that Latinos are very private when it comes to discussing mental health issues outside the family (Altarriba & Bauer, 1998; Frevert & Miranda, 1998; Madsen, 1964). Latinos value family loyalty and, consequently, view mental health problems as matters that are private and not to be shared with others outside the family (Antshel, 2002). Bob said,

> Family business is strictly family business in the Latino family. Some may be willing to talk about themselves but not willing to talk about family members suffering from mental health illnesses. A person with a diploma (psychologists, psychiatrists, social workers, etc) does not make her or him an expert about their clients’ personal lives, hardships, experiences, and issues within the context of their culture. Because of this, trust is difficult to attain in a therapeutic relationship. Latinos are very guarded with what they talk about.

Not trusting Caucasian mental health providers was a perception that most respondents expressed as well. Abel stated, “If you’re going to get evaluated by an expert that is most often a white person, it is my perception that the dominant culture will locate
the problem in the individual. In treating Latinos, White professionals tend to ignore the
relational issues or problems within their culture.” Hugo elaborated on this sentiment by
saying,

I perceive that Latinos appear to feel criticized by White mental health providers,
feel being seen as a problem, forced to take medication, feeling subjected to
certain therapeutic interventions that may not respect culture and ignore own
ways of healing, solving or coping with mental health issues. This creates mistrust
towards the White mental health providers.

If trust is to be created then mental health professionals need to ask questions that
respectfully acknowledge cultural differences and build the trust necessary for the
consumer or clinician to confide in the (Caucasian) mental health professional (Dana et
al., 1992). Along these lines Abel suggests,

People should take a look at the histories of oppression and recognize how the
dominant culture can work across differences. People from the dominant culture
should examine their own whiteness, privilege and their own biases towards
Spanish speaking people.

Religion

Religion plays an important role in the lives of many Latinos. They often seek
help for mental health needs from religious organizations (Altarriba & Bauer, 1998;
Arredondo, 1991; Frevert & Miranda, 1998). Across the board, our study participants
recognized that this faith-based component strongly influences the reduction of mental
health services utilization. Alvidrez (1999) goes on to state that the individuals who endorse religious or supernatural causes of mental illness are less likely to utilize mental health services. Eve believes that religion in many instances replaces seeking help at mental health agencies and added,

Latinos would prefer to talk to a priest rather than a mental health professional. They would prefer to say a prayer and light a candle rather than accepting illness. If clients do seek an expert to help sort their issues it would be a widely validated professional such as a medical doctor because they seem to somatically experience mental health symptomatology.

Along these lines, Ivette stated,

They (Latinos) prefer to seek help for their mental health issues through their primary physicians, or other entities such as church or spiritual leaders such as priests or pastors to assist in their daily problems. I think that seeing a doctor or spiritual leader leaves them with less room for embarrassment or shame.

*Substance Abuse*

Not much literature was found in regards to substance abuse as a deterrent to receiving mental health services among Latinos. However, Antshel (2002) states that increase in acculturation expose people, socially and ecologically, to the risk of alcohol and drugs abuse, which potentially serves as a way to cope or leads to mental health issues. Nevertheless, this matter is among the most common area discussed among the interviewees response to ways Latinos cope with mental illness. Gus reported, “Latino
clients tend to drown their problems with alcohol as a way to deal with them.” Bob also said,

Alcohol is a way for them (Latinos) to drown their problems and sort of forget their issues, especially without their support systems. A lot of their systems are back in Mexico because they work here and send money back home to their families. I worked with some (dual-diagnosis Latinos) in chemical dependency. This comes to mind and it is a common problem.

Daniel reports,

Latino clients deny there’s really a problem. I think that families that deal with other issues like alcoholism and drug addiction is a way to sabotage a little bit of the mental health services. Clearly there is a resistance to change certain patterns.

This, according to John, brings shame or embarrassment into the family. He went on to say,

Latinos are ashamed of sharing mental health and other issues that affect them outside the family. Latinos prefer not to disclose any information regarding mental health issues because this brings shame in to the family. Such issues are kept within the family.

Accommodations for Better Services

All participants from these interviews provided various responses in regards to assets and accommodations that mental health agencies should possess in order to
provide better services to Latinos. Bilingual/bicultural services and staff was a unanimous response. This entails not only having services and staff that are culturally sensitive/competent but also culturally knowledgeable, recognizing cultures, values, beliefs, and traditions. Additionally, most participants echoed the use of interpreters able to interpret not only linguistically but culturally as well in the absence of bilingual clinicians/therapists/social workers; and last, implementing different strategies or interventions of therapy that work with Latino clients. These were viewed as the most needed beneficial accommodations or services towards the Latino population.

Bilingual Services and Staff and Cultural Knowledge

In addressing bilingual services and staff and cultural knowledge, participants agreed that bilingual clients, Latinos in this instance, do have different needs than those who speak English only and that mental health providers need to accommodate this linguistic need if they are to provide or better their services towards this population. Additionally, most participants agreed on the necessity of recruiting more bilingual mental health providers in order to provide services in Spanish. Since verbal expression is the first thing that occurs when services are rendered, and since most Latinos prefer to communicate in Spanish, they would be better serviced if mental health providers addressed their issues in their own language.

Marcos and Urcuyo (1979) state that the language barrier between counselor/therapist and client can further complicate the initial assessment of mental health status. Furthermore, Marcos (1988) adds that another aspect contributing to the
language barrier is that the Spanish-dominant client when speaking English might communicate information that lacks emotion.

Most Latino immigrants, according to Cory, have none or limited English skills and appear to convey their emotions associated with mental health issues much better when they express themselves in Spanish. Even first-born US-Latino generations seem to use Spanish as their main tool of communication, Cory added.

A diminutive consideration has been given to linguistic factors in the design of culturally relevant treatment plans. Furthermore, and of equal importance, Santiago-Rivera (1993) states that there is even less consideration given to the use of language as a therapeutic intervention strategy. Acosta and Cristo (1981) debate that this is beyond belief given that language is the practice by which knowledge, beliefs and traditions are disseminated and is closely related to individual’s history and culture.

On this issue, Ivette says

If we are to create better services and a positive therapeutic relationship it is important to provide services in the language they feel most comfortable with; this also entails having information pertinent to mental health services in Spanish. Spanish is the tool of communication preferred by Latinos I have worked with. Therefore, agencies need to continue hiring clinicians, family advocates and people in management position that are bilingual and not only culturally competent and sensitive but culturally knowledgeable as well.

Along these lines, Gus takes a somewhat different approach by adding,
Besides providing services in Spanish, agencies’ staff, in order to better their services, need to truly understand that, only in the US, Latinos are collectively associated or represented as a one-group of people. However, there are a lot of differences among Latino cultures. Latinos is not a one-culture but an arrangement of cultures. Therefore, recognizing or acknowledging Latinos nationalities, their values, traditions, culture, beliefs and even history is paramount when serving them. Some agencies have staff that is culturally sensitive or competent but not culturally knowledgeable.

DHHS (2001) reports few providers identifying themselves as Latino or Spanish-Speaking. Same report states that Latinos with limited English proficiency turn to organizations delivering mental health services but on the intake process they often face a universal predicament of language and cultural detachment from service providers because of the severe scarcity of bilingual and bicultural clinicians. Frank stated making the effort to learn Spanish in order to assist his Latinos clients in their own language, and acknowledges that there is a shortage of bilingual clinicians and staff. He goes on to say,

Obviously the need for bilingual clinicians, social workers, people in management positions and even receptionists are needed. I have worked in the mental health field for some years and I have seen the increase in Latino clientele. Some speak English, but most don’t and in order to serve them better agencies must provide services in the language they prefer. This includes relevant mental health information or services written in Spanish.
Bob, a clinical supervisor shared his view by saying,

Definitely bilingual Latino social workers or clinicians are in big demand nowadays but there is still not enough to serve the Latino population. Many agencies lack this and that is the reality. My experience is that when Latinos are not met with services in Spanish, they stop the services.

Hugo adds on this issue by saying

When Latinos see or work with a provider who is of the same background or culture, they seem to, often times, open up more than when working with an Anglo provider regardless of whether she or he speaks Spanish or not. I may have an advantage over my White colleagues when working with Latinos clients because I am Latino and speak the language but this does not make me an expert in my own culture. I lack knowledge of Latino cultures. The mental health field is in short supply of Latino providers and culturally knowledgably staff.

Abel says,

It is critical that agencies consult and provide trainings to their staff in regards to knowledge of culture. But equally important is the need to have more mental health providers of Latino background in this field or agencies.

Daniel says,

The issue is not whether an agency is able to provide bilingual services to this population; the issue here is that agencies need Latino providers of mental health services as part of their staff. By that I mean social workers, therapists,
counselors, family advocates, and people in management positions who are Latinos. Agencies can make use of interpreters but that does not justify their lack of Latino staff.

*Linguistic and Culturally Appropriate Interpreters*

Most responses also exhorted the need for professional interpreters if bilingual mental health clinicians, therapists, counselors, and psychiatrists are unavailable. It is important to mention, however, that the literature review and/or research for this project does not mention, in the absence of bilingual counselors, therapists, social workers, clinicians or services, the use of professional interpreters. Nevertheless, most respondents stated that interpreters must be able to interpret more than just language, they must be able to correctly interpret cultural nuances that are subtle to everyday interactions, idioms and other ways of expressions that often get lost in translation or words that do not completely translate into English. However, some made it clear that agencies must not rely on interpreters. The goal for agencies is to hire bilingual and or bicultural staff.

Bob explains,

> The utilization of professional interpreters with the ability to translate culturally and not just linguistically can help agencies in their endeavors to serve Latinos in their own language. But my experience is that translators are not always available. Agencies need more bilingual and or Latinos as part of their staff.

John also made his point about this need by saying,
If no bilingual services are available, agencies can use professional interpreters able to interpret linguistically and culturally. My perception is that when interpreting culturally you get a better understanding of how Latinos see or experience their symptoms and how they cope with mental health issues within the context of their own cultures. This has been my experience, and learning cultural aspects of Latinos has allowed me to understand better their needs and their perceptions of the field.

Alegria et al. (2007) agreed that bilingual services are paramount when serving this population. However, they add that the problem for Latinos is the limited accessibility of bilingual services.

John states,

This is a delicate issue because agencies cannot rely on interpreters only; this does not address the lack of bilingual staff issue. Agencies need bilingual and Latino staff to accommodate services to the Latino population. Agencies also must provide training related to cultural issues including knowledge of the culture or cultures. These two need to happen because the Latino population continues to grow.

Eve takes a different approach by saying

Yes, it is eminent that most agencies lack bilingual staff and using professional interpreters may help alleviate this challenge. However, professional interpreters are not always available unless an agency has one as part of its staff. But I doubt
it. There is a great need for more bilingual and Latino staff at different levels within the field of mental health.

Gus shares similar views when he says,

We need bilingual staff. Interpreters are not available at specific times when I service Latinos. On top of this, we need trainings not only on sensitive or cultural competency issues but also in cultural knowledge. The Latino culture continues to increase, especially in California. I am now also servicing Latinos from Central American countries and I am becoming aware of differences between Latinos. I need to be more culturally knowledgeable.

Indeed, studies by Smith and Montilla (2006) state that recognition must be given to the fact that cultural elements specific to Latinos differ among nationalities and affect use of mental health services in a different way. Their study recommends that attention must be given to cultural differences among the Latino cultures.

Implementation of Different Therapeutic Interventions/Strategies

Another area that exhorted as an accommodation towards the Latino population is the need for therapeutic interventions or strategies that work well with them. Most respondents agreed that most therapeutic interventions available are western rooted or based and definitely not tailored for the Latino population. Some agreed that therapeutic interventions or theories that work well with this population are still to be researched, documented and implemented (Cross & Bazron, 1999). Despite this, a couple of respondents stated that modern therapeutic approaches might work well with Latinos.
Bob says,

The United States locates the mental illness in the individual while it tends to ignore the relational issues or problems within the culture. Locating the problem in the individual blames the individual and the client further becomes an object of western medicine. Therapy should be culture focused when working with Latinos. I have used western therapeutic approaches and have witnessed some to work, not often though.

Hugo says,

I educate my clients about the possible therapeutic approaches that I think can work in their treatment. Sometimes they work and sometimes they don’t. The approaches that are utilized in the field lack implementation around culture factors that Latinos bring with them when in treatment or therapy.

Ibrahim and Arredondo (1986) state that some of the low percentage of Latinos using mainstream mental health services may be receiving inadequate treatment. They go on to add that use of mainstream counseling services by ethnoculturally diverse individuals has been suggested to be ineffective.

Frank believes any one can adapt to a different culture but not necessarily to a mode of thinking. He adds that the current mental health system in place is western based, particularly a European philosophical system. He goes on to state,

We are trying to have people coming from a different experience adapt to our mode of thinking in the field. And truly, from that sense, the services that we are
providing to Latinos are not culturally specific because it’s a translation from a European philosophy of theories, approaches, or treatment. To be a genuine and productive approach or treatment it would have to be generated from the culture of the individual being served.

Along this lines John says,

Ultimately the entire practice system is going to have to shift a bit. We are going to look at what the therapies or interventions are most inviting and able to encompass anybody’s worldview. Something that will allow mental health providers start where the client is at, as opposed to imposing Western ideologies on to treatment. Narrative therapy and motivational interviewing has worked for me when working with Latinos because these allow exploring cultural factors at a greater scale than other approaches.

Ibrahim and Arredondo (1986) also state that established treatment approaches (i.e., nondirective, future oriented) are repeatedly used with Latinos and may not be uniformly for all individuals. For this reason, special consideration should be placed on the particular and distinctive needs of this population. Abel addresses Ibrahim and Arredondo’s statement by saying,

An agency need is to provide training and appreciation of and support of models of therapy that places culture at the heart of the work and paying attention to the context how cultural discourse is. We all know that race and culture shapes people’s lives. Therapies and or approaches that examine culture would have to
evolve and be implemented such as the narrative approach, which has worked for
Latino clients and me in the past.

Cory has a different perspective,

We do not have therapeutic interventions solely for Latinos. I think it will take
years for a specific therapeutic approach to surface in the mental health field. But
we cannot wait for specific approaches or interventions to surface; we must
continue working with Latinos and make the effort to learn about and from them
and discover what works best for them within the context of their culture when
receiving services.

This sentiment was echoed by Eve,

I think that as providers of mental health we are passing on a great opportunity to
learn how to work better with them. We want to provide them with what we
know, even if sometimes consciously or not we impose a western ideology or
philosophy or treatment. But we take little or no time to ask them about how their
culture may affect a certain treatment. We must come from a curiosity stand and
learn as much from and about them as much as they learn from or about us as
mental health providers. The more we learn about their perceptions of the field the
more we will prepare ourselves in the implementation of treatment or services.

Comas-Diaz (1981, 1985) states that within the last decades more attention has
been given to treatment and prevention issues with Latinos. Specifically, researches have
investigated the effectiveness of various approaches or forms of therapy in a cultural
context. However, these lack an integrative cultural approach based on the Latino culture. Comas-Diaz goes on to say that mental health professionals pass on the opportunity to ask Latino clients questions that can facilitate knowledge of their culture and how this affect services.

Summary

In this chapter, the data from the study was analyzed and discussed. Chapter 5 is a description of the conclusions and recommendations. The limitations of this study and implications for social work practice and policy are also discussed.
Chapter 5
CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter sums up the conclusions extracted from this study. It includes a discussion of education, means Latinos use to cope with mental health issues, and accommodations for better services. Additionally, this chapter will discuss future recommendations, explain the limitations of this study, and outline the implications of social work practice.

Conclusions

The collected information in this study offers mental health professionals a way to move toward and effectively engage with Latino clients by providing services based on inside knowledge about Latino culture. It is essential for mental health professionals to seek more knowledge, educate and explore this culture and how it affects their utilization of such services. Professionals need to identify and evaluate the level of the Latino client’s acculturation because this not only affects decisions to seek services but also impacts how services must be provided.

The main findings from this study were: 1) education, 2) means Latinos use to cope with mental health issues, and 3) accommodations for better services. In this chapter, there will be a further explanation of these findings.

In terms of education, mental health professionals in this study appear to agree that cultural awareness and acculturation are important enlightening aspects to be learned
and understood. Cultural awareness allows the professional to notice not only the vast similarities but also the many differences that exists in the Latino cultures. Along these lines, the study found that this can potentially help in understanding levels of acculturation among different Latino generations and how this affects utilization of mental health services. Additionally, the study found that mental health professionals must also become aware of the coping mechanisms used by Latinos and not let any assumptions get in the way towards misinterpreting their privacy with unwillingness to participate in services. Respondents recognize the imperativeness of understanding family dynamics because each member seems to have a specific role and there seems to be no such thing as nuclear family within this population.

Additionally, and in regards to family structure, one respondent said, “It’s important to know how the client defines family. Most Latino families include tias (aunts), tios (uncles), primos, [primas] (cousins), abuelos (grandfathers), abuelas (grandmothers), friends, close neighbors, teachers and so on.” It also important to mention that this study identified, that respecting and acknowledging religion, as a vital mechanism for Latinos in dealing with mental illness, is paramount in the development of a therapeutic relationship.

Moreover, the consumption of substances such as alcohol or other drugs, the study illustrated, as a non-deterrent to services but as another mechanism to deal with mental illnesses. The increase in acculturation exposes people socially and ecologically to the risk of alcohol and drug abuse, and likely, serves as a way to cope with mental
illnesses (Antshel, 2002). The study showed this being a common perception discussed among respondents.

In terms of accommodation for better services, the findings show the necessity for an availability of bilingual or Latino staff in order to serve this population in the language of their preference. This eliminates the use of professional interpreters that often are unavailable and unable to adequately interpret culturally. Additionally, findings acknowledge the necessity of staff becoming culturally knowledgeable in order to understand this population within their scope of practice. In addition to this, respondents recognize the need for staff mental health staff to think outside the box and be open to other therapeutic approaches that are not solely based on a western mentality or approach.

The study is projected to help social workers and other mental health practitioners have improved insight about the mental health services they provide to Latino clients. Furthermore, it allows them to tap into their own cultural knowledge, beliefs and experiences in relation to cultural factors that influence the utilization of mental health services among Latinos and re-evaluate their professional self. The knowledge and experience of some mental health practitioners, who work with this target population, have a wealth of information that could be beneficial to the mental health field.

It is, therefore, essential for clinicians to understand the importance of assessing their client’s cultural and social attributes, to measure their ability and readiness to receive mental health services and to meet their cultural needs. This research study intends to increase knowledge and understanding about the type of services clinicians and
providers should make in an effort to provide Latino clients with effective and much appropriate culturally based services.

**Recommendations**

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

**Future Researchers**

The field of social work will need to prepare to continue providing services to the Latino populations that will reach 97 million by the year 2050 (DHHS, 2001). This figure suggests a need to focus on this population and their needs in the mental health system. Existing research illustrates the relationship between utilization of mental health services and the Latino population (DHHS, 2001; Guarnaccia et al., 2007; Kanel, 2002; Manoleas, 2008). However, not much research has explored or describes how mental health professionals’ perceive cultural factors that lead Latinos to seek out mental health services within the lenses of their culture. Gained insight to the mental health professionals’ views on cultural factors and mental health services may shed some light on their practice and how to provide more effective mental health services to better meet the treatment needs of Latinos.

Therefore, it is recommended that this study be replicated to gain more knowledge, as this study appears to display critical information in regards to cultural factors within the context of mental health. As experts of their field, practitioners bring a
wealth of knowledge of the mental health profession, and it is the authors’
recommendation to interview more professionals about cultural factors on a much larger
scale. The researchers also emphatically suggest a quantitative study design. The
advantage to a quantitative study design is its convenience in converting the data into
numerical form and subjecting it to a statistical analysis. Another advantage to using this
method according to Rubin and Babbie (2008) is the data will produce precise, objective
and general findings that will essentially determine the effectiveness of the study. With
this, future researchers can develop a tool that measures other factors that influence the
utilization of services among Latinos. Factors may include, but not limited to education,
substance abuse, socio-economic status, education, immigration status, policy and
evaluations of mental health services.

Mental Health Professionals

The researchers of this project recommend acquisition of a much better education,
understanding, competency, and high importance regarding, knowledge of cultures within
the Latino community, including religion and its role within mental health challenges.
Latino is not a culture in itself, but an immense diversity of cultures that share plenty of
commonalities and plenty of differences within their language, cultures, traditions,
values, beliefs, history, economics and even perceptions of the mental health field. It is
also recommended to explore, learn and understand family dynamics and the role of each
individual in the Latino family. It is imperative that mental health professionals,
regardless of any Latino generation, explore and understand how Latinos define family,
as this often encompasses extended family as well. For instance, the role of a grandfather, in many instances may take precedence over the role of a father in the family structure.

The literature and most respondents answers suggest that knowledge, understanding and learning of all these are paramount in the development of a strong therapeutic relationship (Altarriba & Bauer, 1998; Alvidrez, 1999; Antshel, 2002; Frevert & Miranda, 1998; Keefe, 1979; Sabogal et al., 1987). It is also highly recommended to be aware of how mental health services are perceived by third or other future generations. Literature shows that third and following generations has more knowledge about mental health services than their predecessors due to a much better acculturation.

According to Levine and Padilla (1980), mental health services among Latinos are associated with their knowledge in such services and their level of acculturation. They go on to state that low acculturation rates impede service utilizations, particularly for recent immigrants. Furthermore, research demonstrates that, as Latinos become acculturated to the United States, rates of service utilization match those of the majority ethnic group (DHHS, 2001).

Professionals must be also aware of their own cultural beliefs and values in order to recognize when they may differ from those of the patient, and evaluate the patient’s responses objectively. The researchers recommend mental health professionals to embrace the opportunity to ask appropriate questions displaying interest or inquisitiveness of the Latino patient(s) culture and grant the role the importance that it plays in mental health services, therapy and/or counseling. This can be of great benefit
for the mental health professional as this provides the opportunity to learn about Latino culture, their ways of coping such as substance abuse, mental health perceptions and the importance that family, language and religion places within the context of mental health. Moreover, this displays an interest about the culture that can be potentially appreciated by the Latino client.

The researchers also recommended professionals with limited knowledge about Latinos cultures to follow the suggestions made by Dana et al. (1992). They recommend mental health professionals should ask questions that politely recognize cultural dissimilarities and develop the crucial trust for the consumer to confide in the mental health professional. Furthermore, it is recommended that mental health professionals consider the importance and benefits of learning Spanish, which researchers believe and suggest, as this population steadily grows, to be a great addition to their practice, career or profession. At the same time, learning Spanish eliminates use of professional interpreters that most times are unavailable and absent as part of mental health providers/agencies staff.

Another recommendation for mental health professionals, in the absence of therapeutic approaches solely designed for this population, is to get acquainted with therapeutic interventions or strategies that work well with Latinos. Given the fact that nearly all-existing therapeutic interventions are rooted in a western philosophy or mentality that fails to encompass the importance of culture when working with people
who are not of European descent, this makes current interventions definitely untailored for the Latino population.

Therapeutic interventions or theories (narrative approach and/or motivational interviewing) suggested by the interviewed participants of this project and that have worked well for them when working with this population are still to be researched, documented and implemented at a greater scale. The researchers in the literature neither make mention of any non-western-based theory or approach that can be utilized or that has shown success when working with non-European populations.

Nevertheless, and in the absence of culturally based theories or approaches solely structured for the Latino population, the suggested approaches could possibly be alternatives to utilize or implement when working with Latinos. Researchers, scholars or theorists in the field or related fields must give this matter the importance it merits and hopefully continue researching more about what this project’s study has barely covered. Last but equally important, the researches emphatically recommend not limiting one-self to these two approaches and investing in learning and/or researching other approaches that show potentiality in working with the Latino Population.

Mental Health Providers/Agencies

Alegria et al. (2007) agreed that bilingual services are paramount when serving the Latino population. However, they add that the problem for this population is the limited accessibility of bilingual services. Participants in this project or study agreed that bilingual clients, Latinos in this instance, do have different needs than those who speak
English only and that mental health providers are in need to provide accommodations to meet this linguistic need.

The researches recommend providers/agencies considering hiring more bilingual and or Latino individuals as part of their staff to fulfill and address the demand for bilingual and/or Latino mental health providers. The staff could include: receptionists, therapists, social workers, counselors, family advocates, clinical supervisors and directors, and in other positions at management levels.

Some participants of this study agreed most Latinos (first and second generations specially) prefer Spanish as their main tool of communication. Furthermore, a Latino Spanish-dominant client can communicate emotionality related to mental health challenges much better in his or her first language, which often is Spanish (Marcos, 1988). It is, therefore, recommended that providers/agencies consider minimizing or eradicating language barrier between client and providers or professionals by addressing Latinos’ mental health and other challenges in their own language as well. Along with this, it is also recommended that agencies have available information pertinent to mental health services written and disseminated in Spanish. Moreover, it is highly recommended giving Spanish its importance as a therapeutic intervention strategy since “language is the practice by which knowledge, beliefs and traditions are disseminated and is closely related to individual’s history and culture” (Acosta & Cristo, 1981, p. 122).

Equally important, consulting about and providing staff with sensitive, competent and culturally knowledgeable trainings is emphatically recommended by the researchers.
Most respondents of this project or study suggest that recognizing or acknowledging Latinos nationalities, their values, traditions, culture, beliefs, religion, language and even history is paramount when serving them and in the creation of therapeutic relationships. The researchers also recommend providers/agencies studying, researching, learning and implementing therapeutic interventions or strategies that place culture at the heart of the work and that can potentially work well with Latinos in lieu of western-based dominant theories or approaches in the field of mental health. At the same time, it is recommended encouraging mental health staff (counselors, clinicians, therapists, social workers, clinical supervisors and directors) to consider these same strategies and learn Spanish as well. Creating incentives to facilitate this endeavor is also important. It is imperative to mention though that the researchers, by no means, suggest ignoring the validity and importance of western-based therapies or approaches that may or may not work well with Latinos.

Latino Clients

In order to become more aware each other’s culture, the Latino clients must make the effort to become educated about mental health services in general. At the same time providers and/or professionals of the field must go beyond their level of practice and be educated about the Latino client’s culture and the importance of its role in the field. Both parties bring their cultural views to interaction influencing the utilization of mental health services among Latinos (Tervalon, 1997). Given the respondent’s answers, the researchers highly recommend formal education, a sense of curiosity about cultures, self-
disclosure about cultural backgrounds, so that staff and clients become more culturally competent, knowledgeable, culturally friendly, and culturally aware of mental health services.

Limitations

The limitations of this study involved subjective knowledge, sample size, the restricted scope of focus and the researchers. The following are five perceived limitations for this study: 1) This study focuses solely on the perceptions, experiences and knowledge of the mental health professionals which means their experiences and knowledge of cultural factors is purely subjective; 2) Because information is purely subjective, there is no statistical data, surveys or experiments that can be derived from it; 3) Only ten participants were interviewed in this study, therefore this sample is not representative of a greater general population; 4) Cultural factors identified as influencing the utilization of mental health services among Latinos does not take into account age, gender, education, substance abuse, socio-economic status, immigration status, and policy; and 5) The data collected from the interviews was transcribed and interpreted by the researchers and it may have resulted in a bias response.

Implications for Social Work Practice and Policy

Latinos have become the second largest population in the United States and the largest in the state of California (Gonzalez & Gonzales-Ramos, 2005). With this increase, a strong sub-culture appears to be emerging within the structure of the American society. The biggest challenge here, as the research suggests, is the insufficient awareness, on
behalf of mental health professionals and providers/agencies, of cultural factors that influence the utilization of mental health services among this population (Martin, 1979). Martin goes on to state that Latinos seeking help from mental health facilities are often times misunderstood due to an institutional failure to appreciate cultural differences. It is imperative that mental health professionals, providers and social workers begin to pay much more attention to Latino cultures within the context of the mental health field or profession. Culture within the context of mental health, as the study results show, is the best venue to acquire a much better understanding of cultural factors that play a role in how this field is perceived by Latinos. It is the hope of these researchers that the gathered information in this study serves as a catalyst for other researchers to follow in continuing researching this project’s topic as this is has hardly been researched or come to light.

At a micro level of practice, mental health professionals or social workers can use this project’s information as a possible guide to gain knowledge about Latino culture, strengthen their skills and add new ones in light of developing better services for this population. This must encompass the values, traditions, beliefs, and experiences of Latino culture within the context of mental health. From a macro point of view, agencies or providers can use this information as a venue to promote culturally competent, sensitive and knowledgeable trainings to professionals in the field of mental health. Furthermore, mental health professionals and providers, in gaining knowledge of working with this targeted population, can work together in an effort to adequately provide proper mental health services to this population. The use of this information can also serve as a guide to
implement additional services or accommodations to meet the needs of their Latino clients. Additionally, agencies can focus on researching theories or approaches that may potentially work well with Latinos and add bilingual or Latino personnel into their staff to accommodate the need for bilingual services. The needs of Latino clients are discussed in detail throughout this study and can be used as a reference to become aware of the decisions influenced by culture that leads to the utilization mental health services among Latinos.

Conclusion

Limited information was found about what mental health professionals say about cultural factors that influence the use of services among Latinos. The purpose of this study, therefore, was to describe the perceptions of mental health professionals pertaining to the cultural factors that influence the utilization of mental health services among Latino clients. This research acknowledged major findings of this descriptive exploratory study from ten mental health professionals previously or currently providing mental health services to Latino clients. Participants recognized the need of becoming more educated about Latino clients’ cultural background and at the same time, the Latino client lacking adequate knowledge about mental health services. Latino clients traditionally have cultural-based ways to cope with issues of mental illness, and therefore, the need to accommodate their needs by providing appropriate services is eminent. This study allowed the mental health participants to reflect on their own experiences when it comes to working with this population.
This study also demonstrated that additional research is indeed needed to include other cultural factors that may or may not influence the utilization of these services among Latino clients. Building on the results of this study, future researchers may explore the perceptions of mental health professionals pertaining to additional cultural factors such as, immigration issues, background, environmental issues, policy and lifestyle. An important concept that warrants further exploration is about the perceptions of mental health professionals have in regards to the understanding of mental health services among Latinos.

Additionally, future researchers may use these study findings as a possible foundation to develop mental health treatment that is more culturally based and specific when treating Latino clients. Researchers recommend a combination of mixed methods: employing quantitative and qualitative in order to explore how more culturally specific treatment protocols can be developed, and what types are most appropriate and effective.

Latinos will continue to adapt to the western ideologies with respect to language, culture, and customs. However, it is the researchers hope that this population may overcome the many obstacles associated with mental health services if mental health professionals and providers acknowledge the importance of cultural factors that influence the utilization of such services. It is unlikely that mental health services will radically change to meet the cultural needs of Latino clients. However, it is imperative that research identifies the cultural factors influencing Latinos in the utilization of mental
health services so they are encouraged to seek and be provided with culturally appropriate mental health treatment.
APPENDICES
APPENDIX A

Interview Questions

Demographics

1. What is your gender?
2. What is your race/ethnic background?
3. Do you speak Spanish?
4. What is your job title?
5. How long have you provided MH services?
6. Have you provided or currently provide MH services to the Latino population?

Acculturation

7. Is acculturation important in working with Latinos receiving MH services? Please explain?
8. How does the level of Latino acculturation affect MH services? Please explain.

Language

9. Are the needs of bilingual clients different from English-Speaking only clients?
10. What accommodations should MH clinicians make in order to serve Spanish-speaking clients?

Coping Mechanisms

11. What is your impression of how Latinos cope with MH issues prior to receiving MH services?
12. Describe, if any, what other means Latinos utilize to deal with mental health issues?

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

14. Do you believe Latino clients have support from their families to utilize MH services? Please explain.

Cultural Competency

15. What are some important assets that an agency should possess if predominately working with Latino clients?

16. What is your knowledge about the Latino Culture’s view of mental health? Please explain.

Other
17. What can mental health agencies do to improve services to Latino clients?
APPENDIX B

Consent to Participate

You are being asked to voluntarily participate in a research project conducted by Raul Galvez and Tanaya Silva, Master of Social Work students at the Division of Social Work, California State University, Sacramento. The purpose of this study is to describe the perceptions of mental health professionals pertaining to cultural factors that influence the utilization of mental health services among Latinos.

Procedures:
After reviewing this form and agreeing to participate you will be given the opportunity to set up a time to be interviewed at your convenience. The interview will be conducted at a location that you feel comfortable or the researchers will recommend conducting the interview in a room at the California State University, Sacramento Library. The interview should take approximately forty-five minutes. It will be audio taped. The recording will be transcribed and then destroyed. As a participant in the interview you can decide at any point to not answer any specific question or to stop the interview.

Risks:
The researchers of this project anticipate minimal risk to you for participating in this study. Some of the questions in this interview may elicit emotional responses as you consider your level of knowledge about cultural factors that influence the utilization of mental health services among the Latino population. If you need to speak to someone, please contact the Adult Access Team at 916-875-1055 or the Sacramento County Mental Health Treatment Center at 96-875-1000. These services are available on a sliding scale.

Benefits:
You may not benefit personally from this research. However, by being a part of this study you may gain insight about cultural factors that influence the utilization of mental health services among Latinos. This information may be useful in providing more effective mental health treatment when dealing with the Latino population. Additionally, this research may help others to further understand the connection between cultural factors and the utilization of mental health services.

Confidentiality:
All information is confidential and every effort will be made to protect your anonymity. The consent forms and the recorded interviews will be stored separately and kept in a locked cabinet in a desk. These researchers’ thesis advisor will have access to these transcriptions for the duration of the project. All drafts as well as the final research report will not include any identifying information. All of the data will be destroyed approximately by June 01, 2001, after the project is filed with Graduate Studies at California State University, Sacramento.

Compensation:
Participants will not receive any kind of fiscal compensation.
Rights to withdraw:
If you decide to participate in this interview, you have the right to withdraw from participation at any time without any consequences. You can elect not to answer any specific question during the interview.
Consent to Participate as a Research Subject

I have read the information on the research participation cover letter. I understand that my participation is completely voluntary. My initials indicate that I have received a copy of this consent form and I agree to participate in this study.

Initials___________ Date___________

If you have any questions regarding this research project, you may contact us via email at MHresearch@yahoo.com and/or our project advisor, Professor Maria Dinis, either by phone at 278-7161 or email at dinis@csus.edu
REFERENCES


groups within the United States. American Psychological Association, 52, 4-15.

mental health services: A case for outreach and consultation. Journal of Mental
Health Counseling, 17, 371-385.


Mexican-American value orientations. Human Organizations, 39, 153-159.

Meyers, P. Wohlford, L. P. Guzman, & K. J. Echemendia (Eds.), Ethnic minority
perspectives on clinical training and services in psychology (pp. 23-31).

of Orthopsychiatry, 51, 636-645.

In D. R. Koslow, & E. Pathy (Eds.), Crossing cultures in Mental Health (pp. 25-42).
Rockville, MD: U.S. Public Health Service.


*Social Science Medicine, 11*, 3-10.


