MENTAL HEALTH PROVIDERS’ EXPERIENCE AND PERCEPTIONS OF WHY LATINOS UNDERUSE MENTAL HEALTH SERVICES

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B.S., California State University, Sacramento, 2007

PROJECT

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF SOCIAL WORK

at

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

SPRING
2010
MENTAL HEALTH PROVIDERS' EXPERIENCE AND PERCEPTIONS OF WHY LATINOS UNDERUSE MENTAL HEALTH SERVICES

A Project

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Abstract

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Latinos under utilize mental health services; however, studies indicate they encounter mental issues due to their life experiences. As the Latino population continues to increase, there should be attempts to reduce the barriers that prevent Latinos from accessing mental health services. The purpose of this had two objectives. First, this study was to explore the barriers that are preventing Latinos from adequately utilizing mental health services. Secondly, this researcher aims to analyze and compare the barriers that exist in rural and urban communities to determine similarities and differences. This researcher interviewed ten participants working in the field of mental healing. Five participants worked in a rural community while the other five worked in a urban community. This researcher concluded that there exists less availability and accessibility to mental health a service in rural areas due to lack transportation and lack of bilingual Mental Health providers.
Respondents in rural and urban communities indicated that lack of knowledge and low awareness of mental health services was also a barrier to mental health services. Respondents reported that psycho education and outreach to increase awareness for this population.

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Joyce Burris, PhD, MSW

_____________________
Date
ACKNOWLEDGMENTS

First, I would like to thank God for giving me the power to believe in myself. I would like to thank my thesis advisor, Dr. Joyce Burris, for her support in writing my thesis. I would like to thank those involved in establishing after school programs. Reaching my educational would not have been possible without the assistance of Salvation Army’s After School Program. I am very grateful to have been able to access wonderful resources.

I would also like to acknowledge my family and friends. Thanks to my son, Anthony, for being patient and understanding. Thanks to my three brothers, Sergio, Carlos, and Jorge, for being wonderful role models. Bros, you have given me guidance, inspiration, and hope. I am grateful for having the best brothers. A special thanks to my best friends, Jennifer and Lucy. Jennifer, you are like a sister to me, and I could have never asked for a better older sister. You are always there to provide support and encouragement when I most need it. Special thanks to Jennifer’s parents for treating me like another daughter and providing positive encouragement. I would also like to give special thanks to my partner, Oscar. Thank you for your support these past two years. I would also like to thank my classmates for their support and encouragement. Lastly, I would like to thank the participants in this study for their time and assistance with this project.
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Chapter 1
THE PROBLEM

Purpose of the Study

In the United States, the Latino population represents 45.5 million of the population, which is 15.1% of the total population (US Census Bureau, 2000). The Latino population is growing in the United States and this population is estimated to be the largest minority group by 2050 (Sone, & Balderra, 2008). The public mental health system has ignored the mental health concerns of this population for a long time. As the population grows, it is necessary to address the mental health needs of this population.

Latinos are vulnerable to mental health diagnosis due to their experiences of immigration, acculturation, socioeconomic status, and for being targets of racist treatment (Ramos-Sanchez, & Atkinson, 2009). According to American Psychiatric Association, Latinos are at greater risk for developing depression, anxiety, post-traumatic stress disorder, and substance abuse because of these life experiences. Latino youth are also at high risk from developing disruptive behavior disorders, such as antisocial behaviors, impulsivity, and oppositional defiant disorders. The untreated mental health problems in Latino youth may lead them into the juvenile justice system rather than mental health service (Rawal, Romansky, Jenuwine, & Lyons, 2004). Studies indicate that Latinos do not utilize mental health services. Only one in 10 Latinos will contact mental health specialists and 1 in 20 Latino immigrants will seek out mental health services (Ramos-Sanchez, & Atkinson, 2009; Manoeas, 2008). It is
important to understand what the barriers are that prevent this population from obtaining services to ensure Latino can live a meaningful and healthy life.

This research study will compare and contrast the barriers that are preventing Latinos participants from accessing mental health services in rural and urban communities. Fewer Hispanics receive mental health service in rural communities due to the factors associated with living in a rural environment (Soto, 2000). Living with a mental illness is difficult, no matter where you live. It is important to look at the disparity of mental health services in rural and urban communities. This research study will provide information about necessary changes in policies and procedures to ensure that Latinos are able to access mental health services in rural and urban communities.

Background of the Problem

As mentioned, the Latino population is increasing in the United States. As the population expands, it is necessary to reduce disparities of mental health services in rural and urban communities. Sixty one percent of the United States population lives in rural areas (Averill, 2003). In a small, rural community in New Mexico, 50 percent were Hispanics and the remaining fifty percent were non-Hispanic Caucasian. The majority of this population earns very little income and they are below the national poverty level (Averill, 2003).

Policies implemented in the past tended to focus more on evaluating barriers in urban communities than in rural communities. The Federal government implemented the Medicaid managed care policy to improve the quality of health services for
underserved populations. State legislatures have changed policies to increase access to mental health services; however, gaps in services for rural areas still remains (Willging, Waitzkin, & Niedao, 2008). The state policies have often not addressed transportation, language, cultural competence, and stigma attached to mental illness in rural areas. Moreover, the policies also excluded the undocumented immigrants, which includes Hispanics/Latinos that are uninsured (Willging, Waitzkin, & Niedao, 2008). Adaptation and assimilation is challenging in rural areas compared to urban areas. (Farmer, & Zola, 2009).

Research studies have indicated lower rates of use of mental health services by Latinos. A study comparing the gaps of services of Mexican Americans discovered that US born Hispanics would more than likely utilize mental health services if they lived in an urban area. Latino immigrants in rural areas undergo psychological distress, but do not access services due to lack of insurance (Vega, Kolody, Aguilar-Gaxiola, & Catalano, 1999). There are different barriers in rural and urban communities that prevent Latinos from accessing services. This study will look what those different barriers are.

There are many barriers preventing Hispanics from accessing mental health services. At an individual level there is the stigma attached to mental illness, help seeking attitudes, and health and mental health beliefs prevent Latinos from accessing services (Choic, & Gonzalez, 2005; Saetermore, Scatton, & Kim, 2001). For many Latinos socio economic status, lack of documentation, and the inability to speak English
are other barriers. The lack of bilingual service providers and the lack of cultural competence in agency staff is an organizational barrier, which prevents access to mental health services (Alegria, Canino, Rioa, Vera, Calderon, Rusch, Orega, et al., 2002; Marshal, Urratia-Rojas, Soto, Coggin, et al., 2005; Sherril, Mayo, Mayo, Rogers, Haynes, et al., 2005). Furthermore, there are community level barriers such as, lack of resources, lack of transportation, and lack of knowledge of where to seek services in a rural or urban community (Aguilar-Gaxiola, et al., 2002).

The geographic location is very important factor that contributes to the problem. Latinos living in rural areas should have equal access to services as the Latinos living in urban areas (Cabassa, Zayas, & Hansen, 2006). Thus, rural Latinos face more barriers in the process of gaining mental services than urban Latinos. Epidemiological studies have concluded that Latino mental health needs have been unmet since the 1980s (Cabassa, Zayas, & Hansen, 2006). In this study, this researcher will explore if Latino mental health needs continue to be unmet by researching the experiences, which are prevent Latinos from accessing services.

Theoretical Framework

The ecological perspective is a framework used to formulate assessments of individuals and their environment. This research study uses an ecological perspective to examine the barriers that are preventing Latinos from adequately utilizing mental health services. This approach perceives that people and their environment are holistic and transactional. This approach perceives that interdependence exist between people
and their environment, and used to understand the relationship between the intrapersonal and interpersonal factors encountered in human development (Robbins, Chatterjee, and Canada, 2006). Additionally, it assumes people and their environment mutually shape and influence each other, since human beings are goal oriented (Robbins, Chatterjee, and Canada, 2006). Individuals’ behaviors are influenced by the interactions of the person’s families, culture, community, and policies. In the ecological perspective, an individual will not access mental health services due to the influences of these four factors. This perspective takes into consideration each individual’s environment rather generalizing a person’s environment to an entire population.

According to Kilpatrick (2006), the ecological perspective can be applied to four system levels, which are microsystem, mesosystem, exosystem, and macrosystem. This approach can be used to understand the barriers the prevent Hispanics from accessing mental health service in each system. In the ecological perspective, the microsystem will represent the internal factors. The barriers in a microsystem component are language, self-reliant attitudes, beliefs, and alternative treatments, attitudes toward mental health, citizenship, and stigma of mental illness, acculturation, cost and lack of health insurance.

In the ecological perspective, the mesosystem is the interactions of individuals with families, peer groups, and the community within the individual’s immediate environment. The barriers at a mesosystem include the lack of bilingual and bicultural professionals, and location and accessibility of mental health service in rural and urban
communities. The exosystem is the social structures, and institutions, which indirectly affect the interaction on the micro and meso level. Based on ecological perspective, the exosystem may involve among other things the lack of knowledge of mental health. The macrosystem includes the social forces that determine polices and resources within the micro and exosystem, such as jobs, wages, opportunities, and laws that affect family functioning and cultural barriers (Kilpatrick, 2006). All of these factors are interconnected at a micro-, meso-, exo- and macrosystem levels. To examine barriers that prevent Hispanics from assessing mental health services, it is important to assess the barriers in each system.

**Research Questions**

Given the needs of the Latino population, this researcher has explored the problem of this study by way of the following questions: What are the barriers preventing Latinos from adequately utilizing mental health services in rural or urban communities? What are the similarities and differences between the barriers that prevent Latinos from accessing mental health service in rural and urban communities?

**Definition of Terms**

*Urban area:* “Territory, population, and housing units in urban areas. A cluster of one or more block groups or census blocks, each of which has a population density of at least 1,000 people per square mile at the time. Surrounding blockgroups and census blocks, each of which has a population density of at least 500 people per square mile at the time. Less densely settled blocks that form enclaves or indentations, or are used to
connect discontiguous areas with qualifying densities” (U.S. Bureau of the Census, 2000).

*Rural area:* The Census Bureau's classification of "rural" consists of all territory, population, and housing units located outside of UAs (urbanized area) and UCs (urban cluster) (U.S. Bureau of the Census, 2000).

*Latino:* “Mexican, Mexican Am., Chicano, ‘Puerto Rican’, or ’Cuban’ -as well as those who indicate that they are "other Spanish/Hispanic/Latino." Persons who indicated that they are "other Spanish/Hispanic/Latino" include those whose origins are from Spain, the Spanish-speaking countries of Central or South America, the Dominican Republic or people identifying themselves generally as Spanish, Spanish-American, Hispanic, Hispano, Latino, and so on’ (U.S. Bureau of the Census, 2000).

*Hispanic:* is interchangeable with Latino.

*Utilization:* Lack of mental health services.

*Curandero:* Folk healer

*Assumptions*

Through this qualitative research design, the following are assumptions for this research study. The presence of Latinos in rural and urban communities in the state of California, including, Sacramento, Yolo, Nevada, Amador, Lake County, and Placer County. As resident in California, Latinos deserve mental health services. Given the availability to mental health services, Latinos are underserved. There are barriers hindering the proper mental health care for this population.
**Justification**

The profession of social work is ethically responsible to enhance the well being of individuals by ensuring social justice to vulnerable and underserved populations according to the Code of Ethics to National Association of Social Workers (NASW, 1999). The purpose of this research study is to create social justice by increasing the awareness of needs surrounding mental health services for the Latino population. This research study will help social workers gain a better understanding of direct service, cultural competence, and the implementation and emphasis on policy development for this population. In order for Social workers to address the needs of the Latinos, social workers need to understand the beliefs, traditions, and customs of this population. Furthermore, this study will increase social worker’s knowledge on how to implement direct services and policies to address some of the mental health barriers of Latinos.

**Delimitations**

Information retrieved for this study is limited to participants in four mental health agencies in a rural and urban community. The data collected in this study will be limited to a small sample size from a rural and an urban community and will not represent the entire population of Latinos in the United States. The sample size does not represent the views of an entire rural and urban community.

**Summary**

Chapter one included the introduction, a background of the problem, a statement of the problem, the purpose of this research and the theoretical frameworks. In
addition, Chapter one contained conceptual and operational definitions of terms and a
section that described the limitations of this research study. Chapter two is a review of
relevant literature, with sections covering a description of the rural and urban
communities, including availability and accessibility of mental health services,
operational and structural barriers, help seeking preferences, cultural meaning of mental
health in the Hispanic community, perceptions of mental health, language barriers,
availability of mental health services, education, socioeconomic and health care
barriers, mental health service needs, diminishing mental health barriers, outreach, and
cultural competence.
Chapter 2
THE LITERATURE REVIEW

Introduction

This literature review will discuss the following twelve sections. The first section will describe the characteristics of a rural and urban community. The second section will describe the availability and accessibility of mental health services in a rural and urban community. The third section will describe the operational and structural barriers in obtaining services for Latinos. The fourth section will describe the help seeking preferences of Latinos in a rural and urban community. The fifth section will describe the cultural meaning of mental health in the Hispanic community. The sixth section will describe Latino’s perceptions of mental health. The seventh section will describe the language barriers. The eighth section will describe the availability of mental health services for Hispanics. The ninth section will describe the education, socioeconomic and health care barriers for Hispanics. Lastly, the literature review will explain the mental health service needs, diminishing mental health barriers, and the need for cultural competence for this population.

Rural and Urban Characteristics

Many people in a rural community, are poor, unemployed, less educated, and experience poor health (Letvak, 2002; Jameson, & Blank, 2007). Studies demonstrate that poverty, suicide rates, teen pregnancy, depression, and alcohol abuse is much higher in rural areas compared to their counterpart urban areas (Letvak, 2002).
Farm stress is a major concern in rural environments as well. Letvak (2002) states, “Symptoms of farm stress include difficulty sleeping, depression, alcohol and drug abuse, spousal and child abuse, an increase in accidents, and physiologic symptoms such as headaches and chest and abdominal pains” (p. 251). Because of their lifestyle, rural residents endure serious mental health challenges. However, accessing mental health services in a rural community is very difficult. In rural communities, mental health services are non-existent or the resources are very limited (Jameson, & Blank, 2007; Letvak, 2002). There is definitively a need for rural residents to access mental health services in rural communities.

The urban environment has some similarities to the rural environment as well as also having differences. Poverty, suicide rates, teen pregnancy, depression, and alcohol abuse are issues in urban areas. However, in inner urban cities, the psychopathology needs of children are a bigger concern than in small rural communities, due to their children’s exposure to violence in the urban cites. Community violence is a significant problem in urban communities. Children, as well as other individuals, exposed to community crime, gang violence, neighborhood drug infestation, and inadequate housing conditions (Gonzalez, 2005). Because of being in this environment, many individuals develop mental health needs. Research studies have found a relationship between exposure to community violence and mental health symptoms in urban adolescents (McDonald, & Richmond, 2008). The study discovered that exposure to
violence increases depressive symptoms, anxiety, posttraumatic stress, and aggressive behaviors (McDonald, & Richmond, 2008).

Availability and Accessibility in Rural and Urban Communities

Poverty has a significant effect on rural environments and mental health services. Property values are lower because of the economic status in the area. Thus, residents in rural areas collect less revenue from property taxes than in urban areas, making it difficult to finance health, mental health, and social services in rural areas (Human, & Wasem, 1991; Kane, & Ennis, 1996). Thus, fewer services exist in rural communities compared to their counter partner in the urban community.

A research study conducted among 57 rural communities and 18 urban communities to discover the level of service available and accessible among the participating counties and the impact of child welfare for improving mental health services of children. The study found that urban counties have higher availability and accessibility to social services (Belanger, & Stone, 2008). The Belanger and Stone (2008) study concluded that “more than one-fourth (25%) of rural counties did not have the following services: substance abuse treatment for adults (46%); afterschool programs for youth (48%); intensive family preservation (38%); domestic violence services (42%); and emergency financial or budgeting assistance (27%). In urban counties, only substance abuse treatment for adults was unavailable in more than one fourth of the counties (28%)” (109-110). Studies indicate residents in rural
communities have fewer services available to them, creating a disparity among rural residents and urban residents.

The lack of transportation is another barrier making it difficult for rural residents to obtain mental health services (Human, & Wasem, 1991; Jameson, & Blank, 2007; Kane, & Ennis, 1996 Health; Letvak, 2002). In rural areas, public transportation may not be available to rural residents. Making it difficult for rural residents to receive mental health care, these individuals do not have transportation to access services

According to Jameson and Blank (2007), primary care providers do not collaborate with mental health professionals in rural areas. Primary care providers include physicians, nurses and hospital staff who must work together with mental health professions to provide mental health services. Mental health professionals such as, psychiatrists, psychologist, clinical social workers, and mental health nurses are skilled and trained to provide individuals with quality mental health care. Rural residents are able to receive quality mental health care through adequate interventions, case management, and medication management when they have access to skilled-trained professionals (Kane, & Ennis, 1996).

In rural areas, the mental health care that the residents receive is usually through informal social support or primary care. Often times, it is not quality mental health care. Mental illness is a very difficult condition to treat and diagnose; consequently, collaboration is necessary in every community. Primary care providers do not have the effective training in mental health care. Thus and would not be able to
provide their patients with quality care. In rural areas, primary care physicians prefer to prescribe prescription drugs rather than working with a consulting mental health specialist (Jameson, & Blank, 2007). It is often difficult for rural primary care providers to refer patients to mental health services when few resources are available in the community. However, it is necessary for primary care and mental health staff to work closely together in rural areas and in urban areas as well. A study conducted in an urban area between two community health centers, which discovered a lack of collaboration between the clinics and mental health agencies in area. There are more resources available to clients in urban areas, thus the lack of collaboration prevents urban residents from adequately accessing those services (Cristofalo, Butain, Schraufnagel, Bumgarder, Zatzick, & Roy-Byrne, 2009).

Rural areas undergo many challenges in providing mental health care. The lack of integration of primary care and mental health care is one obstacle; however, the shortage of mental health professionals in rural areas makes it difficult for primary care to collaborate with them. There are also not enough mental health professions in rural areas because mental health professionals prefer to work in urban areas, which provide better opportunities for this profession. Studies indicate that mental health professionals will work in urban areas where the earnings are higher because of more jobs in the private sector (Jameson, & Blank, 2007). In contrast, in rural areas the jobs are restricted to the public sector institutions, which tends to offer a lower wages compared to the private sector.
Furthermore, graduate students are accustomed to urban areas and are unprepared for the concerns in rural areas. When graduate students search for employment, they remain in urban. Graduate students who are focusing on a career in mental health need to obtain internships in rural areas to adequately train for the work in that area (Jameson, & Blank, 2007). Most internship positions are in the urban communities and the shortage of mental health professionals will continue by not placing and training graduate students for the work in rural areas.

Research shows that burnout rates are higher in rural areas than in urban areas (Jameson, & Blank, 2007). According to Jameson and Blank (2007) “Burnout was predicted by a lack of social integration with other professionals, a lack of guidance and advice from authoritative sources, and the absence of reliable support from others for assistance” (p. 296). As mentioned, mental health professionals who do engage in providing services in rural areas are more likely to leave rural communities because of inadequate training for the rural environment as well as the lack of integration with primary care physicians. Thus, it is essential to prepare mental health professionals for a rural environment.

The lack of professional care has been a problem across the United States for many years. Researchers compared the availability of providers in the rural and urban areas of Alaska and New Mexico (Johnson, 2006). They found that one psychiatrist was available for 20,000 rural residents in New Mexico compared to one psychiatrist to
3000 urban residents in New Mexico. In addition, in Alaska, there were 72 mental health counselors in rural community and 299 in the urban community (Johnson, 2006).

Structure and operational barriers also exist in urban areas. However, in urban areas individual with low social economic status are at a disadvantage due to lack of adequate mental health staff in health centers where individuals receive services for health care concerns, lack of adequate assessment due to overcrowded waiting rooms, operating hours for do not expand over an eight hour work day (Christofalo, et al., 2009). Mental health staff is necessary in community centers to be able to address the needs of individuals. Primary care staff does not have time or space to spend with clients in order to make an appropriate assessment of mental health needs.

Help seeking preferences. According to Gonzalez (2005), there are cultural reasons that individuals do not access services. The social-cultural in a rural environment is unlike an urban environment. Individuals in the rural community are more willing to help each other and abnormal behavior is much more accepted. Thus, rural residents address their mental health conditions through informal social support. The rural population is more likely to seek social support from friends, family members, neighbors, and religious organizations rather than seeing from professional mental health care (Human, & Wasem, 1991; Kane, & Ennis, 1996; Letvak, 2002). In both rural and urban, people seek help from primary physicians for mental health conditions than from mental health care. Given that there is a lack of collaboration among primary
care and mental health care, it is less likely for these individuals to receive referrals to mental agencies and seek formal support.

**Stigmatization.** The stigma of mental illness constructs an obstacle that deters rural residents from obtaining quality care (Human, & Wasem, 1991; Jameson, & Blank, 2007; Kane, & Ennis, 1996; Letvak, 2002). Researchers have found that there is a higher association between stigma and mental illness in rural areas compared to non-rural areas (Jameson, & Blank, 2007). Mental health outreach is necessary in rural communities to decrease the stigma of receiving mental health services (Human, & Wasem, 1991; Kane, & Ennis, 1996; Letvak, 2002). The underutilization of mental health service in urban areas is also a result of the stigma of mental health.

Minorities have internalized oppression for so long that it appears to have contributed to the stigma associated with receiving mental health care. In urban areas, families have a better chance of receiving services; however, they undergo negative experiences and the stigma toward mental health continues (Gonzalez, 2005). According to Gonzalez (2005), “Child mental health services should be located in settings where most urban families of color congregate schools, community centers, churches, settlement houses, pediatric clinics, and recreation centers such as, the local or athlete league” (p. 252). Mental health services provided through school settings minimize the stigma associated with mental health and address the mental health needs of children, adolescents and their families.
In the healthcare system, there are judgmental attitudes towards patients with low social economic backgrounds and persons with mental illness are seen negatively in society. As a result, individuals accessing care from primary care physicians will avoid discussing mental health concerns. In addition, individuals living in poverty have developed a mistrust and disrespect for health care providers making it difficult for individuals to receive quality mental health care (Christofalo, et al., 2009).

Consequently, primary care physicians may assist to decrease the stigma of mental health if they begin to refer their patients to mental health services to patients’ to ensure mental health care. Community-based partnerships build trust and encourage cooperative decision-making. Better connection and understanding among providers and consumers will improve mental health services in a community where social economic disadvantage exists. A focus group among urban resident conducted, in which participants were excited about the idea of implementing mental health services in a primary care facility. Interventions to decrease stigma would improve access to services (Robert, Robbinson, Topp, Newman, Smith, & Stewart, 2008).

*Mental Health in the Hispanic/Latino Community*

Foreign-born Hispanics/Latinos very often do not recognize and acknowledge mental health issues. Folk illness symbolizes health issues for this population. Research studies have found that there is a connection between folk illness and mental health issues (Weller, Baer, Garcia, & Rocha, 2008).
The two most common folk illnesses, which this population complains about, are *nervios* (attack of nerves) and *susto* (fright). “The symptoms of *nervios* report a wide variety of symptoms, including feelings of desperation, headaches, chest pains, abdominal pains, high and low blood pressure, and various familial, social, political, and economic concerns (Baer, Weller, Garcia, Garcia, Glazer, Trotter, & Klein, 2003). “*Susto*’ is a state of spiritual imbalance or ‘fright of the soul’ that result from a traumatic experience” (Desocio, & Puckett, 2008, p. 148). Researchers have found that these cultural expressions indicate psychological distress (Baer et al. 2003, Glazer, Baer, Weller, Garcia, Eduardo, & Liebowitz, 2004; Weller et al., 2008). “*Ataques de nervios*” have been associated with symptoms of panic disorder, mood disorder, schizophrenia (DeSocio, & Puckett, 2008; Glazer, et al., 2004). “*Nervios*” (nerves) represents anger, grief, high anxiety, agitation, or emotional stress in the Hispanic culture (Baer, et al., 2003; DeSocio, & Puckett, 2008). The cultural expressions have earned acknowledgement for cultural-bond symptoms in mental health diagnosis. In addition, the cultural-bond symptoms are now included as psychological diagnosis in the Diagnostic Manual of Mental Disorders (Weller, et al., 2008).

Often times when Hispanics are experiencing mental health symptoms, they believe the symptoms represent personal weakness, failure, or spiritual inadequacy rather than viewing them as causes of mental illness (Choic, & Gonzalez, 2005). The cultural- bound symptoms represent cultural language passed from earlier generations. The cultural expressions continue to symbolize health concerns as they symbolized
generations ago. “Susto” was a cultural expression commonly used by the Indian and Meztizo population as interference with supernatural forces. Consequently, Mexican Americans, which complain of “susto believe it is an “espiritu” spirit that leaves the body (Glazer, 2004). In the Latino tradition, these symptoms are often linked with stressful events and there is a cultural explanation not a connection to mental health factors (Medelson, Rehkopf, & Kubzansky, 2009; Blume, et al., 2009). For this population, traditional values and beliefs becomes a barrier for accessing services and receiving adequate mental health care.

Help seeking attitudes. Thus, Hispanics learn to address their health care needs through traditional healers. This population seeks informal support such as, Curanderos known as “folk healer to address mental health symptoms. Since they lack knowledge of mental health problems and symptoms, they continue to address their cultural bonds symptoms through traditions customs. Curanderos is common in Mexico and other Latin American countries; therefore, Latinos will utilize Curanderos in America as well. Curanderos view health and illness differently than western medicine. They use a multidimensional approach that focuses on the spirit, body, and mind to cure illness. Their healing rituals include prayers, physical treatments such as, body massages and healing touch, as well as herbal treatments. The therapeutic techniques used by Curanderos effective been proven through scientific research studies, particularly, body massages for mental health treatment (Ortiz, Torres, 2008; Zacharias, 2006). In this cultural, the individual who complains from cultural-bound symptoms will address
these symptoms through a *curandero*; otherwise, they will use the home remedies and herbal teas passed through generations (Baer, 2003).

Hispanics all over the United States prefer traditional remedies provided by someone who comes from the same cultural background. Hispanics are not as willing to go seek help from someone who does not share similar life experiences. In addition, the health care system of the United States often requires health insurance. Bear in mind that going to see a *Curandero* may not be as complicated as going to a health care clinic. *Curanderos* are often located in the local community, share the same cultural background, speak the same language, and do not require health insurance or an appointment. Thus, utilizing a *curandero* is much more practical for this population (DeSocio, & Puckett, 2008). In a Los Angeles clinic, reports indicated that 63% of Hispanics prefer herbal treatment. In the VA primary care clinic in North Carolina and Denver respondents said that they prefer herbal treatment (Ortis, & Torres, 2008). Cultural beliefs have prevented from utilizing mental health services.

Consequently, Latinos’ cultural values play a big role in why this population does not access mental health services. This population has a difficult time discussing emotional problems with individuals outside of their family. Latino values have influenced those customs and rituals, which have passed on through generations. *Familismo* is a Latino value that indicates family loyalty, closeness, and hierarchy throughout different generations among family members (Bass, Taylor, Knudson-
Martin, & Huenergardt, 2006). In the Latino culture, meaningful relationships with individuals outside the family are valued (Parra-Cardona, 2007).

Latinos families are there for each to provide financial responsibility, companionship, emotional support, and help each other problem solve. Thus, Latinos will seek informal social support such as, family member to discuss emotional concerns rather than seeking adequate mental health care. Discussing mental health problems outside the family would be shameful (Choi, & Gonzalez, 2005; Cabassa, 2007). In a study of Latino mental health needs, findings suggested participants manage their cultural-bound syndromes through the help of friends, family, praying, hoping for best or ignoring the symptoms when they do not seek formal mental health care. Surprisingly the study also found that Latinos do seek services from traditional indigenous healers although they would prefer formal mental health care (Cardemill, Adams, Calista, Connel, J., Encarnacion, et al, 2007).

Stigmatization. The stigma associated with mental illness exists among most Americans in the United States; therefore, it would be difficult to discover that the stigma towards mental illness did not exist among Hispanics. In the United States, people with mental health suffer from internalized stigma. It is shameful and embarrassing to have a mental illness. People with mental illness are not accepted and seen in the same manner as other individuals in society. When people with mental illness apply for jobs, them must deny their illness to increase their chances of getting the job. Friends, relatives, and employers discriminate against people with mental
illness (Lundberg, Hansson, Wentz, & Bjorkman, 2009). Stigmatizing attitudes toward mental illness is also present among Hispanics. This population views a person who suffers from a mental illness as “crazy.” This population lacks the knowledge, awareness and information of mental health problems (Choi, & Gonzalez, 2005).

Latina women living in an inner city in New York expressed their stigmatization. Family members labeled these Latina women as “loca” (crazy), “goes out a lot,” “out of control, and “does not behave” when in fact they suffered from a mental illness. These women engaged in risky behaviors because of the illness, not because they were crazy. Because of their life experiences, which include experiences of immigration or traumatic childhood experiences, they endured a mental illness that made it difficult to function normally, uphold gender norms without the appropriate mental health care. The family members of the Latina women in the study did not understand that the abnormal behavior represented mental health symptoms (Collins, Unger, & Armbrister, 2008). Hispanics do not utilize mental health services because of the view that friends and family members will think they are “crazy.” This populations should learn to recognize that abnormal behavior do not represent that people are crazy, but that abnormal behavior may represent symptoms of mental illness and these individuals need help.

People with mental illness are stigmatized and negatively labeled. Thus, the stigma of mental illness reduces the chances for people with mental illness to obtain adequate services (Leal, 2005). Stigma toward mental illness is greater than any other
disability. In Hispanic families, children with physical disabilities will not be discriminated like children with behavior disorders such as, Attention Deficit Hyperactive Disorder (ADHD) (Saetermore, Scatton, & Kim, 2001). In a Latino family, a family who has a child with ADHD symbolizes a family problem not a mental health problem. Latino believes interfere in their willingness of members of the culture to seek services. It would be difficult for a Hispanic family to take a family member to see a psychiatrist, go to counseling, or take medication because only “crazy” people do that (Perry, Hatton, Kendall, 2005).

Hispanic families will not utilized treatment for mental health care. Hispanic children and adolescents encounter more problematic behaviors and symptoms without mental health care. It is necessary to address the stigma attached to mental illness for this population, so future generations receive treatment (Leal, 2005). The stigma surrounded with mental health is one of many barriers deterring this population from accessing mental health services.

**Availability of Mental Health Services**

This population has not had a history of utilizing mental health service; therefore, this population would not know where to obtain services. In Fresno County’s mental health needs, assessment among rural and urban residents discovered residents did not know where to seek services, locations of treatment centers were not within the geographic proximity, and in addition, many of them face transportation issues to access services (Aguilar-Gaxiola, Zeleny, Garcia, Edmondson, Alejo-Garcia, & Vega, 2002).
Other studies have also found that lack of knowledge where to seek services is a barrier preventing Hispanics from accessing mental health services (Cabassa, 2007).

Integrating mental health services and primary care services would increase the availability of mental health services for this population. This population contacts primary care providers rather than mental health professionals. Studies have reported that only 1 in 11 Latinos contact mental health specialist and 1 in 20 Latino immigrants contact mental health specialist (Manoleas, 2008). Studies indicate that Latinos will express symptoms of depression to their primary care providers. Rather than being referred to a mental health provider, primary care providers will prescribe antidepressants. Thus, the antidepressants will not be as effective as other treatments; therefore, these individual do not receive adequate mental health care. A combination of medication and psychosocial intervention has shown to be more effective than medication alone (Manoleas, 2008). As mentioned, transportation issues and where to seek services presents difficulty accessing mental health services for this population. In addition, it is essential to have behavior health care at non-profit community clinics to address some of the mental health issues of the Latino community. After examining Latino neighborhoods, researchers have found that Latinos will access services in their communities when behavior health specialists are accessible (Alegria, et al, 2002).

*Language barriers.* According to Sherril, Crew, Mayo, Mayo, Rogers, and Haynes (2005), in the United States, 27 million Latinos speak Spanish. Many of the Latino population speak very little English or no English at all. The language barrier
prevents them from accessing health care. The Robert Foundation Wood Johnson Foundation reported the 19% of the Latinos patients they survey did not seek medical services because of their language barriers. During the same survey, 94% health care providers reported similar results. Health care providers stated Latinos do not receive care, because of language barriers. Not speaking very well English prevents patients from asking their health care providers necessary questions about their mental health (Sherril, et al, 2005). Because of their limited English, Latinos will not seek services when there is not a bilingual provider available (Alegria, et al., 2002; Marshal, Urrutia-Rojas, Soto Mas, & Coggin, 2005).

It is important for Latinos to have bilingual assistance when communicating with health care provider (Choic, & Gonzalez, 2005; Marshal, et al, 2005). The shortage of bilingual or bicultural clinicians in the mental health system is a major factor contributing to the under usage mental health services by Latinos (Malgady, & Zayas, 2001). Language and cultural barriers exist when Hispanics cannot communicate with their providers.

Spanish-speaking Hispanics under utilize medical and mental health services. Spanish-speaking client will not utilize services when services are not available to them in Spanish. The shortage of bilingual therapists prevents Latinos from accessing quality mental health services. Either second generation or new immigrant Latinos are much more comfortable seeking services from a bilingual mental health provider. The language used during a psychiatric interview is important to ensure appropriate
diagnosis and positive outcomes (Casteno, 2007; Malgady, & Zayas, 2001). There is less concern for misinterpretation or misunderstanding when Spanish-speaking clients are able to communicate with a clinician in their native language. Discussing emotions about relationships is much less difficult when the spoken native language is used (Casteno, 2007). Often times, Latinos will be much more comfortable revealing emotions or distress to mental health providers who are from the same cultural background and speak Spanish (Malgady, Zayas, 2001).

Due to the shortage of bilingual mental health providers, sometimes interpreters are available to Spanish-speaking clients. Interpreters make it possible for Latinos to access mental health services; however, a poorly trained interpreter may not relay the content of a message properly. Thus, a misrepresentation of the clients’ emotions and feeling conveyed to the therapist (Casteno, 2007). Often times, the interpreters are family members, friends, or hospital staff, constructing an inaccurate interpretation of feelings and emotions (Casteno, 2007; Malgady, & Zayas, 2001). If the shortage of bilingual and bicultural mental health providers continues to exist, then it will be important to have interpreters properly trained in mental health to provide proper translation.

Education, socioeconomic, & healthcare barriers. Hispanics are less likely to be educated, more likely to live in poverty and not have health insurance (Borrell, 2005). In 2002, 22 percent of Latinos were living in poverty (Marshal, et al, 2005). Many Latinos work in low paying jobs where health insurance is not an option or
premiums are not affordable. As consequence, many Latinos are not health care due to the lack of health insurance. According to the National Healthcare Disparities Report, Latinos compromise 34 percent of the uninsured population. Thus, they do not receive the preventive care necessary to address diabetes, mental illness, and tuberculosis because they do not have health insurance (Cacari, Stone, & Balderrama, 2008).

Research studies show that in rural areas the Latino population is less likely to access healthcare due to lack of documentation (Sherril, et al, 2005). Often times, they are have employers; however do not citizenship preventing them from having access to healthcare. This population is afraid to ask their employer for health insurance given that they fear the risk of losing their job. Many of them feel by asking for health insurance their employers will discover they are illegal residence (Marshal, et al, 2005; Sherril et al, 2005). Lack of documentation makes it difficult to obtain a stable job and obtain quality health care for Latino families to access mental health services.

According to Stephanikova and Cook (2008), 30 percent of Hispanics believed racial and ethnic bias exist in the health care system. Thus, racial and ethnic bias prevents Hispanics from obtaining preventive care. Research studies indicated that Hispanics who received care in community clinics were able to identify racial and ethnic bias compared to those who receive care at a doctor’s office (Stephanikova, & Cook, 2008). Hispanics are more likely to access care at community clinics due to their lack of insurance. Nevertheless, the existence of negative judgments will deter them from expressing mental health concerns and receiving the preventative care needed to
address mental health concerns (Choi, & Gonzalez, 2005; Stephanikova, & Cook, 2008).

The Center for Studying Health System Change reported Hispanics with higher socioeconomic status are more likely to visit mental health providers than those with low levels of income (Dobalian, & Rivers, 2008). Many Hispanic families do not have private insurance; thus, many of them have Medicaid, insurance. However, health care providers will not provide quality care to Hispanic children due to their stigma of Medicaid. However, it is important for health care providers not to be judgmental towards Medicaid recipients. Health care providers’ attitudes towards Hispanic families can also deter adequate mental health care (Leal, 2005).

Mental health needs. Hispanic families undergo financial, social, cultural, and occupational struggles in urban and rural areas. Nonetheless, whether they are Latino immigrants or United States born Latinos, this population still faces the risk of encountering mental health problems. This population is more likely to experience anxiety disorders, acculturation, depression, posttraumatic stress disorder (PTSD) or substance abuse (Hovey, & Magana, 2000; Medelson, Rehkopf, & Kubzansky, 2009).

The customs found in the United States are not the same values, norms, and customs, which Latinos have been accustomed. Contributing factors of mental health disorders are poverty, acculturation and immigration in Latinos. Latino immigrants experience high levels of anxiety and depression due to language difficulties, reduced self-esteem, lack of support, and financial hardships. Both youth and Latino adults
suffer from anxiety because of the language barriers. Given that, Latinos do access mental health services, there is under diagnosis of anxiety disorders among this population. Consequently, Latinos may make complaints of cultural-bounds symptoms such as “attack of the nerves” making diagnosis difficult for mental health providers. Without culturally competent mental health professionals, this population will not utilize adequate mental health services for anxiety disorder or other mental health issues (Hovey, & Magana, 2000; Medelson, Rehkopf, & Kubzansky, 2009).

This population is also at high risk from experiencing depression. “The National Co-morabidity Survey (NCS), concludes that Latinos are at high risk for depressive episodes within their lifetimes, predicting that 17.7% of Latinos will suffer from major depression in their lifetimes (Manoleas, 2008, p. 440). Often times, Latino immigrants leave family members behind in their country of origin. Thus, it becomes very difficult for Latinos immigrants to struggle financially and socially without the social support from their family members. The loneliness, lack of support, discrimination and exploitation reduces their self-esteem and creates symptoms of depression for this population (Hovey, & Magana, 2000; Medelson, Rehkopf, & Kubzansky, 2009). Consequently, living in poverty creates many economic and social barriers that cause psychological stress. Studies have concluded that individuals who live in poverty are more likely to develop depressive symptoms (Hovey, & Magana, 2000; Medelson, Rehkopf, & Kubzansky, 2009). Hispanics experiencing depression report physical and emotional pain rather than symptoms of depression. Diagnosing
mental health issues may be difficult for physicians to understand, because Latinos tend to describe their symptoms not the same, as professionals would recognize. Hispanics will complain from body aches and nervios (nerves). Developing culturally competence and collaborating between primary care professionals and mental health professionals can ensure access to quality mental health care (Manoleas, 2008).

The lifestyle of Latino immigrants is very different from that of mainstream individuals. Many Hispanics who reside in rural areas are migrant farm workers who earn their living in agriculture. They experience discrimination and exploitation as they work under dangerous working conditions for low paid wages. Consequently, a research study on migrant farm workers concluded that their lifestyle puts them at higher risk for psychological issues, such as stress, anxiety, or depression (Hovey, & Magana, 2000). Many of these individuals are unaware their life experiences cause mental health issues nor do they have the health insurance to access mental health services. The cultural and language differences between Latinos and the mental health care community is a tremendous barrier, which does not ensure a healthy and adequate life for this population.

Another mental health diagnosis Hispanics are at risk from experiencing is PTSD due to stressors experienced in life. An estimated 25 % of Latina women experience PTSD due to interpersonal violence and/or trauma. Latina women are less likely to report rape. Bear in mind, this population lacks the knowledge of mental health care. By not reporting rape, then these are not able to access mental health
services (Blume, Resor, Villanueva, & Braddy, 2009; Medelson, Rehkopf, & Kubzansky, 2009). Substance abuse is also another mental health issue many adults and Latino youth go through. This population turns to alcohol abuse because of poverty, trauma, or victimization rather than seeking professional care.

*Mental Health Service Act*

The implementation of the Mental Health Service Act (MHSA) of 2004 was to ensure people with mental health illness are to live adequate lives. The Mental Health Service Act of 2004 established to ensure county mental health programs have resources to provide effective treatment to children, transitional youth, adults, older adults, and families, so people could recover from mental illness. Furthermore, the MHSA was put into action so underserved groups could have access and quality services (California Department of Mental Health). The MHSA objectives could address the barriers that prevent Hispanics from getting adequate mental health care and improve the access to mental health services. It is known that policymakers at state and federal level, design programs that are for use in large urban cities and these are not programs that address the needs in rural areas. Thus, one of the goals is to ensure that rural residents have access to quality services. In addition, some of the other goals are to implement cultural and linguistic competence, anti-stigma campaigns, education, outreach, primary prevention, and early intervention (Taylor, & Ekman, 2008). The MHSA could help to address the barriers and disparities among mental health services
for this population. Outreach, education, and bilingual Spanish speaking staff are three very important factors that could address the access problems for the Latinos.

Outreach through education for this particular underserved is very important. In Los Angeles, CA, a group of individuals established a 35-minute psycho educational program known as La Clave (the clue) to increase the knowledge of mental health problems for Spanish-speaking community residents and caregivers. La clave, a psycho educational tool focused on training residents and caregivers to recognize psychosis symptoms and to encourage necessary care in a timely manner. The post-test indicated La clave have accomplished their goal. After the educational training, the community residents and caregivers had increased their knowledge on psychotic symptom otology (Lopez et al., 2009). An educational campaign is significantly important to educate the Latino population about mental health problems to promote early access to appropriate treatment and intervention.

*Cultural Competence*

Mental health issues will continue to affect this population if mental health professionals do not understand the culture and speak the language. Increasing cultural competences is significant important to reduce the disparities that prevent Latinos from assessing mental health services, which had been implemented in the Mental Health Service Act.

A popular definition of cultural competence especially in the field of mental health services takes place “when a set of congruent behaviors, attitudes, and policies
come together in a system, an agency, or among professionals to enable effective cross-cultural work” (Hernandez, 2009, p.1046). Cultural and linguistic competence in underserved areas can diminish the barriers and increase the access to services for the Latino/Hispanic population. It is important to have Spanish speaking clinicians and mental health professional that are familiar with the background of this population to recognize symptoms, so mental health diagnosis are not under diagnosed.

Summary

Topics discussed were barriers to mental health services in a rural and urban community, as well as, barriers that prevent Hispanic from adequately accessing mental health services. In the next chapter, the researcher will describe the methodology utilized for this study.
Chapter 3

METHODS

Introduction

This chapter will describe the methods and research design used for this study. The following will mention the study population and the methods used for obtaining the sample. This chapter concludes with a plan for analyzing the data and discussion of human subject protections, and ends with a chapter summary.

Research Questions

This study had investigated the following research questions: What are the barriers preventing Latinos from adequately utilizing mental health services in rural or urban communities? What are the similarities and differences between the barriers that prevent Latinos from accessing mental health service in rural and urban communities?

Research Design

This study is an exploratory qualitative research design and this researcher utilized qualitative interview questions. This is a qualitative study as the researcher is attempting to analyze the data using content analysis and comparison groups.

The study employs an exploratory design as it addresses a topic that has very little previous research data. The researcher utilized exploratory research design to gain a better understanding of an unexplored topic (Rubin, & Babbie, 2008). The purpose for using an exploratory research design is this study is unstudied topic of the barriers that prevent Hispanics from adequately utilizing mental health services in rural and
urban communities. A series of opened ended questions through qualitative research are asked to explore participants’ knowledge and experiences of the barriers that prevent Hispanic/Latinos from accessing mental health services in rural and urban community

The purpose of utilizing a qualitative research design is to gain a deeper understanding of people’s experiences (Rubin, & Babbie, 2008). Data from this study will assist in generating what the similarities and differences of barriers in urban and rural communities that prevent Hispanics from accessing mental health services. More importantly, insight from this study can improve the delivery of mental health services for the Hispanic population.

*Study Population*

The study population includes professionals working in the field of mental health employed for agencies located in a rural and urban community. The study population provides mental health services for the Hispanic population. The participants are full times employees for an agency located in either a rural community or urban community. The rural community used in this study is Yuba County. The urban community used in this study is Sacramento County.

The sample population for this study includes both male and female mental health providers ranging from ages 18 to 65 years old from various ethnic backgrounds. However, most of the participants identified as Latino/Latinos or Hispanic. This researcher used snowball sampling to locate the participants (Rubin, & Babbie, 2008).
Each participant agreed to a qualitative interview and informed consent contract to participate in the study. The researcher uses an interview guide approach, which provides more structure for the interview. The interviews entailed similar questions. The first section has eight open ended questions, which asked about the participant’s job position, your agency, and the area they worked in, as well as, the population they work with.

In the next section of the interview, this researcher provides lists of barriers preventing Hispanics/Latinos from adequately utilizing mental health services, which this researcher had identified in the literature review. The researcher also inquired about the barriers preventing Latinos from accessing mental health services, which they found relevant in their area from their experiences of working with the Hispanics/Latino population in a rural and urban community.

Data Gathering Procedures

Prior to data collection, this researcher meets with the supervisors of four agencies requested permission to conduct the study with providers employed at the agency. The researched informed the supervisor of them methods and procedure for this, as well as, permission to attend a staff meeting. The supervisors at the agencies mentioned approved this proposal (See appendix for copy of permission letter). Permission was given to this researcher to attend a staff meeting located in the agency’s conference room to present information about the study in person. At the staff meeting, this
researcher collects contact information such as, phone numbers or emails of the participants interested in participating in the study.

Once the participants agree, this researcher contacted them by phone and email to complete the interview. The interview will be in a confidential area and the approximate time of the interview shall be no more than one hour. The researcher will utilize an audio tape to record the interview. After the completion of this study, the researcher will destroy the data gathered.

The data gathered will be analyzed using content analysis and comparison groups an attempt to explore the differences and similarities of the barriers that prevent Hispanic/Latinos from accessing mental health services in a rural and urban community.

*Protection of Human Subjects*

California State University, Sacramento Division of Social Work Committee for the Protection of Human Subjects approved this study as “no risk” prior to gathering the data. The approval number given for this study by the Human Subjects committee is 09-10-056 (Please refer to the appendix for a copy of the approval letter). Based upon the profession of the participants the research study is “no risk.” There are not any risks when there is no discomfort or harm anticipated for the participants. The participants are professionals in this field, who have knowledge in this topic due to their professional experiences, daily activities with Mental Health Services and the Hispanic/Latino population. The participants have received education, professional
training, and supervision through their employer, thus the researcher considers the participants were at “no risk.”

Informed consent was obtained from each participant, in which consisted of a form explaining the purpose of the study, their right to refusal, confidentiality of their information, and there were not any risks involved by participating in the study. The participant was informed the voluntary nature of this study through the informed consent documents and procedures. The researcher maintained a locked cabinet to keep consent forms and data collected secure. The responses to the interview questions as well as consent forms and audiotapes were stored separately in the researcher’s locked cabinet to maintain confidentiality of the participant. The researcher was the only one who had access to the collected data for the duration of the project. The final research report did not include any identifying information.

Summary

This chapter addressed the qualitative methods used in this research study. The chapter then explained the qualitative interviewing guidelines, data collection procedures and the protection of human subjects. In the following chapter, presents the analyzed data.
Chapter 4

FINDINGS

Introduction

This chapter examines the results of information gathered through the 10 qualitative interviews. The chapter also includes demographic data on the respondents’ background, as well as, recorded data, which involves the perceptions and experiences, and answers the question why Latino’s under-use mental health services.

Participants

As presented in table 1, 10 mental health providers participated in this study (n=10). The location of the community, in which participants employed, their job title within the agency, their length of experience in the field of mental health, the target population at their agency, and the primary ethnicity of their clients were questions answered by the participants.

The 10 participants worked mental health agencies within an urban or rural community. Five out of the 10 participants (50%) worked for a mental health agency located within an urban community. The participants were not all employed at the same agency. Among these five urban participants, employees of three mental health agencies and employees of two counties were included in this study. Five out of the 10 participants (50%) were employees for a mental health agency located within a rural community. The rural participants worked in various agencies and counties. Among
these five rural participants, four of the participants worked in difference mental health agencies and employees of four counties were included in this study.

The participant’s job title were primarily clinicians, as seven (70%) provided individual therapy, 1 (10%) was facilitator, and two (20%) were case managers. The length of experience working in the field of mental health indicated in this study was primarily five years or more by six out of the 10 participants (60%). Three out of the 10 (30%) of the participants had only 2 to 4 years of experience working or being trained in the field of mental health. The age of the clients that these participants worked with was primarily children and adolescents. As indicated in table 1, eight out of the 10 (80%) of the participants worked with a target population that was adolescents, children, and two out of the 10 (20%) worked with adults. Six out of the 10 (60%) of the participants felt that they have more Caucasian clients compared to other ethnicities. Four out of the 10 participants (40%) felt that they are more inclined to work with Latino clients. These participants felt that their agency targets the Latino populations. In addition, these participants believe they receive more Latino clients because they are bilingual.
Table 1

Respondents Background Information (N=10)

<table>
<thead>
<tr>
<th>Respondents Background Information</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community of Mental Health Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>5</td>
<td>50%</td>
</tr>
<tr>
<td>Rural</td>
<td>5</td>
<td>50%</td>
</tr>
<tr>
<td>Job Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinician</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>Facilitator</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Case Manager</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>Length of Experience with Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year or less</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>2-4 years</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>Population of Client at their Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children / Adolescents</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>Adults</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>Ethnicity of Clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>African American</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Latinos Mental Health Needs

The participants in this study identified Latino mental health needs within their community. In table 2, there appears a list of Latino mental health needs that these participants felt are common need among the Latino population in their community. The finding revealed the Latino mental health needs in an urban community are anxiety,
poverty, and substance abuse, as well as, exposure to community violence, pressure for acculturation, cultural competence, and outreach. Four out of the five (40%) believe Latinos underuse mental health service in rural communities. The rural participants felt they had very little experience working with Latino families compared to their urban counter partners. Two of the five (20%) rural participants discovered Latino mental health needs through their experience when working with child protective services CPS. Through their experience with CPS and contact with Latino families, these two participants felt that Latino families have many untreated mental health needs in rural communities. They also believe Latino families will not obtain mental health services unless there is court order. Additionally, the rural participants identified depression, posttraumatic stress disorder, homelessness, lack of bilingual mental health providers, immigration, and outreach as Latino mental health needs in rural communities, which are included in table 2.

There is a resemblance and a distinction of mental health needs in urban and rural communities. Urban participants felt acculturation was an obstacle with this population because Latino parents have disconnection with American culture. The urban participant felt the parents were immigrants while the children were citizens and there was a disconnection of Latino culture within the families. Four of the five (40%) of the rural participants indicated immigration as a mental health need. These rural participants felt that the Hispanic population is increasing, enough to become the majority in contrast to when the counties were predominately white.
Many of the participants discussed the fact that outreach was necessary in both their communities. The urban participants felt Latino families did not access mental health services until the parents could no longer handle the behavior of the children. From their experience, families did not know they were able to receive help for the child. Urban participants felt that Latinos deserve knowledge of where to access mental health services. Rural participants discussed that resources needed to be in Spanish since the Hispanic population is growing in their communities. As mentioned, both rural and urban communities agreed that outreach is necessary to ensure Latino families can access mental health services.

Table 2

*Latino Mental Health Needs*

<table>
<thead>
<tr>
<th>Urban Community</th>
<th>Rural Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Untreated Mental Health Needs</td>
</tr>
<tr>
<td>Poverty</td>
<td>Depression</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Posttraumatic Stress Disorder (PTSD)</td>
</tr>
<tr>
<td>Exposure to Community Violence</td>
<td>Homelessness</td>
</tr>
<tr>
<td>Acculturation</td>
<td>Bilingual Mental Health Providers</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>Immigration</td>
</tr>
<tr>
<td>Outreach</td>
<td>Outreach</td>
</tr>
</tbody>
</table>

*Transportation.* The information gathered and analyzed concluded that the lack of transportation is a concern in both urban and rural communities. The five out of the five (50%) urban participants’ indicated transportation presents an obstacle for Latinos in trying to access mental health services. One participant stated that many of their families do not know how utilize the bus system; thus, making it hard to go to an
agency for services. According to another participant, many of the families experience poverty. Due to their social economic status, these families only have one car, making it difficult to for the child and the mother to attend a therapy session when the father must work. Furthermore, this participant felt that going to work is much more important and necessary to these families than therapy. Four out of the five (40%) of urban participants have overcome that barrier by conducting home visits for the families experiencing transportation difficulties. One urban participant added that the parents are not able access services, such as parenting classes due to the lack of transportation. Furthermore, another urban participant added that families living in nearby rural communities faced more transportation barriers compared to urban residents.

In comparison to urban participants, the majority of the rural participants agreed that transportation is challenging in rural communities as well. Four out of the five (40%) also indicated that transportation was an explanation for why Latinos under used mental health services. These findings are consistent with Human and Wasem (1991), Jameson and Black (2007), Kane and Ennis (1996), and Letvak (2006) research study of rural residents. Forty percent of the rural participants indicated that there was a limited bus system in their community. One rural participant reported that the difficulties and challenges of utilizing the bus systems would discourage the Latino population from obtaining services. Furthermore, only two out of those five (20%) rural participants had overcome the transportation barrier by conducting home visits. The majority of the urban participants [four out five (40%)] compared to two out of five (20%) rural
participants indicated overcoming transportations obstacles to accessing services. One out of the 10 (10%) of the participants felt that overcoming the transportation barriers would make more service available for this population. This rural participant discussed resources, which are in a community center located within close proximity of the residents. Furthermore, Latino families in this community were utilizing the mental health services.

These findings indicated that transportation is more likely to be an obstacle in rural communities, confirming studies by Jameson and Blank (2007) and Letval (2002). This study revealed that mental services are more accessible and available in urban communities for the reason that providers make services more available in the home of the clients. The information gathered in this study disclose that rural providers have less experiences working with Latino families, and in addition, there are more transportation barriers in rural communities. Only twenty percent of rural participants indicated their agency conducts home visits, compared to forty percent of urban participants. To ensure there is not a disparity in accessing mental health services for the Latino in rural and urban communities, rural communities must make services more available to the Latino population.

*Availability of mental health services.* Three out of the five (30%) rural participants indicated a lack of resources within their community. Rural participants believe lack of resources prevents Latino from accessing mental health services. Belanger and Stone (2008) concluded that availability and accessibly to social services
in urban communities when comparing to rural counter partners. The perceptions and experiences of rural mental health providers in this study validated those findings because they felt that there are fewer resources accessible to their residents. Two out of the five (20%) of the rural participants indicated that resources have been improving since the implementation of the Mental Health Service Act. These rural participants felt that community partners are working together to ensure residents needs are being met.

Participants indicated that the availability and access to mental health services is limited, unless it is for a child. Four out of the five (40%) of the rural participants felt that mental health services are limited for the adult population due to the economy declining and the policies of immigration. Rural participants felt that there many children and adults in their community without legal residency and health insurance. Three out of the five (30%) of the urban participants indicated that services are limited for the adult Latino population due to lack of documentation.

Unlike rural participants, thirty percent of the urban participants felt that the children in their community were citizens and only the parents were illegal. In the urban community, citizenship indicated access to health insurance and mental health care. The rural and urban participants in this study talked about the families not being able to access mental health care because of lack of health insurance. Four out of the five (40%) of the rural participants compared to one out of the five (10%) urban participants felt that undocumented Latino families will not obtain services for their documented children due to the fear that providers will contact immigration.
One rural participant and one urban participant reported that the availability of an agency evening hours is another barrier preventing Latinos from utilizing mental health service. Thus, these findings are similar to the research finding of Christofalo et al (2009). Ten percent of the rural participants revealed that operations hours are incontinent for this population. Urban participants also found comparable findings. An urban participant expressed that Latino families are employed in jobs where they are not able adjust their scheduled due to their financial difficulties.

*Awareness of mental health services.* Urban participants in this study felt that Latino families lack the knowledge of the nature and helpfulness of services as another reason why Latinos under use mental health services. Four out of the five (40%) of the urban participants believe that Latinos do know where to access mental health service until children’s symptoms escalated and then families received referrals from Child Protective Services, Probation, schools, or psychiatric hospitals. Another urban participant added that Latino adults are not aware of mental health services until someone requires psychiatric hospitalization. Rural participants did not discuss lack of knowledge of where find services as barrier preventing Latinos from accessing mental health services.

As mentioned by urban participants, lack of knowledge of where to locate services is preventing Latinos from accessing mental health services. Participants, in this study, believe that outreach can ensure Latino families become more aware of services. Four out of the ten (40%) of the participants expressed that Latinos are more
inclined to know about services and locate services through community centers or word of mouth. As urban communities, rural participants felt that Latinos gain knowledge to enable them to access services for medical and dental needs through word of mouth. One rural participant indicated that rural residents in her community utilized mental health services easily contradicting the perceptions of other rural providers in this study. In addition, this participant added that her agency had special funding for mental health services for undocumented families. This participant felt that the families knew about the services through other families. Additionally, this participant also indicated that outreach for this population would be helpful through word of mouth.

*Lack of insurance.* Two out of the five (20%) of the urban participants and [four of five (40%) of the rural participants reported that many Latino families do not have health insurance. These participants reported that Latino families without health insurance could not address their mental health needs. One urban participant expressed that some Latinos adults will go to community health care clinics for health concerns. Additionally, this participant indicated that community health care clinics do not address the mental health needs for Latinos. He felt that community health care clinics do provided Latinos families with knowledge or resources to ensure proper mental health care.

*Lack of professional collaboration.* Urban participants indicated that referrals are usually from schools, CPS, word of mouth not from primary care physicians. They felt that primary care physicians follow a medical model and they also expressed that
Latino families need much more than a prescription to medication for their mental health needs. Manoleas (2008) study reveals that Latinos will access mental health concerns with primary care providers. Collaboration between primary care providers and mental health providers can address the under usage of mental health services by the Latino populations.

The disparity among urban and rural response by collaboration among professions in rural communities is changing. Three out of the five (30%) rural participants felt that there was a lack of collaboration among professionals in their community, although there have been efforts made to improve the relationships among these professionals. According to one rural participant, collaboration among primary care professionals and mental health professionals is changing. This participant discussed that primary care physicians are consulting with children and adolescent psychiatrists prior to prescribing medication for mental health issues. Another rural interviewee stated that her community has established a committee to arrange for primary care facilities to screen for any mental health symptoms.

*Latinos’ Beliefs and Knowledge*

Having a negative attitude towards mental health is another reason why Latinos under use mental health services. As mentioned in the literature review, the family member who must see a psychiatrist goes to counseling, or takes medication is crazy. This researcher noticed similar findings through the interviews in this study. Four of five (40%) of the urban participants discussed their perceptions of why Latinos under
use mental health services. The findings in the urban communities were consistent with the finding in the rural communities. Two of the participants agreed that there is a stigma towards mental health in Latinos families. However, these participants are Latinos themselves or were very familiar with Latino values or culture. One of the Caucasian urban participants was not able to discuss why Latinos under use mental health services, because from her perspective she sees more compliance rather than non-compliance. However, she discussed a case where one the family members’ attitudes toward mental health created an obstacle among member of the family although. She was unaware of the cultural barrier until the interview. In the family she was working with, the grandfather of her client did not believe in counseling. The parenting techniques this participant taught the mother and her child were not used effectively at home because of the grandfather’s beliefs.

This researcher also asked the interviewees about their experience with Latinos in terms of awareness and information of mental health. The interviewees revealed similar findings among the Latinos population in both urban and rural communities. The interviewees from both communities believe Latinos do have an understanding of what mental health illness is. The interviewees felt that psychotherapy is an intervention belonging to the western cultures not the Latino culture because it is not traditional across the world. Seven out of the ten interviewees discussed a case, in which the Latino family that they were providing services, had difficulties understanding symptoms of mental illness. Four out of the five (40%) of the rural
participants, similar to findings in the urban communities, believed that the individual born in their country of origin, such as Mexico had less understanding of what mental health illness is compared, to person who have been in the United States. Seven out of ten (70%) of the interviewees provided many of their clients with psycho education to help their clients and the families to understand mental health symptoms.

*Lack of Bilingual Mental Health Providers*

The last open-ended question inquired about availability and use of bilingual mental health providers within their community. Four out of the five (40%) of the urban participants were bilingual providers; therefore, the language barrier did not exist among their Latino families. However, they felt that the language barrier could prevent Latino families from utilizing mental health services. One urban participant expressed that Latino mental health providers have declined within the past three years, when he commenced in this field. Furthermore, one of the urban participants discussed her experience working with Latino families although she was not bilingual. This urban clinician felt that the therapeutic alliance is difficult to attain by using translators and, in addition, she indicated that the families tend to have a closer relationship with the translator than with her. Three out of the five (30%) of the urban participants believe that feelings are difficult to translate into English. It seems there are Latino mental health providers in urban communities, but there must enough to meet the needs of this population.
The disparity among urban and a rural communities is there is a lack of bilingual mental health providers in rural communities. Five out the five (50%) of the rural participants expressed a concern due to the shortage of mental health providers within their community. These findings are comparable to Malgady and Zaya (2001), who concluded Latinos under use mental health service due to the language barrier and lack of bilingual mental health providers. The rural participants represented four different agencies within various rural communities and neither of these agencies had any Spanish speaking clinicians. Three out of the five (30%) of the rural participants discussed that there was not only a need for bilingual providers, but also for bicultural providers. These participants felt that there are challenges when clinicians and clients come from various culture backgrounds. Theses participants reported that a clinician, who comes from a Salvadorian cultural background, must be bicultural when working with a Mexican family. The rural participant felt that bicultural and bilingual clinicians in rural communities could address the under utilization mental health services for Latino families.

Summary

This chapter included data collected from mental health providers about their experiences and perceptions in regards to why Latinos under use mental health services. In the next chapter, a discussion of the conclusions, limitations of this study and implications for social work practice.
Chapter 5

CONCLUSION

Introduction

This chapter will includes a discussion of mental health barriers that prevent Latinos from utilizing mental health services in urban and rural communities. In addition, the chapter will provide implications for social work practice and policy, and discuss limitations to the study.

Discussion

The purpose of this study was to explore the barriers that prevent Latinos from utilizing mental health services. Professionals interviewed worked in the field of mental health in urban and rural communities and they are the key informants in this study due to their experiences on the field of mental health. The researcher used a qualitative research design to gather information for this study.

The findings revealed that lack of availability and accessibility prevents Latinos from accessing mental health services in both urban and rural communities. This study concluded that Latinos are less likely to access mental health services in rural communities compared with urban communities due to the lack of transportation. The information gathered in this study concluded there are more transportation barriers in rural communities. In urban communities, providers had more experience working with the Latino community; however, the providers make home visits, addressing the transportation barrier. This study found that the rural participants had very little
experience working with Latino families and there are more transportation barriers in rural communities. Furthermore, this study also revealed mental health services are assessable and available to this population when transportation barriers no longer exist.

The findings in this study revealed that undocumented Latinos and negative attitudes towards mental health prevent Latinos from utilizing mental health services in both urban and rural communities. Additionally, this concluded that the collaboration among mental health providers and primary care providers is improving in rural communities compared to urban communities. In urban communities, this study revealed a lack of collaboration. According to Cristofalo, Butain, Schraufnagel, Bumgardner, Zatzick, & Roy-Byrne (2009), collaboration among community clinics and mental health clinics prevents under utilization of the Latino population. Integrating mental health care in community clinics would make mental health service more available to undocumented Latino families with mental health needs and would decrease the stigma associated with mental health care. According to Gonzalez (2005), providing child mental health services in pediatric services would also minimize the stigma attached to receiving mental health services. In order to ensure that Latinos’ utilize mental health services, information and program for care should be available and assessable.

This study found that Latinos families receive mental health services when hospitalized occurs for psychiatric issues, the child or adolescents’ behavior has escalated at school and home, or a family member is mandated to counseling by
probation or CPS. Urban participants felt that Latino families are do have the knowledge of mental health symptoms or where to locate services until the mental health symptoms present serious for the family or family member. This also found that in one rural community undocumented, and uninsured Latinos have utilized mental health through community centers. Therefore, providing mental health services in community centers would make available mental health services to this population. Additionally, it would also prevent the mental health symptoms from escalating.

This study revealed there are a lack of resources in rural communities, which results in Latino’s from accessing mental health service. This study also confirmed that the implementation of the Mental Health Service Act has been helping to address the needs of rural areas by improving the resources. The Mental Health Service Act has greatly influenced rural communities by ensuring collaborating partners are working together to improve the services in the communities.

The implementation of the Mental Health Service Act anticipates providing quality services through outreach, education, and cultural and linguistic competence (Taylor, & Ekman, 2008). The findings in this study revealed that improving access to mental health services entails providing outreach and education. The information gathered in this study revealed that Latinos lack knowledge and awareness of mental health. Providing education of what mental health is could increase this knowledge and awareness of mental illness. This also revealed there is a shortage of bilingual and bicultural mental health providers in rural communities compared to urban
communities. It is necessary to ensure cultural and linguistic competence though the Mental Health Service Act in rural communities to increase utilization of this population.

**Implications for Social Work Practice**

As mentioned, interviews from this study, explored why Latinos in rural and urban communities under used mental health services. Information from this study will have long-term implication for social workers and the professionals in the field of mental health. Findings from this study indicate that availability and accessibility, beliefs, language barriers, and lack of knowledge prevent Latinos from accessing mental health services in rural and urban communities. Determining factors that contribute to why Latinos under use mental health services pose a difficult challenge. Given that, these issues affect a micro, mezzo, and macro level of practice, this researcher will give implications in a ecological perspective framework.

At a micro level of practice, mental health providers will need to provide psychoeducation to inform Latinos about mental health issues and symptoms. Professionals in the field of mental health should monitor negative attitudes towards mental health.

At a mezzo level of practice, mental health providers should provide outreach in the rural and urban communities to inform individuals in the community of the availability and accessibility of mental health service. Providing community education to the Latino population as it relates to the prevalence mental health disorders is
essential for improving the care to this population. Regular trainings provided to staff in urban and rural communities related to cultural competence. Bilingual and bicultural staff shall be available to Latino families to overcome the language barrier in rural communities. Mental health agencies in rural communities should meet the client where they are even if it means providing services in the homes of the client. Psychoeducation groups, information sessions, and handouts in translated into Spanish. Also providing, mental health services in nontraditional settings such as community center, and community clinics within close proximity.

At a macro level of practice, information from this study should be available to professionals in the field of mental health to increase awareness of barriers that prevent Latinos from utilizing mental health providers. The federal government should create programs to help immigrant families’ access mental health services. Additionally, community health care clinics should integrate health care and mental health care.

Limitations and Suggestions for Future Research

There were a number of limitations in this research study. First, the study includes a sample size of 10 interviews consisting of only therapists, facilitators, and case managers. There were only a few rural and urban communities represented in this study located in Northern California and would not apply to other places in the state. Furthermore, interviewing a small sample means that generalizing the findings for a whole population is limited. Signification limitations include, the participants were
mental health providers that provided mental health service; therefore, the responses
were limited to their experiences and perceptions.

Future studies should include a larger sample sized to be able to generalize the
findings to a larger population. More information from the Latino populations should
be included in future studies. Information in regards to experiences, personal beliefs,
and perceptions from the Latino population was not included in this study. These
limitations suggest future studies should provide another perspective of why Latinos do
not utilize mental health services.
TO: Maria Gonzalez    DATE: January 20, 2010

FROM: Committee for the Protection of Human Subjects

RE: YOUR RECENT HUMAN SUBJECTS APPLICATION

We are writing on behalf of the Committee for the Protection of Human Subjects from the Division of Social Work. Your proposed study, “Qualitative Study identifying the barriers that prevent Hispanic/Latinos from adequately utilizing Mental Health Services in Rural and Urban Community.”

_X_ approved as _____EXEMPT  _X_ NO RISK  ____MINIMAL RISK.

Your human subjects approval number is: 09-10-056. Please use this number in all official correspondence and written materials relative to your study. Your approval expires one year from this date. Approval carries with it that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

The committee wishes you the best in your research.
Professors: Teiahsha Bankhead, Chrys Barranti, Andy Bein, Joyce Burris, Maria Dinis, Susan Eggman, Serge Lee, Kisun Nam, Sue Taylor

Cc: Dr. Joyce Burris
APPENDIX B

Letter of Permission

To Whom It May Concern:

This agency understands that the researcher Maria Gonzalez, Masters of Social Work graduate student at California State University, Sacramento in Sacramento, CA will be conducting a qualitative research study to pursue graduation requirements. Joyce Burris will be advising the researcher who can be contacted at burrisj@csus.edu. The researcher will be identifying the barriers that prevent Hispanics/Latinos from accessing mental health services in a rural and urban community. The staff members at this agency have the knowledge and background in the area making them qualified to participate in this study.

The researcher Maria Gonzalez has been given permission to present information about the study in-person at a group supervision meeting. The meeting will take place in the conference room of the agency. If staff members agree to participate in the study, the researcher and the participant will exchange contact information such as, phone number and email. The participants will be contacted at later time to conduct the research.

The staff members at this agency will be asked to explore their ideas of why this population does not adequately access mental health services through a series of interview questions. The interview will take approximately one hour.

The interview will be audio taped. The participant will have the opportunity to choose if you want to be recorded or not. The data recorded will be transcribed and then destroyed upon completion of the study.
APPENDIX C

Informed Consent Form

You are invited to participate in the research that will be conducted by Maria Gonzalez, Masters of Social Work graduate students at the Division of Social Work, California State University, Sacramento. The research will explore the barriers that prevent Hispanic/Latinos from accessing mental health services in a rural and urban community.

Procedures

A series of interview questions will be asked to explore your ideas of why this population does not adequately utilize mental health services. The interview will take approximately one hour. The interview will be audiotape. You will have the opportunity to choose if you want to be recorded or not. The data recorded will be transcribed and then destroyed upon completion of the study.

Risks

There are no risks if you decide to participate in this study and I guarantee that your responses will not be identified with you personally. I promise not to share any information that identifies you with anyone outside of me.

Benefits

By participating in this study you will be give the opportunity to let others know your knowledge. In addition, you are helping to provide information that could be used to improve mental health service delivery among Hispanic/ Latino population in rural and urban areas.

Confidentiality

The information gathered will be kept confidential. All the data collected will be secured in a locked cabinet at the researcher’s home. The consent form and the responses to the interview questions will be kept separately in the locked cabinet to ensure confidentiality. The researcher will be the only one who has access to the collected data for the duration of the project. The final research report will not include any of your personal identifying information. After the research study is completed, the data acquired and audiotapes will be destroyed.
Compensation

Participates will not receive any kind of fiscal compensation.

Rights to Withdraw

Your participation in this research study is voluntary. You can withdraw from the interview at any point. You may also not answer any questions that you do not prefer to answer. Your signature below indicates that you read and understood the descriptive agreement of the Research Participant.

I __________________________________ agree to participate in this research study.

Signature: ___________________________          Date____________________

If you have any questions about this research, you may contact Maria Gonzalez can be reached at (916) 413-2347 or gonzalezm@sbcglobal.net.
Or, if you need further information, you may contact the researcher’s thesis advisor:

Joyce Burris, Ph.D., MSW
C/o California State University, Sacramento
burrisj@csus.edu
(916) 278-7179
APPENDIX D

Interview Questions

Thank you for participating in this study. The first section, will ask questions about your position, your agency, the area you work in, and the population you work with.

1. What is your position within this Mental Health agency
2. How long have you worked at this agency?
3. Does your agency provide long term or short-term services?
4. Do you consider this to be a rural or urban area?
5. What previous experiences did you have prior to joining the field of mental health?
6. How long have you worked in this community and how well do you think you know it?
7. What are the ethnicity, gender, and age group that you work with?
8. What do you consider the biggest needs of the Hispanic/Latino clients in this area?

The next section, will ask questions about the barriers you see that prevent Hispanics/Latinos from adequately utilizing mental health services from your experiences of working with the Hispanics/Latino population in a rural and urban community.

This is a list of some of the barriers in rural and urban communities, as well as the barriers that prevents Hispanics/Latinos from adequately utilizing mental health services, which I have noted through my literature review.
1. From your previous experience working with the Hispanic/Latino population, can you identify any barriers associated with the Hispanic/Latino population? If so, how?
   a. Social structures
   b. Lack collaboration between primary care providers and mental health professional
   c. Shortage of mental health providers in rural communities.
   d. Shortage of bilingual mental providers.
   e. Lack of knowledge of mental health.
   f. Lack availability and accessibility of mental health service.
   g. Language barriers
   h. Self-reliant attitudes
   i. Beliefs
   j. Attitudes toward mental illness.
   k. Acculturation
   l. Citizenship
   m. Cost and lack of health insurance

2. Are there other barriers from your experience of providing services to the Hispanic/Latino population that I did not note from my literature review, which you see is a barrier for this population?

3. Has your agency attempted to overcome those barriers that you have mentioned?
REFERENCES


