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LEVELS OF ENGAGEMENT IN MENTAL HEALTH SERVICES REGARDING MINORITIES

Karla Salazar Rendon

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LEVELS OF ENGAGEMENT IN

MENTAL HEALTH SERVICES REGARDING MINORITIES

_____

A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Karla V Salazar Rendon

May 2021

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MENTAL HEALTH SERVICES REGARDING MINORITIES

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Karla V Salazar Rendon

May 2021

Approved by:

Armando Barragán, Faculty Supervisor

Armando Barragán, MSW Research Coordinator

ABSTRACT

This study focuses on analyzing if the level of engagement when receiving mental health services affects how many mental health providers an individual has. Although mental health impacts everyone, minorities encounter barriers such as language, transportation, and residential segregation. Obstacles such as these discourage individuals in regards to pursuing mental health services. Minorities make up a significant amount of the U.S. population: however, they are underrepresented in the mental health field. The challenges they encounter need to be addressed to provide efficient services. This study includes male and female participants over the age of 18 in San Bernardino County. The participants must have had attempted to get mental health services within the last year to qualify for this study. This study used an ecological perspective to understand further the barriers that minorities encountered with a quantitative methodology. The researcher created a questionnaire to address the engagement that individuals felt and the number of mental health providers they have encountered. The results were analyzed through a correlation test. The data showed a relationship between the level of engagement that individuals reported and the number of mental health providers they have had. This study's social work implications are that minorities need further education regarding mental health services and how to obtain them.

ACKNOWLEDGEMENTS

DEDICATION

I dedicate this project to my family for supporting my dreams. I would like to dedicate this to my mom, who has been my rock and has been a role model for me. To my dad for bringing us to a new country and wanting a better life for his daughters. To my sisters for inspiring me every day and for being my motivation. Lastly, to my angels in heaven who always believed in my dreams.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

When analyzing who utilizes mental health services, there is a disproportionate number of minorities utilizing them. When obtaining mental health services, being engaged by the therapist or staff can influence the used services. Engagement for this study was defined as "how patients initiate, maintain, and participate in treatments such as pharmacotherapy and psychotherapy" (Aggarwal et al., 2016, p.199). As explored by Aggarwal et al. (2016), the barriers minorities face are language, unequal access to services due to geographical areas, and lack of mental health information. When individuals pursue mental health information or assistance, communication is a barrier that is not easy to overcome due to some facilities not having translators available or bilingual staff. Considering that there are various languages in the country, it is critical to have the resources to help these individuals. In the U.S. languages such as Spanish, Chinese, Tagalong, and Arabic are the most spoken (Zeigler & Camarota, 2018). Therefore, when minorities begin receiving mental health services, we have to know how to communicate with them and educate them on what is available. In previous studies, it has been found that minorities do not believe that their opinion is taken into consideration when deciding on a treatment plan (Aggarwal et al., 2016, p.202). Due to the language barrier, some individuals report a lack of raptor building, including a simple conversation.

Cultural differences also impact patients' engagement levels due to different religions and spiritual beliefs; this causes them to feel less engaged. This can lead to higher dropout rates when pursuing mental health services (Maura & Weisman, 2017, p.187).

Due to the areas where minorities live, many of them cannot obtain the services. Dinwiddie and Gaskin and Chan and Norrington, and Mccleary (2013) define residential segregation as two groups or more living away from each other. Due to this, segregated individuals do not have the same access to services. The facilities might be too far away from their homes, and due to transportation issues, they cannot reach them. These two obstacles make it harder for them to obtain information regarding what services are available. This information is critical because individuals not getting mental health services puts their mental health at a higher risk.

Purpose of the Study

This study aimed to analyze the connection between engagement and the number of mental health providers they have seen. Engagement is directly connected to individual's satisfaction regarding the services they are receiving. This study focused on minorities such as Latinos, African Americans, Asians, and Middle Easterners. As Maura and Weisman found, minorities have higher dropout rates regarding mental health services (2017). This is due to the level of engagement that minorities feel barriers such as language and transportation critically affect them. This study addresses the disproportionate number in which

minorities drop out of mental health services. It will mainly focus on San Bernardino County, which has a significant population of minorities.

This study used a quantitative methodology; the survey addressed the level of engagement that minorities feel. The survey consists of questions regarding demographics such as gender, age, and ethnicity. The questionnaire also includes questions regarding how many mental health providers an individual has seen. There are questions regarding the level of engagement that the participants felt when receiving services. The researcher decided to use a quantitative methodology by using a survey to allow many individuals to participate and reach a broader community. Due to the current COVID-19 pandemic that the country is experiencing, an online survey will also comply with the social distancing regulations. An online survey will protect the participants and the researcher.

Significance of the Project for Social Work Practice

When attempting to find a solution for these barriers, we have to know how it impacts individuals from different perspectives, such as in a micro and macro setting. In a Micro Social Work setting, individuals not being able to feel engaged leads them to not pursue more services. This can lead them to neglect their mental health because they are not aware of the consequences that it can have. In situations like this, a Hispanic individual who does not speak English can contact law enforcement when they have a psychotic episode, which can have deadly results. Although this might only happen to one individual, it leads them to

share their beliefs with others regarding how the services were not helpful. In a Macro Social Work setting, we need to be aware of the barriers minorities face to create new policies to help them, such as mandatory translators. Community outreach can also bring in the community members and get their perspectives regarding the situation. By looking at this issue from a macro perspective, we can also look at the services' locations and how they are disproportionately distributed. As previously mentioned, residential segregation is when two groups reside in different areas; this can often be visible where minorities live (Dinwiddie et al., 2013, p.68). Suppose this is the case creating new laws or implementing new programs will break down that barrier. In that case, we can make mental health services available to minorities by having clinics where they live, considering that by 2044 more than half of all Americans will belong to a minority group (psychiatry.org, 2017). There is a need to analyze this problem further to find a solution on how to engage minorities when they receive mental health services. The need to address these barriers is also essential to the younger generations who might need mental health services but are unaware of how to obtain them. Due to the obstacles that minorities encounter, there needs to be further research on their experiences. This study is reaching to solve, "Does the level of engagement impact the number of mental health providers an individual has?"

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter presents previously found information regarding minorities and how engagement and barriers affect them when obtaining mental health services. Engagement will be defined and explained in regards to mental health. Obstacles that minorities encounter, such as language, transportation, and geography, are discussed. The researcher will address the theories guiding this study and its implications on the findings.

Engagement

Engagement is a critical part of developing a relationship with a patient in any field; therefore, social work is no different. When engaging minorities in mental health treatment, multifactorial barriers are visible in micro and macro settings (Aggarwal et al.,2016). Clinicians have reported that individuals experience shame and stigma, fear of mental health treatment, and discomfort with therapy (Choi & Gonzalez 2005). When engaging patients, it is critical to know their beliefs and expectations regarding mental health. Cross and Bloomer (2010) found that when working with emotional problems resulting from deteriorating mental health status, patients typically express them in physical symptoms because they might come from a culture where mental health problems are not accepted. Further barriers, such as the lack of confidence in

mental health services, decrease the engagement of minorities (Maura &

Weisman 2017 p. 199).

At the organizational level, we have to be aware of how families decide

which treatment is beneficial and consider that every culture is different. When

working with minorities, it is crucial to acknowledge how they show respect. As

mentioned by Cross and Bloomer (2010), clinicians reported that understanding

the hierarchy of the family is critical when providing mental health services. Being

conscious of body language will allow you to be aware of whom to direct the

conversation to. Being aware of nonverbal cues is essential when speaking to

the clients and their families; they are as important as what is said verbally.

When engaging patients and their families, it is also essential to

understand that although we might only need to be aware of the symptoms. The

patients will most likely tell you the story of what was happening in their lives at

that moment because they see it as necessary. By displaying professional

qualifications and listening to clients' information from their perspectives, and

giving understanding advice, it will allow them to be more engaged in what

recommendations the clinician has. As a provider, it is critical to be aware of how

discrimination can impact the engagement of minorities and the outcomes of

therapy (Maura & Weisman, 2017).

When coming into contact with minorities, we also have to be aware of

how we present ourselves physically. Fischer, Jome, and Atkinson (1998) found

that patients see clinicians having more credibility when they have similarities. If

the clinician is professional when interacting with patients and their values align, they are more likely to become engaged and agree to treatment. This is critical when interacting with families because they have values as a family and within their culture. However, when the clinician and patient belong to the same cultural groups, there is some concern regarding confidentiality (Aggarwal et al., 2016). This can happen when patients are referred to a clinician by a relative or family friend. However, it is critical to set the boundaries and expectations regarding confidentiality when engaging the patients and their families.

Barriers

When pursuing mental health services, patients who are part of a minority encounter more barriers. One of them is limited access to mental health services due to geography and language (Dinwiddie et al.,2013). The limited access and inappropriate treatment that minorities encounter are significant when compared to their counterparts. Minorities are less likely to receive care and are more likely to receive a low quality of care, as found in a study conducted by Dinwiddie et al. (2013). Residential segregation is an essential factor because it is impacted by the social forces that shape cultures and the utilization of services. (Dinwiddie et al., 2013). For example, minorities such as African Americans who live in the suburbs are segregated in areas with lower income levels and higher crime rates (Dinwiddie et al., 2013). Research has also found that minorities are less satisfied with mental health services that they receive and have higher rates of dropout when receiving services (Maura and Weisman de Mamani 2017). In

specific geographical locations, residents do not have access to specialized

services, causing Asians and Hispanics to be less likely to receive individual

therapy (Dinwiddie 2013).

While residential segregation is a significant barrier, there is also the

language barrier. Clinicians have reported that health services do not always

meet the communication needs of non- English-speaking individuals (Tribe and

Lane, 2009). This leads to minority families being less likely than white families to

seek treatment for their mental health (Fisher, Lichvar, Hogue and Dauber 2018).

Due to the communication barrier that individuals encounter in the mental health

system, they are more likely to avoid obtaining treatment for mental illnesses

(Cross and Bloomer 2010). Although translators are available, they might not

always be bicultural causing more harm (Cross and Bloomer, 2010). A translator

not being aware of cultural boundaries or the significance of a problem can

create more barriers. Individuals who do not speak English tend to use their

family members as interpreters, which creates another barrier because

confidentiality is now in danger. As found in a study it has been suggested by

statistics that qualified interpreters in early mental health interventions are also

better financially (Tribe and Lane 2009).

Minority use of Mental Health Services

When observing who utilizes mental health services, there is a disparity in

minorities. Although initiating treatment can be seen as an easy step, there are

barriers that minorities have to encounter. Compared to their white counterparts,

minorities are 20-50% less likely to initiate mental health services (Aggarwal et al., 2016). Minorities are less likely to initiate treatment due to the previously mentioned barriers in this study. There are three main influences on whether a person seeks treatment, such as the need for services, predisposing characteristics and enabling factors (Fisher, Lichvar, Hogue, and Dauber, 2018). The need for service includes the severity of the symptoms and whether there has been a diagnosis. As for predisposing characteristics, they include demographic factors, such as distance from mental health clinics and transportation. Lastly, enabling elements include the insurance or financial status of the individual. There is also no age difference regarding the disparities. In the younger community, minorities are also less likely to pursue mental health services than white youth (Fisher, Lichvar, Hogue, and Dauber, 2018). This can be due to the parent's education level, family values, and cultural differences.

Theories Guiding Conceptualization

Throughout the literature, researchers used a systematic review to obtain information. Many studies, such as Aggarwal et al. (2016) used the five-step protocol when retrieving the data. They reviewed articles that were qualitative and met their requirements.

However, to analyze this study it is beneficial to use an ecological perspective. The ecological perspective focuses on the individual's families and how they interact with their systems (Zastrow, 2019). The ecological perspective allows us to understand minorities better when receiving mental health services.

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By looking at their social environment, natural environment, transactions, adaptation, and coping we can better understand what barriers affect them. By understanding their social environment and how they interact with other systems, we can see their assimilation level to the dominant culture. This allows us to understand their values and beliefs better. For example, some Latino families who are assimilated into the American culture are more open to therapy. However, Latino families who have not incorporated into the American culture might be more reluctant to obtain the services or ask for help. Using the ecological perspective will also provide insight into how individuals and their families cope with stressors or trauma. This is critical when working with minorities because if they are not aware of their mental health, they could describe their symptoms as physical pain. Therefore the ecological perspective will provide a better understanding of minority groups.

Summary

Engaging patients in mental health services is critical; therefore, obstacles such as language complicate the process. When speaking to patients regarding services or treatment, the therapist must consider their values and beliefs. Barriers such as geography and residential segregation also influence the number of services minorities can access. Therefore the probability of them using those services is disproportionally low compared to their counterparts. Using an ecological perspective, the researcher can better understand the possible solutions.

CHAPTER THREE

METHODS

Introduction

This chapter will cover the details regarding how the researcher carried out this study. Which methods were implemented and the criteria that the participants had to have. It also includes the instrument that was used and how the researcher conducted the data collection process. Finally, it will close by covering how the participants were protected and summarize how the researcher process the final results.

Study Design

This study serves the purpose of describing the levels of engagement that minorities encounter when pursuing mental health services. The study includes a descriptive research perspective to understand what affects their engagement level and how it reflects the number of mental health providers. This study used a quantitative methodology to understand further the barriers that individuals encounter—language, geographical, stigma, and discrimination.

The strengths of using quantitative methodology are that a larger sample size was used. The information was also collected faster and analyzed within a short period. It is also less time-consuming; therefore, it allowed the researcher to finish the study by the institution's deadline. Although there are advantages, there are also disadvantages, such as not following up on the participants'

specific answers. There is also the chance that individuals who are not fit for the study might participate.

<u>Sampling</u>

The researcher obtained data from individuals who live in San Bernardino County and are over 18. Participants were reached through social media to obtain more participants, such as alumni and community members. The goal of this study was to have about thirty participants. Having these many participants provided room to work with if a participant was not reliable. Considering the current worldwide pandemic of COVID-19, it will be better to have more participants if declining health, financial problems, and death happened.

The participants' selection criteria included that they must be between the ages of eighteen and forty. A minimum of three months of mental health services received or pursued. The researcher also included individuals who attempted to obtain mental health services more than three times within one year. The participant also had to access the internet either via their cellphones or wi-fi. Individuals who meet these guidelines will be able to participate in the study.

The individuals were required to be over the age of eighteen because they could provide consent for themselves. The age of eighteen is typically the age when they begin to make decisions for themselves, such as attending college or obtaining a job. Considering that the study will be focusing on minorities, the age of 18 is where minority youth begin to break away from their parent's values and pursue services that they find beneficial. The age cut will be forty because, in

minority groups, the older community does not believe in mental health services. Therefore, older individuals might harm the study if there is no age requirement. The engagement begins when the individual's primary doctor brings the services to the patient's awareness. Engagement might also start when the individual inquires about the services themselves by reaching out via telephone, internet, or in person. Individuals who have attempted to obtain mental health services more than three times within a year will also participate in the survey because they might have encountered barriers that did not permit them to follow through with the services.

Data Collection and Instruments

Since the study used a quantitative methodology, the independent variable is the level of engagement, and the dependent variable is the number of providers they had. The researcher measured the independent variable through categorical measurements. For the dependent variable, the researcher measured it using ordinal variables. Regarding the independent variable, options such as strongly agree, agree, somewhat agree, neither agree nor disagree, somewhat disagree, disagree, and strongly disagree were provided. As for the dependent variable, the researcher will measure it using ordinal variables that will range from zero to ten.

The researcher created an instrument for this study. It consists of multiple-choice questions. Questions include demographics such as age, gender that the individual identifies as, ethnicity, and education level. The instrument also

includes questions regarding how many mental health providers they have had and their engagement level.

Procedures

The researcher collected the data through a survey on Qualtrics. The researcher made the appropriate arrangements to collaborate with pages that the students and community members use through Instagram, Facebook, and Twitter. Due to the current pandemic, the researcher collected the data online; however, the researcher was available for accommodations.

Protection of Human Subjects

The researcher protected the participant's information by not asking for any identifiable information. Regarding the survey itself, the participants did not have to include their names in any questions. The researcher also transferred the data to a secure flash drive that she will only have access to. Although the participants will include information such as age, gender, and city of residence, no one else will have access to the data aside from the researcher.

Data Analysis

The researcher analyzed the data collected through the survey by using SPSS. The descriptive statistics test will be conducted to provide a profile of the respondents in the sample. A correlation test was conducted to analyze the relationship between our independent and dependent variables.

Summary

      This chapter included the steps that the researcher took to select the participants that will be eligible to participate in the study. The chapter covered the data gathering methods and the researcher's instrument. The researcher also covered the form of collecting in this chapter. The chapter also included the precautions enforced to keep the participant's information confidential.

CHAPTER FOUR

RESULTS

Introduction

This chapter will discuss the data analysis regarding this study. The researcher will present the demographics of the participants by using frequency distributions. The data regarding the research question will be analyzed through a correlation analysis. This chapter will also include the data interpretation regarding the research question, "Does the level of engagement impact the number of mental health providers an individual has?"

Data Analysis

This study included 59 individuals in San Bernardino County; all participants completed the entire questionnaire. The option was given to the participants to select the gender they identified with. As seen on the demographics table most of the participants identified as either male or female. 93.2% of the participants identified as female, and 6.8% of the participants identified as male.

The participants were asked a question regarding their ethnicity. A majority of the participants identified as Latino or Hispanic 81.4% selected this option. The next highest ethnicity specified was Caucasian, with a percent of 11.9, which African Americans followed with a 3.4%. One participant identified as

Native Hawaiian or Pacific Islander and another participant identified as other. This information can be found in Table 1 Demographic Characteristics.

Regarding the highest level of education, many participants reported having a bachelor's degree with a percentage of 44.1%, as shown on the demographics table. Which was followed by the participants who selected only completing high school with a 22%. They were followed by the group of participants who have obtained a Masters's degree coming in with a 15.3%. 13.6% of individuals selected an Associates' degree, followed by 5.1% of those who attended a trade school.

Regarding their household income, options were given from $0 to $100,000 or more. Out of the 59 participants 30.5% selected $60,000-$89,999. The next highest score was $30,000-$59,999 with a 28.8%, which was followed by 27.2% who selected $0,000-$29,999. Lastly 13.6% of the participants selected $90,000 or more.

Table 1. Demographic Characteristics

Variable	Frequency (n)	Percent %
Gender		
Female	55	93.2
Male	4	6.8
Ethnicity		
Latino or Hispanic	48	81.4
African American	2	3.4
Native Hawaiian or Pacific Islander	1	1.7
Caucasian	7	11.9
Levels of Education		
High School	13	22
Associates	8	13.6
Bachelor's Degree	26	44.1
Master's Degree	9	15.3%
Trade School	3	5.1
Income		
$0-$29,999	16	27.2
$30,000-$59,999	21	28.8
$60,000-$89,999	18	30.5

$90,000 or more	8 13.6

The researcher was also able to analyze the number of times that individuals have pursued mental health services. 45.8% of the participants reported seeking mental health services one to two times. These individuals were followed by 22% who attempt to receive mental health services nine or more times. Within the study, there were 16.9% of the participants who selected three to four times. This group of participants was followed by the individuals who attempted to get services five to six times with a 10.2%. There were 5.1% of the participants who selected seven to eight.

Table 2. Mental Health Services

	Frequency (N)	Percent %
1-2	27	45.8%
3-4	10	16.9%
5-6	6	10.2%
7-8	3	5.1%
9 or more	13	22.0%

The research question was analyzed through a correlation test due to both of the variables being intervals. The researcher measured engagement by using four of the questions provided on the survey. These included questions eight to ten, twelve, and thirteen. These questions asked about the therapeutic relationship, which includes but is not limited to disclosure and values. The researcher analyzed the level of commitment through question eleven, which asked if the client could continuously see the same provider. This would signify if they were happy with the services that they were receiving. A Pearson coefficient indicated found a moderate positive relationship between the level of engagement and the number of providers and individual has, $r = .41$, $n = 59$, $p = .001$ with high levels of engagement associated with a lower number of mental health providers. This suggests that there is a relationship between the level of engagement and the number of providers utilized. This signifies that most participants reported feeling engaged and continuously saw the same provider answering the research question.

Summary

This chapter discussed the findings in regards to the research question. It included the test used to analyze the variables. Demographic questions were explored to describe the population that voluntarily participated. The chapter concluded by addressing the researcher's question, and the data found supported it.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the study results regarding the research question "Does the level of engagement impact the number of mental health providers an individual has?". The researcher will also discuss any limitations encountered and any recommendations for Social work practice, policy, and research.

Discussion

The data found through this research project allowed the researcher to conclude that if a client is engaged in the therapeutic sessions, they are more likely to continue seeing the same provider. The correlation test grouped four of the questions that represented engagement and analyzed with question eleven, which meant the client continued to see the same provider. This data signifies a relationship between the level of engagement and the number of times they continuously saw the same provider.

Although the research question was answered through the data, not all of the literature review information can be supported. Regarding engagement, clinicians have reported that individuals often do not receive services in their native language (Tribe and Lane, 2009). The participants in this study reported feeling comfortable with a provider who spoke their native language. As seen, this can create a barrier for individuals who cannot find a therapist who speaks their native language. Other barriers, such as geography, were reported by

Dinwiddie et al. (2013). However, the data reported in this study does not address this barrier. Regarding the utilization of mental health services, Aggarwal et al. (2016) said that minorities are less likely to initiate mental health services. However, the data showed in Table 2. Ethnicity shows that 88.2% of the participants are part of a minority group and have received mental health services.

Recommendations for Social Work Practice, Policy and Research

This research project encountered a limitation regarding not being able to follow up on specific answers. This could have been avoided by adding more clarifying questions. One of the most significant limitations was that it did not measure the barriers individuals encounter when pursuing mental health services. This would have provided a substantial perspective regarding the encounters that the participants had. In future studies this can be addressed by adding a question regarding the types of barriers. Another limitation was that the researcher could have attempted to reach a large population. This would have provided a significant perspective into the community's view of mental health. The researcher also recommends turning this research project into qualitative this would allow the researcher to ask for clarifications regarding their responses. By doing this, it would also provide a better understanding of the experience as a whole.

As for recommendations for the social work practice, there needs to be more outreach to minorities regarding mental health services. Although this

research project consisted of 88.2% of minorities, there is a lack of representation within the African American population; only 3.4% of the participants reported belonging to this ethnic group. Although children were not studied in this project, it is critical to educate them regarding mental health services to break the stigma.

In regards to social work policy, there needs to change. The language barrier needs to be addressed. Although some agencies have bilingual staff, many do not provide services in another language aside from English. If a policy was to be created at the state level, it could mandate that each organization has various languages available. This could be done through information obtained on the census. The census includes a question regarding the language spoken in the household. This would provide the agencies with an estimate of what languages are spoken in the area they service.

Conclusion

This chapter further discussed the data received through a quantitative methodology. The data received supported the research question: "Does the level of engagement impact the number of mental health providers an individual has?". The chapter also discussed what information presented in the literature review was supported and which was not. The researcher concluded the chapter by identifying limitations and recommendations for future research. Suggestions regarding social work practice and policy were also provided.

APPENDIX A

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the impact of engagement on the mental health services that minorities utilize in San Bernardino County. Karla Salazar is conducting this study, a graduate student under the supervision of Dr. Armando Barragan, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The Institutional Review Board has approved this study at CSUSB.

PURPOSE: The study aims to examine the level of impact that engagement can have on minorities utilizing mental health services.

DESCRIPTION: Participants will answer a multiple-choice questionnaire regarding the level of engagement that they felt.

PARTICIPATION: Your participation in the study is voluntary. You can refuse to participate in the survey or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential, and the data will only be reported in group form.

DURATION: It will take 5 minutes to complete the survey.

RISK: Although not anticipated risk, there may be some discomfort in answering some of the questions. However, you can always skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragan at (323)250-6238 or Armando.Barragan@csusb.edu.

RESULTS: The study's results can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2021.

****

I understand that I must be 18 years of age or older to participate in your study, have read and understood the consent document, and agree to participate in your research.

_____   _____

Place an X mark here   Date

APPENDIX B

SURVEY

1.What is your gender?

- Male

- Female

- Other (Text entry allowed) _____

2.Age

- (Text entry allowed)

3.Select your ethnicity

- Latino or Hispanic

- African- American

- Asian

- Native American

- Native Hawaiian or Pacific Islander

- Caucasian

- Other (Text entry allowed)

4. What if the highest level of degree or level of education you have completed?

- Some High School

- High School

- Associate's Degree

- Bachelor's Degree

- Master's Degree

- Ph.D. or higher

- Trade School

5.How much total combined money do all the members of your household earn a year?

- $0-$9,999

- $10,000-$19,999

- $20,000-$29,999

- $30,000-$39,999

- $40,000-$49,999

- $50,000-$59,999

- $60,000-$69,999

- $70,000-$79,999

- $80,000-$89,999

- $90,000-$99,999

-$100,00 or more

6. How many times in the past year have you pursued mental health services?

- 1-2

-3-4

-5-6

-7-8

-9 or more

7. Did your provider speak your native language?

- Yes

- No

8. I am most comfortable having a provider who speaks my native language

- Strongly agree

- Agree

-Somewhat agree

- Neither agree or disagree

- Somewhat disagree

-Disagree

- Strongly disagree

9.Do you agree with the statement "throughout therapy, the communication

between me and the therapist was open"

- Strongly agree

- Agree

- Somewhat agree

- Neither agree or disagree

- Somewhat disagree

- Disagree

- Strongly disagree

10.Do you agree with the statement, "I was able to disclose my problems with the

therapist."

- Strongly agree

- Agree

- Somewhat agree

- Neither agree or disagree

- Somewhat disagree

- Disagree

- Strongly disagree

11.Do you agree with the statement, "I was able to schedule all my sessions with the same provider."

-Strongly agree

-Agree

-Somewhat agree

- Neither agree or disagree

- Somewhat disagree

- Disagree

- Strongly disagree

12.Do you agree with the statement, "My believes and values were taken into consideration when creating a treatment plan?"

- Strongly agree

- Agree

- Somewhat agree

- Neither agree or disagree

- Somewhat disagree

- Disagree

- Strongly disagree

13.I am someone who commits to my treatment

- Strongly agree

- Agree

- Somewhat agree

- Neither agree or disagree

- Somewhat disagree

- Disagree

- Strongly disagree

APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL

December 30, 2020

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-97

Armando Barragan Jr. Karla Salazar Rendon
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Armando Barragan Jr. Karla Salazar Rendon:

Your application to use human subjects, titled "Levels of Engagement in Mental Health Services Regarding Minorities " has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at https://www.csusb.edu/academic-research.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-97 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

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