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ATTITUDINAL STUDY OF LATINO PATIENTS AND STAFF MEMBERS OF A PSYCHIATRIC INTENSIVE CARE UNIT (VETERANS ADMINISTRATION HOSPITAL, PALO ALTO, CALIFORNIA)

A Thesis

Presented To

The Faculty Of The School Of Social Work

San Jose State University

In Partial Fulfillment

Of The Requirements For The Degree

Master Of Social Work

by

Joe J. Aguilera

August 1979

APPROVED FOR THE SCHOOL OF SOCIAL WORK

APPROVED FOR THE UNIVERSITY GRADUATE COMMITTEE

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Mi querida esposa Maria, mil gracias. Por su ayuda, gracias John. Ruben, por tu tiempo y Calidad, gracias. Gracias por ser tan simpatica, Margaret.

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CHAPTER I

INTRODUCTION

Purpose of the Investigation

The purpose of this investigation is to identify the attitudes of the staff of Unit 5C4 at the Veterans Admistration Hospital in Palo Alto toward Latino patients, and also to identify the Latino patient's perception of the treatment received. Unit 5C4 is an intensive psychiatric care unit at the hospital.

Significance of the Investigation

Limited information is available in the literature on the experiences encountered by Latino patients in mental health facilities, especially the problems encountered in the provision of treatment and the outcome of therapeutic contacts. In general, the information in the literature reveals that problems exist when persons from one culture provide mental health services to persons of another culture.

Studying the Latino population may provide significant insight into the services received, and how these services can be improved. It is considered that staff attitudes influence service delivery, and that staff require cultural knowledge in order to provide effective mental health services to Latino patients. Information regarding

the experiences of Latino patients at a mental health facility, namely Unit 5C4, and the effect of staff attitudes toward them should be of vast importance to this population by the Veterans Administration.

The importance of the investigation to the School of Social Work at San Jose State University is in its augmentation of the existing knowledge regarding the Latino. This is especially important as the stated mission of the School of Social Work is to prepare social workers whose expertise is in the delivery of services to Latinos.

Research Questions

In order to ascertain the attitudes of the staff of Unit 5C4, at the Palo Alto Veterans Administration Hospital, and how these attitudes play a part in service delivery to the Latino, this investigation will focus on the following questions:

1. How does the Veterans Administration provide services to patients from the Latino culture? (This question relates only to Unit 5C4 at the Veterans Hospital in Palo Alto.)
2. Is culture viewed as an important factor in the provision of services to the Latino patients?
3. What is the attitude of staff toward the Latino patient and vice versa?

Definition of Terms

For the purpose of this study, a Latino is defined as anyone who defines himself as being Latino, who has a Spanish surname and may speak Spanish. This definition encompasses such sub-groups as Chicanos, Mexican Americans, Latin-Americans, Puerto Ricans, Cubans, or Spanish-Americans.

Location of the Investigation

The location of this study is the Veterans Administration Hospital in Palo Alto, California, particularly Unit 5C4, an intensive psychiatric care unit. This section will be discussed more thoroughly in the Research Methodology Chapter .

Brief History of the Veterans Administration

The cornerstone of all veteran's benefits is the English "Acte for the Reliefe of Souldiours". This Act was passed by the English Parliament of 1592-93.[1] This establishment of payment to disabled veterans were to be made on the basis of the degree of disability, the maximum to be set by law.[2] These same sets of guidelines are used by this country for payment.

In the year 1636, the Pilgrims enacted the first American veterans benefit law on record. This took place

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[1] Medical Care of Veterans, Washington, D.C. US Government Printing Office, 1967, p. 2.

[2] Ibid., p. 2.

at the Plymouth Colony settlement.[3] Pensions were the only benefit given the veteran until the Civil War. Following the Civil War, the National Home for Disabled Volunteer Soldiers was created.[4]

A new philosophy toward the veteran came into existence during World War I. Enacted into the Veterans Administration system were voluntary insurance; allottments and allowances to take care of his family during his service; reeducation of those disabled who could not return to their former occupations or suffered loss of earning power due to such disablement; and disability compensation with medical and hospital care for those suffering from wounds or disease incurred in service.[5]

During World War II this philosophy was expanded to provide all veterans with an opportunity to re-establish themselves educationally and economically into civilian life. Additional benefits included educational opportunities, regardless of disability; loan guarantees for the purchase of a home or establishing a business or farm; and a readjustment allowance until employment was secured, for a maximum of a year.[6]

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[3]Ibid., p. 21.

[4]Ibid., p. 4.

[5]Ibid

[6]Ibid., p. 4.

With a budget of over $12 billion, the Veterans Administration is now the third largest agency of the federal government, standing below the Department of Defense and the Department of Health, Education and Welfare. The largest appropriation items are: disability compensation and nonservice-connected pensions; medical programs; and readjustment benefits, primarily G.I. Bill aid for education and training. These items account for 97 percent of the Veterans Administration budget, the rest being primarily absorbed by general operating expenses and construction funds.[7]

The Veterans Administration has a diversity of programs. It takes an active role in providing education, on-the-job training, vocational rehabilitation, home-loan guarantees, disability compensation, income maintenance, a great deal of health care, aid to widows and dependents, life insurance, old age care, and management of estates and burial benefits. According to Starr, the Veterans Administration represents the highest form that the welfare state has reached in America.[8]

Veterans Administration hospitals provide care for three classes of disability:

1. Those suffering from a service-connected

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[7]Paul Starr, The Discarded Army, New York: Charterhouse, 1973, pp. 41-42.

[8]Ibid., pp. 47-48.

disability;

2. Those who have a service-connected disability but now need care for some other disablement, provided a bed is available in a Veterans Administration or other Federal hospital;
3. Those suffering from a nonservice-connected disability and who are financially unable to defray the cost of hospitalization.

Veterans in this third group are hospitalized by the Veterans Administration if all three of the following conditions are met: (a) Hospitalization is deemed necessary; (b) They state under oath that they are financially unable to defray the cost of hospitalization; and (c) Beds are available. By law, Veterans Administration beds must first be made available to veterans suffering from service connected disabilities.[9]

Approximately 10% of all psychiatric beds in the United States are in Veterans Administration facilities, the proportion of which has remained relatively constant since 1970. There has been a decrease in the Veterans Administration in the total number of psychiatric beds for inpatient care over the years. In 1965, 59,000 (49%) of the Veterans Administration's 120,000 hospital beds were designated as psychiatric; in 1975, there were 29,827

[9]Medical Care of Veterans, p. 7.

psychiatric beds (32%) in the total of 94,477 operating Veterans Administration hospital beds.[10]

A veteran who is hospitalized for a service connected psychiatric illness is automatically ruled 100% disabled after twenty-one days in the hospital.[11] A veteran who is hospitalized for a nonservice-connected psychiatric problem has even more incentive to remain institutionalized. He becomes eligible for a pension only if in need and permanently and totally disabled. However, the moment a nonservice-connected veteran takes steps toward improvement and returning to the community, he endangers his pension payments.[12] Therefore, the potential for abuse is built into the system.

Mental Health Services

Mental health services are provided in the Veterans Administration through the utilization of the collective skills of psychiatrists, psychologists, social workers, and other trained personnel in a multidisciplinary approach to treatment.[13] On any given day, almost 24,000 inpatients are receiving some form of mental health care in the

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[10] Study of Health Care for American Veterans; Washington, D.C. US Government Printing Office, 1972, p. 169.

[11] Star, The Discarded Army, p. 68.

[12] Ibid., pp. 68-69.

[13] Annual Report Administrator of Veterans Affairs, Washington, D.C. US Government Printing Office, p. 20.

Veterans Administration system. Such services include traditional psychotherapies as well as group, individual and family therapy, and treatment in special programs, such as behavior modification, social incentive work programs, therapeutic communities, and programs for vocational or educational appraisal or training.[14]

Since fiscal year 1967, the Veterans Administration has reduced its psychiatric beds by 26,524 or 49 percent, while inpatient workloads (patients treated) increased by 34 percent. Outpatient mental health program visits numbered 3,075,000 in fiscal year 1977.[15] This indicates an increase in the outpatient visits.

Regionalization within the Veterans Administration structure has come into being. Regionalization simply means that certain hospitals are designated as focal points for a particular type of service. The northern part of California, and the northeastern section of Nevada use the chronic psychiatric services at Menlo Park/Palo Alto.

The facility at Palo Alto is affiliated with Stanford University. The Veterans Administration hospital sits on land that belongs to the University and is leased by the Veterans Administration.

The fundamental consideration in affiliation by

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[14]Ibid., p. 20.

[15]Ibid

the Veterans Administration health care facility with educational institutions rests on the willingness of both parties involved to cooperate in programs that will be mutually beneficial. To this end, the Veterans Administration follows guidelines set forth by the different professional societies and educational institutions. Each will bring their own expertise, and extensive exchanges of knowledge will be ascertained.

During 1977, 135 Veterans Administration hospitals and 38 outpatient clinics participated in such affiliations with 103 medical schools, and 85 Veterans Administration hospitals were affiliated with all of the country's 58 schools of dental medicine. In addition, 171 Veterans Administration hospitals were engaged in the education and training of students of all other health care professions and occupations in affiliation with one or more universities, schools and colleges totalling some 2,100.[16]

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[16]Ibid., p. 40.

CHAPTER II

REVIEW OF LITERATURE

The literature review revealed limited knowledge relative to the Latino patient who receives mental health services in the Veterans Administration Hospital. Thus, this review will focus primarily on the Chicano and mental health services in general.

Historical Antecedents

"All Men Are Created Equal," stated Thomas Jefferson in the Declaration of Independence. Although this statement is quoted from Jefferson, the idea of people possessing certain inalienable rights was born in the seventeenth century and expounded by a group of political philosophers, one of whom was John Locke.[17]

A great portion of the thrust for Civil Rights legislation assumed that if liberty is granted by the society, the problems of equality and fraternity will also be resolved.[18] This assumption gives rise to the belief that the individual person will be able to live his/her

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[17] Alfred H. Kelly, "Where Constitutional Liberty Came From," Self Government USA, (New York: Carrie Chapman Cott Memorial Funds, Inc., 1954), p. 17.

[18] D. Bromley and C. Longino, Jr., White Racism and Black Americans, (Cambridge: Schenkman, 1972), p. 1.

life to the fullest. The American dream of working at a fulfilling job, being able to participate in all personal endeavors, and raising a family in one's own beliefs is not what the reality of the situation dictates.

The sustainment of society is intricately woven into social institutions; they are the caretakers and nourishers of society. Societal needs are met through the rise of organizations, different agencies, and social arrangements.[19] Minorities have suffered repercussions because they have been excluded from being able to participate in and profit from the general milieu. This process is known as "institutional racism".

Cota-Robles de Suarez (1971) has identified some responses to this type of discrimination among Chicano children: obsessive concern with negative implications of ethnicity, denial of ethnic group membership, withdrawal, passivity, clowning, self-hatred, aggression against one's group, and group solidarity.[20]

Like other immigrants, the Latino journeys into the United States with hope and illusions. He is searching for freedom from tyranny and oppression, economic freedom, the ability to practice his religion, and freedom from

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[19] Ibid., pp. 12-13.

[20] Amado M. Padilla and Rene A. Ruiz, "Prejudice and Discrimination," Chicanos: Social and Psychological Perspectives, (Saint Louis: The C.V. Mosby Co., 1976), pp. 114-115.

social, economic, and cultural stigmata because of race. But, instead he finds the opposite; employment is limited to a few, housing is substandard and prejudice is encountered. The realization that "the actions of the American destroy his ideals,"[21] becomes apparent.

Such conflicts create extensive frustrations with the results being hostility and resentment. Because of the emphasis of his religion toward patience, tolerance, love, and hope, the expression of outwardly focused violence is curtailed. Because of the exploitation, abuse, discrimination and hurt, the Latino may express himself by the following methods:

1. Rejection of the link of citizenship which would tie him to a people for whom he now feels a smoldering animosity;
2. Refusal to learn the language;
3. Resistance against American customs;
4. Resentment toward any efforts to change the traditional diet;
5. Resistance against well-intentioned movements to educate him in American ways;
6. Expression of hostility against other minorities

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[21] Ignacio Reyes, Americanization of the Mexican American, (San Francisco: Paul E. Research Associates, reprinted 1972), pp. 31-32.

and sometimes against the dominant group.[22]

Many Anglos perceive Latino problems as forms of some type of social disorganization, while Latinos view their problems as a blockage of aspirations. While biculturalism and bilingualism are seen by most Anglos as problems, the opposite is seen by the Latino. These characteristics can lead to problems within a society which is committed to cultural pluralism but in actuality fosters the melting-pot ideology.[23] What is sought by the majority of Americans, is the transformation of minority thinking and outlook to coincide with their own world view.

> Individual Mexican American behavior cannot be separated from its cultural milieu, nor from the socio-political forces and institutions that impinge on the Mexican American experience because behavioral patterns cannot be separated from the organizations of ideas and feelings which constitute the individual and are expressed via social structures and social arrangements. What may be assumed as an innate cultural characteristic of a group or individual may be the result of historical forces, characteristics which are in turn susceptible to change in view of different historical events.[24]

Latino culture is not an offshoot of Anglo-American culture. The resultant of spatial contact with the Anglo-

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[22]Ibid., pp. 31-32.

[23]Fernando Penalosa, "The Changing Mexican American in Southern California," Sociology and Social Research, 51 (July, 1967), 414.

[24]Marta Sotomayor and Phillip D. Ortego, Chicanos: Culture, Language and Personality, (San Jose: Marfel Associates, 1974), p. 12-13.

American culture, has produced an "inferior"-ranked culture, so defined by the Anglo-American. Inferior has also been used to connote the supremacy of the majority American culture, over a segment of the populace.[25]

Mental Health Picture

In the investigator's opinion, the phrase "everyone's the same, but we're not all alike" sums up the problem within a biased, multilevel society. What is in operation today seems to be an absence of realistic creative thinking when encountering people of ethnic minority backgrounds.

In documenting cultural stereotyping among psychotherapists, Bloombaum, Yamamoto, and James (1968) give ample proof of this statement. Mexican Americans were most frequently associated with such stereotyping as: superstitiousness, changeability in impulse, lack of grasp of abstract ideas, and lack of distinction between illusion and facts.[26]

Lopez[27] tried to ascertain the validity of the Bloombaum et al, study (1968), where the clinicians' attitudes of Mexican Americans were revealed to be stereotypic. Mr. Lopez contacted mental health centers, counseling

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[26]Milton Bloombaum, Joe Yamamoto, and Quinton James, "Cultural Stereotyping Among Psychotherapists," Journal of Consulting and Clinical Psychology, 32 (1968), 99.

[27]Steven Lopez, "Clinical Stereotypes of the Mexican American," Chicano Psychology, ed Joe L. Martinez, Jr., (San Francisco: Academic Press, 1977).

clinics, and independent clinicians in southern California, and Tucson, Arizona. Questionnaires were used in this research.

In the Lopez study, the Mexican American was judged to be less aggressive, less independent, less leadership oriented, and more submissive than Anglo-Americans. They were also rated less practical, less punctual than Anglo-Americans, more quiet, more polite, more tactful, and less materialistic. The clinicians that took part in this study also rated the Mexican American closer to the notion of being mentally healthy, even above healthy Anglo-Americans.

This study corroborated the general findings by Bloombaum et al., which stated that clinicians harbor stereotypic views of the Mexican American. Sensitivity to this group's culture is lacking, due in part to the holistic misconceptions fostered in schools of higher education.

The documentation of Latinos as overrepresented in the lower socio-economic strata is abundant in the review of literature undertaken.[28] What has also been stated, is that individuals at the lower scale of the economic ladder

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[28]Rodolfo Alvarez, "The Psycho-Historical and Socioeconomic Development of the Chicano Community in the United States," Chicanos: Social and Psychological Perspectives, (Saint Louis: The C.V. Mosby Company, 1976).

are also more susceptible to illness.[29]

Armando Morales, in a paper presented at the Western Interstate Commission for Higher Education conference on "Mexican American Mental Health Issues," held June 1970, in Goleta, California, outlined nine social problems found in the Mexican American community:

1. Deficient educational achievement due to the lack of educational opportunities;
2. Excessive unemployment;
3. Broken homes;
4. Excessive numbers of police in Chicano communities;
5. Police-community friction;
6. The overrepresentation of Mexican Americans in jails and prisons for offenses related to drinking and drugs;
7. The gross lack of mental health treatment facilities in Chicano communities;
8. The general unavailability of psychiatric man power--particularly bilingual mental health professionals;
9. Societal resistance toward the funding of community mental health centers directed by

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[29]Frank X. Acosta, "Ethnic Variables in Psychotherapy: The Mexican American," Chicano Psychology, (San Francisco: Academic Press, 1977), pp. 216-217.

and under Mexican American community control and sanction.[30]

Morales goes on to comment about the conditions which may be found in other ethnic communities, such as in the Black, Puerto Rican, and other poor neighborhoods. He suggests that the answers lie in: (a) The brutal discrimination that Americans practice toward the poor; (b) Racism; and (c) An institutionalized delivery system of mental health care which emphasizes quality individualized psychiatric treatment for the affluent, and an almost complete denial of quality mental health care for those that need the services the most, the poor.[31]

Karno (1966), Ramirez (1972), Padilla (1976), and Ruiz (1977) have documented the underutilization of traditional mental health psychiatric facilities by the Latino/Mexican American. Karno points to the "therapeutic failure," referring to the factors which made ethnic patients less acceptable and/or less accepting of the traditional psychiatric clinic. He also points to the lack of direct attention given to the ethnicity, race, subcultural identity, and bilingualism of the patient, by the

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[30]Armando Morales, "The Impact of Class Discrimination and White Racism on the Mental Health of Mexican Americans," _Chicanos: Social and Psychological Perspectives_, (Saint Louis: The C.V. Mosby Company, 1976), p. 211.

[31]Ibid., p. 211.

clinic personnel.[32]

On solutions, Ramirez notes that "Cultural Democracy" is a very essential part of the therapeutic environment when treating Latinos/Chicanos. Because of beliefs and interwoven relationships, the family, a family member, and one's own religious beliefs can and should be utilized when working with this population.

The family and/or member can be called upon by the therapist to assist in treatment. Not to do so would create alienation between patient and family.

Beliefs, religious and others, are a part of therapy, even if the therapist isn't willing to acknowledge this fact. The reality of this can cause internalization and actual physical symptoms on the part of the Latino/Chicano.[33]

Padilla questioned the traditional ways of selecting good candidates for therapy. The YAVIS method has been sustained over the years. The therapist selected clients who were young, attractive, verbal, intelligent, and successful. (The term YAVIS is obtained when the first letter in young, attractive, etc., are placed together.)

Minorities have historically not been seen in the

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[32]Marvin Karno, "The Enigma of Ethnicity in a Psychiatric Clinic," Archives of General Psychiatry, 14 (1966), 516-520.

[33]Manuel Ramirez III, "Towards Cultural Democracy In Mental Health: The Case of the Mexican American," Inter-American Journal of Psychology, 6 (1972), 45-49.

same light as Anglo-Americans. Dr. Padilla questions this very system that discriminates between individuals. Historically the Mexican culture has had a long history of mental health services, dating back to pre-Spanish conquest of the Aztecs.[34]

There is evidence suggesting that certain Aztec members, after a lengthy apprenticeship, would give psychotherapy treatment to individuals that were labeled as deviant. They also had a concept of the Id, Ego, and Superego that is comparable to the Freudian concept, about the 16th century. Along with this, the very first hospital built in the Americas that housed mentally ill patients was built in Mexico. To say that Mexicans don't have a history of using and accepting the facilities of mental health is not credible.[35]

Ruiz has identified five variables which are in operation that causes underutilization by Latinos/Chicanos of existing facilities. First is the policies of institutions which hamper self-referral by the Hispanic. He points to long waiting lists, inflexible procedures in the intake, and the irrelevancy of some services offered.

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[34] Eligio R. Padilla, "The Relationship Between Psychology and Chicanos: Failures and Possibilities," Chicanos: Social and Psychological Perspectives, (Saint Louis: The C.V. Mosby Company, 1976).

[35] Guido Belsasso, "The History of Psychiatry in Mexico," Hospital and Community Psychiatry, 20 (1969), 32-34.

A second factor involves the location of such facilities. In most instances the geography of such facilities are so far removed that in order to arrive at these places the client/patient needs to travel great distances. This factor can also discourage families from visiting the family member, if in an inpatient status. A language barrier, which is the third factor, can and does usually exist in these institutions. Latino professionals, and para-professionals are not actively recruited. Fourth, values, which can be defined as class-bound, interfere with the successful delivery of appropriate services. Therapists who are tied into such value structures tend to blame the victim for his problems. They do not bother to check the realities of the Latino's life, and how history has played an active role in his here-and-now situation. The fifth variable, significant to the utilization of mental health facilities, has to do with communication, and the values of the therapist of non-Hispanic culture boundness. Because the non-Hispanic may not be aware of cultural dissimilarities between himself and the client, it is easy to interpret what is said by the Hispanic literally.[36]

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[36]Rene A. Ruiz, "The Delivery of Mental Health and Social Change Services for Chicanos: Analysis and Recommendations," Chicano Psychology, (San Francisco: Academic Press, 1977), pp. 239-240.

Cultural Perspective of Mental Illness

The Karno et al. (1969), and Edgerton et al. (1971) studies of Los Angeles were undertaken to investigate if perceptions of mental illness and bilingualism were a significant factor. Of the 444 Mexican Americans surveyed as to their beliefs and perceptions of mental illness, it was learned that in general, their beliefs and perceptions were not very different from those ascertained by 224 Anglo-Americans. There were some intra-group differences with the sample of Mexican Americans. The monolingual English speaking only were highly correlated toward the Anglo-American view of mental illness, whereas the people of Mexican national origin were closer to the stereotypic view of this population. Such traits as fatalism, familism, strong attachment to formal religious values, patriarchal authoritarianism, and conservative morality regarding deviant behavior, all seem to have some applicability.[37, 38]

Although there were deviations within this group, they were not unilaterally at opposing poles. As with the general population in the United States, a continuum

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[37]Marvin Karno and Robert B. Edgerton, "Perception Of Mental Illness in a Mexican American Community," Archives of General Psychiatry, 20 (1969), 233-237.

[38]Robert B. Edgerton and Marvin Karno, "Mexican American Bilingualism and the Perception of Mental Illness," Archives of General Psychiatry, 24 (1971), 286-290.

exists into which people fall. This aspect is due in part to the degree of acculturation which inevitably occurs within newly-arrived immigrant groups. Another factor that contributed to the difference was the locale the citizen from Mexico has resided in prior to arrival in this country. Urban versus rural settings have an impact.

The significant factor that came out of the study was the attitude which all had toward ill health. A real need to alleviate the problems presented in the case excerpts was emphasized. What seems to have placed the researchers in a quandary was the type of service which should be utilized. Some of the questioned people would go to a local physician, where others would go to a mental health worker or psychiatrist. What appears obvious is the need to act upon a situation that can and has been labeled in two different ways. The intention in both cases is the same, relief.

Summation

On a historical basis, the United States has grudgingly given minorities opportunities to become affiliated. Without making cultural concessions, which may cause some psychological and social disfunctioning, minorities can partake only marginally in the sociopolitical and economic realities.

The Anglo-American has a world view which is not similar to people of color (which includes Mexican Americans,

Blacks, and Asian-Americans).[39] Such an outlook is fostered by the perpetuation of stereotypic views and the lack of contact between the majority population with the ethnic minority discussed in this paper.

The dominance of the cultural scene by the Anglo-American has been seen as essential in order to inculcate other lesser qualified minorities and raise them to a higher level of functioning. The Westernized culture is seen as better able to handle today's problems. The opposite view was seen to be true by a group of mental health professionals. The Chicano/Latino was seen as having a closer correlation to mentally healthy attributes than the Anglo-American.

The above-mentioned fact still leaves us with a dualistic mental health establishment. People fitting the YAVIS traits are more likely to be encouraged, and to receive more in depth psychological counseling than other minorities. This is an apparent form of individual, as well as institutional racism.

Underutilization has been blamed on many factors, of which language, cultural view of deviance, and a lack of historical view of mental health are part. What is apparent to the author is quite the opposite.

Given the opportunity, people who relate only in

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[39] Sotomayor, op. cit., pp. 12-13.

Spanish will utilize services if there are appropriately staffed facilities. One cannot effectively relate to a person if the other person can't relate to them, or even speak their language.

Deviancy has been explored in several studies, and the contention is that it is basically similar in Spanish and in English-speaking communities. Deviancy is seen in both instances as being a problem and needing help.

The Mexican American can be viewed as having a long historical affiliation toward mental health. The ancestral community of Mexico, namely the Aztecs, had an affinity toward the psychological view of deviant behavior and psychotherapy. As mentioned earlier, about the 16th century, the Aztecs had developed a highly sophisticated view of the Id, Ego and Superego. They also had quite an intensive internship system where newcomers to this field were trained, as reported by Guido Belsasso.

CHAPTER III

RESEARCH METHODOLOGY

Statement

This investigation is descriptive research of an exploratory nature. Descriptive research appears appropriate since a primary objective of this investigation is to identify what happens to Latino patients at the Intensive Psychiatric Care Unit 5C4 of the Veterans Administration Hospital in Palo Alto, California, and the attitudes of the staff toward them. Henceforth all references to Unit 5C4 refer to the aforementioned Intensive Psychiatric Care Unit. Based on an analysis of the data collected, conclusions will be drawn and recommendations made. The investigation is of a qualitative nature, and no hypotheses are tested. The objectives of this investigator are to identify the nature of an existing situation, to locate reasons for its existence, and to suggest means of changing it. As an exploratory study this investigation may also generate hypotheses for future testing.

Cook states "descriptive research aims at answering

the question of 'what exists?'"[40] Van Dolen sees descriptive research as describing the rudimentary groupings of things by comparing the contrasting likenesses and differences in their behavior.[41] Descriptive research may classify, order, and correlate data as the investigator seeks to describe relationships that are discovered in the phenomena themselves. Exploratory studies seek to discover new ideas and insights.[42]

Since the purpose of this study is to identify staff attitudes toward Latino patients, and Latino patients' perception of treatment, descriptive research of an exploratory nature appears appropriate. Several types of descriptive research exist, including analytical, developmental, predictive, and survey. This investigation will attempt to analyse an existing situation by arriving at a description of the existing social phenomenon.

Population

All Latino patients seen at Unit 5C4 for the period starting October 25, 1978, and ending April 6, 1979, are considered the population in this study. There were twelve

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[40]David Cook, A Guide to Educational Research, (Boston: Allyn and Bacon, 1968). John W. Best, Research in Education, (Englewood Cliffs: Prentice-Hall, 1959).

[41]Ibid

[42]Claire Selltiz et al., Research Methods in Social Relations, (New York: Holt, Rinehart, and Winston, 1976).

in number who were admitted to Unit 5C4 at this time.

All staff personnel at Unit 5C4 will be included in the study. There are approximately thirty-two staff members who encompass the Day, Evening, and Night shifts of Unit 5C4.

Characteristics of the Population

The patients range in age from their early twenties to early sixties. Their diagnoses and length of stay at Unit 5C4 varied. Psychiatric diagnoses were paranoid schizophrenia, manic-depressive, periodic excessive drinking, depression with suicidal ideation and hysterical personality. Family responsibilities varied: some headed families, others lived with siblings and/or parents. The patients were culturally diverse. There were Puerto Ricans, Chicanos, Mexican Americans, and several from South American countries.

The staff range in age, from their early twenties to late fifties. Their length of experience in psychiatric settings vary also. Several staff members have only a few years experience while others have several decades of experience in psychiatric settings. The staff is culturally mixed, with two other members, besides the author having Spanish surnames. There are two members of Oriental extraction, and several Black workers. The majority of staff are primarily White Anglo-Saxon. The professional

make-up of the staff is as follows:

1. Two psychiatrists;
2. Two resident psychiatrists;
3. One psychologist;
4. One psychology intern;
5. One Master of Social Work;
6. One MSW intern;
7. Six registered nurses;
8. Two licensed vocational nurses;
9. Two medical students; and
10. Fifteen nurses assistants.

The total staff complement consists of thirty-two persons. Only twenty-six were actually surveyed.

Research Design

As previously mentioned, this study is descriptive and exploratory in nature. The study was designed to reveal the perceptions of Latino patients who received services at Unit 5C4, and also to reveal staff attitudes toward Latino patients. Twelve patients were identified as Latino either by surname or ethnic background.

An interviewing instrument was developed in order to collect the necessary information (Appendix F) for analyses. All Latino patients were contacted either directly or by mail. The Latinos not contacted did not leave a forwarding address. A 30% questionnaire return

was judged as a sufficient response since this would constitute one-third of the population. The instrument was self-administered. Information regarding the purpose of the investigation was revealed in written or verbal form, depending on the method of patient contact. In direct person contacts, information given about the study was brief, to avoid any biases.

To ascertain the attitudes held by the staff, an appropriate questionnaire was formulated and distributed. The head nurse was willing to distribute and explain the purpose of the study to the Evening and Night shifts. A copy of the staff questionnaire may be viewed in Appendix B. A similar return rate, as in the case of the patient questionnaire, of 30% was deemed as being sufficient for the researcher's purpose. The instrument was self-administered, with just a brief concise introductory statement made by the researcher, or in the case of the Evening and Night shifts, by the head nurse.

Location of Investigation

The Psychiatric Intensive Care Unit 5C4 at the Veterans Administration Hospital in Palo Alto appears to be a microcosm of the general society in the United States. Personnel are highly trained individuals who work with an acute, and sometimes chronic, psychiatric population.

Unit 5C4 serves acute male psychiatric patients.

Its purpose is to diagnose, treat, and stabilize these patients while they are at this unit. Once goals have been achieved these patients are transferred to another unit, or are discharged. Patients can be transferred to another psychiatric unit at Menlo Park, another division of the Veterans Administration, located nearby.

The needs of the veteran, or the availability of beds are the main determining factors to placement. If the patient progresses to the point where it is determined that for him out-patient services are desirable, he is returned to his home, or placed in a board-and-care facility if relatives are unable or unwilling to care for him. If the patient does not improve after an appropriate period of time, but remains in need of a structured and safe environment, he is placed in a locked nursing facility.

Due to a high demand on this unit for services, and due to its intensive nature, a need exists for a rapid advancement or improvement on the part of each patient. The capacity of the unit is twenty patients. The number of patients on the unit at any given time will vary. The patient load is usually at its maximum. When this occurs new referrals are placed on a waiting list, or are sent to other psychiatric units. In emergency situations, the unit will go above the maximum of twenty, until the emergency

has subsided. Due to the pressure put on this unit by an increasing patient load, attempts are made to assist the patient in improvement as soon as possible.

CHAPTER IV

DATA ANALYSIS

Staff Findings

Twenty-six questionnaires were distributed to the staff. The distribution was sixteen male, and ten female. A total of thirteen questionnaires were returned. This was a fifty percent (50%) return rate, twenty percent (20%) higher than the estimated thirty percent (30%) that had been anticipated. The ratio turned in was (31%) for males and (80%) for females.

Q1. Sex of respondent.

Findings: Male 5 (38%) Female 8 (62%)

Age Range was from 22 to 58

Analysis:

The female respondents filled out the questionnaire in proportionately larger numbers than the males. Most of the female workers are either RN's or LVN's, while the majority of the men are Nurses Assistants.

The male participants in this study had a higher average age than the females. This age difference was 7.1 years. The average age for the women was 36.7, while the average age for the men was 43.8 years.

Q2. Do you have trouble understanding Spanish accents?

Findings: Yes _4_ (31%) No _8_ (62%)

No response _1_ (8%)

Analysis:

This question revealed that the majority of the staff do not have trouble understanding Spanish accents. (*Spanish accents are defined for this purpose as an accent that shows up when a Latino speaks English.) It is possible that the responses were as high as they were due to the fact that the Latinos who have been at Unit 5C4 have overall spoken English very well. The author has detected slight accents by Latinos, but they have not been so pronounced as to interfere with the understanding of their speech.

Response to this question suggests generally, that no communication barrier exists in staff understanding the language of English-speaking Latino clients. Although there is only a 31% problem ratio, that is a significant enough ratio for problems to arise, and efforts should be made at lowering this even further.

Q3. Would you be interested in learning Spanish?

Findings: Yes _9_ (69%) No _3_ (23%)

No response _1_ (8%)

Analysis:

It is believed that therapists can best serve

Latino patients if they are bilingual and bicultural. The fact that 69% would like to learn Spanish suggests that the VA should make this possible. By offering an incentive or by providing a language class which would focus on the Spanish language seems to be a welcome idea by a large portion of the staff at Unit 5C4. This answer also points to the need, which staff sees, in providing bilingual service to patients and their families.

Q4. What is your description of a Latino patient?

Findings:

While trying to answer this open-ended question, many remarks were noted. Country of origin was used by 46% to describe this population, 23% used a person's surname, 15% used physical characteristics, 8% used the Spanish language as a description, and 8% stated that Latinos were "just people."

Analysis:

Findings revealed a great deal of stereotyping when describing a Latino. They do not give consideration to the fact that Latinos come in all shapes, colors and sizes. Some do not speak Spanish, and some families have been in this country for generations. This question suggests that these stereotypic notions may be harmful, and that staff needs a better understanding of the Latino

client.

Q5. Is it important for ethnic minorities to assimilate in order to be successful Americans?

Findings: Yes 1 (8%) No 9 (69%)

No Response 3 (23%)

Analysis:

Webster's New Collegiate Dictionary defines assimilate as: to make similar, to absorb into the cultural tradition of a population or group.[43] Staff overwhelmingly stated that assimilation was not a mandatory prerequisite to being a successful American. This means that the staff can and will allow a Latino the right to keep his cultural identity.

In answering Question Number 4, staff gave stereotypic descriptions of Latinos. This may imply that they may not be sensitive or aware of the Latino culture, and raises doubts about the impact assimilation can have on this population. Staff in a psychiatric hospital need to be culturally sensitive if they are to work effectively with Latino patients since the objective of the psychiatric unit is to improve social functioning of the patient.

Q6. Is the United States "the melting pot" of the World?

Findings: Yes 8 (62%) No 4 (31%)

No Response 1 (8%)

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[43]Webster's New Collegiate Dictionary, Springfield: G & C Merriam Co., 1974, p. 68.

Analysis:

Questions 5 and 6 are related. However. the findings are not consistent. In Question Number 5, nine (69%) stated that ethnic minorities (Latinos), did not have to assimilate in order to be successful Americans. However, in Question Number 6, eight (62%) stated that the United States was "the melting pot" of the world. This answer clearly implies a belief that minorities should assimilate. Webster's definition of "melting pot" is: a place where racial amalgamation and social and cultural assimilation are going on.[44]

Q7. Do you have firsthand knowledge of the Latino culture?

Findings: Yes _4_ (31%) No _7_ (54%)

No Response _2_ (15%)

Analysis:

The author felt that this was an important question to ask because of the presence of a proportionately large population of Latino patients being admitted to this particular unit. The Latino patient population has been at an average of 9% of the general patient load at Unit 5C4 (see Appendix C). Because of this fact, staff should be acquainted with the diverse problems this population brings into the therapeutic atmosphere. The opposite appears to be true. Staff admits to the fact that they

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[44] Ibid., p. 716.

are not culturally in tune with Latinos. The importance of the matter is stated by Marshall S. Clinard, when he writes:

> The definition of a situation which a person makes is, in part, dependent upon his past experiences and learning. It is also dependent on the responses of others in the immediate situation, for it is these responses which the individual takes into account in defining the situation and organizes into his own behavior.[45]

When a Latino patient comes into the hospital he is in a state of self-doubt, and unusually anxious. He needs to redefine himself in this new and perplexing experience. He reaches out to other patients, but needs and wants support and approval from the staff. If the staff is not aware of cultural dissimilarities within and outside the Latino's way of being, misdiagnosis can result. Instead of enhancing the patient's stay, hindrance and even harmful repercussions may be inflicted.

Q8. What information would help you understand the Latino culture better?

Findings:

There was no reply from 15%, 8% wanted to learn more about the culture in general, 8% wanted psychological information concerning the Latino, 8% stated that they were "just human beings," 31% stated that they wanted more

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[45]Marshall B. Clinard, Sociology of Deviant Behavior, San Francisco: Holt, Rinehart & Winston, Inc., 1963, p. 56.

contact with them and be able to speak the language, and 31% stated that they would like to know more about the Latino's norms, roles, expectations and cultural differences.

Analysis:

Nearly half of the respondents want to learn more about the Latino. They understand and acknowledge their shortage of working knowledge concerning this population group.

Contact with, and being able to speak Spanish, were also mentioned. As stated in Question 3, the staff sees value in learning the Spanish language.

Meaningful psychological information about the Latino had been lacking in the past. With new information concerning the Hispanic being sought and disseminated by Hispanic professionals in the mental health field, this void will be filled in the future.

Q9. How helpful is that knowledge in working with a Latino patient and/or his family?

Findings: Very Helpful 5 (39%) Somewhat Helpful 2 (15%) Not Helpful At All 0 Not Answered 6 (46%)

Analysis:

Nearly half of the returned questionnnaires did not answer this question. This response tends to show that staff is really not aware of the cultual implications

that can be set in motion once they have knowledge of the Hispanic.

On the other hand, nearly 40% saw the value which can benefit both the patient and his family. If they can see the benefits which can be derived from such knowledge it stands to reason that they would be more open and motivated to learn this information. It also makes sense that the VA would profit by sponsoring programs to accomplish this, that is, to learn more about Hispanics and problems relevant to them.

Staff/therapists should work toward the "ideal" therapeutic relationship," as Fred Fiedler put it in his research done in psychotherapy, published in the Journal of Consulting Psychology. He found that the most significant dimension which differentiates the true expert from a neophyte is the ability "to understand, to communicate with, and to maintain rapport with the patient."[46]

> It may well be that the final revolution (in the history of psychiatry) will come in the future recognition that there is for every emotionally disturbed person an irreducible minimum requirement for successful treatment, the provision of a therapeutic relationship

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[46]Fred Fiedler, "A Comparison of Therapeutic Relationships in Psychoanalytic, Non-Directive and Adlerian Therapy," Journal of Consulting Psychology, Vol 14 (1950), p. 436-451.

with an accepting, understanding, and helping other.[47]

Q10. Do you think that more Nurses, Nurses Aides, Psychologists, Psychiatrists, and Social Workers of Latino background are needed at the VA? If yes, why?

Findings: Yes 7 (54%) No 2 (15%)

No Response 4 (31%)

Analysis:

Over half of the respondents see a real need within the VA psychiatric section for more Latino workers. The author sees a need also, which may grow in the future, as Latino veterans start to utilize these services further.

Of the responses made to this question, the author was able to categorize them into three general statements. The three major reasons given for the need for more Latino workers were: (a) To better respond/relate to the Latino patient; (b) To be used as interpreters when the need arises; and (c) It would be up to the individual if they want to work at the Veterans Administration Hospital.

Q11. How many Latino patients would you estimate have been at Unit 5C4 since September of 1978?

Findings:

The responses were many and varied, from a low of

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[47] William Schofield, Psychotherapy: The Purchase of Friendship. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964, p. 89.

six to a high of seventy-five patients. There were four (31%) questionnaires which did not answer this question at all. After averaging the staff responses, a total of sixteen was reached as the combined total. The correct number of Latino patients covered in this study was twelve.

Analysis:

Several people felt that they were unable to answer this question, while others put down an extreme amount, in estimating the number of Latino patients. This tends to show how the patient seems to be forgotten or blended with all the other patients. On the other hand the Latino population was completely blown out of proportion by some.

There were several individuals who came very close to the exact number of Latinos. It came up often enough not to be considered a fluke or accident. There are individuals who seem to be aware of the minority issue and its ramifications to service delivery at this ward.

Q11. Have the Latino patients at Unit 5C4 been good candidates for group therapy, individual therapy, family therapy, or chemotherapy?

Findings: Yes _5_ (38%) No _0_ No Response _8_ (62%)

Which One(s): Group _5_ (38%) Individual _2_ (54%) Family _7_ (54%) Chemotherapy _7_ (54%)

What made them good candidates?

Analysis:

It would appear that nearly half of the respondents chose not to answer this important question, a question which has far reaching implications.

Group therapy, individual therapy, and chemotherapy are the most often used forms of treatment at this unit. Group therapy was picked the least often among all therapies even though <u>all</u> patients are required or encouraged to participate in it each morning.

When asked what had made them good candidates, they wrote, "no difference is seen between individuals, the responsibility (for participation) is the patient's, and finally, as the need (for therapy) arises." Some individuals wrote that the Latinos were unable to benefit from all therapeutic modes. This and other statements place the entire responsibility of not utilizing therapy on the patient. There is no mention or thought that perhaps this underutilization may be due to staff bias or neglect. By neglect, it is meant that services are totally aimed at the majority population of the hospital with little thought given to the minority issue.

Q13. What, if any, problems have you encountered working with Latino patients?

Findings:

All, but 23% answered this question. Focus

on cultural and language problems were cited by 46% of the respondents. "No specific problems" was the answer for 23%, and 8% stated that they are "similar to other people."

Analysis:

Again, staff makes reference to the cultural aspects of the Latino. It has been made clear that this is the overwhelming sentiment among the staff. They need and want more knowledge concerning the Hispanic.

Some correspondents seemed to have taken this study lightly, or are not interested in the minority issues. Whatever the reason for the lack of concern, their attitudes may be having an effect on their transactions with the Latino patient. This population cannot tolerate such an adverse interaction in their present conditions. Action needs to be taken in order to improve social or psychiatric services to the Latino population.

Patient Findings

Twelve Latino patients were the population to be contacted for this investigation. Two of the patients were unavailable. Ten patients were contacted either by mail or in person. The men were asked to sign a release of information (Appendix E).

Three questionnaires were returned. This was a 30% response. This response rate of 30% was deemed

sufficient for analysis. However, the actual number of responses does not allow for valid generalizations, nor reliability or validity of the information received and analyzed. Therefore, the generalities drawn from the data are extremely limited. Since the information was collected, it was decided to analyze it and to present the findings. The reliability of the findings may be questionable due to the sample size.

TABLE 1.

Latino Patient Response

(Not All Inclusive)

Source	Age	Ethnicity	Primary Language Spoken	Grade Level	(%) Of Disability	Prior Hospitalizations
Latino 1	28	Puerto Rico Spanish	Spanish	12	10	4
Latino 2	31	New Mexico	Spanish-English	12	100	Unknown
Latino 3	56	Filipino Central America	Spanish	12	10	1

Q1. Age

Findings: 28, 31, 56

Analysis:

The average age for the patients is 38.33. The ages of the respondents seem to fall in the age range commensurate with World War II, and the Viet Nam era.

Q2. Number of dependents

Findings:

Two of the men have one dependent, while the third has none.

Analysis:

Two of the men stated that they had one dependent, which they may be supporting. The third person may not have to provide for anyone but himself.

Q3. Marital status

Findings: Married 1 Single 2

Analysis:

Questions two and three are correlated. In Question 2 they were asked to state how many dependents they had. This question lets us know whether the dependents claimed were wives. Only one of the Latinos is married, while the others are single. One of the Latinos may be supporting a relative, because of the dependent claimed.

Q4. Educational grade level

Findings:

All of the men completed the twelfth grade (high school).

Analysis:

All the men would appear to have achieved a higher grade level than the norm for most Latinos.

> On the average in 1970 the adults over 25 years of ago had attained less than 9 years of schooling (for Mexican Americans) as compared with more than 12 for Anglos . . . When we compare states we find that the schooling is highest in California with 9.7 years.[48]

Not only do the young male Latinos have a higher grade level than the estimated average, but the older male has a greater degree of education than Latino males of his age group. The median school years completed in 1950, for Latinos was only 5.4 years.[49]

Q5. Ethnic background

Findings: Puerto Rico 1 Spanish 1

Central America 1

The male that marked Central America also put down Filipino.

Analysis:

The Latino "group" is made up of one Puerto Rican, one Spanish labeled, and one Central American of Filipino ancestry. This group is very diverse. Not

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[48] Joan W. Moore, Mexican Americans, Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1976. p. 66.

[49] Ibid., p. 67.

only are these Latinos from different parts of the country, but they have different experiences which add to their heterogeneity. Even the way they label themselves has diverse connotations. Each sees himself as a Latino yet different from the others.

Q6. Place of birth

Findings:

The Puerto Rican was born in Puerto Rico, the Spanish American was born in New Mexico, and the Central American-Filipino was born in California. They come from three diverse and dissimilar geographic areas.

Analysis:

We have one native Californian, one Spanish New Mexican, and one native Puerto Rican. Different experiences in their place of origin have contributed to their here-and-now. Even though they are Latinos, we cannot say that they are all alike.

Q7. Citizenship (if not born in the United States)

Findings:

One of the men marked it yes. This question was aimed toward non-residents.

Analysis:

All of the men are United States citizens, and did not have to put anything down. One of the men may have felt it necessary to put an answer down. The Latino

who put it down was born in New Mexico.

Q8. Primary language spoken

Findings:

Two of the respondents put down Spanish. The third man put down English-Spanish.

Analysis:

It would appear that two of the men are more comfortable speaking Spanish than English, since they marked Spanish as their primary language. The third man put down both English and Spanish, which may mean that he is comfortable in both languages.

Q9. Dates of military services

Findings:

1966 to 1968, 1970 to 1972, 1939 to 1947

Rank achieved?

Findings:

PFC (Private First Class), E-2 (one step lower than a PFC), O.S. I/C (unable to ascertain grade)

Branch?

Findings: Army 2 Coast Guard 1

Where stationed last?

Findings:

Germany, Fort Campbell, Kentucky and San Francisco were put down.

Analysis:

The Spanish-New Mexican, who is 31 years of age

was in the Army from 1966 to 1968, achieved the rank of PFC, and was stationed in Germany in his last tour of duty. The 28-year-old Puerto Rican achieved the rank of E-2, and was stationed last in Fort Campbell, Kentucky. He was in the service for two years, from 1970 until 1972. The 56-year-old Central American-Filipino spent eight years in the Coast Guard, from 1939 to 1947. He achieved the rank of O.S. I/C (type of rank is unknown), and spent his last tour of duty in San Francisco.

Q10. Drafted or volunteer

Findings:

Two of the men were drafted, while the other volunteered.

Analysis:

The older Latino, who was in the service during World War II, volunteered into the Coast Guard. The other two, younger men,were both drafted while the conflict in Viet Nam was going on. Both men spent two years in the service, which was the usual tour of duty for draftees.

Q11. Type of discharge

Findings:

The youngest and oldest veterans both put down honorable discharge. The other man put down honorable-medical, for type of discharge.

Analysis:

The 31-year-old New Mexican received a medical discharge from the Army. The other two Latinos received regular discharges from the service. The medical discharge may or may not be significant to this person's current situation.

Q12. Action seen in Service

Findings:

Two of the men reported having seen action in the military, one in World War II, the other in Viet Nam.

Analysis:

The older and younger men both report seeing action. No further comments were made concerning the degree or type of action seen. The length of action seen during these two conflicts is not known.

Q13. Were you hospitalized in the Service?

Findings:

All the men report being hospitalized while in the military.

Where:

Findings:

The older man was hospitalized in San Francisco, the Puerto Rican was hospitalized in Viet Nam and Kentucky, and the other was hospitalized in Germany.

Analysis:

All three men have reported being hospitalized

while in the military. The younger male, who was in Viet Nam, was hospitalized in two locales while in the service.

The reason why they were hospitalized is not known. Since two of the men reported seeing action during times of conflict perhaps these hospitalizations were a direct result of action seen. Perhaps wounds were sustained by these two men.

Q14. If not hospitalized in the service, when was your first hospitalization?

Findings:

The Spanish-New Mexican put the year 1973 for this question.

What was the length of the hospitalization?

Findings:

This person put 1978 for this part of the question.

Analysis:

The author interprets the dates put down by this man as meaning a different hospitalization than that incurred while in the military. The year 1973, is meant to signify when he first entered the hospital while 1978 means the date he left the hospital. This information, if interpreted correctly, means this individual has spent five years in a hospital.

Q15. How many times have you been hospitalized?

Findings:

The younger and older man both answered this question. The Puerto Rican male put down four previous hospitalizations, while the older man put down one.

Analysis:

It appears that the young man has had numerous admissions, other than the reported hospitalization in the service. The older man reports one hospitalization only, this may mean that he has been relatively trouble free, and only recently has he had difficulties.

Q16. Are you Service connected?

Findings:

All three men marked this positively, they are all service connected.

What percent?

Findings:

Two men are 10% service connected, while the third is 100%.

Analysis:

All three Latinos incurred a disability while in the military. These disabilities were considered minor except for the third man who has a total disabling injury which is still affecting him. The two men with the 10% service-connected disability may have received these disabilities in combat. They both

reported seeing action, and were also hospitalized while in the service.

Q17. If not Service connected, are you receiving a pension?

Findings:

Two of the men put down that they were receiving a pension.

What amount?

Findings:

One of the Latinos is receiving $800.00 (a month), while the other wrote "unknown".

Analysis:

The information sought and given is fairly straightforward. There are two pensions being received, one being $800.00 and the other is unknown to the man. He may have someone who takes care of this for him. The Latino receiving the larger amount is 100% service connected, while the other man has a service-connected percentage of 10. A 10% service-connected monetary enumeration is $41.00.

Q18. Why did you seek help from the VA?

Findings:

One response to this question was that he needed it. One was left blank. The third wrote "DISVICE CONDITION" (patient's own words).

For what specific problem?

Findings:

Two of them were left blank for this question. The third man wrote down "MENTAL."

Were you helped?

Findings:

Two respondents stated that yes, they had been helped. The third did not reply.

Analysis:

All three men sought help for various reasons. Two of them felt they had gotten the help they wanted. The third man did not state whether he had, or had not been helped. Perhaps he is still trying to decide whether or not he had been helped with his problem.

The person who wrote "mental" did it in a bold fashion. It was done in heavy ink, and all the letters were capitalized.

The person that wrote "Disvice Condition" is the Spanish-American with the 100% service-connected disability. Up to this point, his handwriting and spelling had been legible. What he is trying to say is difficult to interpret.

Q19. Did you try other agencies before coming to the VA?

Findings:

Only one of the Latinos had gone outside of the VA system for assistance. There was no response from the other two men.

Where did you go first?

Findings:

The young Puerto Rican stated that he had gone to Santa Clara Valley Medical, and Santa Clara Downtown Mental Health.

Analysis:

The young Latino appears to be having a difficult time in the community. He is the one who reported having a mental problem and having had several hospitalizations. Why this young man went to these other mental health facilities before coming to the VA is not known. Perhaps he felt the VA would not accept him because of the low (10%) service connection. The VA has to accept those who have higher percentage of service-connected injuries first. Perhaps his disability is physical, while he was looking for psychological relief.

Q20. How long did you stay at Unit 5C4?

Findings:

The young Puerto Rican male reported staying a week at Unit 5C4. The New Mexican reports staying two years. There was no response from the third man.

Analysis:

Unit 5C4 is an acute/chronic ward with a high demand for turnover on the part of the patients. It is hard to imagine anyone staying at that unit for two years. The reported week stay seems rather short also. Information about the discharge would help in establishing the circumstances under which he left.

Q21. What are your impressions of Unit 5C4?

Findings:

The young man put down "O.K." as an answer. The Spanish-American put "I thought 5C4 was a very interesting ward." The older gentleman wrote "wonderful," for this question.

Analysis:

Overall, the impressions of Unit 5C4 were positive. This may mean that some relief of their psychological problems may have taken place. This can also mean that it had been a positive experience for them.

Q22. What activities did you participate in?

Findings:

The Puerto Rican reported participating in group therapy only. The Spanish-American reported participating in group, individual, and ward activities. The Central American-Filipino reported participating in group, ward activities and outside activities.

Analysis:

The two members, other than the Puerto Rican, participated more in the activities which are offered at the ward. The reason behind his lack of participation in the other programs is unknown.

There was only one Latino that was in individual counseling. Why the other two chose not to participate in individual therapy is unknown.

Q23. What do you think of the staff at Unit 5C4?

Findings:

Responses were "Wonderful, Good, and Thought staff was fair."

Analysis:

Responses were positive toward the staff at this unit. This question, along with Number 21, indicates that the unit and staff are seen in a positive light.

Q24. Was there a member of the staff that helped you the most?

Findings: Yes 2 No 1

Who was it?

Findings:

Two people were mentioned, Ed and this researcher, Joe.

How did they help you?

Findings:

The reply to this was, "in many ways, and being a friend."

Analysis:

The 56 year old mentioned Ed, and that he had been helped in many ways. The staff person mentioned is an older Black man, a nurses assistant with numerous years of psychiatric experience.

The young 28 year old mentioned that this author had been a friend. The author is a social work trainee with experience in mental health. Both staff persons are close in age to the two Latino patients. This may have provided an atmosphere for a positive transference to be established. Perhaps experience is positively correlated toward accomplishing this.

Q25. What is your overall impression of the Palo Alto VA?

Findings:

Responses to this question were, "They try helping the vets who go there for help (28 year old), Perfect (56 year old), and I think the impression of the VA is a very interesting hospital (31 year old)." The author did not edit, but simply put the exact wording or spelling of the respondents.

Analysis:

The statements put down by these Latino men are self-explanatory and represent their own thinking on this question. No further comment is needed.

Q26. What are the good points of the hospital?

Findings:

The veteran's responses to this question were: "The good point the of (sic) hospital . . . They have many atvanchez (Spanish-American). Service people (the Central American-Filipino), and The Staff" (the Puerto Rican). (Exact word/phrase were used, without editing.)

Analysis:

Two of the men focused on the staff people. This appears to be an important aspect in their view of the VA hospital. It may be due to their dependence on staff while at Unit 5C4. They are literally tied into the system by one or more of the staff because treatment is handled by staff.

The Spanish-American vet may have been trying to say "advantages." He may prefer the VA hospital, or see the worth or value of being there.

Q27. What would you charge, if you had the opportunity?

Findings:

"Larger pool room--more hours at Canteen," was put down by the older Latino. It was left blank by the 31 year old. "Nothing," was written down by the young Latino.

Analysis:

Remarks were very concrete and specific. The statements may imply a feeling that they can only affect extraneous things in the VA. They may also feel that things as they are now can, and have helped them to get better. They may be satisfied with how things are. This, and other areas need to be explored further in future research at this institution.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

As stated in Chapter I, the purpose of this investigation was to ascertain the answers to the following questions:

1. How does the Veterans Administration provide services to patients from the Latino culture?
2. Is culture viewed as an important factor in the provision of services to the Latino patients?
3. What is the attitude of staff toward the Latino patient and vice versa?

Summary of Findings

What was discovered was that the staff at this unit (5C4) was an older age group. The combined average for all who participated in this study was 40.25 years of age. More females than males took part in this project, and these females are more likely to be RN's or LVN's.

The majority of the respondents see a real need for bilingual-bicultural workers, and also a need to learn more about Latinos. Information relevant to the Latino, along with learning Spanish were seen as essential to give appropriate service to this population.

To emphasize the need for information concerning the Latino, one can point to the fact that the staff tended to think about Latinos in stereotypic fashion. Along with this, the staff tended to believe in "the Melting Pot" ideology, which fosters assimilation on the part of the minority.

Nearly half of the respondents felt that they could not judge whether the Latinos had been good candidates for the therapies offered at this unit. The reason behind this was not known.

On the other hand, the Latino patients that participated in this study had varied backgrounds. They were from three significantly different parts of the country. Each brought with him varied experiences relevant to his background and lifestyle. The way they defined their own cultural heritage exemplifies this fact.

All the Latinos taking part in this research had more years of schooling than most Latinos in this country. This point needs further investigation.

Each man had different sets of responsibilities, with only one Latino being married. This factor in itself carries a different connotation than the factor of being single with one dependent. Different responsibilities are in effect in both cases.

All of the respondents have a service-connected

injury. Only one man is considered totally disabled. He is considered 100% disabled. This disability was incurred in the military.

All of the Latinos were hospitalized while in the service. Two of the men were hospitalized during times of conflict (WW II and Viet Nam). Whether injuries were sustained while in action is not certain.

These men saw their hospitalization at Unit 5C4 as being a positive one. Two favorable responses were stated toward two individuals at this unit.

The men that took part in this study were typical Latinos. They come from various and distinct backgrounds. They are educated. They come from three different parts of the country. This is a typical Latino. Latinos are a heterogeneous group of individuals.

The point of the preceding paragraph is to show that there is a need within the VA toward a better understanding of the Latino patient. Because of the diversity that exists within this group, careful consideration of servicing this population needs to be taken.

The author believes that ample proof has been put forward in this project to establish a premise that the VA needs to reevaluate service delivery to the Latino psychiatric patient. The VA should look into the hiring practices followed at Palo Alto and Menlo Park. Monies

need to be put to their maximum use. Programs must be relevant to the population being served. Cost-conscious and cost-effective programs need to be put into effect while serving the needs of the minority populace. Minorities are expressing their needs and wants in respect to Federal, State and other programs which have traditionally not focused on the minority issue. The author will recommend some changes, within the VA hospital in Palo Alto/Menlo Park which are both relevant and worthwhile implementing:

Recommendation I

The VA should actively recruit qualified professional bilingual-bicultural people to work in the psychiatric section of the hospital. Not only will they be providing valuable therapeutic services to Latinos but also to non-Latinos as well.

Utilization by more service-connected Latinos, can be the result if there is qualified staff to provide for their needs. This in turn will increase the minority utilization which may lead to a larger share of the budget going for this purpose.

As the population stands now, the Latino makes up 9% of the patient population (average between October and April 1979), while the Spanish surname/Latino workers are only 7% (2 out of 30) of the therapeutic

paid staff at Unit 5C4. If this unit were used as a model, perhaps other units are essentially the same in regard to ethnic makeup.

Recommendation II

In-service training should be carried out at the VA in order to disseminate information knowledge concerning Latinos. Staff at Unit 5C4 stated that knowledge about the Latino and his culture was greatly lacking. The majority of the people who took part in this study stated this fact. Staff also stated their wish to learn Spanish.

Programs should be started to accomplished the stated goal of providing the staff with relevant information about the Latino culture and psychological viewpoint. Workers should be encouraged to attend these programs seminars. Perhaps some sort of incentive can be provided to maximize participation. Spanish classes can be taught at the VA, thus making use of available space and providing the staff with a convenient locale in which to increase and improve their knowledge of the language.

The programs classes described would benefit the Latino patient and also the staff. Services would become relevant and thus create a positive atmosphere in the Latino communities surrounding the VA hospital, and perhaps ultimately increasing the participation of the Latino from the community.

Recommendation III

The VA should participate actively in recruiting service-connected Latinos. Advertisement in Spanish publications can make the Latino veteran aware of his benefits. A commitment to this policy would also necessitate a commitment to the aforementioned recommendations. The result of these actions would foster a better impression of the VA as a whole. Refusal to act upon these recommendations would tend to increase the impression of the VA as a bureaucracy, unfeeling and uncaring toward the plight of the minority.

What is sought in these three recommendations are treatment modalities relevant to the plight of the Hispanic/Latino in this country (see Chapter II, footnotes 24, 25, 26, 27 and 32). Without knowledge of the Latinos' history, cultural background, language and other pertinent factors, Latinos will continue to underutilize the services for which they are eligible. Misdirection by well-intentioned people can backfire on the Latino patient.

Misperception on the part of the staff can result in patient and family dysfunction. Such misperceptions are easier to transmit than to eliminate. The Latino veteran by virtue of the service which he has rendered to his country has a right to expect and receive treatment that is in keeping with his cultural ethnicity.

BIBLIOGRAPHY

Periodicals

Belsasso, Guido, "The History of Psychiatry In Mexico," Hospital and Community Psychiatry, 20:32-38, November, 1969.

Bloombaum, Milton, Joe Yamamoto, and Quinton James, "Cultural Stereotyping Among Psychotherapists," Journal of Consulting and Clinical Psychology, 32: 99, 1968.

Cota-Robles de Suarez, Cecilia, "Skin Color as a Factor Of Racial Identification and Preference of Young Chicano Children," Aztlan, 2:107-150, 1971.

Edgerton, Robert B., and Marvin Karno, "Mexican American Bilingualism and the Perception of Mental Illness," Archives of General Psychiatry, 24:286-290, March 1971.

Fiedler, Fred, "A Comparison of Therapeutic Relationships In Psychoanalytic, Non-Directive and Adlerian Therapy," Journal of Consulting Psychology, 14: 436-451, 1950.

Karno, Marvin, "The Enigma of Ethnicity in a Psychiatric Clinic," Archives of General Psychiatry, 14:516-520, May, 1966.

Karno, Marvin, and Robert B. Edgerton, "Perception of Mental Illness in a Mexican American Communicty," Archives Of General Psychiatry, 20:233-237, February, 1969.

Penalosa, Fernando, "The Changing Mexican American In Southern California," Sociology and Social Research, 51:414, 1967.

Ramirez, Manuel III, "Towards Cultural Democracy in Mental Health: The Case of the Mexican American," Inter-American Journal of Psychology, 6:45-49, 1972.

ERIC Documents

———, Annual Report: Administrator of Veterans Affairs, Washington, D.C., US Government Printing Office, 1977.

———, Medical Care of Veterans, Washington, D.C., US Government Printing Office, 1967.

———, Study of Health Care for American Veterans, Washington, D.C., US Government Printing Office, 1977.

Books

Best, John W., Research in Education, Englewood Cliffs, New Jersey, Prentice-Hall, Inc., 1959.

Bromley, D. and Longino, C., Jr., White Racism and Black Americans, Cambridge, Schenkman, 1972.

Clinard, Marshal B., Sociology of Deviant Behavior, San Francisco, California, Holt, Rinehart & Winston, Inc., 1963.

Cook, David, A Guide to Educational Research, Boston, Massachusetts, Allyn and Bacon, 1968.

Hernandez, Carrol A., Haug, Marsha J., and Wagner, Nathaniel N., Chicanos: Social and Psychological Perspectives, Saint Louis, Missouri, The C.V. Mosby Co., 1976.

Kelley, Alfred H., Self Government USA, New York, New York, Carrie Chapman, Cott Memorial Fund, Inc., 1954.

Martinez, Joe L., Jr., Chicano Psychology, San Francisco, California, Academic Press, 1977.

Moore, Joan W., Mexican American, Englewood Cliffs, New Jersey, Prentice-Hall, Inc., 1976.

Reyes, Ignacio, Americanization of the Mexican American, San Francisco, California, R and E Research Associates, Reprinted 1972.

Schofield, Wm., Psychotherapy: The Purchase of Friendship, Englewood Cliffs, New Jersey, Prentice-Hall, Inc., 1964.

Selltiz, Claire, Research Methods in Social Relations, New York, New York, Holt, Rinehart, and Winston, Inc., 1976.

Sotomayor, Marta, and Ortego, Phillip, D., Chicanos: Culture, Language and Personality, San Jose, California, Marfel Associates, 1974.

Starr, Paul, The Discarded Army, New York, New York, Charterhouse, 1973.

Webster's New Collegiate Dictionary, Springfield, Massachusetts, G. & C. Merriam Co., 1974.

APPENDICES

APPENDIX A

VETERANS ADMINISTRATION RELEASES

VETERANS ADMINISTRATION
HOSPITAL
3801 MIRANDA AVENUE
PALO ALTO, CALIFORNIA 94304

IN REPLY
REFER TO:

CONSENT TO CONDUCT STUDY

Joe J. Aguilera, a 2nd year student at San Jose State University, Graduate School of Social Work, is authorized to conduct a survey which requires contacting and mailing questionnaires to former Veterans Administration Psychiatric Patients from 5C4. It is made clear to the ex-patients that this study is not a requirement and that it is purely on a voluntary basis. A release of information which the patient will have to sign, will be attached (see attached document). A VA disclaimer to this effect will be sent out with each questionaire.

Date: 4/9/79

Linda C Gasner
Linda C. Gasner

Consent To Conduct Study

Joe J. Aguilera, is authorized to conduct a survey requiring the participation of the staff of unit 5C4, Veterans Administration Hospital, Psychiatric Intensive Care Unit, Palo Alto, California.

Date: [illegible]

[illegible]
Jerry Yesavage, M.D.
5C4 Unit Chief

APPENDIX B

STAFF QUESTIONNAIRE

Staff Questionnaire

You have been selected to participate in a project that will help the author in establishing a relationship between Psychiatric treatment of a particular Ethnic minority, and possible cultural implications.

Please Do Not Sign Your Name To This Questionnaire

Your cooperation is appreciated. Please submit completed questionnaire in the box marked AGUILERA, on top of the metal files in the Nurse's station.

Please return questionnaire by March 30, 1979.

1. Sex (of respondent) Male _____ Female _____ Age _____

2. Do you have trouble understanding Spanish accents?

   Yes _____ No _____

3. Would you be interested in learning Spanish?

   Yes _____ No _____

4. What is your description of a Latino patient?

   ____

   ____

   ____

5. Is it important for ethnic minorities to assimilate in order to be successful Americans? Yes _____ No _____

6. Is the United States "the Melting Pot" of the World?

   Yes _____ No _____

7. Do you have first hand knowledge of the Latino culture?

   Yes _____ No _____

8. What information would help you understand the Latino culture better? Be concise. ______________________

   ____

   ____

   ____

9. How helpful is that knowledge in working with a Latino patient, and/or his family? Very helpful _____ Somewhat helpful _____ Not helpful at all _____

10. Do you think that more Nurses, Nurses Aides, Psychologists, Psychiatrists, and Social Workers of Latino background are needed at the VA? Yes _____ No _____ If yes, why?

____

____

11. How many Latino patients would you estimate have been at 5C4 since September of 1978?

12. Have the Latino patients at 5C4 been good candidates for group therapy, individual therapy, family therapy, or chemotherapy? Yes _____ No _____ Which one(s) Group _____ Individual _____ Family _____ Chemotherapy _____ What made them good candidates? _____________

____

____

If they did not utilize all therapeutic modes, why not?

____

____

____

13. What, if any, problems have you encountered working with Latino patients? _______________________________

____

____

____

____

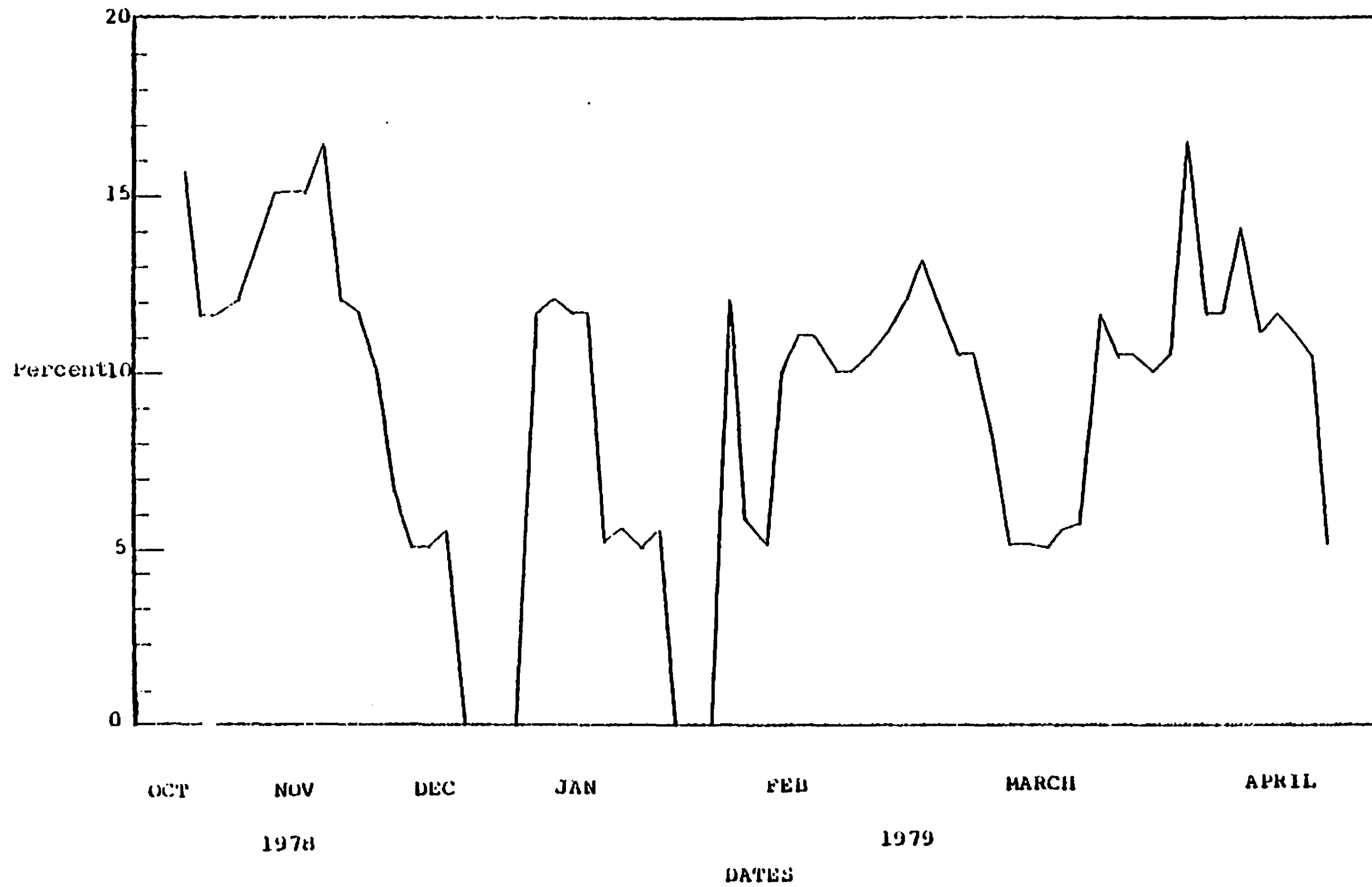
APPENDIX C

PATIENT LOAD DIAGRAM

GRAPH

Latino Patients At An Intensive Psychiatric Care Unit (5C4)

Palo Alto Veterans Administration Hospital



APPENDIX D

LETTER OF INTRODUCTION

To Whom It May Concern:

My name is Joe Aguilera, and I am currently a Social Work Trainee at the Veteran's Administration Hospital in Palo Alto. I am with Unit 5C4.

I am in the process of writing my thesis, to fulfill my school requirements. I am contacting you, in order to make use of your knowledge about 5C4. Please fill out the enclosed questionnaire, and sign the release of information (marked with an X).

Your name will not be used in any way. Use the self-addressed stamped envelope. Please return the questionnaire and the release of information by April 16, 1979.

Thank you for your time and cooperation.

Joe J. Aguilera
Social Work Trainee

APPENDIX E

PATIENT RELEASE FORM

Form Approved
OMB No. 76-R0138

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM CLAIMANT'S RECORDS

NOTE: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside the VA as permitted by law or as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974. Disclosure is voluntary. However, if the information is not furnished, we may not be able to comply with your request.

TO	Veterans Administration	NAME OF VETERAN (Type or print)	
		VA FILE NO. (Include prefix)	SOCIAL SECURITY NO.

NAME AND ADDRESS OF ORGANIZATION, AGENCY, OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

VETERAN'S REQUEST

I hereby request and authorize the Veterans Administration to release the following information, from the records identified above to the organization, agency, or individual named hereon:

INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates—period from and to—covered by each.)

I, ____________________, agree to participate in an approved research project,
(veteran's name)
conducted by Joseph Aguilera, Social Worker Trainee. The project involves completion of a questionnaire, without use of my name or other specific identifying information. I am ensured that my participation or withdrawal from participation in this research project will in no way infringe on my entitlement to VA services, as proscribed by existing VA regulations.

Date: ________________ Veteran's signature: ________________________

PURPOSES FOR WHICH THE INFORMATION IS TO BE USED

NOTE: Additional items of information desired may be listed on the reverse hereof.

DATE	SIGNATURE AND ADDRESS OF CLAIMANT, OR FIDUCIARY, IF CLAIMANT IS INCOMPETENT

VA FORM DEC 1975 **60-3288** EXISTING STOCKS OF VA FORM 07-3288, FEB 1974, WILL BE USED.

APPENDIX F

PATIENT QUESTIONNAIRE

Questionnaire

Your cooperation in filling out this questionnaire is appreciated.
Please Do Not Sign Your Name To This Form
Please return this questionnaire in the enclosed pre-paid envelope provided, by April 16, 1979. Thank you for your cooperation.

1. Age ______
2. Number of dependents ______
3. Marital Status Married ______ Divorced ______ Separated ______ Widowed ______ Single ______
4. Educational Grade Level ______
5. Ethnic Background: Chicano ______ Mexican-American ______ Mexican ______ Puerto Rico ______ Cuban ______ Spanish ______ Central American ______ South American ______ Other (specify) ______
6. Place of Birth (Country/State) ______
7. Citizenship (if not born in the United States) ______
8. Primary Language Spoken ______
9. Dates of Military Service ______
   Rank achieved ______ Branch ______
   Where stationed last ______
10. Drafted or Volunteer (Circle appropriate one).
11. Type of Discharge: Honorable ______ Medical ______ Other ______
12. Action seen in Service (WW II, Korea, Vietnam) ______

13. Were you hospitalized in the service? Yes ______

    No ______ If yes, where ______________________________

    How long ______________________________________

14. If not hospitalized in the service, when was your first

    hospitalization (year) _________ What was the length

    of the hospitalization? ____________________________

15. How many times have you been hospitalized? __________

    ____

16. Are you Service Connected? Yes ______ No ______

    If yes, what percent (or income)? __________________

17. If not Service Connected, are you receiving a pension?

    Yes ______ No ______ What amount? _________________

18. Why did you seek help from the VA? ________________

    ____

    For what specific problem? __________________________

    ____

    Were you helped with your problem? Yes ______ No ______

    If not, why not? ____________________________________

    ____

19. Did you try other agencies before coming to the VA?

    Yes ______ No ______ Where did you go first? (Name)

    ____

20. How long did you stay on 5C4? ______________________

21. What were your impressions of 5C4? _________________

    ____

    ____

22. What activities did you participate in? Group ______

Individual Counseling ______ Ward Activities ______

Outside Activities (Gym) ______

23. What do you think of the staff at 5C4? ______

______

______

24. Was there a member of the staff that helped you the most?

Yes ______ No ______ Who was it? ______

How did they help you? ______

______

25. What is your overall impression of the Palo Alto VA?

______

______

______

26. What are the good points of the hospital? ______

______

______

______

27. What would you change, if you had the opportunity? ___

______

______

______

______