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MENTAL HEALTH TREATMENT HELP SEEKING ATTITUDES AND BEHAVIORS AMONG LATINX COMMUNITY

Nancy Vieyra

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MENTAL HEALTH TREATMENT HELP SEEKING ATTITUDES
AND BEHAVIORS AMONG LATINX COMMUNITY

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
Nancy Vieyra

May 2024

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ABSTRACT

This study focused on determining if there were differences between Latinx subgroups regarding their help seeking attitudes and behaviors for mental health services. It also identifies if the COVID-19 pandemic had any effect on the mental health help-seeking attitudes and behaviors. The study sample was gathered utilizing fliers on campus at CSUSB and via social media, and utilized a survey distributed via Qualtrics. There were 3 Latinx subgroups represented in the study, which were: Mexican, Salvadoran and Biracial/Other. This study did not find any differences between the Latinx subgroups and their attitudes or behaviors towards mental health help seeking. Participants did not report that the COVID-19 pandemic had a significant impact on their mental health help seeking attitudes and behaviors, however, there was an increase in their perceived need for mental health services due to the COVID-19 pandemic.

DEDICATION

I would like to dedicate this project to my mom, who helped me get through this program and supported me throughout these past two years. I would not have been able to finish this program without you, thank you!

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Mental health treatment has generally had low rates of utilization across the United States population. According to Terlizzi and Schiller (2022) among adults of all ages and ethnic groups, mental health treatment utilization only went up an average of 2.4% between 2019-2021. However, this average increase is not equal when broken down into ethnic groups. According to Chang and Biegel (2017), minorities continue to show low rates of mental health treatment despite the higher likelihood of minorities experiencing poor mental health. Latinx adults' percentage rates have not had a significant increase in mental health treatment. Between 2019-2020, the utilization percentage rate for the Latinx population went from 11.7% to 11.8% and between 2020-2021 it went from 11.8% to 12.8%.

The Latinx community is considered the fastest growing minority group in the U.S. Despite the high growth rate in the population the rate at which they utilize mental health treatments or seek resources is still lower than their non-Latinx white or black counterparts. Gearing et al. (2022) identified that among Latinx the highest cause of disability is mental health disorders. Despite mental health disorders being so prevalent among the population, there is no shown increase in help-seeking behaviors or the utilization of mental health treatment. This might be attributed to the attitudes that Latinx communities have towards seeking help for mental health issues and disorders.

Villatoro et al. (2022) found that during the COVID 19 pandemic there was a noticeable decrease in the mental health of Latinx young adults. It was also noted that there was an increase in presenting symptoms of anxiety, depression, suicidal ideation, and substance use. According to Sanchez et al. (2022) Latinx college students displayed higher symptoms of depression due to the COVID 19 pandemic. It is important to understand the longstanding effect that the pandemic may have had on the mental health and help seeking behaviors of the Latinx community to adequately support the needs of this population post-pandemic.

The Latinx subgroups are not considered when studying the mental health needs and utilization of Latinx people. Each subgroup of Latinx people and communities may have different experiences, like immigration, and may hold different cultural beliefs and practices than another group. Understanding the differences between each subgroup is pertinent in order to better understand what may prevent one group from seeking services even when another subgroup of Latinx seeks services more frequently. Alegría et al. (2007) introduced the idea that not distinguishing between Latinx subgroups when conducting research limits the proper identification of their needs, protective factors or risk factors. Each subgroup of Latinx will have different experiences, such as, immigration, primary language (English vs Spanish) and how long they may have been in the United States. These differences are essential to understand because simply lumping all Latinx subgroups together into one large group will limit our

understanding of how to properly support this population and will hinder our learning as social workers.

Purpose of the Study

The purpose of this study was to explore the differences in attitudes and help-seeking behaviors between different Latinx sub-groups (i.e., Mexicans, Cubans, Puerto Ricans, South/Central Americans). Distinguishing between different subgroups is important because there is a need to understand how each group perceives mental health and the utilization of mental health services. The study also investigated how the help seeking behaviors and mental health of the Latinx population were affected by the COVID-19 pandemic.

The overall design of this study is a quantitative design. It used a self-administered questionnaire. A quantitative design was chosen for this study due to the need for data that demonstrates the differences of help seeking and mental health utilization between different subgroups and how those compare before and after the COVID-19 pandemic. The participants of the study were Latinx individuals between the ages of 18 and 30 who were reached through social media and campus fliers.

Significance of the Project for Social Work

This study is important to social work because research identifying the needs of each Latinx subgroup is currently lacking. It is imperative to understand how each subgroup may view mental health, seeking out help and utilizing

services in order for accurate data to be compiled. This data can be useful for future research that may work towards creating culturally competent services for specific Latinx subgroups. It will also provide important data on what might prevent someone from utilizing mental health services even in instances where they initially seek out help. Each subgroup of Latinx communities have differences in culture and understanding how each of these subcultures addresses mental health issues and services will assist social workers in creating a more culturally competent service for this population. It is especially needed because there is a substantial difference in how often this population accesses mental health treatment when compared to other ethnicities/races. The research question for this project is: How do mental health help-seeking attitudes and behaviors differ across Latinx subgroups and how has the COVID-19 pandemic affected these help-seeking behaviors and attitudes?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will consist of a review of the current literature pertaining to the help-seeking behaviors, attitudes, and mental health needs of the Latinx community. The literature reviewed demonstrated different aspects that may contribute to the hesitance of the Latinx community in seeking out professional help for mental health concerns. This chapter will discuss the differences between different Latinx subgroups, specifically, among mental health needs and how they access, use and feel towards mental health services. Also discussed will be how the COVID-19 pandemic may have affected the mental health and help-seeking behaviors or attitudes of the Latinx population.

Latinx Subgroups and their Unique Mental Health Needs

The largest groups that are normally collectively categorized as the Latinx population are Mexicans, Cubans, Puerto Ricans, and South/Central Americans. However, each of these groups holds different values, have different experiences and hold different cultural beliefs that may influence their help seeking behaviors, utilization of mental health services and even the presence of psychiatric disorders.

The collective categorization of these sub-groups limits the accuracy of the information and data gathered (Lee & Held, 2015). Immigration is an important factor to take into consideration. Different Latinx groups migrate for

entirely different reasons. Groups that migrate for economic purposes are in search of a better life with better pay, like Mexicans or Puerto Ricans. Whereas Cubans will normally migrate due to the conflict with the socialist government in their home country. These different experiences can come with repercussions that will vary by subgroup. For Cubans, they may not be as open to receiving or seeking out services because of the fact they migrated not truly by choice but felt forced to do so. In comparison, Mexicans and Puerto Ricans migrate searching for better opportunities and do so willingly.

Mental health service use among the Latinx subgroups can be largely varied (Keyes et al.,2015). Puerto Ricans are born U.S. citizens and have easier access to the mainland U.S. They are also more likely to be fluent in English and have a better understanding of how to navigate health resources. Due to these differences, Puerto Ricans are more likely to have mental health utilization rates that are more closely aligned with those of non-Latinx white Americans (Keyes et al., 2015). Other sub-groups who do not have the same exposure to the U.S. will not have the same experiences. Language barriers, difficulty navigating the healthcare system or lack of insurance can bar these other sub-groups from utilizing or even attempting to seek out services for mental health or even general health care providers.

The prevalence of psychiatric disorders varies between Latinx sub-groups (Alegría, 2007). These variations of psychiatric disorders such as depression, anxiety and substance can be attributed to factors such as generational status,

English-language proficiency and how long they have lived in the United States. When looked at collectively, non-U.S. born Latinx displayed a lower prevalence of psychiatric disorders in comparison to U.S. born Latinx. However, when looked at individually, this was only true for the Mexican subgroup. This demonstrates that collectively gathering data for all Latinx subgroups will leave gaps in research because it is shown that each subgroup will have different results.

Acculturation

Acculturation is defined as the process by which members of a minority community (i.e. Latinx) adopt the dominant U.S. culture. This generally leads to changes in their ideals, behaviors, relationships, and their ethnic identification (Lorenzo-Blanco et al., 2012). This acculturation that occurs, most commonly with Latinx youth, is thought to lead to higher conflict within the family unit.

Acculturation is generally followed by the deterioration of family functioning and culture (*familismo*). The deterioration of the family can lead to higher rates of mental illness, specifically depression, for Latinx youth, especially among females (Lorenzo-Blanco et al., 2012). Acculturation has been shown to also reduce *respeto* within the family and can be associated with an increase in negative or problematic behaviors among youth (Lorenzo-Blanco et al., 2012).

Keyes et al. (2011) argues that acculturation leads to a more positive perception of mental health services. This study mentions that Latinx immigrants who have been in the United States for a longer amount time are more likely to use or seek mental health services than Latinx individuals who are new to the

country. Acculturation or assimilation can have different effects depending on which study is being analyzed. It would be beneficial to understand if each subgroup is affected differently by acculturation and how this might help differentiate them.

Stigma and Attitudes Towards Mental Health Help-Seeking

Stigma is described as one of the biggest barriers that Latinx face when thinking of seeking out help for mental health related problems (Eghaneyan & Murphy, 2020). It is also seen that cultural values held by the Latinx community contribute to the stigmatization of mental health service utilization. Stigma has a negative impact on the desire to seek out mental health services and discourages disclosure of a mental health issue (Eghaneyan & Murphy, 2020). There are two different types of stigma, which are, public stigma and self-stigma. Public stigma can be defined as the stereotypes and discrimination faced from society due to mental health diagnoses and self-stigma is the internalization of the discrimination faced.

Individuals who have stigmatized values and views of mental health are less likely to seek out services for their mental health (Fripp & Carlson, 2017). If Latinx individuals believe they will be looked at differently or treated differently by peers or society for receiving treatment then an increased reluctance to access services is seen. It was also identified that socioeconomic status plays a part in stigmatization, with those who were of a higher economic status having more stigmatized views of mental health services.

Previous research has used “stigma” and “attitude” interchangeably (Fripp & Carlson, 2017). They defined stigma as being something that occurs at the macro level of society, which makes it a systematic issue. Attitude was defined as being part of an individual person’s belief system. It is important to conduct research on “attitudes” specifically and separately from “stigma” as this can show how an individual feels about mental health and mental health treatment based on their beliefs. Fripp and Carlson (2017) found that attitudes when studied separately from stigma do play a role in the help-seeking behaviors of Latinx. However, they also found that attitudes and stigma also hold a very strong correlation, where if there are negative attitudes towards mental health services then there has likely been an experience of stigma for these individuals. Previous experience of stigma causes higher levels of fear, particularly, that of being discriminated against or shamed.

Minority groups are less likely to seek out mental health services due to stigmatized views that they have been exposed to by family, their social networks, and religious connections (Shim et al., 2009). Minorities experience what has been termed as “double-stigma” which is stigma associated with having a mental illness, as well as discrimination faced from being party of a minority group. This “double-stigma” impacts the way that someone feels about seeking out or participating in mental health services.

Perceived Discrimination and Cultural Mistrust

Being part of a minority group, Latinx constantly face discrimination associated with their identity. Being faced with discrimination has an impact on the overall health of a person and there is more likely to be poorer health outcomes (Ayón et al., 2010). Perceived discrimination had a greater effect on depression symptoms among those who were acculturated and 2nd generation (U.S. born) Latinx, specifically females. Minority groups might also face more frequent occurrences of microaggressions in everyday life and they might also experience them during treatment, which can lead minorities to decide to not continue treatment (Fripp & Carlson, 2017).

Cultural mistrust has not been widely researched and the research that has been conducted focused mainly on the African American community. Emerging adults from the Hispanic community are continually exposed to ethnic discrimination, and this puts them at higher risk for developing depression symptoms (Cano, 2022). Cultural mistrust can be defined as the belief that there is a need to be suspicious of or cautious of non-Hispanic whites. There is a strong relationship between high cultural mistrust and high depressive symptoms, where higher cultural mistrust resulted in more depressive symptoms being present.

COVID 19 Pandemic

There are currently not many studies that discuss the effect the COVID 19 pandemic had on the help seeking behaviors and attitudes of the Latinx

community. However, the overall impact that the pandemic has had on the mental health of the Latinx population has been studied. Villatoro et al. (2022) found that among Latinx young adults there was a noticeable decrease in the population's mental health. It should be noted that they also found that there was an increase which was demonstrated through the increase in rates of disorders such as anxiety, depression, suicidal ideation, and substance use.

An increase in poor mental health has been noted among Latinx college aged young adults during the COVID 19 pandemic (Sanchez et al.,2022). The loss of social support, which is one of the most important aspects of most Latinx cultures had a notable effect on the mental health of these Latinx students. Even before the pandemic began mental health services provided on campuses were lacking the ability to adequately address and meet the needs of students (Sanchez et al.,2022). This lack of preparedness to assist the general population also demonstrates that on-campus mental health services are more than likely not adequately meeting the cultural needs of the Latinx population who seek out services.

Theories Guiding Conceptualization

The Behavioral Model of Health Services Use outlines factors that may encourage or discourage help seeking for health services, including mental health services. This model identifies that there are predisposing factors, like demographic information that influences whether an individual seeks help. These are contextual characteristics such as income, educational status, age,

generational status and marital status. Individual characteristics include beliefs, attitudes and social support systems. Need is another factor that influences whether individuals will seek help (Anderson, 2008).. If they personally believe or perceive that they need help then they are more likely to seek out help versus if someone outside of themselves identifies a need and if they do not perceive that they have a mental health concern then they will not be inclined to seek services.

This framework has guided the questions that will be asked of participants. Such questions that participants will be asked include their perceived view of their own need for mental health services, predisposing demographic information, their income or ability to pay for services out of pocket and whether they have health insurance and how well they know how to navigate the healthcare system.

Summary

It is imperative to understand whether there is a difference in help seeking attitudes and behaviors among the different Latinx subgroups. Understanding if there are differences and how prevalent these differences may be will assist in providing a foundation for future research in discovering how these differences affect different groups when seeking out mental health treatment. There are different factors like stigma, access, COVID-19 pandemic, and cultural beliefs that may influence the behaviors and attitudes towards seeking mental health services.

CHAPTER THREE

METHODS

Introduction

This study provides data on the differences in help-seeking behaviors and attitudes among different Latinx subgroups. This study also looked into whether the COVID-19 pandemic had any effect on these behaviors and attitudes. This chapter will explain the procedures used to complete the study. The sections included in this chapter are study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to identify if there are differences in mental health help-seeking behaviors and attitudes among different Latinx subgroups. This data will help social workers understand the differences in attitudes and behaviors among Latinx subgroups and will allow for there to be distinct approaches for working with these groups. It will also provide data on whether the COVID-19 pandemic had any effect on these behaviors. This was a quantitative study meant to gather information about Latinx subgroup's help-seeking behaviors. This study is descriptive in nature because it identifies what differences there may be between subgroups which can be later explored by further research. Using a quantitative descriptive approach was best suited for this project due to the need to gather data that identifies the differences between

each subgroup in regard to their mental health help seeking attitudes and behaviors, as well as, whether COVID-19 had an impact on these behaviors and attitudes. A quantitative approach made identifying differences easier as it will have specific categories that are easier to analyze versus a qualitative research approach.

A limitation of using this study design is the fact that participants will not be able to elaborate, using words, as they would be able to with a qualitative study. This may miss some data, like barriers or other obstacles that may affect the behaviors and attitudes of the population. However, this study will only be looking at whether there are noticeable differences between the Latinx subgroups' attitudes and behaviors towards mental health help seeking.

The study seeks to answer two questions about the attitudes and behaviors among the different Latinx subgroups: 1) How do mental health help-seeking attitudes and behaviors differ across Latinx subgroups? 2) How has the COVID-19 pandemic affected these help-seeking behaviors?

Sampling

This study utilized stratified sampling which will separate the general Latinx population into smaller subgroups, like Mexican, Puerto Rican, Cuban and other Latinx. Participants were gathered randomly utilizing social media and fliers. Participation in the study was completely voluntary. There were research criteria that participants needed to meet in order to participate in the study. These criteria included that participants identify as being part of one of the Latinx

subgroups and be over the age of 18. The study aimed to gather between 30-200 participants.

Data Collection and Instruments

Data was collected via an online survey and recruitment occurred via social media and through fliers. The first information collected was demographic information like age, race, education level, gender identification, and generational status and which Latinx group they identify with. There were scales incorporated into the questionnaire to assess the attitudes of the population. The following scales were used to assess Latinx subgroups attitudes, Mental Help Seeking Attitudes Scale (MHSAS). Participants were also asked about their help seeking behaviors, specifically whether they have ever sought mental health treatment, when they sought out treatment, how long it took to seek treatment and from whom they sought treatment or assistance. The questions used to measure behaviors were developed utilizing the Help-Seeking Framework by Rickwood and Thomas (2012). Participants were also asked whether the COVID-19 pandemic had any effect on their attitudes and behaviors.

Procedures

The survey was completed via an online form using Qualtrics. There was a page before participants completed the survey that provided information about the requirements to be a participant in the study, and that participation was completely voluntary. This section also informed them of the approval by IRB and

that participants may choose to not complete the survey at any point. The questionnaire did not take more than 30 minutes to complete.

Protection of Human Subjects

All information remained confidential and was protected. No identifying information was collected through the questionnaire, and there was an informed consent page that participants needed to complete before completing the survey. Participants were informed that participation was completely voluntary and that there would be no repercussions for deciding to no longer participate. All data collected remained protected via password protected computer.

Data Analysis

All data gathered from the surveys was analyzed using SPSS. Descriptive and inferential statistics were used to analyze data gathered from the surveys. The data gathered was used to understand what differences are present between each subgroup and whether there was a difference in these attitudes and behaviors before and after the COVID-19 pandemic. One of the independent variables in this study were the Latinx subgroups and the dependent variable was the attitudes of Latinx towards seeking help which were developed by the research. The results were gathered utilizing a between groups ANOVA in SPSS. Another between groups ANOVA was completed with the independent variable being Latinx subgroups and the dependent variable being attitudes which were assessed with the Mental Help Seeking Attitudes Scale. A separate between

groups ANOVA was conducted with the independent variable being Latinx subgroups and the dependent variable being behaviors. This test was used to determine if there were any significant differences in the behaviors between the Latinx subgroups represented. Frequencies was used to determine how the COVID-19 pandemic may have impacted attitudes and behaviors of all participants overall.

Summary

This study examined the differences in the attitudes and help-seeking behaviors of Latinx and how these behaviors have been affected by COVID-19. A questionnaire was used to collect the data. All information collected was kept confidential and secure. Quantitative methods were the best way to gather data for the study and this was designed to be descriptive in nature.

CHAPTER FOUR

DATA ANALYSIS

Introduction

In this chapter, the data that was gathered from the survey will be presented. This quantitative study investigated whether there are any significant differences between Latinx subgroups regarding their mental health treatment help seeking attitudes and behaviors. Data collection for this study began in July 2023 and ended in January 2024. The sections below will discuss the demographics of the participants, the results of whether there were any significant differences between the mental health treatment help seeking attitudes and behaviors between Latinx subgroups, and whether the COVID 19 had any impact on these attitudes and behaviors.

Demographics

This study had a total of (n=57) participants who completed all questions on the questionnaire. The original number of responses was 84, however, respondents who did not complete all questions were excluded from the data analysis. The demographics of the participants will now be presented. In order to qualify to participate in the study the participants needed to identify as being part of a Latinx group. 50 (87.7%) of participants identified as Mexican, 4 (7.0%) identified as Salvadoran and 3 (5.3%) identified as Bi-Racial/Other. There was one participant who identified as Guatemalan and was included in the “other” category. The minimum age requirement for the study was 18 and there was no

maximum age limit. Most participants were between the ages of 26-40 with 34 (59.6%) participants in this age range, 22 (38.6%) were in the 18-26 age range and 1 (1.8%) participant was in the 41-60 age range. 47 (82.5%) of participants were female, 34 (14%) were male and 2 (3.5%) identified as non-binary.

Participants were also asked about their generational status. Generational status was grouped into three different generations. For the purpose of this study, 1st generation was defined as the respondents and their parents were born outside of the U.S., 2nd generation was defined as respondents were born in the U.S. but their parents were born outside of the U.S., and 3rd generation was defined as both parents and respondents were born in the U.S. 14 (24.6%) of participants identified as first generation, 37 (64.9%) of respondents identified as 2nd generation, 6 (10.5%) of respondents indicated they were 3rd generation.

Participants were also asked about educational level and income level. Most participants indicated that they held a bachelor's degree which was 21 (36.8%), 16 (28%) indicated a high school diploma or GED, 14 (24.6%) had an associate degree, and 6 (10.5%) had a graduate level degree. 24 (42.1%) of participants earned \$30,000 or less; 11 (19.3%) indicated they earned \$31,000-\$45,000; 16 (28.1%) earned \$46,000-\$75,000; 4 (7.0%) earned \$76,000-\$99,000 and 2 (3.5%) earned \$100,000 or more.

The final demographic information gathered was marital status and primary language spoken. 42 (73.7%) of respondents were single, 14 (24.6%) were married and 1 (1.8%) was separated. 37 (82.5%) of participants selected

English as their primary language and 10 (17.5%) selected Spanish as their primary language.

Table 1. Demographics

Variable	(N)	Frequency	Percentage (%)
Age			
18-25		22	38.6
26-40		34	59.6
41-60		1	1.8
Gender			
Female		47	82.5
Male		8	14.0
Non-Binary		2	3.5
Latinx Subgroup			
Mexican		50	87.7
Salvadoran		4	7.0
Bi-Racial/ Other		3	5.3
Generational Status			
1 st Generation		14	24.6
2 nd Generation		37	64.9
3 rd Generation		6	10.5
Education Level			
High School/GED		16	28
Associate Degree		14	24.6
Bachelor's Degree		21	36.8
Graduate Level Degree		6	10.5
Marital Status			
Single		42	73.7
Married		14	24.6
Separated		1	1.8
Income Level			
\$30,000 or less		24	42.1
\$31,000-\$45,000		11	19.3
\$46,000-\$75,000		16	28.1
\$76,000-\$99,000		4	7.0

\$100,000 +	2	3.5
Primary Language		
English	37	82.5
Spanish	10	17.5

Mental Health Help Seeking Behaviors

Participants were asked to answer questions about their mental health help seeking behaviors. Data regarding behaviors was gathered utilizing the following questions on Appendix A: 10, 13, 14, 15, 16, 17, and 25. The results from the one-way between groups ANOVA indicate that there are no significant differences between the mental health help seeking behaviors of the Latinx subgroups with ($\alpha=.800$).

Table 2. Mental Health Help Seeking Behaviors

ANOVA					
MHSeekingBehaviors	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3.690	2	1.845	.225	.800
Within Groups	303.910	37	8.214		
Total	307.600	39			

Mental Health Help Seeking Attitudes

The participants were asked about their attitudes toward mental health seeking utilizing questions 11, 12, 23, and 24 on Appendix A. A one-way

between groups ANOVA was run to determine if there were any significant differences between the Latinx subgroups and their attitudes. For this test the IV= Latinx subgroups and the DV= MH Seeking Attitudes. The results indicated that among the groups represented there were no significant differences in their mental health help seeking attitudes. These results are presented in Table 3.

Another one-way between groups ANOVA was completed with the IV=Latinx Subgroups and DV=MHSAS. This test indicated that there were no significant differences between Latinx subgroups when utilizing the MHSAS. However, descriptive statistics demonstrated that overall the attitudes of all participants towards mental health help seeking were positive. The results of the one-way between groups ANOVA is presented on Table 4. The MHSAS directions for scoring instruct that a mean of 1 indicates less favorable attitudes, a mean closer to 4 indicates a neutral attitude and a mean closer to 7 indicates a positive attitude towards mental health help seeking. The means for this scale are presented in Table 5.

Table 3. Mental Health Seeking Attitudes – ANOVA

ANOVA					
MHSeekingAttitudes2					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.030	2	.015	.043	.958
Within Groups	18.637	54	.345		
Total	18.667	56			

Table 4. Mental Health Seeking Attitudes (MHSAS) – ANOVA

ANOVA					
MHSeekingAttitudes (MHSAS)					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	157.969	2	78.984	.330	.720
Within Groups	12673.014	53	239.113		
Total	12830.982	55			

Table 5. MHSAS Means

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
MHSAS 1	54	1	7	6.02	1.523
MHSAS_2R	49	1.00	7.00	5.6531	2.31437
MHSAS 3	53	1	7	6.43	1.435
MHSAS 4	53	1	7	6.06	1.499
MHSAS_5R	44	1.00	7.00	6.1136	1.96736
MHSAS_6R	45	1.00	7.00	5.9556	1.95350
MHSAS 7	52	1	7	5.85	1.786
MHSAS_8R	44	1.00	7.00	5.1364	2.25771
MHSAS_9R	45	1.00	7.00	5.1111	2.24846
Valid N (listwise)	27				

Impact of COVID-19

Descriptive statistics were used to assess the overall impact COVID-19 had on all participants. Participants were asked five questions pertaining to the COVID-19 pandemic. The first question, displayed on Table 6. asked whether

participants felt that COVID-19 affected their attitudes towards seeking out mental health services. The majority of participants, 23 (40.4%) responded that they were “neutral”, 11 (19.3%) stated they were “not at all affected”, 4 (7.0%) “not affected much”, 10 (17.5%) were “somewhat affected” and 9 (15.8%) were “affected a lot”.

The participants were also asked whether they felt that the pandemic prevented them from seeking mental health services, which was categorized as a behavior for the purpose of this study. The majority of participants 30 (52.6%) indicated they were “not at all prevented”, 10 (17.5%) were “neutral”, 15 (26.3%) indicated they were “somewhat prevented” and 2 (3.5%) indicated “prevented completely”.

Table 6. COVID-19 Impact

Variable	Frequency (N)	Percentage (%)
How has the COVID-19 pandemic affected your attitudes towards seeking out mental health services?		
Not at all affected	11	19.3
Has not affected much	4	7.0
Neutral	23	40.4
Somewhat affected	10	17.5
Has affected a lot	9	15.8
Do you think the COVID-19 pandemic prevented you from seeking out mental health services?		
Not at all	30	52.6
Somewhat prevented	15	26.3
Neutral	10	17.5
Prevented completely	2	3.5
Has the COVID-19 pandemic increased or decreased your need for mental health services?		
Decreased need substantially	2	3.5

Somewhat decreased need	1	1.8
Neutral	31	54.4
Somewhat increased need	17	29.8
Increased need substantially	6	10.5

Did you have medical insurance during the COVID-19 pandemic?

Yes		
No	51	89.5
	6	10.5

Did you have medical insurance before the COVID-19 pandemic?

Yes	47	82.5
No	10	17.5

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will include a discussion about the results gathered in the study. Also discussed are the limitation that were faced when completing this study. Suggestions for future research will also be addressed in this chapter. Finally, the implications for social work will be discussed as well.

Discussion

The purpose of this study was to identify if there were any significant differences between Latinx subgroups regarding their mental health treatment help seeking behaviors and attitudes. The study was also aimed at identifying whether the COVID-19 impacted the attitudes and behaviors of the Latinx groups. This study utilized questions developed by the researcher to investigate mental health help seeking behaviors and attitudes. The Mental Health Help Seeking Attitudes Scale (MHSAS) was also utilized to determine the attitudes of the Latinx subgroups.

The results from the tests run in SPSS determined that there were no significant differences between the Latinx subgroups and their attitudes or behaviors towards mental health help seeking. These results indicate that there are no major differences in the Latinx subgroups that would influence their attitudes or their behaviors. However, since the sample size was limited, these results may not be accurate. In order to determine whether there are no real

significant differences the sample size needs to be larger and a larger amount of participants are needed in different Latinx subgroups.

Limitations and Future Research

One of the limitations that was encountered conducting this study was gathering a diverse pool of participants. Many of the participants that were gathered for the study identified as Mexican. Due to this, analyzing differences between the Latinx subgroups was limited to a few groups. Although the study was able to recruit over 80 participants the vast majority of the respondents identified as Mexican as the population in which the data was gathered is comprised of an overwhelmingly Mexican population.

Another possible limitation of the study was the use of a quantitative approach for the study. Although the study was able to gather a decent amount of data there was no opportunity for participants to share more information in their own words. A mixed method or qualitative approach may have allowed for the participants to provide more information that could have helped identify any significant cultural differences or similarities in their beliefs about mental health and how those may affect their attitudes and behaviors.

Future research on this topic can help further the information gathered by this study. Although there were no significant differences between the groups that were represented in this study, recruiting more Latinx groups could possibly result in different results. Another possible focus of a similar study could be if

there are any significant differences in attitudes and behaviors in regard to age or generational status among the Latinx groups.

Implications for Social Work Practice

Social work practice would benefit from having a better understanding of the differences that are present between each Latinx group. Although the Latinx groups have similar beliefs and cultures there are still specific ways in which these groups can react to mental health and mental health treatment. With further research, interventions can be modified to be more culturally competent for the Latinx community and the specific subgroups that are found within the community.

Latinx subgroups tend to be categorized together with no real differentiation between the groups. In the field of social work it is important to acknowledge that this is not the appropriate way to serve these groups. There needs to be better practices and understanding of how each group needs to be served and what their mental health beliefs are and how they can differ. It is also important to take into consideration that although a provider may identify as Latinx they may not be part of the same group as a client and it is necessary to take note of this in order to not offend or stereotype. For example, certain words in Spanish may have completely different meanings between subgroups and so some information may not be translated accurately.

Conclusion

Research to understand the differences that are present between each Latinx subgroup is essential to continue improving the social work field. Although this study did not find significant results it is necessary to acknowledge the limitations that were seen in this study and how that may have impacted the results obtained. In order to obtain a more accurate representation of the Latinx subgroups there needs to be more participants gathered from the smaller subgroups. Continuing research in this area will be beneficial to the field of Social Work as this will help social workers remain culturally competent and gain a better understanding of how to serve these culturally diverse groups.

APPENDIX A
QUESTIONNAIRE

Questionnaire

Demographics

1. How old are you?
 - 18-25
 - 26-40
 - 41-60
 - 61+
2. Do you identify as Latinx/Hispanic?
 - a. Yes
 - b. No
3. Which Latinx/Hispanic group do you identify as?
 - a. Mexican
 - b. Cuban
 - c. Puerto Rican
 - d. Guatemalan
 - e. Nicaraguan
 - f. Honduran
 - g. Salvadoran
 - h. Costa Rican
 - i. Panamanian
 - j. Other: _____
4. What is your gender?
 - a. Female
 - b. Male
 - c. Non-binary
 - d. Other: _____
5. What is your generational status?
 - a. 1st generation (Parents and yourself not born in the U.S.)
 - b. 2nd generation (Born to non-U.S. born parent(s))
 - c. 3rd generation+ (Born to U.S. born parents)
6. What is your highest education achieved?
 - a. GED/High School Diploma
 - b. Associate's Degree
 - c. Bachelor's Degree
 - d. Graduate Degree
 - e. PhD etc.
 - f. None of the above
7. What is your primary language?
 - a. English
 - b. Spanish
 - c. Other
8. What is your marital status?
 - a. Single
 - b. Married

- c. Divorced
 - d. Separated
9. What is your income level?
- a. \$30,000 or less
 - b. \$31,000 to \$45,000
 - c. \$46,000-\$75,000
 - d. \$75,000 or \$99,000
 - e. \$100,000 +

Social

10. Has anyone in your family or close social support system ever sought out mental health services?
- a. Yes
 - b. No
11. If you were to seek out mental health treatment would you feel comfortable letting your family know?
- a. Yes
 - b. No
12. Do you believe that seeking out mental health treatment is acceptable?
- a. Yes
 - b. No

Need

13. Have you ever had a mental health concern?
- a. Yes
 - b. No
14. If you have had a mental health concern have you ever *thought* of seeking services?
- a. Yes
 - b. No
15. Have you ever *sought out* mental health services for a mental health concern?
- a. Yes
 - b. No
16. If you have sought out mental health services, how long did it take you to seek out services?
- a. Less than 6 months
 - b. 6 months to 11 months
 - c. 12 months +
 - d. N/A - I have never sought out mental health services
17. When was the last time you sought out mental health services?
- a. Within last 6 months
 - b. Within last 1 year
 - c. Within last 2 years

d. N/A - I have never sought out services

18. INSTRUCTIONS: For the purposes of this survey below, "mental health professionals" include psychologists, psychiatrists, clinical social workers, and counselors. Likewise, "mental health concerns" include issues ranging from personal difficulties (e.g., loss of a loved one) to mental illness (e.g., anxiety, depression).

Please mark the circle that best represents your opinion. For example, if you feel that your seeking help would be extremely useless, you would mark the circle closest to "useless." If you are undecided, you would mark the "0" circle. If you feel that your seeking help would be slightly useful, you would mark the "1" circle that is closer to "useful."

If I had a mental health concern, seeking out help from a mental health professional would be...

	3	2	1	0	1	2	3	
Useless)))))))	Useful
Important)))))))	Unimportant
Unhealthy)))))))	Healthy
Ineffective)))))))	Effective
Good)))))))	Bad
Healing)))))))	Hurting
Disempowering)))))))	Empowering
Satisfying)))))))	Unsatisfying
Desirable)))))))	Undesirable

Health Insurance/Policy

19. Do you have health insurance?

- a. Yes
- b. No

20. What kind of health insurance do you have?

- a. Private (pay out of pocket / through employer)
- b. Public (Medi-Cal/Medicaid/Medicare)
- c. N/A - Do not have health insurance

21. Would you be able to pay for mental health treatment out of pocket if you did not have/do not have health insurance?
- Yes
 - No
22. How would you rate your understanding of the process of seeking mental health services through your insurance?
- No understanding
 - Somewhat understand
 - Fully understand

Cultural

23. Would you feel comfortable receiving mental health services from a Latinx/Hispanic provider?
- Yes
 - No
24. Which language would you prefer to receive services in if you were to seek help?
- English
 - Spanish
 - Bilingual
25. Who would you be most likely to seek help from if you were to experience a mental health concern?
- Family, friends, partner etc.
 - Teacher, professor, work colleagues, academic advisor, coach
 - Self-help (websites etc.)
 - Professional mental health service provider (psychiatrist, psychologist, general practitioner, mental health nurse, license clinical social worker, therapist etc.)
 - I would not seek out help from anyone.

COVID-19 Pandemic

26. How has the COVID-19 pandemic affected your attitudes towards seeking out mental health services?
- Not all affected
 - Has not affected much
 - Neutral
 - Somewhat affected
 - Has affected a lot
27. Do you think the COVID-19 pandemic prevent you from seeking out mental health services?
- Not at all
 - Somewhat prevented
 - Neutral
 - Prevented completely

28. Did you have medical insurance before the COVID-19 pandemic?
- a. Yes
 - b. No
29. Did you have medical insurance during the COVID-19 pandemic?
- a. Yes
 - b. No
30. Has the COVID-19 pandemic increased or decreased your need for mental health services?
- Decreased need substantially
 - Somewhat decreased need
 - Neutral
 - Somewhat increased need
 - Substantially increased need

Questionnaire developed by Nancy Vieyra.

Hammer, J. H., & Parent, M. C., & Spiker, D. A. (2018). Mental Help Seeking Attitudes Scale (MHSAS): Development, reliability, validity, and comparison with the ATSSPH-SF and IASMHS-PO. *Journal of Counseling Psychology*, 65, 74-85. doi: 10.1037/cou0000248

APPENDIX B
IRB APPROVAL

IRB #: IRB-FY2023-278

Title: MENTAL HEALTH TREATMENT HELP SEEKING ATTITUDES AND BEHAVIORS AMONG LATINX COMMUNITY

Creation Date: 2-23-2023

End Date:

Status: Approved

Principal Investigator: Erik Schott

Review Board: Main IRB Designated Reviewers for School of Social Work

Sponsor:

Study History

Submission Type	Initial	Review Type	Exempt	Decision	Exempt
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Key Study Contacts

Member Erik Schott	Role Principal Investigator	Contact Erik.Schott@csusb.edu
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