ABSTRACT

PERCEPTIONS OF DEPRESSION BY MEXICAN AMERICANS

Mexican American individuals are the largest ethnic population in the United States and are at risk of both depression and underutilizing mental health services. Depression impacts individuals from all ethnic and socioeconomic backgrounds. However, as cited in Barrera, Schulz, Rodriguez, Gonzalez, and Acosta (2013), the Latino population is at a higher risk of depression. The purpose of this study is to explore how perceptions of depression by Mexican Americans are related to the underutilization of mental health services. This qualitative research utilized an ethnographic approach and the data collection process of interviewing. Participants were provided a recording of a vignette borrowed from Cabassa’s (2005) study. Also, four questions from Jorm et al.’s (1997) study were borrowed to inquire about the perceptions of the participants. This study highlighted the participants’ limited knowledge regarding depression. The study supported previous research that found Mexican Americans were unable to identify depression and instead labeled the character in the vignette as suffering from an accumulation of life problems and suicidal ideations. In addition, this study found the participants believed the character suffering from depression should seek help from family to manage symptoms of depression. Moreover, this study emphasizes the need for social workers and mental health professionals to advocate for more culturally relevant public health campaigns and outreach programs (Cabassa, Lester, & Zayas, 2007).

Sebastian Villaseñor
May 2016
PERCEPTIONS OF DEPRESSION BY MEXICAN AMERICANS

by
Sebastian Villaseñor

A thesis
submitted in partial
fulfillment of the requirements for the degree of
Master of Social Work
in the School of Health and Human Services
California State University, Fresno
May 2016
APPROVED

For the Department of Social Work Education:

We, the undersigned, certify that the thesis of the following student meets the required standards of scholarship, format, and style of the university and the student’s graduate degree program for the awarding of the master’s degree.

Sebastian Villaseñor
Thesis Author

Irán Barrera(Chair) Social Work Education

Nancy Delich Social Work Education

Stephanie Grant Social Work Education

For the University Graduate Committee:

______________________________
Dean, Division of Graduate Studies
AUTHORIZATION FOR REPRODUCTION
OF MASTER’S THESIS

X I grant permission for the reproduction of this thesis in part or in its entirety without further authorization from me, on the condition that the person or agency requesting reproduction absorbs the cost and provides proper acknowledgment of authorship.

Permission to reproduce this thesis in part or in its entirety must be obtained from me.

Signature of thesis author: ________________________________
ACKNOWLEDGMENTS

No research that has ever been conducted is the result of a single person. It takes the dedication and contribution of many to make a study possible. First and foremost I would like to thank the participants from the Mexican American community that were willing to participate in the study and allow for their knowledge and experiences to be utilized for this research. Without their willingness to participate this study would not exist.

Second, with much respect and gratitude I thank Dr. Barrera, Dr. Delich and Professor Stephanie Grant for all of your guidance, support and encouragement in accomplishing this thesis. Dr. Barrera, thank you for consistently pushing me and for your encouraging words of, “echale ganas”. They provided me with the encouragement necessary to complete this thesis. Dr. Delich, thank you for your insight, clear explanations, insight and critical feedback necessary throughout this study. Professor Grant, thank you for your support and feedback.

A mi mama y papa, mil gracias por todo su sacrificio que iso esto possible. Sin todo su esfuerzo y sacrificio nada de esto seria posible. Desde el fondo de mi corazon los quiero mucho!

To my beautiful wife Stephanie Villasenor, thank you for your support, encouragement, and willingness to listen and believe in me throughout this process. We have sacrificed a lot and you never complained. Your love every step of the way has been indispensable. I love you!

Last and not least, I want to thank God for opening so many doors for me and providing me with opportunities I never imagined possible. Your love and faithfulness encouraged me to believe this was possible.
TABLE OF CONTENTS

LIST OF TABLES .................................................................................................................. viii
LIST OF FIGURES ............................................................................................................... ix

CHAPTER 1: INTRODUCTION .......................................................................................... 1
  Identification of the Problem ......................................................................................... 1
  How Do Consumers Experience This Problem? ......................................................... 4
  Context of Research Problem ....................................................................................... 5
  Who Is Typically Affected by the Problem? ................................................................. 6
  What Is the Scope of the Problem? .............................................................................. 7
  Acculturation ............................................................................................................... 7
  Social Workers’ Reaction to the Underutilization of Mental Health Services .......... 8
  Justification for the Study ............................................................................................. 9
  Theoretical Framework ............................................................................................... 10
  Primary Research Question ......................................................................................... 10
  Data Collection ........................................................................................................... 11
  Summary ...................................................................................................................... 11

CHAPTER 2: LITERATURE REVIEW ............................................................................... 12
  Theoretical Framework ............................................................................................... 12
  Ecological Systems Theory ......................................................................................... 12
  Barriers at the Microsystem Level ............................................................................ 13
  Barriers at the Mesosystem Level ............................................................................. 17
  Barriers at the Exosystem Level ................................................................................ 17
  Barriers at the Macrosystem Level ............................................................................ 20
  Mental Health Literacy .............................................................................................. 22
<table>
<thead>
<tr>
<th>Empirical Literature</th>
<th>24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disparity in Depression Treatment Amongst Minorities</td>
<td>24</td>
</tr>
<tr>
<td>Disparity in Treatment of Depression Amongst Mexican Americans</td>
<td>25</td>
</tr>
<tr>
<td>Perceptions of Mental Illness</td>
<td>27</td>
</tr>
<tr>
<td>Perceptions of Mental Distress Among Mexican Americans</td>
<td>28</td>
</tr>
<tr>
<td>Limitations</td>
<td>29</td>
</tr>
<tr>
<td>Summary</td>
<td>30</td>
</tr>
</tbody>
</table>

**CHAPTER 3: METHODOLOGY** 31

<table>
<thead>
<tr>
<th>Purpose and Background</th>
<th>32</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjects</td>
<td>32</td>
</tr>
<tr>
<td>Data Analysis Procedures</td>
<td>33</td>
</tr>
<tr>
<td>Potential Risk and Benefits</td>
<td>33</td>
</tr>
<tr>
<td>Academic Background and Experience of Investigator</td>
<td>34</td>
</tr>
<tr>
<td>Summary</td>
<td>35</td>
</tr>
</tbody>
</table>

**CHAPTER 4: FINDINGS** 36

<table>
<thead>
<tr>
<th>Demographics</th>
<th>36</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceptions of Depression</td>
<td>37</td>
</tr>
<tr>
<td>What Services Should Be Sought</td>
<td>40</td>
</tr>
<tr>
<td>Comparative Experiences with Vignette</td>
<td>42</td>
</tr>
<tr>
<td>Who They Sought Services From</td>
<td>45</td>
</tr>
<tr>
<td>Summary</td>
<td>47</td>
</tr>
</tbody>
</table>

**CHAPTER 5: CONCLUSIONS** 48

<table>
<thead>
<tr>
<th>Discussion</th>
<th>48</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limitations</td>
<td>50</td>
</tr>
<tr>
<td>Implications for Social Work Practice</td>
<td>50</td>
</tr>
</tbody>
</table>
Recommendations for Further Research ................................................................. 51
Summary ..................................................................................................................... 52
REFERENCES ............................................................................................................. 53
APPENDICES ........................................................................................................... 53
APPENDIX A: VIGNETTES ....................................................................................... 53
APPENDIX B: APPROVAL TO USE VIGNETTES ................................................... 53
APPENDIX C: QUESTIONS ....................................................................................... 53
APPENDIX D: APPROVAL TO USE QUESTIONS .................................................... 53
LIST OF TABLES

Table 1  Demographic Information of the Eight Participants n=8  .........................37
LIST OF FIGURES

Figure 1. Mental health literacy framework.................................................................22
CHAPTER 1: INTRODUCTION

An increasing amount of literature has focused on the underutilization of mental health services by Latinos in the United States. Researchers have linked language, poverty, stigma, family influences, cultural norms, natural healers, and faith as contributors to the underutilization of mental health services by this population. Although, contemporary literature has focused on the underutilization of mental health services by the Latino population, little is known about Latinos’ perceptions of common mental disorders. Mexican American individuals are the largest Latino population and are at a high risk of not receiving mental health services (Alegría et al., 2008b). As a result, research is needed on whether perceptions of mental disorders play a role in help seeking behaviors of Mexican American individuals for mental health services. As a result, this study is designed to address this gap in the literature.

Identification of the Problem

Latinos

According to the 2010 Census, 308.7 million people reside in the United States, of which 50.5 million or 17% were of Latino origin making it the largest ethnic group in the United States. Research indicates a 43% increase within the Latino population from the years 2000 to 2010 (United States Census Bureau, 2011). These sets of data suggest the Latino population is the largest ethnic group, but also the fastest growing minority group in the United States.

Mexican Americans

A closer look at the data demonstrates that individuals from Mexican origin are the ethnic group with the largest growth (United States Census Bureau, 2011).
This particular population increased by 54% between the 2000 and 2010 Census from 20.6 million to 31.8 million. In fact Mexican Americans make up 64% of the entire Latino population (United States Census Bureau, 2011). This group is clearly the largest ethnic population in the United States and demands specific attention within the Latino group.

**Mexican Americans and Depression**

Mexican American individuals who are the largest ethnic population in the United States are at a high risk of depression and underutilizing mental health services. Depression affects people from all ethnic and socioeconomic backgrounds. However, as cited in Barrera, Schulz, Rodriguez, Gonzalez and Acosta (2013), specific studies suggest that the Latino population is at a higher risk of depression (González, Tarraf, Whitfield, & Vega, 2010). The *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*, provides the following criteria for Major Depression Disorder:

A. Five (or more) of the following symptoms have been present during the same 2 week period and represent a change from previous functioning: at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.

4. Insomnia or hypersomnia nearly every day.

5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).

6. Fatigue or loss of energy nearly every day.

7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

D. The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder; or other specified and unspecified schizophrenia spectrum and other psychotic disorders.
E. There has never been a manic episode or a hypomanic episode.

(American Psychiatric Association, 2013, pp. 160-161)

Mexican American individuals were found to experience both excess relapse and greater severity of major depression pointing to disparities in both access and quality of mental health care (González et al., 2010). Moreover, Algeria et al. (2008b), conducted a study of participants who were diagnosed with depressive disorder within 12 months prior to the study; and found 63.7% of Latinos compared to 40.2% of non-Hispanic Whites, did not access any mental health treatment within 1 year of the study. Another study by Orozco et al. (2013), also found Mexican Americans are less likely to receive mental health services than non-Hispanic Whites. Moreover, the pivotal report by the United States Department of Health and Human Services (2001), was the first major report to declare disparities in mental health services amongst minorities. Since then, several studies have supported that Mexican Americans face large disparities in treatment for mental disorders especially with depression (Alegría et al., 2008b; González et al., 2010; Hinton et al., 2012; Sorkin et al., 2011). This disparity is greatly pronounced when examining Mexican American men over fifty, as they face a higher likelihood than their non-Latino counterparts in receiving incorrect diagnosis or treatment of depression (Hinton et al., 2012). In order to address this phenomenon of disparity in treatment for depression more research is needed that explores how Mexican American individuals perceive depression.

How Do Consumers Experience This Problem?

In a study conducted by Marquez and Ramirez Garcia (2013), several caregivers of Latino family members with a severe mental illness described the process and path to mental health treatment. Family members described several
factors that diverted or delayed them away from seeking formal mental health treatment initially. For example, a delay in formal mental health treatment is *famismo*, as defined by Steidel and Contreras (2003). *Familismo* is the high responsibility to family. An example of a diversion from formal mental health treatment is *curanderos*, which refers to lay healers in the Mexican tradition (Clark, Bunik, & Johnson, 2010). These are some of the key factors described by the families in diverting or delaying use of mental health service as well as difficulty paying for the cost of mental health treatment. As a result, 50% of families reported waiting to seek assistance from mental health professionals until behaviors became alarming and resulted in a crisis that required inpatient hospitalizations (Marquez & Ramirez Garcia, 2013). This finding is alarming considering the size of the Mexican American population and unnecessary hardship faced because of delayed formal treatment. These experiences reported by family members can be viewed as a means to avoid the shame or *verguenza* that is associated with formal treatment (Marquez & Ramirez Garcia, 2013). The stigma of mental illness has also been consistently linked as a barrier to underutilization of mental health services (Bledsoe, 2008; Cabassa, 2007; Cabassa et al., 2007; Conner, Koeske, & Brown, 2009; Corrigan & Watson, 2002; Marquez & Ramirez Garcia, 2013). The experience of these Mexican American families demonstrates the importance of studying the phenomena of underutilization of mental health services by Mexican Americans in Fresno County in order to assist this population in seeking services before a crisis occurs.

**Context of Research Problem**

Disparities in mental health services occur throughout all organizational systems that lack culturally competent service and fail to recognize the needs of
the Latino population. An even more critical look at this phenomenon is a study by Furman (2002), suggesting that the disparity in access to mental health services for the Mexican American population starts long before service delivery due to the lack of preparedness of culturally competent practitioners. Therefore, the problem of underutilization not only occurs in the communities of Mexican Americans and institutional structures that provide the service, but in the classrooms where practitioners are being prepared. If the United States is to seriously reduce the disparities ethnic minorities face in mental health care, necessary steps must be taken to recruit minorities to the mental health profession, and properly educate those members of the majority group to adopt culturally sensitive practices.

Who Is Typically Affected by the Problem?

Many ethnic minorities within the Latino group, such as Puerto Ricans and Cubans, suffer from disparities in access to mental health services (Alegría et al., 2008a). However, Mexican Americans chronically face disparities in access to mental health services (United States Department Health Human Services, 2001; Alegría et al., 2008a). Furthermore, older Latino males are much more at risk of not accessing mental health services in a timely manner and abusing substances (Cabassa, 2007; Hinton et al., 2012; Orozco et al., 2013). The impact of chronic underutilization of mental health services by Mexican Americans does not end with those directly affected by the mental disorders. Rather, individuals with untreated mental disorders impact entire families and communities. For example, depression is projected to be the second leading cause of disability worldwide and the leading cause of disability in the United States (Mathers & Loncar, 2006). This will have a profound impact on the United States financially as millions of dollars stand to be lost in productivity if left untreated. Moreover, the burden of untreated
mental disorders will place further duress on the health care and correctional systems where this population faces a high amount of recidivism as a result of the exacerbation of untreated mental illness (National Alliance on Mental Illness, 2006). Lastly, as stated earlier, delayed access to formal mental health treatment can lead to unnecessary inpatient hospitalizations due to exacerbation of mental illness.

What Is the Scope of the Problem?
Currently, there are studies documenting the disparity in mental health underutilization by the Latino population (González et al., 2010; Hinton et al., 2012; Sorkin et al., 2011; Alegría et al., 2008b). The findings conclude the Latino population utilized mental health services at a significantly lower rate than their White counterparts. A study by Alegría et al. (2008b), found that Mexican Americans in particular were at a higher risk for not receiving mental health treatment for depression compared to non-Latino Whites. These two factors coupled with the current and estimated future population size of the Mexican American population should be of national concern and more importantly a concern for those states with high concentrations of Mexican Americans. In addition, the increased costs to provide services to those with untreated mental illnesses in institutions such as hospitals or prisons exacerbate the issue (National Alliance on Mental Illness, 2006).

Acculturation
Mexican Americans face many problems when assimilating to American life. This often makes it difficult for them to access mental health services. As a result, Latinos chronically receive culturally insensitive services that hinder health-seeking behavior. Moreover, acculturation stress has consistently been
linked with a decline in mental health, physical health, and relationships with family members (Schofield, Parke, Kim, & Coltrane, 2008). In a study by Alderete, Vega, Kolody and Aguilar-Gaxiola (2000), a strong association was found between acculturation, prolonged residence in the United States and an increased risk of mental distress, leading to mental disorders such as depression and anxiety. These findings highlight the potential for progressive deterioration of Mexican immigrant's mental health as they extend their stay in the host society (Alderete et al., 2000). Acculturation can be experienced as traumatic especially by the older members of the Latino community as they witness the diminishing of their families' culture, values, and traditions in a foreign country (Alderete et al., 2000).

**Social Workers’ Reaction to the Underutilization of Mental Health Services**

The National Association of Social Workers (NASW, 2008), guides the profession through the Code of Ethics and several of its core values. The association’s guiding mission states, "The primary mission of the social work profession is to enhance human well-being and to help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (NASW, 2008, p.1). This guiding principle by the NASW urges the social work profession to enhance the well-being of vulnerable populations at the micro, mezzo, and macro levels. Currently, in the Department of Social Work Education at California State University, Fresno, a program funded by the president's *The Time is Now* initiative was started in 2014. The website for the social work department states:

The Department of Social Work has been awarded a federal grant to increase the number of Bilingual/Bicultural Behavioral Health group
members Professionals in the Central Valley. The project is called: Consejo: A Latino Behavioral Health Practice Project for Central California. Consejo will offer a distinctive opportunity for graduate Social Work students (MSW) who want to provide effective cultural and linguistic prevention, intervention and treatment in mental health and substance abuse for Latino children, adolescent, and transitional youth. This unique training project will examine cultural and systemic barriers using a multi-systems perspective which limit access to mental health and substance abuse services by Latinos. Attention is also given to the development of strategies for improving service delivery (California State University Fresno, n.d.).

Many professors of graduate social work programs across the country recognize the importance of providing culturally relevant services to the Latino population yet many professors felt students were underprepared to meet the needs of the Latino population (Furman, 2002). This is an example of one social work program’s recent efforts to address the problem of disparities in the use of mental health services by Latino minorities.

Justification for the Study

The purpose of this study is to explore how Mexican Americans in Fresno, California perceive depression. The findings from this study will allow for members of the mental health community to better understand how Mexican Americans view depression and provide key words to assess for mental distress. Moreover, findings from this study may yield important recommendations for changes in service delivery for the Mexican American population that may lead to increased use. This is of high importance, as mental health professionals must first seek to understand how Mexican Americans perceive depression in order to
respond to the underutilization of mental health services by Latinos and reduce disparities.

**Theoretical Framework**

Ecological Systems Theory and the Mental Health Literacy framework will be utilized to better grasp the problem of underutilization of mental health services by the Mexican American population (Bronfenbrenner, 1977; Jorm et al., 1997). Through the use of Ecological Systems Theory, elements of the problem that the Mexican American population face will be examined at the microsystem, mesosystem, ecosystem, and macrosystem in order to provide an understanding of how elements at these levels impact help-seeking behaviors. Mental Health Literacy will also be utilized to examine the relationship between itself and underutilization rates of mental health services within the Mexican American population.

**Primary Research Question**

This study will explore the perceptions of depression by Mexican Americans in Fresno, California. The problem of underutilization of mental health services by the largest ethnic population and their high risk for depression creates a need to research what factors contribute to the disparity. This study will explore the research question: How do perceptions of depression by Mexican Americans contribute to their underutilization of mental health services? The response to the structured questions and vignette will provide the research community with invaluable information that will allow for a better understanding of the perceptions of depression and its impact on help-seeking behavior.
Data Collection

In order to understand the perceptions of depression by Mexican Americans, a qualitative approach was used. Structured face-to-face interviews were used to collect information about patients’ perceptions toward depression and mental health services. A vignette that depicted an individual with major depression was included in the interview to query participants about their views of depression and their intentions to seek care if confronted with the situation presented in the vignette.

Summary

Although there is substantial research on the underutilization of mental health services by the Mexican American population, there is a need for exploration and study of the barriers and perceptions due to the continued growth of this population. This chapter offers a glimpse at the underutilization of mental health services, prevalence rates of depression amongst Mexican Americans and the theoretical frameworks that will be used to analyze the research problem. Currently, studies focus on the many cultural variables that act as barriers and prevent Mexican Americans from seeking mental health services. This study will explore whether perceptions of depression by Mexican Americans are related to the underutilization of mental health services.
CHAPTER 2: LITERATURE REVIEW

Theoretical Framework

The purpose of this study is to explore the Mexican American perceptions of depression to further understand their underutilization of mental health services. This research study is noteworthy as the Mexican American population is the largest Latino ethnic group in the United States and California with a high prevalence of depression. Moreover, studies have discovered many barriers that Mexican Americans encounter which prevent or delay them from utilizing mental health services. These obstacles include the lack of Spanish speaking practitioners, cultural norms, mental health stigma, and the use of folk healers or curanderos. This study is analyzed through the use of Ecological Systems Theory and Mental Health Literacy to understand the problem of underutilization of mental health services for depression by Mexican American individuals. Moreover, the empirical literature in this study will examine previous studies on the disparity in treatment of depression in this population and the role perceptions of depression play in help-seeking behavior. In addition, gaps in the literature will be discussed for the purpose of identifying new research needed to understand the use of mental health services by the Mexican Americans population.

Ecological Systems Theory

In order to better understand the problem of underutilization of mental health services for depression among Mexican Americans, the theoretical framework of Ecological Systems Theory will be applied to understand possible barriers at each level (Bronfenbrenner, 1977). According to Bronfenbrenner (1977), there are four levels: microsystem, mesosystem, exosystem, and macrosystem. The microsystem level includes the relationship between the
individual and his/her immediate surrounding interactions such as family members. The mesosystem are those components that an individual interacts with in their community such as school or work. The exosystem is an extension of the mesosystem and includes organizations. Finally, the macrosystem is the overall larger culture of a society.

Moreover, barriers that will be identified and discussed at the microlevel include: language, alternative/holistic treatments, stigma, and perceptions of depression. Barriers at the mesosystem level that will be discussed are: agency location and hours of operation. Exosystem barriers will include: lack of information regarding referral process and location of mental health services and current practices in treatment of mental disorders. At the macrosystem level, barriers due to cultural norms of the Mexican American population will be examined.

Barriers at the Microsystem Level

Language

The inability to communicate with the mental health professional due to linguistic barriers during mental health assessment and treatment planning has demonstrated to have negative impact on treatment outcomes, retention and utilization. Specifically, as cited in Barrera (2008), Vega and Alegría (2001), found that language played a significant role in the underutilization of mental health services by Latinos. Providers of mental health treatment have attempted to address this need by providing interpreting services in person or through use of technology. There is concern that a third party such as an interpreter may taint the treatment process (Guilam, 2015). Moreover, it has been supported that monolingual Spanish speaking clients have a higher probability of dropping out of
treatment after just one session due to barriers created by language (Laval, Gomez, & Ruiz 1990; Dingfelder, 2005).

A finding by Ruiz (2002), demonstrated the dangers of monolingual Spanish speaking clients seeking mental health treatment from monolingual English speaking practitioners. Spanish speaking clients were often over-pathologized compared to when they received services from bilingual professionals. Moreover, Ruiz (2012), discusses the increased likelihood of inaccurate assessment that leads to misdiagnosing, over-diagnosing, and miscommunication between client and practitioner as a result of language mismatch.

Effective communication is essential in the assessment and treatment of any client. Language barriers limit Spanish speaking Mexican American individuals from expressing themselves clearly when working with monolingual English practitioners and may lead to increased risk of dissatisfaction with treatment and premature treatment termination (Kouyoumdjian, Zamboanga & Hansen, 2003). Moreover, Kouyoumdjian et al. (2003), makes an interesting argument that Mexican American individuals primarily speak English in settings with figures of authority. And, Russel (1988) as cited in Kouyoumdjian et al. (2003), claims that because many Mexican American individuals operate from an authoritarian frame of reference, this perception may create feelings of submissiveness towards the authority figure. Thus, in a therapeutic setting, it can result in difficulties formulating a therapeutic and collaborative environment. Lastly, research by Marcos, Urcuyo, Kesselman, and Alpert (1973), suggest that personal matters are best expressed in one’s native language. Therefore, Mexican American clients who do not primarily express themselves in their primary language cannot express themselves clearly and without restrictions to the mental health professional. This
barrier may lead to increased risk of misunderstanding and potentially harmful practices (Ruiz, 2008).

**Alternative/Holistic Treatment**

In the Mexican American culture, alternative treatment such as *curanderos* is commonly the preferred treatment for physical and mental distress (Barrera, 2008). As cited in Clark et al. (2010 p. 4), “*Curanderos* are lay healers who specialize in healing approaches ranging from herbalism to spiritual cures in the Mexican Indian tradition” (Avila & Parker, 2000; Torres & Sawyer, 2005; Trotter & Chavira, 1997). According to Barrera (2008), *curanderos* have been working with Mexican American individuals for generations. This has led to *curanderos* being better prepared to understand the different and complex cultural norms within this population. Therefore, the underutilization of mental health services by the Mexican American population can be attributed to normative and natural use of *curanderos*. This leads to an interesting debate about whether use of “alternative treatment” should be used in reference to *curanderos* by the research body considering the history and normative use of *curanderos* by this population.

In a study by Titus (2014), it was demonstrated that *curanderos* were increasingly sought out for services due to their affordability as compared to traditional Western treatment. Titus (2014), and Padilla et al. (2001), found that *curanderos* accepted several forms of payment for services when clients struggled to afford treatment. In some instances, no payment was required from the very poor. Moreover, many *curanderos* operated within Hispanic communities in order to eliminate the barrier of accessibility (Kiesser et al., 2006; Titus 2014). Much is to be learned from *curanderos* as adopting some of their culturally sensitive practices may increase utilization outcomes.
Religious Beliefs

Religious beliefs may pose another barrier to mental health access for the Mexican American community. Mexican American individuals often believe their ailments, both physical and mental, are not in their control and in the control of God (Smart & Smart, 1991; Caplan & Whittemore, 2013). The studies examined Latina women who were suffering from depression and found that many participants believed faith in God and prayer to be more effective than therapy. Moreover, some participants felt depressive symptoms were due to work of the devil; this resulted in a belief that relief should be sought from a religious leader, prayer, or scripture (Caplan & Whittemore, 2013).

Stigma

Stigma has a strong influence on help seeking behaviors and treatment adherence for those suffering from a mental illness (Barrera, 2008). Having a mental illness in the Latino community is often viewed as being loco or crazy (Barrera, 2008). In a study by Vega, Rodriguez and Ang (2010), Latino patients reporting stigma were less likely to be medication compliant for depression, less likely to manage their depressive symptoms and more likely to have poor appointment adherence compared to those who reported no stigma. As cited in Barrera (2008), Guarnicca et al. (2005), found that being labeled as loco within the Mexican American community may result in isolation and shame for the person suffering from depression. The culmination of the effects of stigma can further exacerbate mental distress (Barrera, 2008). In a study by Interian, Ang, Gara, Rodriguez and Vega (2011), they found that stigma played a significant role in delaying timely mental health treatment among Latinos for depression. Moreover, an interesting finding in the same study by Interian et al. (2011) concludes, “The
presence of stigma was associated with an increased likelihood of persistence of depressive symptoms” (p.99).

**Barriers at the Mesosystem Level**

**Agency Location and Hours of Operation**

The locations of mental health services tend to be in areas located outside of Mexican American communities (Barrera, 2008). It is common for Mexican American families to be living in rural communities with high rates of poverty. As a result, distance and economics can present additional barriers in receiving services (Barrera, 2008). Moreover, these potential clients would have to take time away from work to access mental health services due to the loss of familial income, which can be as high as 10% (Barrera, 2008). This would place financial burden and thus restrict access to services.

Many agencies that are available to serve this population tend to offer hours of operation that would force this already poverty stricken population to take time off of work (Barrera, 2008; Furman, 2009; Jung, Lin, & Shi, 2014). Mexican American individuals from low-income backgrounds reported financial barriers as reasons for terminating therapy (Acosta, 1980). Lastly, the agencies that do offer after hour therapy appointments tend to be private practitioners that do not accept reimbursements from government programs.

**Barriers at the Exosystem Level**

**Lack of Referral and Facility Information**

Colon (1996), argued that lack of comprehension of the English language by monolingual Mexican Americans individuals may limit the awareness of
mental health services in the community and thus, becomes a barrier in knowing where to seek therapy. Additionally, the Mexican American population may be discouraged by not knowing how to seek mental health services which may include referrals by a primary care doctor (Barrera, 2008). Moreover, Colon (1996), argued that the manner in which Western culture disburses information pertaining to mental health agencies tend to come from means that many Mexican Americans do not rely on for information. Lastly, a qualitative study by Rastogi, Massey-Hastings and Wieling (2012), found that many participants believed increased awareness of information was needed in order to increase use of mental health services. Suggested means include: radio or television ads and the use of community leaders such as priest (Cabassa et al., 2007; Rastogi, Massey-Hastings & Wieling, 2012).

Current Therapeutic Practices

Many Mexican Americans who utilize mental health services may be receiving inadequate services due to current practices that lack incorporation of culturally sensitive assessments and treatment planning (Ruiz, 2002). Kouyoumdjian et al. (2003), argued that use of counseling or therapy developed out of a Eurocentric framework; as a result, client-therapist cultural, linguistic, and ethnic mismatch may result and lead to ineffective treatment. However, it is important to note, that research is split on the relevance of client-therapist ethnic matching on treatment outcome. Studies by Atkinson, Ponce and Martinez (1984), Acosta and Sheehan, (1984), Atkinson and Lowe, (1995), and Sterling, Gotthed, Weinsetein and Semota (1998), all found there to be a lack of significance in the client-therapist ethnic matching on treatment outcome, therapist credibility, and/or therapist preference. However, studies by Griner (2006), and Sue, Fujino, Hu,
Takeuchi and Zane (1991), found that some Latinos prefer to receive services from practitioners that match their ethnicity. As a result, they found higher rates of retention and treatment outcomes due to ethnic matching. Moreover, a careful examination of these studies demonstrate that matching a client and therapist ethnically and linguistically is more important to older Mexican Americans whose primary language is Spanish (Kouyoumdjian et al., 2003). These findings legitimize why older Mexican Americans seek services at lower rates compared to their White counterparts (Hinton et al., 2012).

Mental health practitioner that are ethnically different than their clients, show a lack of consideration for a client’s cultural background when diagnosing (Barrera, 2008). This problem has been exacerbated through the use of DSM-V, which is used for diagnosing mental illness. The importance of culture when diagnosing clients was compromised by the removal of the Axis IV and replacement with voluntary V codes from the DSM-IV to the DSM-V (American Psychiatric Association, 2013). If cultural factors are not considered or hold minimal weight in diagnosis, the likelihood of providing a culturally relevant treatment plan is diminished. In a study by Caplan and Whittemore (2013), Latina women had negative therapeutic experiences because they did not feel understood. Instead, they viewed the therapists as “pill pushers.” This concern directly shows how current practices contribute to the underutilization of mental health services by Mexican Americans. This finding was further highlighted in the studies by Blumberg, Clarke and Blackwell (2015), and Cabassa (2005), who found that Mexican American individuals viewed anti-depressant medications as addicting and subsequently correlated this with reduced use of mental health treatment when compared to non-Latino Whites.
Barriers at the Macrosystem Level

Mexican American Cultural Barriers

As cited by Barrera (2008), and Vega and Algeria (2001), the term “cultural barriers” was used to describe the role cultural norms play in the underutilization of mental health services by Latinos. Some cultural barriers that will be examined are *familismo*, *fatalism*, *marianismo* and *machismo*.

**Familismo.** As cited in Smith-Morris, Morales-Campos, Alvarez, and Turner (2012), Moore (1970), Sabogal et al. (1987) and; Steidel and Contreras, (2003), *familismo* is described as the responsibility to family, loyalty and attachment, not only to the nuclear family, but to extended family members. In other words, priority of family needs take precedence over those of the self. This value is a strength that can provide protective factors, at the same time; this value can also act as a barrier to seeking mental health services by Mexican American individuals. For example, *familismo* encourages seeking help and support within the family and discourages seeking support from formal mental health services—until caregiving abilities by the family have been fully exhausted. This value not only impacts underutilization of mental health services by Mexican Americans, but also demonstrates why many Mexican Americans delay “formal treatment” until a crisis occurs (Barrera, 2008; Marquez & Ramirez Garcia, 2013).

**Fatalismo.** Another factor that contributes to the underutilization of mental health services by Mexican Americans is *fatalismo*. As cited in Kouyoumdjian et al. (2003), Comas-Diaz and Griffith (1988), describe *fatalismo* as the belief of having no control over their environment. Instead, their environment has control over them and their outcomes in life. As Frevert and Miranda (1998), stated Mexican Americans who believe in *fatalismo* accept that life’s events occur due to
luck, God’s will, fate/destiny, or a hex cast upon them. Therefore, those who adopt this belief are unlikely to seek mental health services. This is due to their belief that their suffering was destined or caused by something out of their control, preventing their full ability to recognize symptoms of mental distress (Barrea, 2008).

**Marianismo.** Marianismo is a value specific to Latina females and is described as “the prioritization of familial responsibilities over self-care, self-sacrifice, and elevated motherhood in emulation of the Blessed Virgin Mary by females in the Latino community” (D’Alonzo, 2012 p. 124). Mexican American women who adopt the belief of marianismo are also more inclined to neglect their own mental health needs. A study by Caplan and Whittemore (2013), found the devotion of Latina women to the needs of their children and familial responsibilities took precedence over addressing symptoms of depression and individual needs. As a result of marianismo, it is likely they will not seek mental health services.

**Machismo.** Machismo is a value that pertains only to Latino males. Although in literature, there are negative and positive descriptions of machismo, a more prosocial view that describes the value of machismo as implying strength, sexual attractiveness, virtue, dignity in personal conduct, and respect for others will be utilized (Fragoso & Kashubeck, 2000; Valdez, Baron, & Ponce, 1987). Due to the need to portray the identity of someone who is strong and self-reliant, Mexican American men are at risk of relying on one’s own strength and resources instead of seeking help due to fear of being viewed as weak (Fragoso & Kashubeck, 2000; Valdez, Baron, & Ponce, 1987). Moreover, stereotypical views by mental health professionals of Mexican American men may lead to under-
detection or under-treatment of depression in men (Hinton et al., 2012). As a result of this stereotype, some Mexican American men may not seek help for mental health services (Barrera, 2008).

**Mental Health Literacy**

The problem of underutilization of mental health services for depression by Mexican Americans can further be understood through the concept of “mental health literacy” a term coined by Jorm et al. (1997), as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (p. 182). Furthermore, Jorm (2012), states that mental health literacy is not just about having knowledge about mental disorders, but having knowledge with action that benefits one’s mental health or the mental health of others. Moreover, mental health literacy is not just the ability of a person to have an understanding of depression. It is having the ability to recognize its symptoms, acknowledging the need for mental health treatment, knowing where to seek help, and following through or encouraging others to seek help. See Figure 1 for summary of process proposed by mental health literacy framework to increasing recognition, management and prevention.

![Mental Health Literacy Framework](image)

**Figure 1. Mental health literacy framework**

According to Jorm (2012), mental health literacy has five components: “(1) knowledge of how to prevent mental disorders (2) recognition of when a disorder is developing (3) knowledge of help seeking and treatment options (4) knowledge
of self-help strategies for mild mental health problems and (5) first aid skills to support others with mental disorders or those in a mental health crisis” (p. 231). For the purpose of this paper, the focus will be on Jorm et al.’s first and second components related to knowledge for prevention and knowledge for recognition of mental disorders.

Marshal et al. (2015), as cited in Jorm (2012), found that on average, it takes one to fourteen years before seeking treatment for a mood disorder. Moreover, as cited by Jorm (2012), studies have shown that the longer one waits to seek treatment for a mental disorder, the poorer the treatment outcome (Altamura et al., 2008; de Diego-Adelino et al. 2010; Marshall et al., 2005). Furthermore, some believe the primary reason people do not seek help for mental health services is due to their inability to recognize the mental disorder (Gulliver, Griffiths, & Christensen, 2010). A study by Interian, Ang, Gara, Rodriguez and Vega (2011), which examined Latinos suffering from depression, found that only a small minority of the sample experienced improvement of depressive symptoms by 6 months. It took approximately two and a half years before depressive symptoms were in remittance. Of the sample, 37% that were in remittance suffered a relapse.

This study indicates the dangers of deferred treatment (Interian et al., 2011). The need to increase mental health literacy in the form of recognizing depression in the Mexican American population, is vital in improving early treatment intervention and longterm treatment outcome. In order to increase the ability of Mexican Americans to recognize depression, it is important to first gain an understanding of how depression is perceived.
Although there are a variety of efficacious talk therapies and pharmacological treatments available for depression, these treatment modalities are not serving all individuals in need. In particular this applies to Mexican Americans, as they are one of the ethnic groups that are least likely to receive quality mental health services (Alegría et al., 2008b; Gonzalez et al., 2010; Interian et al., 2011). Research has identified a number of barriers at different systemic levels to the underutilization of these services by Mexican Americans (Barrera, 2008; Bledsoe, 2008).

**Disparity in Depression Treatment Amongst Minorities**

González et al. (2010), conducted a quantitative study in which national survey data was analyzed to determine the prevalence, age of onset, chronicity, severity, and treatment of major depression among United States ethnic groups. The National Institute of Mental Health’s Collaborative Psychiatric Epidemiology Surveys gathered data from February 2001 through November 2003. This study selected nine ethnic and racial groups: non-Latino Whites, African-Americans, Caribbean Blacks, Mexican Americans, Cubans, Puerto Ricans, Chinese, Vietnamese, and Filipinos. The overall sample size was 14,710 of which 1,422 were Mexican American respondents, making them the fourth largest sample group in the study behind Whites, African-Americans and Caribbean Blacks. It is important to note that ethnic and racial groups were created based on self-identification by the respondents.

The respondents were interviewed by non-clinically trained interviewers who administered face-to-face computer assisted interviews. The results were based on World Mental Health Composite International Diagnostic Interview.
There were several salient findings pertaining to Mexican Americans. First, Mexican Americans had the third highest lifetime prevalence rate (14.5%) behind Puerto Ricans (22.2%) and Cubans (14.5%). Moreover, Mexican Americans had the youngest average age of onset for lifetime prevalence of major depression at (23.8%) and had the second youngest age of onset behind Caribbean Blacks (23.3%). Mexican Americans, along with Puerto Ricans and African-Americans, were also found to have significantly higher odds of recurrent major depression. Lastly, use of pharmacotherapy was at 19.3% amongst Mexican Americans respondents and 29.5% for psychotherapy. Furthermore, this study highlights that rates of treatment for depression with Mexican Americans was significantly lower than non-Latino Whites.

**Disparity in Treatment of Depression Amongst Mexican Americans**

Hinton et al. (2012) conducted a study examining depression treatment in older Mexican American men and compared it to the treatment for depression in older White men. Participants came from four primary care facilities in California’s Central Valley from the years 2008 to 2011. A total of 509 men were approached for the study, and 364 men agreed to participate. Of those 364, 335 were eligible for the study. Of these 335 men, 55% were White and 45% were Mexican American.

The participants were then screened for positive depressive symptoms in the 12 months prior to the study as well as self-reported treatment for depression. Important findings from this study found that older Mexican American men experience similar levels of past year depression as White older men. However, they report much lower rates of depression diagnosis and treatment. For example, 37% of Mexican American men were diagnosed with depression compared to 67%
of the White men. In addition, 12% of the Mexican American men compared to 22% of White men received psychotherapy. Lastly, both Mexican American and White men were still highly symptomatic and met criteria for depression despite treatment, suggesting the inadequacy of treatment in the primary care setting.

In another study by Sorkin et al. (2011), they examined ethnic differences in the prevalence of depressive symptoms and in provider detection of clinical depression of patients with type 2 diabetes. They compared Mexican Americans and Vietnamese-Americans with limited English proficiency to Whites and found that in spite of higher proportions from both minority groups in reporting symptoms indicative of clinical depression, they were less likely to be diagnosed and treated than White patients. Moreover, this study concluded that patients that showed low levels of trust in their providers were also less likely to be diagnosed and treated for depression. This finding demonstrates the need of culturally appropriate assessments and interventions.

A study by Blumberg et al. (2015), explored racial and ethnic differences in the utilization of mental health services for anxiety or depression by men. This study found that in men 18-44 years of age, Blacks and Hispanics were less likely than non-Latino White men to report daily feelings of anxiety or depression. However, among the men that did report daily feelings of anxiety or depression, Hispanic men (26.4%) and Black men (26.4%) were less likely than White men (45.4%) to receive mental health services. Moreover, White men were 1.7 to 2 times more likely than Hispanic and Black men to take medication. Another important finding from this study was that having health insurance was positively associated with a reduction in disparity of mental health services.

A similar study by Jung, Lim and Shi (2014), found that racial and ethnic disparities existed in the treatment of depression between Hispanics and Whites.
This study compared depression treatment by insurance type and race/ethnicity. Hispanics consistently underutilized anti-depressant medication across all insurance types (private, medi-care, and medic-aid). For example, among those with private health insurance, 29% of Hispanics in the study were found to use anti-depressant medications compared to 44% for the non-Latino Whites. Moreover, anti-depressant use amongst the uninsured demonstrated Hispanics had lower rates of use by 30%. Lastly, another study by Fleming, Barner, Brown and Smith (2011) found that Hispanics were less likely than Whites to report anti-depressant use, 21.8% and 37% respectively.

Perceptions of Mental Illness

According to a descriptive qualitative study conducted by Bettmann, Penney, Freeman and Lecy (2015), examining Somali refugee’s perception of mental illness, revealed three categories of mental illness. The researchers partnered with Hartland Apartment Complex that houses many newly arrived refugees. Researchers utilized purposive and snowball sampling to recruit 20 participants, of which ten were men and ten were women. Results from the study found that Somali refugees described the three categories of mental illness as: murung, waali/buufis, and gini. The first, murung, refers to “sadness” that may be caused by trauma, suffering, and financial difficulties. The second category, waali/buufis, described as “crazy” or “not feeling normal,” may potentially be caused by trauma. Lastly, gini are referred to as spirits that create a variety of mental illnesses.

A majority of the participants described mental illness in terms of observable behaviors. Seven participants expressed that an individual’s mental illness was determined by verbal expressions. One participant described an
individual with mental illness as someone “who doesn’t know what they are talking about or where they are going” (Bettmann et al., 2015, p. 744). In addition, five participants identified physical symptoms such as lack of energy, insomnia, and loss of appetite when explaining their understanding of mental illness. Over half of the participants attributed causes of mental illness to God. Moreover, half of the participants shared that both the good and bad of life are from God, including illnesses of any kind. One woman stated, “You get better because of God and you get sick because of God” (Bettmann et al., 2015, p. 746).

**Perceptions of Mental Distress Among Mexican Americans**

A study by Cabassa, Lester and Zayas (2007), was conducted in order to describe Hispanic immigrants’ perceptions of depression and attitudes towards treatment. In this study, 95 Hispanic immigrants were presented with a vignette demonstrating a person with depression. Participants in this study had a mean age of 30 and were predominately Mexican women. In the study, the interviewers played a recording of the vignette to the participants and used structured interviews to inquire about their views of depression. One of the salient findings from this study was the use of words such as *depresion* (depression) or *deprimido* (depressed) to describe the person in the vignette by 55% of the participants. Moreover, most of the participants in the study viewed major depression as a serious concern attributed to interpersonal problems at home or related to family conflicts. This is a significant finding, as it supports the importance of *familismo* to the Mexican American population and the emphasis they place on the family and centrality of family on a member’s identity.

Findings demonstrated that the participants strongly favored therapy over anti-depressant medications. Most of the participants were identified as bicultural,
which means they have been exposed for a longer period to the dominant culture than their own. Those identified as bicultural had a higher likelihood of using the terms *deprimido* (depressed) or *depression* (depression) and perceived major depression as a serious condition. Lastly, this study found that patients’ attitudes might impede with the development of a trusting doctor-patient relationship, possibly acting as a barrier to the identification and treatment of depression. These doubts on effectiveness of anti-depressant medications were related to use of non-professionals such as priest or *curanderos* for mental health services. This indicates that this population continues to trust non-professionals to meet their mental health needs with little regard to credentials, but a trust built on culture.

In a study by Barrera et al. (2013), they examined how Mexican Americans along the United States and Mexico border in the Rio Grande Valley perceived causes of mental distress. Physical aspects such as genetics, age and chemical imbalances were some of the themes that emerged from this study, that Mexican Americans attributed as causal of mental distress. In addition, thoughts and accumulation of stress was perceived as a cause for mental distress among the participants. Lastly, environmental factors such as abusive families, chaotic childhood, lack of support, and witchcraft were also identified as causal factors that lead to mental distress. However, witchcraft or a supernatural force was a marginal finding as only one participant identified it. The most significant finding from this study was that participants described a process of accumulating events that lead to mental distress instead of a sole event.

**Limitations**

The research shows that Mexican Americans face barriers at different levels that limit access to mental health services in a timely manner. Research also has
indicated that Mexican Americans chronically underutilize mental health services. Aside from cultural and systemic barriers, perceptions may play a vital role as well. Currently, there is a dearth of literature focusing on primarily Mexican Americans and their perceptions of mental disorders. This is of significance because conducting studies that generalize all Latinos into one group (instead of conducting studies that differentiate between nationalities due to the extensive differences within Latino nationals) ignores the importance of cultural considerations.

Summary

Research has identified institutional barriers such as health insurance policies, locations of services, cost, lack of bilingual professionals, and culturally insensitive practices, that limit Mexican Americans from seeking mental health services. Many cultural norms and beliefs within the Mexican Americans population have acted as barriers as well. For instance, *familismo, marianismo* and *machismo* were identified as potential barriers to formal mental health treatment. The limited research on perceptions of mental disorder by Mexican Americans has provided a glimpse on the correlation perceptions play on access to mental health services. Furthermore, use of the Mental Health Literacy framework provides a potential goal for the mental health community in the attempt to decrease the underutilization gap of mental health services.
CHAPTER 3: METHODOLOGY

A major concern in the mental health literature is the underutilization of mental health services for depression by Mexican Americans. Research that deploys the use of the Ecological Systems Theory (Brofrenbrener, 1977), suggests that this population chronically underutilizes mental health services due to barriers at the microsystem, mesosystem, exosystem and macrosystem levels (Barrera, 2008; Bledsoe, 2008). Such barriers include language, lack of bi-cultural/bi-lingual practitioners, high cost due for services, lack of health insurance, location of services, and cultural barriers. Moreover, through use of the mental health literacy framework (Jorm et al., 1997), further understanding of the underutilization of mental health services by the Mexican American population is provided.

Research has demonstrated the lack of mental health literacy is associated with poor identification of mental disorders such as depression, which is associated with little to no action in seeking services (Jorm et al., 1997; Jorm 2012). In the current literature, there is a limited focus on the perceptions of depression by Mexican Americans and the impact their perceptions has on underutilization of mental health services. As a result, this area needs to be examined further. This chapter describes the purpose and background of this study, the subjects, methods, potential benefits, risk and precautions as well as the measures that need to be taken to minimize these risks to the subjects. Lastly, this chapter describes the educational background and experience of the investigator, the research instrument, the validity and reliability of the research instrument, research design, variables, data analysis procedures, and the limitations of the study.
Purpose and Background

Mexican Americans underutilize mental health services for depression for a variety of reasons. This is problematic, as Mexican Americans are the largest ethnic population in the United States and are at risk for depression and underutilizing mental health services. This study’s purpose is to explore the perceptions of depression by Mexican Americans. This study aims to answer one research question: How do perceptions of depression by Mexican Americans impact the underutilization of mental health services by this population? The primary assumption of the researcher is that barriers exist at different levels and that Mexican Americans lack mental health literacy. Furthermore, this study is relevant to the Social Work and mental health services because increased knowledge about the Mexican American population may improve access to services and ability to tailor services to meet cultural needs of this population.

Subjects

This study includes voluntary members of the community in Fresno, California. This study employed convenience sampling, as only individuals who identified themselves as Mexican American were recruited to participate in the interview process. Those individuals who did not identify as Mexican American were excluded as well as. Moreover, only participants over 18 years of age, and who had never received mental health services were included in the study. There are minimal risks involved with participation in this study. The interviewer contacted potential participants from anywhere in the community and obtained informed consent from all participants. Interview questions may cause participants to reflect on personal experiences, or those of a close friend or family member. The participants were assured that they can refuse, withdraw, or end the interview at any point and this would not affect any future relations with California State
University Fresno, the Department of Social Work, or any mental health agencies. Lastly, the duration of the interviews last approximately 30-45 minutes.

Data Analysis Procedures
The purpose of this study is to explore the perceptions of depression by Mexican Americans and the relation to utilization of mental health services by the Mexican American population. A qualitative ethnographic approach, utilizing interviews as a data-gathering instrument, was used. The participants were played a recording of a vignette borrowed from Cabassa’s study (2005) (Appendix A). In addition, the four questions utilized for the interviews were borrowed from Jorm et al.’s study (1997) (Appendix B). The gender of the reader was matched with the gender of the participant. The vignette depicted the protagonist as experiencing behaviors and symptoms that meet the criteria for DSM-V diagnosis of major depression. The participants were then asked a series of questions and recorded with their permission. Lastly, the interviews were transcribed. The data was analyzed through content analysis and themes were created.

Potential Risk and Benefits
This study has potential benefits for the Mexican American population including: increased knowledge of perceptions and the relationship of those perceptions to the underutilization of mental health services. This contribution strengthens what is known about Mexican Americans and mental health service use and how professionals can better serve this population. In addition, increased knowledge can provide better approaches and strategies for professionals working with Mexican Americans in the mental health system. At the end of the interview, the researcher discussed with participants that the person in the vignette was suffering from depression. As a result, the study has the potential to increase
mental health literacy for the participants, as they will possess knowledge of what depression can look like. Minimal risk is involved with participation in this study. However, the participants were provided with a list of mental health services that provide free or sliding scale services as a precautionary measure. Confidentiality issues were addressed by not collecting identifying information, and destroying recordings upon completion of the study. Participants may reflect on personal experiences, those of a close friend or family member who have mental health disorders. The researcher has taken precautions to minimize these risks at the initiation of the study. The researcher informed participants of potential risks and that if at any time a participant feels uncomfortable with the questions or participation in the study, the participant may withdraw from the completion of the questionnaire without penalty.

Academic Background and Experience of Investigator

The researcher obtained a Bachelor of Arts degree in Social Work in May of 2009, from Fresno Pacific University. Presently, he is pursuing his Masters in Social Work degree and will graduate in spring, 2016. The researcher's history of social work employment includes the HIV clinic at Community Regional Medical Centers. The clinic had approximately 1,100 clients. The primary duties of the researcher involved case management of a 200-client caseload. Primary interventions such as crisis intervention, insurance liaison, connection to community resources, and increase or maintain medication adherence were provided. In addition, he was responsible for collaborating with the other clinic members to meet the biopsychosocial needs of the clients.

Presently the researcher is assigned as a school social work intern in Dinuba Unified School District at Sierra Vista Continuation High School and
Wilson Elementary. Primary duties include assessment of new clients, treatment planning, individual counseling, group counseling and social skills training. Currently, the researcher has 13 individual clients and two of appropriately six members.

Summary

Mexican Americans underutilize mental health services due to a variety of barriers at different levels. Research has suggested language; stigma, institutional barriers and cultural norms prevent or delay access to care. The researcher interviewed community members in Fresno, California that identify as Mexican American. The interview consisted of a vignette of a person displaying symptoms and behaviors of a person with depression according to DSM-V criteria. Open-ended and close-ended questions were asked; the first five questions were basic demographic questions and the last five focused on perceptions of the vignette and treatment options. There were minimal risk with the study; nonetheless one possible risk involved participants reflecting on a friend or close friend who has experienced a mental health disorder. The researcher took the necessary precautions to inform participants of the purpose of the study and ensure their protection.
CHAPTER 4: FINDINGS

This chapter summarizes the analysis of the data gathered as described in Chapter 3. The current research examined the perceptions of depression by members of the Mexican American population. More specifically, the study explored the ability of the community members to recognize depression in a vignette and described how to best treat depression. Participants were asked four questions in response to the vignette which inquired about the participants' perceptions of depression, services that should be sought by the character in the vignette, participants' similar experiences, and who participants sought services from during their experience. The themes that emerged from the data were: accumulation of problems, suicidal ideations, family support, God, professional help, self-reliance, and cultural values. This chapter will discuss each theme in greater detail.

Demographics

There were eight individuals interviewed for this study of which three were males and five were female. All eight of the respondents identified as Mexican Americans. The age of the respondents ranged from 25-64 years of age. Five of the respondents were born in the United States (n=5) and three were born in Mexico (n=3). These three respondents lived in the United States for 22, 25 and 27 years. One of the respondents completed an Associate’s Degree at a community college (n=1). Four of participant obtained high school diplomas (n=4). The last three respondents completed middle school education in Mexico (n=3). Moreover, three of the participants requested to have the interview completed in Spanish. None of the respondents have ever received mental health services (see Table 1).
### Table 1

**Demographic Information of the Eight Participants n=8**

<table>
<thead>
<tr>
<th>Fictitious name</th>
<th>Age</th>
<th>Gender</th>
<th>Citizenship Status</th>
<th>Years in USA</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlos</td>
<td>64</td>
<td>M</td>
<td>Undocumented</td>
<td>27</td>
<td>&lt;12th grade</td>
</tr>
<tr>
<td>Jesus</td>
<td>41</td>
<td>M</td>
<td>Permanent Resident</td>
<td>22</td>
<td>High School</td>
</tr>
<tr>
<td>Juan</td>
<td>25</td>
<td>M</td>
<td>Permanent Resident</td>
<td>25</td>
<td>AA</td>
</tr>
<tr>
<td>Susana</td>
<td>57</td>
<td>F</td>
<td>Undocumented</td>
<td>F</td>
<td>&lt;12 grade</td>
</tr>
<tr>
<td>Karla</td>
<td>51</td>
<td>F</td>
<td>Permanent Resident</td>
<td>F</td>
<td>High school</td>
</tr>
<tr>
<td>Mari</td>
<td>37</td>
<td>F</td>
<td>U.S. Citizen</td>
<td>F</td>
<td>High school</td>
</tr>
<tr>
<td>Julia</td>
<td>34</td>
<td>F</td>
<td>U.S. Citizen</td>
<td>F</td>
<td>Highs School</td>
</tr>
<tr>
<td>Lupe</td>
<td>34</td>
<td>F</td>
<td>Undocumented</td>
<td>F</td>
<td>&lt;12 grade</td>
</tr>
</tbody>
</table>

**Perceptions of Depression**

When participants were asked: “What if anything is wrong with Laura/Roberto?” all eight participants perceived something to be wrong, but varying perceptions of what was wrong emerged from their responses.

**Accumulation of Problems**

A common theme that emerged from the responses with several of the respondents (n=4) perceived Laura/Roberto as suffering from an accumulation of problems as exemplified by the following quote:
All of these things happen to Robert because he has worries or a discomfort that is making him feel this way. This accumulates and makes him feel bad.

Similarly, another participant stated,

*Es probable que se siente sin esperanza, porque tal vez ella tiene problemas en la vida que crecen con el tiempo y están afectando el bienestar de él.*

[She] is probably feeling hopeless, because she might have life problems that grow over time and they are affecting her well-being.

Another participant also believed that Roberto suffered from an accumulation of worry,

*...puede ser que Robert se siente mal por todas las cosas que suceden en la vida. Por ejemplo, su hijo puede estar pasando por el camino equivocado, no hay mucho trabajo disponible ... y que se preocupa por los gastos. Todas estas cosas se acumulan en su mente y the haven sentir haci.*

… it can be that Robert feels bad because of all the things that happen in life. For example, his son can be going down the wrong path, there is not much work available... and then he worries about expenses. All of these things accumulate in your mind and well they make you feel like this.

This finding is similar to those of Barrera et al. (2013) who found his participants perceived causes of mental illness as a result of accumulation of thoughts and stress. Moreover, these findings support the mental health literacy framework of Jorm et al. (1997) which argues the first step to increasing mental health literacy is
gaining knowledge of mental disorders. This finding illustrates that increasing knowledge of names of mental disorders is needed.

**Suicidal Tendencies**

A second theme that emerged regarding what was wrong with the person in the vignette was suicidal ideations (n=3). One participant stated the following, “Suicidal. That’s what automatically comes to my mind when I hear how he is feeling. He is thinking of suicide… Yeah, especially if he is thinking he is hopeless. He feels nothing is going to get better. So he is probably having suicidal thoughts.”

A second participant made a similar comment:

*Ella tiene algo similar a la depresión ... ¿cómo se llama ... que es cuando usted quiere llevar su vida ... El suicidio!*

She has something similar to depression...what is it called... it’s when you want to take your life...suicide!”

Another participant perceived the character in the vignette as suffering from suicidal thoughts. For instance, the participant stated, “You know suicide is what people do when they feel so sad and lose all hope. Especially if he feels worthless... and you know. He isn’t talking to anybody. That’s not good.” These perceptions further illustrate the participants’ difficulty in recognizing depression and further the need to increase mental health literacy in the general population. Although, these perceptions do not support the ability to recognize depression, they do show the dangers that untreated and exacerbated symptoms of depression may have on a victim as well as treatment outcome as supported by literature (Interian et al., 2011; Altamura et al., 2008; de Diego-Adelino et al., 2010; Marshall et al., 2005).
What Services Should Be Sought

In regards to what is the best way to treat the person in the vignette, two major themes emerged.

Seeking Family Support

Participants most frequently identified the need for the character in the vignette to open up about feelings and thoughts to his family members. Half of the participants stated that this was the best way to help the person in the vignette (n=4). One participant stated the following:

Conversando y buscando el apoyo incondicional de la familia... para que lo entienda y hacer que se sienta seguro de sí mismo y que no es una carga... y es importante para la familia.

Conversing and seeking the unconditional support of the family...so they understand him and not make him feel sure of himself and that he is not a burden... and important to the family.

A second participant made a similar response:

Si Laura tiene un marido ella necesita hablar con el marido o con los niños si tiene hijos... o con toda la familia para que pueda superar lo que ella está experimentando...y ella necesita hablar con ellos acerca de la situación que está atravesando para que puedan ayudarle.

If Laura has a husband, she needs to talk to the husband or with the children if she has children...or with the entire family so she can overcome what she is experiencing...and she needs to speak to them about the situation that she is going through so they can help her.

Moreover, a third participant stated, “talking to family or sisters...this can help her.” These perceptions align with several studies that found the cultural value of familismo to be a barrier in seeking formal treatment for mental distress
Moreover, because the delayed seeking of formal treatment the Mexican American population is at higher risk for waiting to seek treatment after a crisis has occurred (Barrera, 2008; Marquez & Ramirez Garcia, 2013). As one participant stated:

*Tal vez si su familia no puede ayudarla a ella puede ver a un médico o conseguir un poco de terapia mental.*

Maybe if her family can’t help her, she can see a doctor or get some mental therapy.

Barrera, (2008) stated that because of the value of *familismo*, when mental health issues arise, they are usually dealt with within the family unit. As a result, the value of *familismo* reduces the probability of seeking mental health treatment (Barrera, 2008).

**Seeking God’s Help**

The second theme was how the participants best thought the character in the vignette could be helped through spiritual guidance (n=2). One participant described the power of God in healing all pain, suffering and problems, “You can go to a doctor, but I think that praying to God would help her more. She would feel better soon after praying. God can heal anything physical or on the inside.” A second participant shared similar sentiment:

*Si ella es religiosa puede hablar con un cura o rezar sabes?*

If she is religious, she can talk to a priest or pray you know?

This finding is similar to the literature as it supports the role that religious beliefs or spirituality play as deterrents from mental health treatment (Caplan & Whittemore, 2013). However, one difference between the findings from this study
and literature is that these participants did not attribute the characters suffering as a result of evil spirits or the work of the devil.

Seeking a Psychologist’s Help

Although several participants perceived the character to best be helped by speaking to family, some participants opposed this idea and instead opted for a psychologist (n=2). One male participant stated the following, “A psychologist. Talk about his problems...figure out why he is feeling like that. He shouldn’t go to his parents or family because they could just point the finger... Think he is lazy or faking it. Instead of helping out, they would make him feel bad.” A second participant also shared the belief that speaking to a psychologist as evidenced by the following statement would best help the character in the vignette:

¿cuáles son aquellas personas llamadas que hable con? ¿Un psicólogo? Sí un psicólogo. A veces con otras personas como un psicólogo o un médico, incluso se puede ventilar mejor.

What are those people called that you talk to? A psychologist? Yes, a psychologist. Sometimes with other people like a psychologist or a doctor even, you can vent better.

Comparative Experiences with Vignette

When the participants were asked if they had ever experienced something similar to the vignette, all eight participants stated that they have experienced depressive symptoms.

Loss of Employment

Several of the participants pointed to loss of employment as a reason for feeling depressed like the person in the vignette (n=3). However, all of the
participants denied having severe depressive symptoms because they did not experience loss of energy or pleasure. One participant stated, “Like just the pressure of work. You know, for me, it was when I did not have or could not find work. I felt depressed or like him, worthless. But I still had energy.” A second participant stated,

*Bueno tal vez no me sentí tan malo como Roberto porque nunca he perdido mi energía o placer en las cosas. Pero me sentí un moy triste much del tiempo. Tome un chingo. Perdí mi trabajo y eso es lo que me hizo no sentir bien conmigo mismo.*

Well, perhaps I did not feel as bad as Robert because I never lost my energy or pleasure in things. But I did feel sad a lot of the time. I drank a lot. I lost my job and that’s what made me feel not good about myself.

**Gender Differences**

When asked if the participants themselves had experienced something similar to the person in the vignette, all three males said that they did. They related to the character during times of unemployment or underemployment. Such situations led to financial stress as well as worry about their ability to provide for the family. For example, one male participant stated, “Like just the pressure of work. You know. For me, it was when I did not have or couldn’t find work. I felt depressed or like him, worthless.” The second participant stated he drank to cope with the stress associated to his job loss:

*...Pero me sentí un moy triste much del tiempo. Tome un chingo. Perdí mi trabajo y eso es lo que me hizo no sentir bien conmigo mismo. lo único que pensaba era le fallé a mi familia.*
...I did feel sad a lot of the time. I drank a lot too. I lost my job and that’s what made me feel like not good about myself...all I thought about was I failed my family.

The final male participant stated, “When I had to move my family in with my in-laws, I felt like Roberto in a lot of ways, you know. As a man, my job is to provide. It gets to you.”

On the other hand, three of the four female participants perceived themselves to experience some form of because of the stress of marital problems and feeling overwhelmed. For example, one participant stated:

Los problemas del matrimonio y todos los niños ... Tenía mucha presión.

Problems of matrimony and all the kids... I had a lot of pressure.

A second female participant stated, “Hell yeah, I felt like Laura. It was like my story. With everything going on with my husband. His affairs. The kids. It was too much. I thought I was going to go crazy!” A third participant stated the following:

Creo que me sentí similar a Laura en la forma que los dos estábamos mal entendido por mi marido. Sin embargo, sus problemas eran peores que la mía.

I think I felt similar to Laura in the manner that we were both misunderstood by my husband. But her problems were worse than mine.

Moreover, during the analysis of the data, one consistent theme emerged from the different perceptions based on cultural values. When the participants were asked about whom they sought help during a time they experienced something similar to the character in the vignette, the three male participants stated that they dealt with the problem on their own. This finding is supportive of literature association that the Mexican American value of self-reliance may serve
as a barrier to the utilization of mental health services (Barrera, 2008). This self-reliant attitude is further supported by values like machismo, which encourages males to project a persona of strength and ability to cope with problems on their own (Barrera, 2008; Fragoso et al., 2000; Valdez, Baron, & Ponce, 1987).

Who They Sought Services From

Self-Reliance

The prevailing answer that emerged from the question regarding who the participants sought out for services in the past was nobody. Most of the participants reported they did not ask anyone for help (n=6). Instead, they relied on themselves to deal with their own negative emotions and thoughts. When asked who she sought help from, one participant stated, “Well from nobody. Nobody because I never felt I needed it. It never really got bad enough.” She continued, “I just helped myself. Yeah... I just prayed for strength to overcome.” A second participant stated, “No one. I kept everything inside. I was always umm...like stressed out and wanted to just be alone, not talk you know.” Another participant discussed not seeking help from anyone during his time of need:

_No hagare la ayuda de verdad. Tome un chingo para tratar de olvidar.
_Estrañe a mi familia en México, pero tenía quedarme para trabajar ... para ellos. ¿Con quién iba a hablar que le importaba? No quería preocupar a mi familia._

I didn’t get help really. I drank to try and forget. I missed my family in Mexico, but I had to stay to work... for them. Who was I going to talk to that cared? I didn’t want to worry my family. Moreover, another participant stated, “I didn’t get help. I didn’t want to talk to my family or parents because sometimes all they do is blame. I kind of just talked to myself. Tried to figure out what was the problem
and what was not making me happy. When I finally fixed it, I noticed I finally felt better.” Another male participant stated, “I just tried to talk myself out of it. I didn’t talk to anyone or ask for help. These are things that happen in life you just have to overcome.”

Family Support

The remaining participants reported they did not seek help from anyone and instead looked towards the family for support and insight (n=2). One female participant reported, “I didn’t get help. I did talk to my sisters though. That felt nice sometimes. I knew I probably could use like counseling, but you know us Mexicans need it, but we don’t go.” The second participant stated she also relied on family for help and did not seek formal mental health treatment.

Yo sólo hablé con mi familia. Al principio me mantuve todo for dentro. Pero mis hermanas sabían lo que estaba pasando en casa. Por eso es que con el tiempo table con ellas sobre esto.

I just talked to my family. You know at first I kept everything inside. But my sisters knew what was going on at home and so I eventually talked to them about it.

She continues to discuss her fear about the stigma associated to therapy:

Tal vez lo que necesitaba era terapia. Estaba estresada, pero nunca fui. Que iba a decir a mi familia? Que estoy viendo a un psicólogo para mis problemas? Pensaran estas loca!.

Maybe I needed therapy. I was overwhelmed, but I never went. I mean what was I going to tell my family I’m seeing a psychologist because of my problems? They would think I’m crazy!
This participant feared of being viewed as crazy aligns with the literature that found stigma as a potential barrier to the timely use of mental health services within Mexican American group members (Interian et al., 2011; Barrera, 2008).

Summary
This research study attempted to gain greater insight into Mexican Americans’ perception of depression. The purpose of this study was to explore these perceptions through the use of a vignette. This research also provided insight into the perceptions of these participants’ beliefs about how to best help a person suffering from depression. Family support was the most common theme which emerged regarding participants belief about how the characters in the vignette should seek help. The theme of family support aligns with previous research and the Mexican American cultural value of familismo (Barrera, 2008; Marquez & Ramirez Garcia). Another theme which emerged is the value of self-reliance. Cultural concepts such as machismo and marianismo reinforce self-reliant attitudes which act as a cultural value; however may be a barrier to seeking mental health services. More importantly, is the finding that participants were unable to identify the character in the vignette as suffering from depression. This finding supports Jorm et al. (1997) mental health literacy framework, which argues that in order to address underutilization of mental health services individuals must obtain knowledge of mental health disorders. Lastly, this research provided insight into how members have sought help for something similar they have experienced to the person in the vignette. The findings of this study will be further discussed in chapter 5.
CHAPTER 5: CONCLUSIONS

This chapter will provide a brief description of the findings from this research. This section will cover micro, mezzo, and macro social work practice implications. Moreover, the limitations of this study will be addressed along with suggestions for future research. Few studies have been conducted on the topic of perceptions of depression by the Mexican American population. Several studies currently exist documenting the barriers to mental health treatment by this population. Moreover, a majority of the research previously conducted on the topic of mental health use by the Mexican American population has been of quantitative nature in documenting the existing disparities. Researchers have noted the importance of further research concerning the perceptions of depression to further tailor treatment interventions and dispel misconceptions (Cabassa et al., 2007). The purpose of this study was to address the identified gap in literature.

Discussion

The purpose of this qualitative study was to understand the perceptions of depression by Mexican American individuals. The study attempted to provide a unique perspective of how depression is viewed by these individuals through the use of a vignette where a character met criteria for depression. In addition, this study explored the perceptions of how to best help the person in the vignette, if the participants themselves have ever experienced something similar to the character in the vignette and who they sought help from.

Perceptions of Depression

With regards to the perceptions of depression this study was consistent with the limited research that examined the perceptions of depression by the Mexican
American population or Latino population. This study highlighted the participant’s limited knowledge about mental illness disorders. Moreover, the findings are supportive of Jorm et al.’s (1997) argument that in order to increase mental health use first knowledge about mental health disorders must be gained. Also, these findings support Cabassa et al. (2007) views that public health campaigns and outreach must be directed at this population through the use of culturally relevant channels (i.e. radio and television). All eight participants perceived something to be wrong with the character in the vignette. Consistent with previous studies (Barrera et al., 2013; Cabassa et al., 2007), the most prominent perception was that the person was suffering from an accumulation of life problems and not from chemical imbalances. This information is important as preferred treatment modalities can be developed to address this perception.

Who They Sought Services From

When participants were asked how they perceived the character in the vignette could best be helped, a majority of the participants (50%) believed support from family members to be the best help. This response demonstrated a cultural value among Mexican American known as familismo, which refers to the high importance of family responsibility to each other and loyalty; which in this case, comes with the expectation that the family as an obligation of supporting each other emotionally. This finding was consistent with the study from Cabassa et al. (2007) which found that a majority of his participants found depression to be caused by interpersonal problems as a result it would be naturally to seek refuge from intimate relationships like the family unit.

A second significant finding from this research was the perception that the character in the vignette would best be helped through faith in God and prayer
could help with depression. This is consistent with literature that found spirituality to play a vital role as a coping strategy to help with symptoms of depression (Cabassa et al., 2007; Guarnaccia, Parka, Deschamps, Milstein, & Argiles, 1992; United States Department Health Human Services, 2001). Spirituality can play a role in delaying the use of formal mental health services.

**Limitations**

One limitation of this study was the sample size of the respondents which was not split between the two genders. If a larger sample size was used and more male subjects would be a part of this study, the responses may have allowed for a more thorough comparison between female and male responses. The participants were recruited using the snowball sampling method which a convenient strategy that aids the researcher in time efficiency. Due to the small sample size of eight participants, the findings cannot be generalized to all members of the Mexican American population. Moreover, level of acculturation was not assessed and this can also have a role in the perceptions by the Mexican American population (Cabassa et al., 2007). Lastly, the accuracy of this study is dependent on the authenticity of responses and willingness to be open by the participants. Lastly, the first question in the recording stated “What if anything is wrong with Laura/Roberto?”, may have leading question and influenced the participants into perceiving that there was something wrong with the character in the vignette.

**Implications for Social Work Practice**

The profession of social work is guided by the Social Work Code of Ethics which mandates social workers to help people in need and address social problems when they impact vulnerable populations (NASW, 2008). Also, social workers are called to understand different cultures and how they impact human behavior
Therefore, micro and macro level implications for the profession will be discussed. At the micro level, social workers should be aware of barriers Mexican Americans face when it comes to accessing mental health care. Also, at the micro level social workers should inquire about the perceptions and attitudes about depression and its causes as these can serve to facilitate understanding and strengthen the therapeutic alliance (Cabassa et al., 2007). At the macro level, social workers must advocate for resources to address the barriers Mexican Americans face. More importantly, social workers must work to advocate for public health officials to create public health campaigns and outreach programs in culturally relative ways. Through these health campaigns and outreach programs mental health literacy may be increased within this population in hopes that it will reduce disparities (Cabassa et al., 2007).

**Recommendations for Further Research**

This study attempted to provide insight into the limited literature on the topic of perceptions of depression by the Mexican American population. Future research should be directed at further attempts to explore perceptions of various mental illnesses aside from depression. This study highlighted the perceptions of depression by Mexican Americans, and the relation to underutilization of mental health services. However, it did not suggest more culturally appropriate practices in order to increase mental health access and utilization of services. Therefore, future research in the area of implementing culturally relevant practices in mental health services is needed. In addition, the impact of such implementation on the utilization of mental health services is necessary. Moreover, larger mixed method studies can further provide beneficial knowledge in order to work at creating solutions for this problem.
Summary

There are no simple solutions to address the mental health service disparity experienced by the Mexican American population. However, there are several measures that public health, individual practitioners and agencies can take in order to reduce this disparity. As research has demonstrated, there are many barriers that exist at the micro, mezzo and macro level. Social workers have a responsibility to advocate for equal access to services for all populations especially the marginalized. Social workers, other mental health practitioners, medical doctors, public health officials and policy makers must collaborate with one another to see that all ethnic groups have equal opportunity to access mental health services in a timely manner.
REFERENCES


APPENDICES
APPENDIX A: VIGNETTES
Laura

Laura. For the last two weeks Laura has been feeling down. She wakes up in the morning with a flat, heavy feeling that sticks with her all day long. She isn’t enjoying things the way she normally would. In fact, nothing seems to give her pleasure. Even when good things happen, they don’t seem to make Laura happy. She pushes on through her days, but it is really hard. The smallest tasks are difficult to accomplish. She finds it hard to concentrate on anything. She feels out of energy and out of steam. And even though Laura feels tired, when night comes she can’t get to sleep. Laura feels pretty worthless, and very discouraged. Laura’s family has noticed that she hasn’t been herself for about the last month, and that she has pulled away from them. Laura does not feel like talking.

Roberto

For the last two weeks Roberto has been feeling down. He wakes up in the morning with a flat, heavy feeling that sticks with him all day long. He isn’t enjoying things the way he normally would. In fact, nothing seems to give him pleasure. Even when good things happen, they don’t seem to make Roberto happy. He pushes on through his days, but it is really hard. The smallest tasks are difficult to accomplish. He finds it hard to concentrate on anything. He feels out of energy and out of steam. And even though Roberto feels tired, when night comes he can’t get to sleep. Roberto feels pretty worthless, and very discouraged. Roberto’s family has noticed that he hasn’t been himself for about the last month, and that he has pulled away from them. Roberto does not feel like talking.
Spanish Versions

Laura

En las ultimas dos semanas Laura se ha sentido desanimada. Por las mananas, ella se despierta con una pesadumbre que la acompana todo el dia. Ella no disfruta de las cosas que normalmente disfrutaria. De hecho, nada le da placer. Hasta cuando le ocurren cosas buenas en su vida, nada la hace feliz. Dia tras dia Laura se esfuerza en seguir adelante, pero se le hace dificil. Hasta las cosas mas pequenas le causan dificultad. A Laura se le hace dificil concentrarse en cualquier cosa. Ella se siente con poca energia y sin deseo para seguir adelante. A pesar de que se siente cansada, por las noches no puede dormir. Laura se siente inutil y muy desanimada. La familia de Laura se ha dado cuenta que en el ultimo mes no ha sido la misma persona que de costumbre y que se ha alejado de ellos. Laura no se siente con deseos de hablarles.

Roberto

En las ultimas dos semanas Roberto se ha sentido desanimado. Por las mananas, el se despierta con una pesadumbre que la acompana todo el dia. El no disfruta de las cosas que normalmente disfrutaria. De hecho, nada le da placer. Hasta cuando le ocurren cosas buenas en su vida, nada lo hace feliz. Dia tras dia Roberto se esfuerza en seguir adelante, pero se le hace dificil. Hasta las cosas mas pequenas le causan dificultad. A Roberto se le hace dificil concentrarse en cualquier cosa. El se siente con poca energia y sin deseo para seguir adelante. A pesar de que se siente cansado, por las noches no puede dormir. Roberto se siente inutil y muy desanimado. La familia de Roberto se ha dado cuenta que en el ultimo mes el no ha sido la misma persona que de costumbre y que se ha alejado de ellos. Roberto no se siente con deseos de hablarles.
APPENDIX B: APPROVAL TO USE VIGNETTES
Permission to use copyright information

Leopoldo Cabassa <lcabassa@nyspi.columbia.edu>
To: Sebastian Villasenor <sebo@mail.fresnostate.edu>

Mon, Feb 29, 2016 at 6:00 AM

Dear Sebastian,
Thank you for your interest in my work. All of the information you requested was published in 2005 as part of my dissertation (see attached). Let me know if you need anything else and how you plan to use these materials.
Good luck with your thesis.

Leopoldo J. Cabassa, Ph. D.
Associate Professor
School of Social Work
Columbia University
1255 Amsterdam Avenue, Room 831
New York, NY, 10027, Mail Code 4600
Tel: (212) 851-2272
Fax: (212) 851-2204
ljc2199@columbia.edu

Assistant Director
NYS Center of Excellence for Cultural Competence
New York State Psychiatric Institute

Call
Send SMS
Add to Skype
You'll need Skype Credit Free via Skype

From: Sebastian Villasenor [sebo@mail.fresnostate.edu]
Sent: Sunday, February 28, 2016 4:44 PM
To: ljc2199@columbia.edu
Subject: Permission to use copyright information

Hello Dr. Cabassa,

My name is Sebastian Villasenor. I am a graduate student in the social work department at California State University Fresno. I am writing to you with hopes of obtaining permission to use the vignette and questions from your 2007 study, It’s like being in a Labyrinth: “Hispanic Immigrants’ Perceptions of Depression and Attitudes toward treatments.” I am working on my thesis and hope to use your materials for my study exploring perceptions of depression by the Mexican-American population. Thank you for your time.
APPENDIX C: QUESTIONS
Questions:

1. What if anything would you say is wrong with Laura/Roberto?

2. How do you think Laura/Roberto can best be helped?

3. Have you ever experienced something similar to Laura/Roberto?

4. From who did you seek help?

5. What are your beliefs about seeking mental health care?
Spanish Versions

Preguntas:

1. ¿Qué si cualquier cosa diría está mal con Laura/Roberto?
2. ¿Cómo cree que es la mejor manera de ayudar a Laura/Roberto?
3. ¿Alguna vez ha experimentado algo similar a Laura/Roberto?
4. ¿De quien busco ayuda?
5. ¿Cuáles son sus creencias sobre la búsqueda de atención de salud mental?
APPENDIX D: APPROVAL TO USE QUESTIONS
Approval to use Copyright information

Anthony Francis Jorm <ajorm@unimelb.edu.au>  Thu, Feb 11, 2016 at 1:32 PM
To: Sebastian Villasenor <sebo@mail.fresnostate.edu>

Hello Sebastian

You have permission to use the vignettes.

Best wishes for your project.

Anthony Jorm

Sent from my iPad

On 12 Feb 2016, at 5:34 AM, Sebastian Villasenor <sebo@mail.fresnostate.edu> wrote:

Hello Dr. Jorm,

My name is Sebastian Villasenor. I am a graduate student in the social work department at California State University Fresno. I am writing to you with hopes of obtaining permission to use the vignette and questions from your 1997 study: Mental health literacy: a survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment. I am working on my thesis and hope to use your materials for my study exploring perceptions of depression by the Mexican-American population. Thank you for your time.

Sebastian
Fresno State

Non-Exclusive Distribution License
(to archive your thesis/dissertation electronically via the library’s eCollections database)

By submitting this license, you (the author or copyright holder) grant to Fresno State Digital Scholar the non-exclusive right to reproduce, translate (as defined in the next paragraph), and/or distribute your submission (including the abstract) worldwide in print and electronic format and in any medium, including but not limited to audio or video.

You agree that Fresno State may, without changing the content, translate the submission to any medium or format for the purpose of preservation.

You also agree that the submission is your original work, and that you have the right to grant the rights contained in this license. You also represent that your submission does not, to the best of your knowledge, infringe upon anyone’s copyright.

If the submission reproduces material for which you do not hold copyright and that would not be considered fair use outside the copyright law, you represent that you have obtained the unrestricted permission of the copyright owner to grant Fresno State the rights required by this license, and that such third-party material is clearly identified and acknowledged within the text or content of the submission.

If the submission is based upon work that has been sponsored or supported by an agency or organization other than Fresno State, you represent that you have fulfilled any right of review or other obligations required by such contract or agreement.

Fresno State will clearly identify your name as the author or owner of the submission and will not make any alteration, other than as allowed by this license, to your submission. By typing your name and date in the fields below, you indicate your agreement to the terms of this distribution license.

Embargo options (fill box with an X).

[ ] Make my thesis or dissertation available to eCollections immediately upon submission.

[ ] Embargo my thesis or dissertation for a period of 2 years from date of graduation.

[ ] Embargo my thesis or dissertation for a period of 5 years from date of graduation.

Sebastian Villasenor

Type full name as it appears on submission

May 26, 2016

Date