Latinos in Minnesota: A Mental Health Needs Assessment

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Abstract

Objective: This study assessed the mental health needs of Latinas living in Minnesota by investigating sub-populations of Latinos underserved and with the greatest need, and barriers in accessing and mental health service utilization.

Methods: A mixed-method explanatory sequential research design was implemented. The study was implemented in two distinct phases: quantitative and qualitative research. Primary data for quantitative were obtained from online surveys of mental health professionals (n=40). For the qualitative study, data were collected through face-to-face interviews with key informant in metro counties (n=5), a telephone interview with a rural administrator (n=1), and a group interview with Spanish-speaking providers (N=5).

Results: Sub-populations of Latinos with the greatest mental health needs are undocumented, children with emotional and behavioral disorders, and survivors of domestic violence. Sub-populations of Latinos that are currently underserved are uninsured, undocumented, and LGBTQ groups. Trauma, depression, anxiety disorder violence, mood disorder, substance abuse, grief/loss, and child sexual abuse are the leading mental health concerns of Latinos living in Minnesota. The main barriers in accessing mental health services and remaining in mental health treatment are language, transportation, lack of insurance, and lack of culturally appropriate and linguistically appropriate services.

Conclusion: Findings indicate the critical need for culturally and linguistically appropriate services, bi-cultural providers, psycho-education, and community outreach programs to increase utilization of mental health services by Latinos. Implications to promote the well being of Latinos in Minnesota are discussed.

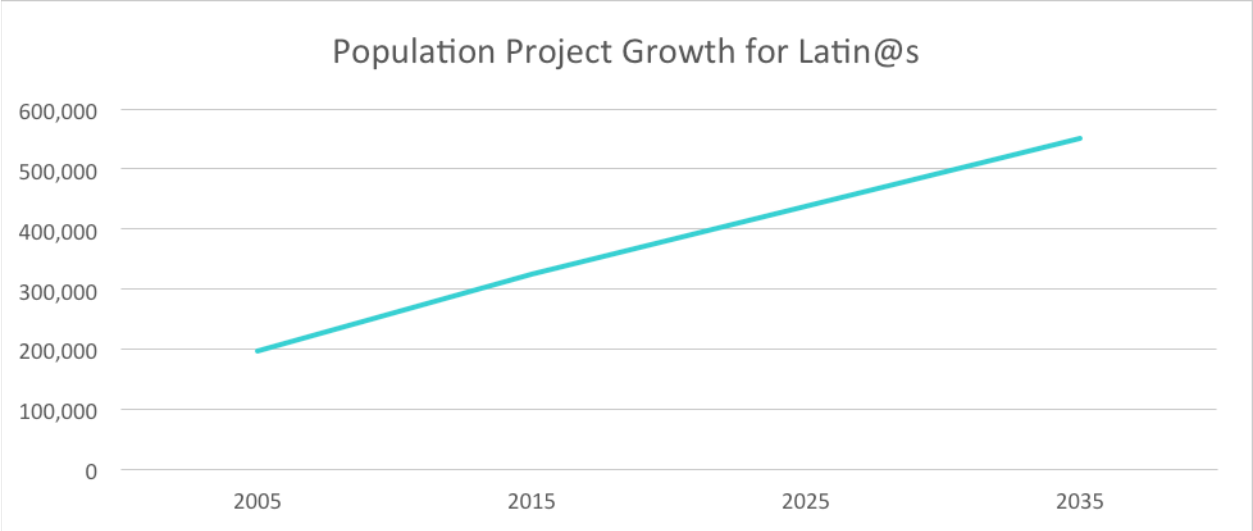
Introduction

The Latino population is the fastest growing minority group in Minnesota. Based on 2010 Census Data, the Latino population in Minnesota is projected to double from 4.74 percent (258,200) in 2010 to 8.5 percent (551,600) in 2035 (McMurry, 2009). Table 1 shows the demographic trend in Minnesota that reflects the change experienced at the national level. Figure 1 shows the Latinos population rising rapidly from an estimated 196,300 to 551, 600 in 2035.

Table 1: Minnesota population projects by the State Demographic Center

Racial/ Ethnic Group	2005	2015	2025	2035
American Indian	56,400	63,800	64,500	63,700
African American	218,400	314,100	388,000	454,400
Hispanic/ Latino	196,300	324,400	437,900	551,600
Asian Pacific Islander	183,300	265,200	329,900	391,400
Caucasians (not Hispanic)	4,467,800	4,644,500	4,796,500	4,845,600
Minnesota Total	5,446,500	5,709,700	6,135.100	6,446,300

Figure 1: Latinos population growth from 2005 to 2035



The projected population growth will create an increase in demand for mental health services that are culturally and linguistically appropriate for the Latinos living in Minnesota. Mental health services will need to be designed and implemented to meet the growing demand.

However, it is unknown what the needs of Minnesota Latinos are for mental health services and whether those needs are being met. Several national and Minnesota-based studies have shown that Hispanics along with other minority groups' healthcare needs are often unmet in comparison to Caucasians.

The Surgeon General Report (2000) states that lack of culturally and linguistically appropriate services lead to poor outcomes and is evidence of disparity. Latinos report inferior access to services and receive poorer quality of care (The National Healthcare Disparities Report, 2012; Klap, Koike & Sherboune, 2001; The Surgeon General Report, 2009). In addition, Latinos underutilize the available mental health services (The Surgeon General Report, 2009). Only 1 in 20 Hispanics who has mental health issues utilize mental health services (Mattie Rhodes Center, n.d.). It is concerning that the largest growing minority group in the State of Minnesota has mental health needs that are unaddressed and unmet. Therefore, this evaluation will investigate the mental health needs of the Latino community in Minnesota.

However, time constraint restricts our ability to conduct a thorough need for assessment of Latinos living in Minnesota. Therefore, the program evaluation will focus on five counties in Minnesota. The five counties selected based on 2010 data are: Hennepin, Ramsey, Dakota, Nobles, and Watonwan (see table 2). The three metro counties: Hennepin, Ramsey and Dakota have the largest population of Latinos whereas the two rural counties: Watonwan and Nobles have the highest percentages of Latinos based on the population.

Table 2: Latino population in 2010

County	Population Count	Percentage based on population count
Hennepin	77,676	7%
Ramsey	36, 483	7%
Dakota	23, 966	6%
Nobles	4820	23%
Watonwan	2338	21%

Literature Review

The research on Latino population and mental health is limited. Epidemiology review of studies of Latinos access to health services found that most of the studies are cross-sectional in nature, the study sample were based largely on Puerto Ricans, Mexicans, and Cubans, and also sampling strategies tended to exclude children, elders and those who speak only Spanish (Leopoldo, Luis, & Marissa, 2006).

In literature, the term Latino and Hispanic is used interchangeably. The term Latino and Hispanic collapses identity of various sub-ethnic groups as one racial group when in reality Latino racial background consists of African, Spaniard, Indigenous population, and mixed population. The identification of the sub-ethnic groups as one race forces over-generalization of cultural norms, barriers the groups face, and fails to account for differences in cultural beliefs. This limitation fails to consider that culture is not static, and behaviors across various ethnic groups can differ (López & Guarnaccia, 2000). Additionally, identification with an ethnic and racial group matters because race, ethnicity, and culture affect how a patient reports his or her health to a provider (McGuire & Miranda, 2008) and the concept of self within a cultural group can influence the understanding of the diagnosis, and treatment outcomes (López & Guarnaccia, 2000). Ethnicity and race were determinant factors in receiving pharmacotherapy, psychotherapy, or any other form of treatments (Gonzalez et al, 2010).

The optimum state of mental health encompasses wellbeing at all four levels: physical, mental, spiritual and social. The World Health Organization (2011) defines mental health as a "state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (no pg. #). DSM V defines mental disorder as a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior

that reflects a dysfunction in the psychological, biological, or developmental processes. In contrast, Latinos tend to believe that the etiology of mental illnesses is related to *mal de ojo* (evil eye), *susto* (fright or shock) and by God's will (Aaguilar-gaxiola et al, 2012). Latinos are also more likely to report somatization of mental illnesses in the form of headaches and body pains (Bridges, Andrews & Deen, 2012).

The Surgeon General Report (2000) states that access to quality health care, neighborhood safety, ability to obtain employment, access to quality education and safe neighborhoods are social determinants of mental health well-being. However, as a group, Latinos are less likely to be educated, have lower income and less likely to have insurance in comparison to Caucasians (McGuire, Alegria, Cook, Wells, & Zaslavsky, 2006; Alegria et al, 2002). Therefore, as a group, the Latinos' struggle with employment, financial stability, education, and ability to earn income heavily influences their access to health care and mental health treatment.

The Minnesota Disparities Report (2009) shows that racial and ethnic health disparities exist in Minnesota. Mistrust of mental health treatments by people of color remains a major barrier in utilizing services (Surgeon General Report, 2009). Latinos report being discriminated against when accessing health care services (Araújo & Borrell, 2006). The discrimination experienced by Latinos is hard to conceptualize because of the diversity among Latino ethnic groups, immigration status, and acculturation in the United States (Araújo & Borrell, 2006). Discrimination and providers' biases play significant roles in outcome of mental health for Latinos living in the United States. Providers' bias towards a patient's race, ethnicity, culture, and nationality affect how the clinicians assess and provide treatment and referral (McGuire et al, 2008; Holm- Hansen, 2006).

Underutilization of mental health services by Hispanics can also be attributable to the cost of mental health services, language fluency, cultural beliefs about self-reliance, access to insurance, cultural beliefs about mental health, lack of access to and knowledge of mental health services, lack of Spanish speaking providers, immigration status, and stigma (Algeria et al, 2002; Bridges, Andrew & Deen, 2012; Leopold et. al, 2006; Aaguilar-gaxiola et al, 2012; Moreno, 2013). Latinos with mental illness tend to underutilize specialty care and report being unable to discuss their mental health problems in psychotherapy due to language barriers (Alegeria et al, 2002). Latinos diagnosed with a psychiatric disorder within 12 months were less likely to be active in a mental health treatment in comparison to Caucasians (Cabassa, Zayas, & Hansen, 2006). Yamada, Hough, Hawthorne, Garcia & Jetse (2003) state that low level of case management utilization by Latino clients in comparison to Caucasian in a psychiatric study can also be explained by characteristic of help-seeking behaviors by Latinos. Fear of deportation also prevents Hispanics from seeking mental health services despite the severity of the symptoms (Bridges et al, 2012; Aaguilar-Gaxiola et al, 2012). Economic barriers such as cost of care and insurance coverage remain the biggest barriers for accessing mental health services (Koppe, 2009; Bridges et al, 2012). Minnesota Health Care Plan enrollees of Latino/ Hispanic race report lack of interpreter services and poor quality of interpreter services as barriers (Koppe, 2009). Thus, the low utilization of mental health services by Latinos is attributable to disparity experienced by the group, discrimination experienced from the mental health system, and barriers faced in accessing the services.

A study done by Keyes et al (2012) finds that there is a significant correlation between the utilization of mental health services with strong ethnic identity and use of Spanish language after all other factors, such as insurance coverage, incomes, severity of mental illnesses etc., were

controlled. Latinos are less likely to utilize mental health services if they reported strong ethnic identity, speak Spanish, and are less assimilated. Acculturation and assimilation in the United States increases the use of mental health services (Keyes et al, 2012; Leopold et al, 2006). In a community participatory research study done in California, Latinos relayed that seeking mental health services is "equated to abandoning their family unit and cultural values (Aaguilar-Gaxiola et al, 2012, pg. 23). Furthermore, cultural attitude around "machismo" and violence at home are barriers in seeking and accessing mental health services (Aaguilar-Gaxiola et al, 2012). Culture and lack of knowledge about mental illnesses play a significant role in Latinos decision to seek mental health treatment or not.

The most common mental illnesses reported by Latino immigrants who have been victims of political violence are PTSD, depression, and panic disorder (Eisenman, Gelberg, Liu & Shaprio, 2003). Latinos also report seeking mental health services for family problems and domestic violence (Bridges et al, 2012). McGuire, Alegria, Cook, Wells & Zaslavsy (2006) reported that schizophrenia, bipolar disorder, and depression are major mental health concerns.

Latinos are more likely to seek mental health help from primary care doctors and clergies (Leopold et al, 2006; Bridges et al, 2012). In a study by Bridges et al (2012) 42% of the participants reported visiting a primary care physician for mental health needs and 35.8% reported seeking assistance from religious leaders for mental health needs such as worry, stress, family problems, sadness and psychological problems.

Latinos do seek mental health services in cases of severe and persistent mental illness (Moreno, 2013; Leopold et al, 2006). However, Latinos are more likely to access mental health treatments from providers that they think are culturally competent and understand the importance of religious beliefs (Moreno, 2013). Despite being one of the largest minority group, Latinos

living in California reported shortage of culturally and linguistically appropriate services and school-based mental health program (Aaguilar-Gaxiola et al, 2012) when they sought mental health services. Lack of bi-cultural and bi-lingual providers and culturally appropriate services negatively affect Latinos ability to access mental health services, and remain in mental health treatment.

Methodology

This needs assessment program evaluation is an exploratory research. However, the design implemented is the explanatory sequential design. The mixed-method design allowed the evaluator to further explore the mental health needs of Latinos living in Minnesota by asking the key informants in qualitative research to discuss significant, non-significant, outlier and other surprising results found from the quantitative research (Creswell & Clark, 2007). The participants for the qualitative part of the study were purposefully recruited to address and further explore the findings from the quantitative research.

The study was implemented in two distinct phases. The first phase was quantitative research. The primary data for quantitative research was collected through an online survey through Google and was self-administered. The survey contained a mix of closed-ended and open-ended questions. The survey participants were contacted through phone and emails to elicit their assistance. The emails contained an invitation letter to participate in the survey with information about the project. An email was sent out with the survey link. A follow-up email with the link to the survey was sent two weeks later. The first two questions asked if the providers were providing services either in Spanish or utilize interpreters to provide servicea. The two questions are screening questions that allowed the participants to self-select into completing the survey.

The second phase of study was collecting qualitative data through semi-structured interviews. The questions for the qualitative research remained the same. Preliminary results from the quantitative data were shared with the research participants to gain their opinion, understanding, and thoughts. The qualitative research method allowed for rich and descriptive data where the participants further explored the needs of Latinos living in Minnesota. Qualitative data collection tools primarily included face-to-face (n=5) and telephone interview (n=1) with key informants and a group interview with Spanish-speaking providers (n=5). The evaluator and the agency staff recruited and contacted the key informants for the interviews. The interviews were approximately 30 minutes long. The interviews were audio recorded on laptop and cell phone. Constant comparative analysis was used to analyze the interviews that resulted in themes and core concepts. The findings from the quantitative and qualitative data were organized and analyzed separately.

Sample

This evaluation study is designed to investigate mental health needs and barriers faced by Spanish-speaking Latinos living in five counties of Minnesota from providers' perspectives. The five counties are Hennepin, Ramsey, Dakota, Watonwan, and Nobles. The sampling method implemented is non-probability and purposive sampling.

Quantitative: The Minnesota Department of Human Services compiled a list of mental health clinics, private practice, health clinics, and other public health centers in the five counties. These agencies selected had claims paid through a Minnesota Health Care program such as Minnesota Care, Medical Assistance, and General Medical Assistance. The agencies were identified based on a threshold that they served a certain percentage of Latino clients. In the three metro counties, Hennepin, Ramsey, and Dakota, 50 agencies were selected because 30% of their reported clients

were Hispanics/Latinos. From the two rural counties, Nobles and Watonwan, 6 agencies were selected because 10% of their reported clients were Latino/ Hispanics. An additional list of 12 agencies of social services and schools serving Latinos/ Hispanics in the metro counties were compiled.

A total of 68 agencies were recruited to participate in the survey through telephone calls. Of the agencies contacted, 49 percent (N= 33) of the agencies expressed willingness to participate in the survey. An email with a link to the survey was sent out to all the 33 agencies. The first two screening questions ensured that the survey participants were providing services to Latinos. The survey response shows that 49 participants took the survey and 7 of the participants were ineligible to complete the survey. There were two invalid data and were eliminated from the study.

Demographics

The survey had 81.6 percent (n=40) response rate; 85 percent (N=34) of the respondents were from the metro counties and 6 percent (N=6) from the rural counties.

Table 3: Counties

Counties	N	Percentage
Rural	6	15%
Metro	34	85 %

Chart 2 shows that 92 percent (n=37) of the survey respondents are bi-lingual providers and 8 percent (n=3) of the survey respondents utilize interpreters to provide services to Latinos.

Figure 2: Survey Participants

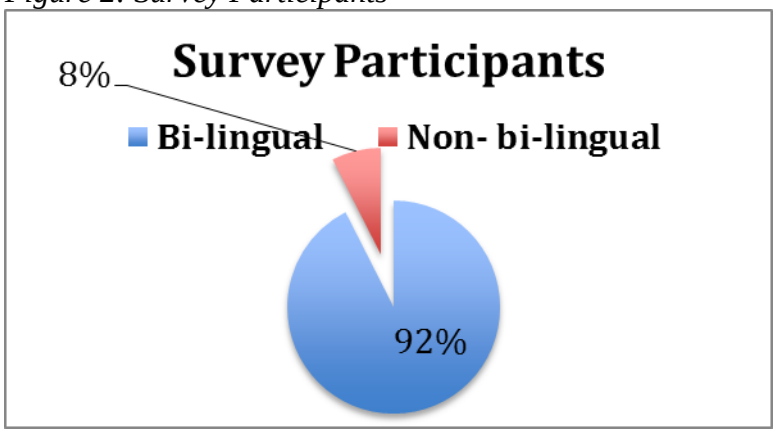


Table 4 shows the type of organization the survey respondents are employed at. The majority of the survey respondents reported working for social services agencies 55 percent (n=22). The participants were extremely diverse in the number of clients they served. The maximum number of clients served is 465 and the minimum number of client served is 1. The average number of client served among the survey respondents is 50.

Table 4: Survey Respondents Organization characteristic

Type of organization	Percentages	Count
Social Services Agency	55%	22
Non-profit mental health	5%	2
Community, County and Public health center	15%	6
Hospital/ clinics	13%	5
Private Practice	10%	4
Religious Organization	3%	1

Table 5 shows survey participants' professions. Among the participants, the majority of the respondents 63 percent (n=25) reported working as a mental health professionals and followed by 18 percent (n=7) working as other mental health workers such as case manager, ARHMS worker, etc.

Table 5: Survey Respondents Professions

Type of position	Percentages	Count
Administrator	10%	4
Mental Health professional (Psychologist, Martial and Family	63%	25

Therapist, Social worker, Psychiatrist, etc)		
Other mental health providers (ARMHS, CTSS, case manager, etc)	18%	7
Religious and Spiritual Leaders	3%	1
Nurse	3%	1
Others	5%	2

Qualitative: The study participants for the interviews were recruited through emails and phone calls; and the response rate was 100 percent. The study participants (n=5) in the metro counties were identified by CLUES staff as key-informants who have knowledge of mental health needs of Latinos. The participant (n=1) in the rural county is an administrator of a county social service program and also provides direct services in her position. A group of bi-lingual providers (n=5) from a non-profit mental health agency was approached for a group interview.

Variable and Measures

The data collection tools for the quantitative survey and the qualitative interview were specifically designed for this study and aimed at exploring the mental health needs of Latinos in Minnesota. Literature review conducted by the evaluator was utilized to inform the variables listed in the survey.

Quantitative

The online survey contains open-ended, close-ended, single-check, multi-select, and descriptive questions (See Appendix A). The last two questions in the survey were open-ended and were analyzed as part of the qualitative research. The online survey includes descriptive and nominal data.

Dependent Variables: The survey respondents' demographic variables are the type of agency they work for, the type of position they held, and whether or not they provided services in Spanish. The questionnaire asked the respondents to identify 3 sub-populations of Spanish-

speaking Latinos with the greatest need for mental health services, and 3 sub-populations that are currently underserved and whose needs were unmet. One of the questions listed a list of mental health issues/ diagnoses based on DSM V and the respondents were asked to identify 7 leading mental health issues among Latinos in Minnesota. Also, the participants were asked to identify 5 barriers from a given list that the Spanish-speaking Latinos in Minnesota encounter in accessing mental health services and barriers that prevent Latinos in Minnesota from remaining in mental health services.

Independent Variables: The independent variables are the key elements in the survey questionnaire. The variables are county regions and providing services. The other criteria are the greatest needs and unmet needs for mental health services, accessing mental health services, and remaining in mental health treatment.

Qualitative

The qualitative research used semi-structured interviews to gather data. The evaluator conducted all the interviews. The interviews were face-to-face except one interview. The semi-structured interview contained the same questions from the quantitative research. However, a handout with questions and preliminary findings from the quantitative research (See Appendix B) were given to the participants prior to their interviews. Additionally, the questions were presented as open-ended and allowed for longer responses. The participants were asked to offer their opinions on the findings, and whether they were surprised by the findings or not. They were also asked if they disagreed with the findings and offer insight into areas they have expertise in. The interviews were restricted to 30 minutes. The evaluator used clarification, follow-up, and probing questions. The telephone interviews were audio recorded and then transcribed verbatim.

The themes explored in the qualitative research mirrored the questions from quantitative research. The major themes explored are sub-populations of Spanish-speaking Latinos in Minnesota with the greatest need for mental health services, and sub-populations that are underserved. The respondents were also asked to reflect on the barriers Spanish-speaking Latinos encounter in accessing mental health services and are prevented from remaining in mental health treatment. The study also explored the leading mental health issues and concerns in the Latino community. Additionally, the respondents shared their opinions on how to improve the mental health well-being of Latinos living in Minnesota.

Reliability and Validity

The mixed-method design lends itself well to triangulation. The findings from the two studies were compared. The questionnaires developed for both quantitative and qualitative are based on the literature review. The two research methods contained the same questions. The questions were written in collaboration with CLUES staff. The questionnaires were pre-tested by the CLUES mental health staff. The CLUES mental health staffs were asked to check for content validity and cultural sensitivity by assessing the questions. Since the questions are being developed based on literature review, we aimed for concurrent validity. For the qualitative interviews, the questions were shared with the participants with the preliminary results from the quantitative survey.

The evaluator conducted all the interviews for consistency. The Google Survey collected all the quantitative data and the data were transferred to excel for further analysis. The quantitative data were shared with the CLUES staff for review. The qualitative interviews were recorded on a cell-phone and laptop, and then transcribed by an independent transcriptionist. The evaluator and a social work intern from the organization coded and analyzed the participants'

responses separately. Interviewing program administrators who were Caucasians and clinicians who were bi-cultural and bi-lingual providers minimized the bias in qualitative study.

Study Site

CLUES is a leading provider of behavioral health and human services in Minnesota. CLUES' mission is to enhance the quality of life of the Latino community in Minnesota. CLUES provides high-quality, language-appropriate and culturally responsive direct services through a family-centric coordinated care delivery model to advance the well-being, health, and economic prosperity of Latino individuals and families. The CLUES' mental health program welcomes individuals from all nationalities and walks of life though it mainly focuses on Latino clients. This program addresses the mental health needs of all age groups providing individual, couples, family, and group therapy in its Minneapolis and St. Paul offices. It also provides services to school age children and their families in both the schools and homes of the children, diagnostic assessments, and youth case management, a sexual assault program, and community outreach and advocacy.

Data Collection Procedures

The quantitative survey is administered online. The surveys were administered during the month of March. Potential study participants were approached and recruited through telephone calls. Those who responded positively to participation request were emailed a link to self-administered survey and a cover letter explaining the study's purpose, and request to participate and forward the email to other providers. A follow up email with the survey link were sent 2 weeks later. The survey link remained open for a month. Google survey collected the raw data and the data were transferred to excel.

The qualitative data were collected through face-to-face and telephone interviews. The study participants were recruited through emails and phone calls. The interviews were conducted during the last week of March and the first week of April. A person was hired to transcribe the interviews verbatim. The evaluator and an intern at CLUES listened to the recorded audio and read the transcribed interviews for accuracy.

Data Analysis

The strands of qualitative and quantitative studies were administered and analyzed independently. The evaluator relied on finding from the quantitative results to have priori codes, however the evaluator used open coding to analyze and categorize themes in the qualitative study.

Quantitative

For the questionnaire survey, Excel software was used to analyze the data. The data were categorized, quantified, summarized, and measured to find frequencies, percentages, and descriptive statistics were applied through nonparametric statistics.

Qualitative

Participants' interviews were transcribed verbatim by an independent transcriptionist, and reviewed by the evaluator and a social work intern from the organization. Constant comparative method was utilized to analyze the interviews, and to generate theories and ideas. Open coding, axial coding, and selective coding processes were employed to break down, conceptualize and categorize the data and report it in thematic way (Strauss and Corbin, 1990). Each line was coded. The evaluator and an intern at CLUES did the analysis procedure separately to insure accuracy and minimize biases. The results were then compared and merged.

Results

Quantitative Findings

Figure 3 shows the three sub-populations of Latinos in Minnesota with the greatest need for mental health services according to the service providers. The vast majority of the providers, 80 percent (n=32) reported that undocumented individuals have the greatest needs. Followed by 30 percent (n=12) of the providers stating that children with emotional and behavioral issues have the greatest mental health needs, and 25 percent (n=10) of the providers reported that the victims of domestic violence have the greatest needs.

Figure 3 Sub-population of Spanish-speaking Latinos with the greatest needs

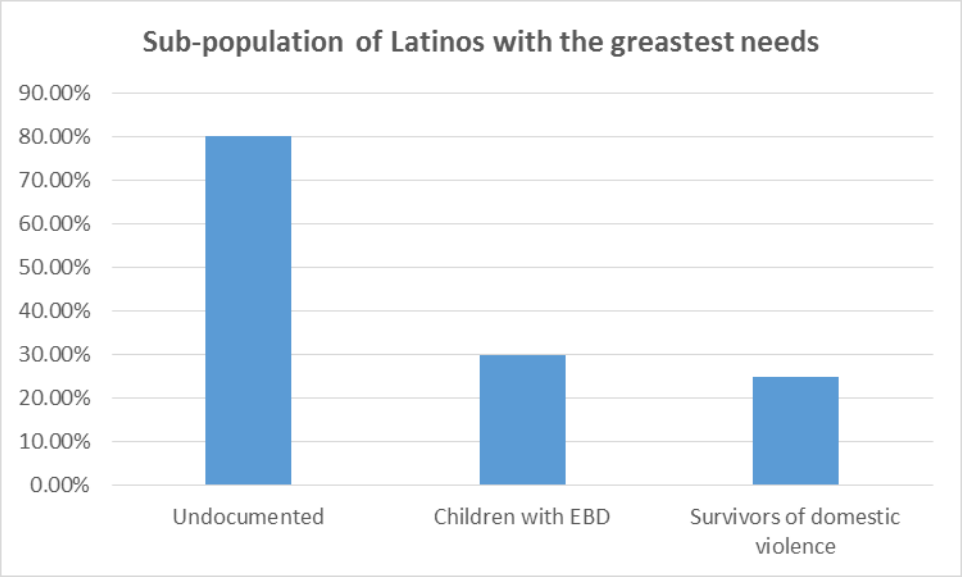


Figure 4 depicts three sub-populations of Spanish- speaking Latinos in Minnesota whose mental health needs are underserved and unmet. Uninsured individuals group was reported by 52.5 percent (n=21) of the providers as an underserved population whose needs are unmet. Following that, 35 percent (n=14) of the providers reported undocumented individuals and 32.5 percent (n=13) reported LGBTQ as populations that are currently underserved and have mental health needs that are unmet.

Figure 4: *Sub population of Spanish-speaking Latinos Underserved*

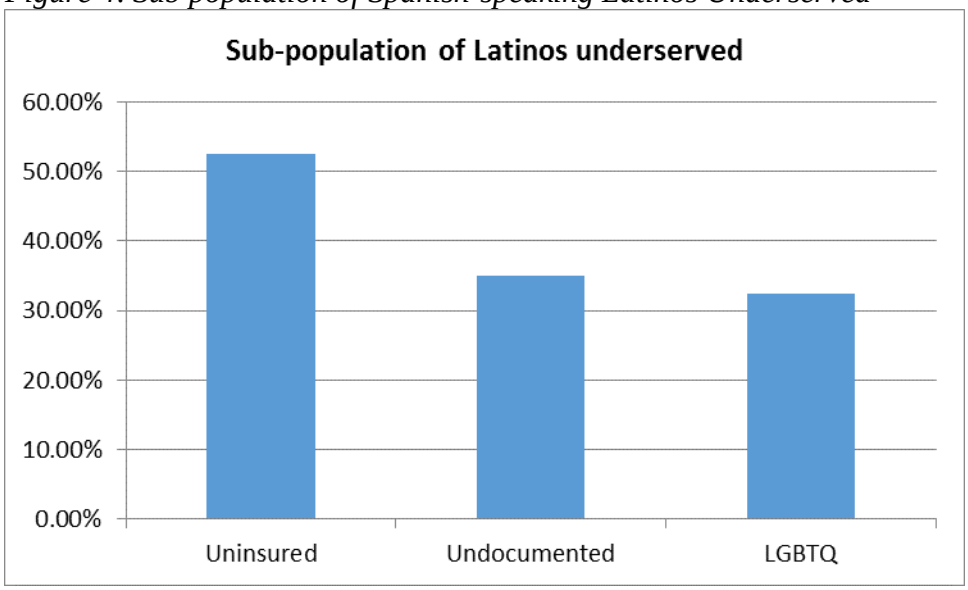


Figure 5 shows the leading issues/ concerns within the Spanish-speaking Latinos living in Minnesota. According to the providers, the seven leading mental health issues are trauma (85%, n=34), depression (80%, n=32), family violence (72.5 %, n=29), anxiety disorder (67.5 %, n=27), mood disorder (57.5%, n=23), substance abuse (57.5%, n=23), and grief/ loss (50 %, n= 20).

Figure 5: Leading mental health issues and concerns among Spanish-speaking Latinos in Minnesota

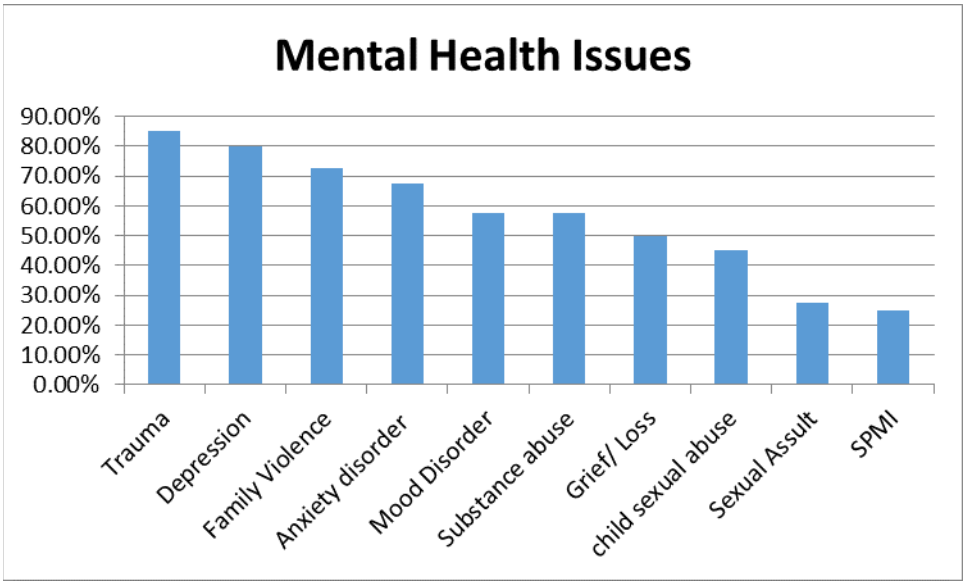


Table 6 shows the five main barriers for Spanish-speaking Latinos in Minnesota from accessing mental health services. Among the barriers listed (see chart 6), the primary barrier reported is language (65%, n=26) for accessing mental health services. Transportation (57.5%, n=23) and lack of culturally and linguistically appropriate services (57.5%, n=23) are the other two barriers reported. Other barriers reported are lack of insurance (50%, n=20) and stigma (52.5%, n=21). Figure 6 depicts the barriers for Spanish-speaking Latinos in accessing mental health treatment as reported by regions: urban and rural. The main barriers reported by rural providers are transportation (50%, n=3), language (50%, n=3), immigration (50%, n=3), and cultural beliefs (50%, n=3). According to the urban providers, language (67.7%, n=23) is the main barrier for Spanish-speaking Latinos accessing mental health services, followed by lack of culturally and linguistically appropriate services (64.7%, n= 22). The other barriers reported by urban providers are transportation (58.8%, n=20), stigma (58.8%, n=20), and lack of mental health services (50%, n=17).

Table 6 Barriers in accessing mental health services for Spanish-speaking Latinos in Minnesota

Barriers	Percentages	Count
Language	65%	26
Transportation	57.50%	23
Lack of culturally and linguistically appropriate services	57.50%	23
Lack of insurance	50%	20
Stigma	52.50%	21

Figure 6 Barriers in accessing mental health services for Spanish-speaking Latinos in MN by regions

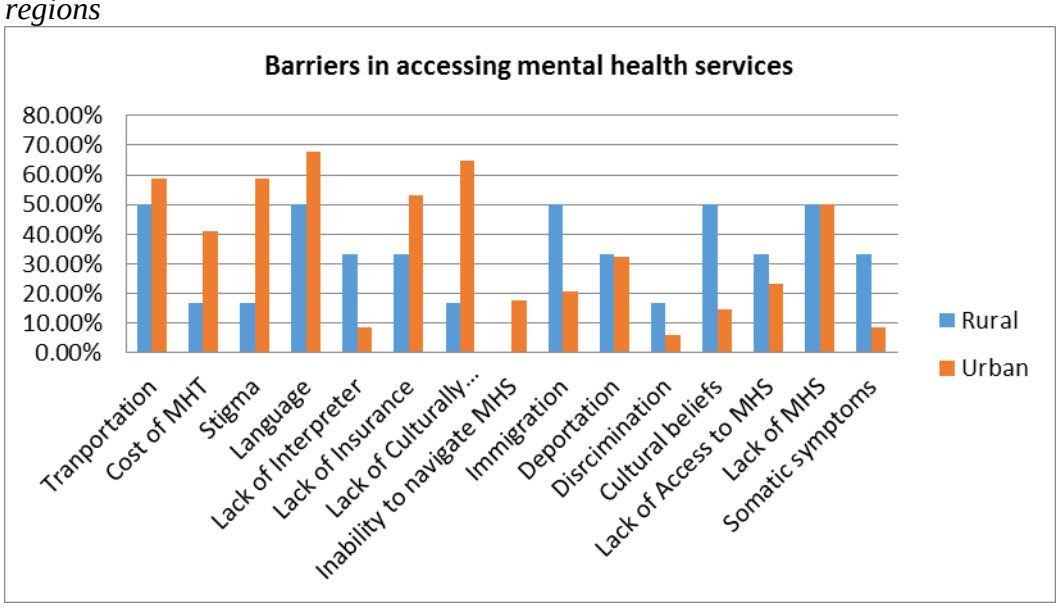


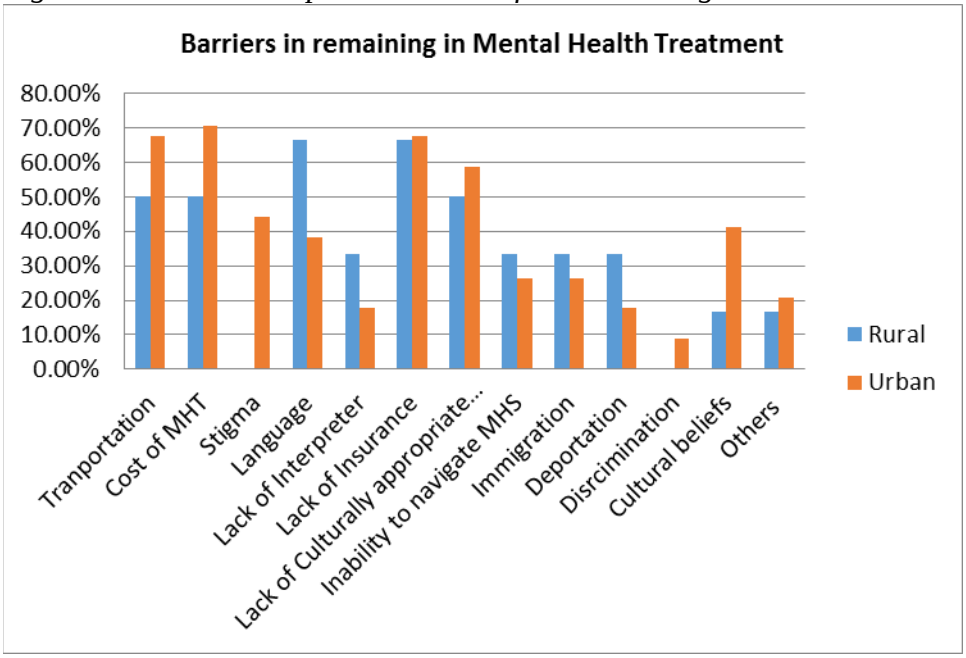
Table 7 shows the five main barriers the providers reported as the barriers preventing Spanish-speaking Latinos from remaining in mental health services. The majority of the respondents reported lack of insurance (67.5 %, n= 27) as a main barrier. The next most frequently reported barriers are transportation (65 %, n= 26) and the cost of mental health services (57.5%, n=26). The other leading barriers reported are lack of culturally and linguistically appropriate services (57.5%, n= 23) and language (42.5%, n=17).

Figure 7 depicts the barriers preventing Spanish-speaking Latinos from remaining in mental health treatment as reported by regions: urban and rural. Rural reported language (66.7%, n=4), lack of insurance (66.7%, n=4), lack of culturally, and linguistically appropriate services (50%, n=3) as the main barriers. According to the urban providers, the main barriers are the cost of mental health services (70.6%, n=24), lack of insurance (67.7%, n =23), and lack of culturally and linguistically appropriate services (58.8%, n=20).

Table 7: Barriers prevent from remaining mental health treatment

Barrier	Percentages	Count
Lack of insurance	67.50%	27
Transportation	65.00%	26
The cost of mental health services	65.00%	26
Lack of culturally and linguistically appropriate services	57.50%	23
Language	42.50%	17

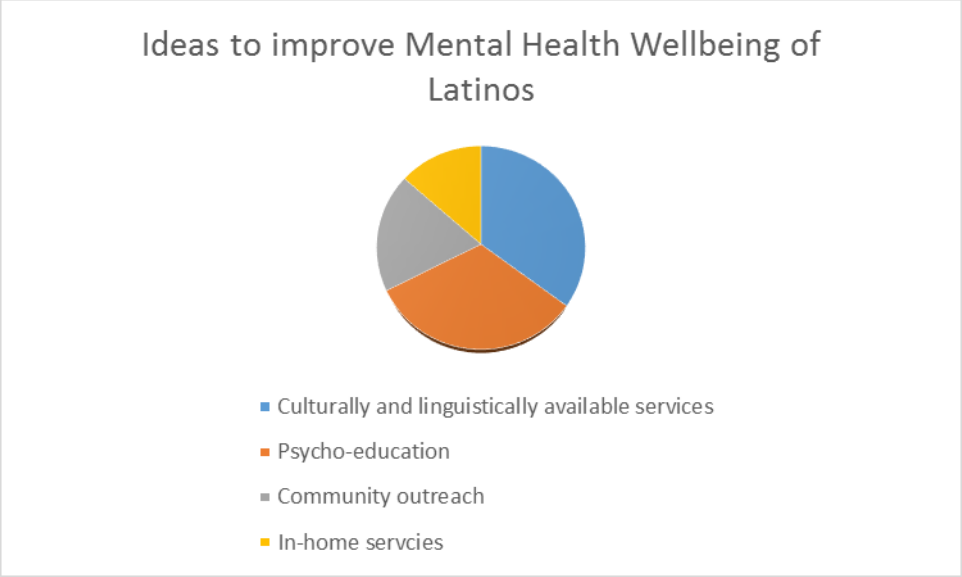
Figure 7: Barriers that prevent Latinos from remaining in mental health treatment



The survey participants were asked to share ideas to improve the mental health well being of Spanish-speaking Latinos in Minnesota. Figure 8 depicts the four prominent ideas that emerged: increasing availability of culturally and linguistically appropriate services, psycho-education of mental illnesses and mental health resources, community outreach and in-home/ wrap-around services. A majority of the survey respondents expressed the importance of offering culturally appropriate services and having bi-cultural providers to ensure that Latinos seek mental health services when needed. One respondent emphasized importance of having bi-cultural providers, not just Spanish speaking. Psycho-education was recognized as an important tool that most survey participants endorsed as a way to teach about mental illness and benefits of

mental health treatment to reduce stigma and compliance with mental health treatment. The survey participants strongly advocated for community outreach programs and offering mental health services in collaboration with community organizations to increase accessibility and awareness of services to Latinos. Furthermore, many of the survey respondents stated that wrap-around services and in-home services provide more comprehensive services to Latinos and may address some of the barriers and needs Latino clients may have such as child care, employment, immigration, transportation, etc.

Figure 8: Ideas to improve mental health well being of Latinos



Qualitative Themes

Constant comparative method was utilized to extract themes and analyze the content of the interviews. The evaluator had priori codes; however, the evaluator relied on open coding for final analysis of the content and to categorize the themes. The semi-structured interviews confirmed and validated the findings from the quantitative study.

The following are the major themes that emerged from the semi-structured interviews.

Trauma

"*If I were to reduce the general client that comes in here through my door, it's trauma*" -C.

Study participants reported that trauma is prevalent amongst Latinos living in Minnesota. The types of trauma that providers see among Latinos are complex trauma, experience with domestic and family violence, traumatic loss, forced migration, separation, ambiguous loss, discrimination, harassment, and racism. Among Latino clients, trauma is often accompanied with diagnoses of depression and anxiety. As one provider stated, "*Trauma is also the root of family violence and substance use."* –S.

Trauma is intertwined with well-being of Latinos because they may have history of trauma and often present with complex trauma. They may have experienced trauma from their country and may experience trauma in the United States. In the United States, they struggle with a sense of belonging. Additionally, Latinos have to navigate the American system and encounter discrimination and racism, which serves as major stressors in their lives.

"I hear a lot from female clients who work in the restaurant industry; you know harassment that occurs there or racism on the part of employers. I think also fear of deportation is huge in terms of mental health issues and in terms of anxiety and depression" –B.

Economic well-being

"*Poverty is just a huge issue and I think it's very difficult to separate out mental health services from all the other issues that go with living in poverty and struggling where you're going to sleep tonight. Or am I going to lose my housing tomorrow? Or I can't feed my kids." –S.*

Quality of life and economic well-being matter. The discussion around the barriers for accessing services and remaining in mental health treatment reflected the issue of economic stability. A majority of the barriers discussed were related to lack of financial resources due to underemployment, unemployment, job-security, and lack of opportunities. Many of the Latinos are unwilling to seek services when they cannot afford daycare or cannot afford to take time off from work to see a therapist.

“There's a common factor in a bunch of these (referring to summary result from quantitative research) and it's just money, money and time. Insurance, transportation, cost, child care, it's money and time.”- Z

Latinos as a group are more likely to seek mental health services if their basic needs are met. Economic opportunities and economic well-being influence the kinds of opportunities Latinos will have in their life and their overall well-being.

“*Priority is having food on the table or money for rent and all those thing.*”-D.

Children with mental health issues

The providers recognized that it is easier for children to seek services and are more likely to receive services and can access resources. Children are often born in the United States and are thus eligible for health insurance coverage and other services. However, lack of services for the parents and their struggle effect the mental health well-being of the children. At school setting, the struggles at home are exhibited by children through acting out, struggling in schoolwork, and depression.

“*My kid is acting out. But in the course of the work find out a huge part of this is the grief and loss of being separated from family, or huge issues of families that have been separated due to immigration and there is a lot of grief and loss in that”*- Z.

Latino children are living in a bi-cultural world and they struggle with navigating those two cultures and creating a harmony between the two. They struggle with a sense of belonging and their role in the family and the community. They struggle in forming their identity.

“I see a lot of depression too, like in teenagers and they don’t know their identities because their parents are not from here. They have lived here but they don’t know where their place is. So I have seen a lot of identity things but they develop in depression because they have symptoms” - A.

Bi-cultural Providers

“I've met with clients who felt frustrated to not be able to find therapy in their first language and also I've met with people who've had therapy in their first language but with who didn't seem to understand the culture.”- B.

Language and lack of culturally and linguistically appropriate services are barriers for Latinos in accessing mental health services and then continuing to remain in mental health treatment. Individuals with limited English often experience waiting in long lines to see a bi-lingual provider.

"I would say getting more Latino therapist, not just Spanish speaking therapist but Latino therapists themselves" –R.

A majority of the providers emphasized the need for bi-cultural providers instead of bi-lingual staff. However, agencies reported struggling with recruiting and retaining of bi-cultural staff whereas the bi-cultural staff reported lack of support and resources from the agencies.

"They have such a need and a demand in the community that they can't keep up with it … the biggest thing is this turnover issue." – MS.

The providers reported having high load of demanding cases and fighting against burn-out and secondary traumatic stress. Many of the clinicians supported the idea of offering scholarships to encourage Latino students to become clinicians. The providers also advocated for networking opportunities, training, support, mentorship, and equitable pay to feel supported in their work and to be able to care for their clients.

Services

"*You work with insurance and you need a label, so that's why I think that creates a cultural shock when you tell a Latino client, 'You have depression. You have this,' and they're like, 'What?'" –A.*

The mental health system is a western model and is driven by cost.

We "*assume that folks are going to fit into a model that we've developed, and I'm not sure that it fits"- S.*

Latinos are currently underutilizing services because they prefer flexible, comprehensive, and holistic services that are flexible, incorporate their culture, and meet all of their needs. They want family-focused services. Latinos are reluctant to seek services at county operated mental health clinics because, *"there is a lot of mistrust of government …I think people who are not*

documented are worried that if they come to a government service, that somehow they're going to be reported to the government."-S.

However, county funded agencies usually have access to consortium dollars/grant funded dollars to pay for services for uninsured and undocumented individuals. Therefore, many of the study participants stressed the need for sliding-fee services and programs like Assured Access in Hennepin County to accommodate uninsured and undocumented individuals.

Latinos are more willing to seek services from agencies that are respectful to their culture and are able to see the Latino clients through the cultural lens and able to understand and accommodate the needs of the entire family as they arise. A majority of the study participants advocated for providing services in collaboration with community agencies and embedding services in traditional health care setting.

"They like going to the clinic because they can avoid the stigma of mental health because nobody knows why they're there, but they can also then see a therapist."- K

Culturally specific services for Latinos are concentrated in outpatient mental health services. Latino clients need culturally and linguistically appropriate services at all levels.

"*We don't have resources other than outpatient therapy that are specific to Spanish-speaking clients who would need something more intensive."- B*

Strengths

Family members and extended family members play a significant role in supporting Latinos in seeking mental health services. The family members rally around each other and help provide resources. They also provide emotional support to each other.

"I think that that is something all of society could learn from Latino families because they have a strong understanding of family and extended family"- R

Latinos have also a very strong sense of community, and often community members support each other and educate each other about mental illness and mental health resources, which reduces stigma.

"I would say an incredible sense of resiliency. Just because of the nature of their life, experiences and I think even the fact of leaving your country and then coming here and some of the most difficult methods (of coming here)."-A.

Latinos migrate with purpose and goals to the United States. They undertake danger and struggle to migrate to the United States. Therefore, as a group they are strong, incredibly resilient, have strong determination, work ethics, and a desire to move forwards.

"There's a sense of 'I'm going to keep pushing forward. I can keep pushing through. I'm going to keep working and do my two shifts. I need to, to get the money[and] to survive.' That's a strength that I see in the Latino population." -D.

When Latinos do seek mental health services, they want to get better for themselves and their family. Motivation is a significant factor in persons seeking help and getting better.

Discussion

The Latino population is the fastest growing minority group in Minnesota, but they are underutilizing the mental health services. In Nobles County, 50% of the students in the school district are Latinos. Thus, the mental health system and the mental health providers are facing the challenges of figuring out how to deliver the services to Latinos and what the services should be. We need to be aware of the needs and how to address those needs in culturally and linguistically.

Mental health well-being encompasses economic stability and equity. This study highlighted that a majority of the barriers for Latinos are related to economic rights and resources. Transportation is a huge barrier for Latinos regardless of where they are living. It is a barrier in accessing and remaining in mental health treatment. Language is another large barrier. Latino clients are less likely to and struggle discussing mental health issues if the services are not

delivered in their language. Another core issue is providers failing to understand the clients' culture and religious beliefs. Latinos are more likely to and desires to seek services from providers that are bi-cultural and are able to respect and understand the client's culture and religious providers. Agencies that lack bi-cultural providers need to evaluate their practice and policies, and train their staff in cultural sensitivity to ensure that they are meeting to the needs of Latinos and are not alienating Latino clients.

Additionally, Latinos are more likely to seek mental health services from traditional health care providers. Latinos help-seeking behaviors are positively influenced if mental health services are provided at community organizations that provide comprehensive services that address housing, employment, education, and other family-oriented services. Community outreach and psycho-education on mental illness and mental health treatment are needed to increase awareness about mental illnesses, resources, and to reduce stigma in seeking help.

A majority of the providers stated that individuals who are undocumented have the greatest mental health needs and are currently underserved because they are uninsured and their services are not reimbursed. They are also more likely to be in less-secured employment with very little benefits and vulnerable to exploitation. Individuals who are undocumented are more likely to be seen in the emergency health setting than at on-going services/ treatment. Only county-operated mental health services are able to provide services to undocumented and uninsured. Mental health providers are challenged with not being able to refer individuals who are undocumented to other services and programs due to eligibility issues. As a family, being undocumented could also mean being uninsured, which is a stressor along with the fear of deportation. Latino children struggle to form their identity and navigate the two worlds they live in. Often the children struggle in school and exhibit symptoms due to stress at home.

Nevertheless, children are more likely to have access to and are able to receive services. Another sub-population of Latino underserved is the LGBTQ group. This could be due to cultural views and beliefs around marriage and sexuality. The LGBTQ group is probably a hidden group in the Latino community, thus they are underserved.

Trauma is an underlying mental health issue that affects Latinos, and often it is presented as complex trauma. A majority of the study participants emphasized trauma as the main mental health concern for their Latino clients. Latinos may have experienced trauma in their country of origin, in their journey to the United States, and faced with trauma and discrimination in the United States. Trauma can also be from grief and loss, and ambiguous loss from forced family separation due to immigration. Trauma is often presented as depression and anxiety. Trauma is also intertwined with substance abuse and family violence. Domestic violence, sexual assault, and child sexual abuse therefore remain a concern for the Latino community.

Well-being of mental health also encompasses the well-being of the community and individuals, and having the opportunities to live optimal life. Therefore, the findings from the study indicates that the mental health system and the mental health providers need to consider the systemic barriers hindering Latinos' well-being, opportunities, and ability to access mental health services when designing services. Mental health policies and services should be designed to be culturally congruent. The system also needs to evaluate where disparities exist and the reasons why Latinos are underserved in their service system model.

Limitations of the Study

There are several limitations to this program evaluation. Defining the Latino/ Hispanics as a single racial group limits the acknowledgement of diversity found within the Latino race and may have implications towards the findings of this study. Service utilization varies within the

Latino ethnic groups; Mexican Americans are less likely to utilize services than Puerto Ricans (Keyes et al., 2012). This study does not address the differences in service utilizations and needs based on ethnic groups.

The evaluator does not speak Spanish; therefore, this needs assessment study was conducted through the providers' perspective. This may limit the findings or may not provide the in-depth knowledge we need to understand the needs of the Latino community. Due to time constraint and resources, the needs assessment was only conducted in five counties, which may or may not depict the accurate condition of the mental health needs of all Latinos in Minnesota.

The geographic restriction also limited our study sample. The two sample sizes are unequal. The sample for rural providers (n=6) was too small to perform any comparative analysis with the urban sample (n=34). Therefore, no statistical relationship and findings could be made between the two sub-samples and the results from the quantitative research. The overall study sample is limited and thus, limits generalization of the findings in this study.

The sampling technique was a challenge. The initial list of mental health providers is generated from the Minnesota Department of Human Services database where the data on race are self-reported by clients and there is a potential for incomplete data. The list of key informants for both the quantitative and qualitative study carries biases of the evaluator and CLUES' staff. Additionally, it is unknown if the two sub-samples are the same or different. The email to recruit participants for the quantitative research was sent to various agencies where the samples for the qualitative research are employed. Thus, the same research participants could have been present in both studies.

Implications for Social Work

The findings from this study clearly indicate the need for culturally and linguistically appropriate services and community driven services. Therefore, social work graduate programs should explore ways to recruit and attract Latino students and offer scholarships to support their education. In the community, bi-cultural and bi-lingual staffs need to be supported through training, mentorship, and encouragement to seek leadership positions.

The study reveals that Latinos in Minnesota need services that are flexible and family-centered. Therefore, the mental health providers seeking to provide services to Latino clients should consider inter-disciplinarian and collaborative work, in addition to offering services that address basic needs and offer comprehensive services to the entire family.

Program administrator, planners, and policy managers need to evaluate and reflect on systems barriers and how the system itself may be creating disparities for Latino clients. The agencies need to understand if Latinos are underutilizing their services and how to engage the Latino community in addressing that.

Overall, social workers need to actively engage in advocating for basic needs, economic rights, and equitable services.

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Appendix A: Online Survey

The purpose of this survey is to evaluate the mental health needs of Latinos living in Minnesota. This survey should only take about 10 minutes of your time. This survey is part of CLUES project to conduct a needs assessment of the mental health needs of Latinos in Minnesota for the purposes of promoting their well-being. The survey results will be shared with the community. Thank you for taking the time to complete this survey.

Screening Questions

The first two questions are screening questions. If you answer yes to question number 1, it will automatically take you to the question number 3 and rest of the survey. If you answer no, it will direct you to question number 2.

1. Do you provide mental health services in Spanish?

   Yes or No

2. Do you provide services to Spanish speaking Latino clients using an interpreter?
   Yes or No

General Information
This section of the survey will ask general information about your agency and your work.

3. Please state the county you practice in?

4. Approximately, how many clients did you serve for mental health services in 2013?

5. What type of organization do you work for? Please choose the appropriate response.
- Church
- County
- Hospital/ Clinic
- Social Services Agency
- School
- State
- Private Practice
- other: please specify_____

6. What type of position do you hold? Please choose the appropriate response.
- Mental Health professional (Psychologist, Martial and Family Therapist, Social worker, Psychiatrist, etc)
- Other mental health providers (ARMHS, CTSS, case manager, etc)
- Doctor
- Nurse
- Clergy
- Administrator
- Other: _____

Needs and Barriers
The following section of the survey is designed to assess the mental health needs and barriers faced by Spanish- speaking Latinos in Minnesota.

7. Please list three sub-populations of Spanish-speaking Latinos in Minnesota with **the greatest need** of mental health services? Some examples of sub-populations can be individuals with severe and persistent mental illnesses, undocumented individuals, homeless individuals, and individuals within specific age range, etc.

8. Please list three sub-populations of Spanish-speaking Latinos in Minnesota whose mental health needs are **underserved and unmet**? Some examples of sub-populations can be LGBTQ individuals, older adults, uninsured individuals, and veterans, etc.

9. From the following list, please choose what you consider are the **7** leading mental health issues/ concerns within the Minnesota Spanish-speaking Latino population.

Addictions (gambling, porn, internet)
Anxiety Disorder
Attention-Deficit/hyperactivity Disorder
Autism Spectrum Disorder
Child sexual abuse
Depression
Eating disorder
Family violence
Grief/Loss
Intellectual disability
Learning disability
Mood disorder (major depressive disorder, dysthymic disorder and bipolar disorder)
Neurocognitive Disorder
Panic Disorder
Personality Disorder
Phobia
Schizophrenia
Severe and persistent mental illness
Sexual dysfunction (erectile dysfunction and female orgasmic disorder, etc)
Sexual violence
Somatic symptom and related disorder
Substance abuse (alcohol and drugs)
Suicide
Trauma
Other_____

10. What do you perceive as the five main barriers Spanish-speaking Latinos in Minnesota face when accessing mental health services? Please choose five from the following list.

Transportation
The cost of mental health services
Stigma
Language
Lack of knowledge about mental health services
Lack of knowledge about how to access mental health services
Lack of interpreter services and/ or poor quality of interpreter services
Lack of insurance
Lack of culturally and linguistically appropriate services
Inability to navigate the mental health system
Immigration status
Fear of deportation

Discrimination
Confusion of physical symptoms with mental health issues
Cultural beliefs
Other_____

11. What do you perceive as the five main barriers that prevent Spanish-speaking Latinos in Minnesota from continuing to receive mental health services or to remain in mental health treatment? Please choose five from the following list.
Transportation
The cost of mental health services
Stigma
Language
Lack of interpreter services and/ or poor quality of interpreter services
Lack of insurance
Lack of culturally and linguistically appropriate services
Inability to navigate the mental health system
Immigration status
Fear of deportation
Discrimination
Cultural beliefs
Other_____

Final Section
We would like to hear any additional thoughts and ideas you may have in regards to improving the mental health well-being of Latinos in Minnesota.

12. Please list one or two ideas you may have to improve the mental health well-being of Spanish-speaking Latinos in Minnesota through the provision of mental health services.

13. Please add any additional thoughts you may have in regards to the mental health needs Spanish-speaking Latinos in Minnesota.

Thank you for taking the survey

Appendix B: Semi-structured interviews.

The study participants were asked: Please discuss and reflect on the findings from quantitative research and as shown below. Are there any significant, non-significant, outlier and other surprising results from your perspective?

Follow-up and probing questions were used to clarify statement and to further explore the topics. Additional follow- up questions were asked of the participants in areas they have expertise in and are related to the core themes of the qualitative study.

Minnesota Spanish-Speaking Latinos Mental Health Needs Assessment

By CLUES and Tenzin Dolkar
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1) Please list, three sub-populations of Spanish-speaking Latinos in Minnesota with the greatest need of mental health services.

- **Undocumented (31)**
- **Domestic violence and family violence victims (11)**
- **Uninsured (6)**
- **SPMI (6)**
- Children with Mental health (5)
- Elderly (4)
- Chemical Dependent
- Trauma Focused illness
- Low income
- Single parents (3)
- Insured but high deductible
- Homeless individuals (3)
- Couples (2)
- LGBTQ (2)
- Children who have experienced domestic violence and sexual abuse (3)
- Chronic illness physical illnesses
- Children with parents deported (3)

2) Please list, three sub-populations of Spanish-speaking Latinos in Minnesota whose mental health needs are underserved and unmet.

- **LGBTQ (12**
- **Undocumented (15)**
- **Uninsured (21)**
- **Domestic Violence**
- Older Adults (4)
- Veterans
- Children _(2)
- Adolescents (4)
- Children with mental illness (3)
- Children –victims of domestic violence
- Elderly (4)
- Domestic violence (3)

- Single mother (2)
- Limited English (2)
- Poverty
- Dual Diagnosis (3)
- Indigenous individuals (3)
- Adults
- Recent immigrant
- Children with Developmentally disabilities (3)

3) From the following list, please select what you consider are the seven (7) leading mental health issues/concerns in the Minnesota Spanish-speaking Latino population.

- Trauma **32** 13%
- Depression **30** 12%
- Family violence **28** 11%
- Anxiety Disorder **27** 11%
- Mood disorder (major depressive disorder, dysthymic disorder and bipolar disorder) **22** 9%
- Substance abuse (alcohol and drugs) **22** 9%
- Grief/Loss **19** 8%
- Child sexual abuse **18** 7%

4) From the following list, please select what you consider to be the five main barriers Spanish-speaking Latinos in Minnesota face when accessing mental health services?

- Language **24** 12%
- Transportation **22** 11%
- Lack of insurance **21** 11%
- Lack of culturally and linguistically appropriate services **22** 11%
- Stigma **19** 10%
- Lack of knowledge about mental health services **19** 10%

5) From the following list, please select what you consider to be the five (5) main barriers that prevent Spanish-speaking Latinos in Minnesota from remaining in mental health treatment?

- Lack of insurance **25** 14%
- Transportation **24** 13%
- The cost of mental health services **24** 13%
- Lack of culturally and linguistically appropriate services **21** 12%

- Language **16** 9%

6) Please list one or two ideas you may have to improve the mental health well- being of Spanish-speaking Latinos in Minnesota through the provision of mental health services.

7) Additional Thoughts