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## Latino Immigrant Finances and Access to Mental Health Care

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*St. Catherine University*

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Running Head: FINANCES AND ACCESS TO MENTAL HEALTH CARE

Latino Immigrant Finances and Access to Mental Health Care

Submitted by Nancy Avila  
May 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

School of Social Work  
St. Catherine University & University of St. Thomas  
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### **Abstract**

The focus of this study was to determine how finances affect Latino immigrant mental health access. The relationship between variables was examined by emailing a three category survey, to a convenience sample of mental health practitioners who work with Latino immigrants ages 18 and older. Survey contents were as follows: demographics, financial strain and mental health access. The study was a cross-sectional, quantitative design. Survey responses were used to determine the relationship between the dependant variable finance and independent variable mental health. The research question for the study was: “What is the relationship between mental health and finances as it relates to Hispanic/Latino Immigrants between the ages of 18 and older?” A correlation test indicates that financial strain of Latino immigrants is negatively associated with their ability to access mental health services. Survey responses also indicate that mental health practitioners in the study, believe their clients experience financial strain which can affect their ability to access services, that it is more difficult for them to access mental health services than for the general population, that their clients experience more daily adversity which they believed can affect mental health wellness, and that client emotional distress would decrease if more basic needs were met. However, due to a small sample size, research is inconclusive. Limited amount of mental health professionals who work with the population of interest in the metro area made it difficult to obtain an adequate sample. In order to address financial strain and mental health services barrier of Latino immigrants, change must occur at the legislative level. The growing need for service and increased barriers to access of resources deems the population vulnerable in numerous areas.

### **Acknowledgements**

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## Introduction

### *Problem*

Mental health affects the quality of an individual's relationship with peers, as well as productivity in the community. It affects the way interaction is experienced as well as satisfaction with self. An individual's perception of life satisfaction is linked to emotional well being. Functionality, adaption, as well as resilience are all indicators of mental health status. Latino Immigrants access mental health services at a lower level than the general population. The gap in services is concerning since the population is one of the fastest growing in the United States. Continued service gaps will leave a large portion of the United States population living with unaddressed mental health illness. Service gaps can lead to more serious societal problems and an increase in human suffering (Mental Health, Culture, Race and Ethnicity, 2001).

### *Prevalence*

Latinos comprise 12 percent of the population yet one in four is uninsured. In the Los Angeles Epidemiologic Catchment Area Study, 11 percent of Hispanics sought services compared to 22 percent of Whites participants six months after a mental health diagnosis. In Fresno the same study revealed the amount of Latinos who accessed services after diagnosis was lower, only five percent of Latino immigrants received services for mental health over a six month period (Mental Health, Culture, Race, and Ethnicity, 2001). Similarly a study by UCLA Neuropsychiatric Researchers to determine needs and treatment preferences of older minority men aged 60 and over, diagnosed with clinical depression, indicates that over a lifetime 55.7 percent of Latino descent

participants previously accessed mental health treatment compared to 68.2 percent of white participants (Noteworthy News, 2003).

Other data gathered from the National Survey of Child and Adolescent Well-being (NSCAW) found that 41.0 percent of adolescents of United States born parents had an unmet mental health need compared to 73.6 percent of adolescents born to immigrant parents. Similarly 77.3 percent of pre-school age children, with an unmet mental health need had not received services in the past 12 months after receiving a diagnosis. When compared to their older peers, preschoolers in this study demonstrate a much higher unmet need (Dettlaff & Cardoso, 2010).

Unlike the earlier comparison of adolescent of immigrant parents which indicates a higher unmet need for teens born to immigrant parents, the study also revealed 95.2 percent of preschool age children born to United States born parents had an unmet mental health need compared to 55.6 percent of pre-school age children of immigrant parents (Dettlaff & Cardoso, 2010). The finding of a larger service gap in mental health for preschool age children of United States born parent, when compared to children of immigrant parents, is in contrast to prior studies which often supports findings indicating a larger service gap for immigrant families. Additionally, 47 percent of immigrant family children between the ages of 0-17 were insured compared to 84 percent of those born to United States Hispanics parents. In general Hispanic children regardless of immigration status were less likely to be insured than all other ethnic groups (Mental Health, Culture, Race, and Ethnicity, 2001).

### *Significance*

According to, Marsiglia, Parsai & Kulis (2009) many problems emerge during adolescence and can continue to increase in severity. Familism, a sense of pride in the family, was an important protective factor in Latino families. These were found to have an effect on aggression and conduct problems. A study on youth between 12-18 years old, peak years of aggressive behavior, indicates emerging problems can result in poor academic performance and peer rejection. Problems emerging in adolescence can lead to decreased mental health well-being and substance abuse. Adolescents in cohesive families were more likely to adhere to family expectation and cultural norms, a deterrent to aggressive behaviors (Marsiglia et.al., 2009) .

Research suggests that acculturation may contribute to aggression and rule breaking behavior. The Latino nuclear family values cohesion while American culture values independence. The polar difference in family values may cause additional conflict in Mexican American youth (Marsiglia et.al., 2009). Studies indicate that mental health problems can lead to drug use and alcohol abuse in adults and adolescents. Research confirms that incarcerated individuals have a higher incidence of mental health complications than the general population. Statistics indicate that nine percent of the total male Hispanic population is incarcerated, compared to three percent of the White male total population (Mental Health, Culture, Race and Ethnicity, 2001).

### *Relevance*

Social work principals state that it is the responsibility of social workers to address social justice and promote well being of individuals and families (NASW, 2008).

Research, indicates Latino/ Hispanic immigrants are less likely to receive mental health services than other minority groups. Literature suggests the group is at higher risk for financial stressors which are associated with health care complication and emotional distress. Delinquency and substance abuse are more likely in an individual with increased mental health problems; deviant behaviors such as these increase chances of incarceration. (Aguilera & Regeser-Lopez, 2008; Dettlaff & Cardoso, 2010; Noteworthy News, 2003).

A large population of Hispanic/Latino families resides in the Metro Area, of Minneapolis/St.Paul. According to The U.S. Census Bureau (2010), there are 1,152,425 people in Hennepin county, of those 77, 676 (6.7%) are Latinos. A reported 508,640 individuals live in Ramsey County, and 34,742 (6.9%) identified as Latino. Due to the high population of Latinos and increasing birthrate, it is import to learn more about what can be done to help bridge the mental health service gap. In order to ensure the healthy growth of this generation of Latinos and the ones after, addressing the emotional and mental health needs of this population is not a luxury but a necessity. The current population trend indicates this group may become the majority by 2050 (U.S. Census Bureau, 2010).

Currently the population of Latinos lags behind the mainstream culture in terms of access to necessary resources for success. These include finances, employment, disposable income, and education, as well as health care. Many times language barriers, as well as inability to access helping services become a problem for them (Aguilera & Regeser-Lopez, 2008; Dettlaff & Cardoso, 2010; Noteworthy News, 2003).

Multifaceted factors set this group behind the middle class starting line. Addressing all

needs for the population is too broad. However, understanding mental health access barriers might be able to provide more insight into what can be done to rectify the problem.

### *Purpose Statement*

Research suggests that immigrants of Hispanic/Latino descent access mental health services less than the mainstream culture (Mental Health, Culture, Race, and Ethnicity, 2001) . The researcher would like to determine the relationship between finances and mental health access. The researcher did not find studies which address mental health and financial wellness simultaneously for the population. However studies indicate immigrants of Latino/Hispanic descent have lower incomes, and use mental health services less often than White non-Latinos (Aguilera & Regeser-Lopez, 2008, Dettlaff & Cardoso, 2010 , Noteworthy News, 2003). The study will contribute to existing literature and help fill gaps related to the relationship between, the two variables: mental health and finances.

The purpose of the study is to determine how finances affect Latino immigrant mental health access. The research question for the study is: “What is the relationship between mental health and finances as it relates to Hispanic/Latino immigrants between the ages of 18 and older?” Review of literature supports that finances or resources have an effect on stress level, depressed mood, and health (Bisgaier & Rhodes, 2011). The researcher seeks to determine the correlation between the two variables finances and mental health as these would provide social workers a better understanding of the systematic level at which these variables interact and affect one another, and how those systems affect individuals. Understanding the systematic interaction, of these will

provide insight on external factors reacting to one another to create circumstances conducive to mental health or mental illness/disorder.

### **Literature Review**

The term Latino is defined by the U.S. Census (2010) as Hispanic or Latino” it refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race, which can apply to Latinos indiscriminately. The majority of Latino studies and literature gathered for this research are of Mexican descent, since it is the largest Latino group in the United States.

#### *Latino Finances and Resources*

Finances refer to the personal income and spending power of Latinos. When the word finance is used for the purpose of this study, it refers to all that can be accessed through monetary spending as well as needed resources. Finances often allow for resource attainment, such as appropriate housing, reliable transportation, good nutrition, and health care. Other resources are childcare, ability to access ones community helping programs, ability to speak English, ability to drive, education, emotional well being, and time. The words, resource, and accessibility will be used to relate to the same general topic of finance, since access generally allows for fulfillment of basic needs.

Mexican Americans on average earn approximately 40 percent less than Whites, and are over represented in the number of its members living in poverty. Aubrey (2002) focuses on economic factors and educational level of Mexican Americans, 1<sup>st</sup> , 2<sup>nd</sup> , 3<sup>rd</sup> , and subsequent generations as they compare to United States born Whites, and United State born Blacks. Findings suggest that a lower level of educational achievement by Mexican Americas is the primary reason for lower economic status of the group. Only 28 percent of Mexican individuals who entered the United States between the ages of 15-21 complete High School; 40 percent of youth who entered between the ages of 5-15

eventually graduate, compared to an estimated 87 percent of United States born Whites, and 75 percent of United States born Blacks a significantly larger number than immigrant children (Aubry, 2002).

Mexican individuals who immigrate to the United States before age five graduate high schools at an approximate 70 percent , similar to United States born Mexican 2<sup>nd</sup> generation children. Research demonstrates that on average 2<sup>nd</sup> generation earn 35 percent more income and typically possess four more years of education than 1st generation Mexican individuals. Third generation United States Mexican Americans demonstrate little upward income mobility when compared to second generation earnings and education. United States born Whites average one and a half more years of education and earn 30 percent higher income than Mexican Americans. Approximately half to three quarters (50%-75%) of the wage gap between Mexican immigrants and United States born whites is a result of lower educational attainment (Aubry, 2002).

Research by Zambrana & Carter-Pokras (2010), also reflects a lower socio economic status for Latinos than for non-Latino Whites. More than twice as many Latinos in the study were found to live below the poverty line (20.7%), compared to nine percent of non-Latino Whites. Per capita income for Latinos was \$15,502 compared to \$31,138 earned by Non-Latino Whites. The study indicates that Latinos 16 and older are more likely to be unemployed. Approximately five percent of Whites are unemployment compared to seven percent of Latinos of working age. Economic disadvantage was related to more serious complications for the study group. Hispanics were three times less likely to be insured (32.1%) compared to 1 in 10 (10.4%) whites. Additional findings, using The Critical Period Barker and the Fetal Origins Hypothesis model, indicate that



exposure to low socioeconomic conditions over a significant time period, is a risk factor for disease development. Good health was more related to socioeconomic advantage than it was the economically disadvantaged persons (Zambrana & Carter-Pokras, 2010).

### *Latinos and Stress*

The word stress, refers to a mental state of being, as defined in DSM-IV-TR 4<sup>th</sup> ed. (2000), it can be any life event or change that may be associated temporarily or casually, with an onset, occurrence or exacerbation of a mental disorder. Many Latinos, according to literature, are vulnerable to stressors due to lack of finances, disconnection to resources, discrimination, immigration status, and language barriers. For this research these will be a recurring theme since stress is associated with lack of finances, and can affect emotional well-being (Bisgaier & Rhodes, 2011).

The following study, Bisgaier & Rhodes (2011) links, finances to reported decreased health, depressed mood, and increased stress in addition to increased tobacco and illicit drug use. A secondary data analysis study conducted from May 2009 to October 2009, using the Social Health Survey (SHS) data to measure economic deprivation found that individuals who self identified as experiencing financial stressors, were three times more likely to rate themselves with poor to fair health. Participants reporting economic strain, were seventeen times more likely to report depressed mood, twenty-four times more likely to report increased stress, six times more likely to smoke, and five times more likely to report drug use, than those who did not report financial hardship. Findings are based on survey responses by 1, 506 participants. The study indicates that an increase in financial insecurity also increases health risk, depressed

mood, stress level, tobacco use, and drug use, across gender, ethnicity, education and age groups (Bisgaier & Rhodes, 2011).

A longitudinal research study, Cleveland (2010), of Mexican migrant men, supports findings which indicate financial insecurity increases individual stress level. Research indicates that government legislation limiting availability of services and employment to Latino migrants has a negative impact on the male population's perceptions of their ability to provide for their families. The study examined daily adversity Mexican immigrant men encountered in their search for employment during a two year pilot study of Mexican immigrant day workers in New Jersey. Participants were recruited from local railroad tracks, a place where unemployed Mexican immigrants were known to wait to be picked up for employment.

The 32 study participants were interviewed in focus groups of two to four individuals. Each man shared their beliefs about discrimination within their respective focus group. Most believed that people discriminated against them due to immigration status. Others migrant men disclosed feelings of resentment in regard to discriminatory behavior. Most interviewees believed they were not accepted by people in the United States. Participants disclosed a desire to provide for their families and save funds to take back home. Some of the men conveyed that their inability to find employment limited legitimate employment opportunities, circumstances which were felt to force them to obtain illegal documentation to work. Obtaining employment in this way was reported to cause fear and increased stress for breaking the law, however many interviewees felt it was a necessary means to provide for their families (Cleveland, 2010).

In addition, a study on family function and violence among teens in Mexican American and European families indicates that Mexican origin adults experiencing discrimination and general stress had an increased risk for mental health and health problems. Perceived discrimination was a more significant source of chronic stress, than was general stress. Perceived discrimination was also a predictor of depression, general health, and health symptoms among men and women of Mexican descent. Research indicated that people exposed to multiple adverse conditions such as poverty, crowded housing, unsafe neighborhoods, unequal health care treatment, and racial discrimination tend to suffer from more diminished mental and physical health (Flores, Tschann, Dimas, Bachen, Pasch, & Groat, 2008).

#### *Latinos and Community*

Research studies consistently indicate Latinos living with mental health illnesses access services less than African American and White non-Latinos. Research supports previous studies which examine characteristics associated with higher levels of mental health access: English language proficiency, birth nationality, and education level are indicators of mental health usage (Mental Health, Culture, Race, and Ethnicity, 2001). A study on community influence on mental health access examined two service provider areas within the Los Angeles Department of Mental Health. One community consisted of recently arrived Latinos and the other was a long established community of Latinos (Aguilera & Regeser-Lopez, 2008).

Demographics from the 2000 Census US fact finder, indicated that the established community was home to 86,689 adults in poverty and the recent immigrant community was home to 96, 107 adults in poverty. The foreign born community had less than half

the level of income per capita as established community and less than one in ten (5.23%) accessed mental health services, a smaller portion than the eight percent who accessed services in the established community of Latinos. The study indicates that community residence and nationality of birth are associated with mental health service use (Aguilera & Regeser-Lopez, 2008).

According to, Roan-Gresenz, Rogowski & Escarce (2009), Hispanics, face financial as well as non-financial barriers to health care access. The study suggests that, neighborhood characteristics may be indicative of health insurance coverage. Supporting data was gathered from the Medical Expenditure Panel Survey (MEPS), a nationally representative survey with information on health status and utilization of health care. The survey sample included participants 18-64 years old of Mexican American descent, residing in metropolitan areas at the time of the study. One data set, representative of a one year period, was gathered per participant. Participants with more than one data set provided an additional, one year of data. Research included 14, 504 data observations and 8,371 participants. Multivariate analysis was used to measure four variables: usual source of care, office based physician or non-physician (nurse) care during the year, prescription drug expenses, and medical expenses (Roan-Gresenz et al., 2009).

Findings indicate that Mexican individuals who lived in the United States for a short period of time were less likely to access health care services on a regular basis, compared to Mexicans Americans born in the United States. Spanish monolingual participants born in Mexico were more likely to obtain medical and prescription expenses. Mexican immigrants living in areas with more Spanish speakers accessed healthcare more regularly than those who did not live around other Spanish speakers.

Findings suggest demographics influence access to healthcare, the study indicates that uninsured immigrant and non-immigrant individuals of Mexican descent were more likely to access health care if they lived in primarily Spanish speaking communities (Roan-Gresenz et al., 2009).

Participants who had insurance and were born in the United States accessed health care services with more regularity when living in a predominantly Spanish speaking community. However lack of insurance continued to indicate less use of healthcare. The study suggests that more regular use of health care by immigrants living in Spanish speaking communities may be associated with Hispanic helping organization or Spanish speaking practitioners in the vicinity. Findings indicate that social networks may be a more important determinant of health care access for uninsured participants than for insured participants (Roan-Gresenz et.al, 2009).

An additional study examined individual socioeconomic factors as well as community income per capita, in an effort to determine whether income and neighborhood wealth were a higher determinant of schizophrenia or psychosis diagnosis in minority groups than was minority group status. The study attempts to determine the source of disproportionate number of individuals in minority groups diagnosed with schizophrenia and differences of diagnosis in African American, Hispanic, Native American, Asian and Whites. Researchers used previously gathered data from the Riverside County Department of Mental Health to determine differences across groups in addition to the census tract to gather neighborhood data (Kposowa, Tsunosaki, & Butler, 2002).

Participants receiving services from the Riverside County Department of Mental Health, fill out forms which request social, economic and demographic information. Participant ages were five to 94 years old; of these 9,724 were men and 8,809 were women. The sample consisted of 11,136 Whites, 2,265 African American, 4,095 Hispanic, 878 Asian and Pacific Islander and 159 Native American, a total of 21,458 individuals. Approximately 4,093 (22%) participants were found to have received a schizophrenia diagnosis. Approximately half 4,093 (43%) of those diagnosed identified belonging to a minority group (Kposowa, Tsunosaki, & Butler, 2002).

Based on ethnicity it was found that Hispanics were three times more likely (33%) to be diagnosed with schizophrenia than Whites. African Americans and Asians were eight times (80%) more likely to receive the diagnosis. Additionally, individuals living in areas with higher rent were 24 percent less likely to be diagnosed with schizophrenia. Findings indicate that minority status and neighborhood characteristics had an impact on schizophrenia diagnosis. The number of dependents living in a household also had an impact on diagnosis (Kposowa, Tsunosaki, & Butler, 2002).

#### *Latinos and Mental Health*

According to the U.S. Department of Health and Human Services (1999) mental health refers to an individual's successful mental function which allows engagement in productive fulfilling interaction with other persons and successful adaption to change and ability to cope with adversity. In contrast to mental health is mental illness or mental disorder the DSMIV-TR 4<sup>th</sup> Ed. (2000), defines it as a clinically significant behavior associated with distress, increased suffering or risk of death, pain disability or loss of freedom. These definitions will be used to guide any references to the above named

definitions. Additionally, the terms, mental illness and mental disorder will be used interchangeably throughout the literature review.

In a study by Marsiglia, Kulis, Garcia-Perez, & Bermudez-Parasai, (2011) Mexican heritage women were found to have a higher prevalence of psychiatric disorder than Mexican heritage men though experience a disparity in accessing mental health services. Participants for the study were a convenience sample recruited from ESL classes, community centers, churches, and community fairs. The sample included 136 Latino families in Arizona who were parents to a teen between the ages of 14 to 18; one parent was selected per household. All participants were Mexican women between the ages of 24 to 57.

Participants answered survey questions on their own or had interviewers read the questions to them. The nine item Hopelessness Scale was utilized to determine feelings of hopelessness in participants. Depression was measured using the 12 item shorter scale adapted from the Center for Epidemiologic Studies Depression Scale (CES-D). More than half of all participants (56%) indicated a high level of social support and 44 percent reported a low level of social support. The study indicates that 40 percent of participants reported no hopelessness, in contrast to 52 percent of all respondents who scored above the cutoff point of depression ( (Randolff, 1977; Marsiglia, Kulis, et.al. 2011)..

Participants reported less hopelessness when they were working, more educated, and had higher levels of family support. Participants reported more hopelessness when depressed, living in larger households and experiencing more parent-adolescent conflict. The study found that working status, household size, family support, parent-adolescent conflict, and depression were significant predictors of hopelessness. Based on the risk

and resilience framework, the study suggested that exposure to risk and protective factors may have an effect on physical and mental well-being, the study found that hopelessness is an outcome of these factors (Marsiglia, Kulis, et.al., 2011).

Another study found that feelings of hopelessness are associated with perceived mental well-being. Research suggests that hopelessness is a determinant in other areas of functioning. Perception of illness, attitudes toward depression treatment, and norms related to professional mental health care were found to influence Latino immigrant decision to seek formal and informal health care. In a St. Louis, Missouri clinic waiting area ninety-five Latino immigrant patients and 35 of their family members were recruited to participate in the study. Data were gathered via forty-five minute participant interviews using an illness perception questionnaire and an 18 items tool, based on the theory of reasoned action model (Cabassa, L.J., 2007).

Individuals ranked choices of preferred care, including informal and formal care, for a depressive mood. Most participants selected informal care first when confronted with a scenario depicting major depression and asked what they would do in a similar situation. Of those who participated approximately, 41percent reported depressive symptoms. Findings suggest that perception of depression, attitudes toward their doctor, interpersonal skills and social norms, were related to seeking formal care. Most individuals believed their doctor would act in their best interest and would agree to depression treatment if referred, 84 percent had positive feelings about therapy, and 62 percent believed depression medication was effective. Common reported barriers to mental health access, included: lack of health insurance, inability to pay for services,



language barrier, unfamiliar with accessing mental health services, and long waiting lists (Cabassa, L.J., 2007).

A different approach to mental health access is offered by Van Dorn, Swanson, & Swartz (2009) whose findings suggest that a focus on Latino family centrality can help in the advancement of their Mental Health directive. Research focused on the association between culture and level of interest in psychiatric care directives which involved family in mental health planning. The researcher defined culture as shared language, beliefs, attitudes and behaviors common within a group as well as common use of the term attack of nerves to describe mental health problems. Hesitance to share information for fear of shaming the family, and the use of healers and household remedies were also considered. Data were a compilation of interview reports by thirty clinicians between December 2007 and June of 2008. The study data included eighty participants with mental illness, and twenty-five of their family members. Participants were randomly selected from a management information data system in one of Florida's largest mental health treatment providers. Research findings support there is an increased interest for family engagement in psychiatric advance care directives, of Latino individuals, since participants showed more interest when families were involved in the planning of advanced care (Van Dorn, et.al. 2009).

Another study indicated a disparity in addressing the mental health needs of the elderly. UCLA Neuropsychiatric Researchers conducted a study to determine the needs and treatment preferences of older minority men ages 60 and over, who were diagnosed with clinical depression. The study included 1,801 participants from 18 clinics in Washington, California, Texas, North Carolina, and Indiana. Researchers gathered data

on previous depression treatment, severity of depression, chronic health problems, and demographics. Participants receiving treatment generally preferred to receive therapy to medication, however the majority of the clinics who surveyed participants treated depression with medication. More than half (55.7%) of Latinos indicated previous mental health treatment over a life time comparable to 53.6 percent of African American survey participants and 68.2 percent of White participants who reported previous treatment. The study indicates that millions of older adults are not receiving satisfactory treatment for depression. The study did not determine the cause of gaps in services for minority group participants, however suggested that it may be due to access barriers, such as: finances, mistrust, stigma, and lack of culturally appropriate mental health care providers (Noteworthy News, 2003).

## Conceptual Framework

### *Research Lenses*

For the purpose of this research the relationship between Latino access to mental health care and finances is examined through the lens of systems theory. Systems theory examines the structure of complex systems and how these parts relate to each other and the system as a whole. Individuals, groups and all components of society are interrelated. Interaction of systems is influenced by the position within its environment. Individual and group output and input have consequence to societal responses. Systems theory can also be understood as a cause and effect, where one system cannot be unchanged by societal factors, In order to determine the relationship among these systems it is necessary to view how Latino immigrants are impacted by finances and mental health access. Systems theory guides the researchers understanding of the implication of financial strain and mental health access in relation to the position of the examined subsystem (Rogers, 2006).

The Latino immigrant community is defined by language, culture, education, immigrant status, common stressors, and socioeconomic status. Latino immigrant interaction within the societal structure is examined in relation to finances and mental health access to understand how it is influenced by external forces related to these. Systems theory examines the relationship of the Latino subsystem interacting with its environment in relation to its position. Studies indicate that financial strain is related to higher levels of stress, and a decreased ability to access necessary resources, likewise, a higher income is associated with an increased ability to access necessary resources (Bisgaier & Rhodes, 2011) . Mental health as a resource would be more available to an

individual with higher access to finances. Latinos have a lower socioeconomic status than other cultural groups in the United States. Financial strain is related to stress and diminished feelings of emotional well-being and distress. According to the DSMIV-TR 4<sup>th</sup> Ed. (2000), mental illness or mental disorder, is a clinically significant behavior associated with distress, increased suffering or risk of death, pain, disability or loss of freedom.

Research indicates that Latino immigrants access Mental health services, much less when compared to non-Latino Whites (Bisgaier & Rhodes, 2011). The larger system government, federal and state legislation impact the functioning of the Latino immigrant community system. Government legislation prevents many immigrant Latino individuals from accessing employment, human services resources, driving privileges; these limitations restrict access to affordable dwellings (Rogers, 2006; Cleveland, 2010) . Lack of resource availability has an impact on financial well being for families within the system. Lower income and limited choices in housing availability increase their risk of living in economically impoverished areas. Diminished quality of life due to lack of resources can have an effect on the health and emotional well-being of families. Findings, suggest increased exposure to impoverished conditions is linked to depression, and substance use (Bisgaier & Rhodes, 2011). Community resources, living area, and employment availability interact with access to increased financial earning and resources which can alleviate impoverished conditions (Roan-Gresenz, Rogowski & Escarce, 2009). Emotional stressors, impoverished conditions, diminished level of functioning, as well as deviant coping mechanisms, can be theorized to be an input response to system output stressors(Flores et.al, 2008 ; Bisgaier & Rhodes, 2011 ).

## Methods

### *Research Design*

The research is a quantitative cross-sectional design. Quantitative data was used to determine the relationship between the dependant variable finance and independent variable mental health. The target audiences were sent recruitment emails (see Appendix B), informed consent forms (see Appendix A) and an online survey link via survey monkey. Surveys (see Appendix C) were split into three categories: demographics, financial strain, and mental health access. The survey (see Appendix ) contained twenty-three question, the demographics section contained five items which asked for non-identifying information of participants. The Financial Strain scale, contained seven items, and was distributed to determine stressors experienced by the mental health clients of the practitioner completing the survey. The Mental Health Access survey contained eleven items and was used to determine the perceived gaps in service as determined by mental health practitioners' observation of their clients.

### *Population Sample*

The study included mental health providers practicing in the Minneapolis/ St. Paul metro area, who work with the Latino immigrant population ages eighteen and older. Participants were selected based on ability to provide the researcher with information related to mental health access as well as finances as it relates to experience and observations of Latino immigrant clients. Mental health practioners close relationship to the individual allows for increased accuracy in assessment of the two variables. A convenience sample of mental health professionals whose information was accessed via

internet sites such as Psychology Today, as well as email lists available to the researcher through public organization websites were gathered for this study. Research time constraint related to feasibility of research, and at risk population status of Latino immigrant mental health clients, as defined by the Internal Review Board of St. Catherine University & University of St. Thomas, required additional data privacy and protection measures, for collecting survey responses directly from the population of interest, which would not have been entirely certain, due to circumstances associated with the population that could not be controlled .

#### *Protection of Participants*

Participants were electronically provided with a consent form (see Appendix A) which detailed the purpose of the research and the reason their participation was solicited. Researcher's contact information as well as that of the researcher's supervisory chair was provided. Time requirement for completion of the survey was explained. Participants were not approached at any time during the data collection process. Email contact information of possible participant was available only to the researcher. Survey (see Appendix C) data was located in a password protected file on the researchers computer. Place of employment was redacted from survey data, other participant identifying information was not available. Mental health practitioners identified as possible participants were informed the study was of voluntary nature. Any risk of coercion to participate was eliminated in the informed consent (see Appendix A) which detailed that declining participation in the study would not affect current or future relations with St. Catherine University & University of St. Thomas, or the School of Social Work.

*Measurement*

Survey (see Appendix C) responses were analyzed to establish participant perception of Latino immigrant financial well-being and access to mental health service. Responses were examined using descriptive and inferential statistics. Analysis of data was conducted using frequency, descriptive, and correlation tests. Descriptive and inferential statistics were analyzed using Statistical Package for the Social Sciences (SPSS 19.0). The survey (see Appendix C) was split into three categories, demographics, financial strain and mental health access. The first category, demographics was intended to gather information such as: sex, place of employment, age group, time as mental health practitioner, and length of time working with the Latino population. The second category, Financial Strain Scale, adapted for mental health practitioners for the purpose of this study, contained seven items intended to gain an understanding of mental health practitioners' knowledge of perceived financial strain experienced by their Latino clients. A four-point ordinal ranking scale was used for items containing the statements: "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree." The third category contained, The Mental Health Access Tool, which was created by the researcher and adapted for mental health practitioners for the purpose of this study. Items in the third section were intended to help the researcher determine mental health practitioner's experience in practice as it relates to Latino immigrant mental health access. The tool contained 11 items measured by a four point likert ranking scale, responses were measured with statements such as: "Strongly Agree", "Agree", "Strongly Disagree", and "Disagree". Inferential statistics were conducted to determine the correlation between financial strain and access to mental health.. The seven items in the Financial Strain Scale

were quantified based on participant survey responses. In the same way responses to the eleven items in the Mental Health Access tool were combined and measured. A correlation test was conducted on the two variables to examine the research hypothesis.

### *Strengths and Limitations*

The study is a quantitative cross-sectional research design. The use of surveys allow for gathering responses from participants, and reviewing results in a less time consuming manner compared to interviewing. Surveys (see Appendix C) are distributed and gathered electronically which allows for increased protection of human subjects in terms of anonymity. However since surveys are sent electronically the response is expected to be lower than the total amount of surveys which were distributed. A lower response to electronically distributed surveys generally requires that more surveys be distributed. Ideally at minimum of twice the number of surveys needed for research must be sent out or responses may be insufficient, for the study. Due to a limited amount of mental health professionals who work with the Latino immigrant population ages eighteen and older, as well as regional demographic area limitation of Minneapolis/St. Paul, less surveys were sent out than what is typically required to gather the expected participant response. The researcher sent out fifty surveys, valid research for this study required a minimum of thirty survey responses. Due to limitation in practitioners who met the required criteria for completion, responses to the survey were less than expected.



## Findings

### *Descriptive Analysis*

For the purpose of this study, 50 mental health practitioners who work with Latino immigrants between the ages of 18 and older were emailed a standard request for participation. A survey link (see Appendix B) created via survey monkey was inserted in the email request. The survey (see Appendix C) was split into three categories, demographics, financial strain and mental health access. Of the 50 participants contacted, six mental health practitioners (12%) responded to the survey. All of respondents completed the entire survey. Responses were quantified using survey monkey.

### *Descriptive Analysis Demographics*

The first category, demographics, (see Table. 1) indicated that participants for this study were five female (83.3%) and one male (16.7%). Among them, one (16.7%) was between the ages of 21-29; another (16.7%) was between the ages of 40-49 and the remaining four (66.7%) were ages 30-39. All respondents were employed and four respondents (66.7%) indicated experience as a mental health practitioner between 1-5 years, one (16.7%) indicated 5-10 years and another (16.7%) indicated 10 years or more of experience. One participant (16.7%) indicated 1-5 years working with the Latino population, another participant (16.7%) indicated 5-10 years and the remaining four (66.7%) indicated 10 or more years of experience working with Latinos.

Table 1. Respondents Demographic Characteristics

Category	Sample Response	Response %
Sex	6	100%
Female	5	83.3%
Male	1	16.7%
Age	6	100%
21-29	1	16.7%
30-39	4	66.7%
40-49	1	16.7%
50-59	0	0%
60 >	0	0%
Employment	6	100%
Agency A	4	66.7%
Agency B	1	16.7%
Agency C	1	16.7%
Experience as Provider	6	100%
1 <	0	0%
1-5	4	66.7%
5-10	1	16.7%
10>	1	16.7%
Experience with Population	6	100%
1<	0	0%
1-5	1	16.7%
5-10	1	16.7%
10>	4	66.7%

*Descriptive Analyses Financial Strain Scale*

The Financial Strain Scale (see Table. 2), the second category, was adapted for mental health practitioners for the purpose of this study. The tool contains seven items intended to gain an understanding of mental health practitioners' knowledge of perceived financial strain experienced by their Latino clients. A four-point ordinal ranking scale was used for items containing the statements: "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree." For the first statement: "In general it is difficult for my clients to live on their present income," all respondents (100%) strongly agreed. For the second statement: "In general my clients experience financial hardship," all respondents also strongly agreed. For the third statement: "In general finances interfere with my clients work and daily routine," five respondents strongly agreed and one agreed. For the fourth statement: "In my experience clients have felt, or expressed frustration due to a lack of resources which would enable them to receive training or education to improve their quality of life," five strongly agreed and one agreed. The fifth statement: "In my experience, I would say that my clients put off getting medical care for themselves or family members because of the expense" indicated that four respondents strongly agreed while the other two practitioners agreed. The sixth statement: "In my experience there have been instances when my client expressed fear or concern related to a decrease in finances or possible decrease in finances" indicated that three practitioners strongly agreed and three agreed. For the seventh statement: "In my experience I would say that many of my clients put off family activities (such as vacations, movies, or special events) because of the expense," three respondents strongly agreed and three agreed with the statement.

Table 2. Client Financial Strain Characteristics

Financial Strain Scale Item Characteristics	SA	A	D	S D	R%
In general it is difficult for my clients to live on their present income	6 100.0	0	0	0	100%
In general my clients experience financial hardship	6 100.0	0	0	0	100%
In general finances interfere with my clients work and daily routine	5 83.3	1 16.7	0	0	100%
In my experience clients have felt or expressed frustration due to lack of resources which would enable them to receive training or education to improve their quality of life.	5 83.3	1 16.7	0	0	100%
In my experience I would say that my clients put off getting medical care for themselves or family members because of the expense	4 66.7	2 33.3	0	0	100%
In my experience there have been instances when my client expressed fear or concern related to a decrease in finances or possible decrease in finances.	3 50.0	3 50.0	0	0	100%
In my experience I would say that many of my clients put off family activities (such as vacations, movies and special events) because of the expense.	3 50.0	3 50.0	0	0	100%

Key: SA (Strongly Agree), A (Agree), D (Disagree), SD (Strongly Disagree), R % ( Response Percent)

*Descriptive Analysis Mental Health Access Tool*

In order to measure the level of accessibility of mental health services to the Latino immigrant population, the researcher created a Mental Health Access tool (see Table. 3), the third survey category, adapted for mental health practitioners for the purpose of this study. The items were intended to help the researcher determine mental health practitioner's experience in practice as it relates to Latino immigrant mental health access. The tool contains 11 items measured by a four point likert ranking scale; responses are measured with statements such as: "Strongly Agree", "Agree", "Strongly Disagree", and "Disagree". For the first statement: "There are more barriers to meeting the mental health needs of Latino clients as compared to those of non-Latino clients," three respondents strongly agreed, two agreed and one disagreed. The second statement: "Many of my clients were unsure of what to expect when coming to therapy," three participants selected strongly agree, and three indicated agree. On the third statement: "Generally it is more difficult for my Latino clients to access therapy services than for the non-Latino population," four respondents strongly agreed and the other two agreed. For the fourth statement: "Generally Latinos are able to access mental health services at about the same capacity as the non-Latino population", four participants indicated disagree and two strongly disagree. The fifth statement: "My clients are easily able to access mental health services at any location of their choosing", indicated all respondents strongly disagree. On the sixth statement: "I believe Latinos go without mental health services as often as people in the non-Latino population", three respondents disagreed and two strongly disagreed and one strongly agreed. For statement seven: "Clients who have stopped coming to therapy, did so due to lack of resources (finances, transportation, time, childcare)", two mental health professionals strongly agreed and the remaining four

agreed with the statement. On the eighth statement: “Many of my clients’ emotional distress would minimize if more of their basic needs were being met”, four participants strongly agreed and two participants agreed. The ninth statement: “I believe the cost, or perceived cost of therapy services has deterred more Latino clients from seeing a mental health practitioner” four practitioners agreed and the other two strongly agreed. The last two items were intended to determine mental health practitioners observations of the experience of strain and adversity level as it relates to Latino immigrants, compared to that of the general population. These items were placed within the Mental Health Access tool since the literature review suggests an indirect link between strain, mental health and finances. The tenth statement: “I believe that Latinos experience more daily adversity than the general population”, indicated two participants strongly agreed and four agreed. On the final statement: “I believe daily adversity has an effect on mental health wellness”, one respondent agreed and the remaining participants indicated they strongly agreed.

Table 3. Client Mental Health Access Characteristics

Mental Health Access Tool Item Characteristics	SA	A	D	SD	R%
There are more barriers to meeting the mental health needs of Latino clients as compared to those of non-Latino clients	3 60.0	2 33.3	1 16.7	0	100%
Many of my clients were unsure of what to expect when coming to therapy.	3 50.0	3 50.0	0	0	100%
Generally it is more difficult for my Latino clients to access therapy services than for the non-Latino population.	4 66.7	2 33.3	0	0	100%
Generally Latinos are able to access mental health services at about the same capacity as the non-Latino population.	0	0	4 66.7	2 33.3	100%
My clients are easily able to access mental health services at any location of their choosing.	0	0	0	6 100.0	100%
I believe Latinos go without mental health services as often as people in the non-Latino population.	1 16.7	0	3 50.0	2 33.3	100%
Clients who have stopped coming to therapy, did so due to lack of resources ( finances, transportation, time, childcare).	2 33.3	4 66.7	0	0	100%
Many of my clients emotional distress would minimize if more of their basic needs were being met.	4 66.7	2 33.3	0	0	100%
I believe the cost, or perceived cost of therapy services has deterred more Latino clients from seeing a mental health practitioner.	2 33.3	4 66.7	0	0	100%
I believe that Latinos experience more daily adversity, than the general population.	2 33.3	4 66.7	0	0	100%
I believe daily adversity has an effect on mental health wellness.	5 83.3	1 16.7	0	0	100%

Key: SA (Strongly Agree), A (Agree), D (Disagree), SD (Strongly Disagree), R % ( Response Percent)

*Inferential Analysis*

As mentioned earlier, the purpose of this study is to investigate the relationship between Latino immigrants' financial strain and their accessibility to mental health services based on the perceptions of mental health practitioners. The financial strain was measured as a 7-item scale combined from the seven statements described in the descriptive analysis section. The accessibility to mental health services was measured as an 11-item scale combined from the 11 statements. In order to examine this research hypothesis, the correlation test was conducted as shown in Table 4. The results indicate that the financial strain of Latino immigrants are negatively associated with their accessibility to mental health services ( $r=-.094$ ,  $p=.859$ ). Those who have higher levels of financial strain are more likely to have lower accessibility to mental health services. However, the correlation is not significant at the alpha level of .05 ( $p>.05$ ). It is noteworthy to mention that this study has only six completed survey data, so that the interpretation of the correlation results might not be valid.

Table 4. Financial Strain and Mental Health Access Correlation

		Financial Strain	Accessibility
Financial Strain	Pearson Correlation	1	-.094
	Sig. (2-tailed)		.859
	N	6	6
Accessibility	Pearson Correlation	-.094	1
	Sig. (2-tailed)	.859	
	N	6	6



### Discussion

The purpose of this research was to determine if a relationship exists between finances and mental health access, as it relates to need for mental health service, and use of the service. Specifically, the research question states: “What is the relationship between immigrant Latino finances between the ages of 18 and older and access to mental health care services?” Gathered surveys (see Appendix C) address both components of the research question. Mental health practitioners who participated in the survey were able to indicate their experience of Latino immigrant client financial strain, as well as their experience in their client’s limitation to mental health access. Survey results indicate that financial strain of Latino immigrants is negatively associated with their ability to access mental health services. Individuals with higher levels of financial strain were more likely to have lower accessibility to mental health services.

#### *Demographics Discussion*

In the first category, demographics (see Table. 1), all respondents indicated they were currently employed. Four participants indicated they had 1-5 years of experience working as mental health professional. One participant indicated 5-10 years of experience and another practitioner indicated 10 or more years of experience with the population. Survey responses indicated that one participant had 1-5 years of experience working with the Latino population, another participant indicated 5-10 years, and the remaining four indicated 10 or more years of experience working with the population. This indicates that most of the respondents 4 (66.7%) had less time experience working as mental health professionals, than they did working with the Latino population in general. This is reflected by the response to item number five: “Which category best describes the length

of time you have worked with the Latino population?" , to which one (16.7%) indicated 1-5 years, another indicated 5-10 years, and the remaining four indicated 10 or more years. Five (83.3%) respondents indicated having five or more years of experience working with the Latino population as compared to the four (66.7%) respondents indicating five or less years of experience as mental health practitioners. None of the respondents indicated one year or less of experience as a mental health practitioner or in working with the Latino population. These responses indicate that all participants are more familiar with the Latino population in general than they do in their practice as mental health professionals; which leads the researcher to believe participants likely gained an additional understanding of Latino finances and mental health care access, while working with the population in other capacities, not specified by the survey.

#### *Financial Strain Discussion*

Responses to category two, the Financial Strain Scale (See Table. 2), adapted for mental health practitioners, indicates that all respondents agreed with the first and second items of the tool, which inquired about their client ability to live on their present income as well as their clients' general experience with economic hardship. Both responses are consistent with literature indicating that the Latino population in general is more likely to experience financial hardship. Statements four and five were intended to gain a better understanding of the mental health practitioners observations of their Latino clients as it relates to financial interference with daily routine and frustration due to lack of resources which would enable them to get ahead. Practitioners either strongly agreed or agreed that their clients experienced financial hardship which affected their daily routine as well as experienced frustration due to inability to increase finances for a better quality of life.

Four (66.7%) participants strongly agreed and two (33.3%) agreed that their clients' put off medical care due to finances, half of practitioners strongly agreed that their clients had expressed fear due to a decrease or possible decrease in finances and the other half agreed. These responses demonstrate that lack of finances has an effect on their clients' access of medical care, which other studies indicate has an effect on overall quality of life, and perceived quality of life. Another study supports the findings in this study, which indicates that mental health clients put off medical care due to finances. Expressed fear due to decrease or possibility of decrease in finances in this study indicates that Latino immigrants ages 18 and older express negative feelings related to finances. One study indicated that Latino immigrant men, disclosed feelings of inadequacy and stress when unsure if their income was going to be sufficient to care for their loved ones. Responses to this survey indicate that all mental health practitioners who completed this survey either strongly agree or agree that their clients' experience financial difficulty which affects various areas of their lives.

#### *Mental Health Access Discussion*

The Mental Health Access Tool (see Table. 3), category three, adapted for mental health professionals, indicates that respondents believe that Latino population generally have a more difficult time accessing mental health services than that of the general population. Statements three and five were intended to determine mental health practitioner's views of their clients ability to access mental health services as it relates to availability of the service to them as compared to that of the general population. All participants strongly disagreed that their clients would be able to easily access mental health services at a location of their choosing. Four practitioners strongly agreed that it is

more difficult to access mental health services for Latinos than it is for non-Latinos, and two agreed that the service was not as easily accessed. Reviewed literature indicates that Latinos access mental health services less than the general population, despite the higher number found to be in need of the service. Responses to statements seven and nine, indicate that two (33.3%) strongly agree and four (66.7%) agree that perceived cost or actual cost of therapy services has deterred clients from accessing services, the same amount indicated that clients who stopped attending therapy did so due to lack of resources (finances, childcare, time, transportation). These responses suggest that clients who do not attend therapy services or stop attending do so due to barriers which are outside of their control, not necessarily related to a lack of willingness to attend. Mental health practitioner responses to statements eight, ten, and eleven related to client adversity, emotional distress, and mental health indicate that all participants strongly agree or agree that clients experience more adversity than the general population, and believe that their clients emotional distress would improve if more of their basic needs were being met. These results indicate that all survey participants, in their experience with Latino clients ages 18 and older, as it relates to mental health access; indicate that the study population experience a higher unmet need and experience greater adversity than the general population, have discontinued or were deterred due to cost or lack of resources, and believe adversity has an effect on mental health well-being.

#### *Limitation*

Difficulty in accessing mental health service practitioners who work with the study population limits the ability to complete a study. More research is needed on immigrant Latino mental health access and finances. Responses to the survey (see

Appendix. C) reflect an inclination toward a relationship between the variables. A need for mental health services and a set of circumstances such as financial strain and emotional distress could be both cause and effect for the study populations increased need and decreased access of services. The Latino population is marginalized and growing rapidly in the United States, it is important to determine barriers to mental health care access, since research indicates a large disproportion in use when compared to the general population (Detlaff & Berger-Cardoso, 2010). In order to address the population's needs, more information is necessary to determine a relationship between variables.

Additional limitations which may have affected the results include the validity of the Mental Health Access Tool (see Table. 3), adapted for mental health professionals for the purpose of this study. The survey tool was designed by the researcher it has face validity, since it was approved by the Internal Review Board of St. Catherine University & University of St. Thomas. However it was not empirically tested. There is no evidence that the data gathered by the tool did not limit respondent's choices. The tool did not contain a selection of "Unsure", nor were there open ended questions for section two or three of the survey to allow for more specific answers. The survey required that the majority of the questions receive a response before moving to the next item, which may have impacted the respondents to answer regardless of whether or not the item applied to their experience as practitioners.

Respondents were selected due to knowledge based on experience of interaction with the study population. Data was gathered based on second hand experience and perception rather than directly from the study population. Although the respondents

interact with and have a strong knowledge base of the populations experience due to their role with the client, it is uncertain if perception or opinions rather than vocalized affirmations by the client himself or herself influenced responses to survey items. A more representative sample of client experience would be gathered by the client directly. However due to time constraints, as well as limitation in accessibility related to the populations' at risk status, it was not possible to complete more research with the study population.

#### *Social Work Policy Implications*

It is necessary to increase the ability of Latino immigrant access to basic resources. In order to address the barrier to mental health services the population experiences, change must occur at the legislative level. Ability to attain employment with benefits, such as insurance and wage increase would help immigrant populations reach a higher income. Research findings indicate that the wage gap between United States born whites and Latino immigrants is largely due to level of education. United States born Whites average one year and a half more education and earn 30 percent higher income than Mexican Americans. Approximately half to three quarters (50% -75% ) of the wage gap between Mexican immigrants and United States born whites is a result of lower educational attainment (Aubry, 2002).

In an effort to decrease the educational attainment gap and encourage upward mobility of Latino immigrants, activists made efforts to pass a federal legislation called the Development Relief and Education of Alien Minors Act (DREAM ACT). The Dream Act was introduced in 2001 and has come up for vote twice since then; first in 2007 and most recently in 2010. The DREAM ACT passed in the House of Representatives in the year 2010, but was short five votes in the senate. The act would legalize the status of

millions of undocumented youth living in the United States. Youth would need to have entered the states at fifteen years old or younger, prove residence of at least five years in the United States at the time the bill is passed, have received a G.E.D or high school diploma and be under thirty years old at the time the Dream Act passes. Those who meet the criteria outlined by the bill would have six years to enlist in the military or attain a two year degree ("Dream activist undocumented," 2012).

In the year 1986 during the presidency of Ronald Reagan, the *Immigration Reform and Control Act* (IRCA), was passed into public law. The purpose of the bill was as follows:

Public Law 99-603 (Act of 11/6/86), which was passed in order to control and deter illegal immigration to the United States. Its major provisions stipulate legalization of undocumented aliens who had been continuously unlawfully present since 1982, legalization of certain agricultural workers, and sanctions for employers who knowingly hire undocumented workers, and increased enforcement at U.S. borders.

("Immigration reform and Control Act," 1986)

The *Immigration Reform and Control Act* (1986) gained support from President Reagan because he believed illegal status of anyone allowed for exploitation since people without legal status had no legal rights ( Reagan legacy, 2010). The bill provided amnesty to approximately three million illegal immigrants, in the United States. The bill received criticism because many believed it had been ineffective, in downsizing the amount of illegal immigrants who crossed the border of Mexico. The bill had originally intended to increase border security and measures to combat illegal immigration. Despite its

perceived failure by critics the bill, provided three million illegal immigrants with access to an opportunity of a better quality of life (Reagan Legacy, 2010)

President Obama has been in support of an immigration reform that would address the needs of the growing number of illegal immigrants in the United States. Advocacy groups continue to champion the need for a reform, which could help up to 20 million illegal immigrants. According to U.S. Immigration Amnesty (2011), president Obama stated as follows:

We are not going to ship back 12 million people; we're not going to do it as a practical matter. We would have to take all our law enforcement that we have available and we would have to use it and put people on buses, and rip families apart, and that's not who we are, that's not what America is about. So what I've proposed... is you say we're going to bring these folks out of the shadows. We're going to make them pay a fine, they are going to have to learn English, they are going to have to go to the back of the line...but they will have a pathway to citizenship over the course of 10 years.

(Barack Obama, 2011; U.S. Immigration Amnesty, 2011)

The rights of immigrants, the number of immigrants in the country, as well as mental health access and finances would be addressed more effectively through legislative action. The growing need and barriers of the population make them vulnerable to lack of resources in numerous areas aside from mental health and finances.



### **Conclusion**

The purpose of this study was to determine the relationship between finances and mental health care access, as it relates to a need for the service, and use of the service for Latino immigrants ages 18 and older. Gathered survey data indicate that, mental health professionals believe their clients experience financial strain which could at times affect their ability to attend mental health services. Participants indicate they believe it was more difficult for the study population to access mental health services than it is for the general population. Responses also indicate Latino clients experience more daily adversity which had an effect on mental health wellness. Mental health professionals in this study believe client emotional distress would decrease if more basic needs were met.

Due to small sample size, this research is inconclusive. The researcher sent out fifty surveys (see Appendix C) via email and received six returned surveys. Due to the lack of availability of mental health professionals who work with immigrant Latino clients ages 18 and older in the metro area, the sample size was too small for adequate response. Perhaps a broader focus area, from which to gather a sample such as the state of Minnesota rather than Minneapolis/ St. Paul would have been a more appropriate approach for the purpose of this study. Insufficient data were gathered to determine significance in relationship between variables; further research is needed for more conclusive results.

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## Appendix A

**CONSENT FORM**

Read this form ask questions you have before agreeing to participate in the study.  
Keep a copy of this form for your records.

<b>Project Name</b>	Hispanic/ Latino Immigrant Mental Health Access and Financial Strain	<b>IRB Tracking Number</b>	321977-1
<b>General Information Statement about the study:</b>			
Immigrant individuals of Hispanic/Latino descent access mental health services less than non-Latinos. Financial wellness is related to overall well-being, studies indicate that Immigrants of Latino descent receive lower income than non-Latinos, and use mental health services less. This study will research the relationship between finances and mental health access, as related to need for service, and use of service.			
You are invited to participate in this research.			
You were selected as a possible participant for this study because:			
You provide mental health services for this study population of interest.			
Study is being conducted by:		Nancy Avila	
Research Advisor:		Evan Choi, Ph.D.	
Department Affiliation:		School of Social Work, St. Catherine University/University of St. Thomas	
<b>Background Information</b>			
The purpose of study:			
Determine experience accessing mental health and finances in the Latino Immigrant population, and to understand the relationship between finances and mental health access as it relates to Immigrant people of Latino descent age 18 and older, who currently receive mental health services.			
<b>Procedures</b>			
If you agree to be in the study, you will be asked to do the following:			
If you agree, I will ask you to do the following things: complete a twenty-three question survey, containing items related to demographics, client finances, and client mental health access. Completion will take approximately 20 minutes. Information provided will be used in the researcher's clinical research study, responses will be used to support findings. Data gathered will be presented to a clinical research committee and IRB of St. Catherine University/ University of St. Thomas.			
<b>Risks and Benefits of study</b>			
Risks involved for participating in the study:			
NA			
Direct benefits you will receive from participating in the study:			
NA			
<b>Compensation</b>			
NA			

<b>Confidentiality</b>			
Records of study will be kept confidential. In any sort of report published, information will not be provided that will make it possible to identify you in any way. Types of records, who will have access to records and when they will be destroyed as a result of this study include:			
Surveys, kept in a locked file in the researcher's home, electronic copies of survey data kept in a password protected file on my computer, any identifying information will be deleted.			
<b>Voluntary Nature of the Study</b>			
Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the date/time specified in the study. You are free to skip questions that may be asked unless there is an exception(s) to this rule listed below with its rationale for the exception(s).			
Certain questions require an answer, since these may have an effect on survey participant requirement information.			
Should you decide to withdraw, data collected about you		Will be used in the study	
<b>Contacts and Questions</b>			
Contact resources listed below with questions or concerns about the study.			
Researcher name	Nancy Avila		
Researcher email	avil5384@stthomas.edu		
Researcher phone	651-263-3182		
Research Advisor name	Evan Choi, Ph.D.		
Research Advisor email	choi0691@stthomas.edu		
Research Advisor phone	651-962-5800		
UST IRB Office	651.962.5341		
<b>Statement of Consent</b>			
I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study. By checking the electronic signature box, I am stating that I understand what is being asked of me and I give my full consent to participate in the study.			
Signature of Study Participant <i>Electronic signature</i>		Date	
Print Name of Study Participant			
Signature of Parent or Guardian (if applicable) <i>Electronic Signature</i>		Date	
Print Name of Parent or Guardian (if applicable)			
Signature of Researcher <i>Electronic signature*</i>	Nancy Avila	Date	3-15-12
Print Name of Researcher	Nancy Avila		

\*Electronic signatures certify that::

The signatory agrees that he or she is aware of the politics on research involving participants of the University of St. Thomas and will safeguard the rights, dignity and privacy of all participants.

- The information provided in this form is true and accurate.
- The principal investigator will seek and obtain prior approval from the UST IRB office for any substantive modification in the proposal, including but not limited to changes in cooperating investigators/agencies as well as changes in procedures.
- Unexpected or otherwise significant adverse events in the course of this study which may affect the risks and benefits to participation will be reported in writing to the UST IRB office and to the subjects.
- The research will not be initiated and subjects cannot be recruited until final approval is granted.

## Appendix B

Greetings,

My name is Nancy Avila. I am a graduate student at the School of Social Work, St. Catherine University & University of St. Thomas. I am sending this message to inform you that I am conducting a study on Latino immigrant mental health access and financial strain. I would like to invite you to help by taking a few minutes to participate in this research. You were selected as a possible participant because you provide mental health services for the population of interest. To complete the survey please click on the attached link below. Feel free to forward this survey to mental health practitioners in the metro area who meet the criteria described in the attached survey.

I would like to thank you in advance for considering this request.

Best Regards, Nancy Avila

<https://www.surveymonkey.com/s/8WYH6JT>



## Appendix C

<b>Consent Form</b>
<p>CONSENT FORM IRB Tracking Number 321977-1</p> <p>Please read this form and ask any questions you may have before agreeing to participate in the study. Please keep a copy of this form for your records.</p> <p>Project Name: Hispanic/ Latino Immigrant Mental Health Access and Financial Strain</p> <p>General Information Statement about the study: Immigrant individuals of Hispanic/Latino descent access mental health services less than non-Latinos. Financial wellness is related to overall well-being, studies indicate that immigrants of Latino descent receive lower income than non-Latinos, and use mental health services less. This study will research the relationship between finances and mental health access, as related to need for service, and use of service.</p> <p>You are invited to participate in this research. You were selected as a possible participant for this study because: You provide mental health services for this population.</p> <p>Study is being conducted by: Nancy Avila Research Advisor: Evan Choi, Ph.D. Department Affiliation: School of Social Work, St. Catherine University/University of St. Thomas</p> <p>Background Information The purpose of the study is: To determine experience accessing mental health and finances in the Latino immigrant population, and to understand the relationship between finances and mental health access as it relates to immigrant people of Latino descent age 18 and older, who currently receive mental health services.</p>

**Researcher name: Nancy Avila**  
**Researcher email: avil5384@stthomas.edu**  
**Researcher phone: 651-263-3182**  
**Research Advisor name: Evan Choi, Ph.D.**  
**Research Advisor email: choi0691@stthomas.edu**  
**Research Advisor phone: 651-962-8800**  
**UST IRB Office: 681.962.8341**

**Statement of Consent**

I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study. By checking the electronic signature box, I am stating that I understand what is being asked of me and I give my full consent to participate in the study.

**\*Electronic signatures certify that:**

- The signatory agrees that he or she is aware of the policies on research involving participants of the University of St. Thomas and will safeguard the rights, dignity and privacy of all participants.
- The information provided in this form is true and accurate.
- The principal investigator will seek and obtain prior approval from the UST IRB office for any substantive modification in the proposal, including but not limited to changes in cooperating investigators/agencies as well as changes in procedures.
- Unexpected or otherwise significant adverse events in the course of this study which may affect the risks and benefits to participation will be reported in writing to the UST IRB office and to the subjects.
- The research will not be initiated and subjects cannot be recruited until final approval is granted.

Electronic Signature Agreement

**Demographic Information**

**\*2. Please indicate your sex**

Male

Female

**\*3. Which category below includes your age?**

21-29

30-39

40-49

50-59

60 or older

**\*4. Where are you currently employed?**

\_\_\_\_\_

**\*5. Which category best describes the length of time you have been a mental health service provider?**

1 year or less

1-5 years

5-10 years

10+ years

**\*6. Which category best describes the length of time you have worked with the Latino population?**

1 year or less

1-5 years

5-10 years

10+ years

**Financial Strain Scale/ Adapted for Mental Health Care Practitioners**

Please answer the following questions based on your practice experience with the Latino Immigrant/Migrant population ages 18 and older.

**\*7. In general it is difficult for my clients to live on their present income.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**\*8. In general my clients experience financial hardship.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**\*9. In general finances interfere with my clients work and daily routine.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**\*10. In my experience clients have felt, or expressed frustration due to a lack of resources which would enable them to receive training or education to improve their quality of life.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**11. In my experience, I would say that my clients put off getting medical care for themselves or family members because of the expense.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**\*12. In my experience there have been instances when my client expressed fear or concern related to a decrease in finances or possible decrease in finances?**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**\*13. In my experience I would say that many of my clients put off family activities (such as vacations, movies, or special events) because of the expense?**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**Mental Health**

Please answer the following questions based on your practice experience with the Latino Immigrant/Migrant population ages 18 and older.

**\*14. There are more barriers to meeting the mental health needs of Latino clients as compared to those of non-Latino clients.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**\*15. Many of my clients were unsure of what to expect when coming to therapy.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**16. Generally it is more difficult for my Latino clients to access therapy services than for the non-Latino population.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**\*17. Generally Latinos are able to access mental health services at about the same capacity as the non-Latino population.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**\*18. My clients are easily able to access mental health services at any location of their choosing.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**\*19. I believe Latines go without mental health services as often as people in the non-Latino population.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**\*20. Clients who have stopped coming to therapy, did so due to lack of resources (finances, transportation, time, childcare).**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**\*21. Many of my clients emotional distress would minimize if more of their basic needs were being met.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**22. I believe the cost, or perceived cost of therapy services has deterred more Latino clients from seeing a mental health practitioner.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**23. I believe that Latines experience more daily adversity, than the general population.**

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**24. I believe daily adversity has an effect on mental health wellness.**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree