

**BARRIERS TO MENTAL HEALTH SERVICES FOR LATINOS AND IMPLICATIONS FOR
COUNSELING**

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BARRIERS TO MENTAL HEALTH SERVICES FOR LATINOS AND IMPLICATIONS FOR
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Abstract

BARRIERS TO MENTAL HEALTH SERVICES FOR LATINOS AND IMPLICATIONS FOR COUNSELING

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The Latino population accounts for the nation's largest minority group and is expected to make up 29% of the country's total population by the year 2050. Therefore, mental health professionals must be aware of barriers affecting Latino mental health services. A pressing issue is the Latino embracing of counseling and its implications. There is considerable literature describing factors; which may serve as specific barriers to retention and embracing in mental health treatment among Latinos. The prevalence of those barriers in the Latino population is attributed to several factors including lack of access to mental health care, language, cultural, and other barriers. Latinos in the United States receive fewer mental health services than other groups even though the prevalence of mental illness in Latinos is similar to that in other groups. Public mental health providers must provide effective and culturally sensitive education as well as primary mental health services to engage and embrace the Latino community.

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Chapter One: Introduction

Latinos are now the nation's largest minority group and is expected to make up 29% of the country's total population by the year 2050. Therefore, mental health professionals, providers, and researchers must be aware of barriers and Latino embracing of counseling for mental health illnesses. There is considerable literature describing factors; which may serve as specific barriers to retention and embracing in mental health treatment among Latinos. The prevalence of those barriers in the Latino population is attributed to several factors including lack of access to mental health care, language, and cultural barriers. Latinos in the United States receive fewer mental health services than other groups even though the prevalence of mental illness in Latinos is similar to that in other groups (Shatell, Hamilton, Starr, Jenkins, & Hinderliter, 2008). Public mental health professionals and providers must offer effective and culturally sensitive education as well as primary mental health services to engage and embrace the Latino community.

Statement of the Problem

The problem to be addressed in this paper is what is the relationship between Latino's culture and their acceptance in embracing of counseling of mental health and the implications for counseling?

Definition of Terms

Latino/a: Americans who have origins in Mexico, Puerto Rico, Central America, South America, and the Spanish-speaking countries of the Caribbean (Delgado-Romero, 2001).

Culture: the integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations, the customary beliefs, social forms, and material traits of a racial, religious, or social group; also the characteristic features of everyday existence (as diversions or a way of life) shared by people in a place or time, the set of shared attitudes, values, goals, and practices that characterizes an institution or organization, the set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic (Merriam Webster, 2011).

Barriers: something immaterial that impedes or separates, obstacle, behavioral barriers trade barriers (Merriam Webster, 2011).

Acculturation: a linear progression, whereby immigrants gradually adopt, the values, behavior and traits of their host culture and discard those of their country of origin; first generation foreign born, second generation native-born with foreign-born parents, third generation native-born with native-born parents (Afadable-Munsuz, & Brindis, 2006).

Delimitations of Research

The research will be conducted in and through the Milwaukee Public Library and Karrmann Library at the University of Wisconsin-Platteville. Primary searches will be via Internet through EBSCO host with ERIC and Academic Search Elite as the primary sources. Key search topics included: Latinos and implications for counseling, Latino barriers to mental health access, Latino embracing of mental health service, and Latino population census, 2010.

Method of Approach

The methodology would be a review of literature on the history of Latinos and would be conducted along with literature relating to research, studies of Latinos and mental health and counseling in the United State. The barriers to be researched would include lack of insurance, language, culture, and others. The findings would be summarized and recommendations will be made.

Chapter Two: Review of Related Literature

Latinos Population/Demographics

Latinos are a diverse population with different backgrounds, and circumstances. As with any cultural group, it is important to avoid stereotyping or assume they are all the same. For instance, there are many Latino countries and they are quite different from each other (Lopez, Bergren, & Painter, 2008). Many Latinos speak Spanish and shared cultural and other important values and beliefs, it is important to understand what is meant by Latino population living in the United States. Latinos are currently the fastest growing population minority group in the United States, according to the 2010 Census data, there are currently 50.5 million Latinos in the United States, making up 16.3% of the total population. Latinos of Mexican, Puerto Rican and Cuban origin or descendant remain the nation's three largest Latino country-of-origin groups. The next four Latino subgroups are Salvadorans, Dominicans, Guatemalans and Colombians (Passel, Cohn, & Lopez, 2010).

The Latino population is already the nation's largest minority group and will triple in size and will account for most of the nation's population growth from 2005 through 2050. Latinos will make up 29% of the United States population in 2050, compared to 14% in 2005. If current trends continue, the population of the United States will rise to 438 million in 2050, from 296 million in 2005, and 82% of the increase will be due to immigrants arriving from 2005 to 2050 and their United States born descendants, according to new projections developed by the Pew Research Center (2008). Researchers have found that the majority of Latinos are Spanish speaking and have several shared cultural values, Latinos tend to be poorer, less educated and more consistently unemployed or employed in unskilled or semiskilled jobs when compared to non-Latino populations in the United States (Bledsoe, 2008).

Epidemiological studies conducted in previous years have reported that Latinos suffered from less mental distress than did majority populations. This encouraged a belief that Latinos needed less care and attention than other groups (Blendsoe, 2008). That information according to new studies (2004) was incorrect, recent reports from the Department of Health and Human Services tells a different story regarding overall Latino mental health, new studies have concluded that the incorrect conclusion was based on surveys that showed Latinos were underrepresented in populations that use mental health services (U.S. DHHS, 2006). New recent reviews and research findings show overall rates of mental health disorders in Latinos similar to those in the general population.

When examining serious psychological issues among people 18 years of age and older, Latinos have higher percentages than all other racial/ethnic groups with the exception of American Indians and Alaskan Natives (U.S. DHHS, 2006). Mental health problems also affect Latino children, factors such as physical impairments, cognitive disabilities, low birth weight, a family history of mental health, addictive disorders, poverty, parental separation, and child abuse or neglect place children at a high risk for mental health problems (U.S. DHHS, 2006). Latinos in general receive fewer mental health services than other groups even though the frequency of mental illness in Latinos is similar to that in other groups. Ethnic subgroup, insurance, age at migration, English language proficiency, and years in the United States all affect the frequency of mental health illness among Latinos (Shatell et al., 2008).

Little is known about the mental health needs of minority older adults. Mental illness affect approximately one fourth of the adult population in the United States although it is generally believed that mental health disorders are at least as frequent in ethnic minority groups as in the White population. As the Latino population ages, it is important to identify barriers

related to their age group. By 2030, it is projected that 20% of Americans will be age 65 and older. Between 2004 and 2030, the older White population is projected to increase by 74% compared to 83% of other minorities, including Latinos 208%, African American 147% and Asian Americans 208%, identifying barriers to mental health needs of minority older adults is of special interest and concern (Sorkin, Pham, & NGO-Metsger, 2009).

Latinos born in the United States have been found more likely to experience depressive disorders, anxiety disorders and substance use disorders than those born in their native countries (Alegria, Mulvaney-Day, Woo, Torres, Gao, & Oddo, 2007). Third generation Latinos have been found to have higher rates of those psychiatric disorders than first and second generation Latinos; Puerto Ricans have been reported to have the highest prevalence rate of mental disorders 39%, followed by Mexicans 28%, Cubans 28%, and those of other Latino descent 27% (Alegria et al, 2007). Differences between subgroups of Latinos shift attention to the particular mental health needs of these subgroups. Bledsoe stated, "All populations are affected by barriers to mental health services utilization such as fragmented services, unavailable services, high cost, and societal stigma" (Bledsoe, 2008, p. 157).

A study shows that Latino immigrants have better mental health than their United States born children and non-Latino Whites, despite having disadvantages such as socioeconomic status. It has also been shown that Latino mental health declines over time if they have lived longer in the United States and it is associated with levels of acculturation. Differences in psychiatric disorders rates between United States born and immigrants Latinos disappear within time in the United States. Discrimination and family cultural conflict appears to play a significant role in the relationship between time in the United States and the likelihood of developing psychiatric disorders (Cook, Alegria, Lin, & Guo, 2009).

Lack of Insurance, Language, Culture and Other Barriers

Some common barriers and implication for Latinos to embrace mental health care include lack of health insurance, language, and cultural differences; these barriers are usual among Latinos (Sherrill, Crew, R. M. Mayo, W. F. Mayo, Rodgers, & Haynes, 2005). Research has revealed significant preventive factor for the Latino community such as the cost of mental health care for the socio-economically disadvantaged. Access to mental health can be challenging and when ethnicity and insurance status are combined Latinos are among the least likely persons to receive health care as well as mental health (Sherrill et al, 2005).

Many Latinos are not covered by health insurance of all major racial/ethnic groups, Latinos have the lowest rates of health insurance coverage; access to health care is strongly influenced by the options available. Latinos often work for employers who do not provide coverage, at the same time; disparities are not as large among older people because of Medicare's wide coverage. In 2000, 34% of Latinos under the age of 65 lacked any type of health insurance coverage, compared with 11% of non-Latino Whites. Lack of health insurance varies commonly by national origin group and place of birth (Sherrill et al, 2005). One fifth of native-born Latinos lack coverage compared to a quarter of foreign-born Latinos who have become US citizen, and nearly 55 % of foreign-born Latinos who do not have US citizenship. Low rates of insurance among Latinos may contribute to the fact that Latinos are less likely than Whites to use health services for preventive care (Kington, Raynard, Herbert, & Nickens, 2001).

While having insurance does not guarantee access to mental health care or even quality care, not having insurance usually guarantees no care at all. Latinos who are uninsured are less likely to have regular source of care, more likely to postpone seeking needed care because of cost, and more likely to not receive needed care (Kaiser, Commission on Medicaid and the

Uninsured, 2006). Latinos not only lack insurance, but knowledge level of their insurance benefit eligibility and knowledge level and experience with the health care system (Gonzalez, 2006). Insurance status is an important determinant of health care utilization; an insured person is twice as likely as an uninsured person to go without medical care. Insurance status is one of the most significant determinants of mental health use among Latinos. A person without insurance is twice as likely as a person with insurance to go without medical care in general. The problem of health care access as related to insurance status is a big problem for Latinos considering that minorities, regardless of insurance status, are less likely than Whites to use professional services, this is a problem for Latinos since they are less likely to be insured compared to other groups, and therefore have not as good access to health care in general (Kaiser, et al, 2006).

Research findings confirm that among Latinos either with or without mental health illnesses, insurance coverage continues to play an important role in mental health services use, only 19.1% of uninsured Latinos used any type of service, even those with a psychiatric disorder corresponding service use rates were 38.6% among those with private insurance coverage and 51.6% among those with public insurance coverage. This finding confirms that lack of insurance coverage continues to lack Latinos' access to mental health services (Alegria et al, 2007). To sum up, the cost of mental health care as stated by research is an important limiting factor for the Latino community. Latino families are often in poverty, low education and low skills contribute to the type of work and number of hours they must work, and that may have an influence on the amount of time they spend with family members. Lack of sufficient income and lack of health insurance were described by community participants as major barriers to Latinos accessing

mental health care (Shatell et al, 2008). Although lack of insurance is extremely important, it is not the only factor or barrier limiting access to care for Latinos.

As Latinos turn to mental health services, they often face several problems one of the problems is the language barrier. For example, when speaking his or her native language the therapist can throw in cultural anecdotes, to explain and to maintain the flow of therapy (Gonzalez, 2006). Latino immigrants report greater fluency in English if they are highly educated, arrived in the United States as children or have spent many years here (Dupre, Herrera, Martinez Tyson, Jang, & King-Kallimanis, 2010). Two surveys, along with a more recent nationwide survey of Latinos taken by the Pew Hispanic Center in October and November of 2008, also provided a clear measure of how Latinos believe that insufficient English language skills is an obstacle to seek mental health. In surveys taken in 2007, 2006 and 2002, participants were asked about potential sources of discrimination against Latinos. In all three surveys, language skills was chosen more often than the other options as a cause of discrimination, for this reason language is considered by the researcher to be one of the main barriers for why Latino do not seek mental health counseling.

According to research, “Language barriers may be particularly problematic in mental health care because much of mental health diagnosis and treatment relies on direct communication rather than objective tests or medication.” (Sentell, Shumway, Snowden, 2007, p. 364). This issue is of particular importance to primary care providers because research has found that the majority of primary care patients believe it is important to receive help from their physicians for their emotional problems. People of minority racial/ethnic groups are particularly likely to seek help for mental health problems from primary care providers, yet the mental health concerns of minority patients are more likely to go unnoticed in primary care; language barriers

may make it primarily difficult for medical providers to meet patients' mental health needs (Sentell et al, 2007).

Language along with culture is the most effective means of building relationship with clients, to have the same culture and speak the same language is often impossible and interpreters may come to the picture (Shatell, 2007). Shatell, (2007) agreed that interpreters are not ideal and often were awkward for all the persons involved. For example, many practitioners made the mistake of focusing their attention on the interpreter, rather than the client. Clients therefore began to trust interpreters not practitioners, and relationships were never established between client and provider (Shatell, 2007). Gonzalez stated, "Speaking the client's language is key to providing mental health treatment; professionals who are unable to communicate with minority groups cannot provide the same diagnostic expertise, cannot establish the necessary empathy and rapport, and cannot provide the necessary support, comfort, and care" (Gonzalez, 2006, p. 83).

Latino's culture has an impact on mental health illness and to how clients communicate and cope with the illness. Considering age, gender, immigration status, racial and cultural needs, culture plays an important role in how Latinos perceive and embrace counseling for mental health related problems. Adolescents, adults and the entire population face gender, age, racial and cultural needs. Gonzalez examined and made the assumption, "That it is not enough to provide a Latino client with a Latino professional rather, it is necessary to understand the client's culture"(Gonzalez, 2006, p. 83). In the same article, culture is discussed as more than a language and shared ethnicity, it is viewed as shared values, expressions, thoughts, and traditions that may or may not bring a Latino who is mentally ill into treatment.

When considering culture in the role of Latino mental health services use, it is important to understand that the Latino culture in the United States exists within a larger majority culture

(Bledsoe, 2008). Often differences between two cultures affect mental health services. As stated by Bledsoe, “Latino culture can be characterized with respect to the following values: group rather than individualistic orientation; strong attachment and loyalty to family; deference and obedience to authority figures and revered relatives; present time orientation focused on here and now activities rather than punctuality of future planning; and strong gender roles, men as macho and women as submissive” (Bledsoe, 2008, p. 163). For Latinos proclaiming their nationality is very important; it provide a sense of pride and identity that is reflected in the stories they tell, their music, and their poetry. Therefore, it should not come as surprise that some Latinos prefer to refer to themselves by their county of origin, for example Mexicano or Cubano (Delgado-Romero, 2001). Not being able to understand particular cultural issues such as those mentioned above can limit professional’s good intentions to provide good services to Latinos.

Acculturation have had continue to have an influence on Latinos search for counseling. Acculturative stress is influenced by several factors such as preference for one’s language, coping resources, and social barriers. Mental health Professionals need to consider the degree of acculturation, language’ as well as to traditional customs, values, and norms of those being treated (Gonzalez, Prihoda, Copeland, & Zeber, 2011). One of the social barriers related to mental health care usage is education achievement that goes together with the lack of Latinos to seek mental health counseling. Older Latinos pause education attainment, 5.5% of all older Latinos had a bachelor’s degree or higher compared to 16.7 percent of all older persons (U.S.DHHS, 2006). Older minorities are less likely than non-Latino to seek a mental health specialist for their mental problems. Services used by minorities were more affected by financial and social barriers than gender differences (Ojeda, McGuire, 2006).

Latinos turn more to traditional self-care and informal support such as those as clergy and primary care physicians. Cultural factors such as religion beliefs can affect the use of mental health care. Some Latinos prefer to seek more culturally traditional ways to solving emotional problems such as seeing a palm reader or a folk healer; some Latinos view emotional problems as sign of weakness, lack of strength or bad luck, the result of a spell, supernatural event, or God's will rather than a medical problem related to biological and emotional problems (Lopez et al., 2008). Going to a therapist or clinician may be seen as an admission of weakness, instability, or being crazy (Bledsoe, 2008).

Moreover, Bernal and Saez-Santiago (2006) discussed other cultural issues that are important to note that the Latino population in the United States is diverse and heterogeneous. Statistics show that all various Latino ethnic groups shared certain similarities, among which are: poverty, inadequate housing, high proportion of single parent families, alcohol and drug addiction, acculturative stress, discrimination, relatively low educational and economic status, and a history of conquest, oppression, defeat and struggle for liberation, particularly for the Mexican Americans and Puerto Ricans. One disadvantage faced by Latinos groups is the loss of their traditional cultural orientation, which may lead to family disruption that can contribute to the development and maintenance of both mental health promoting and mental health damaging behavior (Bernal & Saez-Santiago, 2006)

Legal status in the United States is also a newer important individual factor regarding mental health service use because of its implications for the availability of insurance, services, and the perception of what services will be available. Undocumented immigrants report underutilization of services linked to fear of being deported to immigration authorities (Echeverry, Ruiz, 2002). Anti-immigrant policies have distanced Latinos from the mental health

care system; those policies have had overwhelming impact on access to health and mental health care services for many Latino immigrants; especially those who are not documented residents (Agilar-Gaxiola, & colleges, 2003).

A 2010 study reports that undocumented immigrant's status gave rise to feelings of fear and anxiety, which have influenced how individuals saw themselves, interact with others in the community, and access resources. Documentation status also significantly contributed to self-identity. Rates of mental health services use among Latinos appear to have increased substantially over the past decade relative to rates reported in previous years, cultural and immigration characteristics should be considered in matching mental health services to Latinos who need professional mental health care to meet the immigrant related problems such as oppression (Fortuna, Alegria, & Gao, 2010).

Latino Embracing of Mental Health Counseling

Although factors such as differences in ethnic group, English language proficiency, and immigration status have been suggested as associated of Latino mental health services use, those factors are typically not evaluated in most national studies (Alegria et al, 2007). Research has found that the underuse of mental health services among Latinos living in the United States is a concern in research and practice. Studies conducted in the 1990s showed that fewer than 1 in 11 Latinos with mental health disorder sought mental health services and that fewer than 1 in 5 obtained general services for mental health problems and rates were even lower among Latino immigrants (Alegria et al., 2007). Newer research rates of mental health services use among Latinos have substantially increased over the past 10 years relative to estimates from studies conducted in the 1990s. Results from a new study indicate that 34% of Mexicans and 43% of Puerto Ricans who had met criteria for diagnosis in the study had used mental health services,

that study is consistent with other findings obtained in recent national samples and are particularly relevant to Puerto Ricans and Mexicans.

A different recent study shows that rates of overall mental health services among Latinos were significantly higher among Puerto Ricans than among all other Latino subgroups. The study showed the following results, 1 in 5 Puerto Ricans (19.95) reported past years mental health service use, in contrast to 1 in every 10 Mexicans (10.1%). In comparison with United States-born Latinos who indicated that they spoke primary English, foreign-born Latinos and those indicating that they spoke primary Spanish reported less use of services overall and less use of specialty services, however, there were no significant differences in general sectors in general mental health service use (Fortuna et al., 2010).

Mental health is a frequent condition with similar rates among Latinos, African Americans, and non-Latino Whites in the United States; nevertheless, there are disparities in treatment access, engagement and retention for ethnic minority communities. Research has shown that even when ethnic, racial, and linguistic minorities access psychiatric treatment, early dropout and high rates of missed follow - up appointments for psychiatric care is a persistent concern (Fortuna, al et, 2010). There is considerable literature describing factors; which may serve as specific barriers to retention in mental health treatment among ethnic groups. Factors that have been considered include unhappy treatment expectations, less likelihood of obtaining specialty mental health care, lack of ethnic/racial matching between patient and provider, cultural trust of the mental health system, and inadequacy of services provided to ethnic minorities (Fortuna et al, 2010).

In regards to Latinos embracing of counseling, research has suggested that Latinos embracing of mental health services is influenced by factors other than the usual healthcare

barriers including language, insurance, and cultural barriers. For immigrants and refugees, it is important to consider the added effects of exit circumstances and the potential mental health consequences of lost social supports and status, acculturative stress and displacement. For example, Cuban immigrants may be able to access strong social, political, and economic networks than other Latinos. For instance, Salvadorians may have less access to sociopolitical and economic resources in the United States (Fortuna, Porche, Alegria, 2008).

Strategies to Increase Involvement of Latinos in Counseling

Research has documented many strategies to increase involvement of Latinos in mental health practices. One of the strategies documented by researchers particularly effective for the Latino community is the development of collaborative partnerships with community agencies and programs to increase utilization of mental health services by incorporating radio and community forums, educational work shops, and print media and television to promote the availability of cultural and linguistically sensitive services (Aguilar-Gaxiola et al, 2003).

A study discussed the aging of the Latino population and has proposed the following strategy to help older and younger Latinos based on the similarities and differences and related barrier to develop the following in order to increased effectiveness to help Latinos to seek and use mental health treatment. Research proposed that treatment models might consider integrating mental health treatment into primary care settings and partnering with physicians who serve Latinos to better reach and serve older and younger Latinos according to their personal needs (Dupree, Herrera, Martinez-Tyson, Jang, & King-Kallimanis, 2010).

Research has suggested that Latino youth experience disproportionate rates of health problems including mental health problems such as suicide and depression. Latino youth face about the same barriers to mental health care as adult Latinos created by the same barriers

economic social and other. For example, Latino adolescents report higher rates of depression, anxiety, suicide ideation, and attempts than their Caucasian counterparts. Despite the pretty high rates of mental health Latino youth especially males, do not seek or receive help as their adolescent counterparts of other ethnicities, for that reason as expressed by research, mental health problems among Latino need to be addressed and understood from underlying risk and protective factors on the part of the school based health professional, teachers, parents, health care providers, and other adults in their lives (Garcia, Skay, Sierving, Naughton, & Bearinger, 2008).

Researchers presented different strategies to decrease the disparity in mental health services and to be able to provide effective psychological mental health services. One strategy presented is that researchers must work to develop new and more efficient studies. These studies should directly address disparities in access and in the knowledge base by using research methods and best practices treatment protocols that focus on mental health issues in the low income, ethnic minority communities that are often overlooked by research; mainly studies that target under- served and under-researched populations that approximate the types of cases seen in community mental health centers. If researchers conduct clinical experiments that consider cultural and language issues as being integral to the treatment itself, researchers may be able to move more quickly from efficacy to effectiveness (Bernal, et al, 2006).

Chapter Three: Conclusions and Recommendations

In summary, this study examined barriers affecting Latino mental health services and the pressing issue of Latino embracing of counseling and its implications. There is considerable literature describing factors; which may serve as specific barriers to retention and embracing in mental health treatment, the prevalence of those barriers is attributed to several factors including lack of access to mental health care, language, cultural, and other barriers. The conclusion is that Latinos in the United States receive fewer mental health services than other groups; even though, the prevalence of mental illness in Latinos is similar to that in other groups. Public mental health providers must provide effective and culturally sensitive education for Latinos.

Past years studies showed that the Latino population suffered from less mental distress than did majority populations. However, this study shows that information is incorrect, recent reports from newer studies conclude that the incorrect conclusion was based on surveys that showed Latinos were underrepresented in populations. The study findings show overall rates of mental health disorders in Latino similar to those in the general population. In addition, more research needs to be done including larger samples of Latinos.

Since the Latino population is already the nation's largest minority group and will triple in size by 2050, it is important that mental health providers are aware and understand that mental health barriers have an effect on Latinos in the United States. The study found that Latinos of any age received fewer mental health services than other groups, even though the frequency of mental illness in Latinos is similar to that in other groups. Mental health providers need to take in consideration barriers such as lack of insurance, age at migration, English language proficiency, culture, years in the United States, and other barriers that might have an effect on how Latinos view and embrace mental health services.

This study indicated that little is known about the mental health needs of Latinos in general. Acculturation can be a deterrent issue since mental health professionals lack experience in cultural knowledge in regards to the Latino Community and the barriers they face as they seek mental health treatment help. The study revealed significant limiting factor for the Latino community such as the cost of mental health care and the study has found that many Latinos are not covered by health insurance of all major racial/ethnic groups; Latinos have the lowest rates of health insurance coverage in the United States.

Language, for example, was found to be one of the main barriers to mental health services and the embracing of mental health care. The study has shown that Latinos believe that insufficient English language skills is an obstacle to seek mental health; the study indicated that when considering culture in the role of Latino mental health services utilization, it is important to understand Latino's needs. Based on the literature review, it is recommended that mental health care professional further educate themselves on reasons as well as implications for Latinos are not using mental health services. Perhaps the main focus should be to analyze if Latino's needs are different from other population's needs.

Therefore, further research needs to be done in order to better understand the barriers Latinos face when seeking mental health care. The results would be significant and helpful to mental health providers and the medical field in general. More research can assist mental health providers in providing a more appropriate and effective care to the Latinos community. A recommendation for further study would be to replicate or do a new study targeting Latinos facing barriers related to their immigration status. That would also help mental health providers to understand pressing issues related to immigration problems. The study revealed that Latinos lack key information about mental health assistance. In most cities nation wide assistance is

available to any ethnic groups and in many instances in their own language, but Latinos as well as some other minorities is afraid of seeking mental health help. Mental health professionals need to understand the need to make the Latino community aware of the services available to them in their own communities.

REFERENCES

- Aguilar-Gaxiola, S. A., Zelezy, L., Garcia, B., Edmondson, C., Alejo-Garcia, C., & Vega, W. A. (2003). Mental health Care for Latinos: Translating research into action: Reducing disparities in mental health care for Mexican Americans. *Psychiatric Services, 53*, 1563-1568.
- Afadable-Munsuz, & Brindis, C. D. (2006) Acculturation and the sexual and reproductive health of Latino/a youth in the United States: A literature review. *Perspectives on Sexual & Reproductive Health, 38* (4), 208-219.
- Alegria, M., Mulvaney-day, N., Woo, M., Torrens, M., Gao, S., & Oddo, V. (2007) Correlates of past-year mental health service use among Latinos: results from the national Latino and Asian American study. *American Journal of Public Health, 97*, (1).
- Bernal, G., & Saez-Santiago, E. (2006) Culturally centered psychosocial interventions. *Journal of Community Psychology, 34* (2), 121-132.
- Bledsoe, S. E. (2008) Barriers and promoters of mental health services utilization in a Latino Context: a literature review and recommendations from an ecosystems perspective. *Journal of Human Behavior in the Social Environment, 18* (2). Doi: 10.1080/1091135082285870
- Cook, B., Alegria, M., Lin, J., & Guo J. (2009) Pathways and correlating Latinos' mental health with exposure to the US. *American Journal of Public Health, 99* (12), 2247-2254.
- Delgado-Romero, E. A. (2001) Counseling a Hispanic/Latino client-Mr. X. *Journal of Mental Health Counseling, 23* (3), 207-221.
- Dupree, L. W., Herrera, J. R., Martinez-Tyson, D., Jang, Y., & King-Kallimanis, B. L. (2010) Age group differences in mental health care preferences and barriers among Latinos: implications for research and practice. *Best Practice in Mental Health, Vol 6* (1).

- Echeverry, J. J. (2002). Treatment barriers: Assessing and accepting professional help. *Psychological Interventions and research with Latino populations* 94- 124.
- Fortuna, L. R., Porche, M. V., & Alegria, M. (2008) Political Violence, psychosocial trauma, and context of mental health services use among immigrant Latinos in the United States. *Ethnicity & Health, 13 (5) 435-463. Doi: 10.1080/13557850701837286*
- Fortuna, L. R., Porche, M. V., Alegria, M., & Gao, S. (2010) Retention in depression treatment among ethnic and racial minority groups in the United States. *Depression and Anxiety, 27, 485-494.*
- Garcia, C., Skay C., Sierving, R., Naughton, S., & Bearinger L, H. (2008) Family and racial factors associates with suicide and emotional distress among Latino students. *Journal of School Health. Vol. 78: 487-495.*
- Gonzalez, J. M. (2006) Older Latinos and mental health services: understanding access Barriers. *Journal of Human Behavior in the Social Environment, 14, 73-93. Doi: 10.1300/J137v14n01_04*
- Gonzalez, J., Prihoda, T., Copeland, L., & Zeber, J. (2011) How the relationship of attitudes toward mental health treatment and service use differs by age, gender, ethnicity/race and education. *Social Psychiatry & Psychiatric Epidemiology, 46 (1) 45-57.*
- Kington, Raynard, S., Herbert, & Nickens. (2002). Racial and ethnic differences in health. *Racial Trends ant their consequences, vol. II, 2002, National Academy Press: Wasgington DC..*
- Kaiser Commission on Medicaid and the Uninsured. (2006). The ininsured: A primer. Key facts about Americans without health insurance. *<http://www.kff.org/uninsured/upload/7451-021.pdf>*

- Lopez, C., Bergren, M. D., & Painter, S. G. (2008) Latino disparities in mental health services. *Journal of Child and Adolescent Psychiatric Nursing, 21 (3) 137-145*
- Ojeda, V. D., & McGuire, T. G. (2006) Gender and racial/ethnic differences in use of outpatient mental health and Substance use services by depress adults. *Psychiatric Quarterly, 77, 211-222.*
- Passel, Jeffrey S., D’Vera, & Cohn. (2008). U.S. Population Projections: 2005-2050. Washington, DC: The Pew Hispanic Center.
- Shattell, M. M., Hamilton, D., Starr, S. S., Jenkins, C. J., & Hindeliter, N. A. (2008) Mental health service needs of a Latino population: a community-based participatory research project. *Issues in Mental Health Nursing, 29, 351-370.*
- Sherrill, W. W., Crew, L., Mayo, R. M., Mayo, W, F., Rodgers, B. L., & Haynes, D. F., (2005) Educational and health services innovation to improve care for rural Hispanic communities in the US. *Education for Health, 1357-6283. Doi: 10.1080/13576280500312850*
- Sentell, T., Shumway, M., & Snowden, L. (2007) Access to mental health treatment by English language proficiency and race ethnicity. *Journal of General Internal Medicine, 22 (2), 289-93. Doi: 10.1007/s11606-007-0345-93*
- Sorkin, D. H., Pham, E., & Ngo-Metzger. (2009) Racial and ethnic differences in the mental health needs and access to care of older adults in California. *Journal of the American Geriatrics Society, 57, 2311-2317.*
- US Census Bureau. (2010). Population profile of the United States: Available at: <http://2010.census.gov/210census/data/>. Accessed June 21, 2011.

US Census Bureau. (2000) *Health insurance coverage: Current Population Report P60-215*.

Washington, DC, US Census Bureau 2003.

US Department of Health and Human Services. (2006) *Mental Health: Culture, Race, Ethnicity Supplement to Mental Health: Report of the Surgeon General, 2006*.