The Mental Health of Latinx Young Adults and Its Effect on Their Parental Relationships

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For the degree of Master of Social Work

By

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Abstract

The Mental Health of Latinx Young Adults and Its Effect on Their Parental Relationships

By

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Master of Social Work

There is an issue in the Latinx community where there is a lack of mental health knowledge which contributes to the stigma of mental health illnesses. The purpose of this study is to explore the current emotional, social, and behavioral stress of a young Latinx adult. Second, this study seeks to explore how the Latinx young adults’ current stresses affect the relationship and communication with their parents. Lastly, this research hopes to gather information on how this community can break the mental health stigma. Using an exploratory/descriptive design, the researchers hope to answer, “Within the Latinx cultural community, what strategies might promote intergenerational support for adult children experiencing emotional, social or behavioral stress?” Some implications of our study include uneven ratio of male to female participants, non-western ways of dealing with mental health in the Latinx culture, our survey only let individuals participate up to age 35, and we did not get the parent perspective of the child-parent relationship. Primary data was collected from an original 15-25 minute anonymous online survey consisting of 10 scaling questions, 12 multiple choice questions, and 7 open ended questions. Data was gathered from 100 individuals aged 18-35 who are of the Latinx background and have been feeling emotional, social, or behavioral stress in the past 30 days. The aim of this study was to contribute to efforts being made on ending the mental health stigma such as promoting seeking therapy, educating on mental health illness, and openly communicating about mental health. This study found that in order to help bridge the gap between young Latinx and their
parents in regard to discussing mental health, there needs to be awareness and education around mental health within the older Latinx population. In order to help young individuals feel comfortable in sharing their experiences with their friends or family, results showed that we need to eliminate feelings of guilt due to not wanting to cause burden. Additionally, to feel more comfortable seeking professional help, we need to make these services more affordable to this population. With high indicators of stress in participants, they still rather seek mental health support from a friend or professional, rather than a family member. This is why the researchers believe it is important to seek strategies that can promote intergenerational mental health support within the Latinx culture.

Keywords: Mental Health, Mental Health Stigma, Latinx, Mental Health and Latinx, Latinx Culture, Parent-Child Emotional Relationship, Help-Seeking Therapy, Intergenerational Support, Social Emotional and Behavioral Stress.
Introduction

Many parents from the Latinx community are not educated enough on the topic of mental health and can be biased towards those who do have a mental health illness or show symptoms (Dixon et al., 2020). The high levels of stigma associated with mental illness make it difficult for individuals struggling to seek treatment (Mayo, 2017). This study aims to find the correlation between an adult child’s emotional, social, and behavioral stress and the parental support they receive. Current research shows, Latinx parents were never taught how to support their adult child’s mental health due to them not receiving the support themselves growing up (Dixon et al., 2020).

This issue is important because in the Latinx culture, individuals are not motivated to discuss issues with parents which may cause poor mental health. Latinx adults fail to recognize the contributing factors which negatively affect their mental health. Latinx adults also struggle seeking mental health help due to language, health insurance coverage, lack of cultural competence, legal status and stigma barriers (National Alliance of Mental Illness, 2020). Nearly 60 million Latinx adults in the United States have reported having a mental health illness. In 2018, more than half of Latinx adults with a mental health illness did not receive treatment (Mental Health America, 2020).

Part of the survey aims to have the participant reflect on their level of mental health awareness and what they have done or plan to do to help break the stigma in their family or in the Latinx community. According to Mental Health America (2010), it is hard to identify mental health problems because Latinx individuals often focus on physical symptoms rather than mental health signs and symptoms. This study aims to encourage self-help and close the gap between physical and mental wellbeing to have a healthier well-rounded life. By understanding the results
of this study and reflecting on the mental health stigma within their family or community, it can help individuals better identify the cultural and societal barriers of receiving mental health services.

Background

Mental health is stigmatized far more than any other type of illness, and it has been a tradition since the middle ages (Rössler, 2016). In ancient Greece, “stigma” was a brand to mark suffering from depression, autism, schizophrenia the same as criminals, by imprisoning, torturing, and killing them (pg.1250). During the middle ages, mental health was seen as a punishment from god and individuals with such illnesses were thought to be possessed by the devil. The enlightenment sparked the beginning of treatment centers and health institutions, but even so, this is not a source used enough today (Rössler, 2016).

Mental health stigma is when someone views you in a negative way because you have a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage viewed as a negative stereotype (Mayo, 2017). The high levels of stigma associated with mental illness make it difficult for individuals struggling to seek treatment. As stated by Chandra (2006), Stigma starts early in adolescence and carries on into young adulthood. In 2017, there were an estimated 46.6 million adults aged 18 or older in the United States with any mental illness (AMI). This number represented 18.9% of all U.S. adults. Young adults aged 18-25 years had the highest prevalence of AMI (25.8%) compared to adults aged 26-49 years (22.2%) and aged 50 and older (13.8%) (National Institute of Mental Health, 2019). 18.3% of the U.S is latinx, 16% of those latinx reported having a mental health illness. This equals to nearly 60 million people. In 2018, 56.8% of Latinx/Hispanic young adults 18-25 and 39.6% of adults 26-49 with serious mental illness did NOT receive treatment (Mental Health America, 2020).
According to Corrigan (2005), mental health stigma can negatively change a person's perception and attitude towards people who are seeking or already receiving mental health services. Mental health stigma can harm an individual with a mental health illness, such as internalizing the stigma and it is affecting their self-esteem. The stigma can potentially stop one from getting the help they need. This is a call for mental health awareness to help diminish the stigma within family and friends, and at a structural level (Corrigan, 2005).
Literature Review

**Parental Attitudes Towards Mental Health**

An evident help-seeking barrier for individuals with mental health symptoms is stigma. It can stop one from receiving mental health services. Moreover, when including the beliefs on mental health from racial and ethnic minority parents, those barriers may be exacerbated in ways that it stops the parent from getting their child help for services (Dixon et al., 2020). In a qualitative study done by Dixon et al. (2020), 15 parents of the Latinx descent were interviewed with questions about the mental health of their children, the surrounding stigma of mental health, the cultural perspective on mental health, what they know about treatments, and accessibility to help-seeking information. It resulted that parents had difficulty identifying the signs and symptoms of the mental health problems their child would experience due to the lack of knowledge on mental health issues in their community. In addition to the findings, both parents and children were judged by community members with phrases such as, “Suck it up” or “You’ll grow out of it” (pp. 4-5).

As mentioned in Eaton et al. (2012) the parent or parents of an offspring struggling with a mental health illness may experience courtesy stigma also known as stigma by association. The self-shame a parent suffers due to the stigma can have a decrease in a satisfying parent to child relationship. In addition to courtesy stigma, parents were judged and criticized on their parenting in relation to their child’s mental well-being. In this case, the label of bad parenting attached to stigma was recognized as parent blaming to parents, whereas in Dixon et al. (2020), the “blame” was sometimes placed on the child. Children were called lazy or crazy if they had symptoms of anxiety or depression. They found that families would be made fun of for having a child with mental health symptoms. When compared to Eaton’s et al. (2012) article, Latinx parents also felt
blame by others however, it was due to the fact they were seen as “bad individuals” and were being “punished by God” and now, their kids are suffering for it. Latinx parents expressed that in their hometown, people are not educated on mental health issues such as anxiety or depression. Furthermore, many Latinx parents experience the lack of knowledge on the topic due to their cultural views, resulting in a more generational upbringing. It is important to highlight that many parents from the Latinx community are not educated enough on the topic of mental health and can be coined biased towards those who do have a mental health illness or show symptoms (Dixon et al., 2020).

Although the parents mentioned in Eaton et al. (2012), were Australian and the parents mentioned in Dixon et al. (2020), were Latinx, the family dynamic still exists in all ethnicities. On one hand stigma came from self-shame and on the other hand stigma appeared in communities and when compared, stigma existed in one way or another in all families. In addition, it is suggested that the self-stigma in parents, and the stigma they receive around mental health can lead to a negative effect on the relationship with their child. Therefore, parents suffer from mental health stigma in relation to their child’s mental health symptoms, ultimately impacting the parent-child relationship.

Focusing on the parental attitudes towards mental health can give researchers a better understanding of their perspectives of mental health and how those views can make a difference in the parent to child relationship, specifically the children experiencing mental health symptoms (Dixon et al., 2020). Identifying the parental cultural/familial views on mental health has been studied. However, further research on the child’s perspective will lead to a better understanding and how Latinx parents and community can better support those struggling with mental health symptoms.
**Barriers to mental health help seeking: Depression**

As of 2012, Latinx individuals represent the largest ethnic minority group in the U.S and it is estimated that by 2050, they will make up to a quarter of U.S citizens (Uebelacker et al., 2011). A study conducted by the Albert Einstein College of Medicine and the Hispanic Community Health Study/Study of Latinos (HCHS/SOL) showed that overall, 27% of Latinx participants reported high levels of depressive symptoms and only 5% of the sample used antidepressants. In a study created by Uebelacker et al. (2011), the authors aimed to discover possible barriers to receiving care for depression, feelings towards receiving care, and tested an intervention called telephone care management they believe would cater to this specific population in reducing their depression.

To complete their study, the researchers Uebelacker et al. (2011) recruited a total of 30 individuals (26 women, 4 men) of Latinx background who self-identified as experiencing “depression, stress, nervios, or worry. The researchers created 4 focus groups that ran within the span of 2 months and were conducted entirely in Spanish. The questions asked in these focus groups centered around “barriers and facilitators of receiving treatment for depression in general and in being a part of the telephone depression care management program.” Upon completion of the study, the researchers found that there were 2 sets of themes that arose, the first one focused on barriers of receiving care and the second focused on attitudes towards care for depression.

With barriers of receiving care, there were 9 themes present, vulnerability, social connection engagement, language, culture, insurance/money, stigma, disengagement, information, and family (Uebelacker et al., 2011). Participants worried about the security of their information stating, “we don’t trust even ourselves” and “it is difficult to trust a friend” explaining that in the Latinx culture, it is hard to trust others including those in the same
community. Participants explained the importance of social connection to their health care providers and the lack of “timely access to care” (Uebelacker et al., 2011, p. 119). Participants described that they do not talk about depression because they are not asked about it and feeling that healthcare professionals do not pay attention to people who really, really need it.

Concerning language, individuals felt the need to have an interpreter that would assist while in their medical visits (Uebelacker et al., 2011). One participant shared “there is a lack of information and communication about the need for interpreters” explaining that sometimes, doctors didn’t want to help because they didn’t bring their own interpreters and that even with an interpreter, there was concern for accuracy of information. In terms of culture, participants described their “desire for cultural concordance” (pg.119). individuals felt that if white doctors are studying and reading plentiful books on depression, they should also take the time and read at least one book to understand Latinx culture.

Participants discussed insurance and money, as well as their financial troubles (Uebelacker et al., 2011). Individuals who do not have insurance for therapeutic services seek the church for guidance, but even getting those church groups can come at a cost “yes, but there are no funds”. One of the biggest setbacks for not seeking treatment in the Latinx culture comes from the stigma it receives, especially a community stigma “with my friends, it’s about what they would say about me” (pg.120). Participants also discussed stigma within the church saying that in some churches, depression is seen as demonic “it is not considered a sickness, but instead something diabolical” (pg.120).

As for disengagement, participants describe moments where they would try to minimize the importance or presence of depression because they have received answers such as “why are you depressed, you have everything” when trying to talk about it with friends or family
One belief in the Latinx culture is that you should help yourself rather than seek treatment elsewhere. Fear is another common theme such as fear for being undocumented, fears of having their children removed if they expressed, they contemplate suicide or fear of expressing one’s feelings. Many individuals talked about choosing to feel isolated “what we do is we lock ourselves in and cry cry cry” and “sometimes I go for a drive in my car because I don’t have anyone to talk to with whom id feel better. I think this is not right, I know it’s not right” (pg.120).

As for information about depression, participants described a lack of knowledge about what insurance covered and others spoke about the ignorance in the community stating that not all people even know what depression means so they don’t seek treatment for it (Uebelacker et al., 2011). Finally, family was seen as a barrier to seeking treatment because of the duty they feel to their family to feel ok. On one hand, children might motivate someone to seek help, but on the other, they don’t want to trouble their family with more problems.

Our second theme, attitudes towards care for depression showed us 5 common concepts, the importance for seeking help for depression, specific types of treatment, healthcare providers, continuity and coordination of case and phone calls (Uebelacker et al., 2011). Despite the low number of people who seek care, participants still described the importance for seeking it if you are feeling depressed. Regarding types of depression treatment, many individuals are turned off by the use of medication stating that they are afraid of becoming addicted or thinking they might cause more harm than good. Participants were more favorable to addressing depression through groups so that people know that they are not alone.

With the individuals that have sought professional help, they had good and bad reviews on their provider such as “he understood me well” and “my psychologist stressed me out, they
made me feel I was crazy” (Uebelacker et al., 2011). Participants discussed their desire for continuity coordination of care saying that if their doctor and psychologist worked together, they would help people more. They also described their frustration with their health care plan stating that if they changed doctors, they would have to start their treatment all over again.

Finally, the researchers were specifically interested in the participants' impressions of telephone care management as this was the program they implemented (Uebelacker et al., 2011). Participants indicated their need for attention and preferences in arranging phone calls with their provider. Others mentioned that phone calls would be unreliable as some of them didn’t have a phone or they might have it disconnected for lack of funds. They rather know who they are talking to face to face because they want to know how reliable they are and of their qualifications. In conclusion, participants indicated that the best way to reach them would be in written communication.

In regards for minimizing the stigma, participants suggested more community outreach and educational events that address depression (Uebelacker et al., 2011). Participants also described that outreach to the latinx community will be difficult because of immigration issues. Another mode of outreach they hoped to see would be to put announcements in everyday household items such as cosmetics, food packages, even soda. They described wanting to see more brochures, posters in their churches that read “do you feel alone, do you want someone to talk to, do you have an hour instead of using the work “depression”. As for minimizing depression, participants described how they handle it on their own such as exercising, distracting themselves, or listening to music to cope.
Method

Primary data was collected from an original anonymous online survey consisting of 29 questions. Upon completion, participants were no longer needed in the data collection. Data was gathered from individuals aged 18-35 who are of the Latinx background and who for the past 30 days have been experiencing social, emotional, and behavioral stress. Supporting Data was gathered from existing literature analysis on parental cultural attitudes towards mental health contributing to the stigma in the Latinx community to help support the study. The goal of the survey was to obtain feedback from the key participants such as young Latinx adults and how their stressors have impacted the relationship with their parents. The survey also sought to explore support systems for these young adults and help de-stigmatize the topic of mental health within their family and community.

Participants

Using the representative sampling method, 100 participants were gathered for this research study. Participants were recruited through distributing a recruitment flyer online to individuals who were interested. In order to qualify for this research study, participants must be between the ages of 18-35. Both participants and their parents must be from a Latinx background. During the time the participants were completing the survey, they must have been currently and for the past 30 days experienced emotional, social, or behavioral stress. Participants must have also wanted to receive emotional support from their parents.

Measures

The 29-item survey had four sections: (1) Demographics; (2) Parental Relationship/Communication; (3) Social, Emotional and Behavioral Stress; and (4) Help-seeking. The anonymous online survey was written by the researchers based on literature related
to Latinx Mental Health. Variables measured in the study include gender, participant age, parent’s age, help-seeking, parental communication, parent’s age, living situation, levels of stress, support systems, stigma, and barriers. Variables were combined to develop questions to help answer the study’s research question “Within the Latinx cultural community, what strategies might promote intergenerational support for adult children experiencing emotional, social or behavioral stress?” The following questions were: 1) Does helping seeking differ from gender? 2) What’s the relationship between family help-seeking vs. friend help seeking vs. professional help-seeking? 3) Do participants communicate more with their parents based on how old the participant is? 4) What’s the relationship between family help-seeking and parents' age? 5) Does living with parents increase parent-child communication? 6) Are participants' stress levels lower or higher when they communicate with their parents? 7) Are participants stress levels higher or lower when they seek mental health support from a friend vs. family vs. a professional? 8) What is the relationship between stigma experienced within the family/community and the barriers when talking to family about mental health? 9) What barriers are getting in the way of eliminating the mental health stigma in Latinx families/community? 10) What is the relationship between the mental health barriers a participant may encounter when talking to a family member vs. friend vs. professional?

The survey was conducted online using Qualtrics and data from the survey was downloaded to an excel spreadsheet and then imported into SPSS (Statistical Packages for Social Services) for analysis. The data analysis included descriptive statistics on all study variables. Survey responses related to participant's relationship with parent(s), responses to scaling questions related to social, emotional, and behavioral stress (and the composite score for stress items) and participant's responses to mental health help-seeking behavior. Findings were then
compiled into tables and charts. Analysis using SPSS was also included in comparison of group mean scores and correlation or chi-square association tests between key variables to help answer the research question. Data gathered from several open-ended survey questions will be summarized and reported based on the themes offered in participant responses. Study records were secured electronically. All computers are password protected. All the programs used, CSUN box, Qualtrics, and SSPS are password protected. All personal computers of the students and advisor were stored in their personal home offices which were not accessible to non-authorized personnel. There were not any physical records.

**Research design**

This study used an exploratory/descriptive design that collected its own data. Data was collected from primary data analysis. Primary data was collected from an original 15-25 minute anonymous online survey that consisted of 10 scaling questions, 12 multiple choice questions, and 7 open ended questions. Supporting Data was gathered from existing literature analysis on parental cultural attitudes towards mental health contributing to the stigma in the Latinx community and barriers in mental health that helped support the study. The goal of the survey was to obtain feedback from young Latinx adults on their firsthand experiences dealing with the cultural barriers in sharing their mental health status with parents. In addition, the study explored support systems for these young Latinx adults to help identify help-seeking motives, and to help de-stigmatize the topic of mental health within their family and community.

**Procedure**

The survey that the researchers used to collect data was distributed on an online platform and was distributed in English only. Once participants agreed to participate in the study, it was obligated for them to answer all question in the survey. If the participants were not willing to
answer all questions, they had the freedom to opt out of participating and exiting the survey. Once participants had completed the survey, a second survey was presented to the participants in which they provide their email address to receive their compensation without violating their privacy. Researchers then took the collected data and analyzed it using SPSS. Participants received a $15 Starbucks gift card using collected emails as compensation for their time. The field period for this study was on March 29-30, 2021.
Results

Using their unique survey, the researchers were able to gather the following data which used SPSS to analyze and interpret the data. The first thing this study aimed to answer was: Does mental health helping seeking differ by gender? To answer this question, an independent sample t-test was conducted to compare gender to family help-seeking. There was a significant difference in the scores for gender \( t(114) = -2.367, p = 0.020 \); female (M=3.43, SD=2.111) and male (M=4.68, SD=2.083). These results suggest that gender has an effect on family help-seeking. Specifically, our results suggest that males are more likely to seek help from a family member (e.g. see figure 3).

The second question the researchers wanted answered was: What’s the relationship between family help-seeking, friend help seeking and professional help-seeking? A Pearson’s correlation was run to determine the relationship between family help-seeking, friend help-seeking, and professional help-seeking. There was a statistically significant, moderate correlation between family help-seeking and friend help-seeking \( (r = .348, n = 116, p = .001) \); and a weak statistically significant correlation between family help-seeking and professional help-seeking \( (r = .190, n = 116, p = .041) \) (e.g. see figure 1).

The researchers third question was: Do participants communicate more with their parents based on how old the participant is? A chi-square test of independence was performed to examine the relation between parent-child communication and the participant’s age. Age was split into younger and older groups meaning those aged 18 - 26.5 years old fell under the younger age group and those aged 26.5 to 35 were considered the older age group. On average, younger adults were more likely to talk to their parents every day versus less frequently \( X^2 (1, N \)
=113) = , p = 1.339. However, when you compare younger to older adults there is no statistical difference in how often they spoke to parents every day versus less than every day.

The researchers fourth question was: What’s the relationship between family help-seeking and parents’ age? A Pearson’s correlation coefficient was computed to determine whether the participant’s parents' age was related to family help-seeking. There is no statistically significant correlation between mother’s age and father’s age in relation to family help-seeking: Mother's age: r = .033, n = 116, p = .724; Father’s age: r = -.016 , n = 116, p = .861 (e.g. see figure 4).

The researchers fifth question was: Does living with parents increase parent-child communication? There is a significant relationship between the two variables living with parents and parent to child communication $X^2 (1, N =113) = , p = 26.072$. Results suggested, those who live with their parents are more likely to communicate with them daily versus less frequently.

The researchers sixth question was: Are participants’ stress levels lower or higher when they communicate with their parents? An independent-samples t-test was conducted to compare participant stress levels when communicating with their parents. There was not a significant difference in the scores, t(111) =-.614, p=.541, for talking to parents every day (M = 5.31, SD = 1.598) from those who talk to their parents less than every day(M = 5.49, SD = 1.362).

The researchers seventh question was: Are participants’ stress levels higher or lower when they seek mental health support from a friend vs. family vs. a professional? Pearson’s correlation coefficients were computed to compare participant stress levels when seeking help from a friend, family, or a professional. There is a moderate correlation between stress levels and professional help-seeking (r = .417, n = 116, p = .001). Results showed that the more stress an
individual has the more likely they are to get professional help vs. help from a family member or friend.

In regard to barriers, the researchers asked questions regarding the barrier’s participants have experienced when talking to a family member vs a friend vs a mental health care professional about their mental health. When comparing barriers to talking to a family member and or friend about their mental health, results showed high responses in “not wanting to burden them” whereas when receiving professional help, responses showed that the main barrier was affordability. In regard to parental communication, when researchers asked participants to list the three most recent conversations about their stress to their parents, results showed that there were three themes which are; parents showing support to their child, parents being non supportive towards their child, and parents being dismissive about their child’s stress. Numerically, results showed that there were 178 supportive responses from parents, 68 non supportive responses from parents, and 71 dismissive (neutral) responses from parents.

One participant described their supportive response as, “My parents also tell me about everything that I’ve accomplished to show that I will be able to get past the current obstacles/stress I am facing. Some non-supportive comments made by parents to their child include, “Get over it.” “You have to deal with it.” and “You just over think too much.” and actions such as being ignored, or negative facial expressions would be made. Dismissive neutral comments that were made were, “That’s life.” “No pues, si esta dificil” meaning yes, that must be tough. “My parents are very helpful, but sometimes are unable to empathize with the stressor or problem they themselves have not experienced.”

Additionally, participants shared that parents often would change the conversation, and others reported their parents seemed uninterested. One of the researchers' survey questions was;
During those conversations, what ONE thing could my parent(s) have said or done that would have made the conversation better? Common themes throughout the responses were to show empathy, acknowledgment, validation, being non-judgmental, and to be more open-minded.

Lastly, participants were asked what they can do to help eliminate the mental health stigma in their family/community. Popular responses included: Normalizing mental health help seeking/therapy, sharing experiences, creating a sense of trust within the community, educating self on mental health, educating older generations on mental health, easy access to resources in Latinx communities, and eliminating the language barriers when seeking mental health services. One participant reported, “Do not pass judgement or seek justification for why a person feels the way they do. Instead simply listen and give support and wait until the individual specifically asks for advice.” See Addendum B for more on mental health stigma (e.g. see figure 2).
Discussion

Major Findings

The research problem researchers hoped to answer was, “Within the Latinx cultural community, what strategies might promote intergenerational support for adult children experiencing emotional, social or behavioral stress?” Additionally, objectives were created in order to help answer the research question. Objectives focused on exploring stress levels on participants, parental relationships and communication, and participants' input on how to help break the mental health stigma in Latinx families and or communities. Although there was no significant difference in participants' stress levels when communicating every day or less than every day with their parents, researchers found that participants still reported high levels of stress; not implicating directly on the parental relationships but stress in general. With high indicators of stress in participants, they still rather seek mental health support from a friend or professional, rather than a family member. This is why the researchers believe it is important to seek strategies that can promote intergenerational mental health support within the Latinx culture. Remarkably, more than half of participants reported they are likely to seek professional help; it is important to consider the age range of participants (18-35) and how different generations can possibly play a big part in whether or not to seek mental health support. In Dixon’s (2020) study, parents faced community stigma and similar to them, participants in this study also face stigma as well. There is no doubt stigma exists in both studies, but as mentioned in Dixon et al. (2020), Latinx parents were not educated enough on the topic and according to this study on young Latinx adults, they often rather not seek help from a family member. Researchers found that participants appeared to be educated on mental health from analyzing
their supportive and valuable responses on what an individual can do to help eliminate the mental health stigma.

**Implications**

Some implications for social work: This study sheds light on suggestions for future practice in micro, mezzo, and macro work. The participants were asked “what barriers might you experience in receiving professional mental health care” and the top answer mentioned affordability. As social workers, we know that there are ways to access professional help without having to pay for it. There are organizations who work through insurance or certain qualifications that don't involve income. It is our job to ensure the individuals in our community are aware of these opportunities. We always seek marketing efforts attempting to get people to seek mental help, but we need to include more places they can call or visit and list the requirements, so people don’t keep believing it's unattainable.

Implications for mezzo social work include having kids and adolescents know what social work is and what they do in the school environment. Have more professionals in schools who work in mental health and case management so that by the time they are in adulthood, they know how to find help. This involves reaching out to individuals in the prevention stage rather than intervening when the problem already exists, providing the youth with coping skills, psychoeducation, and developing crisis intervention strategies with them.

Finally, implications for macro work includes developing programs that will make what we mentioned above possible. This study provides the community and reader with answers to things the social work community has been asking for years “how do we destigmatize mental health”. The participants want to see more education on the topic, and they want more positive discussions. Participants also want to see more of a collaboration with medical professionals to
know the symptoms of disorders and care for them before they become a more serious problem. We know what the people want, it’s just getting someone from the field to be in a position of power to implement these changes or if they already exist, find a way to make them better.

Strengths

Strengths this study possesses include the following. First, there was no shortage of participants needed. Responses came flooding in from different people of all ages, locations, and from equal genders. Researchers were able to collect data in a timely manner which allowed for more time to amply and carefully analyze data. Another strength included the original survey the researchers developed. Within the survey, there were 7 open ended questions that participants were asked to fill out. Typically, it is hard to get participants to take their time and write out full, well thought out questions in a survey but in this case, there was an ample amount of responses which carefully answered the questions in the survey. This showed the researchers that the participants are as passionate and eager to solve the issues presented about the subject. Knowing this made the researchers confident about all the collected data. Finally, given the researchers similar background to the participants, they did a good job running an objective, non-biased study. The researchers utilized effective methods to minimize bias which made the study reliable.

Limitations

Limitations for our study include the absence of research on nonwestern ways of dealing with mental health in the Latinx culture. In the United States, it is very common for white individuals with mental health symptoms to seek treatment with a professional. According to SAMHSA (2015), 16.6% of white individuals sought mental health services in the traditional way of therapy whereas only 7.3% of Latinx individuals utilized this form of service. Latinx
individuals express their mental health concerns in numerous different ways that do not include therapy such as “building s sense of community to deal with mental distress” (Marth, n.d).

According to John Marth, services catered to the Latinx culture should be community based, rather than labeling someone with a mental health illness just like traditional therapy tends to do. John described a program called Mi Familia in which the focus is community building and bonding across generations. Executive director Alicia Wilson, from La Clinica del Pueblo expressed “Mental health care isn’t just one-on-one therapy, it surfaces in a lot of different ways, including building on protective factors and resilience, not just things that are billable to insurance companies.”

Future Studies

In future studies, the survey instrument should include questions for younger and older generations such as the baby boomers who were born from 1946 to 1964, generation X who were born from 1965 to 1980, and generation Z those born from 1997 to 2010 (Wolfe, 2020). If generations were compared, researchers can investigate if generations hold a different stance on mental health and or if their parents were more or less supportive of their social, emotions, and behavioral stress. Questions about their parental upbringings can help researchers get a better idea of the level of knowledge Latinx parents may hold on mental health and whether they themselves ever received emotional support growing up. This can gather a more inclusive understanding of the family from a cultural perspective lens.

Conclusion

The purpose of this study was to identify what gaps exist between young Latinx individuals and their parents when discussing mental health issues. As researchers predicted, there are similar reasons why an individual does not seek help from a family member or friend,
that reason being stigmatization. However, participants were open to receiving professional mental health services but opt not to because of affordability. This study finds that in order to help bridge this gap, there needs to be awareness and education around mental health within the older Latinx population, especially parents. In conclusion, by reaching the young generation, we can help break the intergenerational cycle of stigmatizing healthy conversations and raise children who feel comfortable in expressing their emotions guilt free. Researchers hope that readers continue to build on this research and take this as an opportunity to speak to their own parents and spread community awareness.
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names/
Appendix A
Joint Addendum

The Mental Health of Latinx Young Adults and Its Effect on Their Parental Relationships

The Mental Health of Latinx Young Adults and Its Effect on Their Parental Relationships is a joint graduate project between Jannet De La Torre and Judith Dominguez. This document will explain the division of responsibilities between the two parties. Any additional information can be included in a separate document attached to this Addendum page.

Jannet De La Torre is responsible for all the following tasks/document sections:

- Creating a research question
- Creating a study problem
- Writing limitations to the study

Judith Dominguez is responsible for all the following tasks/document sections:

- Transcribing results
- Creating an abstract
- Creating a research design

Both parties shared responsibilities for the following tasks/document sections:

- Gathering results
- Creating a unique survey
- Creating a literature review
- Creating a project title
- Writing the introduction

Student #1

____________________

Jannet De La Torre
Date

Student #2

____________________

Judith Dominguez
Date

Committee Chair

____________________

Judith A. DeBonis
Date
Appendix B
The Mental Health of Latinx Young Adults and Its Effect on Their Parental Relationships

Figure 1
Correlations between seeking family, friend, and professional help.

![Figure 1: Correlations Table]

<table>
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<th>professional help</th>
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<td>.348</td>
<td>.190</td>
</tr>
<tr>
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<td>.000</td>
<td>.041</td>
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<tr>
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<td>116</td>
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<tr>
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</tbody>
</table>

Figure 2
Experienced mental health stigma in the Latinx community

Q23 - How likely are you to experience stigma within your family/community? (1 = not at all likely, 7 = highly likely for me).
Figure 3
Helping seeking by gender.

T-Test

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<th>Std. Deviation</th>
<th>Std. Error Mean</th>
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<td>2.083</td>
<td>.478</td>
</tr>
</tbody>
</table>

Figure 4
Relationship between family help seeking and parents age.