PREDICTORS OF HELP-SEEKING FOR MENTAL HEALTH IN LATINX AMERICANS

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ABSTRACT

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Rates of mental illness in the Latinx community have continued to increase, yet Latinxs are less likely to seek mental health help compared to other ethnic and racial groups. The current study assesses the role self-stigma, perceived stigma, acculturation, and perceived discrimination have on Latinx's mental health help-seeking attitudes. I conducted an online survey to assess the relationship between self-stigma, perceived stigma, acculturation, perceived discrimination, and mental health help-seeking attitudes. The survey was distributed online, and participants were required to be at least 18 years of age and of Latinx descent. The survey asked participants for their demographic information and included four scales. The scales used include the Mental Help Seeking Attitude Scale, three subscales from the Stigma and Self-Stigma Questionnaire, the Everyday Discrimination Scale, and The Psychological Acculturation Scale. Results from correlation and multiple regression analyses revealed that self-stigma and perceived stigma were significant predictors of mental health help-seeking attitudes in Latinxs while acculturation and discrimination did not significantly predict mental health help-seeking attitudes in Latinxs.

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CHAPTER I

INTRODUCTION

Latinxs report experiencing mental illness at approximately the same rates as non-Hispanic Whites, 22% and 23.9% respectively, yet Latinxs are significantly less likely to seek treatment for their mental health compared to non-Hispanic Whites with only 36% of Latinxs seeking treatment for mental health compared to 52% of non-Hispanic Whites (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). During the COVID-19 pandemic, a survey assessed whether respondents had seriously considered suicide in the past 30 days 18.6% of Hispanic respondents stated they had, which was higher than the overall average response of 10,7% and higher than the response provided by non-Hispanic Black individuals at 15.1% (Centers for Disease Control and Prevention, 2020). Suicide rates among Latinx men are also higher than for non-Hispanic White men with Latinx men's suicide rates being 3.4% compared to non-Hispanic White men's suicide rates of 2.7% (Centers for Disease Control and Prevention, 2022). The lack of mental health help-seeking in Latinx communities may be playing a role in the higher rates of suicidal ideation that have been recently found in the Latinx community, and higher suicide rates among Latinx men.

The U.S. Latinx population has been consistently growing over the past decade, with a 19% increase in the Latinx population in the U.S. between 2010 and 2021. Latinxs account for 52% of the U.S. population growth over the past decade (Krogstad, 2022). It is estimated that by 2060 the percentage of Americans who are Latinx will grow to 28% (U.S. Census Bureau, 2018). Given the consistent increase of Latinxs living in the United States and their significantly lower rates of seeking mental health services, there is a potentially enormous community of individuals whose mental health problems are going untreated. Understanding the various factors that

influence Latinx's mental health help-seeking will allow researchers and practitioners to gain a better understanding of what can be done to help increase mental health help-seeking for Latinxs.

The lack of mental health seeking in the Latinx community poses a serious threat to their lives and investigating the underlying mechanism for the lack of mental health help-seeking in the Latinx community can help researchers and mental health providers to find a way to increase mental health help-seeking for Latinxs, reducing the consequences that come with untreated mental health problems. This study aims to explore various factors that may contribute to Latinx's lower rates of seeking mental health services. Self-stigma and perceived stigma are relatively well-studied predictors of seeking mental health services but the extent to which these factors, along with acculturation and discrimination, affect Latinx's mental health help-seeking attitudes remains unclear. The current study will attempt to further clarify this relationship between acculturation and help-seeking attitudes by assessing the extent to which Latinxs feel more culturally aligned with Latinx or American culture.

Statement of Purpose

The purpose of the current study was to assess potential predictors of mental health-seeking attitudes among people in the Latinx community. Specifically, self-stigma, perceived stigma of others, discrimination, and acculturation will be assessed as potential predictors of mental health help-seeking attitudes in Latinxs. The goal of the current study is to clarify how these predictors affect mental health help-seeking attitudes. Research on discrimination and acculturation has yielded contradictory findings, with some studies showing discrimination and acculturation predicting more positive attitudes toward mental health help-seeking and others showing discrimination and acculturation to predict more negative attitudes toward mental health help-seeking (Garcia, 2008; Lorenzo-Blanco & Delva, 2011; Melendez, 2020; West et al., 1998).

This study aims to clarify this relationship. Although literature assessing the role of self-stigma and perceived stigma on mental health help-seeking is more conclusive, these variables have rarely been studied alongside acculturation and discrimination in the Latinx population (Cheng et al., 2013; Fripp & Carlson, 2017; Gearing et al., 2022). Therefore, this study aims to explore the role self-stigma and perceived stigma along with discrimination and acculturation play in mental health help-seeking in Latinxs.

My research question is: To what extent do self-stigma, perceived stigma, perceived discrimination, and acculturation predict help-seeking attitudes among Latinxs? I hypothesize that self-stigma, perceived stigma, and perceived discrimination will each negatively correlate with mental health help-seeking attitudes, and acculturation will positively correlate with mental health help-seeking attitudes.

CHAPTER II

LITERATURE REVIEW

Rates of Mental Illness and Treatment in the Latinx Community

In recent years rates of mental illness and suicidal ideation have increased for all Americans (SAMHSA, 2020). Specifically, rates of serious mental illness have risen the most among young adults ages 18-25 from 3.8% in 2008 to 8.6% in 2019 (SAMHSA, 2020). Instances of serious mental illness have increased by 1.5% in the U.S. from 2008 to 2019 yet treatment use has remained roughly the same (SAMHSA, 2020). For Latinxs, studies consistently show increased rates of mental health problems, and lower rates of mental health help-seeking compared to other racial and ethnic groups. A survey conducted during the Covid-19 pandemic showed that Latinxs reported significantly higher rates of depression symptoms at 40.3% compared to non-Hispanic White individuals at 25.3% (McKnight-Eily et al., 2021). Suicidal ideation was also significantly higher amongst Latinxs at 22.9% compared to non-Hispanic White individuals at 5.2% and African Americans at 5.3% (McKnight-Eily et al., 2021). Initiation of and increases in substance use were also found to be highest among Latinxs during the Covid-19 pandemic with 36.9% of Latinxs declaring substance use compared to 14.3%-15.6% of all other respondents (McKnight-Eily et al., 2021).

When looking at treatment rates, Latinxs have consistently lower rates of treatment compared to other ethnic and racial groups. Rates of treatment for Latinxs with alcohol use disorder at a specialty facility are 4.2% compared to non-Hispanic Whites at 4.7% and non-Hispanic African Americans at 5.6% (SAMHSA, 2020). Rates of Latinxs seeking treatment at a specialty facility for illicit drug use disorder is 6.2% compared to non-Hispanic White individuals at 12.3% (SAMHSA, 2020). Only 52.8% of Latinxs use mental health services when

experiencing a serious mental illness compared to 57.9% of non-Hispanic African Americans and 70.5% of non-Hispanic White individuals (SAMHSA, 2020).

When they do seek mental health treatment, Latinxs are provided with effective treatments (Benuto et al., 2023; Soto-Lopez, 2021). When assessing the effectiveness of mental health treatment for Latinxs with mental illness, one study found the transdiagnostic cognitive behavioral therapy unified protocol to have significantly helped Latinxs with comorbid anxiety and depressive disorders (Benuto et al., 2023). It is important to note this study was conducted in a clinic that specialized in serving the Latinx community and provided services in Spanish. Another study assessing the efficacy of dialectical behavioral therapy for Latinx women who experienced intimate partner violence found that most participants had clinically significant improvement in depression and anxiety symptoms (Soto-Lopez, 2021). All participants in this study were assigned to Spanish-speaking therapists and participants who were fluent in English preferred their therapy sessions to be in Spanish. Although research assessing the efficacy of mental health treatment in Latinxs is limited there is some research indicating transdiagnostic therapies as being effective for people within the Latinx community, specifically when therapeutic services are provided by practitioners who speak Spanish and in culturally competent contexts.

Barriers to Mental Health Treatment for Latinxs

Various barriers to mental health treatment exist for people within the Latinx community. Structural barriers to mental health treatment for Latinxs include language barriers, poverty, lack of health insurance coverage, legal status, discrimination, lack of transportation, and lack of mental health professionals who speak Spanish and who are culturally competent (Anastasia, 2020; Espinoza-Kulick & Cerdeña, 2022). Sociocultural barriers to mental health treatment for

Latinxs include the perceived need for treatment, mental health literacy, perceived ineffectiveness of treatment, stigma, attitudes toward mental illness, attitudes toward seeking mental health treatment, cultural values, acculturation, and fear of discrimination (Anastasia, 2020). Latinxs are the most uninsured out of all racial and ethnic groups with 29.7% of Latinxs being uninsured in the U.S. (Espinoza-Kulick & Cerdeña, 2022). Even when treatment is sought Latinxs are significantly less likely to receive proper treatment for their mental illness compared to non-Hispanic White individuals with Latinx youth being half as likely as non-Hispanic White youth to receive medication for anxiety, depression, and attention-deficit/hyperactivity disorder (Espinoza-Kulick & Cerdeña, 2022).

A lack of access to mental health professionals who speak Spanish is another significant barrier to mental health treatment for Latinxs with about 28.4% of Latinxs stating they are not fluent in English (Office of Minority Health, 2023). As of 2021, only about 4% of psychologists stated they were able to provide services in Spanish (American Psychological Association, 2022). Perceived need for treatment is another barrier to seeking mental health treatment among Latinxs. When assessing psychological stress and perceived need for mental health treatment non-Hispanic White individuals perceived need increased by 48.6% between low and high experiences of psychological stress, for Latinxs interviewed in English perceived need increased by 32.1% and for Latinxs interviewed in Spanish the increase in perceived need was 11.7% (Breslau et al., 2020). A study conducted by Breslau et al. (2017), found that Latinx's perceived need for treatment dropped significantly when participants were interviewed in Spanish compared to English with 11.1% of English-speaking participants stating a perceived need for treatment and 3.4% of Spanish-speaking participants stating a perceived need for treatment.

Latinxs have also been found to have lower levels of mental health literacy and higher levels of stigma compared to non-Hispanic White individuals (Benuto et al., 2019).

Help-Seeking Attitudes

Help-seeking attitudes are defined as an individual's feelings or perceptions of both formal and informal help-seeking (Fischer & Turner, 1970). Formal help-seeking is when an individual seeks help from a professional such as a mental health professional or medical doctor. Informal help-seeking is when an individual seeks help from non-mental health professionals such as friends or family. Help-seeking attitudes are found to be positively associated with both formal and informal help-seeking behaviors among individuals with mental or emotional problems (Chang, 2008). In the context of Latinxs, various factors such as stigma towards mental health, familial perceptions, discrimination, and acculturation stress influence mental health help-seeking attitudes (Zavala, 2009). Concern for stigmatization and internal stigma towards mental health and stigma toward the utilization of mental health services tends to decrease the utilization of mental health services among Latinxs, and Latinxs often perceive their utilization of mental health services such as medication for depression as a sign of weakness (Zavala, 2009). Cultural factors also play a role in help-seeking attitudes among Latinxs in that mental health issues are rarely discussed openly and are considered a taboo topic to discuss even within one's own family (Perez, 2022). Oftentimes, in Latinx cultures, people with mental health problems are labeled as "crazy," diminishing mental illness to an intrinsic and problematic characteristic within the individual, further stigmatizing mental illness and creating negative mental health help-seeking attitudes (Perez, 2022). For both Latinxs and African Americans, there is a positive relationship between help-seeking attitudes and participation in mental health counseling services, demonstrating the importance of attitudes in actual help-seeking behaviors

(Fripp & Carlson, 2017). When assessing differences between Latinxs from various countries and continents, Gearing et al. (2022) found that foreign-born Latinxs from the Caribbean and Central America had more positive attitudes toward seeking mental health services than Latinxs from the United States and South America. The current literature points to regionally varying cultural factors that influence the help-seeking attitudes amongst Latinxs.

Discrimination

Discrimination is when an individual is treated differently from others based on one's membership in a social group (Kite et al., 2022). Discrimination is often assessed as perceived everyday discrimination in which participants indicate the degree to which they perceive themselves as being treated negatively because of their group's membership. Repeated instances of everyday discrimination have been shown to have a greater negative impact on mental health compared to major experiences of discrimination (Williams et al., 1997). Interestingly, Latinxs born outside of the United States have significantly lower rates of mental illness compared to Latinos who were born in the United States with approximately 29% of Latinx parents born outside the United States experiencing a mental health disorder and approximately 51% of Latinx parents born in the United States experiencing a mental health disorder (Ramos-Olazagasti & Conway, 2022). This phenomenon, also known as the Latino immigrant paradox, is posited to be caused by experiences of discrimination and familial cultural conflict between foreign-born and American-born Latinxs. A potential explanation for this difference is that the longer a person spends in the United States the more it increases one's awareness of their ethnic identity and, in turn, increases perceived discrimination (Cook et al., 2009). Research assessing experiences of discrimination for Latinxs has found that one in five Latinxs reported experiencing discrimination in a clinical setting, and they reported higher levels of

discrimination in social institutions compared to their non-Hispanic White counterparts (Findling et al., 2019). The same study also found that Latinxs avoided seeking health care and their experiences of discrimination did not vary significantly based on country of origin (Findling et al., 2019). Research assessing how discrimination affects help-seeking attitudes and utilization of mental health services found that increased discrimination reduces the likelihood of utilization of mental health resources among Latino college students who are Deferred Action for Childhood Arrivals (DACA) recipients yet their intentions for seeking mental health help increased with increased discrimination (Melendez, 2020). Another showed that increased levels of discrimination were positively associated with help-seeking (Lorenzo-Blanco & Delva, 2011). When assessing various types of discrimination such as hostility in the workplace, denial of services, and verbal assault, Latinxs reported their top help-seeking resource was friends and their least likely help-seeking resource was mental health professionals (Carter & Forsyth, 2010). A potential reason for the contradictory findings regarding the role of discrimination in predicting mental health help-seeking attitudes could be the various instruments employed to measure discrimination. While some studies used frequency of everyday discrimination experiences by participants, other studies have looked at singular and reoccurring incidents of discrimination, along with details of when the incidents happened and how it was interpreted by participants have been used potentially accounting for the variation in results (Carter & Forsyth, 2010; Lorenzo-Blanco & Delva, 2011; Melendez, 2020).

Acculturation

Acculturation is the psychological and cultural change an individual undergoes from being exposed to continuous contact with cultures different than their own, specifically the acquisition of behaviors knowledge, values, and attitudes of a new culture (Sam & Berry, 2016;

Varela, 2021). Previous research assessing Latinxs, and their mental health has shown that the longer an individual has lived in their host country, in this case, the United States, the poorer their mental health, also known as the acculturation hypothesis (Cook et al., 2009). It has also been found that lower levels of acculturation are associated with lower utilization of mental health resources for Latina women who were victims of abuse (West et al., 1998). Garcia (2008) found that higher levels of acculturation were associated with more positive attitudes toward seeking mental health services. Specifically, participants' acculturation was measured by how much the participants felt the majority culture was receptive to them, and feelings of acceptance by the majority culture resulted in more positive attitudes toward seeking mental health help (Garcia, 2008). Ballesteros and Hilliard (2016) found acculturation to be a significant predictor of mental health help-seeking attitudes when it comes to online counseling in that higher levels of acculturation predicted more positive attitudes toward seeking online mental health counseling. In this case, acculturation was measured by assessing language use, type of media consumption, and social preference (Ballesteros & Hilliard, 2016). Another study assessing acculturation, specifically behavioral and attitudinal aspects of acculturation, as a predictor for help-seeking attitudes in Mexican-American college students also found higher levels of acculturation to be a significant predictor of mental health help-seeking (Miville & Constantine, 2006). Strikingly, a study assessing Mexican-Americans' help-seeking intentions and levels of acculturation found that Mexican-Americans who were more acculturated had more negative attitudes toward seeking mental health services (Ramos-Sanchez & Atkinson, 2009). Another study assessing predictors of help-seeking for mental health among Latinxs found that acculturation was not a significant predictor of help-seeking attitudes for mental health (Gearing et al., 2022). It remains unclear exactly how acculturation affects Latinx's help-seeking attitudes

as many studies report contradictory findings. A potential reason for these contradictory findings may be the measures used for acculturation. There are many ways to measure acculturation, some studies have looked at language, feelings of acceptance in the majority culture, ethnic identification, assimilation, and more (Ballesteros & Hilliard, 2016; Gearing et al., 2022; Ramos-Sanchez & Atkinson, 2009). These variations in the measurement of acculturation may have affected the results of previous studies, accounting for the contradiction in findings.

Self-Stigma

Stigma occurs when a physical or personal characteristic is viewed as being socially unacceptable (Vogel et al., 2007). Self-stigma can be defined as the internalization of stigma leading an individual to have stigmatizing beliefs and feelings about themselves based on characteristics of themselves, which they come to deem as socially unacceptable (Corrigan et al., 2012). A study conducted by Eno Louden et al. (2023), assessed various predictors among Mexican-Americans and Mexicans that contribute to self-stigma about mental illness and found that socioeconomic status, education level, collectivism, power distance, and long-term orientation are predictors of self-stigma about mental illness among those groups. Particularly, lower levels of education and socioeconomic status and higher levels of collectivism were found to increase self-stigma about mental illness among Mexicans and Mexican-Americans (Eno Louden et al., 2023). Power distance is the acknowledgment and acceptance that power is unequally distributed within a society and is often tied to feelings of powerlessness while long-term orientation is the adherence to tradition (Eno Louden et al., 2023). Higher rates of power distance and lower rates of long-term orientation are associated with higher rates of self-stigma regarding mental health (Eno Louden et al., 2023). Previous studies assessing self-stigma and its relationship with help-seeking attitudes have shown that Latinxs who have higher self-stigma

toward receiving mental health services also have negative attitudes toward seeking mental

health services (Fripp & Carlson, 2017; Gearing et al., 2022). A study comparing attitudes

toward online and face-to-face counseling among Latinx college students in the U.S found that

self-stigma was a negative predictor of attitudes toward online counseling and face-to-face

counseling in that higher levels of self-stigma predicted more negative attitudes toward seeking

mental health services from both online and face-to-face therapeutic modalities (Ballesteros &

Hilliard, 2016).

Perceived Stigma

Perceived stigma is an individual's perception of what they believe others will think of

them regarding a potentially stigmatizing characteristic (Vogel et al., 2007). Perceived stigma

others have toward mental illness help-seeking, has been shown to influence attitudes toward

seeking mental health help in Latinxs, especially when assessing the perceived stigma Latinxs

family members will have towards mental illness (Gearing et al., 2022). It has also been found

that the more perceived discrimination Latinxs experience the more concerned they become

about the perceived stigma of others in turn increasing self-stigma toward seeking help for one's

mental health (Cheng et al., 2013). It is important to note that the reverse could be true in that

increased levels of self-stigma may increase the perception of stigma of others and in turn

increase perceived discrimination (Cheng et al., 2013). Ballesteros and Hilliard's (2016) study

comparing attitudes toward online and face-to-face counseling services in Latinxs attending

college found that perceived stigma of others was a significant predictor of negative attitudes

toward seeking face-to-face mental health services but not online mental health services showing

how perceived stigma may have differing effects on mental health help-seeking attitudes

depending on the therapeutic modality being considered. One study assessing factors influencing

perceived stigma in Dominican, Colombian, and Ecuadorian immigrants with depression in the U.S found that perceived stigma was highest among those who believed their depression was due to injustice, personal transgression, and malevolent spiritual forces (Caplan & Buyske, 2015). This finding provides a preliminary explanation as to why some Latinxs experience higher levels of perceived stigma than others. Other factors that have been shown to affect Latinx's perceived stigma include anxiety when interacting with mentally ill individuals where higher anxiety in interacting with mentally ill individuals led to higher perceived stigma and increased psychological distress was found to be predictive of increased perceived stigma (DeFreitas et al., 2018).

Current Study

Understanding the roles of acculturation, self-stigma, perceived stigma, and perceived discrimination in Latinx help-seeking attitudes is crucial for mental health professionals and researchers seeking to increase mental health support in this community. Although the relationship between self-stigma, perceived stigma, and mental health help-seeking is relatively well-studied and conclusive, the current study aims to clarify and expand on the current literature by also assessing the relationship between acculturation, discrimination, and mental health help-seeking attitudes. The current study aimed to explore the extent to which self-stigma, perceived stigma, acculturation, and perceived discrimination predict mental health help-seeking attitudes among Latinxs. I hypothesized that:

H1: Self-stigma will be a significant predictor of help-seeking attitudes among Latinxs in that higher levels of self-stigma will be associated with more negative attitudes towards mental health help-seeking.

H2: Perceived stigma will be a significant predictor for mental health help-seeking attitudes among Latinxs in that higher levels of perceived stigma will be associated with more negative attitudes towards mental health help-seeking.

H3: Discrimination will be a significant predictor for mental health help-seeking attitudes among Latinxs in that increased levels of perceived everyday discrimination will be associated with more negative attitudes towards mental health help-seeking.

H4: Acculturation will be a significant predictor for mental health help-seeking attitudes among Latinxs in that higher levels of acculturation will be associated with more positive attitudes toward mental health help-seeking.

CHAPTER III

METHODOLOGY

Participants

A power analysis for multiple linear regression, with four predictors, suggested a minimum sample size of 84 participants for the current study for an alpha level of .05, a power level of .8, and a medium effect size of .15 (Soper, n.d.). Participants were required to be at least 18 years of age or older and of Latinx descent. Participants were recruited through convenience sampling using the TWU Sona System and sharing the link to the online platform, Facebook, where participants outside the university could access the study.

A total of 300 participants were recruited, but 99 participant data was omitted from data analysis for incomplete data, not being Latinx, or having completed the survey in such a short period of time (less than 200 seconds) that I was concerned about whether they had carefully read each survey item. This resulted in a total of 201 participants being included in the data analysis. The median length of time for taking the survey was 470 seconds including outliers. The mean age of participants was 20.75 years ($SD = 6.7$) with a range of 18 to 60 years of age. 91.5% of participants identified as female. 80.1% of participants identified as heterosexual. 74.6% of participants identified as White Latinxs. 73.6% of participants identified as Mexican followed by 3.5% of participants identifying as Puerto Rican and 3% of participants identifying as Salvadorian. 32.8% of participants reported having sought mental health help before taking the study.

Measures

Demographics

The survey included questions regarding participants' demographic information. Demographic questions asked participants about their gender identity, sexuality, age, and ethnicity. A copy of demographic information is included in Appendix A.

Mental Help Seeking Attitudes Scale

The Mental Help Seeking Attitude Scale is a 9-item scale that was used to assess the mental health help-seeking attitudes of participants. The Mental Help Seeking Attitude Scale was created by Hammer et al. (2018); it has an internal reliability score of $\alpha = .92$. The scale is on a 7-point Likert scale. The scale contains items such as "If I had a Mental health concern, seeking help from a mental health professional would be…" with each item assessing different attitudes such as (useless vs. useful) and (important vs. unimportant). Items 2, 5, 6, 8, and 9 are reverse scored. The full scale can be found in Appendix B. See Table 1 for descriptive statistics and Cronbach's alpha from this study.

Stigma and Self-Stigma Questionnaire

The Stigma and Self-Stigma questionnaire is a 42-item questionnaire containing seven subscales assessing stigma to others, social distance, anticipated stigma, self-stigma, avoidant coping, help-seeking behaviors, and social desirability. The scale was created by Docksey et al. (2022). Because the full questionnaire assesses factors outside the scope of the current study, only the help-seeking behaviors, self-stigma, and anticipated stigma subscales were used. Each contains 6 questions to measure help-seeking behaviors, self-stigma, and perceived stigma respectively. Reliability scores for the subscales were ($\alpha = .84$) for self-stigma, ($\alpha = .88$) for anticipated stigma, and ($\alpha = .77$) for help-seeking behaviors. Responses are scored on a 5-point

Likert scale (0= *Strongly Disagree*, 4= *Strongly Agree*). Two items in the help-seeking behaviors subscale are reverse scored. Each subscale was administered individually and scored individually. Scoring of the subscales was done by adding the items with possible scores for each scale ranging between 1-5. For both the self-stigma and perceived stigma subscales higher scores indicated higher stigmatization. For the help-seeking behaviors subscale, higher scores indicate lower help-seeking. Examples of the items on the self-stigma subscale include "If I had a mental disorder, I would feel ashamed." The perceived stigma subscale questions include "If I had a mental disorder, I would worry other people would think that I am weak.". The help-seeking behaviors subscale questions include "I am confident that I could ask for help if I had a mental health problem.". A copy of the subscales used for this study can be found in Appendix C. See Table 1 for descriptive statistics and Cronbach's alpha from this study.

Everyday Discrimination Scale

To assess discrimination, the Everyday Discrimination Scale, a 9-item scale, was used to measure the amount of discrimination participants experience. The Everyday Discrimination Scale was created by Williams et al. (1997) and has been found to have a reliability score of α =.81 when assessing Latinxs (Krieger et al., 2005). Responses are recorded on a 6-point Likert scale (1= *Almost everyday*, 6= *Never*). Examples of the items include, "You are treated with less courtesy than other people are." and "You are threatened or harassed.". Possible scores range from 1-9 with lower scores indicating higher levels of discrimination. The full scale can be found in Appendix D. See Table 1 for descriptive statistics and Cronbach's alpha from this study.

Psychological Acculturation Scale

The Psychological Acculturation Scale is a 10-item scale that will be used to assess acculturation. The scale examines the extent to which participants feel culturally aligned with either American or Latinx culture. The reliability score for the English version of the Psychological Acculturation Scale has been reported to be α =.85. The questions are scored on a 9-point Likert scale (1= *only with Hispanics/Latinos*, 9= *only with Anglos/Americans*). The scale was created by Tropp et al., (1999). Scores range from 1-9 with higher scores indicating higher cultural alignment with Anglos and lower scores indicating higher cultural alignment with Hispanics/Latinos. Items on the scale include "With which group(s) of people do you feel you share most of your beliefs and values?" and "In which culture(s) do you feel confident that you know how to act?". The full scale can be found in Appendix E. See Table 1 for descriptive statistics and Cronbach's alpha from this study.

Procedure

An online survey was created for this study. The online survey had 53 questions. The survey began with a consent form for the participants to accept or decline; only participants who accepted the consent were allowed to proceed to the rest of the survey questions. The consent form provided a brief explanation of the purpose of the study, a description of procedures, and informed participants that their participation was voluntary and that they could drop out at any time. Participants were given the email of the researcher so they could contact the researcher with any potential questions or concerns they had regarding the study or their participation in the study. The potential risks of the study were mentioned in the consent form and included risks such as potential loss of confidentiality and emotional discomfort. Participants from Texas Woman's University taking the survey were given the option to enter their SONA ID so they

could receive class credit for their involvement in psychological research if their class required it. A copy of the consent form can be found in Appendix F. After the consent form, participants were asked if they were Latinx. If they responded with "no", they would be sent to the end of the survey. After this question, the Mental Help Seeking Attitudes Scale followed, and then participants responded to the subscales of the Stigma and Self-Stigma Questionnaire, followed by the Everyday Discrimination Scale, and lastly with the Psychological Acculturation Scale. Participants were then asked about their demographic information and if they had ever sought mental health help from a professional.

CHAPTER IV

RESULTS

Statistical Assumptions

To test for linearity a matrix scatterplot was created which assessed help-seeking attitudes and discrimination, self-stigma, perceived stigma, and acculturation. The assumption of linearity was met for all variables. Homoscedasticity, independence of errors, normality, and independence of independent variables were assessed while running the multiple linear regression. The assumption of normality was met as the residuals fit the line of the P-P plot. The independence of error was zero, indicating the assumptions for independence of error were met. The assumption of homoscedasticity was also met. The assumption of independence of independent variables was also met, (*Durbin-Watson value* = 1.92). Multicollinearity was also assessed during the multiple linear regression, and it was found that there was no multicollinearity as no variance inflation factors (VIF) were three or larger. These assumptions being met indicate that the data is unbiased.

Hypothesis 1

I predicted that self-stigma would be a significant predictor for help-seeking attitudes among Latinxs in that higher levels of self-stigma would be associated with more negative attitudes towards mental health help-seeking. A correlation analysis showed that there was a significant relationship between self-stigma and help-seeking attitudes in that lower self-stigma scores indicated more positive help-seeking attitudes (see Table 1). I also conducted a multiple regression analysis examining the degrees to which self-stigma, perceived stigma, discrimination, and acculturation were associated with mental help-seeking attitudes. The overall regression was significant ($R^2 = .08$, $F(4, 196) = 4.11$, $p = .003$), and self-stigma significantly

predicted mental health help-seeking (see Table 2). This supported the first hypothesis that self-stigma would be a significant predictor of help-seeking attitudes in Latinxs.

Hypothesis 2

I predicted that perceived stigma would be a significant predictor for mental health help-seeking attitudes among Latinxs in that higher levels of perceived stigma will result in more negative attitudes towards mental health help-seeking. A correlation analysis revealed that there was not a significant relationship between perceived stigma and mental health help-seeking (see Table 1). However, the multiple regression analysis showed that perceived stigma significantly predicted mental health help-seeking (see Table 2). This partially supported the second hypothesis that perceived stigma would be a significant predictor of mental health help-seeking in Latinxs. It was found that perceived stigma was a suppressor variable as it significantly correlated with self-stigma and everyday discrimination (see Table 1) and was not significantly correlated with mental health help-seeking attitudes but was a significant predictor of mental health help-seeking attitudes. Although it was found that there was no multicollinearity between variables, self-stigma, and perceived stigma were still highly correlated potentially accounting for the suppression effect seen (see Table 1). A multiple linear regression was done excluding perceived stigma and it was found that the effect of the overall model decreased ($R^2 = .05$, $F(3, 197) = 3.36$, $p = .02$). The significance of self-stigma as a predictor increased slightly ($p = .026$) but continued to support the original conclusion of statistical significance as a predictor of mental health help-seeking. The significance of everyday discrimination ($p = .131$) increased compared to the original model (see Table 1), and the significance of acculturation ($p = .583$) decreased compared to the original model (see Table 1), but the overall result remained the same.

Hypothesis 3

I predicted that discrimination would be a significant predictor for mental health help-seeking attitudes among Latinxs in that increased levels of perceived everyday discrimination will result in more negative attitudes towards mental health help-seeking. A correlation analysis indicated that there was a significant relationship between discrimination and mental health help-seeking (see Table 1). However, discrimination did not significantly predict mental health help-seeking in the multiple regression analysis (see Table 2). This partially supported the third hypothesis that discrimination would be a significant predictor of mental health help-seeking in Latinxs.

Hypothesis 4

I also predicted that acculturation would be a significant predictor for mental health help-seeking attitudes among Latinxs in that higher levels of acculturation would be associated with more positive attitudes toward mental health help-seeking. The correlation analysis showed that there was not a significant relationship between acculturation and mental health help-seeking (see Table 1). The multiple regression analysis also indicated that acculturation did not significantly predict mental health help-seeking (see Table 2). The fourth hypothesis, that acculturation would significantly predict mental health help-seeking in Latinxs, was not supported.

Table 1
Table of Correlations

Variables	Mean	Standard Deviation	Range	Cronbach's alpha	Correlation coefficients Pearson's *r*			
					1	2	3	4
1. Mental Health Help-Seeking	5.5	1.1	2-7	0.889				
2. Everyday Discrimination	2.6	0.9	1-5.33	0.866	-.151*			
3. Psychological Acculturation	3.6	1.5	1-8.10	0.911	-.031	-.047		
4. Self-stigma	3.4	0.9	1-5	0.882	- .191**	.269**	-.015	
5. Perceived Stigma	3.6	0.9	1-5	0.867	-.03	.280**	-.046	.722**

Note. ** $p < 0.01$ (2-tailed); * $p < 0.5$; *N* = 201

Table 2

Regression Results for MHSAS

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	6.198	0.393		15.78	<.001
Everyday Discrimination	-0.158	0.086	-0.132	-1.835	.068
Psychological Acculturation	-0.022	0.05	-0.03	-0.443	.658
Self-stigma	-0.388	0.116	-0.335	-3.354	<.001
Perceived Stigma	0.291	0.118	0.247	2.471	.014

Note. Dependent Variable: MHSAS_SCORE

CHAPTER V

DISCUSSION

Summary of findings

The purpose of this study was to assess the relationship between self-stigma, perceived stigma, discrimination, and acculturation in Latinxs' attitudes toward seeking mental health help. Although not all the predictors individually yielded significant results, the overall relationship between the predictors and mental health help-seeking attitudes was met. The findings supported the first hypothesis that self-stigma would significantly predict mental health help-seeking attitudes. This is congruent with previous research assessing the relationship between self-stigma and mental health help-seeking attitudes in Latinxs (Ballesteros & Hilliard, 2016; Fripp & Carlson, 2017; Gearing et al., 2022). The findings also supported the second hypothesis that perceived stigma would be a significant predictor of mental health help-seeking attitudes. This is also supported by previous research assessing perceived stigma and mental health help-seeking attitudes (Ballesteros & Hilliard, 2016; Cheng et al., 2013; Gearing et al., 2022). A suppression effect was found in the analysis with perceived stigma. Suppression effects are not uncommon in social work research (Pandey & Elliott, 2010). Although the results of the regression model changed slightly after removing the suppressor, the overall significance of the model and the predictor variables remained the same, so the suppressor variable was not taken out of the model.

The third hypothesis that discrimination would be a significant predictor for mental health help-seeking attitudes was not fully supported. Previous research does align with these results and these findings contribute to clarifying the relationship between discrimination and mental health help-seeking (Lorenzo-Blanco & Delva, 2011; Melendez, 2020). One explanation for this finding is that participants stated being more aligned with Latinx culture compared to

American culture, this may have served as a protective factor against perceived discrimination like the effect found with the Latinx immigrant paradox (Cook et al., 2009; Ramos-Olazagasti & Conway, 2022). The fourth hypothesis that acculturation would be a significant predictor for mental health help-seeking attitudes among Latinxs in that higher levels of acculturation will result in more positive attitudes toward mental health help-seeking was also not substantiated. Previous research has found acculturation to not be significantly related to mental health help-seeking attitudes (Gearing et al., 2022).

Research Implications

The results of the current study are supported by previous research on how self-stigma and perceived stigma affect mental health help-seeking attitudes (Ballesteros & Hilliard, 2016; Cheng et al., 2013; Fripp & Carlson, 2017; Gearing et al., 2022). This further solidifies the negative effects of stigma on attitudes towards mental health help-seeking and in turn, Latinx's mental health help-seeking behaviors. Knowing this information, finding ways to help reduce stigma in the Latinx community may help increase the percentage of Latinxs that seek mental health treatment when struggling with their mental health. Previous research has explored how increasing mental health literacy in Latinxs can provide benefits in reducing stigma towards mental health (Pérez-Flores & Cabassa, 2021). Although a meta-analysis has shown mixed results in the effectiveness of mental health literacy in reducing stigma, it may be one of many interventions that can be employed within the Latinx community to help increase mental health help-seeking (Pérez-Flores & Cabassa, 2021).

Experiences of discrimination were not found to be significant predictors of mental health help-seeking attitudes amongst Latinxs. The order in which the questions and scales were administered may have affected these results. Demographic information and the Psychological

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Acculturation Scale were answered after the Everyday Discrimination Scale. If these questions and scale were assessed before the Everyday Discrimination Scale participants may have responded differently due to being primed with their identity and may have garnered different results. Although previous research does back this finding, an interesting finding in the current study was that discrimination, self-stigma, and perceived stigma were significantly correlated, see Table 1 for correlations (Lorenzo-Blanco & Delva, 2011; Melendez, 2020). Although this finding is outside the scope of the current study, researchers could benefit from understanding how these variables are linked. Previous studies have shown how racial discrimination increases perceived stigma in Latinxs and other people of color (Quinn et al., 2020; Williston et al., 2019). Yet, the relationship between self-stigma and discrimination is not nearly as studied as the relationship between perceived stigma and discrimination. Given that previous studies have shown discrimination to be a predictor of perceived stigma, and that this study found perceived stigma to be a significant predictor of mental health help-seeking in Latinxs, finding ways to reduce the discrimination experienced or perceived by Latinxs can in turn help foster more positive attitudes toward seeking mental health help in Latinxs (Quinn et al., 2020; Williston et al., 2019).

Acculturation was also not found to be a significant predictor of mental health help-seeking in Latinxs. This implies that cultural identification in and of itself may not be an important predictive factor to focus on when trying to increase mental health help-seeking in Latinxs. Despite this, most of the participants in the current study identified more with their Latinx culture than with Anglo-American culture ($M = 3.6$). A potential reason as to why acculturation was not a significant predictor of mental health help-seeking in Latinxs may be tied to the Latinx immigrant paradox which states that Latinxs not born in the United States are less

likely to perceive discrimination. Since discrimination is tied to increasing self-stigma and perceived stigma which in turn results in negative attitudes towards mental health help-seeking the inclination for participants to align with Latinx culture significantly more than with Anglo-American culture, this may have served as a protective factor for participants. The ethnic identities of participants were also mostly Mexican, 73.6%. A previous study found that Mexican-Americans who were more acculturated had more negative attitudes toward seeking mental health services (Ramos-Sanchez & Atkinson, 2009). Although these findings weren't replicated in the current study, there may be a relationship between increased identification with Mexican culture and mental health help-seeking which serves as a protective factor for negative attitudes towards mental health help-seeking. Previous research has shown the effectiveness of culturally competent mental health practitioners and Spanish-speaking practitioners in treating Latinxs who are struggling with their mental health (Benuto et al., 2023; Soto-Lopez, 2021). Given the propensity for Latinxs to identify more with their Latinx culture and the benefits of more Latinx diversity in the mental health field, Latinxs may feel more comfortable with seeking mental health help if there were spaces in which practitioners can meet their cultural and language needs (Benuto et al., 2023; Soto-Lopez, 2021). Increasing Latinx diversity in the mental health field and providing resources for practitioners to know how to better help their Latinx clients can help practitioners to better serve their Latinx clients and promote mental health help-seeking amongst Latinxs.

Limitations and Directions for Future Research

One limitation of the current study is that most participants identified as female. This reduces the generalizability of the study; therefore, future studies would benefit from assessing the relationship between these predictors and the outcome variable with an all-male sample or a

sample that has an almost equal proportion of male and female participants to gain a broader understanding of how self-stigma, perceived stigma, discrimination, and acculturation affect mental health help-seeking. Because it cannot be assumed that Latinxs with varying gender identities will be affected similarly by the predictors studied future research will also benefit from assessing individuals who are gender minorities to fill the gap in the literature that reviews predictors of mental health help-seeking attitudes. Research on Latinx gender minorities is lacking and the intersectionality of gender identity and ethnicity may yield differing results that can help researchers and practitioners gain a better understanding of how we can help this further marginalized group (Cerezo, 2020; Rhodes et al., 2019).

Along with gender minorities, research is lacking on how Latinx sexual minorities' mental health help-seeking attitudes are affected and the potential consequences this may have on seeking mental health treatment (Cerezo, 2020; Rhodes et al., 2019). Since most of the participants in this study identified as heterosexual future research would also benefit from assessing mental health help-seeking attitudes in sexual minorities. The intersectionality of race, ethnicity, and sexual orientation may yield results different than those seen amongst heterosexual Latinxs warranting further study. Lastly, most participants were recruited through Texas Woman's University's Sona Systems meaning most participants are college-educated. Given that only about 32% of Latinxs ages 18-24 are enrolled in college that leaves a large population of Latinxs unrepresented in the current literature (Mora, 2022). Future research assessing mental health help-seeking in Latinxs would benefit from assessing Latinxs who have not attended college to gain a more generalizable understanding of predictors of mental health help-seeking attitudes.

Conclusion

Given the high rate of mental illness among the Latinx community and the lack of mental health help-seeking, continuing the study of mental health help-seeking attitudes among Latinxs and predictors that discourage mental health help-seeking would be of great social benefit. As previously stated, numerous gaps in the literature would benefit from further exploration to not only help Latinxs seek mental health help but also to help Latinxs that may be further marginalized within our society who are likely to struggle more with mental health due to the intersectionality of their identities (Cerezo, 2020; Rhodes et al., 2019). The current study supported previous research assessing the effects self-stigma and perceived stigma have on mental health help-seeking in Latinxs and expanded on contradictory findings regarding the role of acculturation and discrimination on mental health help-seeking in Latinxs.

REFERENCES

American Psychological Association. (2022). 2021 Survey of Health Service Psychologists: Technical report. https://www.apa.org/workforce/publications/health-service-psychologists-survey/full-technical-report.pdf

Anastasia, E. A. (2020). *Barriers to Integrated Primary Care and Specialty Mental Health Services: Perspectives from Latinx and non-Latinx White Primary Care Patients* (Publication No. 27836949) [Doctoral dissertation, University of Arkansas]. ProQuest Dissertations Publishing. https://www.proquest.com/pqdtglobal/docview/2409184262/BF5D99B62E0D445EPQ/1?accountid=7102&sourcetype=Dissertations%20&%20Theses

Ballesteros, J. L., & Hilliard, R. C. (2016). U.S.-based latina/o college students' attitudes toward online counseling. *International Journal for the Advancement of Counselling*, 38(4), 269–285. https://doi.org/10.1007/s10447-016-9271-x

Benuto, L. T., Gonzalez, F., Reinosa-Segovia, F., & Duckworth, M. (2019). Mental health literacy, stigma, and Behavioral Health Service use: The case of Latinx and Non-Latinx whites. *Journal of Racial and Ethnic Health Disparities*, *6*(6), 1122–1130. https://doi.org/10.1007/s40615-019-00614-8

Benuto, L. T., Farchione, T., & Cardona, N. D. (2023). Exploring the effectiveness of the unified protocol for transdiagnostic treatment of emotional disorders with Latinxs: A record-review study at a culturally specific clinic for Latinxs. *Cognitive and Behavioral Practice.* https://doi.org/10.1016/j.cbpra.2023.06.001

Breslau, J., Cefalu, M., Wong, E. C., Burnam, M. A., Hunter, G. P., Florez, K. R., & Collins, R. L. (2017). Racial/ethnic differences in perception of need for mental health treatment in a

US national sample. *Social Psychiatry and Psychiatric Epidemiology*, *52*(8), 929–937.

https://doi.org/10.1007/s00127-017-1400-2

Breslau, J., Wong, E. C., Burnam, M. A., McBain, R. K., Cefalu, M., Beckman, R., & Collins, R. L. (2020). Distress, impairment, and racial/ethnic differences in perceived need for mental health treatment in a nationally representative sample. *Psychiatry*, *83*(2), 149–160. https://doi.org/10.1080/00332747.2020.1762394

Caplan, S., & Buyske, S. (2015). Depression, help-seeking, and self-recognition of depression among Dominican, Ecuadorian and Colombian immigrant primary care patients in the Northeastern United States. *International Journal of Environmental Research and Public Health*, *12*(9), 10450–10474. https://doi.org/10.3390/ijerph120910450

Carter, R. T., & Forsyth, J. (2010). Reactions to racial discrimination: Emotional stress and help-seeking behaviors. *Psychological Trauma: Theory, Research, Practice, and Policy*, *2*(3), 183–191. https://doi.org/10.1037/a0020102

Centers for Disease Control and Prevention. (2022, March 3). *Leading causes of death – males – by race and Hispanic origin – United States, 2018.* Centers for Disease Control and Prevention. https://www.cdc.gov/minorityhealth/lcod/men/2018/byrace-hispanic/index.htm

Centers for Disease Control and Prevention. (2020, December 29). *Mental health, substance use, and suicidal ideation during the COVID-19 pandemic - United States, June 24–30, 2020.* Centers for Disease Control and Prevention.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm

Cerezo, A. (2020). Expanding the reach of Latinx Psychology: Honoring the lived experiences of sexual and gender diverse latinxs. *Journal of Latinx Psychology*, *8*(1), 1–6.

https://doi.org/10.1037/lat0000144

Chang, H. (2008). Help-seeking for stressful events among Chinese college students in Taiwan: Roles of gender, prior history of counseling, and help-seeking attitudes. *Journal of College Student Development*, *49*(1), 41–51. https://doi.org/10.1353/csd.2008.0003

Cheng, H.-L., Kwan, K.-L. K., & Sevig, T. (2013). Racial and ethnic minority college students' stigma associated with seeking psychological help: Examining psychocultural correlates. *Journal of Counseling Psychology*, *60*(1), 98–111. https://doi.org/10.1037/a0031169

Cook, B., Alegría, M., Lin, J. Y., & Guo, J. (2009). Pathways and correlates connecting Latinos' mental health with exposure to the United States. *American Journal of Public Health*, *99*(12), 2247–2254. https://doi.org/10.2105/ajph.2008.137091

Corrigan, P. W., Michaels, P. J., Vega, E., Gause, M., Watson, A. C., & Rüsch, N. (2012). Self-stigma of mental illness scale—short form: Reliability and validity. *Psychiatry Research*, *199*(1), 65–69. https://doi.org/10.1016/j.psychres.2012.04.009

DeFreitas, S. C., Crone, T., DeLeon, M., & Ajayi, A. (2018). Perceived and personal mental health stigma in Latino and African American college students. *Frontiers in Public Health*, *6*. https://doi.org/10.3389/fpubh.2018.00049

Docksey, A. E., Gray, N. S., Davies, H. B., Simkiss, N., & Snowden, R. J. (2022). The stigma and self-stigma scales for attitudes to mental health problems: Psychometric Properties and its relationship to mental health problems and absenteeism. *Health Psychology Research*, *10*(2). https://doi.org/10.52965/001c.35630

Eno Louden, J., Avila, A., del Villar, O. A., Jung, H., Kosyluk, K. A., & Flores, E. (2023). Self-stigma of mental illness among Latino people on the u.s.-méxico border. *Stigma and Health, 8*(1), 21–30. https://doi.org/10.1037/sah0000365

Espinoza-Kulick, M. A., & Cerdeña, J. P. (2022). "We need health for all": Mental health and

    barriers to care among Latinxs in California and Connecticut. *International Journal of*

    Environmental Research and Public Health, *19*(19), 12817.

    https://doi.org/10.3390/ijerph191912817

Findling, M. G., Bleich, S. N., Casey, L. S., Blendon, R. J., Benson, J. M., Sayde, J. M., &

    Miller, C. (2019). Discrimination in the United States: Experiences of Latinos. *Health*

    Services Research, *54*(S2), 1409–1418. https://doi.org/10.1111/1475-6773.13216

Fischer, E. H., & Turner, J. I. (1970). Orientations to seeking professional help: Development

    and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology*,

    35(1, Pt.1), 79–90. https://doi.org/10.1037/h0029636

Fripp, J. A., & Carlson, R. G. (2017). Exploring the influence of attitude and stigma on

    participation of African American and Latino populations in mental health services.

    Journal of Multicultural Counseling and Development, *45*(2), 80–94.

    https://doi.org/10.1002/jmcd.12066

Garcia, C. (2008). *The role of acculturation, mental health beliefs, familism, knowledge of*

    psychotherapy, cultural competency, and ethnic match in attitudes toward seeking

    psychological help in Latinos. (Publication No. 3311527) [Doctoral dissertation, Long

    Island University]. ProQuest Dissertations Publishing.

    https://www.proquest.com/pqdtglobal/docview/304491614/EA3347C644014D00PQ/1?acc

    ountid=7102&sourcetype=Dissertations%20&%20Theses

Gearing, R. E., Washburn, M., Brewer, K. B., Yu, M., Bjugstad, A., & Torres, L. R. (2022).

    Predictors of help-seeking for mental health treatment among Latinos. *Journal of Racial*

and Ethnic Health Disparities, *10*(4), 1869–1877. https://doi.org/10.1007/s40615-022-01370-y

Hammer, J. H., & Parent, M. C., & Spiker, D. A. (2018). Mental Help Seeking Attitudes Scale (MHSAS): Development, reliability, validity, and comparison with the ATSSPH-SF and IASMHS-PO. *Journal of Counseling Psychology, 65*, 74-85. doi: 10.1037/cou0000248

IBM Corp. (2020). IBM SPSS Statistics for Windows (Version 27.0) [Computer software]. IBM Corp.

Kite, M. E., Whitley, B. E., & Wagner, L. S. (2022). From prejudice to discrimination. *Psychology of Prejudice and Discrimination*, 381–430. https://doi.org/10.4324/9780367809218-9

Krieger, N., Smith, K., Naishadham, D., Hartman, C., & Barbeau, E. M. (2005). Experiences of discrimination: Validity and reliability of a self-report measure for Population Health Research on racism and health. *Social Science & Medicine*, *61*(7), 1576–1596. https://doi.org/10.1016/j.socscimed.2005.03.006

Krogstad, J. M. (2022, September 23). *Key facts about U.S. latinos for National Hispanic Heritage month*. Pew Research Center. https://www.pewresearch.org/short-reads/2022/09/23/key-facts-about-u-s-latinos-for-national-hispanic-heritage-month/

Lorenzo-Blanco, E. I., & Delva, J. (2011). Examining lifetime episodes of sadness, help seeking, and perceived treatment helpfulness among US latino/as. *Community Mental Health Journal*, *48*(5), 611–626. https://doi.org/10.1007/s10597-011-9426-5

McKnight-Eily, L. R., Okoro, C. A., Strine, T. W., Verlenden, J., Hollis, N. D., Njai, R., Mitchell, E. W., Board, A., Puddy, R., & Thomas, C. (2021). Racial and ethnic disparities in the prevalence of stress and worry, mental health conditions, and increased substance use

among adults during the COVID-19 pandemic — United States, April and May 2020.

Morbidity and Mortality Weekly Report, *70*(5), 162–166.

https://doi.org/10.15585/mmwr.mm7005a3

Melendez, K. (2020). *Experiences of Discrimination and Microaggression of Latinx College Students and their Mental Health Help Seeking Behavior*. (Publication No. 29133336) [Doctoral dissertation, The University of Toledo]. ProQuest Dissertations Publishing. https://www.proquest.com/pqdtglobal/docview/2646692892/EC62EE1AB6F64877PQ/1? accountid=7102&sourcetype=Dissertations%20&%20Theses

Miville, M. L., & Constantine, M. G. (2006). Sociocultural predictors of psychological help-seeking attitudes and behavior among Mexican American college students. *Cultural Diversity and Ethnic Minority Psychology*, *12*(3), 420–432. https://doi.org/10.1037/1099-9809.12.3.420

Mora, L. (2022, October 7). *Hispanic enrollment reaches New High at four-year colleges in the U.S., but affordability remains an obstacle*. Pew Research Center. https://www.pewresearch.org/short-reads/2022/10/07/hispanic-enrollment-reaches-new-high-at-four-year-colleges-in-the-u-s-but-affordability-remains-an-obstacle/

Office of Minority Health. (2023). *Profile: Hispanic/Latino Americans.* U.S. Department of Health and Human Services. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64#:~:text=28.4%20percent%20of%20Hispanics%20state,high%20school%20diploma%20or%20higher.

Pandey, S., & Elliott, W. (2010). Suppressor variables in social work research: Ways to identify in multiple regression models. *Journal of the Society for Social Work and Research*, *1*(1), 28–40. https://doi.org/10.5243/jsswr.2010.2

Perez, M. (2022). *Identified barriers to seeking mental health services in the Hispanic population* [Master's thesis, California State University]. ScholarWorks. https://scholarworks.calstate.edu/downloads/7d2791417

Pérez-Flores, N. J., & Cabassa, L. J. (2021). Effectiveness of mental health literacy and stigma interventions for Latino/a adults in the United States: A systematic review. *Stigma and Health*, *6*(4), 430–439. https://doi.org/10.1037/sah0000343

Quinn, D. M., Camacho, G., Pan-Weisz, B., & Williams, M. (2020). Visible and concealable stigmatized identities and mental health: Experiences of racial discrimination and anticipated stigma. *Stigma and Health*, *5*(4), 488–491. https://doi.org/10.1037/sah0000210

Ramos-Olazagasti, M. A., & Conway, C. A. (2022, May 19). *The prevalence of mental health disorders among Latino parents*. Hispanic Research Center. https://www.hispanicresearchcenter.org/research-resources/the-prevalence-of-mental-health-disorders-among-latino-parents/

Ramos-Sánchez, L., & Atkinson, D. R. (2009). The relationships between Mexican American acculturation, cultural values, gender, and help-seeking intentions. *Journal of Counseling & Development*, *87*(1), 62–71. https://doi.org/10.1002/j.1556-6678.2009.tb00550.x

Rhodes, S. D., Mann-Jackson, L., Alonzo, J., Bell, J. C., Tanner, A. E., Martínez, O., Simán, F. M., Oh, T. S., Smart, B. D., Felizzola, J., & Brooks, R. A. (2019). The health and well-being of latinx sexual and gender minorities in the USA: A call to action. *New and Emerging Issues in Latinx Health*, 217–236. https://doi.org/10.1007/978-3-030-24043-1_10

Sam, D. L., & Berry, J. W. (2016). The Cambridge Handbook of Acculturation Psychology.

    Cambridge University Press. https://doi.org/10.1017/cbo9781316219218

Substance Abuse and Mental Health Services Administration (SAMHSA). (2020, December 30).

    Behavioral Health Barometer: United States, Volume 6. SAMHSA.gov.

    https://www.samhsa.gov/data/report/behavioral-health-barometer-united-states-volume-6

Substance Abuse and Mental Health Services Administration (SAMHSA). (2023, May 25).

    Hispanic and Latino Americans. SAMHSA.gov https://www.samhsa.gov/behavioral-

    health-equity/hispanic-latino

Soto-Lopez, C. G. (2021). *A Study of Dialectical Behavioral Therapy Skills Training for*

    Spanish-Speaking Latina Survivors of Intimate Partner Violence [Doctoral dissertation,

    University of Nevada]. ScholarWorks.

    https://scholarworks.unr.edu/bitstream/handle/11714/7813/SotoLopez_unr_0139D_13446.

    pdf?sequence=1&isAllowed=y

Soper, D. (n.d.). *Calculator: a-priori sample size for multiple regression*. Danielsoper.

    https://www.danielsoper.com/statcalc/calculator.aspx?id=1

Tropp, L. R., Erkut, S., Coll, C. G., Alarcón, O., & García, H. A. (1999). Psychological

    acculturation: Development of a new measure for Puerto Ricans on the U.S. mainland.

    Educational and Psychological Measurement, *59*(2), 351–367.

    https://doi.org/10.1177/00131649921969794

U.S. Census Bureau. (2018, October 9). *Hispanic population to reach 111 million by 2060*.

    Census.gov. https://www.census.gov/library/visualizations/2018/comm/hispanic-projected-

    pop.html

Valera, A.G. (2021) *Impact of Acculturation on the Mental Health and Mental Health Seeking Behaviors Among Latino/a Immigrants in the United States: A Systematic Literature Review* (Publication No. 28645217) [Doctoral dissertation, The Chicago School of Professional Psychology]. ProQuest Dissertations Publishing. https://www.proquest.com/pqdtglobal/docview/2572591813/84666FCC0EE94905PQ/1?accountid=7102&sourcetype=Dissertations%20&%20Theses

Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology*, *54*(1), 40–50. https://doi.org/10.1037/0022-0167.54.1.40

West, C. M., Kantor, G. K., & Jasinski, J. L. (1998). Sociodemographic predictors and cultural barriers to help-seeking behavior by Latina and anglo american battered women. *Violence and Victims*, *13*(4), 361–375. https://doi.org/10.1891/0886-6708.13.4.361

Williams, D. R., Yan Yu, Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health. *Journal of Health Psychology*, *2*(3), 335–351. https://doi.org/10.1177/135910539700200305

Williston, S. K., Martinez, J. H., & Abdullah, T. (2019). Mental health stigma among people of color: An examination of the impact of racial discrimination. *International Journal of Social Psychiatry*, *65*(6), 458–467. https://doi.org/10.1177/0020764019858651

Zavala, M. (2009). *Latinos' attitudes towards receiving mental health services* (Publication No. 1472385) [Master's thesis, California State University]. ProQuest Dissertations Publishing. https://www.proquest.com/pqdtglobal/docview/305179329/5D0C64FF59184115PQ/1?accountid=7102&sourcetype=Dissertations%20&%20Theses

DEMOGRAPHIC QUESTIONS

What is your gender identity?

Female

Male

Non-Binary

Transgender

Other/prefer not to say

What is your sexuality?

Straight

Lesbian

Gay

Bisexual

Queer

Other/prefer not to say

What is your age in years?

What is your ethnicity?

Mexican

Puerto Rican

Salvadorian

Cuban

Dominican

Colombian

Other: _____

MENTAL HEALTH SEEKING ATTITUDES SCALE

INSTRUCTIONS: For the purposes of this survey, "mental health professionals" include psychologists, psychiatrists, clinical social workers, and counselors. Likewise, "mental health concerns" include issues ranging from personal difficulties (e.g., loss of a loved one) to mental illness (e.g., anxiety, depression).

Please mark the circle that best represents your opinion. For example, if you feel that your seeking help would be extremely useless, you would mark the circle closest to "useless." If you are undecided, you would mark the "0" circle. If you feel that your seeking help would be slightly useful, you would mark the "1" circle that is closer to "useful."

If I had a mental health concern, seeking help from a mental health professional would be...

	-3	-2	-1	0	1	2	3	
Useless	○	○	○	○	○	○	○	Useful
Important	○	○	○	○	○	○	○	Unimportant
Unhealthy	○	○	○	○	○	○	○	Healthy
Ineffective	○	○	○	○	○	○	○	Effective
Good	○	○	○	○	○	○	○	Bad
Healing	○	○	○	○	○	○	○	Hurting
Disempowering	○	○	○	○	○	○	○	Empowering
Satisfying	○	○	○	○	○	○	○	Unsatisfying
Desirable	○	○	○	○	○	○	○	Undesirable

STIGMA AND SELF-STIGMA QUESTIONAIRE SUBSCALES

INSTRUCTIONS: We are going to ask you about your views on mental disorders and people who have mental health problems. It is important that you answer with your own views - not what you think people should say. The questionnaire is anonymous meaning that we will not know who has filled out this questionnaire so you can be completely honest about your opinions and about yourself.

For the purpose of this questionnaire, we define a mental disorder as "a pattern of behaving, thinking, and/or feeling that causes the person significant distress or impairment of personal functioning".

For each of the following statements please select which answer (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree) you think is best by choosing the appropriate statement/number.

Self-stigma

Q9. If I had a mental disorder, I would feel ashamed.

Q15. If I had a mental disorder and I could not solve my own problems, I would feel bad about myself.

Q17. If I had a mental disorder, I would feel weak.

Q19. If I had a mental disorder, I would feel like no one would want to get close to me.

Q22. I would feel a burden to my colleagues if I had a mental disorder.

Q40. I would feel like a failure if I became mentally unwell.

Anticipated Stigma

Q2. If I had a mental disorder, I would worry other people would think that I am weak

Q11. If I had a mental disorder, I would worry other people would avoid talking to me.

Q18. If I had a mental disorder, I would worry other people would think I was exaggerating my difficulties.

Q29. If I had a mental disorder, I would worry that other people might think that I was "not really ill".

Q32. If I had a mental disorder, I would worry other people would think of me as a failure.

Q37. If I had a mental disorder, I would worry other people would feel sorry for me or patronize me.

Help-seeking behaviors

Q3. If I had a mental disorder, I would be happy to seek help from a mental health professional

Q5. If I had a mental disorder, I would NOT feel comfortable telling my manager.

Q8. I would NOT tell anyone if I had a mental disorder in case they judge me.

Q12.I would NOT feel comfortable discussing my mental health problems with a colleague.

Q24. I am confident that I could ask for help if I had a mental health problem

Q42. It's best not to tell anyone about your mental health problems

APPENDIX D

EVERYDAY DISCRIMINATION SCALE

INSTRUCTIONS: For each statement please indicate how often you feel you experience the

statements provided.

In your day-to-day life, how often do any of the following things happen to you?

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy than other people are.	1	2	3	4	5	6
You are treated with less respect than other people are.	1	2	3	4	5	6
You receive poorer service than other people at restaurants or stores.	1	2	3	4	5	6
People act as if they think you are not smart.	1	2	3	4	5	6
People act as if they are afraid of you.	1	2	3	4	5	6
People act as if they think you are dishonest.	1	2	3	4	5	6
People act as if they're better than you are.	1	2	3	4	5	6
You are called names or insulted.	1	2	3	4	5	6
You are threatened or harassed.	1	2	3	4	5	6

APPENDIX E

PSYCHOLOGICAL ACCULTURATION SCALE

INSTRUCTIONS: The following questions assess your feelings about belonging to Latinx culture and U.S. culture. There are no right or wrong answers to these questions, only the answers that are true for you.

For each of the following questions, please choose the response in the chart below that best indicates which culture you most relate to:

	Only with Latinxs - 1	2	3	4	Equally with Latinxs and Anglos (Americans) - 5	6	7	8	Only with Anglos (Americans) - 9
With which group(s) of people do you feel you share most of your beliefs and values?	○	○	○	○	○	○	○	○	○
With which group(s) of people do you feel you have the most in common?	○	○	○	○	○	○	○	○	○
With which group(s) of people do you feel the most comfortable?	○	○	○	○	○	○	○	○	○
In your opinion, which group(s) of people best understands your ideas (your way of thinking)?	○	○	○	○	○	○	○	○	○
Which culture(s) do you feel proud to be a part of?	○	○	○	○	○	○	○	○	○
In which culture(s) do you know how things are done and feel that you can do them easily?	○	○	○	○	○	○	○	○	○
In which culture(s) do you feel confident that you know how to act?	○	○	○	○	○	○	○	○	○
In your opinion, which group(s) of people do you understand best?	○	○	○	○	○	○	○	○	○
In which culture(s) do you know what is expected of a person in various situations?	○	○	○	○	○	○	○	○	○
Which culture(s) do you know the most about the history, traditions, and customs, and so forth?	○	○	○	○	○	○	○	○	○

CONSENT FORM

Purpose of the Study

You are being asked to participate in a survey study for a thesis project at Texas Woman's University. The purpose of the current study is to examine various factors that influence mental health help-seeking in the Latinx population. You will be asked questions about your demographic information, and questions regarding stigma, cultural identification, discrimination, and mental health help-seeking attitudes. You are only permitted to participate once in the current study. Eligibility requirements for participants will include: (a) at least 18 years old (b) of Latinx descent.

Description of Procedures

In this study, you will complete an online questionnaire. The questionnaire will take approximately 20-30 minutes to complete.

Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in this study at any time. If completing this survey through the TWU Sona System, a direct benefit of participation in this experiment is the advancement towards completion of the undergraduate Psychology course requirements of research participation credits. If not participating through TWU Sona, the only direct benefits of this study to you are that you are helping the investigators collect data for their research, and you are welcome to inquire about the results of the study. The researcher will benefit from this study by learning more about this topic.

If you wish to receive information about the results of this study, please request that information by email from the researcher listed at the bottom of this form.

Potential Risks [may vary]

The following are risks related to your participation in this study and steps that the researcher will take to minimize those risks: There is a risk of loss of confidentiality. You will not use your name or any other identifying information. You may risk a loss of confidentiality if you choose to email the researcher to ask for the results of the study. If you choose to email the researcher, then the researcher will immediately delete such emails after responding to them. There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions. There is a risk of loss of time. There is a risk of fatigue and/or emotional discomfort. You may take a break or discontinue your participation in the study without any negative consequences.

Questions Regarding the Study

If you have any questions about the study, please contact the researcher at ddimas@twu.edu

By continuing, you agree that you are at least 18 and of Latinx descent, that you understand the purpose of the survey, and that you agree to voluntarily take the survey.