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## Barriers to Mental Health Help-Seeking among the Latinx Population in the United States: Primary Care, Family Influences, and Cultural Stigmas

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Honors Thesis

BARRIERS TO MENTAL HEALTH HELP-SEEKING AMONG THE LATINX  
POPULATION IN THE UNITED STATES: PRIMARY CARE, FAMILY  
INFLUENCES, AND CULTURAL STIGMAS

By  
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Submitted to Brigham Young University in partial fulfillment  
of graduation requirements for University Honors

Psychology Department  
Brigham Young University  
April 2022

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## Abstract

BARRIERS TO MENTAL HEALTH HELP-SEEKING AMONG THE LATINX  
POPULATION IN THE UNITED STATES: PRIMARY CARE, FAMILY  
INFLUENCES, AND CULTURAL STIGMAS

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Bachelor of Science

This thesis explores the disparity between the incidence of mental illness and help-seeking and resource utilization among the Latinx population. Research supports that the incidence of mental health issues is as high among this population as it is among any other, but help-seeking behaviors and resource utilization among this population are significantly lower. It is proposed that this difference is caused by family influence, cultural stigma, and lack of access to education and resources. Based on these factors, this thesis will discuss potential solutions that are culturally appropriate and empirically supported. These include family support interventions (psychoeducation, family-centered treatments, and mental health professional support), education in primary care settings (increasing cultural understanding, integration of primary and mental healthcare), and improving access to destigmatizing media (creation of destigmatizing media and overcoming treatment barriers through technology).



## Acknowledgments

I would like to thank my thesis advisor, Dawn-Marie Wood, for all of her support and encouragement through this process. I would also like to thank Kari O'Grady and Bruce Brown for their input and guidance. Finally, I want to thank my husband, Dallen James, for his unwavering support and unending words of encouragement.



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## **Barriers to Mental Health Help-Seeking among the Latinx Population in the United States: Primary Care, Family Influences, and Cultural Stigmas**

Mental illness is just as, if not more, prevalent among Latinxs as it is among the general United States population, but personal help-seeking is lower than expected. The average lifetime prevalence of mental illness in the general population is 26.1%, but it has been found to be as high as 37.9% among Latinxs (Benjet et al., 2016). However, many Latinxs do not seek professional treatment for their mental illness (Bridges et al., 2012). In fact, surveys have shown that the lowest rates of service use for depression were found among Mexican individuals when compared to other ethnic groups in the United States (González et al., 2010). Many factors interact to create this contrast between the way Latinxs and other groups approach mental health and help-seeking. Among these factors are family influence, cultural stigma, and lack of access to resources and education.

### **Family Influence**

Family Influence has a major impact on many Latinxs (Villatoro et al., 2014). Specifically, for Latinxs, the concept of *familismo* is the emphasis placed on how the individual identifies with family members, both nuclear and extended. Its three main tenants are family obligations, perceived familial support, and family members as role models (Sabogal et al., 1987). For some who strongly endorse *familismo* and are impacted by family influence, family issues may be the perceived cause(s) of their mental state, making it difficult for them to identify their own mental health issues and decreasing the likelihood that they will seek professional help (Letamendi et al., 2013). For others, these close family relationships can serve as protective factors against life

stressors (Donato et al., 2020). This contrast may result from the differences in the ways individuals view their roles within their families and the level of support that they receive from family members.

There is evidence that having positive family relationships can mitigate mental illness, but mental illness can also negatively influence family relationships (Keeler et al., 2013). Additionally, a key aspect of family influence is a sense of obligation and responsibility toward one's family. As a result, individuals may not want to place an emotional burden on their families and receiving treatment may be perceived as a hindrance to fulfilling family responsibilities (Uebelacker et al., 2011). Conversely, familial support and the desire to be mentally healthy to care for one's family can facilitate help-seeking (Uebelacker et al., 2011). A sense of family responsibility can either create barriers to help-seeking or encourage it, but the way the individual views mental health is thought to make a difference. Many of these perceptions appear to be based on cultural stigma.

### **Cultural Stigma**

Mental health stigma disproportionately impacts ethnic minorities, including Latinxs (Eghaneyan & Murphy, 2020). Those of the Latinx community are especially at risk for experiencing mental health stigma because of the influence of cultural values such as the importance placed on fulfilling family obligations, working hard, and personally coping with one's own problems (Eghaneyan & Murphy, 2020). In fact, stigma is a mediating factor between ethnicity and service utilization to a greater extent than education or mental health literacy (Gonzalez & Benuto, 2021). Social stigma can often be found in communities in the form of judgment and social isolation and in some

churches where mental illness can be seen as demonic in some cases (Uebelacker et al., 2011). With mental health stigma common among the Latinx population and social factors perpetuating it, Latinxs are at a risk of stigma becoming a barrier to help-seeking for mental health concerns.

Generally, stigma is thought to have negative effects on those with mental illness. Stigma can create a sense of shame and embarrassment for Latinxs who do experience mental distress or mental illness, discouraging them from seeking help for support (Jiminez et al., 2013). This can influence overall attitudes toward help-seeking and increase self-consciousness within care settings (Mendoza et al., 2015). However, increased education and dialogue about mental illness can help to mitigate stigma (DuPont-Reyes et al., 2020). It is important to note that the current lack of education and understanding around mental illness within the Latinx population perpetuates stigmas.

### **Lack of Access to Resources and Education**

Lack of mental health education can create variation in the way individuals describe and identify their mental distress, making it difficult for them to articulate their needs to healthcare professionals and received adequate care (Letamendi et al., 2013). In the United States, Latinxs have been found to have lower levels of mental health literacy than non-Latinxs (Benuto et al, 2019). This lack of literacy and misunderstanding around mental illness is often perpetuated by exposure to negative stereotypes in media and social interactions (Gonzalez & Benuto, 2021). This shortage in mental health literacy may be caused by a lack of access to resources. Many Latinx migrants to the United States face difficult living conditions that do not allow them to access mental health services (Organista et al., 2017). Others face barriers including inadequate finances or

insurance coverage and language and cultural barriers (Guzman et al, 2015; Uebelacker et al., 2011). Lack of access does not simply mean lack of physical or proximal access; lack of access means inability to receive appropriate, quality care.

Mental illness is just as, if not more, prevalent among the Latin-American and Latinx population as it is worldwide, but it is clear that there is a difference in the incidence of mental illness and help-seeking. This is a complicated issue that cannot be explained by the influence of a single factor; many factors work together to create this disparity. Understanding these factors can help people to address this issue in a sensitive, culturally appropriate way. Although the cultural impacts of family influence, stigma, and misconceptions about mental illness tend to negatively impact help-seeking behaviors in the Latinx population, mental health outcomes can be significantly improved as a result of increased education in primary care settings, family support interventions, and improving access to informative and destigmatizing media.

### **Intervention in Primary Care Settings**

Stigma and difficulty accessing mental health can create barriers for mental health help-seeking for many Latinxs (Benuto et al, 2019; Gonzalez & Benuto, 2021; Guzman et al, 2015; Letamendi et al., 2013; Uebelacker et al., 2011). Because of these factors, Latinxs are less likely than other ethnic groups to seek out mental healthcare, specifically. However, they are more likely, in general, to go to the doctor for physical health concerns (Benuto et al., 2019; Uebelacker et al., 2011). If Latinxs are not likely to go to mental health professionals as the first line of treatment for mental distress, it could be valuable for primary care physicians to make efforts to educate patients about mental health and mental health resources in a primary care setting. This may help their patients to

overcome stigma and to raise their awareness of possible avenues for seeking mental healthcare when needed. Doctors should meet their patients where they are in their understanding to provide support and increase access to mental health resources.

### **Potential Solutions**

Education in primary care settings has the potential to be beneficial for Latinxs with mental illness and distress who may not otherwise seek care to barriers around other forms of help-seeking. However, some steps need to be taken to ensure that primary care education is effective. These steps should include providing physicians with mental health and cultural awareness training and integrating primary and mental healthcare.

### ***Physician Training***

One of the main barriers to mental health service utilization among Latinxs is cultural differences in communicating and understanding mental health and mental distress. Because of this, language is a vital cultural factor for physicians to be aware of. The disorders that Latinxs experience may be the same as any other group, but the way they describe their distress often is not. This may be due to differences in illness conceptualizations, as illustrated by the language Latinxs use to describe their mental distress (Leventhal et al., 1992). Letamendi et al. (2013) found that expressions of distress among this population were less physically focused (i.e., perceiving family issues as the cause of their distress instead of neurological factors) and that they used less-common idioms such as “desperate,” while words like “stress” and “trauma” were rarely used. This phenomenon is especially common among older Latinx adults. While it is important to avoid generalizations, when primary care physicians are aware of phrases

and expressions commonly used by Latinxs to describe mental distress, they may be more likely to recognize mental illness within this population.

Research shows that providing primary care physicians with training can increase the diagnosis rates of mental disorders and increase the odds that patients will receive needed treatment (Kauye et al., 2014). However, there is a worldwide disparity in knowledge of how to recognize and treat physical and mental disorders among primary care physicians (Kohrt et al., 2018). To remedy this, training programs should be put into place to help all primary care physicians learn the necessary skills for recognizing and diagnosing mental illness. These methods may include interprofessional training programs (Heath et al., 2015), providing resource toolkits for physicians (Kauye et al., 2014), and collaborating with families and caregivers to provide support (Rai et al., 2018). Primary care physicians in the United States should be required to receive additional training and support as they work to identify, diagnose, refer, and treat patients with mental illness.

### ***Integration of Primary Care and Mental Healthcare***

Because Latinxs are less likely than others to seek help specifically for mental health concerns, an integrated model could encourage simultaneous primary care and mental healthcare. One of the most empirically supported approaches to integrated healthcare is collaborative care in which therapeutic approaches are administered in team-driven settings where healthcare professionals work together to coordinate care for the patients (Vanderlip et al., 2016). Outcomes have been more positive overall for clinics that apply the collaborative care method when compared to the traditional method of referral and compartmentalized treatment (Ulupinar et al., 2021). Some primary care

physicians agree that the integrated model would be ideal, but many obstacles exist to its effective implementation (Bagayogo et al., 2018; Giordano et al, 2021). While a completely integrated program (creation of unified treatment plans within the same practice) may not be possible for all primary care settings, coordinated care (closely monitored referrals) and colocated care (mental and physical care in the same practice) are achievable for all primary care physicians (Blount, 2003). However, there is still the issue of having adequate staff with sufficient training for this approach to be effective. To overcome this, tools like text messaging, virtual office visits, and e-consultation can be used to help primary care physicians as they navigate an integrated approach to managing the physical and mental health of their patients (Bagayogo et al., 2018; Raney et al, 2017).

### ***Application to Latinx Community***

Given that Latinxs are more likely to seek out help for mental distress from primary care physicians than they are to go directly to mental health professionals, primary care physicians play a vital role in the identification and treatment of mental disorders within this population. To do this successfully, they should have adequate training in culturally influenced perceptions of mental health as well as a basic knowledge of how to recognize and treat mental health disorders. This will need to include an understanding of the language used by Latinxs to describe mental distress, preferred methods of treatment for the individual, and an understanding of resources that both the physician and their patient can use for support. In addition, a collaborative or integrated approach should be adopted, where possible. Through integrated models, a



mental health support team can be formed for the individual within the context of primary care.

### **Family Support Interventions**

As mentioned previously, family relationships have special value and importance for many members of the Latinx community. Family relationships and family perceptions of mental health and mental health help-seeking have been found to impact individual help-seeking behaviors significantly. Individuals who are highly influenced by family relationships are less likely to seek professional help, but family support can mitigate symptoms (Keeler et al., 2014; Villatoro et al., 2014). Given these findings in the current literature, it follows logically that individuals with higher levels of family support have an increased likelihood of experiencing positive outcomes. In a study of adults with severe mental illness, it was found that while many participants had low levels of social support, social support was associated with lower levels of interpersonal and internalized stigma and recovery and higher quality of life (Chronister et al., 2013). Functionally, familial support for individuals with mental illness can likely help to reduce internalized and externalized stigma, therefore increasing the likelihood of seeking professional help.

### **Treatment Options**

Based on the value that many Latinxs place on family relationships, it is important that available treatment options incorporate families and familial support. This can take many forms, but treatment will be most valuable and beneficial when the patient's values are taken into consideration. Given these conditions, family psychoeducation, family-centered treatments, and mental health professional support are recommended.

### ***Psychoeducation***

One form of family support that has been shown to be effective is familial psychoeducation. Psychoeducation aims to inform individuals and their families of the biological, psychological, social, and other aspects of the mental illness while discussing etiology and treatment (Tsiouri et al., 2015). This approach can increase the likelihood of positive outcomes by encouraging family support through increased understanding of the disorder itself. Psychoeducation of families and individuals, especially long term, has been shown to decrease relapse rates of mental illnesses and ease the burdens placed on families and caretakers as a result of the family member's mental illness (Rummel-Kluge & Kissling, 2008). Based on current research on the relationship between family support and patient outcomes, increased family education appears to increase family well-being (Rummel-Kluge & Kissling, 2008; Tsiouri et al., 2015). This, in turn, can increase family support and, therefore, improve the prognosis for individuals with mental illness.

### ***Family-Centered Treatment***

Another example of an intervention strategy that encourages familial support is family-centered treatment. According to Dalmau et al. (2017), these interventions need to follow certain conditions to be successful. Family-centered treatment approaches should (a) have an ecological or systemic approach, (b) acknowledge the role of family environments, (c) empower families, and (d) be collaborative. This kind of family support intervention has the potential to help individuals get needed professional help for their mental health difficulties, while allowing their families to actively participate in the treatment process. Family-centered interventions are thought to be most successful when they take place in collaboration with the family instead of completely by the professional

or family (García-Grau et al., 2019) Ideally, mental health professionals would gather sufficient information about the needs of the individual and family, collaborate with the family, and plan interventions in conjunction with the family. As of now, family-centered treatment has not been extensively researched among Latinxs. However, given the evidence of its effectiveness and its ability to function at the intersection of family influence and resource utilization, further research among this population is recommended.

### ***Mental Health Professional Support of Families***

A variation on family-centered treatment is mental health professional support for families. As opposed to psychoeducation or family-centered treatment, this approach is based on helping families to assist their family member(s) who have diagnosable mental illnesses and manage their own distress through the help of a trained and informed mental health professional (Gavois et al., 2006). As family members feel more supported, their perceived burdens decrease, their understanding of the disease and treatment increase, and they are better able to cope with their own distress (Ewertzon et al., 2019.) This can improve outcomes for those with mental health difficulties. For example, in 2006, Gavois et al. published a study of the role mental health professionals can play in supporting the families of those with severe mental illness. One of their most valuable findings was that when family members were supported by mental health professionals, the entire family experienced better outcomes due to decreased distress and increased coping (Gavois et al., 2006). Although this study took place outside of the United States, it has implications that should be further explored within the Latinx population.

### ***Applications to the Latinx Community***

Empirically supported family support interventions should be applied to the Latinx community to improve outcomes for both those with mental illness and their families. Given the power of familial influence and family relationships for many Latinxs, having families take an active role in the treatment process would be especially beneficial for this population. Collaboration in treatment can help to foster supportive family relationships and create systems of mutual support, therefore increasing the effectiveness of the treatment and helping families to accept their loved one's mental illness through greater understanding.

Within the context of family influence, adopting a collaborative approach to mental health treatment could benefit both individuals and families. A key aspect of family relationships is a sense of responsibility (Uebelacker et al., 2011), and encouraging individuals and families to take responsibility for the outcomes of a family member's mental health recovery process can help to frame the values of family relationships in a way that facilitates help-seeking and aids in the treatment process. When such approaches take place collaboratively, families can take on an active role in the treatment process. The combination of professional expertise, family input, and collaborative support of the diagnosed individual can create a healthy and reliable support system for the diagnosed individual.

### **Access to Informative and Destigmatizing Media**

There is little doubt that media is a major factor in the way any individual views the world around them in the 21<sup>st</sup> century. Unfortunately, this means that media can play a role in perpetuating mental health stigma and a lack of mental health literacy within the

Latinx community. By creating a sense of shame around mental illness, media can lead individuals to feel isolated and hesitant to seek out mental healthcare (Jiminez et al., 2013) This can increase negative attitudes within care settings, making treatment difficult and even ineffective (Mendoza et al., 2015). The way that mental health is portrayed in Spanish-language media is especially stigmatizing (DuPont-Reyes et al., 2020). Given the major, daily role that media and technology play in the lives of most people in developed areas, media and technology can help to overcome some of these barriers by presenting information in culturally appropriate, comfortable ways.

### **Possible Applications**

Many factors contribute to mental health stigma within the Latinx community, but media has been found to play a role in the perpetuation of stigma. However, using media and technology to combat stigma and encourage resource utilization has the potential to overcome many barriers to mental health help-seeking within the Latinx population. Possible applications of this include the development of destigmatizing media and using technology to make treatment more accessible.

### ***Destigmatizing Entertainment***

Spanish-language media entertainment has been found to perpetuate harmful stigma around mental health and mental illness, with individuals who consume Spanish-language media more than English-language media demonstrating higher levels of mental health stigma and less knowledge about mental illness (DuPont-Reyes et al., 2020). However, it has been found that interventions that target stigmas, such as media campaigns and the use of technology for education, can help to destigmatize mental illness, increase knowledge, and combat negative attitudes toward mental illness (Benuto

et al., 2019). Such interventions have been developed in the past and have been successful. Gonzalez and Benuto (2021) developed a successful media campaign that addressed the historically stigmatized way Spanish-language media portrays mental illness. They developed a program that used relatable characters and an engaging story to educate the participants about mental health. One group of Latinxs watched a destigmatizing educational video while another read an informational flyer. After the intervention, the researchers found a significant increase in mental health literacy, a decrease in stigma, and more positive attitudes toward help-seeking behaviors (Gonzalez & Benuto, 2021). These changes in attitudes are linked to behavior changes and increases in help-seeking (Wakefield, 2010). Although this was only a single study, its results have implications for future research and interventions.

### ***Overcoming Treatment Barriers Through Technology***

Many of the barriers that Latinxs face concerning help-seeking and accessing quality mental health education are related to the method of administration. Having to physically seek out information and treatment can be made difficult because of language, financial, and cultural barriers as well as shame associated with fear of judgment from others (Guzman et al, 2015; Organista et al., 2017; Uebelacker et al., 2011). One way to overcome this is through the use of media and technology. Of course, the individual will need to have access to and feel comfortable using technology, but, especially for younger generations, such interventions can create private, accessible, and safe avenues for accessing educational materials and receiving mental health support and treatment. Online options, such as virtual therapy, are a possible option to explore (Muñoz et al.,

2018). Electronic health (eHealth) options have become viable in recent years due to increases in technological competence and access to technology.

### ***Application to Latinx Community***

Some of the most common barriers to help-seeking and resource utilization in the Latinx population are stigma and lack of access to education and resources. By using media and technology, these barriers can be addressed in ways that are culturally appropriate and destigmatizing. Using media as an educational tool makes it more accessible, especially when the media is entertaining and relatable while containing positive messages about mental health. For Latinxs, this is especially valuable because exposure to destigmatized Spanish-language media is currently rare and hard to access. Regarding educational programs and treatment, using media and technology to share educational material and to encourage the use of eHealth for mental health treatment can help Latinxs overcome treatment aversion by providing a private, flexible method for accessing these materials and services. Fear of negative evaluation appears to be combatted using online and virtual options.

### **Conclusion**

Even though mental health concerns and mental illness are as common among Latinxs as they are among any other population, the difference between the incidence of mental illness and help-seeking for this population is noteworthy. Many factors work together to create this disparity, but three key aspects include family influence, cultural stigma, and lack of access to education and resources. Family influence can either help or hinder outcomes, depending on the level of perceived stigma and quality of the support system. Stigma is a source of shame and embarrassment for many that can make help-

seeking difficult. Difficulty accessing resources due to physical, financial, and cultural barriers can prevent those who are willing to seek help from receiving it.

To overcome these barriers, there are many possible solutions. This review focused on education in primary care settings (such as educating physicians and creating integrated models), family-supported interventions (such as psychoeducation, family-centered treatment, and mental health professional support of families), and the use of destigmatizing media and technology to make mental health services and education more accessible. With time and exploration, it is possible that these proposals can truly impact the way mental health and mental illness are addressed among members of the Latinx community.

It is important to acknowledge that this review has limitations. More research is necessary to better understand the barriers to help-seeking among Latinxs and to refine the proposed interventions. Many of the proposals made are generalized from treatment options that have been studied outside of the Latinx population. All the recommended interventions are empirically supported and are recommended based on the unique barriers faced by Latinxs, but many should be studied more extensively among the Latinx population before they are put in place. The list of barriers and interventions presented is in no way conclusive. However, this review aims to present these ideas and options for further consideration.

Mental health resources are a necessity for many, but barriers exist that prevent their utilization. This review aimed to address some of the main barriers and to propose ways in which these barriers can be overcome so that the best possible outcomes can be achieved. Mental illness and mental distress are real and can seriously impact the quality



of life of those impacted and their families. By using systems that already exist, such as family units, relationships with primary care physicians, and, in an increasingly technology-based world, media, interventions and treatment options can be put into place that help individuals to feel safe and comfortable. This can be accomplished by creating interventions that are accessible, socially acceptable, and culturally appropriate. There is necessary individual variation in any mental health treatment process, but understanding how culture and values influence and impact Latinxs creates the possibility of positive outcomes and increased mental well-being for this currently underserved population.

## References

- Bagayogo, I. P., Turcios-Wiswe, K., Taku, K., Peccoraro, L., & Katz, C. L. (2018). Providing Mental Health Services in the Primary Care Setting: The Experiences and Perceptions of General Practitioners at a New York City Clinic. *Psychiatric Quarterly*, *89*(4), 897–908. <https://doi-org.erl.lib.byu.edu/10.1007/s11126-018-9587-2>
- Blount, A. (2003). Integrated primary care: Organizing the evidence. *Families, Systems and Health*, *21*, 121–34.
- Chronister, J., Chou, C.C., & Liao, H.Y. (2013). The role of stigma coping and social support in mediating the effect of societal stigma on internalized stigma, mental health recovery, and quality of life among people with serious mental illness. *J Community Psychology*, *41*(5), 582–600.
- Dalmau, M., Balcells-Balcells, A., Giné, C. G., Pérez, M. C., Masjoan, O. C., Cuscó, Y. S., Montserrat, N. C. (2017). How to implement the family-centered model in early intervention. *Anales de Psicología/Annals of Psychology*, *33*, 641–651.
- Donato, K. M., Caron, L., & Hamilton, E. (2020). Migration and mental health in Mexico: Domestic migrants, return US migrants, and non-migrants. *Frontiers in Psychiatry*, *10*10.3389/fpsy.2019.00970
- DuPont-Reyes, M., Villatoro, A. P., Phelan, J. C., Painter, K., & Link, B. G. (2020). Media language preferences and mental illness stigma among latinx adolescents. *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services*, *55*(7), 929-939. [10.1007/s00127-019-01792-w](https://doi.org/10.1007/s00127-019-01792-w)

- Eghaneyan, B. H., & Murphy, E. R. (2020). Measuring mental illness stigma among Hispanics: A systematic review. *Stigma and Health, 5*(3), 351-363.  
10.1037/sah0000207
- Ewertzon, M., & Hanson, E. (2019). Support Interventions for Family Members of Adults with Mental Illness: A Narrative Literature Review. *Issues in Mental Health Nursing, 40*(9), 768–780. <https://doi-org.erl.lib.byu.edu/10.1080/01612840.2019.1591547>
- Gavois, H., Paulsson, G., & Fridlund, B. (2006). Mental health professional support in families with a member suffering from severe mental illness: a grounded theory model. *Scandinavian Journal of Caring Sciences, 20*(1), 102–109. <https://doi-org.erl.lib.byu.edu/10.1111/j.1471-6712.2006.00380.x>
- García-Grau, P., Martínez-Rico, G., McWilliam, R. A., & Grau, D. (2021). Early Intervention and Family-Centeredness in Spain: Description and Profile of Professional Practices. *Topics in Early Childhood Special Education, 41*(2), 160–172. <https://doi-org.erl.lib.byu.edu/10.1177/0271121419846332>
- Giordano, K. R., Dsouza, N., McGhee-Hassrick, E., Martinez, O., & Martinez-Donate, A. (2021). Provider perspectives on Latino immigrants’ access to resources for syndemic health issues. *Hispanic Health Care International, 19*(3), 163-173.  
10.1177/1540415320985590
- Gonzalez, F., & Benuto, L. T. (2021). ¡yo no estoy loca! A behavioral health telenovela style entertainment education video: Increasing mental health literacy among Latinas. *Community Mental Health Journal, 10.1007/s10597-021-00892-9*

- González, H. M., Vega, W. A., Williams, D. R., Tarraf, W., West, B. T., & Neighbors, H. W. (2010). Depression care in the United States: Too little for too few. *Archives of General Psychiatry, 67*, 37–46.
- Guzman, E. D., Woods-Giscombe, C., & Beeber, L. S. (2015). Barriers and facilitators of Hispanic older adult mental health service utilization in the USA. *Issues in Mental Health Nursing, 36*(1), 11-20. 10.3109/01612840.2014.939790
- Heath, O., Church, E., Curran, V., Hollett, A., Cornish, P., Callanan, T., Bethune, C., & Younghusband, L. (2015). Interprofessional mental health training in rural primary care: findings from a mixed methods study. *Journal of Interprofessional Care, 29*(3), 195–201. <https://doi-org.erl.lib.byu.edu/10.3109/13561820.2014.966808>
- Jimenez, D. E., Bartels, S. J., Cardenas, V., & Alegría, M. (2013). Stigmatizing attitudes toward mental illness among racial/ethnic older adults in primary care. *International Journal of Geriatric Psychiatry, 28*(10), 1061-1068. 10.1002/gps.3928
- Kauye, F., Jenkins, R., & Rahman, A. (2014). Training primary health care workers in mental health and its impact on diagnoses of common mental disorders in primary care of a developing country, Malawi: a cluster-randomized controlled trial. *Psychological Medicine, 44*(3), 657–666. <https://doi-org.erl.lib.byu.edu/10.1017/S0033291713001141>

- Keeler, A. R., & Siegel, J. T. (2016). Depression, help-seeking perceptions, and perceived family functioning among Spanish-Dominant Hispanics and Non-Hispanic Whites. *Journal of Affective Disorders, 202*, 236-246. 10.1016/j.jad.2016.05.017
- Keeler, A. R., Siegel, J. T., & Alvaro, E. M. (2014). Depression and help seeking among Mexican–Americans: The mediating role of familism. *Journal of Immigrant and Minority Health, 16*(6), 1225-1231. 10.1007/s10903-013-9824-6
- Keyes, K. M., Martins, S. S., Hatzenbuehler, M. L., Blanco, C., Bates, L. M., & Hasin, D. S. (2012). Mental health service utilization for psychiatric disorders among Latinos living in the United States: The role of ethnic subgroup, ethnic identity, and language/social preferences. *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services, 47*(3), 383-394. 10.1007/s00127-010-0323-y
- Kohrt, B. A., Mutamba, B. B., Luitel, N. P., Gwaikolo, W., Onyango Mangen, P., Nakku, J., Rose, K., Cooper, J., Jordans, M. J. D., & Baingana, F. (2018). How competent are non-specialists trained to integrate mental health services in primary care? Global health perspectives from Uganda, Liberia, and Nepal. *International Review of Psychiatry, 30*(6), 182–198. <https://doi-org.erl.lib.byu.edu/10.1080/09540261.2019.1566116>
- Letamendi, A. M., Ayers, C. R., Ruberg, J. L., Singley, D. B., Wilson, J., Chavira, D., Palinkas, L., & Wetherell, J. L. (2013). Illness conceptualizations among older rural Mexican-Americans with anxiety and depression. *Journal of Cross-Cultural Gerontology, 28*(4), 421-433. 10.1007/s10823-013-9211-8

- Leventhal, H., Diefenbach, M., & Leventhal, E.A. (1992). Illness cognition: Using common sense to understand treatment adherence and affect cognition interactions. *Cognitive Therapy and Research*, 16, 143–163.
- Mendoza, H., Masuda, A., & Swartout, K. M. (2015). Mental health stigma and self-concealment as predictors of help-seeking attitudes among Latina/o college students in the United States. *International Journal for the Advancement of Counselling*, 37(3), 207-222. 10.1007/s10447-015-9237-4
- Muñoz, R. F., Chavira, D. A., Himle, J. A., Koerner, K., Muroff, J., Reynolds, J., Rose, R. D., Ruzek, J. I., Teachman, B. A., & Schueller, S. M. (2018). Digital apothecaries: a vision for making health care interventions accessible worldwide. *mHealth*, 4, 18. <https://doi.org/10.21037/mhealth.2018.05.04>
- Organista, K. C., Ngo, S., Neilands, T. B., & Kral, A. H. (2017). Living conditions and psychological distress in Latino migrant day laborers: The role of cultural and community protective factors. *American Journal of Community Psychology*, 59(1-2), 94-105. 10.1002/ajcp.12113
- Rai, S., Gurung, D., Kaiser, B. N., Sikkema, K. J., Dhakal, M., Bhardwaj, A., Tergesen, C., & Kohrt, B. A. (2018). A service user co-facilitated intervention to reduce mental illness stigma among primary healthcare workers: Utilizing perspectives of family members and caregivers. *Families, Systems & Health: The Journal of Collaborative Family HealthCare*, 36(2), 198–209. <https://doi-org.erl.lib.byu.edu/10.1037/fsh0000338>

- Raney, L., Bergman, D., Torous, J., Hasselberg, M. (2017). Digitally driven integrated primary care and behavioral health: How technology can expand access to effective treatment. *Curr Psychiatry Rep*, 19(11), 86.
- Rummel-Kluge, C., & Kissling, W. (2008). Psychoeducation for patients with schizophrenia and their families. *Expert Review of Neurotherapeutics*, 8(7), 1067-1077. 10.1586/14737175.8.7.1067.
- Sabogal F., Marín G., Otero-Sabogal R., Marín B.V., Perez-Stable E.J. (1987) Hispanic familism and acculturation: What changes and what doesn't? *Hispanic Journal of Behavioral Sciences*, 9, 397–412.
- Tsiouri, I., Gena, A., Economou, M. P., Bonotis, K. S., & Mouzas, O. (2015). Does Long-Term Group Psychoeducation of Parents of Individuals with Schizophrenia Help the Family as a System? A Quasi-Experimental Study. *International Journal of Mental Health*, 44(4), 316–331. <https://doi-org.erl.lib.byu.edu/10.1080/00207411.2015.1076294>
- Uebelacker, L. A., Marootian, B. A., Pirraglia, P. A., Primack, J., Tigue, P. M., Haggarty, R., Velazquez, L., Bowdoin, J. J., Kalibatseva, Z., & Miller, I. W. (2011). Barriers and Facilitators of Treatment for Depression in a Latino Community: A Focus Group Study. *Community Mental Health Journal*, 48(1), 114-126. 10.1007/s10597-011-9388-7
- Ulupinar, D., Zalaquett, C., Kim, S. R., & Kulikowich, J. M. (2021). Performance of Mental Health Counselors in Integrated Primary and Behavioral Health Care. *Journal of Counseling & Development*, 99(1), 37–46. <https://doi-org.erl.lib.byu.edu/10.1002/jcad.12352>

- Vanderlip, E. R., Rundell, J., & Avery, M. (2016). Dissemination of integrated care within adult primary care settings: The collaborative care model. *American Psychiatric Association and Academy of Psychosomatic Medicine*.  
<https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Professional-Topics/Integrated-Care/APA-APM-Dissemination-Integrated-Care-Report.pdf>
- Villatoro, A. P., Morales, E. S., & Mays, V. M. (2014). Family culture in mental health help-seeking and utilization in a nationally representative sample of Latinos in the United States: The NLAAS. *American Journal of Orthopsychiatry*, 84(4), 353-363. 10.1037/h0099844
- Wakefield, M.A., Loken, B., & Hornik, R.C. (2010). Use of mass media campaigns to change health behaviour. *Lancet*, 376 (9748), 1261–1271. [https:// doi.org/10.1016/ S0140- 6736\(10\) 60809-4](https://doi.org/10.1016/S0140-6736(10)60809-4).