



Behavioral Health Wellbeing and Access to Services among Adults in Avenal, California

By:

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Executive Summary	5
Background	6
Avenal Behavioral Health Project Description	9
Survey Plan and Methods	9
Specific Aims.....	9
Research Questions.....	9
Description of the Report	9
Sampling Methodology.....	9
Study Results	11
1. The Demographic Characteristics of Study Participants in Avenal	12
a. Results.....	12
2. Physical and Behavioral Wellbeing of Adults in Avenal, California	16
a. Measures	16
b. Results	16
Self-reported mental health.....	18
Mental Health Disorders.....	18
Alcohol Use.....	19
3. Attitude Towards Mental Health Services and People with Mental Health Illness	21
a. Measures	21
b. Results	21
Prior Experiences with Professional Mental Health Services	25
a. Measures	25
b. Results.....	25
The prevalence of childhood trauma (adverse childhood experiences)	28
a. Measures	28
b. Results.....	28
Overall Conclusions and Recommendations	30,31
References	32
Appendix A: The Avenal Behavioral Health Survey (English)	34
Appendix B: The Avenal Behavioral Health Survey (Spanish)	41
Appendix Table	50



Figure 1: Age	13
Figure 2: Race/ethnicity	13
Figure 3: Education Level	13
Figure 4: Income Level	14
Figure 5: Marital status	14
Figure 6: Household members.....	14
Figure 7: Self-reported physical health	17
Figure 8: Self-rated mental health wellbeing	18
Figure 9: Mental Health Disorders (anxiety and depression measured by K10)	18
Figure 10:Alcohol problems (measured by CAGE)	19
Figure 11:Level of confidence in accessing mental health services.....	22
Figure 12:Willingness to engage with people with mental health illness	22
Figure 13:Attitude towards mental health treatment and people with mental illness.....	23
Figure 14:Perceived attitude towards people with mental illness in Avenal vs National Average	23
Figure 15: Attitude towards mental health treatment- Avenal versus National Average- Behavioral Risk Factor Surveillance System, 2007	24
Figure 16:Mental health service utilization in the past among people with mental health challenges.....	26
Figure 17:The percentage of people who reported not needing mental health services among people with mental health challenges	27
Figure 18:The prevalence of ACES in Avenal vs. National (CDC)	29
Figure 19:The percentage with 3 or more ACEs among people with mental health challenges.....	29



Table 1: Reasons for not receiving mental health services	26
Table 2: Type of setting in which mental health services were provided among those who previously received mental health services (N=39)	27
Table A3: % of participants with 4 or more days of poor mental health by demographic characteristics	50
Table A4: % of participants who have mild to severe mental health disorders based on K-10 by demographic characteristics	50
Table A5: % of participants who are at a clinically significant risk of drinking or alcoholism by demographic characteristics	50
Table A6: % of participants who lacked confidence in overall accessing mental health services by demographic characteristics.....	51
Table A7: % of participants who lacked confidence in attending face to face meeting by demographic characteristics.....	51
Table A8: % of participants who lacked confidence in using telephone or computer to seek services by demographic characteristics	51
Table A9: % of participants who lacked confidence in knowing where to seek services by demographic characteristics	52
Table A10: % of participants who did not receive mental health services in the past by demographic characteristics.....	52
Table A11: % of participants with 3 or more ACEs by demographic characteristics.....	52



Executive Summary

Background:

The U.S. Census Bureau (2012) estimated that Latinos will make up almost one-third of the U.S. population by 2060. According to the Pew Research Center, California has approximately 15 million Latinos, surpassing Whites as the largest group in California, and a significant amount of the Hispanic population (31%) is experiencing poverty (Pew Research Center, 2015). Studies have found that the utilization of mental health care was lower among Mexican Americans as compared to other ethnicities. However, U.S.-born Mexican Americans had higher rates of utilization of primary-care physicians and counselors than immigrants, though not necessarily for the treatment of mental health care (Vega, Kolody, Aguilar-Gaxiola, & Catalano 1999; Vega, Kolody, & Aguilar-Gaxiola 2001). Because there is no data relevant to the problems identified above, this study seeks to add knowledge to issues surrounding mental distress and mental health care utilization in Avenal, California.

Main Findings

Close to three-quarters of those who need mental health care services reported never needing mental health care services. Further, about 40 percent of respondents reported experiencing a high level of exposure to childhood trauma, which put them at a high risk of developing health and mental health problems. The majority of the participants (70%) reported having good or excellent physical health while 41% reported having good mental health within the last 30 days. However, almost half (45%) of the sample met the criteria for a mental illness (depression/anxiety). Also, approximately 50% of the participants did not know where to go for mental health care. The majority of the survey participants had positive attitudes towards mental health treatment and mental illness; however, about 40% felt that people with mental illness are dangerous. It is evident that these findings highlight the need for not only mental health literacy but also clear information as to where to access mental health care. As a result, the following recommendations have been put forth.

1. Develop a culturally and linguistic competent sensitive mental health literacy program aimed at educating the residents about mental illness; specifically, anxiety/depression and alcoholism.
2. Develop a culturally and linguistic competent literacy program aimed at educating the residents about mental health care and its role in overall quality of life.
3. Use social media and other means (e.g., radio) to provide information on where to access mental health care. Radio would reach more people given the high number of farm workers in Avenal that listen to radio while working.
4. Develop and implement curriculum to connect the community and current mental health care entities by non-traditional settings (e.g., BBQ- "comidas") to assist with destigmatizing mental health/illness. The BBQ would take place during cultural and community events.

Background

The U.S. Census Bureau (2012) estimated that Latinos will make up almost one-third of the U.S. population by 2060. According to the Pew Research Center, California has approximately 15 million Latinos and have surpassed Whites as the largest group in California; and a significant amount of the Hispanic population (31%) is experiencing poverty (<http://www.pewhispanic.org/states/state/ca/>). This is problematic as research has shown that living in poverty negatively affects people's social networks and their sense of self (Andersson, Denhov, Holmqvist, Mattsson, Claes-Goran and Bulow, 2013) and is strongly associated with psychological problems (Santiago, Kaltman, and Mirán da, 2013). The San Joaquin Valley (Kings County, most of Fresno, Kern, Merced, and Stanislaus counties, and portions of Madera, San Luis Obispo, Tulare counties) had one of the highest prevalence of serious mental illness among adults (5.3%) and the highest rate of emotional disturbance among children in California (8.3%) (California Healthcare Foundation, 2013). Avenal lies within the Kings county in California and has a high Latino presence (83%). However, no data exists in regards to the prevalence of mental distress.

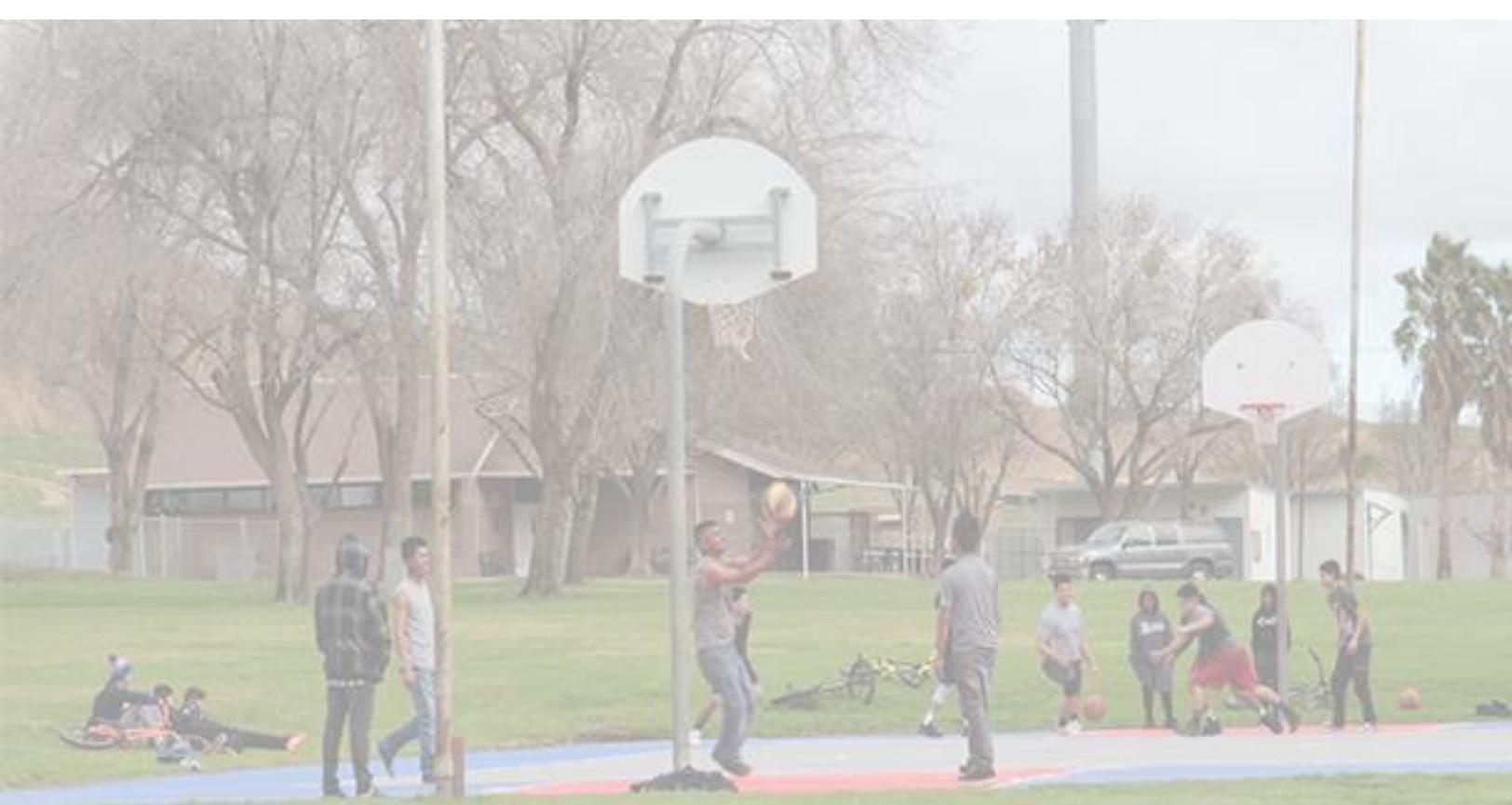
In addition, research on service utilization of mental health treatment by Latinos has consistently documented the presence of economic, cultural and structural barriers. These barriers include level of acculturation, language, availability of services, affordability and accessibility, lack of health insurance, unfamiliarity with health systems, eligibility criteria and practitioner's unfamiliarity with cultural nuances which is critical in diagnosis and treatment of illness (Marin, Escobar, & Vega, 2006; Atdjian & Vega, 2005; Vega & Lopez, 2001; Villa & Aranda, 2000). In general, Latinos underutilize mental health care (Alegria, et al, 2008a; Blanco, et al. 2007; Cook et al 2007). Alegria et al. (2002) found that a significantly higher proportion of non-Latinos Whites (11.8%) received specialty care compared to African Americans (7.2%) and Latinos (5.9%). Similarly, Mirán da and Cooper (2004) found that Latinos were less likely to receive specialty mental health treatment than African Americans and Whites, and that the odds of Latino(a)s receiving any treatment for depression were lower than those for White patients. Wang et al. (2005) identified factors associated with underutilization of mental health care including age (younger than 60 years old), ethnicity (non-Latino White), income (low income) and accessibility (living in rural areas).

Choi and Gonzalez (2005) studied older minorities and mental health care services and found that the following factors contribute to mental health

treatment: referrals from doctors, social workers, churches and former patients, community outreach efforts, supportive and involved family members, availability of bilingual/bicultural clinicians, dual Medicare/Medicaid eligibility, and mental health literacy.

Studies have found that the utilization of mental health care was lower among Mexican Americans as compared to other ethnicities. However, U.S.-born Mexican Americans had higher rates of utilization of primary-care physicians and counselors than immigrants, though not necessarily for the treatment of mental health care (Vega, Kolody, Aguilar-Gaxiola, & Catalano 1999; Vega, Kolody, & Aguilar-Gaxiola 2001). A limitation these studies share is a failure to identify or discuss the role of culture and family in helping to seek services. Because there is no data relevant to the problems identified above, this study seeks to add knowledge to issues surrounding mental distress and mental health care utilization in Avenal, California.





Avenal Behavioral Health Project Description



Avenal Behavioral Health Project Description

Survey Plan and Methods

Specific Aims

The specific aim of this study is to provide data on the prevalence of mental distress among adults living in Avenal, California. In addition, this study aims to seek information surrounding the utilization of behavioral health services, barriers to accessing behavioral health services and perceptions of mental illness.

Research Questions

This study aimed to address the following research questions:

1. What is the overall wellbeing of adults living in Avenal, California?
2. What is people's attitude towards mental health problems and services related to mental health?
3. What are people's experiences of utilizing professional mental health services?

Description of the Report

This report consists of 4 main sections: the first section describes the demographic characteristics of study participants, followed by three sections that correspond to each research question. In each section, there is a detailed description of measures, followed by results and the Conclusion section which summarizes overall findings and policy recommendations for the City of Avenal. The study plan was reviewed and approved by Fresno State University Institutional Review Board (IRB).

Sampling Methodology

Convenience Sampling:

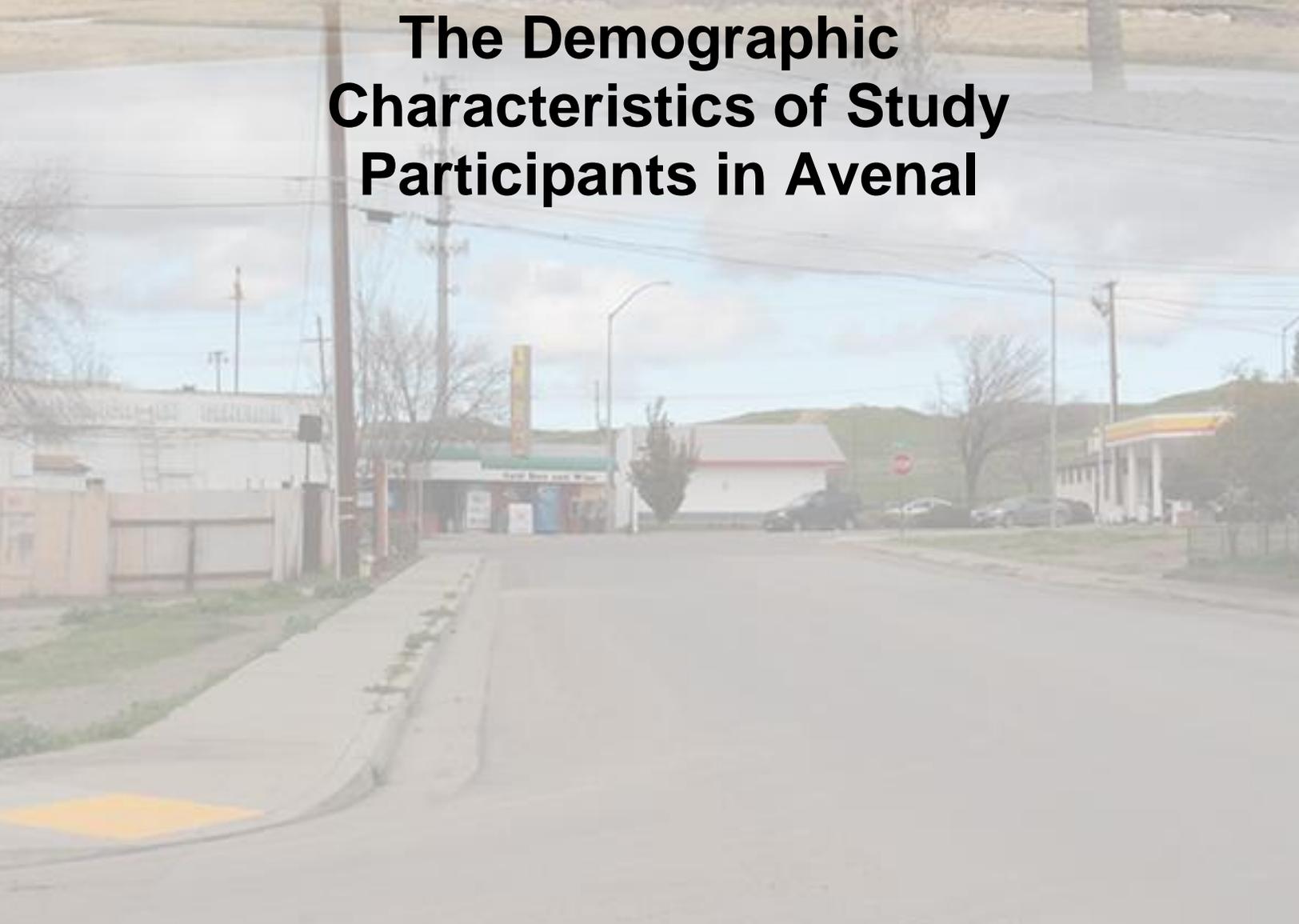
The first 41 responses (day 1) were gathered by data collectors setting up a table and three lawn chairs outside a local and popular grocery store (State Foods), located on the main street (Skyline Blvd) in Avenal, CA. As customers entered/exited the grocery store, the data collectors would approach the potential participants asking if they would like to participate in a study surrounding emotional wellbeing. The data collectors shared with potential participants that they also would be compensated \$10.00 for their time. This location was pre-selected due to the high traffic that it generates and permission was granted by the owner prior to setting up.

After day 1, the remaining responses were gathered in other locations throughout the City. Data collectors visited other stores, food banks, parks, community organizations, churches, and homes to recruit participants. To meet the needs of the participants the data collectors would speak to potential participants in English or Spanish and at times both (Spanglish). The data collection occurred between December 10, 2016 and January 9, 2017.

The survey was created using google forms which was then embedded on a website platform (www.olgahealth.com). Each data collector (2 total) had a pre-paid Verizon hand held device (cell phone- Motorola GI PL) which participants would use to answer the survey. Verizon was selected as the carrier as a result of having more cell phone towers which result in a stronger signal, assisting with alleviating any issues surrounding internet connectivity. The participants had the option to click on the English or Spanish version of the survey at the initial start of visiting the website. The details of the survey can be found in Appendix A.



**The Demographic
Characteristics of Study
Participants in Avenal**



Study Results

1. The Demographic Characteristics of Study Participants in Avenal

a. Results

- **Age:** The age of the survey participants ranged from age 18 to over 55 years old, evenly distributed across age groups.
- **Gender:** The majority of the survey participants were female (55%) and about 45% were male.
- **Race/Ethnicity:** The overwhelming majority of the participants identified themselves as Hispanic/Latino (92%). 6% were identified as White and the remaining 2% as Asian or Native-American background.
- **Language:** Over two-thirds (67%) spoke Spanish as the primary language at home and 32% spoke English.
- **The country origin:** Two-thirds (66%) of the survey participants were born outside of US (Mexico 60% and other 6%) and 34% was U.S. born.
- **Education:** Overall, close to one-third reported attending some college or more. About two-thirds attended or graduated from high school; 42% had less than high school education.
- **Income:** More than 60% of the participants were low-income, reporting annual income of less than \$20,000. About 17% were making between \$20,000 and 30,000, 9% between 30,001 and \$40,000, 6% between \$40,001-50,000 and about 8% reported making over \$50,000 annually.
- **Health care coverage:** While the majority of the study participants were low-income, three-quarter (75%) had health care insurance and only a quarter of the participant did not have a health care insurance.
- **Household structure:** More than half of the survey participants were either legally married (39%) or living with partner (11%) and about 40% had single status (divorced 7%; separated 11%; widowed 4%; never married 15%). Over two-thirds (69%) had children where one-fifth had 5 or more children. About one-third did not have any children. The majority was living with other household members and about one-third was living in a large household, which consists of more than 6 people.

Figure 1: Age

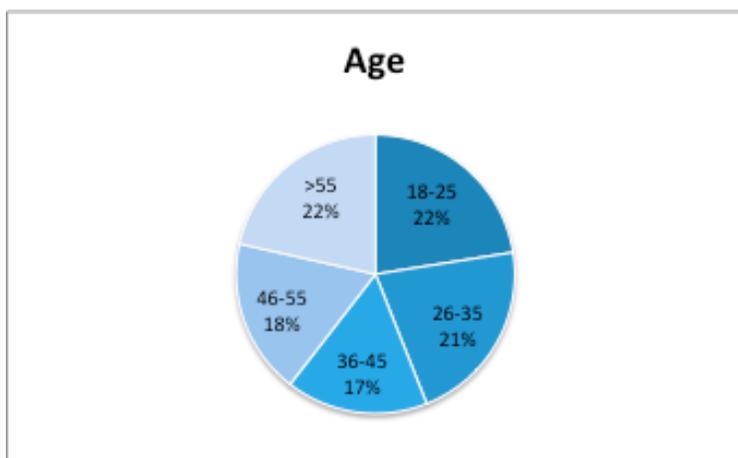


Figure 2: Race/ethnicity

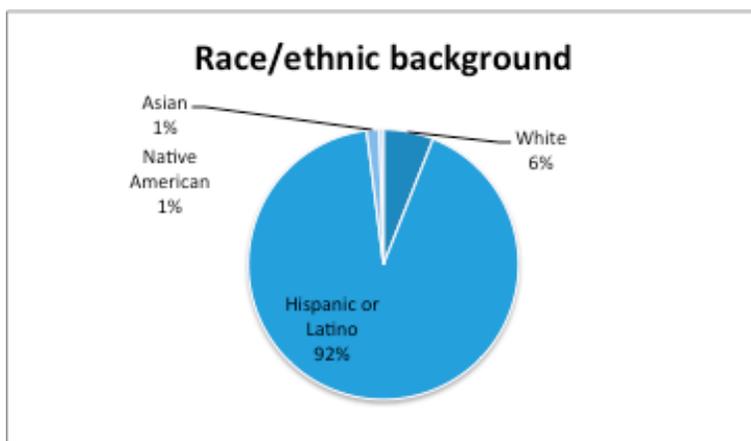


Figure 3: Education Level

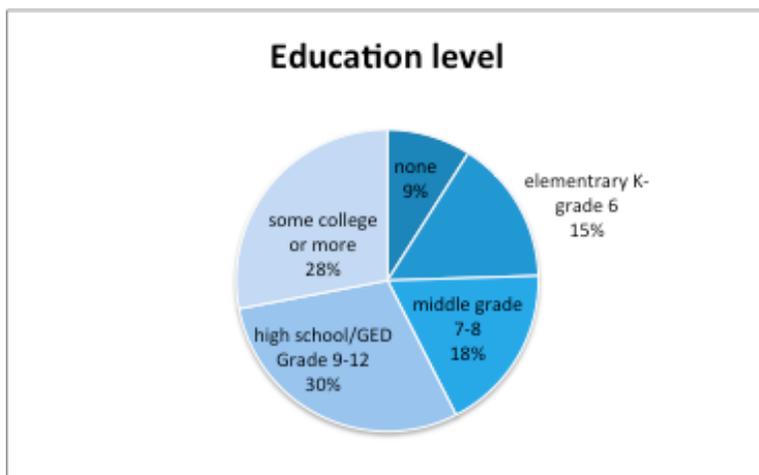


Figure 4: Income Level

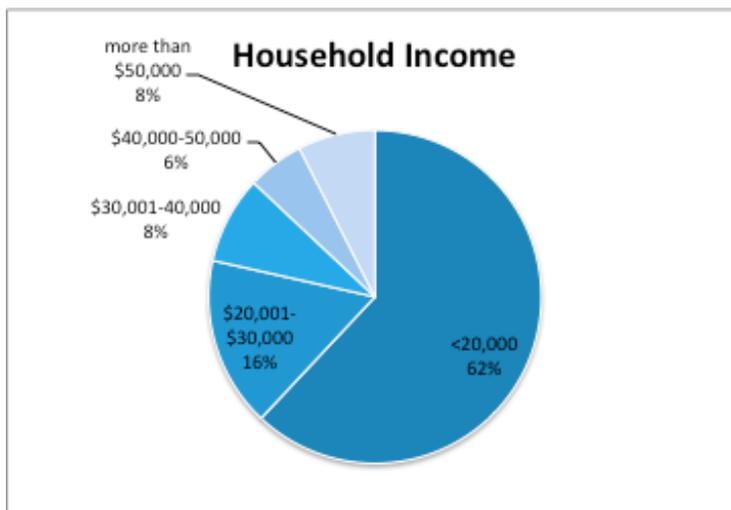


Figure 5: Marital status

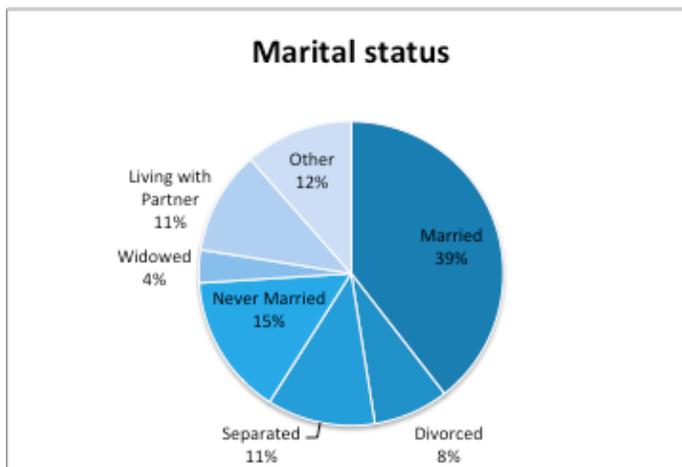
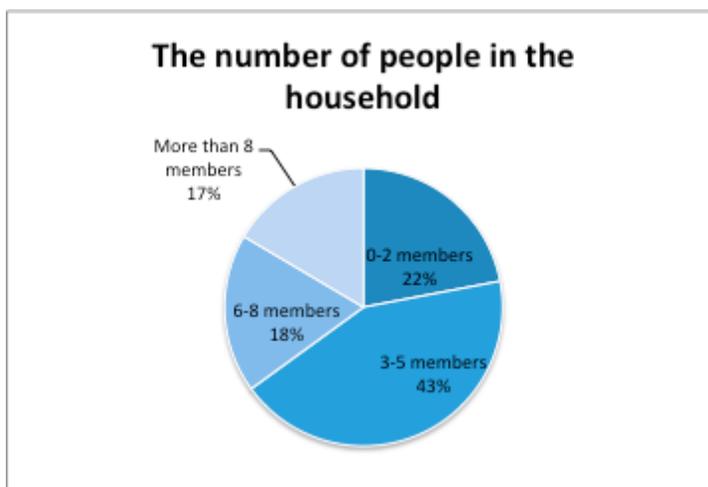


Figure 6: Household members





Physical and Behavioral Wellbeing of Adults in Avenal, California



Data source: Avenal Behavioral Health Survey, 2016

2. Physical and Behavioral Wellbeing of Adults in Avenal, California

a. Measures

We measured overall wellbeing of adult residents in Avenal using four measures that are widely used in national surveys: self-reported physical health, self-reported mental health, anxiety and depression (Kessler Psychological Distress Scale -K10) and alcohol use (CAGE). Self-reported physical health is measured by (Would you say that in general your health is: Excellent, Very Good, Good, Fair, Poor) and self-reported mental health is reported by the number of days that mental health was not good (Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?)

K10 is a quick and reliable measure to detect anxiety and depression, developed by Kessler, Andrews & Colpe (2002). It consists of 10 questions, which pertain to an emotional state and each has a five-level response scale. Scores range from 10 to 50 and can be classified into 4 groups: score <20 (likely to be well); score 20-24 (likely to have a mild mental disorder); score 25-29 (likely to have moderate mental disorder) and score 30 and over (likely to have a severe mental disorder).

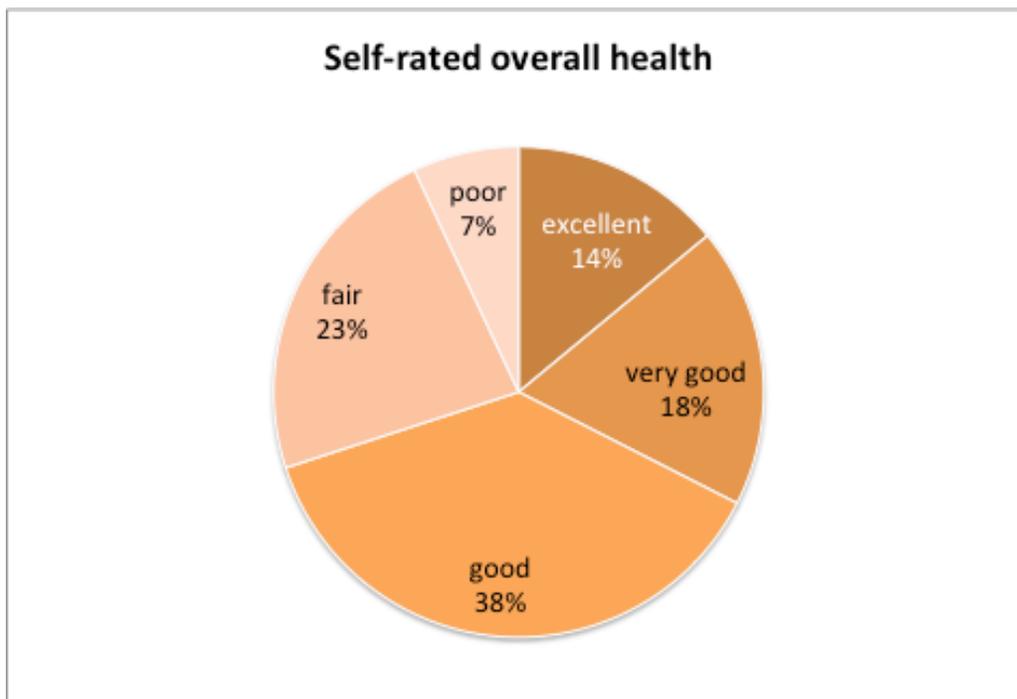
The *CAGE*, a 4-item questionnaire was used to screen for alcoholism. ‘CAGE’ is an acronym formed from the italicized letters in the questionnaire (cut-annoyed-guilty-eye). This measure has been developed by Ewing (1984), and it is an internationally used assessment instrument for identifying problems with alcohol. The responses are yes=1 or no=0 and scored from 0 to 4, which indicates the level of problem drinking. Scoring 2 or more is considered to be clinically significant, indicating “at risk” of problem drinking or alcoholism.

b. Results

- Overall, over two-thirds of the survey participants reported excellent to good health while one-third reported fair or poor health (Figure 7)
- 41% reported that they did not have any day that they felt that their mental health was not good. About one-third reported having 1-3 days that their mental health was not good. Another third reported having 4 or more days of not feeling mentally well (Figure 8).
- Based on a clinical mental health measure (K-10), about 45% are more likely to have depression and/or anxiety disorder, ranging from mild disorder (20%), moderate (10%) and severe (15%) (Figure 9).
- Being female and not having health insurance are risk factors for having mental health challenges in Avenal. Over one-third of females as well as those without health insurance reported having 4 or more days of not feeling mentally well (36%) and a half of each group also had mental health disorders based on K10 (Appendix Table A3 and A4). The majority

- of those living in a large household (living with 6 or more people) are also more likely to have mental health disorders based on K10 (51%, Appendix Table A4).
- In terms of alcohol use, 47 participants (roughly 24%) are considered to be at a clinically significant risk of drinking or alcoholism. (Figure 10).
 - The share of those with “at-risk” of drinking/alcoholism was higher among those without health insurance, less than high school education or household whose income is less than \$20,000 (28%, 27%, and 26% respectively, Appendix Table A5).

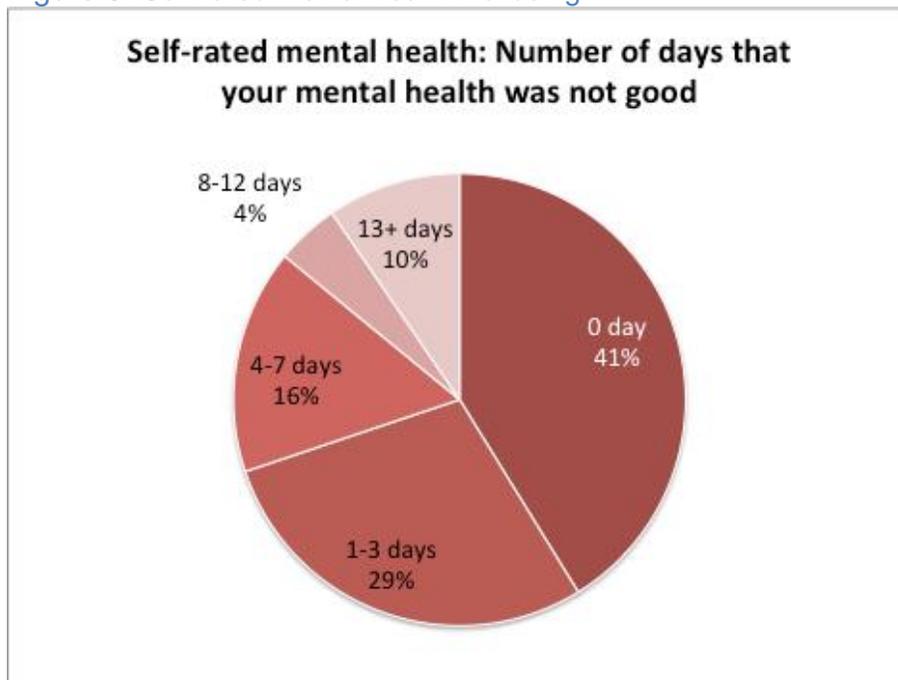
Figure 7: Self-reported physical health



Data source: Avenal Behavioral Health Survey, 2016

Self-reported mental health

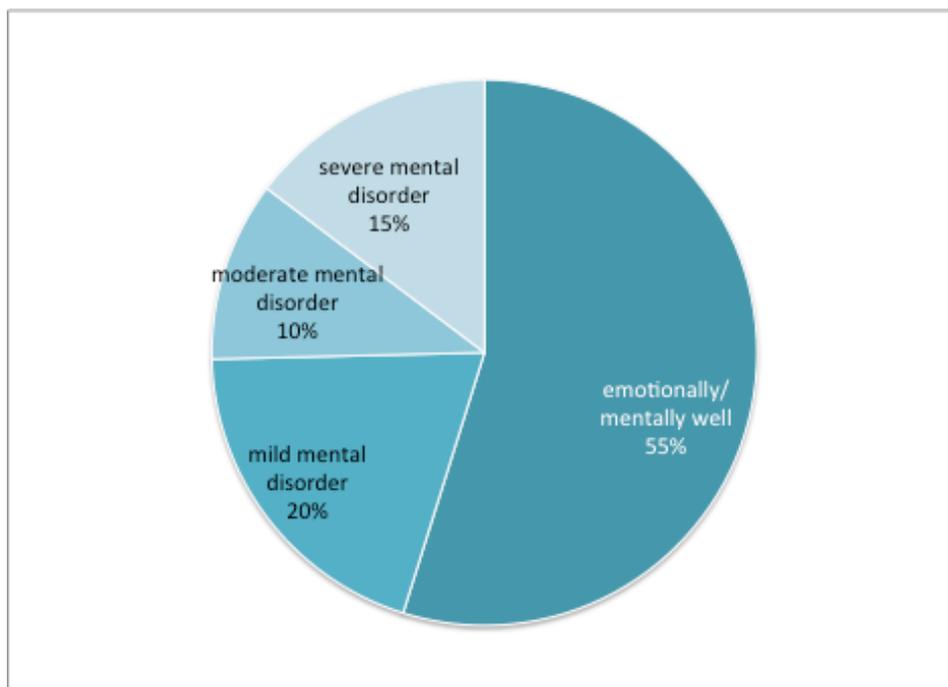
Figure 8: Self-rated mental health wellbeing



Data source: Avenal Behavioral Health Survey, 2016

Mental Health Disorders

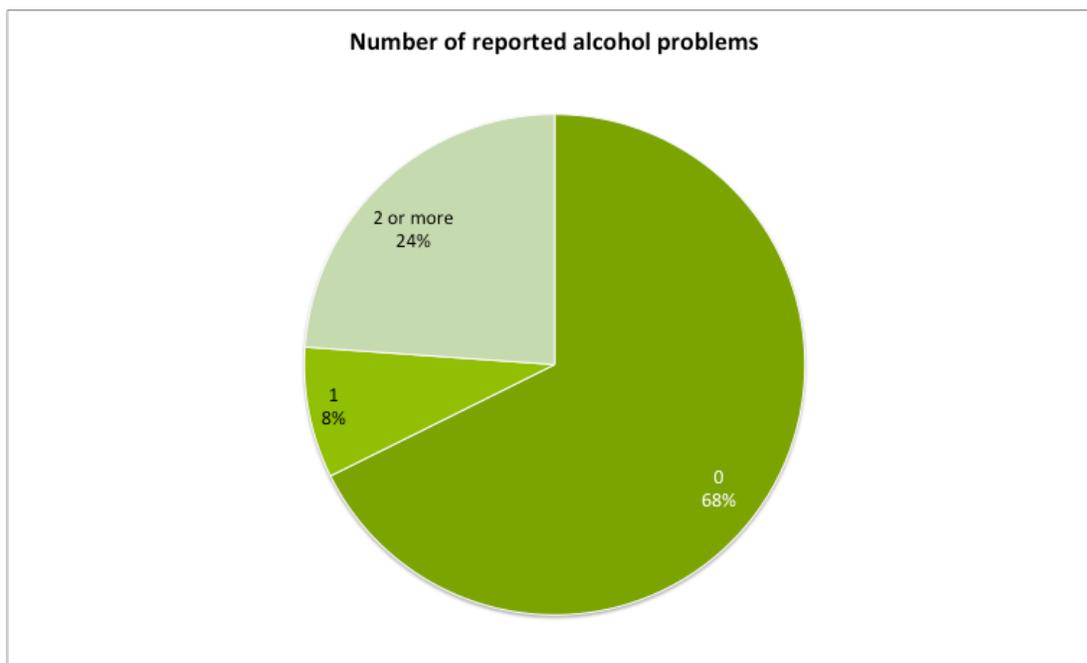
Figure 9: Mental Health Disorders (anxiety and depression measured by K10)



Data source: Avenal Behavioral Health Survey, 2016

Alcohol Use

Figure 10: Alcohol problems (measured by CAGE)



Data source: Avenal Behavioral Health Survey, 2016



**Attitude Towards
Mental Health Services
and People with Mental Health
Illness**



3. Attitude Towards Mental Health Services and People with Mental Health Illness

a. Measures

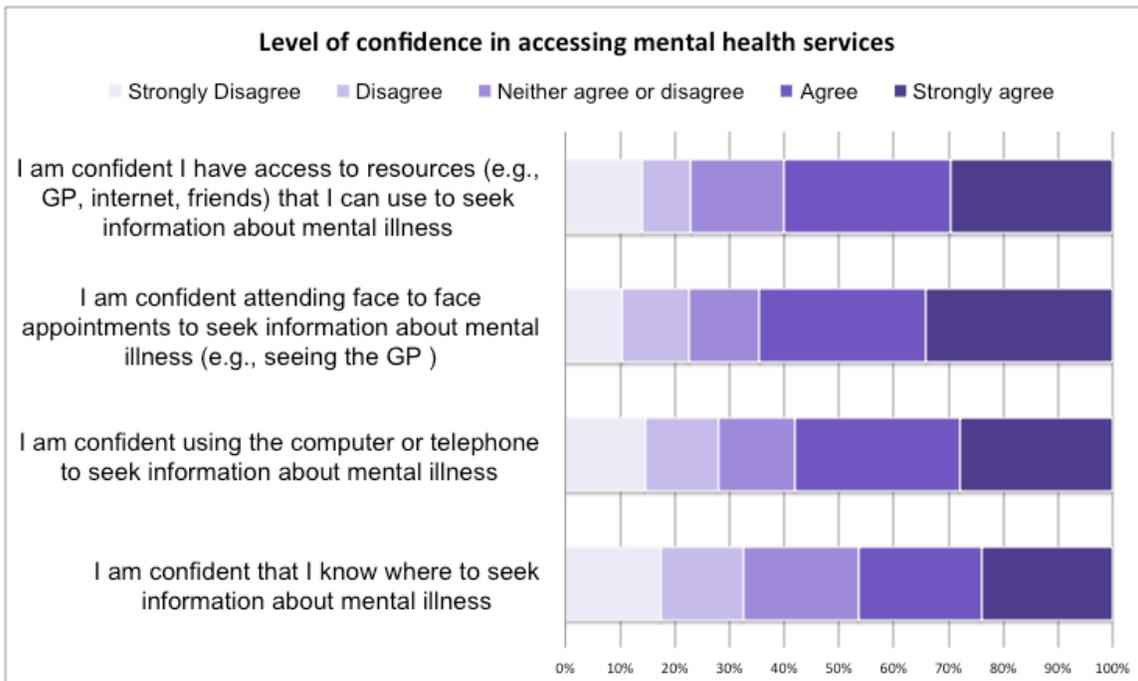
We used questions from the Center for Disease and Control (CDC)'s Behavioral Risk Factor Surveillance System Survey with regard to attitude towards how people with mental illness are generally perceived (People are generally caring and sympathetic to people with mental illness. Do you agree slightly or strongly, or disagree slightly or strongly?), and attitude towards mental health treatment in general (treatment can help people with mental illness lead normal lives. Do you –agree slightly or strongly, or disagree slightly or strongly?),

b. Results

- Overall, about 60% of the survey participants felt confident that they could seek information about mental health services via resources (GP, internet, friends), face to face appointments or computer and/or telephone (Figure 11 top three bars).
- However, less than 50% were overall confident about knowing where to seek information about mental health services (Figure 11, the bottom bar).
- Among those living in a large household, about one-third lacked overall confidence in accessing mental health services and attending face-to-face meeting (Appendix Table A6 and A7).
- Among those without high school education, about 40 percent lacked confidence in accessing information on mental health services using phone or computer (Appendix Table A8).
- Overall, the majority of the survey participants are willing to engage with people with mental health illness (Figure 12).
- Overall, the majority of the survey participants had positive attitudes towards mental health treatment and mental health illness (Figure 13). However, about 40% felt that people with mental illness are dangerous (Figure 12).
- Avenal sample was more ambivalent about how people with mental health illness are generally perceived, compared with the national sample (Figure 14), where about a quarter neither agreed nor disagreed with the statement that people are generally caring and sympathetic to people with mental illness (3% among the national sample).
- The majority of Avenal sample also agreed that mental health treatment can help people with mental illness lead a normal life (78%), though the results were much lower than the US national sample (89%) (Figure 15).

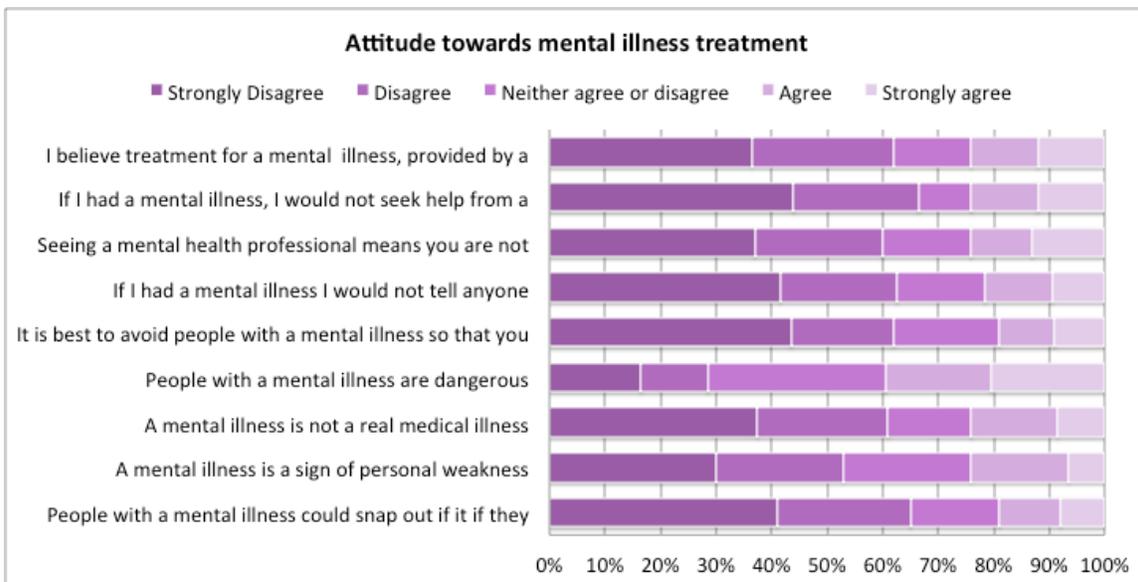


Figure 11: Level of confidence in accessing mental health services



Data source: Avenal Behavioral Health Survey, 2016

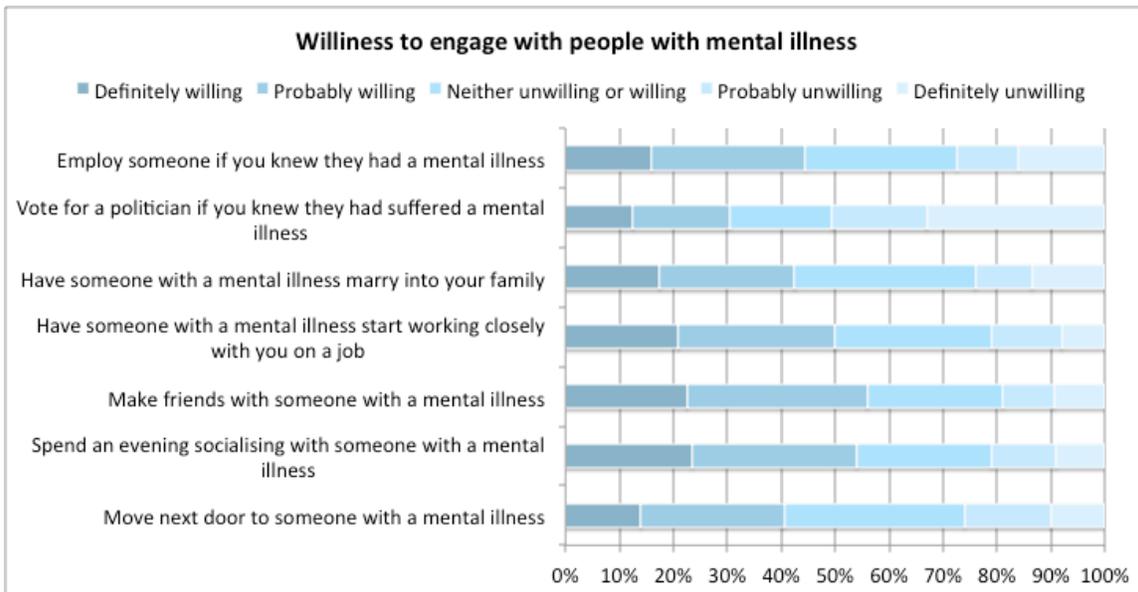
Figure 12: Willingness to engage with people with mental health illness



Data source: Avenal Behavioral Health Survey, 2016

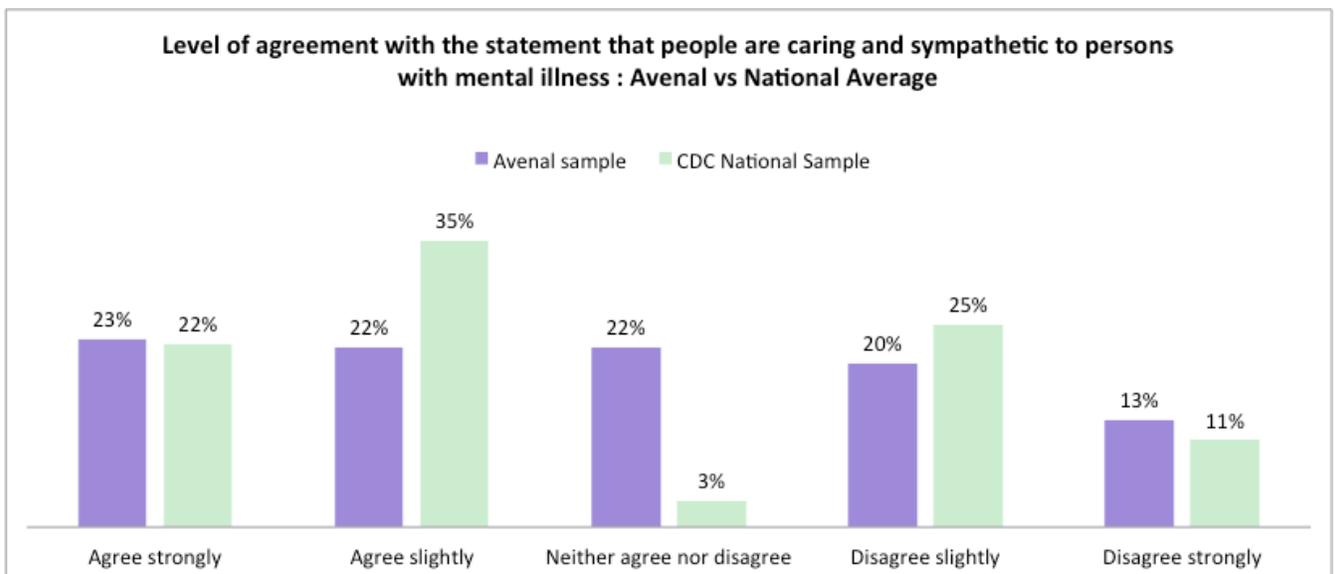


Figure 13: Attitude towards mental health treatment and people with mental illness



Data source: Avenal Behavioral Health Survey, 2016

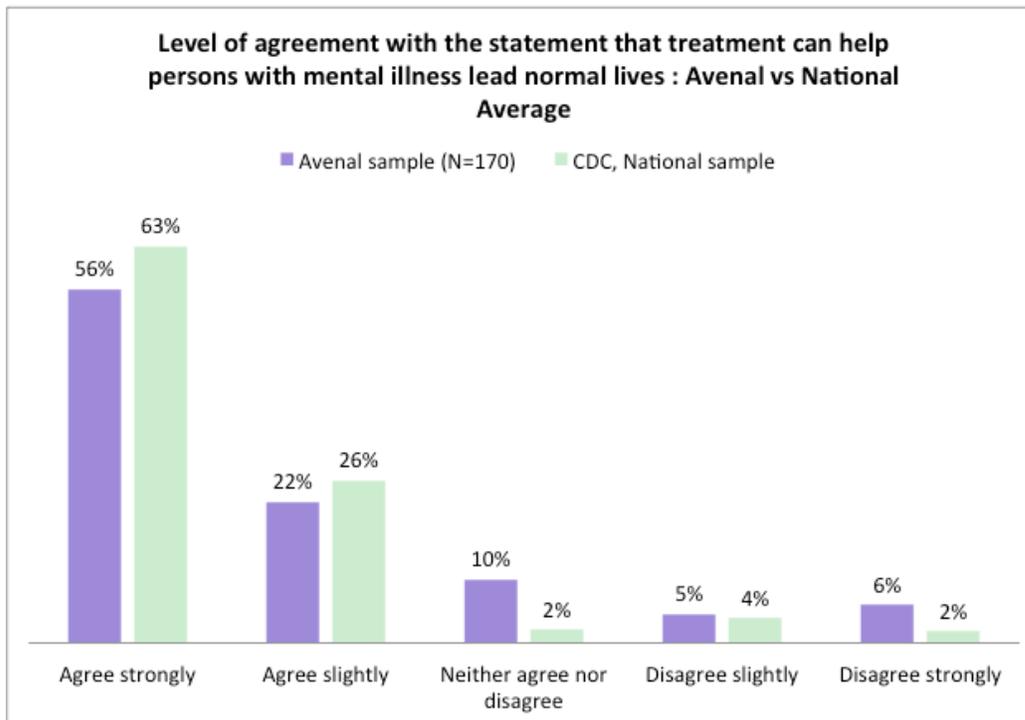
Figure 14: Perceived attitude towards people with mental illness in Avenal vs National Average



Data sources: Avenal Behavioral Health Survey, 2016; Behavioral Risk Factor Surveillance System, 2007 (CDC national sample)



Figure 15: Attitude towards mental health treatment- Avenal versus National Average- Behavioral Risk Factor Surveillance System, 2007



Data source: Avenal Behavioral Health Survey, 2016;
Behavioral Risk Factor Surveillance System, 2007 (CDC national sample)

Prior Experiences with Professional Mental Health Services

a. Measures

Questions utilized for this measure were a result of conducting a thorough literature review of the barriers to utilizing mental health care among minority populations; specifically utilizing the framework from a dissertation titled: An Ecological Systems Theory Approach In Looking at Mental Health Care Barriers in the Latino Community (Barrera, 2008). We asked, if you did not receive any mental health services in the past, what was the reasons? I never needed any mental health services/support, I couldn't afford the cost, Getting mental health treatment or counseling might cause my neighbors or community to have a negative opinion of me, Getting mental health treatment or counseling might have a negative effect on my job, My health insurance does not cover any mental health treatment or counseling, My health insurance does not pay enough for mental health treatment or counseling, I did not know where to go to get services, The information I gave the counselor might not be confidential, I might be committed to a psychiatric hospital or might have to take medicine, I didn't think I needed treatment at the time, I thought I could handle the problem without treatment, I thought I could handle the problem without treatment, I didn't think treatment would help, I didn't have time (because of job, childcare, or other commitments, I didn't want others to find out that you needed treatment, I had no transportation, or treatment was too far away, or the hours were not convenient, I was scared my service provider would deport me out of the country, I use other things to help me with my mental health, My doctor/service provide does not/did not speak my native language or My spouse did not let me seek mental health services

b. Results

- Overall 80% of the survey participants indicated that they did not receive mental health services in the past. The most frequently mentioned reason for not accessing mental health services was “such service was never needed (84%). (Table 1)
- Among those who reported having 4 or more days of not feeling mentally well, slightly less than one-third ever received mental health services in the past (28%, Figure 16) and over two-thirds did not think they need mental health services (70%, Figure 17).
- Close to a quarter of people who are considered to have mild to severe mental disorders based on K-10 reported ever receiving mental health services in the past (26%, Figure 16) and they also did not think that they need any mental health services (73%, Figure 17).
- Among those who at risk of drinking problems/alcoholism, less than one third previously received mental health services (28%, Figure 16) and over three-quarters of people did not think they need mental health services (76%, Figure 17).

- Among those who received mental health services (N=39), most frequently mentioned settings where services were provided were behavioral health clinic (41%) and hospital/clinic setting (36%). (Table 2)

Figure 16: Mental health service utilization in the past among people with mental health challenges

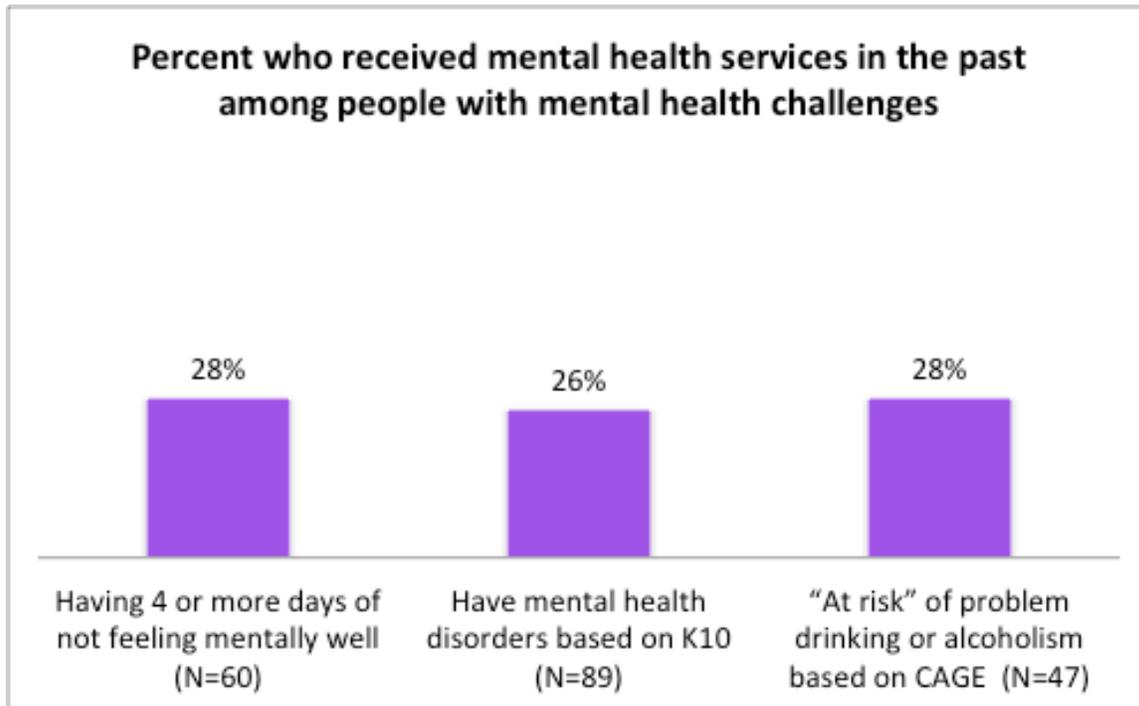


Table 1: Reasons for not receiving mental health services

Reason for not receiving mental health services	# of survey responses	Percentage
I never needed any mental health services/support	136	84%
I couldn't afford the cost	10	6%
I didn't think I needed treatment at the time	4	2%
Getting mental health treatment or counseling might cause my neighbors or community to have a negative opinion of me	2	1%
Getting mental health treatment or counseling might have a negative effect on my job	2	1%
I did not know where to go to get services	2	1%
I might be committed to a psychiatric hospital or might have to take medicine	2	1%
My health insurance does not pay enough for mental health treatment or counseling	1	<1%
I thought I could handle the problem without treatment	1	<1%
I use other things to help me with my mental health	1	<1%

Figure 17: The percentage of people who reported not needing mental health services among people with mental health challenges

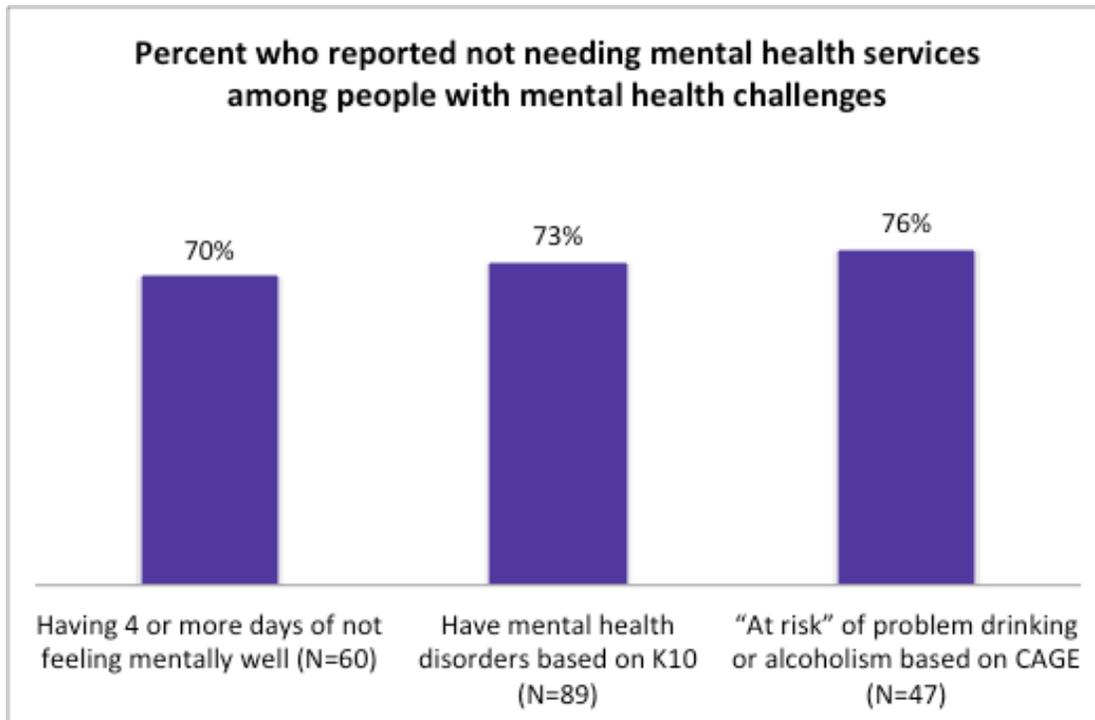


Table 2: Type of setting in which mental health services were provided among those who previously received mental health services (N=39)

Type of setting	# of respondents	Percentage
Behavioral/mental health clinic	16	41%
A hospital/clinic	14	36%
Private behavioral/mental health practice	5	13%
Social services agency	3	8%
Community-based organization	1	3%

The prevalence of childhood trauma (adverse childhood experiences)

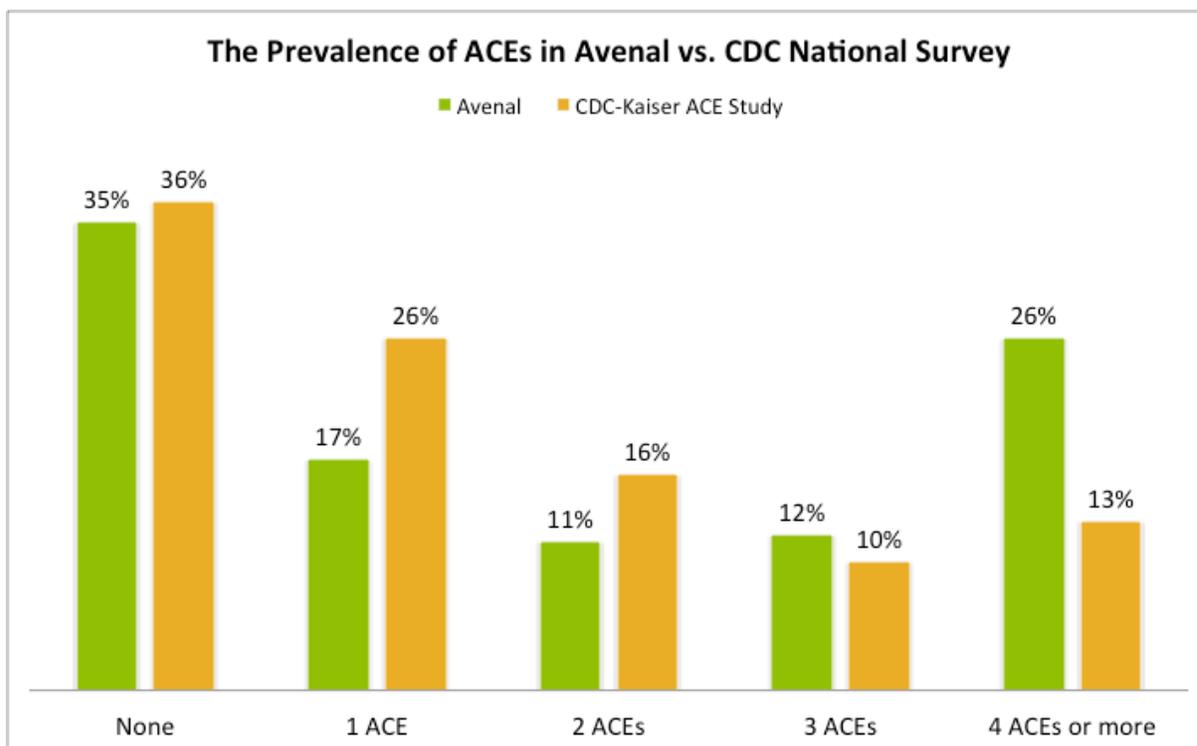
a. Measures

We also examined the prevalence of childhood trauma, also known as “adverse childhood experiences (ACEs)” in the first 18 years of one’s life, which are found to be highly correlated with the onset of mental illness, obesity, and chronic disease (Felitti et al., 1998). ACEs survey question included whether study participants experience one or more of the following 10 ACEs including abuse (sexual, physical, and verbal), neglect (physical and emotional), and household dysfunction (e.g., caregivers’ problems of substance abuse and/or mental illness, parental incarceration, and separation/divorce) before they turned age 18. The American Academy of Pediatrics underscores the importance of addressing ACEs early on in pediatric primary care settings, as research has shown that childhood trauma has detrimental effects on the developing brain (American Academy of Pediatrics, 2014). There are increasing numbers of studies that have examined the prevalence of ACEs among young children and their impact on developmental and health outcomes, (Burke, Hellman, Scott, Weems, & Carrion, 2011) (Briggs, Hershberg, & Germán, 2016; Jimenez, Wade, Lin, Morrow, & Reichman, 2016).

b. Results

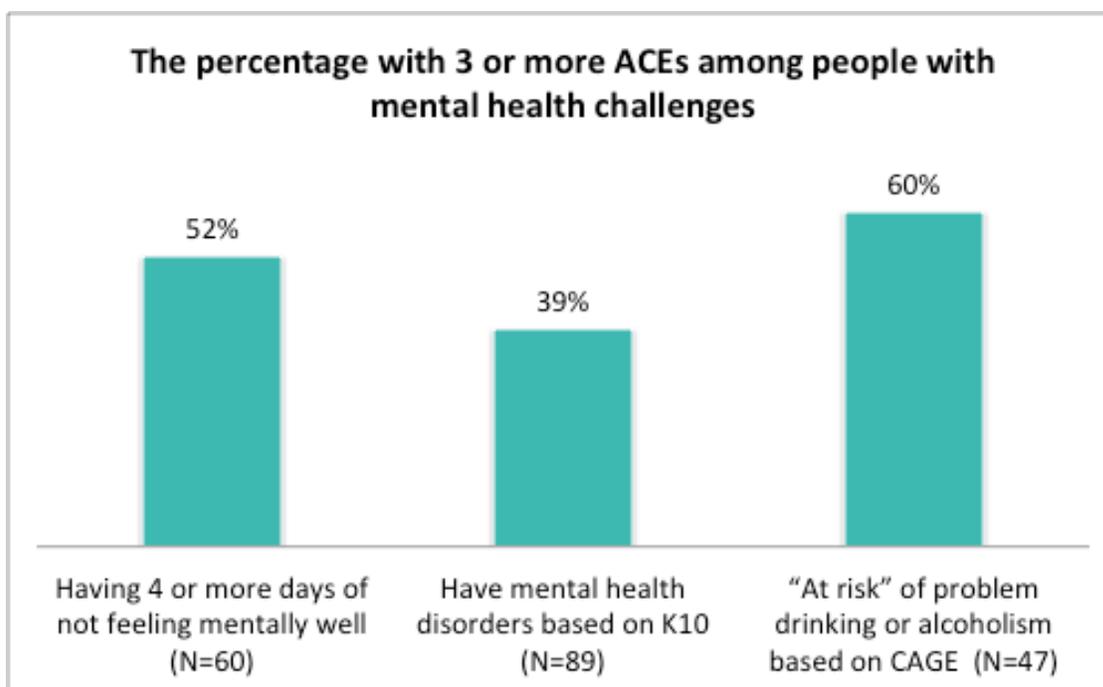
- Overall, about 34% of the study participants in Avenal reported having no adverse childhood experience, 11% with 2 ACEs, 12% with 3 ACEs and over a quarter (26%) reporting 4 or more ACEs, which are considered to be high-risk for chronic physical health and mental health problems. (Figure 18)
- Compared to the CDC-Kaiser study where the survey was administered over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed ACEs survey, the prevalence of ACEs is much higher in Avenal. Though, this may be due to differences in demographic characteristics, where over 70% of Kaiser survey respondents had some college or more, compared to this Avenal sample (28%).
- Over 40% of Avenal female respondents reported having 3 or more ACEs. (Appendix Table A11)
- Of the Avenal sample having 4 or more days of not feeling mentally well, over half reported having 3 or more ACEs (52%, Figure 19).
- Forty-three percent of Avenal sample with mental disorders based on K10 reported having 3 or more ACEs (Figure 19).
- Close to 40 percent of those who speak Spanish as primary language and of those whose income lower than \$20,000 also reported having 3 or more ACEs. (Appendix Table A11)
- Close to two-third of Avenal sample with “at risk” of drinking/alcoholism reported having 3 or more ACEs. (Figure 19).

Figure 18: The prevalence of ACEs in Avenal vs. National (CDC)



Sources: CDC-Kaiser ACEs survey, 1998

Figure 19: The percentage with 3 or more ACEs among people with mental health challenges



Overall Conclusions and Recommendations

The majority of the participants (70%) reported having good or excellent physical health while 41% reported having good mental health within the last 30 days. However, almost half (45%) of the sample met the criteria for a mental illness (depression/anxiety). This can be explained by the fact that many participants may view self-reporting poor health status as a sign of weakness, especially among Latino communities where such matters are to be kept private and among trusted family members.

Also, approximately 50% of the participants did not know where to go for mental health care. This seems to explain why the majority (80%) of the participants have never received any mental health care. This is troubling given the rates of mental illness (45%) and being at risk for alcoholism (24%) among this sample.

The majority of the survey participants had positive attitudes towards mental health treatment and mental illness; however, about 40% felt that people with mental illness are dangerous. This could be the result of the sample not understanding the difference between mental illness and mental health in the survey questions. Studies have concluded that there appears to be a disconnect between main stream mental health/illness and “community mental health/illness” among minority communities (Barrera, Vélez-Ortiz, & Camacho, 2016; Gonzalez, Applewhite, & Barrera, 2015; Gonzalez, & Barrera, 2014; Barrera, Schulz, Rodriguez, Gonzalez, & Acosta, 2013), particularly among Latino communities. This idea could also help explain why a large majority of the participants (70%) reported never needing any mental health care despite a high rate of mental distress; and even those who reported not needing mental health services despite them being at risk for alcoholism (76%).

Close to three-quarters of those with mental health problems reported never needing mental health care services; these participants are the ones who should be receiving mental health care services. It is evident that these findings highlight the need for not only mental health literacy but also clear information as to where to access mental health care. As a result, the following recommendations have been put forth.

Recommendations

1. Develop a culturally and linguistic competent sensitive mental health literacy program aimed at educating the residents about mental illness; specifically, anxiety/depression and alcoholism.
2. Develop a culturally and linguistic sensitive literacy program aimed at educating the residents about mental health care and its role in overall quality of life.
3. Use social media and other means (e.g., radio) to provide information on where to access mental health care. Radio would reach more people given the high number of farm workers in Avenal that listen to radio while working.
4. Develop and implement curriculum to connect the community and current mental health care entities by non-traditional settings (e.g., BBQ- “comidas” during cultural and community events) to assist with destigmatizing mental health/illness.



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Appendix A: The Avenal Behavioral Health Survey (English)

I. ABOUT YOURSELF

What is your gender?

Male 2. Female 3. Other

What is your age? () years old

What country were you born in?

What is your primary language spoken at home?

English

Spanish

Hmong

(any other language that is commonly spoken?)

What is your ethnicity? Choose all that apply

White

Black or African American

Hispanic or Latino

Asian

Native American

Other _____

What is your civil status?

Married

Divorced

Separated

Never Married

Widowed

Living with Partner

Your education: What is the highest grade that you completed? _____

Do you currently have health insurance?

Yes

No

How many people in your household (people you live with)? () people

What is your annual household income?

Between \$10,000-\$19,000

Between \$20,000-\$40,000

Between \$39,000-\$60,000

Between \$59,000-\$80,000

Above \$80,000

What zip code do you live in? _____

How many children do you have? _____



II. ABOUT HOW YOU HAVE BEEN FEELING LAST MONTH

K10 Test

These questions concern how you have been feeling over the past 30 days. Tick a box below each question that best represents how you have been .

1. During the last 30 days, about how often did you feel tired out for no good reason?				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

2. During the last 30 days, about how often did you feel nervous?				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down?				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

4. During the last 30 days, about how often did you feel hopeless?				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

5. During the last 30 days, about how often did you feel restless or fidgety?				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

6. During the last 30 days, about how often did you feel so restless you could not sit still?				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

7. During the last 30 days, about how often did you feel depressed?				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

8. During the last 30 days, about how often did you feel that everything was an effort?				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

10. During the last 30 days, about how often did you feel worthless?				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

III. HOW YOU FEEL ABOUT SERVICES RELATED TO BEHAVIORAL/MENTAL HEALTH

We will ask you how you feel about getting information or services related to behavioral health/mental health problems. Please indicate to what extent you agree with the following statements:

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I am confident that I know where to seek information about mental illness					
2. I am confident using the computer or telephone to seek information about mental illness					
3. I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the General Provider)					
4. I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness					

Please indicate to what extent you agree with the following statements:

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
5. People with a mental illness could snap out if it if they wanted					
6. A mental illness is a sign of personal weakness					
7. A mental illness is not a real medical illness					
8. People with a mental illness are dangerous					
9. It is best to avoid people with a mental illness so that you don't develop this problem					
10. If I had a mental illness I would not tell anyone					
11. Seeing a mental health professional means you are not strong enough to manage your own difficulties					
12. If I had a mental illness, I would not seek help from a mental health professional					
13. I believe treatment for a mental illness, provided by a mental health professional, would not be effective					

Please indicate to what extent you agree with the following statements:

	Definitely unwilling	Probably unwilling	Neither unwilling or willing	Probably willing	Definitely willing
14. How willing would you be to move next door to someone with a mental illness?					
15. How willing would you be to spend an evening socialising with someone with a mental illness?					
16. How willing would you be to make friends with someone with a mental illness?					

	Definitely unwilling	Probably unwilling	Neither unwilling or willing	Probably willing	Definitely willing
17. How willing would you be to have someone with a mental illness start working closely with you on a job?					
18. How willing would you be to have someone with a mental illness marry into your family?					
19. How willing would you be to vote for a politician if you knew they had suffered a mental illness?					
20. How willing would you be to employ someone if you knew they had a mental illness?					

IV. WHAT YOU THINK ABOUT MENTAL HEALTH SERVICES

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

1. Treatment can help people with mental illness lead normal lives. Do you –**agree** slightly or strongly, or **disagree** slightly or strongly?

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly
- 7 Don't know / Not sure
- 9 Don't want to answer

2. People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly?

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly
- 7 Don't know / Not sure
- 9 Don't want to answer

V: YOUR EXPERIENCES OF RECEIVING PROFESSIONAL BEHAVIORAL/MENTAL HEALTH SUPPORT

Have you ever received professional behavioral/mental health services in the past?

Yes (go to question 1a)

No (go to question 1b)

1a. What type of setting have you received mental health services? Please circle all that apply.

A hospital/clinic

Behavioral/mental health clinic

Private behavioral/mental health practice

Social services agency

Community-based organization

1b. If you did not receive any mental health services in the past, what was the reasons?

Please check all that apply.	Please check X
I never needed any mental health services/support	
I couldn't afford the cost	
Getting mental health treatment or counseling might cause my neighbors or community to have a negative opinion of me	
Getting mental health treatment or counseling might have a negative effect on my job	
My health insurance does not cover any mental health treatment or counseling	
My health insurance does not pay enough for mental health treatment or counseling	
I did not know where to go to get services	
The information I gave the counselor might not be confidential	
I might be committed to a psychiatric hospital or might have to take medicine	
I didn't think I needed treatment at the time	
I thought I could handle the problem without treatment	
I didn't think treatment would help	
I didn't have time (because of job, childcare, or other commitments)	

I didn't want others to find out that you needed treatment	
I had no transportation, or treatment was too far away, or the hours were not convenient	
I was scared my service provider would deport me out of the country.	
I use other things to help me with my mental health	
My doctor/service provide does not/did not speak my native language	
My spouse did not let me seek mental health services	

CAGE

1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

HEALTHY DAYS

Would you say that in general your health is

Please Read

- a. Excellent 1
- b. Very good 2
- c. Good 3
- d. Fair 4

- e. Poor 5

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? _____

VI. About Adverse Childhood Experiences (ACEs)

Write down your total score in the following box using the following working sheet. You do not have to submit the work sheet.



WORKING SHEET

Please read the following questions and count the total number if you answered yes (which is your total score) and write down the total score in the box in the previous page. You do not need to submit this sheet.

Prior to your 18th birthday:	If Yes, enter 1
Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt? No ___ If Yes, enter 1 to the next box	
Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? No ___ If Yes, enter 1 to the next box	
Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you? No ___ If Yes, enter 1 to the next box	
Did you often or very often feel that no one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other? No ___ If Yes, enter 1 to the next box	
Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? No ___ If Yes, enter 1 to the next box	
Were your parents ever separated or divorced? No ___ If Yes, enter 1 to the next box	
Was your mother or stepmother: often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? No ___ If Yes, enter 1 to the next box	
Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? No ___ If Yes, enter 1 to the next box	
Was a household member depressed or mentally ill, or did a household member attempt suicide? No ___ If Yes, enter 1 to the next box	
Did a household member go to prison? No ___ If Yes, enter 1 to the next box	
Now add up your "Yes" answers to the gray box: Your total score	

Your can keep this sheet and do not have to submit.

Appendix B: The Avenal Behavioral Health Survey (Spanish)

I. SALUD AVENAL Acerca de usted mismo.

¿Eres una persona honesta?

No Si

¿Cuál es su género?

Masculino Femenino Otro

¿Cuál es su edad?

18-25 26-35 36-45 46-55 más de 55 otro

¿En qué país nació?

México Estados Unidos Otro

¿Cuál es su idioma principal hablado en casa?

Inglés Español Hmong Otro

¿Cuál es su origen étnico?

Blanco

Africano-Americano

Hispano o Latino

Asiático

Nativo Americano

Otro _____

¿Cuál es su estado civil?

Casado Divorciado Separado Nunca casado

Viudo Viviendo con su pareja Otro _____

Sobre su educación. ¿Cuál es su mayor grado de educación completado?

Ninguno Primaria Secundaria Preparatoria/GED Colegio

¿Actualmente usted cuenta con seguro médico?

Si No

¿Cuántas personas viven con usted en su hogar? Use la siguiente información para ayudarse con su respuesta

0-2= 1 3-5=2 6-8=3 más de 8=4

¿Cuál es su ingreso anual?

1. Entre \$10,000-\$20,000

2. Entre \$20,000-\$30,000

3. Entre \$30,000-\$40,000

4. Entre \$40,000- \$50,000

5. Más de \$50,000

¿Cuántos hijos tiene?

0 hijos= 1 2-4 hijos= 2 5-7hijos=3 más de 8 hijos=4

II. ACERCA DE CÓMO SE HA SENTIDO EN EL ULTIMO MES

Prueba K10

Las siguientes 10 preguntas se refieren a como usted se ha sentido durante los últimos 30 días. Por cada pregunta, marque la casilla -que mejor le corresponda a la forma que usted se haya sentido.

1. En los últimos 30 días, ¿Con que frecuencia se sintió cansado/a sin ninguna buena razón?				
1.Nunca	2.Un poco	3.A veces	4.La mayor parte del tiempo	5.Todo el tiempo
2. Durante los últimos 30 días, ¿Que tan frecuentemente se sintió nervioso/a?				
1.Nunca	2.Un poco	3.A veces	4.La mayor parte del tiempo	5.Todo el tiempo
3. Durante los últimos 30 días, ¿Con qué frecuencia se sintió tan nervioso/a que nada lo podía tranquilizar?				
1.Nunca	2.Un poco	3. A veces	4. La mayor parte del tiempo	5.Todo el tiempo
4. Durante los últimos 30 días, ¿Con que frecuencia se sintió sin esperanza?				
1.Nunca	2.Un poco	3. A veces	4. La mayor parte del tiempo	5.Todo el tiempo
5. Durante los últimos días, ¿Con que frecuencia se sintió intranquilo/a o inquieto/a?				
1.Nunca	2.Un poco	3. A veces	4.La mayor parte del tiempo	5.Todo el tiempo
6. Durante los últimos días, ¿Con qué frecuencia se sintió tan intranquilo/a al punto de no poderse calmar?				
1.Nunca	2. Un poco	3.A veces	4.La mayor parte del tiempo	5.Todo el tiempo
7. Durante los últimos 30 días, ¿Con qué frecuencia se sintió deprimido/a?				
1.Nunca	2. Un poco	3. A veces	4. La mayor parte del tiempo	5. Todo el tiempo
8. Durante los últimos 30 días, ¿Con qué frecuencia sintió que todo era un esfuerzo?				
1.Nunca	2. Un poco	3. A veces	4. La mayor parte del tiempo	5. Todo el tiempo

9. Durante los últimos 30 días, ¿Con qué frecuencia se sintió tan triste que nada podía animarlo/a?				
1. Nunca	2. Un poco	3. A veces	4. La mayor parte del tiempo	5. Todo el tiempo
10. Durante los últimos 30 días, ¿Con qué frecuencia se sintió inútil?				
1. Nunca	2. Un poco	3. A veces	4. La mayor parte del tiempo	5. Todo el tiempo

III. ¿COMO SE SIENTE HACERCA DE LOS SERVICIOS RELACIONADOS AL COMPORTAMIENTO/SALUD MENTAL?

Las siguientes preguntas son acerca de cómo usted se siente al solicitar información o servicios relacionados a los problemas de salud mental/salud del comportamiento. Por favor elija una respuesta para indicar en qué medida está de acuerdo o en desacuerdo con las siguientes afirmaciones.

	Totalmente en desacuerdo	En desacuerdo	Ni de acuerdo o desacuerdo	De acuerdo	Totalmente de acuerdo
1. Estoy seguro/a de saber dónde buscar información acerca de las enfermedades de salud mental					
2. Estoy seguro/a de saber utilizar la computadora o el teléfono para obtener servicios sobre las enfermedades de salud mental					
3. Estoy seguro/a de poder atender una cita en persona para obtener información acerca de las enfermedades de salud mental (ej. Medico General)					
4. Estoy seguro/a de tener acceso a recursos (ej. Médico General,					

Internet, Amigos) que puedo utilizar para obtener información sobre las enfermedades de salud mental					
---	--	--	--	--	--

Por favor, indique en qué medida está de acuerdo con las siguientes afirmaciones:

	Totalmente en desacuerdo	En desacuerdo	Ni de acuerdo o desacuerdo	De acuerdo	Totalmente de acuerdo
5.Las personas con enfermedades de salud mental pueden sanarse por sí mismas					
6.Si persona tiene una enfermedad mental es señal de debilidad					
7.Una enfermedad mental no es una enfermedad médica real					
8.Las personas con enfermedades mentales son peligrosas					
9.Es mejor evitar a las personas con enfermedades mentales así no adquirimos este problema					
10.Si tuviera una enfermedad mental, no le diría a nadie					
11.El acudir a un profesional de salud mental significa que no soy lo suficientemente capaz para manejar mis propias dificultades					
12.Si tuviera una enfermedad mental, no buscaría ayuda de un					

profesional en salud mental					
13. Creo que el tratamiento proporcionado por un profesional de la salud mental no sería eficaz para tratar las enfermedades mentales					

Por favor, indique en qué medida está de acuerdo con las siguientes afirmaciones:

	Definitivamente no aceptaría	Probablemente no acepte	Ni me negaría o aceptaría	Probablemente acepte	Definitivamente aceptaría
14. ¿Qué tan dispuesto/a estaría usted a mudarse al lado de una persona con una enfermedad mental?					
15. ¿Qué tan dispuesto estaría usted de pasar una tarde socializando con alguien con una enfermedad mental?					
16. ¿Qué tan dispuesto/a estaría usted de hacer amistad con alguien con una enfermedad mental?					
17. ¿Qué tan dispuesto/a estaría usted de realizar un trabajo junto a alguien con una enfermedad mental?					

	Definitivamente no aceptaría	Probablemente no acepte	Ni me negaría o aceptaría	Probablemente acepte	Definitivamente aceptaría
18. ¿Qué tan dispuesto estaría usted de aceptar que un miembro de la familia se case con alguien con una enfermedad mental?					
19. ¿Qué tan dispuesto estaría usted a votar por un político, si supiera que sufrió de una enfermedad mental?					
20. ¿Qué tan dispuesto/a estaría usted a emplear a alguien, si supiera que sufrió de una enfermedad mental?					

IV LO QUE PIENSA USTED SOBRE LOS SERVICIOS DE SALUD MENTAL

Las siguientes preguntas son acerca de las actitudes que tienen las personas hacia las enfermedades de salud mental y su tratamiento. ¿Que tan de acuerdo o desacuerdo se siente usted con las siguientes afirmaciones acerca de las personas con enfermedades mentales?

1. El tratamiento puede ayudar a llevar una vida normal a las personas con enfermedades mentales.
 1. Totalmente de acuerdo
 2. Un poco de acuerdo
 3. Ni de acuerdo o desacuerdo (neutral)
 4. Un poco en desacuerdo
 5. Totalmente en desacuerdo
 6. No lo sé/ No estoy seguro/a
 7. No quiero responder
2. Las personas son generalmente comprensivas y cuidadosas con personas que padecen enfermedades mentales.
 1. Totalmente de acuerdo
 2. Un poco de acuerdo
 3. Ni de acuerdo o desacuerdo (neutral)
 4. Un poco en desacuerdo
 5. Totalmente en desacuerdo

- 6.
7. No lo sé/ No estoy seguro/a
8. No quiero responder

V SUS EXPERIENCIAS RECIBIENDO APOYO PROFESIONAL DE LOS SERVICIOS DE SALUD MENTAL/COMPORTAMIENTO

1. ¿En el pasado ha recibido servicios de salud mental/comportamiento

1. Si (ir a la pregunta 1a)
2. No (ir a la pregunta 1b)

1a. ¿En qué tipo de lugar a recibido los servicios de salud mental? Por favor seleccione todas las respuestas que le correspondan.

1. Hospital/clínica
2. Clínica de salud mental/comportamiento
3. Práctica privada de salud mental/comportamiento
4. Agencia de servicios sociales
5. Organización basada en la comunidad

1b Si usted en el pasado no recibió ningún servicio de salud mental, ¿Cuáles fueron las razones?

Por favor marque todas las respuestas que le correspondan	Marque con una X
1b. 1 Nunca he necesitado servicios de salud mental/apoyo	
1b. 2 No puedo pagar los costos de los servicios	
1b. 3 El obtener tratamiento de salud mental o consejería podría ser causa para que mis vecinos o comunidad tengan un opinión negativa de mi	
1b. 4 El obtener tratamiento de salud mental o consejería podría ser una causa negativa para mi trabajo	
1b.5 Mi seguro de salud no cubre los costos de ningún tratamiento/servicio de salud mental o consejería	
1b. 6 Mi seguro de salud no paga lo suficiente por recibir tratamientos de salud mental o consejería	
1b. 7 No se a donde ir para obtener servicios de salud mental	
1b. 8 La información que yo dé a un consejero podría no ser confidencial, por eso no voy a recibir los servicios de salud mental	
1b. 9 Me podrían referir a un hospital psiquiátrico o recetarme medicamentos	
1b. 10 En el momento no pensé que necesitara tratamiento de salud mental	
1b. 11 Yo pensé que podía manejar el problema sin recibir tratamiento	
1b 12 Yo pensé que el tratamiento no me podría ayudar	

1b 13 No tengo tiempo (debido al trabajo, no tengo quien cuide a mis hijos u otros compromisos)	
1b 14 No quiero que otros se enteren que necesito tratamiento/servicios de salud mental/comportamiento	
1b 15 No cuento con transporte ,el lugar del tratamiento era demasiado lejos o El horario no era conveniente	
1b 16 Tuve miedo de que mi proveedor de servicios de salud mental me deportara del país	
1b 17 Utilice otros métodos o remedios para ayudarme con mis problemas de salud mental	
1b 18 Mi doctor o proveedor de servicios de salud mental no habla mi lenguaje nativo	
1b 19 Mi pareja no me permite recibir servicios de salud mental	

CAGE

¿Alguna vez ha sentido que debería reducir su consumo de alcohol o drogas?

No Si

¿Le ha molestado cuando la gente critica su consumo de alcohol o drogas?

No Si

¿Se ha sentido mal o culpable por su consumo de alcohol o drogas?

No Si

¿Alguna vez consumió una bebida alcohólica o uso drogas a primera hora de la mañana para estabilizar sus nervios o para deshacerse de una resaca (reanimarse)?

No Si

DIAS SALUDABLES

¿Diría usted que su salud general es?

Excelente
Muy buena
Buena
Justa
Pobre

Ahora pensando en su salud mental, que incluye estrés, depresión y problemas emocionales. Durante los últimos 30 días ¿Cuáles días su salud no fue buena?

1= 0 días 2= 1 a 3 días 3= 4 a 7 días 4= 8 a 12 días 5= más de 13 días

**EXPERIENCIAS DIFICILES VIVIDAS DURANTE LA INFANCIA (ACES)
HOJA DE TRABAJO**

Por favor lea las siguientes preguntas y seleccione sí o no como respuesta

Antes de cumplir los 18 años de edad:	
¿A menudo o muy a menudo alguno de sus padres o cualquier otro adulto en su hogar lo/a hacia jurar, insultaba, hacía sentir menos o humillaba? A tal punto que le hizo pensar que podía ser lastimado/a? No___ Si	
¿A menudo o muy a menudo alguno de sus padres o cualquier otro adulto en su hogar lo/a empujo, cacheteo, agarro o le tiro algún objeto? o ¿Alguna vez le pegaron tan fuerte que le dejaron marcas o heridas? No___ Si	
¿Algún adulto o persona al menos 5 años mayor que usted trato de tocar o acariciar su cuerpo de una manera inapropiada (sexual)? o ¿Intento tener sexo oral, anal o vaginal con usted? No___ Si	
¿A menudo o muy a menudo sintió que alguien en su familia no lo quería o pensaba que usted era importante o especial? o ¿Los miembros de su familia no se llevaban bien o no se apoyaban unos con otros? No___ Si	
¿A menudo o muy a menudo sintió que no tenía suficiente con que alimentarse, tenía que vestir ropa sucia, y no tenía a nadie para protegerlo? O ¿Sus padres se encontraban demasiado borrachos o drogados, como para cuidar de usted o llevarlo al doctor si era necesario? No___ Si	
¿Sus padres estaban divorciados o separados? No___ Si	
¿A menudo o muy a menudo su madre o madrastra fue empujada, cacheteada, o le tiraron algún objeto? o ¿Algunas veces, a menudo o muy a menudo la patearon, mordieron, golpearon con el puño o con algún objeto duro? o ¿Repetidamente fue golpeada durante al menos por unos minutos o amenazada con una pistola o cuchillo? No___ Si	
¿Vivió usted con alguien que tenía problemas de alcoholismo o que usaba drogas? No___ Si	
¿Algún miembro de su hogar sufrió de depresión, enfermedad mental o intento suicidarse? No___ Si	
¿Algún miembro de su hogar fue a prisión? No___ Si	
Por favor ahora sume sus respuestas "Si" y anótelas en la caja gris:	
Su Porcentaje Total	

Usted puede conservar esta hoja y no es necesario entregar/enviar

Appendix Table

Table A3: % of participants with 4 or more days of poor mental health by demographic characteristics

Selected Demographic Characteristics	
Female	36%
Latino/Hispanic	29%
Speak Spanish as primary language	30%
Born in Mexico	23%
Household income less than \$20,000	33%
Less than high school education	29%
Living in a large household (6 or more)	33%
Do not have health insurance	36%

Table A4: % of participants who have mild to severe mental health disorders based on K-10 by demographic characteristics

Selected Demographic Characteristics	
Female	50%
Latino/Hispanic	44%
Speak Spanish as primary language	47%
Born in Mexico	42%
Household income less than \$20,000	48%
Less than high school education	44%
Living in a large household (6 or more)	51%
Do not have health insurance	50%

Table A5: % of participants who are at a clinically significant risk of drinking or alcoholism by demographic characteristics

Selected Demographic Characteristics	
Female	12%
Latino/Hispanic	23%
Speak Spanish as primary language	24%
Born in Mexico	23%
Household income less than \$20,000	26%
Less than high school education	27%
Living in a large household (6 or more)	24%
Do not have health insurance	28%



Table A6: % of participants who lacked confidence in overall accessing mental health services by demographic characteristics

Selected Demographic Characteristics	
Female	23%
Latino/Hispanic	25%
Speak Spanish as primary language	25%
Born in Mexico	23%
Household income less than \$20,000	21%
Less than high school education	28%
Living in a large household (6 or more)	30%
Do not have health insurance	30%

Table A7: % of participants who lacked confidence in attending face to face meeting by demographic characteristics

Selected Demographic Characteristics	
Female	20%
Latino/Hispanic	22%
Speak Spanish as primary language	26%
Born in Mexico	23%
Household income less than \$20,000	25%
Less than high school education	30%
Living in a large household (6 or more)	29%
Do not have health insurance	24%

Table A8: % of participants who lacked confidence in using telephone or computer to seek services by demographic characteristics

Selected Demographic Characteristics	
Female	27%
Latino/Hispanic	29%
Speak Spanish as primary language	36%
Born in Mexico	36%
Household income less than \$20,000	31%
Less than high school education	40%
Living in a large household (6 or more)	24%
Do not have health insurance	26%



Table A9: % of participants who lacked confidence in knowing where to seek services by demographic characteristics

Selected Demographic Characteristics	
Female	34%
Latino/Hispanic	35%
Speak Spanish as primary language	36%
Born in Mexico	42%
Household income less than \$20,000	35%
Less than high school education	45%
Living in a large household (6 or more)	34%
Do not have health insurance	44%

Table A10: % of participants who did not receive mental health services in the past by demographic characteristics

Selected Demographic Characteristics	
Female	75%
Latino/Hispanic	82%
Speak Spanish as primary language	83%
Born in Mexico	87%
Household income less than \$20,000	83%
Less than high school education	86%
Living in a large household (6 or more)	73%
Do not have health insurance	88%

Table A11: % of participants with 3 or more ACEs by demographic characteristics

Selected Demographic Characteristics	
Female	43%
Latino/Hispanic	37%
Speak Spanish as primary language	39%
Born in Mexico	34%
Household income less than \$20,000	40%
Less than high school education	36%
Living in a large household (6 or more)	39%
Do not have health insurance	36%

