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"They might not show it and they might not say it, but in their mind they're really stressed": A Qualitative Exploration of Stressors and Barriers to Care for Latinx Youth

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“They might not show it and they might not say it, but in their mind they’re really stressed”: A Qualitative Exploration of Stressors and Barriers to Care for Latinx Youth

by

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Abstract

"They might not show it and they might not say it, but in their mind they're really stressed": A Qualitative Exploration of Stressors and Barriers to Care for Latinx Youth

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This study explores stressors and barriers to care in the Latinx youth community through a community-based participatory research (CBPR) framework. CBPR aims to enhance culturally sensitive care by forming relationships with members of the community, and has demonstrated promising outcomes by including input from those in the Latinx youth community to adapt interventions for cultural relevance. Interview data from 11 community members was used for the study. The sample expressed distinctive processes that generate stressors within the lives of Latinx youth, and subsequent barriers to care as a result of those stressors. Nine general themes emerged from the interview data. Four of the themes addressed bidirectional pathways between stressors and barriers to care, three themes highlighted overarching barriers to care in the community, and two themes that promote resiliency in the at-risk Latinx youth population. The findings

suggest that not only the stressors Latinx youth experience contribute to barriers to care, but also historical barriers to care in the Latinx community continue to remain unaddressed.

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Chapter 1: Introduction

In 2015, the Federal Interagency Forum on Child and Family Statistics projected that the percentage of Latinx[1] youth in the U.S. would surpass other ethnic minority groups by 2050, with Latinx youth comprising 32% of all youth in the U.S. (Federal Interagency Forum on Child and Family Statistics). As the population of Latinx youth grows, so will the need for culturally sensitive interventions to reduce barriers to care. Barriers to mental health care in the Latinx community remains a prevalent issue, with only 8.3% of the Latinx population having accessed mental health treatment in the last two years (Center for Behavioral Health Statistics and Quality, 2016). However, most interventions fail to fully address the unique experiences of cultural and ethnic groups (Lopez et al., 2008; Maldonado-Molina, Reyes, & Espinosa-Hernandez, 2006; Vega et al., 2007). Culture-specific considerations for working with Latinx families involve language barriers, knowledge of mental health and how to access care, beliefs about mental health and the process of treatment, the role of health insurance, and culture-specific values; factors that warrant attention in intervention development (Chapman & Stein, 2014; DuBard & Gizlice, 2008; Garcia et al., 2011).

The absence of culturally sensitive youth interventions often results in feasibility concerns (i.e., attrition, retention, acceptability, sustainability, and treatment outcomes; Harrison, McKay & Bannon, 2004). Yet, even when interventions feature cultural components, they are developed on the basis of group differences (Maldonado-Molina,

[1] Latinx is a gender-neutral alternative to Latina/o (Lozano, 2015)

Reyes, & Espinosa-Hernandez, 2006). A group differences approach disregards the experiences of underrepresented cultural groups, while also reducing efficacy by solely examining homogenous similarities with minimal, if any, regard to diversity that exists within cultural groups (Hall, Yip, & Zárate, 2016).

Failure to acknowledge variations in cultural identity is a major clinical concern in the Latinx community (Weiss et al., 1999). Most evidence-based interventions are not representative of the experiences and concerns of all Latinx populations (Huey & Polo, 2008), and many commonly disseminated interventions in Latinx communities fail to address specific stressors most prevalent to them (Kataoka et al., 2003; Maldonado-Molina, Reyes, & Espinosa-Hernandez, 2006). The unique stressors faced by Latinx youth (e.g., immigration experiences, acculturative stressors) necessitate individual attention because stress is a primary risk factor for mental health concerns (Stacciarini et al., 2015; Stein, Gonzalez, & Huq, 2012). Stress may also contribute to barriers to mental health care, although little research has explored the relation between stress and barriers to care.

Community-based participatory research (CBPR) allows for an intracultural examination of cultural processes for intervention adaptation (Hansel et al., 2010; Kataoka et al., 2006; Santiago et al., 2016). However, the field has yet to garner Latinx community providers' perspectives regarding stressors impacting Latinx teens and how they may influence access barriers. Further, previous studies have not explored the relationship between barriers to care and unique stressors experienced by Latinx youth and their parents. By failing to address the potential relationship between barriers to care

and stressors, interventions cannot comprehensively address mental health disparities in Latinx youth.

The current study utilizes qualitative interview data from an ongoing CBPR partnership to identify stressors, protective factors and barriers to care in the Latinx community that will later inform culturally competent intervention development. Additionally, the study will explore the relation between stressors faced by Latinx youth and barriers to care.

Chapter 2: Integrative Analysis

2.1 Internalizing Mental Health Disparities in the Latinx Community

2.1.1 Internalizing Mental Health Concerns in Latinxs

88% of Latinx youth have mental health needs that remain unmet, a rate that is the highest amongst other racial/ethnic groups (Kataoka, Zhang, & Wells, 2002; youth.gov). McLaughlin, Hilt, and Nolen-Hoeksema (2007) examined racial and ethnic differences of mental health symptoms in adolescents utilizing self-report assessment measures. Overall, Latinx adolescents, particularly Latina girls, reported higher rates of depression, as well as anxiety (McLaughlin, Hilt, & Nolen-Hoeksema, 2007). Evidence from individual studies further corroborates the presence of elevated rates of internalizing mental health concerns in Latinx youth. Polo and Lopez (2009) suggested that levels of internalizing concerns (i.e., anxiety, feelings of loneliness) were elevated in immigrant Latinx youth. Elevated rates of anxiety and depression have also been cited regardless of nativity and generational status (Kubik et al., 2003; Roberts, Roberts, & Chen, 1997; Silverman et al., 1995; Suarez-Morales & Bell, 2006; Umana-Taylor & Updegraff, 2007). Specifically, in 2015, Latinx teens were found to report higher levels feelings of sadness or hopelessness for extended periods of time, core beliefs that typically characteristic of depression, compared to White and Black youth (rates 35%, 29% & 25% respectively; CDC, 2016). The etiology of both depressive and anxiety symptoms have been linked to various environmental and cultural factors (Behnke, Plunkett, Sands, Bámaca-Colbert, 2011; Céspedes & Huey, 2008; Valera & Hensley-Maloney, 2009).

2.2 Causes of Mental Health Disparities in Latinx Youth

2.2.1 Acculturative Stress

A stressor is defined as an external factor, whereas stress is the perceived experience of the stressor, and its effect varies by individual (Stewart & Carlson, 2010). Acculturative stress, more specifically, is the process of psychological changes that occur as a result of exposure to a cultural and social change that is inconsistent with an individual's native cultural identity (Berry, 1970). Acculturative stress has been highlighted in a number of studies in relation to greater anxiety development within Latinx youth. For example, studies have found that cultural identity (e.g., collectivistic nature of most Latinx families and forming bicultural identities) is highly influential in the presence of anxiety characteristics in Latinx youth (Heinrich et al., 2006; Varela & Maloney, 2009). Daily hassles of conforming to mainstream American culture, particularly in the school setting, have demonstrated strong connections to physiological, concentration, and worry symptoms that are characteristic of anxiety in Latinx youth (Suarez-Morales & Lopez, 2009). Additionally, foreign-born Mexican youth indicate higher levels of depressive symptoms when compared to U.S. born Mexican youth due to greater experiences of cultural and linguistic challenges (Romero & Roberts, 2003). Sirin, Ryce, Gupta, and Rogers-Sirin (2013) found a similar effect regardless of generational status in both first- and second-generation Latinx teens. They found that changes in acculturative stress over time predicted the continued presence of mental health symptoms, such that anxiety, depressive and somatization symptoms remained significant and constant over a one-year period (Sirin, Ryce, Gupta, & Rogers-Sirin, 2013). The

results from Sirin, Ryce, Gupta, & Rogers-Sirin (2013) amongst other studies, demonstrate a negative association between acculturative stress and mental health outcomes in Latinx youth.

2.2.2 Economic Stressors

Economic stressors, similarly to acculturative stress, are highly influential in psychopathology development in Latinx youth. Economic disadvantages within the Latinx community are often discussed in the context of inhabiting impoverished neighborhoods, which serves as a significant stressor. In 2010, the U.S. Census Bureau reported that 32.3% (5.5 million of Hispanic children) lived in poverty, and this rate was 15.9 times higher than White children during this year (Macartney et al., 2013). Raising children in poverty plays a detrimental role in their health and development (Aber et al., 1997). In Latinx youth specifically, the development of mental health concerns as a result of living in impoverished neighborhoods is a concern. Latinx youth have been found to display more depressive and conduct disorder characteristics as a result of living in communities of poverty (Aneshensel & Sucoff, 1996). Other studies have cited similar findings regarding neighborhood effects on mental health outcomes, such that youth in impoverished communities were found to report high levels of both anxiety and depressive symptoms (Gonzales et al., 2010; Leventhal & Brooks-Gunn, 2003).

2.2.3 Traumatic Stress

Neighborhood effects, as previously highlighted, serve a vital role in the experience of traumatic stressors. Traumatic stressors are events that are experienced or witnessed that involved actual or threatened harm or death to self or others (Weathers & Keane, 2007; American Psychiatric Association, 2013). Exposure to certain traumatic stressors (e.g., murder, rape, robbery, aggravated assault) is higher in urban communities that are more likely to be inhabited by ethnic minorities, including Latinx youth (Macartney et al., 2013; Truman & Langton, 2015). For example, in a predominantly ethnic minority sample (23% Latinx) of inner-city youth, Ruchkin et al., (2007) found that both boys and girls reported witnessing high levels of violence, which resulted in a greater number of traumatic episodes. Moreover, boys reported higher rates of both witnessing violence and being a victim of violence, as well as higher rates of depression and posttraumatic stress symptoms. Nonetheless, both exposure to violence and being a victim of violence impacted the role of psychopathology development regardless of gender (Ruchkin et al., 2007). Other studies have cited similar findings regarding the effects of community violence exposure on the mental well-being of children and adolescents (Fowler et al., 2009; Luthra et al., 2009). Rates of violence exposure experienced by Latinx adolescents, in particular, are higher than any other ethnic group (Crouch et al., 2000) and do not differ by nativity (Bridges et al., 2010). In samples of both immigrant and U.S. born Hispanic youth, when asked to report levels of exposure to traumatic events, immigrant youth reported rates of 51.9%, while rates of exposure in U.S. born youth was 58.3% (Bridges et al., 2010). Neighborhood contextual factors serve

a great role in influencing trauma exposure and subsequent mental health concerns in Latinx youth.

2.2.4 Immigration Stressors

Latinx youth and their families also experience stressors associated with immigration. The impetus for their immigration to the United States can be traumatic, such that some immigrants enter the United States as an escape from negative political events or violence occurring in their home country (Blanco-Vega, Castro-Olivo, & Merrell, 2008). The stress of leaving a familiar setting with established support systems, as well as occasional occurrences of parents sending their children to a new country alone, can foster a traumatic experience for youth (Garcia et al., 2009).

The experience of being separated from loved ones as a result of deportation and the threat of deportation presents significant stress in the lives of Latinx youth and their families. With an influx of immigrants into the U.S., the number of children living with an undocumented immigrant parent has also increased (Capps, Fix, & Zong, 2016). In 2016, the U.S. Immigration and Customs Enforcement reportedly removed 240,255 undocumented immigrants, and the vast majority of those removals were citizens of Mexico, Guatemala, Honduras, and El Salvador (FY 2016 ICE Removals). Fear of non-Latinx community members reporting both them and their parents' unauthorized status is a significant fear for Latinx youth. This fear is primarily associated with deportation leading to separation from family members, such as parents, which leaves children in the care of the government or relatives (Shattel et al., 2009). Along with the fear of

deportation, the experience of deportation of a parent, or parents fighting deportation, often results in negative mental health outcomes in Latinx youth. Children who have endured parental deportation consequently face not only the stress of living in fear within communities where mass deportation occurs, but also suffer from high rates of depression and social isolation following their parent's arrest (Migration Policy Institute, 2014).

The mental health risk related to immigration was exemplified by a recent case study (Stacciarini et al., 2015) that addressed the experience of an undocumented Latina coming into the U.S. as a child. She reported living for years in fear, particularly of the police, in order to avoid deportation. Additionally, she reported many experiences of discrimination due to her citizenship status. Her life was spent in social isolation to avoid any admission of her citizenship status, and when someone did find out about her citizenship status she went into extreme isolation and was unable to access any form of support (Stacciarini et al., 2015). This case study sheds light on a common experience within the Latinx community.

2.2.5 Protective Factors

Despite facing numerous mental health risks following exposure to a range of different stressors, the impact of cultural-specific protective factors appears to buffer the impact of stress. Familism values serve as a pivotal role in the resiliency of Latinx youth at risk for psychopathology development. Familism/familismo is defined as a strong involvement and commitment toward family (Toro-Morn, 2012). In 2009, Germàn and colleagues (2009) conducted a study examining the role of familism as a protective factor

for Mexican youth at risk for the development of externalizing problems. After measuring familism values in three areas: values toward the family unit, beliefs regarding obligation to family, and levels of emotional closeness and support to the family, they found that when children had parents that held strong familism values, the children also held similar values, which resulted in them exhibiting fewer externalizing problems. Similar findings were cited elsewhere (Coatsworth, Pantin, & Szapocznik, 2002; O'Donnell et al., 2004).

Parent support and involvement, specifically, within and outside of the context of familismo serves as a protective factor for at-risk Latinx youth. Literature regarding the positive role of parental support in the lives of Latinx adolescents is well documented (Cardoso & Thompson, 2010; Grant et al., 2006; Pantin, Schwartz, Sullivan, Coatsworth, & Szapocznik, 2003). The risk for psychopathology development following exposure to personal and community stressors is reduced in Latinx youth when parents are both physically present and play a supportive role in the child's life (Murray Nettles, Mucherah, & Jones, 2011; Reyes & Elias, 2011). For example, a study examining the role of parental support as a moderator in buffering the effects of witnessing violence found that high levels of parental support protected children from committing subsequent acts of violence (Brookmeyer, Schwab-Stone, & Henrich, 2005). The results of this study, similar to others, highlight the key role of parental involvement in improving child mental health outcomes following exposure to stressors.

Cultural identity as a source of the resiliency in Latinx youth is also well supported in prior research. Levels of acculturation (i.e., changes in cultural attitudes,

values, and behaviors resulting from balancing contact between two cultures; Berry, Trimble, & Olmedo, 1986), ethnic identity (i.e., identification with one's ethnic background; Phelps, Roeser, & Lerner, 2008), and bi-cultural self-efficacy strongly contribute to resiliency in Latinx youth that are at risk for violence exposure and subsequent maladaptive behaviors (Soriano et al., 2004). In a 2003 ethnographic study, findings highlighted that cultural identity plays a major role in resiliency when examining generational status in Latinx youth (Holleran & Waller, 2003). Study findings were specifically examined in the context of Mexican American youth. The findings indicated that despite disruptions within the family structure or other external factors (e.g., living conditions/poverty), their level of prosocial Mexican values and beliefs buffered those experiences particularly in second generation Mexican American youth who developed a bicultural identity prior to trauma exposure (Holleran & Waller, 2003). In understanding the relationship between exposure to stressors and risk for psychopathology development, more intervention development can be adapted to be inclusive of these culture-specific protective factors to improve health outcomes in Latinx youth.

2.3 Barriers to Mental Health Care for Latinx Youth

Barriers to care are defined as factors that interfere with access to care as well as the quality and continuity of care (Institute of Medicine, 1993). Historically, rates of mental health care access amongst ethnic minorities have been lower than their White counterparts (Alegria, Vallas, & Pumariega, 2010). Latinx youth, in particular, are less likely to seek treatment when compared to White youth (Cummings et al., 2011; Hough

et al., 2002; Merikangas et al., 2011). Moreover, even after treatment is sought, the time at which an official diagnosis is received is often in late adolescence or early adulthood. Additionally, the number of mental health care visits that Latinx youth attend is lower than their non-Latinx counterparts (Hough et al., 2002). Literature points to numerous cultural and demographic barriers as major key factors furthering such disparities.

2.3.1 Economic Barriers

Although obvious links between impoverished environments and negative mental health outcomes exist, economically disadvantaged Latinx youth and families are less likely than those from higher socio-economic backgrounds to access care and this largely due to health insurance coverage (Alegria et al., 2006). Latinx youth in high poverty environments have inconsistent insurance coverage, and are less likely to receive comprehensive treatment when faced with a mental health concern compared to their White counterparts (Chow, Jaffee, & Snowden, 2003). Studies that have explored mental health disparities on the basis of health insurance coverage in Latinx populations found that levels of coverage differs even within the Latinx population, such that Cubans and Puerto Ricans are more likely to have health insurance coverage when compared to Mexican and Central Americans (Weinick, Jacobs, Stone, Ortega, & Burstin, 2004). Moreover, even when low-income Latinx families have health insurance coverage, publicly funded insurance (i.e., Medicaid) limits the number of sessions that can be provided to youth (Kerker & Dore, 2006; Simms et al., 2000). Economic stressors for low-income Latinx youth and their families expand far beyond neighborhood contextual

factors but also is strongly influenced by inability to access mental health care as a result of economic resources, resulting in recurrent stressors.

2.3.2 Knowledge Barriers

Another primary barrier for Latinx youth is a lack of knowledge regarding mental health services (Garcia et al., 2011). In a study of 234 immigrant Latinx youth and adults, when asked to report on their knowledge of places to seek mental health care, roughly 3-18% (i.e., 3% of the rural population, and 18% of the urban population) of the sample reported some level of awareness (García et al., 2011). Immigration from rural communities is most commonly associated with minimal knowledge regarding mental health services and their means of access (Chapman & Stein, 2014). For example, parents who emigrated from rural areas of Mexico reported minimal knowledge of mental health care available in both Mexico and the United States, yet parents who emigrated from more urban community settings in Mexico reported greater knowledge and familiarity of mental health care resources (Chapman & Stein, 2014). Increasing services within school and primary care settings can support promotion and knowledge of mental health resources to Latinx families (Kelleher & Stevens, 2009; Stephan et al., 2007). Without greater support in the promotion of mental health resources in community-based settings, this concern will continue to persist as a barrier for Latinx youth and their families (Chandra & Minkovitz, 2007; Ho, Yeh, McCabe, & Hough, 2007).

2.3.3 Communication and Language Barriers

Communication barriers also contribute to challenges in accessing mental health treatment (Yeh et al., 2003; Vega et al., 2007). DuBard and Gizlice (2008) conducted a study to examine rates of health care access and receipt of preventive services and the role of language in a sample of U.S. Latinxs. They sampled both English-speaking and Spanish-speaking Latinxs and found drastic differences between the two groups. Spanish-speaking Latinxs were less likely to seek both regular and preventative medical services despite the presence of illnesses when compared to English-speaking Latinxs. Additionally, Spanish-speaking Latinxs reported lacking health insurance and personal doctors. Alegria et al., (2002) conducted a similar study to examine mental health care disparities in African Americans and Latinxs. They found that Latinxs had significantly lower rates of mental health care access despite the presence of psychiatric symptoms, and one of the primary factors driving this disparity was language proficiency. Latinxs that had minimal English language proficiency were reportedly less comfortable seeking treatment due to the inability to communicate symptoms (Alegria et al., 2002). Both studies findings provide support for language barriers influencing health disparities (Alegria et al., 2002; DuBard & Gizlice, 2008). Likewise, children who have parents who are predominately Spanish speaking also indicate lower rates of mental health care access as a result of language barriers (DuBard & Gizlice, 2008). Due to mental health care access during adolescence being predominately dependent upon parent and caregiver involvement, caregivers' language ability influences treatment access (Flores & Tomany-Korman, 2008; Seif, Stevens, & Varni, 2003). For example, one study examining the

rates of medical care access amongst children in households with non-English speaking parents and caregivers found that children, particularly Latinx children, had poorer rates of health when compared to peers in English-speaking households (Flores & Tomany-Korman, 2008). Similarly, Latinx parents report lower numbers of visits to health care professionals due to linguistic barriers (Seif, Stevens, & Varni, 2003).

The essential role of communication in the health care process is also commonly cited as a significant hindrance for monolingual Spanish-speaking patients seeking services in settings with non-Spanish speaking providers (Alegría et al., 2006; Flores, 2006; Garcia & Duckett, 2009). Garcia and Duckett (2009) found this to be pivotal in a sample of Mexican-origin adolescents when asked to report their experiences in seeking mental health care. The adolescents reported perceiving frustration from health care providers when conveying medical results, a perceived lack of care from providers, confusion regarding the overall process of seeking care, and longer wait times as a result of limited Spanish-speaking staff within the clinic. The adolescents in the study stressed the importance of bilingual staff members in health care settings to increase their access to services (Garcia & Duckett, 2009).

Language is also a substantial factor in the context of immigrant Latinx families, especially as it pertains to comprehension of mental health treatment and ability to communicate the presence of a mental health concern (Flores et al., 1998; Garcia et al., 2011; Perreira & Ornelas, 2011). The aforementioned points illustrate the role of both language and communication barriers in recurrent mental health disparities within the Latinx community (Roberts, Alegría, Roberts, & Chen, 2005).

2.3.4 Cultural Beliefs

Cultural beliefs about mental health also serve as a barrier to care within Latinx communities. When mental health symptoms are present, the etiology is commonly cited in previous literature as being culturally bound such that the cause of the disorder is related to Latinx-specific cultural factors. For example, Weiss and colleagues (1999) examined the impact of cultural factors on the occurrence of internalizing and externalizing behaviors within preschool-aged Latinx children. They found that a substantial amount of variance in internalizing behaviors was due to cultural factors. Parent's cultural beliefs, such as the belief of fatalism, the belief that some things are just destined to be, had a negative effect on their children's anxiety (Weiss et al., 1999). Similarly, a qualitative community-based participatory research study found that participants reported thoughts of mental illnesses as being the result of curses and other malevolence (Shattell et al., 2009). As result of maintaining cultural beliefs regarding the cause of mental health concerns, Latinx youth and their families are less likely to access mental health care (Snowden & Yamada, 2005). For example, studies have shown that Latinx youth and their families prefer to consult with family and friends, rather than mental health professionals, regarding mental health concerns as the first means of response, emphasizing the collectivism nature of the culture (Cabassa, Lester, & Zayas, 2007; Rew, Resnick, & Blum, 1997). In addition to consulting support systems, Latinx families have also been found to prefer consultation with family physicians or additional professionals for care rather than mental health professionals (Vega & Lopez, 2001; Garland et al., 2005). By referring to alternative forms of treatment to address mental

health concerns, barriers to care continue to remain a concern for Latinx youth and their families.

Religious means of coping in response to mental health concerns is another commonly held cultural belief in the Latinx community. In Latinx youth populations specifically, religion and spirituality are considered methods of coping when met with threats to mental well-being (Cotton, Zabracki, Rosenthal, Tsevat, & Drotar, 2006). It is common for Latinx youth and their families to refer to religion as an alternative form of care for mental health concerns, consequently reducing interactions with health care facilities (Koenig, 2009). For example, Dunn and O'Brien (2009) found that both Latinx males and females are equally likely to refer to religious forms of support when experiencing mental health concerns. Religiosity and spirituality coping for mental illness within the Latinx community, has for years, been associated with "God's will" and therefore only prayer and devotion to God can resolve the concern (Cohen, 1980). Religious and spiritual beliefs commonly held in the Latinx community, although a cultural value, may likely also serve as a barrier to mental health care.

2.3.5 Community-Based Participatory Research (CBPR): An Approach for Tailoring Programs for Latinx youth

Research concerning the mental health of Latinx youth, in addition to cultural adaptations of interventions has stressed the paramount role that cultural factors play in the etiology of disorders as well as access and response to interventions (Reese & Vera, 2007; Santiago et al., 2016). Still, most studies lack depth in their exploration of these

cultural factors. Factors such as knowledge, language and communication, and cultural beliefs about mental health, remain some of the biggest barriers to treatment, thus presenting the need for further community collaborative efforts that elicit more feedback directly from parents, children, providers, and leaders within the Latinx community for intervention adaptation. Community-based participatory research (CBPR) is a research framework that aims to address cultural sensitivity within intervention research by forming equitable partnerships with those directly impacted by- and knowledgeable of health and policy concerns within the community (Horowitz, Robinson, & Seifer, 2009). CBPR builds upon the strengths of a community while creating a collaborative environment between researchers and members of the community, as a means of developing interventions that will inform critical change and reduce health disparities (Israel et al., 2005; Nygreen, Kwon, & Sanchez, 2006; Wallerstein & Duran, 2010).

CBPR research has demonstrated effectiveness in creating policy change, community empowerment, and intervention improvement in traditionally underserved populations (Harthun et al., 2009; Leff et al., 2010; Wallerstein & Duran, 2006). The promotion of community collaboration and feedback results in higher buy-in from community members while also decreasing language- and knowledge-related barriers to care (Levy et al., 2006; Kim et al., 2008; Wallerstein & Duran, 2006).

CBPR has been shown to be effective in several studies with the Latinx youth community. Parsai and colleagues (2011) used CBPR to design a culturally sensitive evidence-based drug prevention program. The researchers conducted parent focus groups to gain direct insight from the parents of Latinx youth prior to intervention dissemination.

The focus groups were held in a location that was not only close to their children's schools, but also housed in the community to further promote and allow for community engagement. This crucial program location adaptation aided in increased family participation. Location of an intervention is a program design component that typically goes unaddressed, but is a huge barrier to care for Latinx populations (Cristancho et al., 2008). In addition, after presenting parents and other key community members with information regarding the program, researchers asked community members to provide feedback that would aid in program adaptation regarding factors that might interfere with the program's feasibility and acceptability. There was a particular emphasis on receiving direct feedback from parents regarding their ability to discuss sensitive topics (e.g., drugs and sex) with their children that are inconsistent with traditional cultural beliefs. The focus groups were facilitated in English and Spanish, and materials were available in both languages to address language barriers. The study described the processes by which to seek feedback from community members (i.e., parents, school administrators) who are directly impacted by a particular intervention, and how to incorporate the feedback in a feasible manner while also eliminating cultural generalizations that previously existed within the program (Parsai et al., 2011). More specifically, on-going focus groups were central to this feedback process and information gathered from the meetings were translated from Spanish to English and then organized into themes. The themes that emerged from the focus group were directly imputed into intervention content revisions in order to provide a culturally relevant curriculum that would result in effective outcomes (Parsai et al., 2011).

Beyond identifying Latinxs' cultural beliefs to inform an intervention's acceptability (e.g., Rodriguez & Brindis, 1995), understanding cultural influences in a deeper context (e.g., as explored through CBPR) is a necessary process to directly address many barriers to care for the Latinx population (Maldonado-Molina et al., 2006). Specifically, by taking a CBPR approach to examine cultural processes within a population, more sophisticated information can be gathered that cannot be attained from typical qualitative research studies. For example, Garcia and colleagues (2008) utilized a CBPR approach to develop and pilot a mental health assessment instrument for Latinxs. The support and feedback from community members throughout the instrument's development resulted in an increase of questions that were culturally representative. For example, both rural and urban Latinx community members agreed to change the language on forms to assess for mental health behaviors commonly seen in their community to enhance the comprehension of the measure and was later tested in both community settings to further measurement validation (Garcia et al., 2008).

Fostering reciprocal ongoing partnerships is a major emphasis of CBPR research. Typical qualitative research studies operate from an interpretive paradigm that solely seeks to describe, understand or interpret phenomena, and participant involvement is often reflected in one-time interviews or one-time focus group meetings (Merriam, 2014; Patton, 2005). While CBPR methods, on the other hand, are rooted in community empowerment to inform critical change, and community member involvement is promoted throughout each research stage (e.g., data collection, data analysis; Israel et al., 2005). Forming strong collaborative relationships with community members through the

use of CBPR strengthens research efficacy. Collaborative community involvement in the entire research process offers countless benefits to the study by allowing for the inclusion of relevant cultural factors and considerations, that consequently reduces over-generalizations-a common issue in most intervention studies (Rodriguez & Brindis, 1995). The current study draws from this framework by partnering with providers in the Latinx community and using them as experts regarding the relationship between stressors and barriers to care in the lives of Latinx youth that will not only further our understanding but also address potential clinical implications that can later inform intervention development and adaptation. By capturing direct feedback from community members regarding current mental health disparities impacting Latinx youth, the results from our study can aid in cultural sensitivity adaptation of interventions.

2.3.6 Behavioral Model of Health Service Utilization: A theoretical framework for understanding how personal stressors impact barriers to care

Further elucidation of this relationship between barriers to care and stressors in the lives of Latinx youth can best be explored through the Behavioral Model of Health Service Utilization. Andersen (1995) introduced a model of health service utilization adapted from previous models of health services use to explain factors affecting access to care. Andersen's (1995) adapted model of health care utilization proposes three pathways that impact barriers to care: need, enabling resources, and predisposing characteristics. Need factors, which are reflected heavily in research concerning barriers to care for Latinx youth and their families (Kouyoumdjian, Zamboanga, & Hansen, 2003), hone in

on perceptions of health care need. Enabling resource factors are those that affect one's ability to access health care facilities, such as income, health insurance status, and access to regular care. Predisposing factors entail both attitudes and beliefs surrounding health care access. As depicted in Figure 1, an adapted model to further reflect factors most relevant to the current study, these three factors account for either the explanation- or prediction of health care utilization that is directly linked to barriers to care, which is specifically reflected in mental health service utilization data in the Latinx population (Office of the Surgeon General, 2001). The current study utilized this framework as a guide for data interpretation.

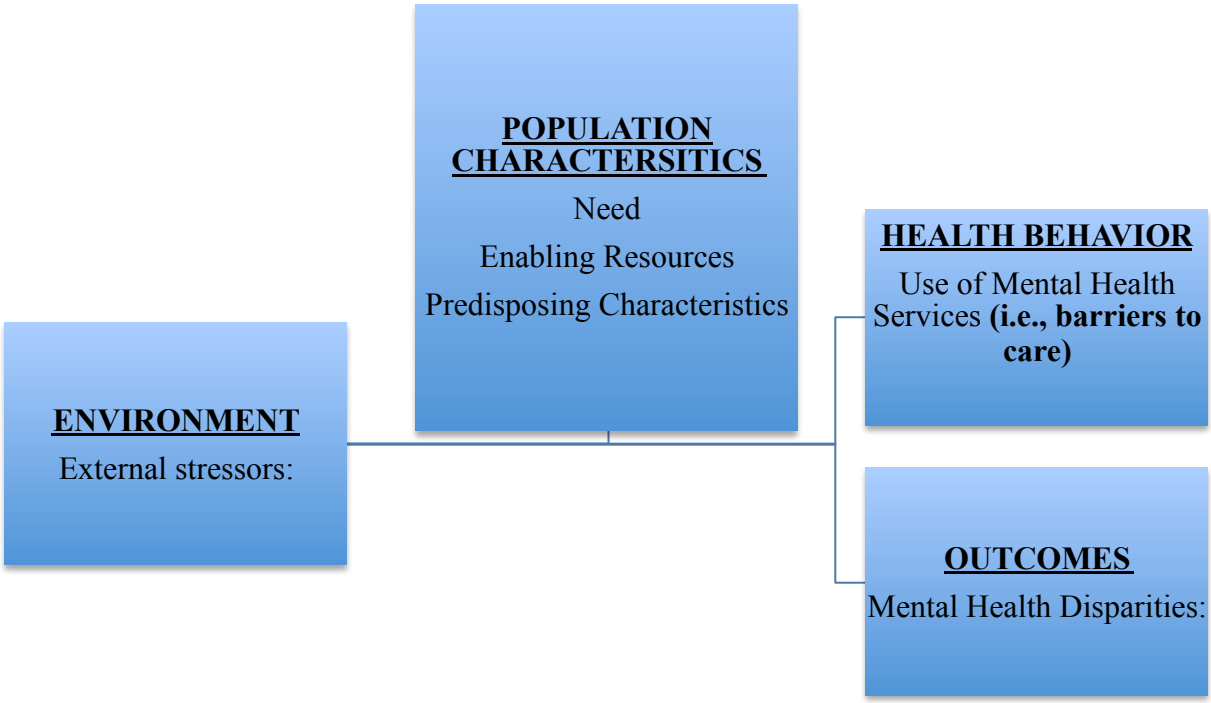

Figure 1. Behavioral Model of Health Care Utilization-Adapted from Anderson (1995)

Chapter 3: Current Study

Previous research highlights the disproportionate rates of mental health care access in Latinx youth despite chronic exposure to stressors. The impact of these experiences affects the development of depression, PTSD, and other behavioral disorders (Aisenberg et al., 2008; Gudino et al., 2011; Romero, 2007; Shatttel et al., 2009; Suarez-Morales & Bell, 2006; Zayas et al., 2005). Intervention research highlights promising outcomes for Latinx youth (Kataoka et al., 2003, 2011; Stein et al., 2003). However, there are still gaps in the literature that prevent interventions from completely addressing the needs of these youth. Community member feedback is typically used to adapt interventions by minimally altering barriers to care in the community (e.g, housing the intervention in the community to minimize transportation concerns), while neglecting other pivotal barriers to care (e.g., lack of knowledge regarding mental health service availability). Although some barriers to care are addressed at the community-level, overarching limitations remain due to lack of understanding about the intersections among personal stressors and barriers to care. Guided by a model of health service utilization (Andersen, 1995), the current study seeks to examine the potential link or bidirectional relationship between stressors faced by Latinx youth and barriers to care. The qualitative interviews were interpreted within the context of the model of health care utilization theoretical framework to address the relationship between stressors and barriers.

The current study seeks to garner insight from community members participating in an ongoing CBPR study who have had at least five years of experience providing

direct services to Latinx youth and their families, including providers that identify as members of the Latinx community. The goal of this study is three-fold.

1. The first goal seeks to further the identification of barriers to care within the Latinx youth community to promote future program development.
    a. What barriers to care are identified?
2. The potential link between barriers to care and stressors illustrated in previous literature is a major contributor to mental health problems in Latinx youth (Cook et al., 2013; Shi & Stevens, 2005) that has not yet been explored. So, the second goal is to identify the types of stressors impacting Latinx youth, and identify which stressors may have causal or bidirectional relationships with barriers to care.
    a. What stressors are identified? What are the relations between stressors and barriers to care?
3. The third goal is to identify factors that influence resiliency in Latinx youth in the face of stressors.
    a. What are the protective factors that promote resiliency in Latinx youth in the context of the stressors they face?

Chapter 4: Methods

4.1 Participants

Recruitment of an initial group of interviewees was done through convenience sampling, and subsequent interviewees were recruited through purposeful and snowball sampling. We initially interviewed 18 community members through previously established relationships formed through university involvement (e.g., student practicum sites) in addition to contacting known Latinx organizations within the city. After holding an initial community meeting with a subset of the community participants to review interview transcripts and preliminary themes from the data, we revised our research and interview questions to yield more relevant data concerning stressors, particularly traumatic stressors, impacting Latinx youth. Following this decision, we selected three of the initial 18 interviews that provided relevant content on the topic of stressors impacting high-risk Latinx youth, and we utilized purposeful sampling (Coyne, 1997) to recruit additional community partners in order to maximize relevant data for the current study. Purposeful sampling led us to recruit individuals in positions that provide services in communities with elevated rates of at-risk Latinx youth. Part of the sample was identified through a citywide program initiative, Restore Rundberg, which was formed to revitalize a traditionally underserved community of color to decrease crime while expanding services within the community. Additional members were identified through snowball sampling. This then expanded our interviewees to an executive director of a community organization for at-risk youth, two environmental educators for a non-profit community organization, two psychologists, a volunteer group leader for a Latinx youth spiritual

organization, a board member of a school district in Central Texas, and a program coordinator for a community organization for Latina teens. The final sample consisted of 11 community members. Demographic characteristics are outlined in Appendix A, Table 1.

4.2 PROCEDURE

4.2.1 Interviews

Data were collected from December 2014 to March 2016. Qualitative interviews were conducted that averaged forty minutes in length and were audio recorded and transcribed. The interviews were guided by a set of questions that allowed interviewers to move freely through the interview and probe for clarity. More specifically, probing primarily occurred to prompt the interviewee to further elaborate on concerns regarding stressors and areas of need (e.g., What exactly would that support look like; Where does your perspective concerning the presence of the stressors you mention come from). All of the interviews questions were open-ended (see Appendix A, Table 2 for full list of interview questions; bolded questions indicate those used for analyses). Prior to asking question 3, participants were asked to define a stressor and traumatic stressor. This question was added to the interview guide during the second set of interviews in order to prepare participants to answer the question utilizing their definitions. Graduate research assistants conducted the interviews. Theoretical saturation was obtained after the second set of interviews (n=8 for second set of interviews; total N = 11) after reoccurring themes of stressors and support needs emerged in all interviews. It is likely that we reached

saturation with this relatively small number of interviews due to the relative homogeneity of the sample.

4.2.2 Community Meetings

Two community meetings were held, once during the summer of 2015 and the other during the spring of 2016. The spring 2016 meeting served as space to facilitate knowledge interchange amongst individuals invested in the lives of Latino youth, as well as a means to disseminate preliminary study results and solicit feedback regarding emerging themes from the interview data. All data from the study was organized by theme and was presented to attendees in the form of a PowerPoint presentation. The presentation was open-ended to allow for questions and feedback. Feedback was specifically solicited during the presentation of preliminary data. After presenting the group with the data, three small groups were formed to continue the dialogue regarding next steps in the form of community action as they pertained to data outcomes. A total of eight community members attended, including a church pastor, a teacher, a community mental health provider, partners from a non-profit community organization, parents, and one teen. The entire meeting was audio-recorded and later transcribed. Attendance and location of the meeting was based on the community partners' availability and preference.

4.2.3 Data Analysis

Grounded theory was used to code the interviews (Strauss & Corbin, 1998). Grounded theory is the process of deriving theory from data through systematic

organization and analysis. Procedures of grounded theory coding were designed to flow creatively and flexibly as decided by researchers (Strauss & Corbin, 1998). Prior to coding the data, every interview was transcribed verbatim into a word document, and only questions relevant to the research concerns were analyzed (i.e., Describe your organization and role at the organization; When you think of the word, stressor, what comes to mind? (define it) What about a traumatic stressor; What do you perceive to be the biggest stressors impacting Latinx teens; What issues have you noticed related to well-being in the teens that you work with; What are characteristics of teens who seem to be coping more positively with these stressors; What are the characteristics of teens who struggle more with these stressors; We know that kids have different ways of letting parents, teachers, and others, know that they are experiencing stress. Can you think of a couple of instances that stand out that can help us understand these different ways that kids have of communicating with us; What kind of support do teens need most).

An excel spreadsheet was utilized to organize each step of the coding process. The first step of the process included reading through transcripts of interviews line-by-line to enact the process of line-by-line coding. This process involved reading through each line within the transcript and identifying distinct and powerful words or phrases. For example, in line "Okay. Um. Poverty, having parents who are not educated, um, not having parental support for whatever reason, and the family not having a strong foundation to come to school and interact with society, with American society," the words and phrases, poverty, parents who are not educated, parental support, not having a strong foundation, would be extracted as codes. This process in general assists in keeping

the data open for interpretation, as well as allowing for identification of both implicit and explicit statements and concerns presented during the interview (Charmaz, 2014). Reliability was established at this stage of coding. Two members of the research team separately read each of the 11 transcripts to identify initial codes, and then met to agree upon final codes. After comparing both researchers' initial codes extracted from the transcripts, reliability was calculated. The initial attempt to achieve reliability yielded a percent agreement of 60%; previous research suggests that a minimum of 80% (Miles and Huberman, 1994) is recommended for qualitative research. Failure to reach at least 80% agreement resulted in the two coders meeting again to resolve disagreements and argue for or against codes based on relevancy to both interview and research questions. With this in mind, we reached reliability of at least 80% for each individual transcript.

Next, focused coding was completed. The process of focused coding involved reading through the transcript again but in larger sections (e.g., paragraphs). Focused coding is the second stage of coding involving the development of conceptual codes based on interpretations of the interviewee's statements. This stage also involves using some of the codes identified during line-by-line coding to sift through the data more expeditiously (Charmaz, 2014). Lastly, the process of theoretical coding involved drawing from previous literature, and utilizing that knowledge to inform more refined coding categories. This stage of the coding process was completed once all of the transcripts underwent the first two stages of coding. Themes were operationalized based on the reoccurrence of quotes and terms illustrated in the data.

Chapter 5: Results

Participants expressed distinctive processes that generate stressors within the lives of Latinx youth, as well as barriers to care that intersect with those stressors. The study's results reflect both the stressors experienced by Latinx youth, as well as the barriers to mental health care within the Latinx community that remain unaddressed. The interviewees described the relationship between stressors and the development and exacerbation of barriers to care within the Latinx community. Additionally, community leaders reported on protective factors that promote resiliency despite the presence of stressors. The themes reflected in the results were presented at the spring 2016 annual community partners' meeting, and were further revised based on community member feedback. Community partners were presented with the following preliminary themes that emerged from the data: immigration concerns, familismo, and language barriers. Upon highlighting each theme and quotes that were coded according to each theme, community members were specifically asked to provide the following: general feedback, thoughts regarding whether or not the themes were valid representations of the quotes that corresponded to them, and if the themes reflected a true concern impacting the Latinx youth community. Suggestions from community partners included, revisions of the familismo theme to reflect other Latinx cultural values beyond family obligation that serves as stressors in Latinx youth's lives, as well as revising the theme of language barriers to represent factors such as parental education levels that warranted more attention within this barrier. Based on the feedback provided from community members, themes were revised and new themes were developed. Nine general themes emerged

from the interview data following the community meeting (see Appendix A, Table 3) and are described and organized below by research goal. We evaluate our results in terms of feedback received from community partners, consistency with previous findings, and new additions to the literature.

5.1 Barriers to care in the Latinx community

Barriers to care in the Latinx community highlight three major themes: linguistic barriers, youth-led activities, and ethnically similar mentors. The first theme, linguistic barriers, resonates with previous literature that highlights language barriers as an on-going barrier to care for Latinx families. Youth-led activities and ethnically similar mentorship within the Latinx community have been less commonly addressed in the literature as influential factors in mental health care barriers.

Linguistic barriers. English language abilities of Latinx parents has been an ongoing theme in previous literature as a barrier to care, and was described as such by participants. Linguistic barriers were specifically reported as interfering with access to resources and care due to limited levels of English proficiency. Parents' inability to effectively communicate with teachers or other professionals in their child's life was described as lowering parents' confidence in their ability to convey needs and concerns, which creates a barrier to both seeking and benefiting from care. The lack of bilingual staff members in various settings (e.g., school, health care settings) also serves as a hindrance to accessing resources for most parents with limited English language

proficiency. This is of particular concern with accessing resources and seeking help within the school environment:

> "In the latino population, if a person doesn't feel confident or if it is a student that knows English but the mother or parent doesn't then that brings a huge problem, especially if the student is trying to get the help and trying to get the parent involved, but the parent doesn't understand what is going on with the school or you know how to help because they are limited to speaking only Spanish so that I think is really hard for a student to engage better relations with the parent or teacher because there are gaps."

Youth led activities. The discussion of youth-led activities by community leaders offered a new perspective regarding a barrier to care impacting Latinx youth. Currently, youth-led activities for Latinx youth are minimal or completely absent within the community setting. Consequently, community partners believe that the absence of youth-led activities further diminishes youth's motivation to interact with programs and interventions due to a lack of relevancy regarding topics/factors pertinent to them (e.g., some topics presented in the interviews were: dating, family stress, the effects of drug usage) because program and intervention design is often developed without soliciting the needs of the youth directly. By increasing youth-led activities within the Latinx community, youth will have greater autonomy, communication gaps between adults and youth can be closed, and motivation to access and receive resources provided can be enhanced.

> "Kids appreciate that. When they're at the forefront and they're asked to be creating the rules or be able to say this isn't fun, I don't like it. You know to be able to feel like they have a place to make change they do extremely well."

Community partners indicated that supporting youth through youth led activities would increase the solicitation of youth's needs directly, and serve as a mechanism for their role in program development decision-making.

> "I think more outlets for… for, uh, communicating the stressors. Whether that's at home, school, the community space. Just another way for them to… to be vocal about what they're feeling, or if they're already vocal then, um, some sort of, I don't know, like just… just a way for them to… to really express what they're doing or what they're feeling."

Ethnically similar mentors. Community partners described a scarcity of mentorship relationships available to Latinx youth and noted a need for more Latinx or ethnic minority individuals to provide mentorship to youth in the community. Interviewees indicated that ethnically similar mentorship would bolster the presence of positive adult relationships and provide support to youth who are struggling to cope with stressors, which could result in improved interactions with community resources. For example, one community member spoke to her unique experience working with Latinx teens, as a Latina herself, and the ability to relate to students on the basis of similar upbringings, resulting in an increased ease within students to approach her more regularly to discuss concerns in their lives compared to other staff in the school. Essentially, having an ethnically similar mentor enhances a student's ability to divulge personal and relevant

information concerning their stressors. Thus, by increasing the presence of ethnically similar mentors, Latinx youth would form secure relationships with adults that will offer support that is not otherwise provided from other adults in their lives (e.g., parents).
A White executive director for an organization that serves at-risk youth specifically spoke to her experience regarding the need for ethnically similar mentors:

> "I think one of the biggest things is positive, adult role models. So mentors that, you know, if it's a Hispanic male give him a Hispanic male mentor. Don't give him someone that is me. Might not be as appropriate. I think that's a really positive, um, and effective tool because it's pragmatic. They get to see it."
>
> "I think also having somebody in the community who maybe is not a parent or teacher, you know, somebody who doesn't have a direct authoritative role over them. Somebody they go to and express whatever is going on in their life is a huge resource."
>
> "Um. Number one is mentoring. Um. There's been enough evidence that there's at least one concerned adult paired up with one at-risk kid. That's really helpful. That's why mentoring programs are so important. Relationship with teachers and other staff at school.

5.2 LINKAGES BETWEEN STRESSORS AND BARRIERS TO CARE

The relationship between stressors and barriers to care are discussed in terms of five themes: family economic disadvantages, awareness of resources, unaddressed mental health concerns, deportation concerns, and Latinx cultural values/acculturative stress. The

themes of family economic disadvantages, awareness of resources, and deportation concerns present findings that are similar or complimentary to previous findings in terms of their implications. However, the connection between those stressors and the barrier to care offer new information. The other two themes present new data about the presence of stressors in the lives of Latino youth, and the pathways between stressors and barriers to care.

Family economic disadvantages. There appears to be a relationship between stressors and barriers to care in the lives of youth as a result of poverty and poverty-related challenges in the home environment. Community partners described poverty as the "biggest category" related to the stressors experienced by Latinx youth. By youth living in economically disadvantaged neighborhoods and home environments, they are placed more at risk for gang influence/involvement, violence, and drugs. Additionally, youth from low-income backgrounds experience the stress of entering the job force earlier than peers to become an additional wage earner in the household, resulting in an increase in school drop out rates. As a result, barriers to educational attainment and barriers such as limited awareness of community resources ensue. Community leaders mentioned parental factors such as lack of parental support, single-parent households, and parent educational levels, contributing to those barriers to care due to the parent's inability to structure a life for the child that they have never experienced as well. Family economic stressors and other factors related to poverty influence youths' experience of stress and barriers to care. When expressing the single biggest stressor facing Latinx youth, one community leader specifically highlighted poverty,

> "I'm going to go back to poverty. Um. I think that that is the biggest stressor that they experience, um, because that also goes into a lot of lack of resources, homelessness, access to health care, food, some basic human **(Mhm)** necessities…. are affected"

The intersection of individual level stressors (e.g., socio-economic status and living in poverty) and awareness of resources within the community was clearly highlighted in one interview:

> "Umm sometimes lack of resources, they don't know who to go to or who to talk to, if students are having trouble at school, or they are misbehaving or in a tough situations I feel that parents don't know that there are resources that there is help, whether it be because they don't know, lack of education, or lack of money, they don't have the means to provide for the student sometimes ummm they will just talk to someone and reach out to the closest person which is probably the school counselor or they just try to put it off."

A college readiness advocate specifically noted factors of parental support and educational levels as influential factors reinforcing economic stressors in the lives of Latinx youth:

> "I feel sometimes if you don't have that support or don't know where you are headed because your parents don't provide you the right tools, or that support and that then makes it hard for student to make you know to reach their goals and get where they want to be because they don't have that background from their parents and its not that parents don't want to, its just that they don't know."

Unaddressed mental health concerns. Due to barriers for receiving care, living with an unaddressed mental health disorder is a major stressor for Latinx youth. Community leaders expressed undiagnosed and untreated mental illness as a major health concern within the Latinx community.

> "Um. And then the implications of mental health are also pretty significant in that, um, untreated mental illness, um, undiagnosed, um… kind of… um.. un-… I guess just the best word I have is denial of it is also prevalent in the Latino culture too. That's something I've found a lot of."

Despite the presence of unaddressed mental health concerns in youth, community partners indicated that Latinx youth and their families deny mental health concerns, thus facilitating an additional barrier to care. Additionally, the absence of personnel within school systems that are trained to respond to mental health concerns serves as a barrier to care for Latinx youth. The presence of unaddressed mental health concerns combined with gaps in services within the school environment, deters students from viewing the school as a place to seek services and support from school personnel.

> "Kids have different outcries. Different, you know, manifestations of how they feel. I don't think that it's necessarily sitting down and saying, " Wow this is really a stressor. I need a coping mechanism." That's not going to happen, so I think a lot of times it comes out in negative behaviors. And you need trained adults to have the patience and the compassion and the education to know the difference."

Deportation concerns. Concerns of deportation are particularly prevalent to youth and families that are undocumented, thus serving as a major stressor in their lives. In turn, this leads to distrust of systems (e.g., police, school) due to the fear of deportation, and consequently both parents and other family members' access and interaction with government and school level services are restricted and limited. Parents' deportation and immigration fears also create fear in their children, which results in mental health problems that may go unaddressed due to access barriers.

A Latina community mental health provider expressed her experiences with Latinx families surrounding this concern:

> "Um. Well I think it's a… a… uh. I think parents have a distrust of the system. Where I think a lot of times, um, especially growing up, Hispanic populations do seem very concerned about immigration. And, like, you would hear, like, "La migra."

As a result of deportation fears, Latinx parents tend to restrict their children's interactions with community members and community-based activities, as well as individuals within the school setting,

> " I… I… I think, um, the Hispanic population here tends to be a little bit more cautious and… more paranoid, where they don't allow their… their children to, kind of, venture the world and go out with friends and hang out with friends."

Latinx cultural values and acculturative stress. Adhering to Latinx cultural values while also adjusting to new cultural norms presents major stressor for Latinx youth. Traditional Latinx cultural values (e.g., familismo) held by Latinx parents and extended family

members are often seen as a major factor in the manifestation of communication barriers between children and adults; consequently delaying help-seeking behaviors. As a result, barriers to care arise due to cultural values inhibiting the discussion and recognition of mental health concerns and access to care for treatment. Strong familial obligation (i.e., caring for younger siblings) and traditional values (i.e., fear of bringing shame to the family) often inhibit Latinx youth from recognizing their own needs and effectively communicating those needs with parents in order to seek support.

A school psychologist spoke to her direct experience with Latinx parents regarding their children, and how communication serves as a major barrier for access to care due to traditional Latinx values limiting children's ability to discuss concerns with their parents. Children are less likely to communicate mental health characteristics with parents and parents are subsequently less like to seek care for them,

> "I think communication is a big barrier to our kids and parents because I think being Latina and hearing some of the things parents have to say about the struggles with their children. It's "well I'm the parent, I'm the adult, what I say goes and that's it."

Another community leader noted experiences of acculturative stress within youth depending on their generational status, as a stressor:

> "If we're talking about Latino youth, I think we would need to differentiate between the first generation, the second generation, the third generation. If you got immigrant kids coming in and they've directly come in from, um, a Latin American country, then you have the stressors of learning a new language,

adjusting to a culture that may be very different from yours and the Latin American cultures are all very different."

Aspects of familismo are particularly salient within the Latinx community, and may be experienced by youth as a stressor, while also reducing access to resources. More specifically, with retaining high familial obligation, children are less likely to consider their own needs as a important but rather prioritize the needs of the family and use the family as a means of support rather than seeking professional services.

> "I see a lot of students dropping out of high school because they want to work and, like I said, earn money for the family, raise some stability for themselves. Um. That's a really big impact. I see, you know, similarly attendance and grades… just academics being de-prioritized in general. Um. And then the implications of mental health are also pretty significant."

A Latina community leader shared her experiences regarding the intersection between Latinx cultural values, responsiveness to mental health concerns, and how these factors result in an access barrier for Latinx youth:

> "Um. And then the implications of mental health are also pretty significant (Okay) in that, um, untreated mental illness, um, undiagnosed, um… kind of… um.. un-… I guess just the best word I have is denial of it (Yeah) is also prevalent in the Latino culture (Right) too."

5.3 Protective Factors

The discussion of protective factors is broken into two major themes: family support and school-related activity involvement. Previous literature has highlighted the importance of parental involvement in the lives of youth to increase resiliency (Amato & Fowler, 2002), and our data supports this finding. Although literature reflects the benefits of school involvement on mental health outcomes in youth (Gilman, 2001), the breadth of research specifically addressing school involvement as a protective factor for Latinx youth is scarce and therefore serves as a major finding in our results.

Family support and involvement. Supportive and positive parental guidance serves a major buffer for exposure to stressors. Interviewees stressed the importance of strong familial foundations in the lives of youth that cope more positively with stressors when compared to peers without the same level of support. Parental and family involvement in all aspects of the child's life (i.e., school and home environment) promotes greater resiliency within Latinx youth.

Two interviewees discussed the effects of positive parental relationships despite other factors that often serve as a hindrance to parental involvement,

> "As long as they have that positive relationship with the family, even if the mom's busy all the time or working all the time, I just notice that if that relationship is positive, then it usually ends up leading to the… they cope better with everything else and they do well in school even if they don't, you know, have all that stuff… have all the same resources like others."

Involvement in school-related activities. Involvement in clubs or sport-related activities offered in the school environment grants youth an outlet for coping with stressful life events. Involvement in school-related activities also aids in bolstering relationships with adults and peers, and subsequently building additional support systems.

Chapter 6: Discussion

Many Latinx youth are at risk for mental health concerns resulting from chronic exposure to stressors, while also encountering barriers to care. The themes identified in our analyses not only indicate a bidirectional link between stressors and barriers within the Latinx community that affect the mental health disparities experienced by Latinx youth, but also protective factors that buffer the impact of stressors and barriers to care. All community leaders described family contextual concerns as pivotal stressors for Latinx youth, primarily rooted in deportation concerns, family economic disadvantages, and cultural values. They also noted that youth who struggle to cope with these stressors often experience signs of depression, substance abuse, anger, and suicidal and self-harm behavior (e.g., cutting). These mental health concerns are then coupled with barriers to care that are developed on the basis of stressors, which often prevents treatment to address those concerns. Increasing the presence of ethnically similar mentors and opportunities for youth to provide feedback regarding youth-geared program implementation was presented as needs within the Latinx youth community to reduce barriers to care. Nonetheless, elements of resiliency were also observed in Latinx youth that exhibit greater interactions with school-related activities and have higher parental involvement despite stress exposure.

6.1 Deportation concerns and restricted interactions with community resources

Previous literature has described the numerous implications associated with unauthorized citizenship within the United States for Latinx immigrant youth's well-being (Brabeck & Xu, 2010; Dreby, 2012; Pumariega & Rothe, 2010). However, as highlighted in our results, these mental health disparities have yet to be mitigated and continue to remain a concern for undocumented Latinx youth and their families. This result is largely due to policy issues within the country that furthers barriers to care for undocumented Latinx families. For example, in 2001 the Development, Relief, and Education for Alien Minors (DREAM) act was introduced with the hopes of providing permanent resident status to immigrant youth upon completion of two years of college or service in military ("A comparison of the DREAM ACT"). However, the outcome of the DREAM act legislation, like most legislation concerning immigration, was less than ideal and undocumented youth and their families continued to experience deportation concerns (Zimmerman, 2011). For most undocumented Latinx youth and their families, lack of interaction with various resources within the community is common. Even when Latinx youth attempt to access care, they are often responsible for navigating health care systems without the support of their undocumented parents (Negrón-Gonzales, 2014). So, interventions such as Families and Schools Together (FAST; Guerra & Knox, 2008) that are geared toward improving behavioral and academic outcomes in youth through increasing and strengthening connections between Latinx families, schools, and communities, may warrant further adaption to include greater support for the Latinx

community around deportation concerns. Programs that emphasizes empowerment for parents, while also aiding in bridging relationships between parents and schools, can be best used to facilitate the reduction of stigma associated with immigration status (e.g., increasing positive relations between undocumented Latinx immigrants and the larger community). Such programs can serve as an invaluable resource for Latinx families; especially those experiencing mental health symptomology associated with deportation concern (e.g., isolation leading to depression and anxiety), and act as a first line of intervention for these families.

6.2 LATINX CULTURAL VALUES AND ACCESSING CARE WITHIN THE COMMUNITY

Latinx youth and their parents hold strong values that are deeply rooted within their culture, and these values often intersect with stressors and barriers to care. Participants of our study mentioned cultural values such as familismo, hierarchical relationships, and fatalism serving as stressors in the lives of Latinx youth. Latinx youth are sometimes met with the dilemma of postponing their own dreams and mental health needs as a result of a strong devotion to the needs of their families. This has been a longstanding concern cited in literature, specifically in the context of familism values (Gonzales, Deardorff, Formoso, Barr, & Barrera, 2006; Katiria Perez & Cruess, 2014). Although there are positive health outcomes associated with familism in the literature (Marsiglia, 2009; Romero et al., 2004), the intersection between mental health concerns and barriers to care within Latinx values such as familism are hard to overlook. The inability to convey needs to parents is another common Latinx cultural value, in terms of

the respect of hierarchical relationships that furthers barriers to care within the community. Hierarchical relationships within the family, is often cited as a form of parental control (Halgunseth, Ispa, & Rudy, 2006) which sometimes inhibits Latinx youth from communicating concerns to their parents due to their refusal or inability to acknowledge the need for mental health intervention (Martinez, McClure, & Eddy, 2009; Yeh, Hough, McCabe, Lau, & Garland, 2004; Yeh, McCabe, Hough, & Lau, 2005). These points are made not to suggest that Latinx cultural values present negative associations in Latinx youth, but rather to emphasize careful considerations for work with Latinx youth and their parents to decrease stressors and barriers to care within the community. Employing a culturally appropriate treatment, such as solution-focused therapy, that has demonstrated effectiveness in mitigating dissonance between values shared by elders compared to younger members in a family system (Lee & Mjdele-Mossey, 2004), is one mechanism to address this concern. By using the client's words and values to reach a goal of treatment and allowing each family members to express their values, while also acknowledging and incorporating one other's values into the solution, the stressors associated with Latinx cultural values can be lessened. Nonetheless, careful consideration should be given to our findings. Majority of the community partners involved in the study were solely providers, therefore Latinx cultural values may represent different connotations for Latinx youth and their parents.

6.3 Ethnically similar mentors needed in Latinx communities

Our community participants stressed the need for more ethnically similar mentors within the Latinx youth community to increase the presence of positive adult figures. The value of race/ethnicity mentorship match for students of color has been continuously highlighted in the literature as means for increasing positive youth outcomes, creating a sense of community and fostering positive ethnic identity development (Cerezo & McWhirter, 2013; Syed, Goza, Chemers, & Zurbriggen, 2012; Yeh & Borrero, 2012). The support for ethnically similar mentors in both the literature and our results exemplify a greater need within the community for programs with similar aims. Many partners stated that they specifically saw ethnically similar mentoring programs being actualized within the school or community setting. However, to the best of our knowledge, mentoring programs that purposefully pairs Latinx mentors with Latinx youth are quite minimal and are completely absent at the community level (Knoche & Zamboanga, 2006; Santos & Reigadas, 2002; Torres Campos et al., 2009). But, the few mentoring programs that have been designed for Latinx adolescents have demonstrated improvement in youth academic functioning, relationships with adult figures, and personal well-being (Barron-McKeagney, Woody, & Henry, 2001; Keating, Tomishima, Foster, & Alessandri, 2002; Sanchez, Esparza, & Colón, 2008). In addition, when youth felt they had an active role in the selection of mentors/role models in their lives, they reported greater outcomes and satisfaction from working with an individual that shared a similar ethnic background and played a vital role in their community (Stanton-Salazar & Spina, 2003). Findings from our study and previous literature suggests the need for more mentorship programs

available to Latinx youth that pairs them with an Latinx adult figure that can serve as a role model and assist them in navigating life challenges.

6.4 YOUTH-LED ACTIVITIES IN THE COMMUNITY

Bolstering the presence of ethnic similar mentors and providing youth with agency within the mentorship process ties in heavily with recommendations for an increase in community-based activities that support the autonomy of Latinx youth in the development of future programming. Recent literature specifically highlights the reward of incorporating youth participation through CBPR methods to assist in the design of school-based, youth focused interventions (London, Zimmerman, & Erbstein, 2003; Ozer et al., 2013). Youth involvement in the design and implementation of interventions and programming geared toward this population indicates promising outcomes in increased youth involvement (Pearce & Larson, 2010; Saito, 2006). Yet, as our results and the literature suggests, youth-led activities' success within community settings is heavily reliant upon numerous factors. For example, in a study conducted by Larson, Walker, and Pearce, (2004) they found that the distinction between youth-led and adult-led activities were subject to various factors such as number of participants and logistical concerns but overall youth-led activities enhanced youth involvement, their motivation, and sense of empowerment. The balancing technique between empowering youth through autonomy in program development is crucial and warrants careful consideration of factors such as those highlighted in the Larson et al (2004) study.

6.5 Parental and School Involvement Promotes Resiliency

Although numerous barriers to care and stressors continue to exist within the Latinx youth community, community leaders also mentioned several characteristics of resiliency in Latinx youth. Community leaders were asked to identify characteristics of youth that exhibit positive coping strategies when met with stressors, and most discussed characteristics synonymous with factors that have been demonstrated in the literature as a means to buffer certain barriers to care. Social support, primarily in the form of parental involvement in the child's educational trajectory, is seen as a serving a critical role in the resiliency of Latinx youth. When youth receive high levels of parental support, the support promotes greater positive child outcomes when risk is present (Amato & Fowler, 2002; Fergus & Zimmerman, 2005). Community members stressed that Latinx youth from households where high parental support was present engaged in more prosocial behaviors due to receiving support in areas of empowerment and autonomy. By increasing programs within the community to provide parents with the tools to support their children, greater resiliency can be exhibited in at-risk youth (Coatsworth, Pantin, & Szapocznik, 2002; Cardoso & Thompson, 2010).

School involvement was also higher in students that exhibited more positive coping strategies in response to stressful life events. Community leaders described their observations in terms of involvement in school-related activities, "they are in pre-AP classes," and have higher graduation rates. Community leaders considered greater school-involvement to be a direct result of positive support from the home environment, which has been commonly cited as an influential factor in the academic trajectory of at-risk

Latinx youth (Garcia-Reid, Reid, & Peterson, 2005; Marschall, 2006). Because multiple obstacles inhibit Latinx youth and their families from accessing care and other resources within their community, it essential for future interventions to not only consider current barriers to care but also consider the strengths of current implementations that have been enacted to reduce barriers to care.

6.6 Behavioral Model of Health Care Utilization Expanded

In revisiting the behavioral model of health care utilization, the clinical implications reflected in the results of our study become clearer. The interaction between environmental and population characteristics factors that are represented in both the model and previous literature were highlighted as continuous concerns in the Latinx community. The lack of bilingual professionals in health care settings that are housed in Latinx communities combined with various other factors tend to lead to maladaptive health behaviors (e.g., lack of interaction with health care systems) and mental health disparities in Latinx youth. Each aspect of the model is relational and we found this to be true in our results as well. However, our results expand on this model by indicating a cyclic relationship between all four phases of the model (see Figure 2-arrow indicates the new relationship formed between factors), such that as stressors and current inaccessibility to health care systems will lead to a decrease in health behaviors due to barriers to care. As a result, untreated mental health concerns remain and will either exacerbate current stressors or form new ones. Lastly, the model now highlights

protective factors that moderate the relationship between stressors and mental health disparities.

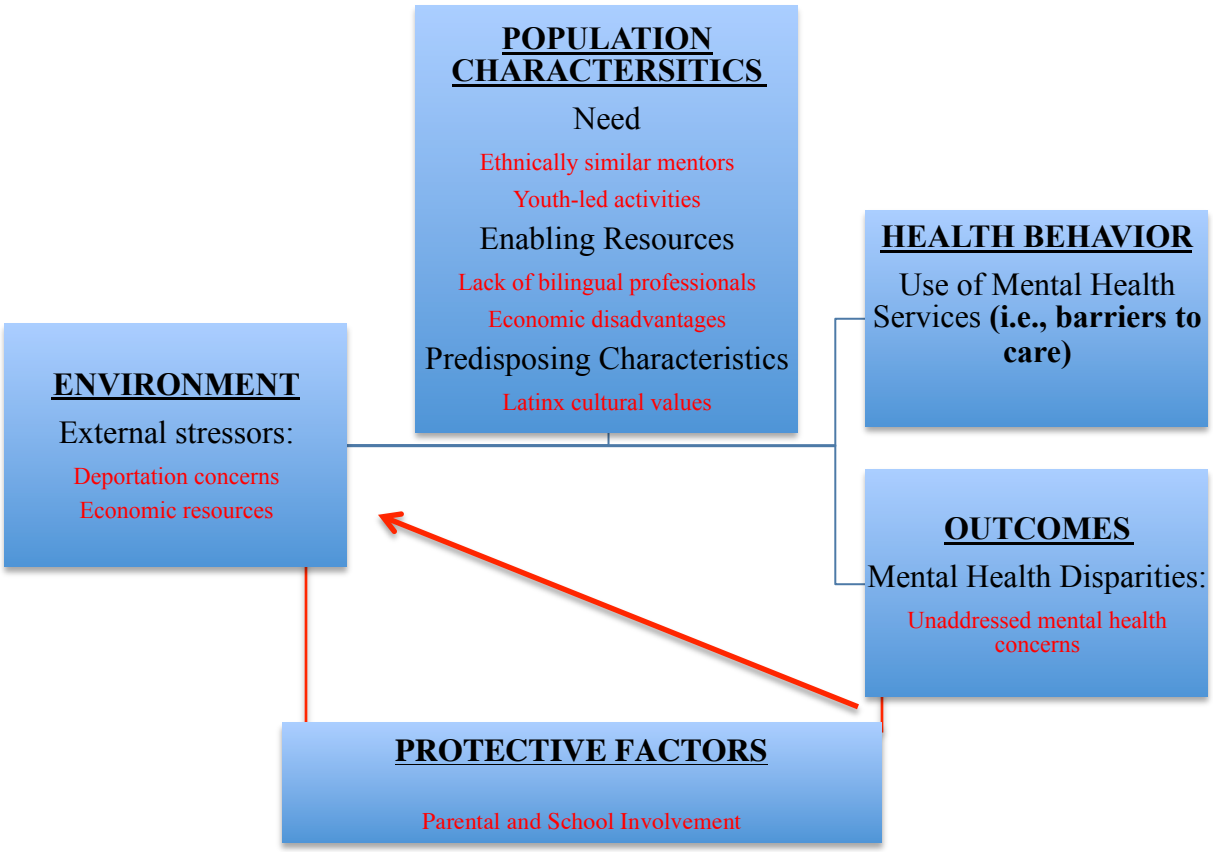

Figure 2. Expansion of Andersen (1995) Behavioral Model of Health Care Utilization in Latinx Youth.

6.7 Contributions to the Literature

Our study provides deeper insight into factors that contribute to stressors and barriers to care in the lives of Latinx youth and their families, while also highlighting a bidirectional relationship between those stressors and access barriers. The causes of mental health problems and barriers to care within Latinx youth are commonly cited

separately in research literatures, with little regard to their interconnectedness. With our findings highlighting this bidirectional pathway, future studies can enhance intervention development for greater relevancy within the Latinx community.

The ability to connect with individuals that could provide insight regarding their work with the Latinx community is also a pivotal aspect of this study. Collecting first-hand accounts of stressors and barriers to care from individuals that are both a part of and work in the Latinx community was a major strength of the study and furthered our knowledge regarding the present concerns within the community. Previously identified stressors and barriers to care in the Latinx community within the literature were still found to be relevant. However, our study built upon previous findings by identifying additional factors that influence both stressors and barriers to care (e.g., deportation concerns and Latinx cultural values) that have not been carefully researched. Adopting a CBPR qualitative methodological approach to identify our results illustrates the richness of data that is often difficult to capture utilizing quantitative methods. Forming relationships with community members presented us with unique narratives and insight into the Latinx youth community that is absent in the current literature, and helped to shed light on next steps that are necessary to improve outcomes within this growing population. A collaborative approach as demonstrated in our CBPR study that utilizes direct input from community members to identify concerns in the lives of Latinx youth and provide feedback regarding data interpretation, aids in the potential for greater acceptability and relevancy of future intervention development and dissemination geared toward this population.

6.8 Limitations

While our study offers novel findings regarding bidirectional pathways between stressors and barriers to care, the results are limited in several ways. The homogeneity of the sample, although it allowed us to reach theoretical saturation with a fairly small sample size, reduces generalizability of the results to a specific subset of at-risk Latinxs in Texas. The sample of community participants was limited to individuals who primarily work with low-income, at-risk Latinx youth as well as a predominately female sample, although given that most participants were providers this gender difference is consistent with demographics reflected in the field. Moreover, our methodology was limited to only community professionals, excluding the narratives of Latinx youth and their families, those directly impacted by stressors and barriers to care. Obtaining first-hand accounts of the individuals affected by policy and public health concerns, in addition to other community members, is a primary component of the CBPR framework in order to effect purposeful change.

6.9 Implications for Future Research

The findings in our study both converge with existing literature and offer new avenues for further study. Our findings point to a longstanding link between stressors and barriers to care that has gone unaddressed in previous literature to date. A possible shortcoming of some current evidence-based intervention implementation is that they respond to stressors and barriers to care, exclusively, with minimal regard to the relationship that exists between both factors. For example, in an evidence-based

curriculum seeking to increase psychological well-being in youth, the sole focus of the intervention was to mitigate psychological stressors in the lives of youth but failed to acknowledge barriers that could prevent this curriculum's sustainability in youth populations (Bird & Markle, 2002). Addressing this disparity could be done in several ways; one way for example, would involve adaptation of current interventions such as FAST and ethnically similar mentorship programs (Guerra & Knox, 2008; Keating, Tomishima, Foster, & Alessandri, 2002) that demonstrate efficacy within the Latinx community. Another way might be to adopt some of the suggestions offered by youth-led participatory research as well (Gonzalez Castro, Barrera, and Holleran Steiker, 2010) to not only translate research into Latinx communities but also include youth within this process. Some of their suggestions include the use of focus groups to gain further clinical insight into populations of interest, clearly identify constructs of interests in interventions, and carefully consider research personnel's skill and training that is necessary for the cultural adaption of interventions (e.g., educational training, language ability if adapting interventions to reduce language barriers; Gonzalez Castro, Barrera, & Holleran Steiker, 2010). Lastly, increasing opportunities for parental and school involvement is key. Both of these protective factors have illustrated promising outcomes in Latinx youth despite exposure to stressors, and therefore warrant continued presence in intervention and program development to further improved mental health outcomes. Understanding the intricate relationship between stressors and barriers to care is needed in order to adapt current interventions. This is an important and unexplored area of research that has emerged from this study. Additionally, a richer contextual

understanding behind ongoing barriers to care and stressors impacting Latinx youth specifically would also be useful. Our findings indicate both areas for future study, as well as factors impacting resiliency in Latinx youth that deserves more inclusion in future intervention design.

6.10 Conclusion

Stressors in the lives of Latinx youth present numerous health challenges and concerns. When barriers to care compound with stressors, health outcomes worsen. This study suggests that a bidirectional pathway exists between stressors and barriers to care at both the individual and community level. Our results suggest that barriers to care, such as linguistic barriers, continue to remain a concern within the Latinx community and warrant attention. This study illustrates the importance of CBPR research. By equalizing power relationships between researchers and community partners, deepened perspectives can be gained to facilitate culturally sensitive interventions designed intentionally to address the concerns of the community.

Future intervention design should center on quantitatively addressing stressors in the lives of Latinx youth, while also minimizing barriers to care. Through increasing for example, the presence of bilingual and ethnic minority professionals in communities that are predominately Latinx, youth outcomes can be improved.

Appendix A

Tables

Table 1: Demographic Characteristics.

Characteristic	Mean or n (%), as appropriate
Age in years	34 (range 23-63)
Gender	Female 82%, Male 18%
Country of Origin	
United States	9 (82%)
Mexico	1
Germany	1
Native Language	
English	8 (73%)
Spanish	2
Persian	1
*Languages Spoken and Proficiency Levels	
English	8 (73%)
Completely proficient	6
Very proficient	2
	9 (82%)
Spanish	
Completely proficient	2
Very proficient	4
Somewhat proficient	1
A little proficient	1
	3 (27%)
Other	
Very proficient	2
Somewhat proficient	1
Education	
College	7 (64%)
Graduate/Professional	4
Race	
White	10 (91%)
Black	1
Ethnicity	
Non-Hispanic	7 (64%)
Hispanic	4

Table 2: Interview Questions

Describe your organization and role at the (organization). *P: What is the mission of your organization?* *P: How do people hear about your organization?* *P: What does your organization do on a day-to-day basis?* *P: How long have you worked in your role?* *P: How is your time spent?*	**We know that kids have different ways of letting parents, teachers, and others, know that they are experiencing stress. Can you think of a couple of instances that stand out that can help us understand these different ways that kids have of communicating with us?** *P: Do you notice any difference in the way that boys vs. girls communicate about this?*
What are the characteristics of teens who struggle more with these stressors? *P: What resources do these families have?* *P: What role does language play?* *P: What role do family relationships play?* *P: What role does community play?* *P: What role does cultural identity play?*	**What kind of support do teens need most?** *P: What kinds of resources?* *P: What kind of services?* *P: What kind of social support?*
What is your experience working with Latino teens? *P: Describe your interactions with Latino teens.* *P: How often do you use/hear Spanish in your work?* *P: Do you speak Spanish? Do you use it in your work?*	**If you could investigate one topic related to the experiences of the Latino youth that you work with, what would you look into?**
Prior to asking question below-Set up the question by asking: When you think of the word, stressor, what comes to mind? (define it) What about a traumatic stressor? ● **Now that they have defined what a stressor is, move into question #3, by saying:** *"Keeping in mind the definition you just provided…"*	**Research suggests that there are certain issues affecting Latino teens across the U.S. We are interested in whether these issues impact Latino teens around Austin. What have you noticed locally about:** *P: Teens' Physical health?* *P: Teens' Mental health?* *P: Teens' Education and schooling?* *P: Teens' Access to resources?*
What do you perceive to be the biggest stressors impacting Latino teens? *P: What about girls compared to boys?* *P: Where does your perspective come from? What you have witnessed?* *P: What is the single-biggest stressor if you had to name one?*	

Table 3: Themes and Definitions

Theme	Definition	Quotation
Linguistic barriers	Latinx parent's language proficiency levels serving as a barrier to care.	*"In the latino population, if a person doesn't feel confident or if it is a student that knows English but the mother or parent doesn't then that brings a huge problem, especially if the student is trying to get the help and trying to get the parent involved…"*
Youth led activities	The need for youth-led activities where youth can provide direct feedback regarding services they access.	*"Kids appreciate that. When they're at the forefront and they're asked to be creating the rules or be able to say this isn't fun, I don't like it."*
Ethnically similar mentors	Ethnically diverse mentors to enhance positive adult relationships within Latinx youth.	*"So mentors that, you know, if it's a Hispanic male give him a Hispanic male mentor."*
Family economic disadvantages	Youth's experience of stressors are due to the resources within the family structure, typically resulting from poverty (e.g., living in poverty as a result of parental socioeconomic status), lacking tools to aid in the child's success, parental educational levels, and dysfunction in the home environment.	*"I just don't think that Latino families have the tools to sit down with their kids and have honest conversations and really hear them. And I don't think they have time because they're working 2-3 jobs, or they have 6 kids or they're single parents."*
Unaddressed mental health concerns	Mental health concerns and distress in Latinx youth as a result of stressors. Signs of distress also serve as a coping strategy. Lack of trained professionals to address these concerns is also influential.	*"Uh. Just a… I mean like eating disorders, um serious depression, um, sexual abuse, uh, there's a lot of physical abuse, verbal, emotional, um, and those are the main ones."*

Deportation concerns	Lack of citizenship documentation leads to distrust of systems, therefore creating barriers to care for both parents and children.	*"Well I think it's a… a… uh. I think parents have a distrust of the system. Where I think a lot of times, um, especially growing up, Hispanic populations do seem very concerned about immigration."*
Latinx cultural values and acculturative stress	Traditional Latinx cultural values that play an influential role in the upbringing in the lives of Latinx youth and how they see mental health and access care.	*"We have probably 6 boys who are in dance who are great kids and their dads think it's not manly. like their work should be hands-on in construction providing for their family."*
Family support and involvement	Parental presence and support in the child's life to promote resiliency.	*"Supportive family. Um. So (P1: Yeah) having that support network even if they don't have the resources."*
Involvement in school-related activities	Involvement in clubs/sports provides youth an outlet and support while dealing with stressors.	*"They want to try to get involved in as many activities as possible, especially in the school environment."*

References

A comparison of the DREAM Act and other proposals for undocumented youth. (2012, June 5). Retrieved September 10, 2016, from https://www.americanimmigrationcouncil.org/research/comparison-dream-act-and-other-proposals-undocumented-youth

Aber, J. L., Bennett, N. G., Conley, D. C., & Li, J. (1997). The effects of poverty on child health and development. *Annual Review of Public Health*, *18*(1), 463–483. http://doi.org/10.1146/annurev.publhealth.18.1.463

Aisenberg, E. (2008). Evidence-based practice in mental health care to ethnic minority communities: Has its practice fallen short of its evidence? *Social Work, 53*(4), 297-306. doi:10.1093/sw/53.4.297

Alegría, M., Canino, G., Ríos, R., Vera, M., Calderón, J., Rusch, D. & Ortega, A. N. (2002). Inequalities in use of specialty mental health services among Latinos, African Americans, and non-Latino Whites. *Psychiatric Services*, *53*(12), 1547-1555.

Alegría, M., Page, J.B., Hansen, H., Cauce, A.M., Robles, R., Blanco, C., Cortes, D.E., Amaro, H., Morales, A. & Berry, P. (2006). Improving drug treatment services for Hispanics: Research gaps and scientific opportunities. *Drug and Alcohol Dependence*, *84S,* S76-S84.

Alegria, M., Vallas, M., & Pumariega, A. J. (2010). Racial and ethnic disparities in pediatric mental health. *Child and adolescent psychiatric clinics of North America*, *19*(4), 759-774.

Amato, P. R., & Fowler, F. (2002). Parenting practices, child adjustment, and family diversity. *Journal of marriage and family*, *64*(3), 703-716.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

Andersen, R. (1995). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior, 36*(1), 1-10.

Aneshensel, C. S. & Sucoff, C. A. (1996). The neighborhood context of adolescent mental health. *Journal of Health and Social Behavior, 37*(4), 293-310.

Barron-McKeagney, T., Woody, J. D., & D'Souza, H. J. (2001). Mentoring at-risk Latino children and their parents: Impact on social skills and problem behaviors. *Child and Adolescent Social Work Journal*, *18*(2), 119-136.

Beatty, C. C., Coronel, E., Escalante, J., Guardia, J. R., Kann, V. M., Lopez, C. B., ... & Suarez, C. E. (2015). *Latina/o College Student Leadership: Emerging Theory, Promising Practice*. Lexington Books.

Behnke, A. O., Plunkett, S. W., Sands, T., & Bámaca-Colbert, M. Y. (2011). The relationship between Latino adolescents' perceptions of discrimination, neighborhood risk, and parenting on self-esteem and depressive symptoms. *Journal of Cross-Cultural Psychology, 42*(7), 1179-1197. doi:10.1177/0022022110383424

Berry, J. W. (1970). Marginality, stress and ethnic identification in an acculturated aboriginal community.*Journal of Cross-Cultural Psychology, 1*(3), 239-252. doi:10.1177/135910457000100303

Berry, J., Trimble, J., & Olmedo, E. (1986). Assessment of acculturation. In W Lonner & J. Berry (Eds.), Field methods in cross-cultural research (pp. 291-324). Newbury Park, CA: Sage

Bird, J. M., & Markle, R. S. (2012). Subjective well‐being in school environments: Promoting positive youth development through evidence‐based assessment and intervention. *American Journal of Orthopsychiatry*, *82*(1), 61-66.

Blanco-Vega, C. O., Castro-Olivo, S. M., & Merrell, K. W. (2007). Social–emotional needs of Latino immigrant adolescents: A sociocultural model for development and implementation of culturally specific interventions. *Journal of Latinos and Education*, *7*(1), 43-61.

Brabeck, K., & Xu, Q. (2010). The impact of detention and deportation on Latino immigrant children and families: A quantitative exploration. Hispanic Journal of Behavioral Sciences,32(3), 341-361. doi:10.1177/0739986310374053

Bridges, A. J., de Arellano, M. A., Rheingold, A. A, Danielson, C. K. & Silcott, L. (2010). Trauma exposure, mental health, and service utilization rates among immigrant and United States-born Hispanic youth: Results from the Hispanic family study. *Psychological Trauma: Theory, Records, Practice, and Policy, 2*(1), 40-48.

Brookmeyer, K. A., Henrich, C. C., & Schwab-Stone, M. (2005). Adolescents who witness community violence: Can parent support and prosocial cognitions protect them from committing violence? Child Development, 76(4), 917-929. doi:10.1111/j.1467-8624.2005.00886.x

Cabassa, L. J., Lester, R. & Zayas, L. H. J. (2007). "It's like being in a labyrinth:" Hispanic immigrants' perceptions of depression and attitudes toward treatments. *Journal of Immigrant and Minority Health, 9*(1), 1-16.

Campos, C. M. T., Phinney, J. S., Perez-Brena, N., Kim, C., Ornelas, B., Nemanim, L., ... & Ramirez, C. (2008). A mentor-based targeted intervention for high-risk Latino college freshmen: A pilot study. *Journal of Hispanic Higher Education*.

Capps, R., Fix, M., & Zong, J. (2016). A profile of US children with unauthorized immigrant parents. *Migration Policy Institute*.

Cardoso, J. B., & Thompson, S. (2010). Common themes of resilience among Latino immigrant families: A systematic review of the literature. *Families in Society: The Journal of Contemporary Social Services*, *91*(3), 257-265.

Castro, F. G., Barrera, M., & Holleran Steiker, L. K. (2010). Issues and Challenges in the Design of Culturally Adapted Evidence-Based Interventions. *Annual Review of Clinical Psychology*, *6*, 213–239. http://doi.org/10.1146/annurev-clinpsy-033109-132032

Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health

(HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from http://www.samhsa.gov/ data/

Center for Behavioral Health Statistics and Quality. (2016). 2015 National survey on drug use and health: Detailed tables. Substance Abuse and Mental Health Services Administration, Rockville, MD.

Cerezo, A., McWhirter, B. T., Peña, D., Valdez, M., & Bustos, C. (2013). Giving voice: Utilizing critical race theory to facilitate consciousness of racial identity for Latina/o college students. *Journal for Social Action in Counseling and Psychology*, *5*(3), 1-24.

Céspedes, Y. M. & Huey, Jr., S. J. (2008). Depression in Latino adolescents: A cultural discrepancy perspective. *Cultural Diversity and Ethnic Minority Psychology, 14*(2), 168-172.

Chandra, A. & Minkovitz, C. S. (2007), Factors that influence mental health stigma among 8th grade adolescents. *Journal of Youth Adolescence, 36*, 763-774.

Chapman, M. V. & Stein, G. L. (2014). How do new immigrant Latino parents interpret problem behavior in adolescents? *Qualitative Social Work, 13*(2), 270-287.

Charmaz, K. (2014). *Constructing grounded theory*. Sage.

Chow, J. C., Jaffee, K. & Snowden, L. (2003). Racial/ethnic disparities in the use of mental health services in poverty areas. *American Journal of Public Health, 93*(5), 792-797.

Coatsworth, J. D., Pantin, H. & Szapocznik, J. (2002). Familias unidas: A family-centered ecodevelopmental intervention to reduce risk for problem behavior

among Hispanic adolescents. *Clinical Child and Family Psychology Review, 5*(2), 113-132.

Cohen, L.M. (1980). Stress and coping among Latin American women immigrants. In G.V.Ceolho & P.I. Ahmed (Eds.), Uprooting and development: Dilemmas of coping with mod-ernization.NewYork:PlenumPress

Cotton, S., Zebracki, K., Rosenthal, S. L., Tsevat, J., & Drotar, D. (2006). Religion/spirituality and adolescent health outcomes: A review. *Journal of Adolescent Health*, *38*(4), 472-480.

Coyne, I. T. (1997). Sampling in qualitative research. Purposeful and theoretical sampling; merging or clear boundaries?. *Journal of advanced nursing*, *26*(3), 623-630.

Cristancho, S., Garces, D. M., Peters, K. E., & Mueller, B. C. (2008). Listening to rural Hispanic immigrants in the Midwest: a community-based participatory assessment of major barriers to health care access and use. *Qualitative health research*, *18*(5), 633-646.

Cummings, J. R., & Druss, B. G. (2011). Racial/ethnic differences in mental health service use among adolescents with major depression. *Journal of the American Academy of Child & Adolescent Psychiatry*, *50*(2), 160-170.

DuBard, C.A. & Gizlice, Z. (2008). Language spoken and differences in health status, access to care, and receipt of preventive services among US Hispanics. *American Journal of Public Health, 98*(11), 2021-2028.

Dunn, M. G., & O'Brien, K. M. (2009). Psychological health and meaning in life: stress, social support, and religious coping in Latina/Latino immigrants. *Hispanic Journal of Behavioral Sciences*, *31*(2), 204–227. http://doi.org/10.1177/0739986309334799

Dreby, J. (2012), The burden of deportation on children in Mexican immigrant families. Journal of Marriage and Family, 74: 829–845. doi:10.1111/j.1741-3737.2012.00989.x

Federal Interagency Forum on Child and Family Statistics. America's children in brief: key national indicators of well-being, 2015. Washington, DC: U.S. Government Printing Office.

Fergus, S., & Zimmerman, M. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk.*Annual Review of Public Health,26*(1), 399-419. doi:10.1146/annurev.publhealth.26.021304

Flores, G., Abreu, M. Olivar, M. A. & Kastner, B. (1998), Access to barriers to health care for Latino children. *Archives of Pediatrics and Adolescent Medicine Journal, 152*, 119-1125.

Flores, G. (2006). Perspective: Language barriers to health care in the United States. *The New England Journal of Medicine, 355*(3), 229-231.

Flores, G. & Tomany-Korman, S. C. (2008). The language spoken at home and disparities in medical and dental health, access to care, and use of services in U. S. children. *Pediatrics, 121*(6), e1703-e1713.

Ford-Paz, R. E., Reinhard, C., Kuebbeler, A., Contreras, R., & Sánchez, B. (2015).

Culturally Tailored Depression/Suicide Prevention in Latino Youth: Community Perspectives. *The Journal of Behavioral Health Services & Research*, *42*(4), 519–533. http://doi.org/10.1007/s11414-013-9368-5

Fowler, P. J., Tompsett, C. J., Braciszewski, J. M., Jacques-Tiura, A. J., & Baltes, B. B. (2009). Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Development and psychopathology*, *21*(01), 227-259.

FY 2016 ICE Immigration Removals. (n.d.). Retrieved January 16, 2017, from https://www.ice.gov/removal-statistics/2016#wcm-survey-target-id

Garcia, C. M., Gilchrist, L., Campesino, C., Raymond, N., Naughton, S., & de Patino, J. G. (2008). Using community-based participatory research to develop a bilingual mental health survey for Latinos. Progress in Community Health Partnerships, 2(2), 105. Chicago

Garcia, C. & Lindgren, S. (2009). "Life grows between the rocks": Latino adolescents' and parents' perspectives on mental health stressors. *Research in Nursing & Health, 32*, 148-162.

Garcia, C.M. & Duckett, L. (2009). No te entiendo y tú no me entiendes: Language barriers among immigrant Latino adolescents seeking health care. *Journal of Cultural Diversity, 16*(3), 120-126.

Garcia-Reid, P., Reid, R. J., & Peterson, N. A. (2005). School engagement among Latino youth in an urban middle school context valuing the role of social support. *Education and Urban Society*, *37*(3), 257-275.

Garcia, C.M., Gilchrist, L., Vazquez, G., Leite, A. & Raymond, N. (2011). Urban and rural immigrant Latino youths' and adults' knowledge and beliefs about mental health resources. *Journal of Immigrant Minority Health, 13*, 500-509.

Garland, A. F., Lau, A. S., Yeh, M., McCabe, K. M., Hough, R. L., & Landsverk, J. A. (2005). Racial and ethnic differences in utilization of mental health services among high-risk youths. *American Journal of Psychiatry*, *162*(7), 1336–1343.

Germán, M., Gonzales, N. A. & Dumka, L. (2009). Familism values as a protective factor for Mexican-origin adolescents exposed to deviant peers. *Journal of Early Adolescence, 29*(1), 16-42.

Gilman, R. (2001). The relationship between life satisfaction, social interest, and frequency of extracurricular activities among adolescent students. *Journal of youth and adolescence*, *30*(6), 749-767.

Gonzales, N. A., Coxe, S., Roosa, M. W., White, R. M. B., Knight, G. P., Zeiders, K. H., & Saenz, D. (2011). Economic hardship, neighborhood context, and parenting: prospective effects on Mexican-American adolescent's mental health. *American Journal of Community Psychology*, *47*(1-2), 98–113. http://doi.org/10.1007/s10464-010-9366-1

Gonzales, N. A., Deardorff, J., Formoso, D., Barr, A. and Barrera, M. (2006), Family mediators of the relation between acculturation and adolescent mental health. Family Relations, 55: 318–330. doi:10.1111/j.1741-3729.2006.00405.x

Grant, K. E., Compas, B. E., Thurm, A. E., McMahon, S. D., Gipson, P. Y., Campbell, A. J., . . . Westerholm, R. I. (2006). Stressors and child and adolescent

psychopathology: Evidence of moderating and mediating effects. Clinical Psychology Review, 26(3), 257-283. doi:10.1016/j.cpr.2005.06.011

Gudiño, O.G., Lau, A.S., Yeh, May, McCabe, K.M. & Hough, R.L. (2009). Understanding racial/ethnic disparities in youth mental health services: Do disparities vary by problem type?. *Journal of Emotional and Behavioral Disorders, 17*(1), 3-16.

Guerra, N. G., & Knox, L. (2008). How culture impacts the dissemination and implementation of innovation: A case study of the families and schools together program (FAST) for preventing violence with immigrant Latino youth.*American journal of community psychology*, *41*(3-4), 304-313.

Halgunseth, L. C., Ispa, J. M., & Rudy, D. (2006). Parental control in Latino families: An integrated review of the literature. *Child development*, *77*(5), 1282-1297.

Hall, G. C. N., Yip, T. & Zárate, M. A. (2016). On becoming multicultural in a monocultural research world: A conceptual approach to studying ethnocultural diversity. *American Psychologist, 7*(1), 40-51.

Hansel, T. C., Osofsky, H. J., Osofsky, J. D., Costa, R. N., Kronenberg, M. E., & Selby, M. L. (2010). Attention to process and clinical outcomes of implementing a rural school‐based trauma treatment program. *Journal of traumatic stress*, *23*(6), 708-715.

Harrison, M. E., McKay, M. M. & Bannon, W. M. (2004). Inner-city child mental health service use: The real question is why youth and families do not use services. *Community Mental Health Journal, 40*(2), 119-131.

Harthun, M. L., Dustman, P. A., Reeves, L. J., Marsiglia, F. F., & Hecht, M. L. (2009). Using community-based participatory research to adapt keepin'it REAL: Creating a socially, developmentally, and academically appropriate prevention curriculum for 5th graders. *Journal of alcohol and drug education*, *53*(3), 12.

Heinrichs, N., Rapee, R. M., Alden, L. A., Bögels, S., Hofmann, S. G., Oh, K. J., & Sakano, Y. (2006). Cultural differences in perceived social norms and social anxiety. *Behaviour research and therapy*, *44*(8), 1187-1197.

Ho, J. Yeh, M., McCabe, K. & Hough, R. L. (2007). Parental cultural affiliation and youth health service use. *Journal of Youth and Adolescence, 36*(4), 529-542.

Holleran, L. K. & Waller, M. A. (2003). Sources of resilience among Chicano/a youth: Forging identities in the borderlands. *Child and Adolescent Social Work Journal, 20*(5), 335-350.

Horowitz, C. R., Robinson, M. & Seifer, S. (2009). Community-based participatory research from the margin to the mainstream: Are researchers prepared? *Circulation, 119*(19), 2633-2642.

Hough, R. L., Hazen, A.L., Soriano, F.I., Wood, P., McCabe, K. & Yeh, M. (2002). Mental health services for Latino adolescents with psychiatric disorders. *Psychiatric Services, 53*(12), 1556-1562.

Huey Jr., S. J. & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child & Adolescent psychology, 37*(1), 262-301.

Institute of Medicine (US) Committee on Monitoring Access to Personal Health Care Services; Millman M, editor. Access to Health Care in America. Washington (DC): National Academies Press (US); 1993. 2, A Model for Monitoring Access.

Israel, B. A., Schulz, A. J., Parker, E. A., Becker, A. B., Allen, A. J., & Guzman, J. R. (2003). Critical issues in developing and following community based participatory research principles. *Community-based participatory research for health*, *1*, 53-76.

Kataoka, S. H., Zhang, L. & Wells, K. B. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *The American Journal of Psychiatry, 159*(9), 1548-1555

Kataoka, S. H., Stein, B. D., Jaycox, L. H., Wong, M., Escudero, P., Tu, W., Zaragoza, C. & Fink, Arlene. (2003). A school-based mental health program for traumatized Latino immigrant children. *Journal of the American Academy of Child & Adolescent Psychiatry, 42*(3), 311-318.

Katiria Perez, G., & Cruess, D. (2014). The impact of familism on physical and mental health among Hispanics in the United States. *Health psychology review*, *8*(1), 95-127.

Keating, L. M., Tomishima, M. A., Foster, S., & Alessandri, M. (2002). The effects of a mentoring program on at-risk youth. *Adolescence*, *37*(148), 717

Kerker, B. D., & Morrison Dore, M. (2006). Mental health needs and treatment of foster youth: Barriers and opportunities. American Journal of Orthopsychiatry, 76(1), 138-147. doi:10.1037/0002-9432.76.1.138

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*, *47*(3), 383–394. http://doi.org/10.1007/s00127-010-0323-y

Knoche, L. L., & Zamboanga, B. L. (2006). College student mentors and Latino youth: A qualitative study of the mentoring relationship. *The Qualitative Report*, *11*(1), 138-160. Retrieved from http://nsuworks.nova.edu/tqr/vol11/iss1/8

Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie, 54(5), 283.

Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2003). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice*, *10*(4), 394-422.

Kubik, M. Y., Lytle, L. A., Birnbaum, A. S., Murray, D. M., & Perry, C. L. (2003). Prevalence and correlates of depressive symptoms in young adolescents. *American Journal of Health Behavior, 27*(5), 546.

Larson, R., Walker, K., & Pearce, N. (2005). A comparison of youth‐driven and adult‐driven youth programs: Balancing inputs from youth and adults. Journal of Community Psychology,33(1), 57-74. doi:10.1002/jcop.20035

Lee, M. Y., & Mjelde‐Mossey, L. (2004). Cultural dissonance among generations: a solution‐focused approach with east asian elders and their families. *Journal of Marital and Family Therapy*, *30*(4), 497-513.

Leventhal, T. & Brooks-Gunn, J. (2003). Moving to opportunity: An experimental study of neighborhood effects on mental health. *American Journal of Public Health, 93*(9), 1576-1582.

Lopez, C., Bergren, M. D., & Painter, S. G. (2008). Latino disparities in child mental health services. Journal of Child and Adolescent Psychiatric Nursing, 21(3), 137-145.

Lozano, A. (2015). Latina/o college student leadership: Emerging theory, promising practice. Lanham, Maryland: Lexington Books.

Macartney, S., Bishaw, A., & Fontenot, K. (2013). Poverty rates for selected detailed race and Hispanic groups by state and place: 2007–2011. *American Community Survey Briefs*, *2*.

Maldonado-Molina, M. M., Reyes, N. A. & Espinosa-Hérnandez, G. (2006). Prevention research and Latino families: Resources for researchers and practitioners. *Family Relations, 55*(3), 403-414.

Marschall, M. (2006). Parent involvement and educational outcomes for Latino students. *Review of Policy Research*, *23*(5), 1053-1076.

Marsiglia, F. F., Parsai, M., & Kulis, S. (2009). Effects of familism and family cohesion on problem behaviors among adolescents in Mexican immigrant families in the southwest United States. *Journal of ethnic & cultural diversity in social work*, *18*(3), 203-220.

Martinez, C. R., McClure, H. H. & Eddy, J. M. (2008). Language brokering contexts and behavioral and emotional adjustment among Latino parents and adolescents. *Journal of Early Adolescence, 29*(1), 71-98

McLaughlin, K., Hilt, L. M. & Nolen-Hoeksema, S. (2007). Racial/ethnic differences in internalizing and externalizing symptoms in adolescents. *Journal of Abnormal Child Psychology, 35*, 801-816.

Merikangas, K. R., He, J., Burstein, M., Swendsen, J., Avenevoli, S. Case, B., Georgiades, K. … Olfson M. (2011). Service utilization for lifetime mental disorders in U. S. adolescents: Results of the national comorbid survey-adolescent supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry, 50*(1), 32-45.

Merriam, S. B. (2014). Qualitative research: A guide to design and implementation (3rd ed.). Hoboken: Wiley.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Sage.

Morsette, A., Swaney, G., Stolle, D., Schuldberg, D., van den Pol, R. & Young, M. (2009). Cognitive behavioral intervention for trauma in schools (CBITS): School-based treatment on a rural American Indian reservation. *Journal of Behavior Therapy and Experimental Psychiatry, 40*(1), 169-178.

Murray Nettles, S., Mucherah, W., & Jones, D. S. (2000). Understanding resilience: The role of social resources. *Journal of Education for Students Placed at Risk (JESPAR)*, *5*(1-2), 47-60.

Negrón-Gonzales, G. (2014). Undocumented, unafraid and unapologetic: Re-articulatory practices and migrant youth "illegality". *Latino Studies*, *12*(2), 259-278.

NPR (2016). Latinx: The ungendering of the Spanish language. On *Latino USA* (podcast). New York, NY: Futoro Media Group

Nygreen, K., Ah Kwon, S., & Sanchez, P. (2006). Urban youth building community: Social change and participatory research in schools, homes, and community-based organizations. *Journal of Community Practice*, *14*(1-2), 107-123.

Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2001 Aug. Available from: https://www.ncbi.nlm.nih.gov/books/NBK44243/

Pantin, H., Schwartz, S. J., Sullivan, S., Coatsworth, J. D., & Szapocznik, J. (2003). Preventing substance abuse in Hispanic immigrant adolescents: An

ecodevelopmental, parent-centered approach. Hispanic Journal of Behavioral Sciences, 25(4), 469-500. doi:10.1177/0739986303259355

Parsai, M., Marsiglia, F. F., & Kulis, S. (2010). Parental monitoring, religious involvement and drug use among Latino and non-Latino youth in the Southwestern United States. *British Journal of Social Work*, *40*(1), 100-114.

Patton, M. Q. (2005). *Qualitative research*. John Wiley & Sons, Ltd.

Perreira, K.M. & Ornelas, I.J. (2011). The physical and psychological well-being of immigrant children. *The Future of Children, 21*(1), 195-218.

Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfroerer, J. C., ... & Parks, S. E. (2013). Mental health surveillance among children—United States, 2005–2011. *MMWR Surveill Summ*, *62*(Suppl 2), 1-35.

Phelps, E., Roeser, R. W., Lerner, R. M. (2008). *Positive youth development & spirituality: from theory to research.* West Conshohocken, Pa.: Templeton Foundation Press.

Polo. A. J. & López, S. R. (2009). Culture, context, and the internalizing distress of Mexican American youth. *Journal of Clinical Child & Adolescent Psychology, 38*(2), 273-285.

Prevalence. (n.d.). Retrieved December 28, 2016, from http://youth.gov/youth-topics/youth-mental-health/prevalance-mental-health-disorders-among-youth

Pumariega, A. J., & Rothe, E. (2010). Leaving no children or families outside: the challenges of immigration. *American Journal of Orthopsychiatry*, *80*(4), 505.

Reese, L. E. & Vera, E. M. (2007). Culturally relevant prevention: The scientific and practical considerations of community-based programs. *The Counseling Psychologists, 35*(6), 763-778.

Rew, L., Resnick, M. D. & Blum, R. W. (1997). An exploration of help-seeking behaviors in female Hispanic adolescents. *Family & Community Health, 20*(3), 1-15.

Reyes, J. A., & Elias, M. J. (2011). Fostering social–emotional resilience among latino youth.Psychology in the Schools, 48(7), 723-737. doi:10.1002/pits.20580

Roberts, R. E., Roberts, C. R., & Chen, Y. R. (1997). Ethnocultural differences in prevalence of adolescent depression. *American journal of community psychology*, *25*(1), 95-110.

Rodriguez, M. A. & Brindis, C. D. (1995). Violence and Latino youth: Prevention and methodological issues. *Public Health Reports. 110*(3), 260-270.

Romero, A. J. & Roberts, R. E. (2003). The impact of multiple dimensions of ethnic identity on discrimination and adolescents' self-esteem. *Journal of Applied Social Psychology, 33*(11), 2288-2305.

Romero, A. J., Robinson, T. N., Haydel, K. F., Mendoza, F., & Killen, J. D. (2004). Associations among familism, language preference, and education in Mexican-American mothers and their children. *Journal of Developmental & Behavioral Pediatrics*, *25*(1), 34-40.

Ruchkin, V., Henrich, C. C., Jones, S. M., Vermeiren, R. & Schwab-Stone, M. (2007). Violence exposure and psychopathology in urban youth: The mediating role of posttraumatic stress. *Journal of Abnormal Child Psychology, 35*(4), 578-593.

Saito, R. N. (2006). Beyond access and supply: Youth‐led strategies to captivate young people's interest in and demand for youth programs and opportunities. *New Directions for Youth Development*, *2006*(112), 57-74.

Saluja G, Iachan R, Scheidt PC, Overpeck MD, Sun W, & Giedd JN. (2004). PRevalence of and risk factors for depressive symptoms among young adolescents. *Archives of Pediatrics & Adolescent Medicine*, *158*(8), 760–765. http://doi.org/10.1001/archpedi.158.8.760

Sánchez, B., Esparza, P. and Colón, Y. (2008), Natural mentoring under the microscope: an investigation of mentoring relationships and latino adolescents' academic performance. J. Community Psychol., 36: 468–482. doi:10.1002/jcop.20250

Santiago, C. D., Fuller, A. K., Lennon, J. M., & Kataoka, S. H. (2016). Parent perspectives from participating in a family component for CBITS: Acceptability of a culturally informed school-based program. *Psychological trauma: theory, research, practice, and policy*, *8*(3), 325.

Santos, S. J., & Reigadas, E. T. (2002). Latinos in higher education: An evaluation of a university faculty mentoring program. Journal of Hispanic Higher Education, 1, 40-50.

Shattell, M. M., Hamilton, D., Starr, S. S., Jenkins, C. J. & Hinderliter, N. A. (2008). Mental health service needs of a Latino population: A community-based participatory research project. *Issues in Mental Health Nursing, 29*, 351-370.

Shi, L. & Stevens, G. D. (2005), Vulnerability and unmet health care needs. The influence of multiple risk factors. *Journal of General Internal Medicine, 20(*2), 148-154.

Simms, M. D., Dubowitz, H., & Szilagyi, M. A. (2000). Health care needs of children in the foster care system. *Pediatrics*, *106*(Supplement 3), 909-918.

Sinha, J. W., Cnaan, R. A., & Gelles, R. J. (2007). Adolescent risk behaviors and religion: Findings from a national study. *Journal of adolescence*, *30*(2), 231-249.

Sirin, S. R., Ryce, P., Gupta, T. & Rogers-Sirin, L. (2013). The role of acculturative stress on mental health symptoms for immigrant adolescents: A longitudinal investigation. *Developmental Psychology, 49*(4), 736-748.

Snowden, L. r. & Yamada, A. (2005). Cultural differences in access to care. *Clinical Psychology, 1*, 143-166.

Soriano, F. I., Rivera, L. M., Williams, K. J., Daley, S. P. & Reznik, V. M. (2004). Navigating between cultures: The role of culture in youth violence. *Journal of Adolescent Health, 34*(3), 169-176.

Stacciarini, J. M. R., Smith, R. F., Wiens, B., Pérez, A., Locke, B., & LaFlam, M. (2015). I didn't ask to come to this country… I was a child: The mental health implications of growing up undocumented. *Journal of Immigrant and Minority Health*, *17*(4), 1225-1230.

Stanton‐Salazar, R. D., & Spina, S. U. (2003). Informal mentors and role models in the lives of urban Mexican‐origin adolescents. *Anthropology & Education Quarterly*, *34*(3), 231-254.

Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N. & Fink, A. (2003). A Mental health intervention for schoolchildren exposed to violence. *The Journal of the American Medical Association, 290*(5), 603-611.

Stein, G. L., Gonzalez, L. M. & Huq, N. (2012). Cultural stressors and the hopelessness model of depressive sypmtons in Latino adolescents. *Journal of Youth Adolescent, 41*, 1339-1449.

Stephan, S. H., Weist, M., Kataoka, S., Adelsheim, S., & Mills, C. (2007). Transformation of children's mental health services: The role of school mental health. *Psychiatric Services*, *58*(10), 1330-1338.

Stewart, L. S., & Carlson, J. S. (2010). Stress/Stressors. In C. S. Clauss-Ehlers (Ed.), *Encyclopedia of Cross-Cultural School Psychology* (pp. 934–936). Boston, MA: Springer US. Retrieved from http://dx.doi.org/10.1007/978-0-387-71799-9_403

Strauss, A., & Corbin, J. (1998). Basics of qualitative research: Procedures and techniques for developing grounded theory.

Suarez-Morales, L. & Bell, Debora (2006). Relation of childhood worry to information-processing factors in an ethnically diverse community sample. *Journal of Clinical Child & Adolescent Psychology, 35*(1), 136-147.

Suarez-Morales, L. & Lopez, B. (2009). The impact of acculturative stress and daily hassles on pre-adolescent psychological adjustment: examining anxiety symptoms. *The Journal of Primary Prevention, 30*(3), 335-349.

Syed, M., Goza, B. K., Chemers, M. M. and Zurbriggen, E. L. (2012). Individual differences in preferences for matched-ethnic mentors among high-achieving ethnically diverse adolescents in STEM. Child Development, 83: 896–910. doi:10.1111/j.1467-8624.2012.01744.x

Toro-Morn M. I. (2012). Familismo. In Loue S., Sajatovic M. (Eds.), Encyclopedia of immigrant health (pp. 672-674). New York, NY: Springer.

Umaña-Taylor, A. J., & Updegraff, K. A. (2007). Latino adolescents' mental health: Exploring the interrelations among discrimination, ethnic identity, cultural orientation, self-esteem, and depressive symptoms.*Journal of Adolescence, 30*(4), 549-567. doi:10.1016/j.adolescence.2006.08.002

Varela, R. E. & Hensley-Maloney, L. (2009). The influence of culture on anxiety in Latino youth: A review. *Clinical Child and Family Psychology Review, 12*, 217-233.

Vega, W. M., Karno, M., Alegria, M., Alvidrez, J., Bernal, G., Escamilla, M., Escobar, J. … Loue, S. (2007). Research issues for improving treatment of U.S. Hispanics with persistent mental disorders. *Psychiatric Services, 58*(3), 385-394.

Wallerstein, N. B. & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice, 7*(3), 312-323.

Wallerstein, N. & Duran, B. (2010). Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity. *American Journal of Public Health, 100*(S1), S40-S46.

Weathers, F. W., & Keane, T. M. (2007). The criterion a problem revisited: Controversies and challenges in defining and measuring psychological trauma.*Journal of Traumatic Stress, 20*(2), 107-121. doi:10.1002/jts.20210

Weinick, R. M., Jacobs, E. A., Stone, L. C., Ortega, A. N., & Burstin, H. (2004). Hispanic healthcare disparities: Challenging the myth of a monolithic hispanic population. Medical Care, 42(4), 313-320. doi:10.1097/01.mlr.0000118705.27241.7c

Weiss, S. J., Goebel, Page, A., Wilson, P. & Warda, M. (1999). The Impact of cultural and familial context on behavioral and emotional problems of preschool Latino children. *Child Psychiatry and Human Development, 29*(4), 287-301.

Yeh, M., McCabe, K., Hough, R.L., Dupuis, D. & Hazen, A. (2003). Racial/ethnic differences in parental endorsement of barriers to mental health services for youth. *Mental Health Services Research, 5*(2), 65-77.

Yeh, M., Hough, R. L., McCabe, K., Lau, A., & Garland, A. (2004). Parental beliefs about the causes of child problems: Exploring racial/ethnic patterns.*Journal of the American Academy of Child & Adolescent Psychiatry*, *43*(5), 605-612.

Yeh, M., McCabe, K., Hough, R. L., Lau, A., Fakhry, F., & Garland, A. (2005). Why bother with beliefs? Examining relationships between race/ethnicity, parental

beliefs about causes of child problems, and mental health service use. *Journal of Consulting and Clinical Psychology*, *73*(5), 800.

Yeh, C. J., & Borrero, N. E. (2012). Evaluation of a health careers program for Asian American and Pacific Islander high school students. *Journal of Multicultural Counseling and Development*, *40*(4), 227-239.

Zambrana, R. E., & Logie, L. A. (2000). Latino child health: need for inclusion in the US national discourse. *American Journal of Public Health*, *90*(12), 1827.

Zayas, L. H., Lester, R. J., Cabassa, L. J., & Fortuna, L. R. (2005). Why do so many Latina teens attempt suicide? A conceptual model for research. *American Journal of Orthopsychiatry*, *75*(2), 275-287.

Zimmerman, A. M. (2011). A dream detained: Undocumented Latino youth and the DREAM movement. New York: North American Congress on Latin America, Inc. doi:10.1080/10714839.2011.11722133