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# Impact of Educational Mental Illness Awareness in the Latino Population

Juan L. Castillo  
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Impact of Educational Mental Illness Awareness in the Latino Population

Juan L. Castillo

Submitted as partial fulfillment for the Doctor of Nursing Practice Degree

Regis University

February 28, 2020

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### **Executive Summary**

Mental illness exists worldwide and affects everyone from the individual with mental illness to family members and community. Latinos are not different when it comes to mental illness when compared to the rest of the population. The number of individuals suffering from mental illness stigma is relatively high among the Latino community in the United States (US). Latinos who have been diagnosed with mental illness are less likely to seek treatment for their illness than the general population in the US. For this reason, a project to determine if Latinos attitudes and self-efficacy could be improved by an educational intervention via a brochure was completed. A quasi-experimental survey method was used to assess the effectiveness of the educational brochure to increase self-efficacy and increase knowledge about mental illness in the Latino community. The study's objective was to improve patient outcome by increasing knowledge and changing attitudes towards mental illness in Latinos. The long-term goal was to increase knowledge and change attitudes towards mental illnesses therefore improving health outcomes such as: increasing rates of individuals in the Latino community seeking treatment, improving physical health, and having greater understanding of mental illness. The project plan included: identification of the problem, performing a literature review, creating an educational brochure, developing an instrument for self-efficacy evaluation, assigning participants to a treatment group and control group, collecting, and analyzing the data, and reporting the findings. Descriptive statistics was performed; participants average age was 30 to 39 years of age. The results were not significant statistically ( $t = 0.143, p > .001$ ). The mean score for the control group (47.63) and intervention group (51.83) showed a slight improvement in the Latino individuals who read the brochure indicating some learning may have occurred after reading the brochure.

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**Problem**

The number of individuals suffering from mental illness stigma was relatively high among the Latino community in the United States (US). Latino individuals with mental illness were challenged by stigma in the community, therefore, they do not seek treatment and that led to less opportunity for high quality of life (Corrigan & Rao, 2012). Latinos who have been diagnosed with mental illness were less likely to seek treatment for their illness than the general population in the US.

**Introduction**

Mental illness existed worldwide and affected the individuals with mental illnesses most with varying levels of severity. Stigma referred to negative attitudes, unfair, disrespectful, and discriminatory concepts, or thoughts. Even though mental illness education and understanding was provided in our society, the negativity, discrimination, and prejudice continued to be prevalent. Stigma was also present in the Latino community. As the result of stigma, individuals with mental illness did not have the same opportunities for goods and services, therefore did not have the same quality of life. Individuals with mental illness were deprived of opportunities such as satisfactory healthcare, safe housing, good jobs, and affiliation with different groups of people (Corrigan & Watson, 2002). There were many reasons why Latino individuals with mental illness did not seek treatment: stigma, prejudice, or stereotype, language barriers, resources tailored to them, and negative cultural connotation associated with mental illness. When Latinos thought of mental illness, they thought of being labeled as “loco” (Kramer et al., 2009). The belief system of being labeled as loco and stigmatized was a serious concern in the Latino community, especially since the Latino community was the largest growing minority group in the country. July 2014 in the United States, the Hispanics were estimated at around 55 million

making it the largest ethnic or racial minority in the nation (United States Census Bureau, 2015). Nonetheless, a major reason for stigma in the Latino community was lack of education, lack of knowledge and awareness in the community. Education and awareness could increase knowledge therefore produce a positive attitude towards people with mental illnesses.

### **Problem Identification**

One of the major concerns in the United States was mental health. According to the Office of Disease Prevention and Health Promotion (ODPHP, 2016), one of the greatest causes of disability in the country was mental disorders. According to ODPHP, approximately 18.1% of individuals who were above 18 years of age in the United States suffer from mental illnesses annually, while 4.2% of the same population suffered from mental illnesses that had serious debilitating effects. Neuropsychiatric disorders were linked with the most cases of disability in the United States, where they account for 18.7% of the aggregate life years lost because of premature mortality and disability. Additionally, suicide as a mental health problem was ranked 10<sup>th</sup> among the leading causes of death in the United States. According to Arreola (2015), the percentage of individuals who were 18 years of age and above suffering from mental illnesses were 15.9% among the Latinos.

Mental illness stigma in the Latino community has continued to be a barrier and concern for those who need mental health services. The barrier challenges include time, stigma, transportation, cultural values, and language. Language barrier was experienced in the Latino community if the services were not offered in Spanish (Kramer et al., 2009). Nonetheless, the purpose of this study was to focus on whether increasing knowledge and having a positive attitude towards mental health would decrease stigma for Latinos and if that could be done through educational sessions. According to Corrigan & Watson (2002), stigma toward

individuals with mental illness among the Latino community resulted in Latinos lacking the same opportunities that a Latino individual had without mental illness with regards to quality of life which included safe housing and jobs. Hackethal et al. (2013) conducted a study among the Latinos who were getting mental health services from a community mental health center. The aim of the study was to establish the stigma about mental illness. The authors discovered that when compared to the whole population, Latinos were less likely to enter the mental health system for treatment.

### **Purpose of the Study and PICO Question**

The current study sought to evaluate the effectiveness of educating the Latino population about mental illness. This project is a quasi-experimental educational intervention in which a treatment group in the community was educated about mental illness through a brochure and was compared to a control group who did not review the brochure. A questionnaire assessed the effectiveness of participants reviewing the educational brochure. The project was external and took place in the community within Marion County, in Oregon and provided information as to whether providing a brochure or hand out increased knowledge and changed attitudes about mental illnesses when compared to a control group. The main objective of the study was to use past studies on mental illness for the Latino community to improve knowledge for the Latino population. The knowledge gained will be applied to enhance the quality and access for Latinos to mental health services and what they need.

The acronym “PICO” will be used for the project.

Population (P): Latino community in Marion County, Oregon who may have no knowledge regarding mental illness.

Intervention (I): Formal mental illness education via a brochure to provide education and knowledge of mental illnesses.

Comparison group or Current Practice (C): No formal mental illness education.

Outcome (O): Increase mental illness knowledge and awareness about mental illness prevalence in the Latino community.

The question this study will address is: For the Latino community in Marion County Oregon, does having formal educational through a mental Illness brochure increases awareness and knowledge of mental illnesses, compared to no formal education?

### **Foundational Theories**

People are capable of learning through observation, which was why learning theories provided the framework to figure out how individuals learned. Adult Learning Theory will be utilized in the present study. The theory was developed by Malcom Knowles (1970) who indicated that adult learning theory was a science and art for adult learning. It was a learner-focused approach for people of all ages (Pappas, 2013). Learning is a lifelong process, nonetheless individuals are capable of learning new information and increasing their knowledge. Andragogy principle will be employed in this study because it was a learner-centered approach which was applied to people of all ages.

This capstone project will incorporate Bandura's self-efficacy theory as the theoretical framework derived from his social learning theory (Bandura, 1994). According to Bandura (1994), individual's beliefs about their abilities affected their lives by exercised influence over events. Self-efficacy referred to a person's belief in his or her ability to implement behaviors

crucial to produce certain performance attainments. Self-efficacy beliefs helped in the determination of how people behaved, motivated themselves, thought, and felt (See Table 1).

	Table 1: Social Learning Theory		
Antecedents	<b>Self-Efficacy</b>	<b>Consequences</b>	<b>Behavior</b>
<i>Sources of Information:</i>	<i>Confidence</i>	<i>Individual Response:</i>	<i>Activity:</i>
Performance Accomplishments		Choice of Behavior	Initiation
Vicarious Experience		Effort and Persistence	Performance
Verbal Persuasion		Thought Patterns	Maintenance
Physiology and Affective states		Emotional Reactions	

(Self-efficacy framework. Dennis, 1999, p. 197)

### Systematic Review of the Literature

Understanding the mental health needs in the Latino community required a comprehensive literature review relevant to mental illnesses and related issues. The literature reviewed for mental health stigma in the Latino community was obtained from the internet. Internet databases included: PubMed, EBSCO, Cochrane, Google scholar, CINAHL, and MEDLINE. The following terms were used to do literature review: Mental illness and stigma, mental illness stigma in the Latino community, impact of stigma in individuals with mental illness and mental illness in the Latino community (See Table 2).

Table 2: Articles Review	
Articles reviewed	200
Articles included	30
Search Engines Used	PubMed, Google scholar, Cochrane Review, EBSCO Host, Medline, CINAHL

Search Terms	Mental illness and stigma, mental illness in the Latino community, impact of stigma in individuals with mental illness and mental illness in the Latino community.
Inclusion Criteria	Years: 2002-2016, English-language.
Exclusion Criteria	Articles prior to 1996 and non-English.
Levels of Evidence (Houser & Oman, 2004)	Level III (20); Level IV (10)

According to Corrigan & Rao (2012), individuals suffering from mental disorders had long experienced discrimination and prejudice. Several researchers had conducted studies which had described this phenomenon as stigma and had started examining methods of reducing stigma. According to the authors, self-stigma took place when individuals internalize the public attitudes which resulted in suffering from several negative consequences. The authors conducted a study whose aim was to define the self-stigma concept and describe the negative impact of self-stigma for individuals with mental disorders. The authors also examined the advantages and disadvantages which would occur when trying to reduce the impact of stigma. According to the results of the study, the authors made an argument that the key to challenge self-stigma was by promoting individual empowerment.

Corrigan & O'Shaughnessy (2007) indicated that individuals suffering from mental disorders usually encountered public stigma. Mental illness stigma was a complex phenomenon that not only affected individuals with mental disorders and their families, but also the society. The authors indicated that for the last two decades, studies had been conducted to identify the problems that resulted from mental illness stigma and the researchers tried to design techniques and strategies to minimize it. When trying to comprehend the effect of mental illness stigma, the researchers differentiate between public stigma, structural stigma, and self-stigma (Corrigan & Watson, 2004; Corrigan, Markowitz & Watson, 2004). The authors conducted a literature review

to clarify mental illness stigma and identified ways of changing stigma in the real world. In their article, they discussed the main avenues recognized to change stigma in the real world. They also discussed anti-stigma programs to diminish stigma and help bring about change in the stigmatizing attitudes of the general public.

According to Magaña et al. (2007), several studies conducted on Latino families with an individual suffering from mental disorders had mainly concentrated on the relationship that existed between the family and the patient and the way family interactions and attitudes that affected the patient (Jenkins et al., Karno et al., 1987; Kopelowicz et al., 2002; 1986; Kopelowicz et al., 2003; López et al., 2004). Studies on Latino families where mental illness was present suggested that despite caregivers displaying warmth and high engagement towards the individuals suffering from mental disorders, the caregivers may also have experienced substantial burden and stress associated with providing care. The authors used the Stress-Process Model to study depressive symptoms among family caregivers and the relationship of depressive symptoms that existed within this population. The researchers also determined the part perceived stigma of the caregivers played. Stigma was categorized as the basis of humiliation casted upon people suffering from mental disorders in the community. According to the authors, caregivers for a family member with a great level of openly noticeable mental illness positive symptoms may be exposed to stigma. The researchers also tried to determine whether stigma facilitated the correlation between symptoms of patients and symptoms of depression among the caregivers. Researchers found that targeting patient symptoms could reduce the caregivers feeling of stigma and could reduce the caregiver's distress. Past studies on family caregivers reported subjective burden, depression, and stigma. Magaña et al. (2007) established the role of stigma and



caregiver's burden as intermediaries between positive psychiatric symptoms on the part of the patient and depression for caregivers.

Hernandez & Barrio (2015) conducted a study to examine the perceptions of subjective burden that existed among the family members within the Latino community when providing care to a loved one who had a mental illness. The authors collected data from outpatient community mental health centers which included sixty-four Latino family members whose origin was from Mexico and primarily spoke Spanish. The researchers employed a qualitative method to examine the subjective burdens which were captured on an open section of the Family Burden Interview Schedule. According to the findings, families that participated in the study perceived many challenges in caregiving. The authors identified five themes which captured the family members' subjective burden experience. The five themes included religion and spirituality, loss of role expectations, emotional and physical health, interpersonal family relationships, and stigma.

Kramer et al. (2009), found several studies conducted on Latino mental health issues. According to the authors, stigma was the greatest pervasive challenge preventing members from ethnic minority groups from accessing mental healthcare services. Among the members of the Latino ethnic group, stigma was considered a critical problem. Stigma was linked with negative labels in the community and media, and minimal knowledge and awareness of mental disorders. Community members of the ethnic group suffering from mental disorders, impacted labeling in ways that were negative and could be unanticipated, debilitating, and far reaching. Lack of knowledge regarding mental illness and treatment, and the stigma surrounding mental illness plays a crucial role in lower usage of mental health services. There was several characteristics that were related to the stigma of mental illness in Latinos such as negative cultural connotation,

heightening stigma by acculturations and immigration experiences, and heightened stigma by medication treatment.

This project sought to understand if education increased knowledge and changed attitudes towards mental illness in Latinos. The long-term goal was to increase knowledge and change attitudes towards mental illnesses therefore improving health outcomes. Health outcomes included increasing rates of individual in the Latino community seeking treatment, improving physical health, and having greater understanding of mental illness. Educational resources provided information so that the public could increase their knowledge about mental illness. According to Corrigan & Watson (2002), individuals who evinced a better understanding of mental illness were less likely to endorse stigma and discrimination. Mental illness educational interventions were found in the literature review as an effective way to change knowledge and attitudes and was used as the framework for this study.

### **Project Scope and Significance**

The quasi-experimental study focused on a specific population of Spanish Speaking Latinos greater than 18 years of age within the geographical area of Marion County. The participants of the study consisted of a small, convenient sample of Spanish Speaking Latino individuals at two community centers. Participants were assigned to a treatment group who reviewed the brochure or to a control group who did not.

This project significance seeks to determine if education increased knowledge and changed attitude towards mental illness. The goal of the project was to use an educational intervention to improve quality of life and mental health outcomes through the reduction of mental illness stigma. The purpose for this project was to improve the physical and mental

outcomes for individuals who have mental illness by enhancing health knowledge and to change attitudes about mental illnesses for greater quality of life. Cultural beliefs associated with mental illness and undocumented immigration status may have caused individuals to not participate in the study and may hinder the completion of the project.

### **Market and Risk Analysis**

The best way for analyzing the feasibility for the project was by conducting strengths, weakness, opportunities, and threats (SWOT) analysis. SWOT analysis were done to identify market and risks as well as identify the need for this project. SWOT analysis was done to evaluate availability of the Latino community, potential access to community settings for the study, ethical considerations, and required resources (See Table 3).

	Table 3: SWOT Analysis
<b>Strengths</b>	Through education, beliefs were changed; Access to Latino population; Less stigma among Latinos produced greater access to mental health services; Access to translators; Community center support for the study.
<b>Weaknesses</b>	Possibility of inconvenient time; Potential lack of buy-in from individuals in the community.
<b>Opportunities</b>	Increased knowledge with regards to mental illness; Improved quality of life of individual with mental illness; Less suffering.
<b>Threats</b>	Cultural beliefs; Brochure based learning material; Individuals attitude and reaction to mental illness; Unwillingness to participate.

The driving forces of this research problem were the desire to understand the effect of stigma on individuals in the Latino community, desire to improve the health of individuals with

mental disorders and the need to create awareness of mental illness stigma within the Latino community. The restraining forces were individuals not willing to participate in the project, the need to seek permission to hold meetings in public areas, and a problem of identifying individuals with mental disorders. The sustaining forces were the desire of the community members to be educated about mental illness disorders, people willing to participate in the research and to get permission to hold meetings in communal places. There were several requirements to complete this project with regards to educational material. Spanish educational material, pamphlets, surveys, and translators was needed, as well as time to conduct the project.

Ways to sustain the intervention after the project was completed involved discussing the findings with clinics within Marion County to provide Spanish educational pamphlets to Spanish speaking individuals or possibly create a blog.

### **Identification of Stakeholders and Project Team**

The primary Stakeholders for the study were Latino individuals affected by stigma of mental illness, caregivers, community, and healthcare facilitators. The stakeholders were Spanish Speaking Latinos greater than 18 years of age within Marion County. The project team included the author, the clinical mentor, the medical translator to translate forms from English to Spanish, and Capstone Chair. The input of each stakeholder assisted in the formation of a program that was successful in enhancing the health outcomes of individuals who have mental disorders.

### **Cost-Benefit Analysis**

Performing a cost-benefit analysis was essential when starting any project. There were several costs associated with this project: cost for translator to translate pamphlet and survey, and cost of printing the pamphlet and survey.

There were several benefits associated with this project. Individuals with mental illness could hold down jobs and live in the community as good neighbors with proper treatment. They would have a good quality life and be productive. The educational pamphlet should have improved knowledge, therefore decrease stigma or attitudes toward mental illness.

Another benefit might be less Emergency Room and in-patient visits with proper screening and treatment for Latinos with mental illnesses. Less incarceration for Latino individuals undiagnosed and unmedicated who get into trouble with the law as a result of mental illness.

### **Project objectives**

The mission statement for this project were to increase mental illness knowledge by providing educational brochure to the Latino community. The vision statement for this project was to improve health outcomes and access to care by decreasing stigma in the Latino community through education of Latino individuals.

Goals needed to be specific, measurable, attainable, realistic and timely (SMART), this criterion was used as the framework to develop the goals for this project. The project objectives were:

- Increased knowledge and awareness about mental illness in the Latino community within the next year.
- Decreased thoughts, feelings, and behaviors that contribute to stigma as evaluated by survey.
- Improved health outcomes for Latino individuals with mental illness within Marion County.

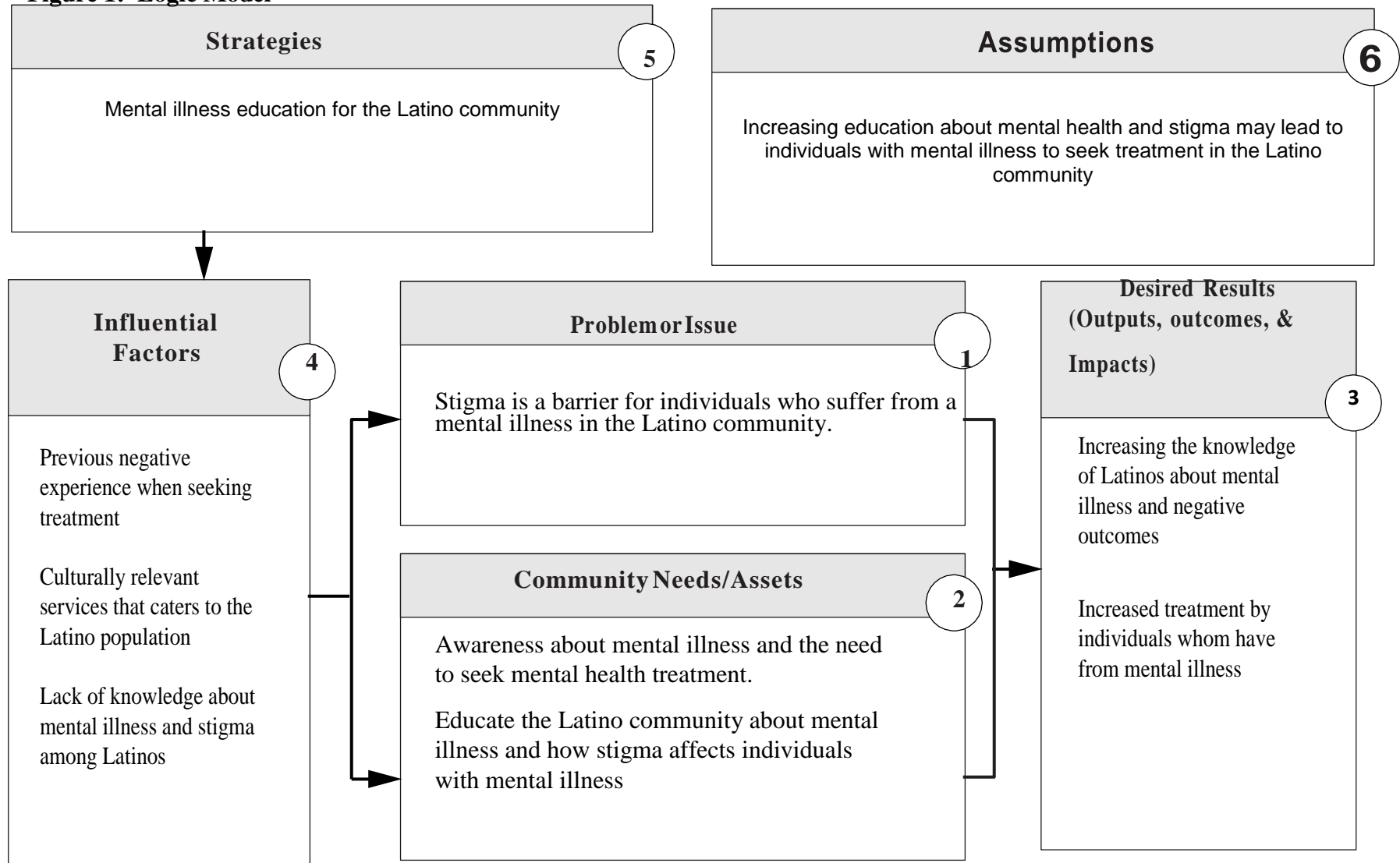
### **Logic Model**

The logic model includes the project resources, activities, outputs, short term goal, long term goal, and impact of the project (See Table 3 and Figure 1).

<b>Table 3:</b>	<b>Logic Model</b>			
<b>RESOURCES</b>	<b>ACTIVITIES</b>	<b>OUTPUTS</b>	<b>SHORT &amp; LONG-TERM OUTCOMES</b>	<b>IMPACT</b>
<i>In order to accomplish the project, the following will be needed:</i>	<i>In order to address the problem, the following activities will be accomplished:</i>	<i>Once accomplished, these activities will produce the following evidence of service delivery:</i>	<i>If accomplished, these activities will lead to the following changes in 1-3 then 4-6 year</i>	<i>If accomplished these activities will lead to the following changes in 7-10 years:</i>
<p>Access to population being surveyed</p> <p>Support from Regis University faculty/IRB and mentor</p> <p>Literature review regarding mental illness in the Latino community</p> <p>Expert (consultation) to translate the pamphlet and survey questions</p>	<p>Create educational pamphlet</p> <p>Create survey questions</p> <p>Obtain IRB approval from Regis University</p> <p>Utilize expert to translate pamphlet and survey into Spanish</p> <p>Need to consider monetary resources for the project</p>	<p>Evaluate knowledge about mental illness in the Latino community</p> <p>Evaluation of surveys and statistical analysis</p>	<p>Increased knowledge about mental illness in the Latino community.</p> <p>Latino individuals with mental illness will seek treatment</p> <p>Negative attitudes and behaviors which contribute to stigma will decrease</p> <p>Family member of individuals with mental illness will be supportive and will encourage treatment</p> <p>Improved patient health outcomes</p>	<p>Decrease stigma of mental illness in the Latino community</p> <p>Increase knowledge of how stigma negatively impacts individuals with mental illness</p> <p>Individuals with mental illness will be able to hold down jobs and live productive lives</p> <p>Decrease of self-stigma in individuals whom suffer from mental illness</p> <p>Individuals with mental illness will have opportunities in the community to improve their quality of life</p> <p>I'm not sure how you will measure this</p>

(Adapted from W. K. Kellogg Foundation, 2004, p. 54)

**Figure 1: Logic Model**





### **Methodology**

PICO format (Population, Intervention, Comparison, Outcome) was used for this study. A quasi-experimental design was used to determine the impact of an educational brochure on mental illness attitude in the Latino community. Participants were assigned to a control group (Group A) or to a treatment group (Group B). Group B (Treatment Groups) reviewed an educational brochure to increase knowledge of mental illness in the Latino population, then complete by a survey instrument to measure an increase in knowledge and self-efficacy. Group A (Control Group) completed the survey instrument without reviewing the brochure. The study was conducted on a convenience sample of 80 Spanish speaking Latino individuals >18 years of age within Marion County, Oregon (See Appendices: C and D). The survey measured thoughts, feelings and behaviors that contribute to mental illnesses. The instrument questions and the educational brochure were in Spanish.

### **Instrument**

Demographic information included age and sex of the person. The author developed the Latino Knowledge and Attitudes Instrument in a questionnaire format to measure self-efficacy and attitudes about mental illnesses with help from his mentor and capstone chair (See Appendix: D). Information contained in the brochure was gathered from the Substance Abuse and Mental Health Services Administration (SAMHSA) website, using information the author thought would be relevant to the Latino community to increase knowledge.

Bandura's Self-Efficacy guide was used to develop the Latino Knowledge and Attitudes Instrument which was a scale to measure self-efficacy. The Bandura guide has sample questions

that was used to develop self-efficacy questions for the instrument. The instrument was reviewed by three mental health professionals with master's degree to establish face validity. This author tried to run Cronbach's alpha for reliability but was unable to run Cronbach's alpha because the sample size was too small. The instrument also collected demographic data that included age and sex of the individual.

The protection of human subjects was important for any study done; this was addressed prior to the project being conducted. This author completed CITI training (See appendix G). The project included minimal risk to participants. Nonetheless, risks included potential participant anxiety, lack of participant interest in the project. However, the intended benefit was to improve self-efficacy, improve knowledge about mental illness, and improve outcomes for individuals with mental illness. The instrument data was anonymous, and no data was linked to participants. Blinding was not necessary since no names were collected or numbers assigned to the individuals. Participation data was anonymous, were kept in a locked cabinet, and will be shredded after 3 years. This author addressed protection of human subject by obtaining Institutional Review Board (IRB) permission from Regis University.

The project intervention was conducted at Mano a Mano a Latino community center where individuals were recruited to participate. Permission was obtained to conduct the Project at Mano a Mano (See Appendix E). The Participants were recruited through flyers posted at Mano a Mano center and were assigned to Group A and Group B. The participants were Spanish Speaking Latinos willing to be a part of the study. The control group (Group A) only participated in completing the instrument; the treatment group (Group B) was given the brochure to assess the education about mental illnesses to measure self-efficacy; and then completed the survey. The brochure was designed to create awareness about mental disorders. It entailed the definition

of mental illness, types of mental illness, how one can make a difference in the community, how a person can help a loved one with mental disorder, and steps to take if one suffers from mental disorders.

### Educational Brochure

The educational material for the brochure was gathered from the Substance Abuse and Mental Health Services Administration website (SAMHSA) and the National Alliance on Mental Illness website (NAMI). The brochure included general knowledge about mental illness, how a family member or individual in the community could make a difference, and referral information. As previously mentioned, the brochure was given to Group B to review and then to complete a questionnaire (See Appendix C).

### **Sample Selection**

Flyers were posted at Mano a Mano community center inviting individuals to participate between October 1st through October 15<sup>th</sup>. The flyer explained the study and asked individuals to participate in the study (See Appendix: A). A convenience sample of Spanish Speaking Latino individuals who were > 18 years of age was used to obtain a potential sample of 60 to 80 participants. Participation was voluntary and subjects could withdraw at any time. The first 30 to 40 individuals were assigned to Group A, the control group and second group of 30 to 40 individuals in both settings was assigned to Group B, the treatment group.

The cover letter for this study was obtained from Regis University IRB documents and revised to fit this study (See Appendix: B). The cover letter stated that participation was voluntary, and the survey would take approximately 30 minutes or less to complete. It stated that

the individual must be at least 18 years old to take this survey. The questions were asked about information they believed about mental illness.

*Inclusion criteria*

- Spanish speaking Latinos who could read.
- Willing to participate in the research study.
- Must be 18 years of age and above.
- Must be able to read the brochure in Spanish.

*Exclusion criteria*

- Non-Spanish Speaking Latinos.
- Less than 18 years of age.
- Not willing to take part in the study.
- Unable to read the brochure.

A cover letter contained the contact information of the principle investigators and the discomforts and benefits which were related to the research and specified that completing the Latino Knowledge and Attitudes instrument implied consent to participate in the study.

**Data collection**

The instrument asked participants to rate how certain they could recognize symptoms of mental illness from 0 “I cannot do at all” to 100 “highly certain I can do”. Numeric data on instruments were written by participants and a total score was recorded for results on the questionnaire between 0-100 for Group A and Group B. No coding was needed or names

removed since no names were collected on the instrument and results could not be traced back to the participants. The collected data was entered in password protected EXCEL file by this author. A Cronbach's alpha coefficient was assessed to determine the reliability of the instrument. The reliability coefficient was not able to be calculated because of the small sample size.

## **Results**

A t-test was used to determine if there was significant difference between the means for the survey scores for Group A, the control group and the Group B, the treatment group.

The data was analyzed using SPSS statistical packages. Descriptive statistics was used to analyze the survey scores for the knowledge base and attitude towards mental illness. A t-test was used to determine if there is a statistically significance difference between the means scores. Mean test score for Group A was 47.63 and the mean score for Group B was 51.83. P value-analysis was  $<0.050$ ; therefore no statistically significance difference was found ( $T= 1.478$ ,  $P< 0.050$ ,  $P= 0.143$ ) between Group A and Group B. Because of the mean of Group B was higher than Group A, there is some indication learning occurred and self-efficacy improved by reviewing the brochure although the evidence is not statistically significant. Pearson correlation was done which showed that there is a weak correlation between Group A and Group B scores,  $p = 0.086$ . ANOVA analysis was performed for age and gender. The results were that age and gender did not affect the scores for Group A and Group B. The age range for individuals involved in the study was between 18 years and 60 years. The average age was between 30 and 39 years of age. Of the 80 participants, 85.4% were women, 12.2% men and 2.4% unknown or unreported gender.

The brochure was slightly effective at improving self-efficacy and knowledge for group B was slightly higher mean for Group B. However, this improvement was not statistically significant. The mean score for Group A ( $M=47.63$ ) was lower than mean score of Group B ( $M=51.83$ ), however it was not statistically significant ( $t = 1.478$ ,  $P < 0.050$ ,  $P = 0.143$ ).

### **Analysis**

Based on the slightly higher mean score for participants who reviewed the brochure, there was a slight positive response to the PICO question: For the Latino community in Marion County Oregon, does having a formal mental illness education brochure increase awareness, compared to no formal educational mental illness brochure, to increase knowledge and change attitude about mental illness in the Latino community?. However, it was not statistically significant upon further statistical analysis. Therefore, the first objective of the study: Increase mental illness knowledge by providing educational brochures to the Latino community was not met. The mean scores on the instrument for Group B was slightly higher than the mean scores for Group A who did not review the brochure. This was not statistically significant but indicates some learning and improvement of self-efficacy occurred when participants were exposed to the brochure.

The second objective: Decrease thoughts, feelings, and behaviors that contribute to stigma as evaluated by survey. The differences between the means of those who reviewed the brochure and those who did not, were not statistically significant. The instrument did not measure a decrease in stigma for those who reviewed the brochure.

The third objective: Improve self-efficacy and health outcomes for Latino individuals with mental illnesses within Marion County, Oregon. No statistically significant results were found that self-efficacy had improved.

### **Recommendations and Limitations**

The educational brochure can improve mental illness knowledge and self-efficacy. Corrigan & O'Shaughnessy (2007), discuss the main avenues which are recognized that would change stigma in the real world. These avenues include anti-stigma programs, general public awareness through publications and social media. The goal of the education is to diminish stigma which will help in bringing about change in the stigmatized attitudes of the general public. The results showed that there was slight improvement in knowledge and self-efficacy after reviewing the brochure; however the improvement was not statistically significant. The sample size was small, and research should be implemented with a larger sample within the Latino community centers.

Additionally, the Cronbach's alpha addressing the reliability for the instrument could not be calculated using SPSS and was a limitation. Future research recommended is to reproduce the study with a larger group and with other community centers in the state. Another recommendation would be to do similar study with the English-speaking Latinos and take more time and increase the sample size. However, it is also recommended that the instrument questions be revised to closely match the brochure to increase self-efficacy among the Latino community.

### **Implications**

Stigma continues to be a factor in Latinos not seeking mental health care. Currently, Latinos are an underserved population who are less likely to access mental health services. Through improved education, Latinos may be able to access services and receive much needed treatment. Latino individuals whom lack the knowledge about mental illness may be able to improve their knowledge and self-efficacy by reading an educational brochure. According to Corrigan and O'Shaghnessy (2011) education provides information so that the public can make more informed decision about mental illness. The educational brochure should be used within community centers, medical clinics and county clinics to increase knowledge about mental illness and improve self-efficacy. Corrigan & O'Shaughnessy (2007) discuss the main avenues which are recognized that would change stigma in the real world. These avenues include anti-stigma programs, general public awareness through publications and social media. Even though there was no statistical significance. There was a slight improvement for Latino individuals whom lacked knowledge about mental illness. Individuals may be able to improve their knowledge and self-efficacy by reading an educational brochure. The goal of the education is to diminish stigma which will help in bringing about change in the stigmatized attitudes of the general public. Further efforts are needed to improve knowledge about mental illness and decrease stigma in the Latino community, an underserved population. Latinos tend to have large family networks which are important sources for social support and problem-solving at times of crisis. Family member of individuals with mental illness can encourage them to seek treatment. According to Guarnaccia, et. al. (2009), the stigma of mental illness is particularly powerful as a barrier to seeking care. However, the large family networks for Latinos are important sources for social support and problem-solving at time of crisis, therefore, education of the whole family is needed.



According to Kramer et al. (2009), stigma is the greatest pervasive challenge in preventing members of the Latino community from accessing mental health services for mental illness. Strategies to address stigma is needed in the Latinos' families.

### **Conclusion**

Improvement of mental illness awareness and treatment which is a major concern in the US. The main objective of the research project was to increase knowledge and awareness about mental illness in the Latino community within the next year to decrease thoughts, feelings, and behaviors that contribute to stigma as evaluated by survey and to improve self-efficacy and health outcomes for Latino individuals with mental illnesses within Marion County, Oregon. This capstone project was a quasi-experimental design and discussed the problem, risk analysis, project objectives, methodology, timeframe and budget as well as required resources. The researcher conducted a systematic literature review to explore past studies related to the topic and identified major themes. Participants were recruited and assigned to a treatment group and a control group. The control group completed an instrument questionnaire with information about mental health and illness and the treatment group reviewed an educational brochure and completed the same questionnaire. The differences between the means for the two groups were not statistically significant.


The long-term goal for the project was to increase knowledge and change attitudes towards mental illnesses therefore improving health outcomes. Health outcomes include increasing rates of individuals in the Latino community seeking treatment, improving physical and mental health, and having greater understanding of mental illness. An educational brochure was developed to provide information so that the community of Latinos could increase their knowledge about mental illness.

Although the data showed that the educational brochure did not statistically improve knowledge and self-efficacy, data gathered showed that the educational brochure made a slight difference and increased knowledge with regards to mental illness for some Latinos. This author recommends the mental health education be implemented in health care facilities to increase knowledge and decrease stigma within the Latino community.

## **Appendices**

- Appendix A: Recruitment Flyer
- Appendix B: Cover Letter and Consent
- Appendix C: Educational Brochure
- Appendix D: Survey Questions
- Appendix E: Mano a Mano Letter of Agreement
- Appendix F: Castillo CITI Certification
- Appendix G: Suit CITI Certification
- Appendix H: Budget and Resources

**Appendix A: Recruitment Flyer**



MENTAL ILLNESS IN THE LATINO  
COMMUNITY

**VOLUNTEERS FOR  
MENTAL ILLNESS  
SURVEY**

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**TIME AND DATE**  
**NOVEMBER 18<sup>TH</sup> AT 7:00 PM**

**LOCATION:**

MANO A MANO  
3850 PORTLAND RD NE #202 SALEM, OR 97301

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If you are > 18 years old you are invited to participate in a confidential and anonymous survey about what you know about mental illness. A Regis University student will be conducting the study as part of doctoral work.

FOR MORE INFORMATION CONTACT: JUAN CASTILLO @ 503-559-0750

## **Appendix B: Cover Letter and Consent**

Juan Castillo, A graduate student at Regis University, is conducting a research study to evaluate Spanish speaking Latinos knowledge about mental illness. You are being asked to complete this survey because you have volunteered to participate in the study.

Participation is voluntary. The survey will take approximately 30 minutes or less to complete. You must be at least 18 years old to take this survey. The questions will be asked about what you believe about mental illness. Some of you will review a brochure for information about mental illness before you complete the survey. A Regis University nursing student will conduct the project as part of doctoral work.

This study involves no foreseeable serious risks. We ask that you try to answer all questions; however, if there are any items that make you uncomfortable or that you would prefer to skip, please leave the answer blank. Your responses are anonymous.

If you have any questions or concerns, feel free to contact Juan or his faculty advisor:

Juan Castillo  
Loretto Heights School of Nursing  
503-559-0750  
[Jcastillo@regis.edu](mailto:Jcastillo@regis.edu)

Louise Suit  
Loretto Heights School of Nursing  
303-460-9688  
[asuit@regis.edu](mailto:asuit@regis.edu)

If you have any questions about your rights as a research participant, you may contact the Regis University Institutional review board (IREB), which is concerned with the protection of volunteers in the research projects. You may reach the board at [irb@regis.edu](mailto:irb@regis.edu).

If you would prefer not to participate, please do not fill out a survey.

If you consent to participate, please complete the survey.

## Appendix C: Educational Brochure



### What is a mental illness?

Mental illnesses are mental health conditions that affect the way we think, behave, relate to others, and interact with the world around us. Mental conditions affect our thoughts, feelings, and behaviors. Mental illnesses can disrupt a person's life but with the right support, a person can move forward towards recovery and wellness.

### Different mental illnesses

Mental illnesses is divided into several different groups based on signs or symptoms. Common groups of mental illnesses include: anxiety, depressive disorder,

Mental illness is not anyone's fault, any more than diabetes is a person's fault.

personality disorders, childhood disorders, dementia, bipolar mood swings, schizophrenia, and thoughts of suicide.

### How can I make a difference in my community?

Mental illness affects everyone. People who experience a mental illness face many challenges in their communities. Qualified individuals may not find good employment. Housing may come with restrictions or may be limited by lack of income. Many challenges around living with a mental illness is do to negative attitudes, stigma, and discrimination. Everyone can make a difference by advocating for people who experience mental illness. Let leaders and policy-makers know that your community includes everyone.

### How can I help a loved one?

If someone you love experiences mental illness, you might have conflicting feelings. You might feel worried about their future and might even wonder if you've did anything to cause their illness. These feelings are normal.

You are a support in your loved one's path to recovery. Ask what you can do to help. Emotional support is very important, but don't forget about help with daily tasks and seeking mental health services. Remember to take care of yourself and develop a support system as well.

### What can I do if it happens to me?

Experiencing mental illness can be distressful and might not know what is happening. You might even worry about other people's reactions. It's important to know that it's not your fault and it's not a sign of weakness. However, finding recovery faster can reduce complications.



**Do you need more help?**

Contact a community organization like Psychiatric crisis center (PCC) at (503) 585-4965 to learn more about support and resources in your area. You can also speak to your primary care provider. Other resources include:

Substance Abuse and Mental Health Services Administration (SAMHSA)

**References:**

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Canadian Mental Health Association. (2016). Mental Illness. Retrieved from:

Street Address  
City, ST ZIP Code

Recipient Name  
Address  
City, ST ZIP Code

**WHAT IS MENTAL ILLNESS?**

Mental illness is like any other illness: everyone deserves care, help and support



**Appendix D: Latino Knowledge and Attitudes Instrument****Survey Number:**

Age: \_\_\_\_\_ Male Female Date: \_\_\_\_\_

This is a confidential and anonymous survey about what you know about mental illness. The information you provide will be kept confidential. No-one will see your answers. Please read the statement below and mark one box. Please answer all questions as truthfully as possible. There are no right or wrong answers to the survey. You can skip any questions you don't know the answer and can stop answering the questions at any time if you want.

A number of situations are described below regarding mental illness. Please rate in each of the columns how certain you are that you can do each of the things described below by writing the appropriate number in the column after the question. Do not put your name on this paper.

0 10 20 30 40 50 60 70 80 90 100  
 Cannot Moderately Highly certain  
 do at all can do can do

	Questions	Score
1	If I see symptoms of mental illness in myself, I will seek treatment?	
2	If I see mental illness symptoms in someone I care about, I will encourage them to get treatment?	
3	If I see individuals with mental illness, I refer to them as "crazy"	
4	I can recognize some symptoms of mental illness	
5	If an individual shows symptom of mental illness at work, I will stay away from them	
6	Seeking treatment for mental illness is hard for me	
7	I have made fun of individuals with mental illness	
8	I believe that individuals with mental illness will never recover	
9	I do not want an individual with mental illness to be my neighbor	
10	If I had symptoms of mental illness, I would be too embarrassed to tell someone	



## Appendix E: Mano a Mano Letter of Agreement

2921 Saddle Club St SE #1009 | Salem, OR 97317 \* 503.315.2290 | 503.315.2424 FAX | [www.manoamanofc.org](http://www.manoamanofc.org)

Extending a helping hand to the community since 1988



MANOAMANO

5 September, 2017

To Regis University Institutional Review Board (IRB),

I am familiar with Juan's research project entitled, "Mental Illness Awareness in the Latino Community." I understand Mano a Mano's involvement to be allowing access to Latino clients to be interviewed and allowing observation of student. A convenience sample study of Latino individuals > 18 years of age will be conducted. Potential sample of 30 to 40 participants. This will be a voluntary participation. Education session via brochure will be conducted. We will be placing a flyer at our site(s) to recruit subjects.

I understand that this research will be carried out following sound ethical principles and that participant involvement in this research project is strictly voluntary and provides confidentiality of research data, as described in the proposal.

Therefore, as a representative of Mano a Mano, I agree that Juan's research project may be conducted at our agency.

Mano a Mano Family Center's mission is to help strengthen all families in Marion and Polk Counties, with an emphasis on Latino, Immigrant, and families with low or no income. We assist them by ensuring they have access to basic resources, parenting education and supports, positive youth development, as well as community building and advocacy on behalf of our families.

Sincerely,

*Levi Herrera-López, Executive Director*  
503.315.2290 Office  
[levi@manoamanofc.org](mailto:levi@manoamanofc.org)

## Appendix F: Castillo CITI Certification

### COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM) COMPLETION REPORT - PART 1 OF 2 COURSEWORK REQUIREMENTS\*

\* NOTE: Scores on this [Requirements Report](#) reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Juan Castillo (ID: 6181384)
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Email:** jcastillo@regis.edu
- **Institution Unit:** nursing
  
- **Curriculum Group:** Human Research
- **Course Learner Group:** Social Behavioral Research Investigators and Key Personnel
- **Stage:** Stage 1 - Basic Course
  
- **Record ID:** 22377021
- **Completion Date:** 18-Feb-2017
- **Expiration Date:** 18-Feb-2020
- **Minimum Passing:** 80
- **Reported Score\*:** 82

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Belmont Report and CITI Course Introduction (ID: 1127)	17-Feb-2017	3/3 (100%)
History and Ethical Principles - SBE (ID: 490)	17-Feb-2017	4/5 (80%)
The Federal Regulations - SBE (ID: 502)	17-Feb-2017	5/5 (100%)
Assessing Risk - SBE (ID: 503)	17-Feb-2017	5/5 (100%)
Informed Consent - SBE (ID: 504)	17-Feb-2017	4/5 (80%)
Privacy and Confidentiality - SBE (ID: 505)	18-Feb-2017	2/5 (40%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: [www.citiprogram.org/verify/?kadda99ef-44d7-4a50-88a8-9bd9b4dfbaf-22377021](http://www.citiprogram.org/verify/?kadda99ef-44d7-4a50-88a8-9bd9b4dfbaf-22377021)

Collaborative Institutional Training Initiative (CITI Program)

Email: [support@citiprogram.org](mailto:support@citiprogram.org)

Phone: 888-529-5929

Web: <https://www.citiprogram.org>

## Appendix G: Suit CITI Certification

### COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM) COURSEWORK REQUIREMENTS REPORT\*

\* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Louise Suit (ID: 2357724)
- **Email:** lsuit@regis.edu
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Unit:** Nursing
- **Phone:** 303-458-4187
  
- **Curriculum Group:** The RCR for Social & Behavioral
- **Course Learner Group:** Same as Curriculum Group
- **Stage:** Stage 1 - RCR
- **Description:** This course is for investigators, staff and students with an interest or focus in **Social and Behavioral** research. This course contains text, embedded case studies AND quizzes.
  
- **Report ID:** 20404546
- **Completion Date:** 04-Aug-2016
- **Expiration Date:** 04-Aug-2019
- **Minimum Passing:** 80
- **Reported Score\*:** 91

#### REQUIRED AND ELECTIVE MODULES ONLY

	DATE COMPLETED
Authorship (RCR-Refresher) (ID: 15661)	04-Aug-2016
Collaborative Research (RCR-Refresher) (ID: 15662)	04-Aug-2016
Conflicts of Interest (RCR-Refresher) (ID: 15663)	04-Aug-2016
Data Management (RCR-Refresher) (ID: 15664)	04-Aug-2016
Peer Review (RCR-Refresher) (ID: 15665)	04-Aug-2016
Research Misconduct (RCR-Refresher) (ID: 15666)	04-Aug-2016
Mentoring (RCR-Refresher) (ID: 15667)	04-Aug-2016
Research Involving Human Subjects (RCR-Refresher) (ID: 15668)	04-Aug-2016
Using Animal Subjects in Research (RCR-Refresher) (ID: 15669)	04-Aug-2016

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: <https://www.citiprogram.org/verify/index.cfm?verify=2e92bd03-6a2f-422d-bfaa-1eb499a1fc3f>

#### CITI Program

Email: [support@citiprogram.org](mailto:support@citiprogram.org)  
 Phone: 888-529-5929  
 Web: <https://www.citiprogram.org>

**Appendix H: Budget and Resources**

Interpreter salary	\$15/hr X 3 hours = 45.00
Printing brochures	30.00
Printing surveys	8.00
Room/area for survey and education	0 provided by community center
Snacks and refreshments	\$50.00
Total	\$133.00

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