Factors Influencing Individuals' Decision to Utilize Mental Health in South Texas

Submitted by

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctorate of Education

(or) Doctorate of Philosophy

(or) Doctorate of Business Administration

Grand Canyon University

Phoenix, Arizona

[Insert Current Date Until Date of Dean’s Signature]

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| The abstract provides a succinct summary of the study and MUST include: the purpose of the study, theoretical foundation, research questions stated in narrative format, sample, location, methodology, design, data sources, data analysis, results, and a valid conclusion of the research. **Note:** *The most important finding(s) should be stated with actual data/numbers (quantitative) ~or~ themes (qualitative) to support the conclusion(s).* |  |  |  |  |
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Acknowledgments

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# Chapter 1: Introduction to the Study

## Introduction

Kohn et al. (2018) noted that in the United States (US), there is the existence of a gap between mental health patients that require treatment and those that successfully receive the treatment. Overall, there is a need to identify the social determinants of mental disorders, align it with its sustainable development goals, and identify potential mechanisms and targets for interventions (Lund, et al. 2018). Specifically, Lund et al., (2018) have expressed a need for further research on the reasons why people decide to utilize or reject mental health services. The mental health patients that seek mental health treatment and medication are fewer than the number of patients suffering. This research study will examine the factors according to mental health providers that influence an individuals' decision to utilize or reject mental health services in South Texas. The mental health providers will be asked for strategies to encourage patients to accept and to not reject treatment at the start of treatment and when continuing treatment. The target population for the study is South Texas, this research is needed to systematically review evidence regarding the potential mechanisms that cause people to utilize or reject mental health treatment.

The previous research on mental health seeking behaviors according to the National Alliance on Mental Health, indicated that people seek self-help for mental health treatment when there is self-awareness and self-discipline (NAMI, 2020). This is when people understand what is going on in their minds or emotions and the raging thoughts in the mind; and realizes that help is not far away. Previous research also indicated that mental health patients reject treatment because they fear social stigmatization from the society (Hipes & Gemoets, 2018). The society lacks awareness about mental health, and they tend to stigmatize patients with mental disorders. The mental health providers and healthcare staffers have failed to openly sensitize, encourage and encourage equality in the society between mental and physical wellness (Hipes & Gemoets, 2018). Campbell, & Aulisio, (2012), also asserts that people tend to refuse mental health due to the stigma of the disease. Furthermore, in the 2004 bulletin of the World Health Organization, WHO stated that “Anosognosia” is another reason why people reject mental health treatment. Anosognosia is the lack of an individual’s insight. When there are clear signs that an individual is suffering from mental health but he or she says “there’s nothing wrong with me,” or “I am not sick,” or “I don’t need to see a psychiatrist,” this are signs of severe lack of insight (WHO, 2004). In summary, the previous studies on this topic have found broad reasons for rejecting mental health treatment are because of stigma and denial of illness.

These studies have not focused on what Lund et al. (2018) recommended additional research on as specific reasons why people accept or reject mental health treatment. This study adds to the research in that it asks the first line of defense what they have seen and what they believe is needed to support patients’ use of mental health treatment.

There is a need for the research at several levels. The reasons why people choose to utilize or reject treatment lead to a treatment gap. According to Kohn, et al. (2018), there is a gap in mental health treatment in America when examined through the prevalence of mental health disorders and the lack of use of mental health services. For example, while 42.6% of children and adolescents in the US suffered mental illness, the treatment gap in this group was 64%. The use or rejection of mental health services depends upon the collaborative nature of participating in treatment; the patient and the provider work together to make the therapy worthwhile.

Patients have choices and they may choose to reject treatment, not adhere to advice, or reject taking prescriptions. The providers of the mental health treatment are those that experience the different circumstances and will be interviewed in this study to access those lived experiences with patient acceptance or rejection of mental health treatment. This is a need in South Texas, but also across the globe. Indeed, mental health is a major issue around the World. The United Nations (UN, 2015) has identified mental health as one of its Sustainable Development Goals.

Mental health is a national problem as well. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Justice, millions of people suffer from mental illness in this country. According to the National Alliance on Mental Health (2019), 47.6 million people in the U.S. experienced signs of a mental illness in 2018. This amounts to one in every five adults. Roughly 11.4 million Adults between the ages of 25 and 35 had an episode of serious mental illness that same year. In 2016, 7.7 million young people between the ages of 6 and 17 experienced some sort of mental health disorder, while 9.2 million people were reported to have experienced a substance use disorder (National Alliance on Mental Illness, 2019). The high numbers necessitate raising public awareness and campaigning for a better health care system (Hamilton.et al. 2016). Part of this effort is identifying the reasons why people choose to utilize or reject mental health support.

Mental health is a serious issue in South Texas. There is a high need for this research in South Texas. One reason is because this region receives the second-largest allocation of governmental funds for mental health in the United States (Mista et al., 2017). The large allocation is because there is a documented high need for mental health services in South Texas (Kohn, et al., 2018). This means that there are significant funds available, and therefore greater possibility for people to accept or reject mental health treatment. Texas (2017) asserts that people suffering from mental illness still face problems despite the huge costs that are directed towards healthcare. Understanding why people use or reject this available mental health may help policymakers to successfully market mental health treatment and get people the services they need (Kohn, et al., 2018). Another reason is that mental health services in this southern state have faced several population growths challenges. Schwartz (2017), in support of the Southern State Region, argues that the increased growth-rate of populations in one specific county located in a southern state has impacted the health sector at large. The high population together with economic constrains has led to a decrease in the number of health insurance policies. The access to and utilization of mental health care for the populations living in this county has created a gap within the State (Children at Risk, 2013).

Given the noted societal needs documented in the world, the nation, and the region of South Texas (Mista et al., 2017), this study will examine the gap: there is a need to understand why people choose to utilize or reject mental health services (Lund, et al., 2018). The successful use of mental health treatment has been called social inclusion. This is also recommended by Hall, Kakuma, Palmer, Minas, Martins, & Kermode, (2019), stated that, promoting social inclusion of people with mental illness is consequently a key goal of human rights and global mental health programming to achieve people-centered mental health care, and interventions to promote social inclusion aim to minimize the impact of attitudinal, structural and behavioral drivers of social exclusion. There is good evidence that supported employment programs for people with mental illness and interventions to reduce mental health stigma (e.g. mental health education, direct contact with people with mental illness) are effective in high income countries (Hall, et al., 2019. p. 20 - 22).

In summary, this section introduced the topic of the factors influencing decisions of seeking or rejecting mental health treatment. Then a summary on the research on the topic was presented including problem of the study. Finally, the societal context for the study was detailed at the global, national, and regional levels demonstrating that the mental health problem is significant and requires intervention.

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **Introduction**  This section provides a brief overview of the research focus or problem, explains why this study is worth conducting, and discusses how this study will be completed. (Minimum three to four paragraphs or approximately one page) | | | | |
| Dissertation topic is introduced and value of conducting the study is discussed.  **Note:** *The College of Doctoral Studies recognizes the diversity of learners in our programs and the varied interests in research topics for their dissertations in the Social Sciences.*  *Dissertation topics must, at a minimum, be aligned to General Psychology in the Ph.D. program, Leadership in the Ed.D. Organizational Leadership program, Adult Instruction in the Ed.D. Teaching and Learning program, Management in the DBA program, and Counseling Practice, Counselor Education, Clinical Supervision or Advocacy/Leadership within the Counseling field in the Counselor Education Ph.D. program.*  *If there are questions regarding appropriate alignment of a dissertation topic to the program, the respective program chair will be the final authority for approval decisions.*  *Specifically, although the College prefers a learner’s topic align with the program emphasis, this alignment is not “required.” The College will remain flexible on the learner’s dissertation topic if it aligns with the degree program in which the learner is enrolled. The Ph.D. program in General Psychology does not support clinically based research.* | 2 | 2 | 2 |  |
| Discussion provides an overview of what is contained in the chapter. | 2 | 2 | 2 |  |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 | 1.5 |  |
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## Background of the Study

According to the Centers for Disease Control and Prevention (2018), mental health has become a significant public health issue in the United States that requires immediate attention. There is a gap in the research regarding the reasons people utilize or reject mental health treatment (Lund, Hall et al, 2018). Literature indicates that mental health patients tend to terminate treatment plan before the doctor’s specified date and others neglect seeking treatment from healthcare facilities. Tomczyk, (2020), stated that there was concurrent impact of structural and attitudinal factors on help-seeking behavior for mental health problems. Furthermore, (Vega, 1999), stresses that further study in needed to ascertain the extent of underutilization of mental health services and issues among urban and rural Mexican American adults. While Vega, et al. (1999) states that research indicates that only 8.8 percent of the overall of the Mexican-Americans utilize mental health care providers by persons with diagnosed mental disorders, which raises the questions on the appropriateness, accessibility, and cost-effectiveness of mental health care for this population; hence, the need to examine the reasons for low utilization of services in future research (Vega, et al., 1999).

The history of how this problem began dates back to the beginning of mental health services in the US. The U.S. Mental Health Care & Policy known as Mental Health America (MHA) was developed in 1909. The biggest mental health societal problem at the time included, Bipolar Disorder (manic depressive illness), Dementia, and schizophrenia (Mental Health America, 2020). Mandell, (1995) described the origins of mental health and its history as a mental hygiene. The term mental hygiene was first used in the United States by William Sweetzer in 1843 after the civil war when there was increased concern about the effects of unsanitary conditions. There was the vision for a community-based mental hygiene that would operate through education, social culture, religion and involvement in national life. Later research on use of mental health services according to Armbruster (1997) noted that there were those that had the opinion that there should be efforts at bridging the gap between service need and service utilization among the socioeconomically disadvantaged, minority, and the psychiatrically impaired population. According to Lake, (2017), current research on use of mental health services found that current treatments and the dominant model of mental health care do not adequately address the complex challenges of mental illness that accounts for about one-third of adult disability globally. While Tomczyk, (2020), suggests that to date, little is known in the concurrent impact of structural and attitudinal factors influencing behavior for mental health problems especially for treatment purposes.

Theoretical Foundations/Conceptual Framework and Review of the Literature/Themes

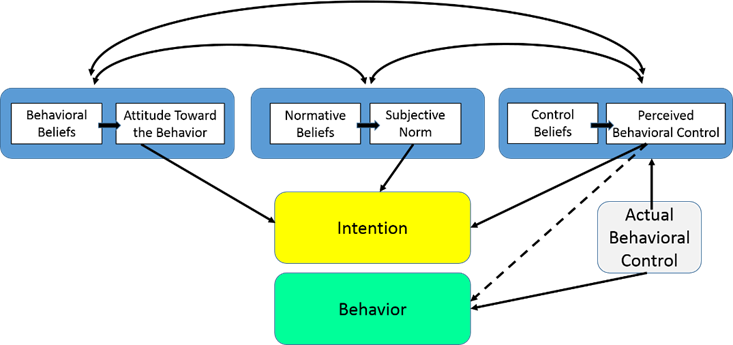
**Theoretical literature**

The theoretical model for this research gap is Albert Bandura’s Social Cognitive Theory (Morin & Cherry, 2019). According to Morin & Cherry, (2019), the Social Cognitive Theory can be applied to the context of mental health promotion and prevention. It helps to describe how motivations in health and behaviors are influenced by the interaction of people's beliefs, environment, and behaviors (Lake, 2017). It was advocated by famous psychologist Albert Bandura (Morin, 2019). It is important to determine the limiting factors behind individuals and families not currently getting the mental health services and treatment plan.

Major components of the theory concerning individual behavior change include:

• Self-efficacy: refers to the belief and self confidence that an individual can control and execute a behavior successfully in. It is unique and influenced by an individual's specific capabilities and other environmental factors. In terms of mental health use or rejection, self-efficacy is an individual's belief about his or her capabilities to produce designated levels of performance, which may influence over events that impact life. Self-efficacy beliefs tend to regulate how individuals feel, think, motivate themselves and behave. These beliefs lead to diverse effects through four major processes including cognitive, motivational, affective and selection processes (Bandura, 1994).

• Behavioral capability: involves an understanding and the possession of skills and ability to perform behavior. To successfully carryout a task as behavioral skill, an individual is required to know what to do and how to do it. By performing the tasks, individuals will learn from poor performance in their behavior and the consequences thereof.



In terms of mental health use or rejection, behavioral capability is people’s change models including health behaviors and intentions that includes smoking, drinking, health services utilization, and substance use, among others. A mental health person’s behavioral achievement primarily depends on both motivation (intention) and ability (behavioral control). This also involves the extent to which the person has a favorable or unfavorable evaluation of the behavior of interest, which also include the motivational factors that influences behavior. For example, the stronger the intention, the more likely the behavior will be performed. However, social norms such as rejection may impact behavior negatively, this include emotion, cognition and even physical health. Sometimes, behavior become aggressive and can turn to violence (Weir, 2012).

• Expectations: determines the outcomes of behavior change. It is the anticipated consequences of a person's behavior. This can include expectations on health-related or not health-related issues. Some people anticipate consequences from their actions before actually participating in a behavior, and the consequences tend to influence successful completion of the behavior. Expectations are mostly derived from past experiences. In terms of mental health use or rejection, expectations involve personal relevance of an individual’s beliefs that others devalue, discriminate against, and label mental patients. This can lead to self-stigma and self-devaluation in various psychosocial outcomes and quality of life, including self-esteem and general functioning. This is because people often develop the conceptions of what others already perceived about mental patients even before they become patients and what they will feel or think about them now (Picco, et al., 2017).

* Reciprocal Determinism: it refers to the dynamic and reciprocal interaction of individual learned experiences that include environment (external social context), and behavior (responses to stimuli to achieve goals). In terms of mental health use or rejection, a mental health individual’s behavior is controlled and determined the person himself through processes, and by his environment. For example, there is every possibility that an adolescent who dislikes going to school will act out negatively in class; and if his teachers and classmates react to his behavior, it reinforces his dislike for school, which can create a hostile environment (Cherry, 2018).
* Observational learning: refers to observing outcomes of others’ performance or modeled behavior. It explains that people can witness and observe the behaviors of others, and then reproduce those actions. Mostly exhibited by "modeling" of such behaviors. Literarily means that when a person sees a successful demonstration of a habit, they tend to repeat the same behavior successfully. In terms of mental health use or rejection, observational learning help people with mental disorders to observe others and retain information, and later replicate the behaviors that were observed. This play important roles in their socialization process as they observe other caregivers interact and respond among themselves. It helps them to developing a therapeutic relationship, communicating and creating a dialogue, and working to overcome problematic thoughts or behaviors (Cherry, 2018).

Reinforcements: means promoting incentives and rewards that encourage behavior change. It can be either internal or external responses to an individual's behavior that may likely impact the continuing or discontinuing of the behavior. It may be self-initiated or in the environment and can be either positive or negative. In terms of mental health use or rejection, reinforcements can have positive or negative effects on people with mental health disability. Reward such as praises are offered for showing and expressing good behavior is positive and can influence future good behavior. Religious reinforcement about mental health and the stigma associated with is an obstacle to treatment and is considered negative. In addition, the way the new media treat the issue of mental health in the society encourages societal stigma related to it (Peteet, 2019).

**Literature Themes**

Review of the literature review identified the following themes:

* **Mental Health Infrastructure**

The mental health infrastructure is the mental health professionals that include psychologists, psychiatrists, counselors, psychiatric nurses and clinical social workers. The healthcare sector has limited number of mental health providers that increases the challenges of combating increasing mental health patients and conditions. In the U.S the access to competent mental health providers is scarce in rural areas making it difficult for treating mental health illness (Prince, 2015). This infrastructure may impact reasons to accept or reject treatment.

* **Reasons for Lack of Access to Mental Health**

These include lack of insurance according to Kung, (2004) and Kohn, et al., (2018), lack of mental health professionals (Scripps Media, 2020), (Moore, & Krehbiel, 2016) and even poverty (Grayson, 2016). Research has shown that many people due to poor economic status have left many people without health insurance as they cannot afford it. This limits many average and lower-class families from accessing mental illness services (Children at Risk, 2013). Impoverished people may mislabel mental illness as mere signs of hunger and poor diet instead of mental illness (Children at Risk, 2013).

In the United States, 42% of the population believe that cost and poor insurance coverage are the top barriers that prevents them from accessing mental health care. While only 25% reported that they make decisions between using mental health treatment or paying for daily necessities (National Council for Behavioral Health, 2018). Getting face-to-face services remains a top priority for many Americans who are seeking mental health treatment than getting access to medication. Approximately 38% of Americans, or 96 million, on several occasions have waited longer than a week for mental health treatment services. Distance is another barrier in that about 46% of the population, have experienced or knew someone who has had to travel for over one-hour roundtrip to seek treatment (National Council for Behavioral Health, 2018).

Although many Americans have tried seeking mental health treatment, in addition to the 29% of the population who want to; however, failed to seek the treatment for either themselves or loved ones due to lack of knowing where to go for the services. Statistics also indicate that 21% of adults in the US have tried to see a professional but were unable to do so because of reasons outside of their control (National Council for Behavioral Health, 2018).

* **People who do have Access to Mental Health**

Medicaid, Medicare, Obamacare started covering mental health care after the implementation of the Affordable Care Act. The shortage of healthcare professionals means they are not willing to participate in treating insured patients because the payments are too low (Carroll, 2019).

* **Populations that Use Mental Health Services.**

Goldman et al. (2018) in their research found out that women who had been exposed to sexual abuse and drug abuse formed the high numbers of people who utilize mental health services among the Hispanic and non-white people in the county.

* **Populations that Reject Mental Health Services.**

Augsberger et al. (2015) in support of this research argued that mental health services had been underutilized by Asian women living in this county, as a result of both cultural needs and mismatch of the services offered in the health facilities in this Southern State.

* **Reasons for Use of Mental Health Services**

Behavioral health treatment, such as psychotherapy and counseling (Barrett, et al., 2009). Mental and behavioral health inpatient and outpatient treatment services (Cohen, 2002), (Peteet, 2019), and (North Texas Help, 2020). Substance use disorder (commonly known as substance abuse) treatment (HealthCare.gov, 2020), (Wang, & Xie, 2019) and (England et al., 2015).

* **Reasons for Rejection of Mental Health Services**

According to National Council for Behavioral Health, (2018), 31% of Americans are worried about being judged for seeking mental health services, and 21% of the population, have lied to people about seeking mental health services. The stigma is accurate among young Americans, who of course worried of being judged by others when they confess of seeking mental health services (National Council for Behavioral Health, 2018).

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **Background of the Study**  Minimum two to three paragraphs or approximately one page | | | | |
| The background section of Chapter 1 provides a brief history of the problem.  Provides a summary of results from the prior empirical research on the topic.  Using results, societal needs, recommendations for further study, or needs identified in three to five research studies (primarily from the last three years), the learner identifies the stated need, called a gap.  Builds a justification for the current study, using a logical set of arguments supported by citations.  The problem is discussed as applicable beyond the local setting and contributes to societal and/or professional needs. | 2 | 2 | 1.5 |  |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 | 2 |  |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Problem Statement

The problem is that it is not known how mental health providers describe the factors influencing individual decisions to utilize or reject mental health services. Without an understanding of what the reasons are for use or rejection, it is unlikely that successful interventions can occur that would enable more people to utilize mental health services among the minority population of Hispanic-Americans, African-Americans and the Asian-American families. Economic data from city shares that 68% of Hispanics face economic challenges due to limited level of education that limits them to acquire job opportunities contributing to most of them living in a low average income (Herzog et al., 2016). Statistics show that African and Hispanic-Americans minorities are traditionally known to have poorer access to primary care than the Caucasian-Americans (SAMHSA, 2018). While the pattern changed a little due to the Affordable Care Act (ACA), yet, the disparity is still high. The Hispanics low income level and occupational characteristics are associated to low rates of health insurance cover. According to research by the Texas 2018 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System, 21.6% of African Americans in South Texas lack healthcare insurance, while the Hispanic or Latino population’s access stands at 26.3%, the reason is directed to low income levels and (SAMHSA, 2018), (Printz, 2015). Asian-Americans are considered under-represented in key government and representation positions contribution to poor access to healthcare. Only 0.8% of Asian Americans access have healthcare insurance that helps them access medical care services including mental health (SAMHSA, 2018), (Gor et al., 2019). The demographic characteristics of persons served by the State Mental Health Authority indicates as follows:

|  |  |
| --- | --- |
| Uninsured Population, Race and Ethnicity | Overall Rates of Uninsured, % |
| American Indian or Alaska Native | 0.3% |
| Asian | 0.8% |
| Black or African American | 21.6% |
| Native Hawaiian or other Pacific Islander | 0.1% |
| White | 72.8% |
| Hispanic or Latino | 26.3% |

Source: https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Texas-2018.pdf

The importance of addressing this problem is because people’s mental health depends on their use or rejection of mental health treatment. Knowing the positive reasons that people take advantage of services may help bring additional people in need in contact with services. Knowing the barriers may lead to policies or programs that can overcome the barriers. Lack of mental health treatment has dire implications in South Texas include lost productivity, unemployment, job absenteeism, and lack of involvement in the community (Mental Health Workforce in Texas, 2016). This is of particular importance in South Texas because of a lack of sufficient mental health professionals to meet the need. Experts in the region state that insufficient local mental healthcare professionals are contributing factors to the hardships being experienced by the police and medical resources, which puts the public safety at risk. Physicians believe that the number of mental health patients are increasing with time more that the current status and attain the level of national epidemic (Albert, 2019). There is trend that as the number of people in need of mental healthcare services keeps increasing, and a number of people qualified to provide help keeps declining (Scripps Media, 2020).

The study area is South Texas and the target group is the mental health providers. The mental health providers include psychiatrists, psychologists, and therapists. The healthcare providers (study sample) are drawn from 12 clinics and approximately 20 providers are targeted. The sample population involves 20 healthcare providers. The unit of analysis is the full group of 20 health care providers. The results will be reported for the full group and not individuals. The importance of addressing this problem is because people’s mental health depends on their use or rejection of mental health treatment. Knowing the positive reasons that people take advantage of services may help bring additional people in need in contact with services. Knowing the barriers may lead to policies or programs that can overcome the barriers. Lack of mental health treatment has dire implications in South Texas include lost productivity, unemployment, job absenteeism, and lack of involvement in the community (Mental Health Workforce in Texas, 2016). This is of particular importance in South Texas because of a lack of sufficient mental health professionals to meet the need. Experts in the region state that insufficient local mental healthcare professionals are contributing factors to the hardships being experienced by the police and medical resources, which puts the public safety at risk. Research by Mental Health Workforce in Texas, (2016), indicates, according Dr. John Lusins “It’s a crisis. It’s been a crisis coming for a while, and it’s not even hit as hard as it will (page 10-11). Number Other physicians in the regions asserted that it is part of a national epidemic. There is trend that as the number of people in need of mental healthcare services keeps increasing, and a number of people qualified to provide help keeps declining (Scripps Media, 2020).

| **Criterion**  \***(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **Problem Statement**  Minimum three or four paragraphs or approximately one page | | | | |
| States the specific problem proposed for research with a clear declarative statement.  Discusses the problem statement in relation to the gap or need in the world, considering such issues as: real issues affecting society, students, or organizations; the frequency that the problem occurs; the extent of human suffering the problem produces, the perceived lack of attention in the past; the discussion of the problem in the literature and research about what should be addressed vis à vis the problem; the negative outcomes the issue addresses. | 2 | 2 | 2 |  |
| Describes the general population affected by the problem. The general population refers to all individuals that could be affected by the study problem.  Example: All older adults in the US who are 65 yrs or older. The target population is a more specific sub-population of interest from the general population, such as low income older adults (≥ 65 yrs) in AZ. Thus, the sample is derived from the target population, not from the general one. |  |  |  |  |
| **Describes the unit of analysis, which is the phenomenon, individuals, group or organization under study.** | **2** | **2** | **0 – where?** |  |
| Discusses the importance, scope, or opportunity for the problem and the importance of addressing the problem. | 2 | 2 | 2 |  |
| The problem statement is developed based on the need or gap defined in the Background to the Study section. | 2 | 2 | 2 |  |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 | 2 |  |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Purpose of the Study

The purpose of this qualitative descriptive study is to examine how mental health providers describe the factors influencing individuals' decision to utilize or reject mental health services in South Texas. The mental health providers will be asked for strategies to encourage patients to accept and to not reject treatment at the start of treatment and when continuing treatment. The study will employ a qualitative study that will target mental health providers within Southern Texas and document factors impacting utilization and non-utilization of mental services available in the State of Texas.

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **PURPOSE OF THE STUDY**  Minimum two to three paragraphs | | | | |
| Begins with one sentence that identifies the research methodology and design, target population, variables (quantitative) or phenomena (qualitative) to be studied and geographic location.  This can be presesnted as a declarative statement: "The purpose of this study is...." that identifies the research methodology and design, population, variables (quantitative) or phenomena (qualitative) to be studied and geographic location. | 2 | 2 | 2 |  |
| Describes the target population and geographic location. | 2 | 2 | 2 |  |
| **Quantitative Studies**: Defines the variables and relationship of variables.  **Qualitative Studies:** Describes the nature of the phenomena to be explored. | 2 | 2 | 2 |  |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 | 1.5 |  |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Research Questions and/or Hypotheses

The following research questions will help to guide this qualitative study:

Given that the patients have access to mental health services for all of the following questions:

* RQ1: How do mental health providers identify reasons patients use mental health services?
* RQ 2: How do mental health providers identify strategies to encourage patients to begin using mental health services?
* RQ 3: How do mental health providers use the strategies to encourage patients to continue using mental health services?
* RQ4: How do mental health providers identify reasons patients reject mental health services?
* RQ 5: How do mental health providers use strategies to address when patients reject beginning to use mental health services?
* RQ 6: How do mental health providers use strategies to address patients who reject to continue using mental health services?

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **Research Question(s) and/or Hypotheses**  Minimum two to three paragraphs or approximately one page | | | | |
| **Qualitative Studies:** States the research question(s) the study will answer and describes the phenomenon to be studied. Note: The research questions provide guidance for the data which will be collected to answer the research questions; they do not identify the instruments.  **Quantitative Studies**: States the research questions the study will answer, identifies and describes the variables, and states the hypotheses (predictive statements) using the format appropriate for the specific design and statistical analysis. | 2 | 2 | 1 |  |
| This section includes a discussion of the research questions, relating them to the problem statement. The research questions need to be connected to the theory(s) or model(s) from the theoretical foundation section, as well. | 2 | 2 | 2 |  |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 | 2 |  |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Advancing Scientific Knowledge and Significance of the Study

The gap in the literature is a need to identify the reasons why people use or reject mental health treatment (Lund, et al. 2018). The gap was used to define the problem statement which it is not known how mental health providers describe the factors influencing individual decisions to utilize or reject mental health services. This study will address the challenges that affect healthcare providers and also parents of the mental health patients by understanding the causes and reasons why the patients reject treatment. The study research questions each then targets uncovering these reasons contributing to the mental health patients use or rejection of treatment. This study may add to the literature which focuses now on stigma and insurance and broaden it to look at the reasons patients who have access to treatment choose to use or reject it. For example, there is research that many people drop out of therapy before they planned to (O’Keeffe, et al., 2019). These people had access but chose to reject therapy. If it is known why patient reject treatment, then it becomes possible to develop policies or plan interventions to decrease the likelihood that they will reject treatment. This research will be a first step towards finding solutions but better defining the problems from the perspectives of the mental health professionals (Klymchuk et al., 2019).

The results will help and be of value to practitioners in determining the necessary strategies to be used to allow more individuals to receive the necessary health care services that they require. The information may be used by healthcare professionals during awareness programs about mental health (England, 2015). The information also is relevant for providers when handling mental health patients and also relatives for home care. In addition, it will help to establish effective methods that will be successful at implementing and sustaining interventions in therapy and for training purposes for providers (England, 2015).

The results may enhance knowledge of the Social Cognitive Theory, by extending it to the context of mental health promotion and prevention. It may help to describe how motivations in health and behaviors are influenced by the interaction of people's beliefs, environment, and behaviors (Morin, 2019). For example, people may be motivated to reject therapy because of their beliefs according to this theory (Peteet, 2019). Or they may be motivated to use therapy because of the best interactive behavior of mental health professionals according to this theory (England, 2015).

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **ADVANCING SCIENTIFIC KNOWLEDGE and SIGNIFICANCE OF THE STUDY**  (Minimum one to two pages) | | | | |
| Clearly identifies the “gap” or “need” in the literature that was used to define the problem statement and develop the research questions. | 2 | 2 | 2 |  |
| Describes how the study will address the “gap” or “identified need” defined in the literature and contribute to the body of literature. | 2 | 2 | 2 |  |
| Describes how the research fits with and will contribute to or advance the current literature or body of research | 2 | 2 | 2 |  |
| Describes the potential practical applications from the research. | 2 | 2 | 2 |  |
| **Identifies the theory(ies) or model(s) that provide the theoretical foundations or conceptual frameworks for the study.** | **2** | **2** | **1.5 – where?** |  |
| Connects the study directly to the theory and describes how the study will add or extend the theory or model. | 2 | 2 | 2 |  |
| Describes how addressing the problem will add value to the population, community, or society. | 2 | 2 | 2 |  |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 | 2 |  |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Rationale for Methodology

Qualitative methodology (Colorafi and Evans, 2016) will be used in this study. Qualitative methodology is the most appropriate methodology that provides rich data and not bound by limitations. Qualitative methods are appropriate because it will help to provide real life evidence from the interview with participants that have experiences giving primary data (Kim et al., 2017). In addition, it is also appropriate because data can be obtained to determine the health seeking behaviors (Kim et al., 2017).

It is appropriate for answering the research questions that ask about the reasons that contribute to mental health patients to accept or reject treatment because it provides primary verbal data that is collected in detail. It is appropriate for addressing the problem statement which notes that there are factors that contribute to mental health patient’s decision whether to reject or accept treatment because of the effectiveness and flexibility in collecting information from the healthcare providers based on their experience.

The qualitative approach is very effective when a phenomenon that is being queried is properly and effectively defined. It is appropriate for this study because the phenomenon is clearly defined as the factors that mental health professionals identify as reasons people utilize or reject mental health services. The literature has determined the causes of the low utilization of mental health in South Texas to include limitations to accessing health care. It also identified other barriers to specialty mental health care utilization (Augsberger, Yeung, Dougher, &Hahm, 2015). What it has not defined are the reasons people use or reject mental health services.

**Nature of the Research Design for the Study**

The design for this research will be a qualitative descriptive study. This qualitative descriptive design is the most appropriate design for the problem statement that is not known how mental health providers describe the factors influencing individual decisions to utilize or reject mental health services in South Texas. This is because the method is appropriate for the research to collect data from the mental health providers in depth.

It is appropriate for the research questions because it gives the participant an opportunity express the points in length by choosing their own words. As a researcher more understanding is achieved through open-ended questions.

Accordingly, Kim et al (2017), Colorafi & Evans, (2016) and Brazier, et al., 2014) describes qualitative-descriptive research as useful and suited for researchers because it can be used with a variety of theoretical approaches, sampling techniques, and data collection strategies. However, (Bradshaw et al., 2017) states that qualitative descriptive research is categorical for enquiry making it appropriate in handling the research questions in an organized manner, it is also less interpretative and does not need a researcher to move far into the data as compared to the ‘interpretative description’ methodology. The methodology is categorical in a manner that it identifies, analyzes and report patterns on the mental health topic. In addition, Seixas et al., (2017) illustrated that qualitative description methodology does not require a conceptual rendering the technique as useful and produce a valued result and end-product allowing the retrieval of information from participants about their experiences and use it to build organization management systems.

Sandelowski (2000), also states that qualitative descriptive studies are methods of choice that is used when there are straight descriptions of phenomena desired. Similarly, the author asserts that qualitative researchers nowadays can, as an option to choose from a growing number of designs of theoretically and technically sophisticated methods. The author concluded that even though descriptive research is viewed as a lower level form of inquiry, yet, it has been able to influence some researchers that were conducting qualitative research to believe that qualitative descriptive studies helps in reaching the goal of a comprehensive summary of experiences or events in the everyday provisions of those events (Sandelowski, 2000).

The descriptive qualitative research through the thematic analysis where inductive method is used is appropriate for the study since it has no previous studies dealing with the phenomenon, the method is best in answering the research questions where the researcher does not have an expected answer (Seixas et al., 2017). Descriptive qualitative research during data analysis allows the generation of initial codes especially on the interesting features of the data and collate data relevant to each code, then searching of themes by gathering all data relevant to each potential theme (Vaismoradi et al., 2015).

Ostad-Ali, et al., (2015), also described how qualitative-descriptive method is being used in elementary schools to evaluate students' achievements towards the improvement of quality learning and promoting the level of mental health in teaching- learning environments. The authors described how the raised hypothesis was used to investigate the teachers' perspectives on the descriptive and quantitative methods of evaluation. They used survey sampling method and multi-stage cluster sampling method, as well as questionnaire to compare the qualitative (descriptive) method of evaluation with quantitative evaluation method so as to explore the viewpoints of teachers. Based on the perspective of teachers, they concluded that for many years, quantitative evaluation has been having negative effects on the mental health of families and students; hence, descriptive method must match the content of the phenomenon being investigated.

Similarly, Stevens & Palfreyman (2012), described how qualitative methods may be used to develop descriptive system preferences. They assert that a qualitative method can ensure that a phenomenon being measured has appropriate language, content validity, and responsiveness to change. In their conclusion, they were able to illustrate the use of qualitative methods by presenting different cases of study, generic and condition specific and were able to discover the strengths above the weaknesses in the approach. The descriptive research design is appropriate because it identifies the characteristics and correlations in the study (Colorafi & Evans, 2016). The research method is appropriate for the study because it is used to analyze non-quantified topics and issues. This method is suitable for the phenomena as it will allow mental health practitioners to describe factors limiting the utilization of mental healthcare throughout in South Texas.

The population for this study is all (approximately 100) mental health providers in South Texas. This study sample will include 12 clinics and approximately 20 mental health providers. Mental health providers must have at least two years of experience in the field and have current membership in a mental health association as the main participants in the study. The study population for the research will be psychiatrists, psychologists, and therapists. The association involved has the kind of data in their members making the study relevant. The initial sample generation will involve getting a list of mental health providers from the websites of each of the clinics. The clinics will be asked to cooperate with the study by sending an email with the informed consent form to their staff on behalf of the researcher.

Participants will include people who are members of Mental Health Organizations including:

* Mental Health America (MHA)
* National Institute of Mental Health (NIMH)
* National Alliance on Mental Health (NAMI)
* National Institute of Environmental Health Sciences (NIEHS)

These organizations are needed because they will help to advance our understanding of why people use or reject mental health services. They can recommend some of their members who are mental health professionals that can answer some of our research questions.

The data collection instruments will include a researcher-created interview protocol that will be field tested with two people who are mental health professionals the researcher knows; the data will not be included in the results. It will also include a researcher-created focus group protocol that will be evaluated with an expert panel of two mental health professionals.

To collect the data the researcher will invite employees within the researcher’s organization who are willing to participate in the study especially those meeting the criteria and a minimum of 20 participants. Participation is entirely voluntary, and participants can choose to be withdrawn from the study at any time. Once the sample is selected, the researcher will use Zoom video conference calls to conduct the interviews and retrieve the data. Data will be collected with 1-hour interviews. The focus group will include the first six volunteers in a group Zoom meeting to discuss the focus group questions.

| **Criterion\***  **(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **Rationale for Methodology**  (Minimum two to three paragraphs) | | | | |
| Identifies the specific research methodology for the study. | 2 | 2 | 2 |  |
| Justifies the methodology to be used for the study by discussing why it is an appropriate approach for answering the research question(s) and addressing the problem statement.  **Quantitative Studies:** Justify in terms of problem statement and the variables for which data will be collected.  **Qualitative Studies:** Justify in terms of problem statement and phenomenon. | 2 | 2 | 2 |  |
| Uses citations from seminal (authoritative) sources (textbooks and/or empirical research literature) to justify the selected methodology. **Note:** *Introductory or survey research textbooks (such as Creswell) are not considered seminal sources*. | 2 | 2 | 1 |  |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 | 1 |  |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

# Chapter 2: Literature Review

## Introduction to the Chapter and Background to the Problem

This literature review will address the issue that some populations openly seek out mental health services as they have identified that they are at high risk of mental illness (Naslund et al., 2020). On the other hand, some populations reject mental health services regardless of whether they need it or not citing stigmatization and victimization (Sebastian & Richards, 2017). According to Laugharne et al. (2018), the need to understand the populations either accepting or rejecting mental health services stems out from the need to improve the mental health status of the nation.

The literature review seeks to reveal what is known as concerns the nation’s mental health. This literature review will address the topic of mental health services with special emphasis being placed on the availability of the service, the availability of infrastructure supporting the service and the perception of people towards the service. The review will analyze the populations that have readily accepted and are willing to seek mental health services as well as those that reject and are unwilling to seek mental health services. The review is based on the fact that not all people have embraced mental health services and on the fact that there is a gap in the delivery of mental health care services.

The chapter will be divided into seven sections. The seven sections are mental health infrastructure, populations that accept mental health, populations that reject mental health, populations that have access to mental health, populations that do not have access to mental health, reasons for the rejection of mental health and the reasons for the use of mental health services. All the sections will have three sub-sections. The subsections will include introduction of the section, themes in the section and synthesis of the sections.

The literature review in addition aims to compare the existing literature on mental health. The comparison is supposed to provide light on whether there are similar opinions and views on the subject. The comparison as well helps in the identification of the various divergent views on the subject matter. Seven sections organize this paper. The literature review is divided into seven sections so that to touch on all subjects that touches on mental health. The only subject that relates to mental health that is not touched on in the literature review is the treating of mental health. It is not touched on, as it is not the focus of the study. The first section is mental health infrastructure, and it focuses on the availability of mental health infrastructure in the nation. A review of literature in the section is based on the knowledge that mental health services infrastructures are not well distributed to offer assistance to those in need of mental health services.

The second section is a section that focuses on the reasons for lack of access to mental health. The need to review related literature is driven by the knowledge that there are individuals that need mental health; however, they choose not to get it. The third section analyzes the population that has easy access to mental health services. The fourth section deals with the populations that use mental health services. The fifth section focuses on the populations that reject mental health services. The sixth section focuses on the reasons for the use of mental health services. The review is on the need to understand why people seek or do not seek mental health services. The seventh section focuses on the reasons for the rejection of mental health services.

The literature was conducted through a systematic review using the Scopus, Science Direct, PubMed, Cuiden, Cochrane, google scholar, ISI, and PsycINFO databases. The review was conducted using key terms related to the sections of the study. To make the study as relevant as possible, only studies done and published in the last five years were reviewed.

The problem of mental health has evolved historically overtime. According to Higgins (2017), mental health in the United States has declined in the last twenty years. He cites that suicide rates have increased twice fold from 1990. Furthermore, he cites that the substance abuse more so of opiates has become epidemic. Higgins claims that the disability award for mental disorders has also increased dramatically, a possible indication of the nation’s mental health dwindling.

This study will focus on the gap in research regarding the reasons people utilize or reject mental health treatment. The problem is that it is not known how mental health providers describe the factors influencing individual decisions to utilize or reject mental health services. Without an understanding of what the reasons are for use or rejection, it is unlikely that successful interventions can occur that would enable more people to utilize mental health services among the minority population of Hispanic-Americans, African-Americans and the Asian-American families.

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **CHAPTER 2 INTRODUCTION (TO THE CHAPTER) AND BACKGROUND (TO THE PROBLEM)**  (Minimum two to three pages) | | | | |
| **Introduction**: Provides an orienting paragraph so the reader knows what the literature review will address. | 2 | 2 | X |  |
| **Introduction**: Describes how the chapter will be organized (including the specific sections and subsections). | 2 | 2 | X |  |
| **Introduction:** Describes how the literature was surveyed so the reader can evaluate thoroughness of the review. This includes search terms and databases used. | 2 | 2 | X |  |
| **Background:** Discusses how the problem has evolved historically into its current form. | 2 | 2 | X |  |
| **Background**: Describes the “gap” or “need” defined in the current literature and how it leads to the creation of the topic and problem statement for the study. Note: This section should be a significant expansion on the Background to the Problem section in Chapter 1. | 2 | 2 | X |  |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 | X |  |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Identification of the Gap

The big societal problem is that people who have access to healthcare are not using it and it is unclear how to improve use. Previous research on reasons people do not use mental health therapy have included studies on those who lack access either because of lack of insurance (Bickman, 2020). Or other financial reasons including transportation as found out by Mistry (2020), and proximity to treatment (Shi et al., 2020).The trends in the past research have indicated majority of people who desire mental health services find it hard to get the services based on the unavailability of a mental health infrastructure near them as well as financial constraints.

Current research lacks focus on why people who do have access either reject or accept treatment, and strategies to improve acceptance. Current research findings that have emerged from recent studies focus on availing mental health information to as many people as possible through education (Myers‐Walls, 2020). Other current research focuses on availing mental health infrastructure more so to populations that have been identified to need it the most as supported by Leider et al (2020). Some research has looked at why people with access reject therapy to provide insight on how to convince them otherwise.

The gap in the research is that there is not research looking at why people use or reject mental health treatment. According to King et al. (2018), tobacco abusers and depressed people seek mental health services to recover health. Ali et al., (2019) provides evidence that through seeking mental health services, young learners from poor backgrounds can access other health services. According to Orlowski et al., (2016), mental health services are being sought for currently than in the past as more people are aware of the value of mental health to the overall body health.

According to Carrara and Ventura, (2018), self-stigma and fear of discrimination are the primary reasons that people reject mental health services. Luitel et al., 2017 published that the fear of being perceived as crazy and weak made people fear and reject mental health services. According to Memon et al., (2016), the stigma around poor mental health affects negatively the perception of mental health services. Surprisingly, some individuals reject mental health services as they fear positive diagnosis can deny then income-generating opportunities. According to Staiger et al., (2017), the unemployed population rejects seeking mental health services for fear that negative mental health diagnosis can hamper their opportunities to get employment opportunities.

Of mental health infrastructure, there is a population seeking to understand their mental health status. On the other hand, there is another population that is rejecting and not seeking mental health services. The difference in the seeking of mental health is a growing health concern that needs to be addressed to secure the health of the nation. By identifying the reasons, it will be possible to contribute to the field of mental health studies consequentially, helping improve mental health.

The problem this study will seek to address is why people with access to mental health services either accept or reject mental health services. Bases on three of the articles reviewed, individuals with access to mental health services reject the service due to two main reason. The first reason is stigma and the second reason is because the service tries to change their perception Kantor, Knefel and Lueger-Schuster, 2017; Silove, Ventevogel & Rees, 2017; Bas-Sarmiento et al., 2017, Calear et al., 2017 and Miller-Fellows et al., 2018.

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **CHAPTER 2: IDENTIFICATION OF THE GAP**  (Minimum two pages) | | | | |
| Summarizes the “societal” or big problem. Highlights what has been discovered and what still needs to be discovered related to the topic from literature or research dated within the last five years. | 2 | 2 |  |  |
| Discusses and synthesizes the evolution of the research on the problem. Specifically:   * Identifies the key sources used as the basis for the gap * Identifies trends in research and literature. * Identifies how the research focus has changed over the recent past (five years). * Discusses key findings that emerged from recent studies. * Discusses limitations or prior research and defined future research needs. | 2 | 2 |  |  |
| From the findings of research studies and evolution of recent literature on the topic, defines the problem statement for the study. | 2 | 2 |  |  |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Theoretical Foundations and/or Conceptual Framework

The theoretical foundation of this paper is based on the cognitive theory of psychopathology. The theory was suggested by Aaron T Beck and emphasizes that perception influences both positive and negative mental health status (DeYoung & Krueger, 2018). The model is ideal for the dissertation as it helps in describing how an individual’s perception of situations or spontaneous thoughts on situations influence their emotional, behavioral, and psychological reactions towards mental health services. The theory emphasizes that the distorted beliefs influence people’s understanding of themselves, their world, and the people that they interact with. Furthermore, distorted beliefs influence an individual’s information processing.

The theory focuses on perception considering that mental health is primarily perception and neural connections. If neural connections are right, then the other factor influencing individuals’ views on mental health services is their perception. Perception refers to the understanding of the interpretation of a phenomenon. Perception is influenced by past events, culture, values, present circumstances, education, and preconceived notions (Rosli & Goh, 2020). By understanding the influences of perception, it is possible to understand the view of people towards mental health services.

This theory is connected to this study with the concept of perceptions. A look at the difference in individuals’ acceptance and rejection of mental health services reveals that it is about individual perceptions. Overtime individual perceptions have been grouped together and consequentially, beliefs around mental health have been formed. For example, members of the LBGT community have beliefs that mental health services are meant to conform them to an identity that they do not agree to (Steele et al., 2017).The belief started with an individual’s perception and the perception grew into the belief that supports the rejection of mental health services. According to Knight et al (2018), perception is a cornerstone of people’s decisions to reject or accept mental health treatment. By basing the foundation of the study in the cognitive theory of psychopathology it is possible to come up with a reason that explains why there are individuals that openly accept mental health services as well as why there are individuals that reject mental health services. This is because the theory states that perception influences both positive and negative mental health status, which helps explain the role of perception in the seeking or rejection of mental health services.

By seeking to understand perceptions picked in the studies under review, it will be possible to explain why people have different views as regards mental health. Consequentially, it will be possible to contribute to the knowledge present on mental health and the seeking of mental health services. Basing the study on the cognitive theory of psychopathology, it will be possible to extend the theory in the study of mental health.

The theory used for the study build on the research questions. The study concern is on the perceptions that influence the acceptance and the rejection of mental health services. The questions seek not only to lead the researcher to the reasons around the rejection and acceptance of mental health services. The theory used for the study provides a study framework that is considerate of past studies on mental health with special emphasis being placed on the seeking of mental health services.

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **theoretical foundations and/or conceptual framework**  (Minimum two to three pages) | | | | |
| Identifies a model(s) or theory(ies) from seminal source(s) that provide a reasonable conceptual framework or theoretical foundation to use in developing the research questions, identifying variables/phenomena, and selecting data collection instruments. | 2 | 2 | X |  |
| Cites the appropriate seminal source(s) for each theory or model. | 2 | 2 | X |  |
| Includes a cogent discussion/synthesis of the theory or model and justifies the theoretical foundation/framework as relevant to the study. Connects the study directly to the theory and describes how the study will add or extend the theory or model.  **Quantitative Studies:** Have one theory for each variable. For example, use the model the survey is based on. Use the theory or model upon which the instrument is based.  Distinguishes between the model/theories being used for research questions and data collection versus the background models and theories generically relevant to the study. | 2 | 2 | X |  |
| Builds a logical argument of how the research questions are developed based on the theoretical foundation for the study. | 2 | 2 | X |  |
| Reflects understanding of the foundational, historical, research relevant to the theoretical foundation/framework. | 2 | 2 | X |  |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 | X |  |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Review of the Literature

**Mental Health Infrastructure**

The articles included in this section discuss causes of poor mental health services in terms of poor infrastructure (Ecks, 2016); (Johnson, Hall, Berzins, Baker, Melling, & Thompson, 2018); (Karaye, Ross, & Horney, 2019); (Martin, Hynes, Hatcher, & Colman, 2016). Some articles focus on the lack of enough mental health institutions (Hester, 2017; Tran, & Ponce, 2017), while other articles focused on reasons why people are unable to access mental health services (Kohn, Ali, Puac-Polanco, Figueroa, López-Soto, Morgan, & Vicente, 2018), unavailability of adequate staff (Johnson et al., 2018), and lack of transparency and trust in psychiatric treatment (Mongelli, Georgakopoulos, and Pato 2020).

There are an estimated 11,682 mental facilities in the US and out of the total less than 2000 of the facilities are running 24/7. The above statistics indicate that the nation has limited mental health infrastructure and that is contributing to the poor access to mental health services.

According to Hester (2017), the lack of enough mental health institutions is causing a lack of access to mental health services amongst military personnel. Hester conducted a case study where he focused on finding out why so many military personnel are committing suicide after coming from active combat sites. The study was on the Army Study to Assess Risk and Resilience in Service members. To ensure no bias, he compared the data he found from the existing data on civilians collected by the American Mental Health Association. The findings of the study revealed that the mental health disparity is the most probable leading factor of high suicide rates amongst veterans more so those who have been exposed to traumatic experiences. Based on the findings, Hester concluded that more servicemen need to be screened for mental challenges before they return to civilian life and that can only be done by having more psychic units in the military. Furthermore, there needs to be a collaboration between non-profit mental health providers and public health providers.

A survey conducted by Tran and Ponce (2017), revealed that the majority of people in California that need mental health care services cannot access the services. Tran and Ponce reviewed survey data from 2011 and 2014 and were able to identify that California had a population of 82,706 adults with mental health needs. The researchers used Multivariable logistic regression analysis of the data that they collected. The results of the study indicated that 70% of individuals with mental health complications had either not received any mental health service or that the service that they received was inadequate. Further study of the data revealed that mental health stigma and the cost of treatment prevented Californians from seeking mental health; the infrastructure set in place could not be easily accessed.

According to (Kohn et al., 2018), based on community-based surveys carried out in Argentina, Brazil, The United States, Peru, Chile, Columbia, Canada, Mexico and Guatemala there are numerous factors have been identified as the reasons why people are unable to access mental health services. The study involved surveying 75,306 participants who were 15 years and above. The findings of the study revealed that mental health illness accounted for a tenth of the nations’ burden of diseases. Out of the identified population, more than a third cannot access mental health services due to high costs as well as poor infrastructure. Lack of insurance is one of the reasons why people cannot access these services. Poor socioeconomic status particularly for families in rural areas makes it difficult for them to access mental health services. Distance has also been found to be another reason as to why people are unable to utilize these services.

According to (Martin et al., 2016), based on a case study analysis and review, there are correctional centers that do not have mental health infrastructure, and this limits the availability of mental health services in correctional centers. The analysis involved going through data provided by the Department of Corrections where special emphasis was placed on going through the policy on the screening inmates’ mental health upon admission. The analysis revealed that between 10% and 15% of inmates are erroneously classified in terms of their mental health thereby reducing their chances of getting mental health services. The misdiagnoses are a result of poor mental health infrastructure in correctional facilities.

In reference to (Johnson et al., 2018), based on a discursive review that they conducted, hospitals that have psychiatric departments and units have their employees working long hours due to the unavailability of enough staff, an indication that resources allocated to psychiatric wards are limited. The articles that they reviewed were drawn from peer-reviewed journals, national reports, and surveys. The review established that the availability of mental health services is compromised. The researchers recommend that more psychiatric employees need to be deployed to improve the delivery of mental health services.

According to Mongelli, Georgakopoulos, and Pato (2020), based on an article review, the lack of transparency and trust in psychiatric treatment has caused many people not to access mental health services. The articles that they reviewed were drawn from peer-reviewed journals, national reports, and surveys. The researchers reviewed some of the barriers to behavioral healthcare. Based on the review it was established that the lack of transparency and trust has often led resources, and infrastructure allocated to mental health has been revoked or withdrawn. The revoking of the infrastructure has been triggered by the need to reduce wastage, but the effect of the revocation has limited access to mental health services in the nation.

According to (Machado et al., 2018), based on a robust multivariable negative binomial regression model on 5507 municipalities, the number of youths committing suicide due to mental health complications has been on the rise. The study focused on individuals aged 14 and 22 years. Further investigations of the study revealed that the mental health needs of those in low come municipalities are not being met as a result of poor mental health infrastructure.

In an ethnographical study by Ecks in 2016 revealed that mental health infrastructure in the world is limited compared to physical health infrastructure. The study focused on global mental health on policies not older than 25 years. The study revealed that physical health is prioritized over mental health shedding light as to why there are fewer mental health infrastructures in not only the US but globally. The study recommends that more attention needs to be given to mental health for global mental health to improve.

Karaye, Ross, and Horney in 2019 conducted a 12-item Short-Form Health Survey (SF-12) was administered online to a sample of 3030 residents. Multiple linear regression models were used to identify predictors of self-rated health among the respondents. The survey revealed that US gulf coast residents are using self-rating to assess their mental health as there are no facilities to aid in assessing their mental health. The study recommends that more mental health facilities need to be set up in the gulf considering the population at the US gulf coast is a high-risk population; their constant contact with typhoons, hurricanes have stigmatized many to the extent that their mental health has been compromised.

In reference to (Castillo et al., 2019), based on a review of community interventions geared at improving mental health, there are few effective community interventions to help with mental health. The research team reviewed the literature on seven topics: early psychosis, criminal justice, global mental health, collaborative care, school-based interventions, mental health promotion, and homelessness. Based on the review it was revealed that the majority of people in the US and Australia are calling for community interventions for mental health promotion as they cannot access mental health services easily. The review established that more mental health infrastructures need to be set up for mental health to improve.

**Synthesis**

The majority of the studies and reviews analyzed are similar in that they confirm that the likely cause of mental health is poor infrastructure. The study by Johnson et al., 2018; Martin et al., 2016 and Ecks, 2016 are of a similar view that poor mental health infrastructure is undermining the delivery of mental health services. The studies cite poor infrastructure, few mental health practitioners, and poor knowledge of mental health as the three main things hindering mental health service delivery.

The success of most health services is dependent on the availability of resources and infrastructure and mental health is not an exception to this. The majority of the studies and reviews analyzed in this section are similar in that they confirm that the likely cause of poor mental health services is poor infrastructure. Several studies (Ecks, 2016; Johnson et al., 2018; Martin et al., 2016) are of a similar view that poor mental health infrastructure is undermining mental health services. The study by Karaye, Ross, and Horney (2019) is a good example of a study that confirms that the mental health institutions, as well as infrastructures not only in the state but in the nation, are not sufficient enough to meet the mental health needs of the population.

Six of the studies reviewed claim that the lack of enough mental health infrastructure is hampering mental health service delivery. The study by Karaye, Ross, and Horney in 2019 is a good example of a study that confirms that the mental health institutions, as well as infrastructures not only in the state but in the nation, are not sufficient enough to meet the mental health needs of the population. There is also a divergent view that there are enough mental health facilities and that there are other factors that are hindering access to mental health services. The identified factors are stigma, lack of resources, and the abuse of drugs. The studies that are of the divergent view are (Machado et al., 2018; Kohn et al., 2018; Tran and Ponce, 2017).

The following studies were very strong because of their large sample size (Castillo et al., 2019; Ecks et al., 2016; Mongelli, Georgakopoulos, and Pato 2020). Other studies such as Tran and Ponce 2017 and Martin et al., 2016 were strong because they did not have researchers’ triggered biases. Several studies were weak because of limitations. For example, (Machado et al., 2018); Johnson et al., 2018 and Kohn et al., 2018) were weak because of the limitation of researchers’ triggered bias.

**Reasons for Lack of Access to Mental Health**

The articles included in this section are on several subtopics that include the numerous reasons why people cannot access mental health services such as lack of financial capability (Chisholm et al., 2019; Fleury et al., 2019; Kohn et al., 2018; Calear et al., 2017). Other articles focus on personal beliefs and fears (Reynolds et al., 2020; Vreeman, McCoy &Lee, 2017) while others focus on travel distance barriers (Calear et al., 2017), poor health systems, poor organization, and poor professionals (Fleury et al., 2019; Bartolomei, 2016), stigma (Vreeman, McCoy, & Lee, 2017) and low-income (Chisholm et al., 2019).

There are various reasons that people cannot access mental health services. Top on the list is the lack of financial capability. The review looks at the factors and the reasons that make the accessing of mental health services difficult or impossible. An analysis of the studies reviewed reveals that the majority of the individuals or populations that have challenges in accessing mental health services are unable due to forces or circumstances out of their control. Chisholm et al., 2019; Fleury et al., 2019; Kohn et al., 2018 and Calear et al., 2017 state that the lack of finances, poor resources, and poor infrastructure are the primary reason why accessing mental health services are difficult. Surprisingly, some individuals opt not to get to access mental health services based on reasons that they can control or that they can navigate. The study findings by (Reynolds et al. 2020) and (Vreeman, McCoy, and Lee 2017) state that access to mental health services is hampered by personal beliefs and fears which can be controlled.

Calear et al. (2017) conducted a two-arm, cluster-randomized, controlled trial in eight high schools with the focus being on male students in either 11th or 12th grade. The trial was conducted to establish why there is high suicide ideation amongst male adolescents compared to female adolescents. Data was collected pre-intervention, post-intervention and at three months follow up to establish whether the intervention suggested in the study was effective at reducing suicide rates and ideation. Based on the trial it was established that help-seeking stigma was the main reason as to why male adolescents were unwilling to access mental health services. The main limitation of the study was that it focused specifically on one gender. The overlooking of the female gender might have led to conclusions that do not necessarily represent society.

Approximately 38% of Americans, or 96 million, on several occasions, have waited longer than a week for mental health treatment services. Distance is another barrier in that about 46% of the population have experienced or knew someone who has had to travel for over one-hour roundtrip to seek treatment (Calear et al., 2017). Although many Americans have tried seeking mental health treatment, in addition to the 29% of the population who want to; however, failed to seek the treatment for either themselves or loved ones due to lack of knowing where to go for the services. Statistics also indicate that 21% of adults in the US have tried to see a professional but were unable to do so because of reasons outside of their control (Calear et al., 2017).

According to (Kohn et al., 2018), based on community-based surveys carried out in Argentina, Brazil, The United States, Peru, Chile, Columbia, Canada, Mexico and Guatemala there are numerous factors have been identified as the reasons why people are unable to access mental health services. The study involved surveying 75,306 participants who were 15 years and above. The data collected included the weighted median and the mean treatment gap of moderate and severe mental illness. The data collected was analyzed by comparing it to the Global Burden of Disease rating. The findings of the study revealed that mental health illness accounted for a tenth of the nations’ burden of diseases. Out of the identified population, only a third cannot access mental health services due to high costs as well as poor infrastructure. According to (Kohn et al., 2018), the survey data indicate that women are at the highest risk of developing mental health issues due to drug abuse and sexual abuse and it also indicated that more women compared to men seek mental health services.

In 2019, Fleury and three other researchers posted their findings on the barriers to mental health. The researchers through semi-structured interviews conducted on 49 emergency room stakeholders identified that the barriers to access to mental health services were poor health systems, poor organization, and poor professionals (Fleury et al., 2019). The main limitation of the study is that the researchers did not have measures in place to ensure that the interviewees answered truthfully. As a result, the findings might not be as accurate as they should be.

Another study by Bartolomei and his team of researchers in 2016, identified that the lack of professional training, inadequate resources, and poor infrastructure led to poor access to mental health services. The researchers published their findings in reference to a study that they had conducted using a Likert scale on 135 care workers and mental health caregivers. The main limitation of the study is that the population that was studied on was too small and therefore the replication of the results of the study is hard to make using a large sample size.

In 2017, Vreeman, McCoy, and Lee published their findings on a review study that they had conducted earlier. The trio had conducted individual searches on PubMed and Medline to assess the challenges that HIV-Infected adolescents went through in accessing mental health services. The researchers reviewed 11,501 articles and publications where they focused on keywords. The words were HIV-related stigma, measurement of mental health problems, depression, and anxiety amongst HIV positive adolescents. The trio identified that the stigma around both HIV and mental health led to few HIV-adolescents seeking mental health services.

Another study that was reviewed in an attempt to understand the challenges in access to mental health services was a study publication done in 2020. Through individual interviews of 15 adults aged between 61 and 81 years, Reynolds et al. (2020), identified why the access to mental health services is hard for the elderly. The researchers collected data through the audio-recordings of the interview sessions and analyzed the data through narrative methods. The researchers identified that the elderly were resistant to accessing the services due to the fear of being labeled psychotic, difficulty in understanding and navigating through the help-seeking process, and the lack of emotional knowledge on how to react to psychological treatment. The main limitation of the study was that the sample size was too small for it to be used as a representation of the elderly.

In 2019, Chisholm and six other researchers published their findings on a study that they had carried out in an attempt to understand the challenges in the accessing of mental health services amongst low-class individuals. The researchers used a multi-method approach that consisted of three phases; narrative and quantitative assessment and in-depth interviews of low-income individuals in six sub-Saharan Africa and South Asian nations (Chisholm et al., 2019). From the study, the researchers identified that poor financial position limited access to mental health services. In addition, mental health services received significantly less funding compared to other health services.

**Synthesis**

An analysis of the studies reviewed reveals that the majority of the individuals or populations that have challenges in accessing mental health services are unable due to forces or circumstances out of their control. (Chisholm et al., 2019; Fleury et al., 2019; Kohn et al., 2018 and Calear et al., 2017) state that the lack of finances, poor resources, and poor infrastructure are the primary reason why accessing mental health services is difficult. Surprisingly, some individuals opt not to get to access mental health services based on reasons that they can control or that they can navigate. The study findings by (Reynolds et al. 2020) and (Vreeman, McCoy, and Lee, 2017) state that access to mental health services is hampered by personal beliefs and fears which can be controlled.

The following study was very strong because they did not have the researchers’ caused bias (Chisholm et al., 2019).Other studies such as (Vreeman, McCoy, and Lee, 2017 and Kohn et al., 2018) were strong because they had large sample sizes. Several studies were weak because of limitations. For example, (Reynolds et al. 2020 and Bartolomei et al., 2016) were weak because of the limitation of the small sample size.

**People who do have access to Mental Health**

The articles included in this section are on several subtopics including domestic abuse victims, and women with access to mental health services (Karystianis et al., 2018; Knight & Winterbotham, 2020; Ferrari et al., 2016; Moreau et al., 2018; Brunner et al., 2019). Other articles focus on highly educated women (Moreau et al., 2018), women veterans (Brunner et al., 2019), and older adults from urban areas who can easily access mental health services (Knight & Winterbotham, 2020). I included this topic because this dissertation addresses individuals that can easily access mental health services.

Domestic abuse victims, primarily women have access to mental health services. According to Ferrari et al. (2016) based on a cross-sectional survey on 260 women, numerous facilities offer psychological help to women that have undergone domestic violence. The researchers collected data from the 260 women and used normal regression and logistic models for continuous and binary functions respectively. According to the study, the easy availability of mental services for women was since women were identified as a population at high risk of mental instability due to trauma associated with domestic violence. The main limitation of the study was that the sample size was small for conclusions that represent the society to be made.

Further studies by Karystianis et al. (2018), confirm the study findings of Ferrari et al. (2016). Karystianis and fellow researchers conducted a text mining study to establish whether it is possible to identify mental health disorders from unstructured text and in the process identified that individuals of domestic violence were slotted for mental health services once they reported abuse. The researchers used 200 domestic violence recorded events to arrive at the findings and the conclusions that they made. From the research, it was identified that depression was the most common mental disorder amongst victims of domestic violence.

According to Moreau et al. (2018), women who are conversant with telemental health services have easy access to mental health services. Moreau and his researchers conducted semi-structured qualitative interviews with 40 key stakeholders at veteran affairs medical centers. The researchers used transcripts to summarize key themes from the study. The researchers established that despite the telemental health services being open to all, it was women who accessed the services the most. The main limitation of the study is that the sample size was too small for conclusions that can be replicated all over to be made.

Another population that has easy access to mental health services is women veterans. According to Brunner et al. (2019), women veterans have easy access to mental health services based on the knowledge that they are a high-risk population of mental disorders based on that they are women who are exposed to tough and at times traumatic experiences. The researchers were able to make the above conclusion after they used survey data on 419 patients at the department of veterans’ affairs clinics. From the participants, 59% of women reported that they accessed mental health services as soon as they needed it.

Another population that has fair access to mental health services in urban older adults. Knight and Winterbotham in 2020 made a publication regarding a study that they had conducted. The duo used surveys, focus groups, and in-depth interviews to collect information from 94 older adults from urban, regional, and remote areas. The study team used thematic analysis to analyze the data collected. From the study, it was established that older adults from urban areas easily accessed mental health services unlike other older adults primarily due to easy access and better mental health discipline. The study sample was too small for conclusions that can be replicated in most areas to be made.

**Synthesis**

From the analysis, two groups are identified to have relatively easy access to mental health services. The first group is women, and the other group is older adults. Based on the review, there are infrastructure and resources allocated to mental health to help out the identified groups due to their high vulnerability to mental illnesses or disorders. The above is evidenced by findings of studies done and published by (Karystianis et al. 2018; Knight and Winterbotham 2020; Ferrari et al. 2016; Moreau et al. 2018). Surprisingly, one article has a divergent view from the rest. Brunner et al. (2019) found out in their study that women veterans have access to mental health services due to the difficulty of the occupation. Surprisingly, male veterans have access to the same services, but they rarely utilize them in comparison to their female counterparts.

The following studies were very strong because they did not have researchers’ triggered biases (Karystianis et al. 2018 and Brunner et al. 2019). Several studies were weak because of limitations. For example, (Knight and Winterbotham, 2020; Moreau et al. 2018 and Ferrari et al. 2016) were weak because of the small study samples used.

**Populations that Use Mental Health Services**

The articles included in this section are on several subtopics including race (Chu et al., 2018), people with substance abuse issues (Gates et al., 2017). Others include prison inmates (Morrissey et al., 2016), and individuals with suicide ideation (Sareen et al., 2016). Other articles focus on individuals who are confused about their sexualities or sexuality challenges (Hughes et al., 2020) and abused children and women (Read et al., 2018); (Mengo & Gidycz, 2019). While another subgroup population includes military officers with traumatic experience (Russell et al., 2018). This topic is included because some populations have been identified to seek and use mental health services more than others.

According to (Chu et al., 2018), of all the races in the United States, the race that seeks out mental health services the most are white Americans. On the other hand, the race that rarely seeks out mental health services is the Asian race. The findings are based on the 2008 military survey data that focused on the reports made on post-traumatic stress, depression, and other mental health complications. By analyzing the data through the race criteria, the researchers identified that white and blacks were the most open to seeking mental health services. The main limitation of the study is that the researchers did not explore further why there is a huge difference between white Americans and the other minority races.

Some individuals seek mental health services because they have problems that they need help with such as substance abuse and suicidal ideation. Gates et al. (2017) studied individuals that are struggling with alcohol and substance abuse use mental health services. The above conclusion was made after a cross-sectional descriptive study was conducted on correctional facilities. The study examined the population of state prisons where n=10,998. The focus of the study was on the association between substance use disorder and mental health. The data for the study was collected from an electronic health record and an offender management system. The researchers used SAS 9.4 to conduct statistical tests on the collected data where they compared to race, gender, security levels, education, and types of mental health disorders. The findings of the study were that substance use and ill mental health were connected.

Further findings of the study revealed that inmates were open to seeking mental health services as the services were easily provided in correctional facilities. It was established that individuals struggling with substance use were open to mental health services. Another population that uses mental health services is people with suicide ideation (Sareen et al., 2016). Sareen and other researchers obtained data from 53477 respondents aged between 18 years and 60 years. The respondents consisted of civilians and military personnel. The researchers assessed the respondents’ lifetime and past-year prevalence of suicidal ideation. Based on the study, it was established, that majority of people that seek mental health services are individuals that have considered suicide or those that have attempted suicide. The identified population seeks mental health to help them reduce their ideation of suicide.

According to Hughes et al (2020), individuals who have identified that they have sexuality challenges use mental health services. Through a two-armed randomized controlled, open feasibility study comparing Sexual health promotion intervention, the researchers were able to identify that confusion of sexuality made people think that they have mental challenges. A nested qualitative study was used to obtain the views of 100 participants. A further study revealed that those who are not sure of their sexuality or sexual preference prefer seeking mental health services for them to achieve insight into their challenges. The main limitation of the study was that it utilized a small sample size and for that reason, the results do not represent society.

Another subgroup of people who seek mental health treatment is those who have been abused, often children and women. For example, the other major population that receives mental health services is children that have gone through abuse or that have been neglected (Read et al., 2018). Read and fellow researchers conducted Systematic Reviews and Meta‐Analyses using PsycINFO geared at establishing the main reason why adults sought mental health services. The researchers went through 42 999 medical files as part of their review where the search items were children who had been abused or neglected. From the review and analysis, the researchers identified those individuals who were abused or neglected as children the majority of the time sought mental health services as they believe that the abuse might have affected them psychologically.

The study revealed that adults who were abused seek mental health services actively. Just as abused children, women who have also been abused seek mental health services (Mengo & Gidycz, 2019). Mengo and Gidycz carried out a case study and reviewed cases on 154 women who were victims of intimate partner violence. The study revealed that such women were psychologically affected by the abuse to the extent that they sought mental health services. The women consider mental health services as a way of redeeming their mental status considering that they have been made to feel inadequate. The study revealed that women who have experienced intimate partner violence are likely to seek out mental health services as compared to men that are victims of intimate partner violence. The main limitation of the study was that it utilized a small sample size and for that reason, the results do not represent society.

There are locations where mental health treatment is offered such as prisons. According to Morrissey et al., (2016), recovering convicts also seek mental health services. Morrissey and his fellow researchers conducted a quasi-experiment on 895 inmates with severe mental illnesses. The outcomes were estimated via propensity-weighted logit models. The researchers were interested in confirming whether the expediting of Medicaid enrollments of inmates with mental illness helped to reduce recidivism. As the researchers conducted the study, they identified that inmates that thought they were mentally ill actively sought mental health services, an indication that they wanted to resolve any mental health complications that may have contributed to them committing crimes and offenses.

In reference to Russell et al., (2018), one of the large populations that seek mental health services is military officers who have suffered a traumatic experience in active combat. Russell and his team of researchers reviewed military data of officers who have taken part in active combat as far back as in World War II. According to the article, military personnel is exposed to stigmatizing events and situations and the situations often lead to mental health complications. The study as well revealed that over the years, military personnel has become aware of the effects of war to the extent that after they come out of active combat sites, they seek mental health services. The majority of military personnel seek mental health services for them to easily interact with civilians and for them to live normal lives. The main limitation of the study was that it did not utilize a control sample to assess whether the number of individuals that have undergone traumatic experiences and have never needed mental health services exceeded those that needed the services.

**Synthesis**

Seven studies have convergent views. The convergent view is that exposure to traumatizing events leads to certain populations to seek mental health services. According to Mengo & Gidycz, 2019, adults abused as children often seek mental health services for them to do away with the psychological harm caused by the abuse. Sareen et al., 2016, confirm the view that trauma leads people to seek mental health services. Studies by (Sareen et al., 2016; Mengo & Gidycz, 2019; Read et al., 2018); Hughes et al 2020), identified that individuals who had suicide ideation seek mental health services for them to gain control of their minds as they consider themselves unable to master their minds.

Surprisingly, based on three studies reviewed they are populations that do not seek mental health services to improve their health, but they do so improve their interactions with other society members. The three studies (Russell et al., 2018; Morrissey et al., 2016; Gates et al., 2017), emphasize that the populations that seek mental health services are populations that are seeking to improve their interactions with other society members. The three articles focus on populations exposed to harsh conditions. The population includes military personnel and convicts.

The following studies were very strong because they did not have researcher triggered biases (Morrissey et al., 2016; Sareen et al., 2016 and Gates et al. 2017). Several studies were weak because of limitations. For example, (Mengo & Gidycz, 2019 and Hughes et al 2020) were weak because of the small study samples used.

**Populations that Reject Mental Health Services.**

The articles included in this section are on several subtopics of those that reject mental health services including minorities such as the LGBT community (Su et al., 2016), transgender community (Rider et al., 2018). The Amish population (Miller-Fellows et al., 2018) and the immigrant population and refugees (Silove, Ventevogel & Rees, 2017) and (Bas-Sarmiento et al., 2017). Others reject mental health services due to high costs and poor insurance coverage barriers (Kohn et al., 2018) and (Calear et al., 2017). The other articles focus on athlete sponsorships (Moreland, Coxe & Yang, 2018) and adult trauma victims (Kantor, Knefel, & Lueger-Schuster, 2017).

In the United States, 42% of the population believes that cost and poor insurance coverage are the top barriers that prevent them from accessing mental health care (Kohn et al., 2018). While only 25% reported that they make decisions between using mental health treatment or paying for daily necessities (Calear et al., 2017). Calear and a team of researchers in 2017 conducted a two-arm, cluster-randomized, controlled trial aimed at establishing whether indeed males are less likely to seek mental health services compared to females or not. The study focused on young men aged between 11 and 18 years and it revealed that young men were not open to the idea of getting mental health services. Data was collected pre-intervention, post-intervention, and at 3-month follow-up on male students in either 11th or 12th grade in eight schools. The study findings revealed that stigma around mental health as well as the patriarchal structure made it harder for young men compared to women to seek mental health. The study revealed that young men are amongst the population rejecting mental health services.

Another population that has been found to reject mental health services is the Amish population in Ohio (Miller-Fellows et al., 2018). In an ethnographic by Miller-Fellows et al., 2018, it was established that the Amish population in Ohio was not going for mental health exams as well as they were not open to mental health services. Through a survey on mental health, the government through the ministry tried to create a culturally competent mental health service. Despite the introduction and implementation of the service, the population is yet to fully accept mental health services as evidenced by a follow-up analysis of the records.

According to Su et al., (2016), members of the Lesbian community are known to reject mental health services mainly due to stigma. The above results were realized through a survey conducted online from respondents who self-identified as bisexual, gay, lesbian, and/or transgender persons aged 19 years and above from Nebraska in 2010. The study relied on the information collected from 767 respondents of which 91 identified as transgender whereas the rest were non-transgender respondents. The study used multivariate logistic regression analysis, chi-square, or bivariate *t*-tests and to examine differences in reported depression symptoms, discrimination, suicide attempts, and self-acceptance of the LGBT community. According to the conclusions of the survey, lesbians fear rejection and victimization due to their sexual preference and as a result, avoid getting mental health services for both mild and severe mental complications.

Another population that avoids getting mental health assistance is the majority of the immigrant population (Bas-Sarmiento et al., 2017). Bas-Sarmineto and his term of researchers conducted a systematic review using the Scopus, Science Direct, PubMed, Cuiden, Cochrane, ISI, and PsycINFO databases. The quality of the articles was analyzed by using the Equator Guidelines. The researchers reviewed 817 studies and identified 21 that best fit the description of their study. Based on the findings of the study, the population rejects mental health services as mental health complications are not viewed as normal in the immigrant population. Due to the stigma around mental health complications, many of them are afraid and unwilling to seek mental health services for fear of victimization.

An analysis of the transgender community reveals that the majority of them reject mental health services (Rider et al., 2018). Rider and a team of researchers surveyed 80 929 respondents. Chi-squares and multiple analysis of covariance tests were used in the analysis of the data collected. The survey was intended on identifying the view of teenagers as concerns mental health services. The results of the survey revealed that teenagers that identified with the transgender community and those that did not conform to the gender they were born with were against mental health services. They rejected mental health services as they viewed the services would outwardly reject what they believed in. The study confirms that the transgender community rejects mental health services.

Another population known to reject mental health services is refugees, more so African refugees (Silove, Ventevogel & Rees, 2017). According to a review of mental health amongst refugees, refugees are against mental health services due to two main reasons. First, they fear that if they are found not to be mentally fit, they may not receive help from those helping them. Secondly, they fear the victimization that comes with mental illness or challenges.

According to Kantor, Knefel, and Lueger-Schuster (2017), adult trauma victims more so men are not welcome to the idea of seeking mental health services. According to a systematic review conducted by the research team of five online databases, individuals who have experienced traumatic experiences such as rape, and physical violence are against seeking mental health services. The search strategy was based on three main terms: barriers and/or facilitators, trauma, and MHS use. 1612 papers and studies were found to match the search criteria. A standardized eligibility assessment based on eligibility criteria was used in the review and analysis of the identified papers and studies. According to the findings of the studies, the situation is worse for men who completely shun from getting any kind of help. The majority of the time, adults reject mental health services due to shame. They are ashamed of sharing what they went through and how it has affected them psychologically.

Another group that refrains from getting mental health assistance is collegiate athletes for fear of losing their athlete sponsorships (Moreland, Coxe & Yang, 2018). The analysis used a socio-ecological framework, which considered how collegiate athletes perform and study. 21 articles were identified as they met the criteria of the study. Conceptualizations and operationalizations of mental health services utilization were carried out as well. Moreland, Coxe, and Yang carried out the case study analysis and the case revealed three main points. The first thing was that college athletes did not consider themselves to be under the threat of mental health complications. The second thing was that for athletes that felt that they were mentally unfit, they opted to hide out to secure their sponsorships. Lastly, college athletes opt for substance and alcohol abuse as a way to mask and deal with any mental complication that they may be going through.

According to Lipari and her team of researchers in a publication made in 2017, individuals that are diagnosed with substance abuse and alcohol abuse reject mental health services. The researchers combined the 2012–2014 National Survey on Drug Use and all state levels among adults aged 18 or older to conclude. According to the findings of the study, they mainly reject the services as the services would most likely indicate that their mental states do not allow them to consume alcoholic drinks (Lipari et al., 2017). The fear of being forced to stay away from alcohol causes them to reject any form of mental health service.

In a cross-sectional study conducted using 45 participants, it was revealed that young people are amongst the population that reject mental health services. The researchers used thematic analysis to analyze Qualitative feedback collected from the anonymous questionnaire that they administered that measured help-seeking preferences, psychological distress, and barriers to accessing help. From the study, four reasons were identified that make it hard for young people to seek mental health services. The first reason is the stigmatization beliefs (Salaheddin & Mason, 2016). The second reason is the preference for self-reliance. The third reason is difficulty in expressing concerns. The last reason is they have difficulty identifying with mental illnesses or complications. According to the recommendations of the study, there is a need to demystify mental illness. The study as well recommended that there should be more aware of mental health services more so targeting young people.

**Synthesis**

An analysis of the studies reviewed reveals two main things. The convergent view of most of the studies is that the populations that reject mental health services do so due to the stigma around mental complications. The majority of populations that reject mental health do it for fear of being victimized. Immigrants and refugees reject mental health services for fear of being victimized by their community members. The majority of immigrant communities and refugees view mental illness as anomalies not acceptable. It is for that reason that most of them reject mental health services. The studies that accept the above convergent view are Kantor, Knefel and Lueger-Schuster, 2017; Silove, Ventevogel & Rees, 2017; Bas-Sarmiento et al., 2017, Calear et al., 2017 and Miller-Fellows et al., 2018.

There is a divergent view that mental health services are rejected as they are intended to conform to those identified to need it. The above statement can be confirmed through the studies that state that the LGBT community and college athletes reject mental health status. For the LGBT community, they reject mental health services as they reject the view that sexuality is determined by one’s genes and not the state of mind.

They reject the services as they believe that they are meant to change their views on sexuality and sexual preferences. On the other hand, college athletes reject mental health status as it would rule them out of athlete scholarship opportunities as well as dent their future aspirations on sports. The studies that are in line with the divergent view include Moreland, Coxe & Yang, 2018; Rider et al., 2018, and Su, et al., 2016.

Several populations are known to outrightly reject mental health services. Some of the populations include minorities and members of the LGBT community. The below reviews studies on individuals and groups that reject mental health services with the primary aim of establishing why they reject the services. An analysis of the studies reviewed reveals two main things. The convergent view of most of the studies is that the populations that reject mental health services do so due to the stigma around mental complications. The majority of populations that reject mental health do it for fear of being victimized. The studies that accept the above convergent view are Kantor, Knefel and Lueger-Schuster, 2017; Silove, Ventevogel & Rees, 2017; Bas-Sarmiento et al., 2017, Calear et al., 2017 and Miller-Fellows et al., 2018.

**Reasons for Use of Mental Health Services**

The articles included in this section are on several subtopics focus on young people that are more receptive to mental health services (Lal, Nguyen, & Theriault, 2016) and (Orlowski et al., 2016). Other articles include involuntary mental health admissions (Smith et al., 2020). The remaining articles focus on those that have been incarcerated (Han et al., 2017), Adolescent with substance abuse issues (Ali et al., 2019) and (King et al., 2018).

To make the literature review possible, studies were searched on online databases. The databases that were searched included Scopus, Science Direct, PubMed, Cuiden, Google Scholar, Cochrane, ISI, GCU database, and PsycINFO. Six key phrases were used in the study and the key phrases are similar to the six subsections of chapter 2. The phrases were reasons for rejection of mental health services, reasons for lack of access to mental health, mental health infrastructure, reasons for use of mental health services, populations that reject mental health services, populations that use mental health services, people who have access to mental health.

According to a thematic analysis conducted by Lal, Nguyen, and Theriault in 2016, young people are more receptive to mental health services compared to the aged. The study involved the use of a qualitative approach where 17 participants aged between 21 years and 35 years were recruited for a thematic study on mental health. Individuals aged between 18 and 30 years are open to studying mental health as well as going for mental health status. Their drive for mental health status is out of increased awareness of health. On the other hand, the aged are against mental health for fear of victimization and also because of the fear and stigma around mental illness. Lastly, the use of online services made it easier for young people to seek mental health services.

According to Smith et al., (2020), there has been an increase in the number of involuntary admissions to mental health facilities from 2008 to date. The researchers came to the above conclusion after they extracted publicly available data on involuntary admissions. The researchers used a regression analysis to compare predicted rates and observed admission rates. The explanation of the rise of admissions has been due to high substance abuse as well as many mental illness diagnoses. The articles' findings confirm that mental health services are sought to help those suffering from mental disorders as well as those with substance abuse challenges.

Another reason as to why there is the use of mental health services is because there is the availability of telemental health more so face to face mental health services. Orlowski et al., (2016), carried out a qualitative study that helped them reach the above conclusion. The researchers conducted semi-structured interviews with 10 people who were aged between sixteen and twenty-two years. The researchers analyzed the data they collected through inductive thematic analysis. Based on the studies, it was concluded that youth were accessing mental health services much more than before as they could do it at the comfort of their homes through technology that made it possible for a face to face remote clinic visits.

According to Han et al., (2017), mental health services are used also for abuse purposes. According to a survey carried out by the research team on 72,600 citizens who have never been incarcerated, there is a huge population of individuals that seeks mental health services to access opioids for both use and abuse. The research team analyzed the data collected through thematic analysis. Based on the findings, there is a huge population that feigns mental illnesses to access opioids and other prescription drugs.

Another reason as to why mental health services are accessed is because they provide an opportunity for other forms of health services to be availed. Ali et al., (2019), used a multinomial logistic regression model to survey to understand the characteristics of adolescents that seek mental health services. The researchers used national data available from 2012 to 2015. The findings of the study revealed that the majority of the adolescents that sought mental health services in educational settings were adolescents that did not have any other health means other than public health. Through mental health services in schools, such learners could access other health services easily.

Through study findings published in 2018 by King and four other researchers, tobacco addiction and depression were the main reason that people sought mental health services. The researchers conducted an online survey that had 2370 respondents from eleven colleges in Virginia and North Carolina (King et al., 2018). They analyzed the data collected by comparing it using a depression score rating. Based on the findings it was established, that young adults seek mental health services when dealing with tobacco depression and when they are depressed.

**Synthesis**

Analysis of the populations that seek mental health services reveals that the population seeks mental health services because of love. The populations love themselves enough to want to secure their health. The populations love their loved ones and those around them enough to secure their health by securing their mental health. According to King et al. (2018), tobacco abusers and depressed people seek mental health services to recover health. Ali et al., (2019) provides evidence that through seeking mental health services, young learners from poor backgrounds can access other health services. According to Orlowski et al., (2016), mental health services are being sought for currently than in the past as more people are aware of the value of mental health to the overall body health. The desire to know whether mental health services are sought out for good only pushes the need for the below review.

An analysis of the studies under review reveals that the majority of the times that people seek mental health services is because they have poor mental health or that their general health is compromised. According to King et al. (2018), tobacco abusers and depressed people seek mental health services to recover health. Ali et al., (2019) provides evidence that through seeking mental health services, young learners from poor backgrounds can access other health services. According to Orlowski et al., (2016), mental health services are being sought for currently than in the past as more people are aware of the value of mental health to the overall body health. Lastly, according to Smith et al., (2020), there has been an increase of involuntary mental health admission due to poor mental health as well as substance abuse. Surprisingly, some individuals seek mental health services for abuse. According to Han et al., (2017), some individuals feign mental illness to access opioids for recreational use.

The following studies were very strong because they utilized large study sample sizes (King et al., 2018, Han et al., 2017 and Smith et al., 2020). One study was identified as weak because of a limitation. For example, Ali et al., (2019) were weak because of researcher triggered bias.

**Reasons for Rejection of Mental Health Services**

In this section, the articles included focus on several subtopics that include self-stigma and fear of discrimination (Carrara and Ventura, 2018) and (Luitel, et al., 2017); others focus on beliefs and perceptions of mental health (Choudhry, 2016), the unemployed population (Staiger et al., 2017) and the African-American minority communities (Memon et al., 2016),

According to Carrara and Ventura, (2018), self-stigma and fear of discrimination are the primary reasons that people reject mental health services. The duo reviewed 149 pieces of literature on mental health. Of the 149 articles, 9 were found to be the most ideal considering the researchers were studying the effects of stigma on mental health services. The findings of the study confirmed that stigma and fear of rejection caused people to stay away from seeking mental health services even when they needed it the most.

In 2016, Choudhry and three other researchers published their findings on why people rejected mental health. The researchers carried out a systematic review and a meta-analysis of qualitative data on beliefs and perceptions of mental health. The analysis involved going through 15 publications. The articles were analyzed using the thematic analysis method. The results of the studies revealed that the huge population that rejected mental health did it to avoid being rejected by the community due to the negativity around mental illness.

According to Staiger et al., (2017), the unemployed population rejects seeking mental health services for fear that negative mental health diagnosis can hamper their opportunities to get employment opportunities. The researchers conducted qualitative semi-structured individual interviews with 15 unemployed individuals. The analysis of the data collected was done using qualitative content analysis. Results from the study indicated that individuals perceived to have mental illnesses were treated significantly differently to other unemployed individuals when applying for employment.

In 2017, Luitel and four other researchers published that the fear of being perceived as crazy and weak made people fear and reject mental health services. In addition, the perception that mentally ill people are incapable of handling themselves as well as handling their finances makes people reject mental health services. The findings were a result of a quantitative study conducted on 1983 adults (Luitel et al., 2017). A three-stage sampling technique was employed for the study to determine why people were not open to seeking mental health services. The researchers compared the barriers to access to care with the effects of the barriers. In the end, it was established that the negative effects of confirmed mental illnesses drove people away from wanting to know their mental health status.

According to Memon et al., (2016), there are two main barriers to mental health services amongst blacks and other minority communities. The researchers conducted a Qualitative study in Southeast England. The researchers recruited 26 adults both male and female from the black and minority registry. They used thematic analysis to identify the key themes to the barrier of mental health services delivery. Based on the findings of the study, it was concluded that the inability to accept mental health challenges as a health concern caused the study group to reject mental health services. In addition, the stigma around poor mental health affected negatively the perception of mental health services.

**Synthesis**

Based on the analysis of the studies, it is possible to identify that the main reason that people reject mental health services is because of the stigma around mental illnesses. The majority of individuals believe that a positive diagnosis of a mental disorder makes a person a misfit that leads to rejection by community members. According to Carrara and Ventura, (2018), self-stigma and fear of discrimination are the primary reasons that people reject mental health services. Luitel et al., 2017 published that the fear of being perceived as crazy and weak made people fear and reject mental health services. According to Memon et al., (2016), the stigma around poor mental health affects negatively the perception of mental health services. Surprisingly, some individuals reject mental health services as they fear positive diagnosis can deny then income-generating opportunities. According to Staiger et al., (2017), the unemployed population rejects seeking mental health services for fear that negative mental health diagnosis can hamper their opportunities to get employment opportunities.

Not everyone is open to the idea of knowing their mental health status. Some individuals believe that mental illnesses are curses and for that reason would not subject themselves to tests that would implicate them. The majority of individuals believe that a positive diagnosis of a mental disorder makes a person a misfit that leads to rejection by community members. According to Carrara and Ventura, (2018), self-stigma and fear of discrimination are the primary reasons that people reject mental health services. Luitel et al., 2017 published that the fear of being perceived as crazy and weak made people fear and reject mental health services. To improve mental health, it is appropriate that the perceptions around mental health are known for them to be demystified. The review looks at the main reasons why mental health is rejected.

The following studies were very strong because they did not have researcher triggered biases (Luitel et al., 2017 and Memon et al., 2016). Several studies were weak because of limitations. For example (Staiger et al., 2017 and Choudhry et al., 2016) were weak because of small sample sizes.

Methodology and instrumentation/data sources/research materials.

In the mental health infrastructure section, there were four main methods used to conduct the studies under review. Three of the tools were used a similar number of times while one method was only used once. The first tool used was the case study method. Hester (2017) conducted a case study where he focused on finding out why so many military personnel are committing suicide after coming from active combat sites. Martin et al., 2016 conducted a case study analysis that involved going through data provided by the Department of Corrections where special emphasis was placed on going through the policy on the screening inmates’ mental health upon admission. Machado et al., (2018), conducted a robust multivariable negative binomial regression study on 5507 municipalities where the study focused on individuals aged 14 and 22 years. The

The second tool that was used was the survey method. Tran and Ponce (2017), reviewed survey data from 2011 and 2014 and were able to identify that California had a population of 82,706 adults with mental health needs. Kohn et al., (2018) Conducted a community-based survey of 75,306 participants who were 15 years and above. .Karaye, Ross, and Horney in 2019 conducted a 12-item Short-Form Health Survey (SF-12) that was administered online to a sample of 3030 residents.

The third tool that was used was the discursive review method. Johnson et al., (2018) conducted a discursive review of articles drawn from peer-reviewed journals, national reports, and surveys. Castillo et al., (2019) conducted a literature review of community interventions geared at improving mental health. Mongelli, Georgakopoulos, and Pato (2020) conducted an article review where the articles were drawn from peer-reviewed journals, national reports, and surveys.

The last tool that was used was the ethnography study method. Ecks in 2016 conducted an ethnographical study that revealed that mental health infrastructure in the world is limited compared to physical health infrastructure. The study focused on global mental health on policies not older than 25 years.

Based on the review, the case study method, the survey method, and the discursive review method are used widely in the study of mental health infrastructure.

**Reasons for Lack of Access to Mental Health section**

In the reasons for the lack of mental health section, there were five methods used to conduct the studies under review. The first tool used was the randomized controlled trial: Calear et al. (2017) conducted a two-arm, cluster-randomized, controlled trial in eight high schools with the focus being on male students in either 11th or 12th grade. The second tool used was the survey method: Kohn et al., (2018) conducted a community-based survey that involved surveying 75,306 participants who were 15 years and above; Bartolomei et al., (2016) surveyed 135 care workers and mental health caregivers.

The third tool used was the interview method: Fleury et al (2019) conducted semi-structured interviews on 49 emergency room stakeholders; through individual interviews of 15 adults aged between 61 and 81 years, Reynolds et al. (2020), identified why the access to mental health services is hard for the elderly. The fourth tool used was the literature review method: Vreeman, McCoy, and Lee (2017) conducted a review study where they reviewed 11,501 articles and publications where they focused on keywords.

The fifth tool uses was a mixed-method approach: in 2019, Chisholm and six other researchers used a multi-method approach that consisted of three phases; narrative and quantitative assessment and in-depth interviews of low-income individuals in six sub-Saharan Africa and South Asian nations in an attempt to understand the challenges in the accessing of mental health services amongst low-class individuals.

An analysis of the methods used reveals that the interview method is the most used when studying the reasons for lack of access to mental health.

**People who do have access to Mental Health Section**

In the people who have access to the mental health section, there were three methods used to conduct the studies under review. The first tool used was the survey method: Ferrari et al. (2016) conducted a cross-sectional survey on 260 women and used normal regression and logistic models for continuous and binary functions respectively in the analysis of the study; Brunner et al. (2019) conducted a survey on 419 patients at the department of veterans’ affairs clinics to establish which population access mental health services in the department; Knight and Winterbotham in 2020 used surveys, focus groups, and in-depth interviews to collect information from 94 older adults from urban, regional, and remote areas.

The second tool used was the text mining study method: Karystianis et al. (2018) conducted a text mining study to establish whether it is possible to identify mental health disorders from unstructured text and in the process identified that individuals of domestic violence were slotted for mental health services once they reported abuse. The third method used was the interview method: Moreau et al. (2018) conducted semi-structured qualitative interviews with 40 key stakeholders at veteran affairs medical centers.

An analysis of the method used reveals that the survey method is the most used in the study of people who have access to mental health.

**Populations that Use Mental Health Services Section**

In the population that uses the mental health section, there were six methods used to conduct the studies under review. The first tool used was the survey method: Chu et al., 2018 used 2008 military survey data that focused on the reports made on post-traumatic stress, depression, and other mental health complications to understand the populations that use mental health services; Sareen et al., (2016) surveyed 53477 respondents aged between 18 years and 60 years. The researchers assessed the respondents’ lifetime and past-year prevalence of suicidal ideation. The second tool used was the cross-sectional descriptive study: Gates et al. (2017) conducted a cross-sectional descriptive study on correctional facilities where the total population studied was 10,998.

The third tool used was the nested qualitative study: Hughes et al (2020), conducted a nested qualitative study to obtain the views of 100 individuals who had identified that they have sexuality challenges use mental health services. The fourth tool used was the mixed approach method: Read et al., (2018) conducted Systematic Reviews and Meta‐Analyses using PsycINFO geared at establishing the main reason why adults sought mental health services. The researchers went through 42 999 medical files as part of their review where the search items were children who had been abused or neglected.

The fifth tool used was the case study method: Mengo & Gidycz (2019) carried out a case study and reviewed cases on 154 women who were victims of intimate partner violence. The study revealed that such women were psychologically affected by the abuse to the extent that they sought mental health services; Russell et al., (2018) conducted a case study by reviewing military data of officers who have taken part in active combat as far back as in World War II. The sixth tool used was the quasi-experiment method: Morrissey et al., (2016) conducted a quasi-experiment on 895 inmates with severe mental illnesses where the researchers were interested in confirming whether the expediting of Medicaid enrollments of inmates with mental illness helped to reduce recidivism.

An analysis of the review reveals that the most preferred study method in the study of the population that uses the mental health services section is the survey method.

**Populations that Reject Mental Health Services section**

In the populations that reject the mental health services section there were six methods used to conduct the studies under review. The first tool used was the randomized controlled trial: Calear et al., (2017) conducted a two-arm, cluster-randomized, controlled trial aimed at establishing whether indeed males are less likely to seek mental health services compared to females or not. The study focused on young men aged between 11 and 18 years and it revealed that young men were not open to the idea of getting mental health services. The second tool used was an ethnographic study: Miller-Fellows et al., (2018) conducted an ethnographic study that established that the Amish population in Ohio was not going for mental health exams as well as they were not open to mental health services.

The third tool used was a survey: Su et al., (2016) conducted an online survey on respondents who self-identified as bisexual, gay, lesbian, and/or transgender persons aged 19 years and above from Nebraska and they identified thatmembers of the Lesbian community reject mental health services mainly due to stigma. Rider et al., (2018) conducted a surveyed on 80 929 respondents where the survey was intended on identifying the view of teenagers as concerns mental health services; Lipari et al (2017) combined the 2012–2014 National Survey on Drug Use and all state levels among adults aged 18 or older to conclude on the population that primarily rejects mental health services. The fourth tool used was a systematic review: Bas-Sarmiento et al., (2017) conducted a systematic review using the Scopus, Science Direct, PubMed, Cuiden, Cochrane, ISI, and PsycINFO databases. Based on the findings of the study, immigrants reject mental health services as mental health complications are not viewed as normal in the immigrant population; Kantor, Knefel, and Lueger-Schuster (2017) conducted a systematic review in an attempt to understand why individuals who have experienced traumatic experiences such as rape, and physical violence are against seeking mental health services.

The fifth tool used was an interview: Silove, Ventevogel & Rees, (2017) interviewed refugees in an attempt to understand why refugees are against mental health services. The sixth tool used was the case study analysis method: Moreland, Coxe & Yang, 2018 conducted a case study analysis to understand why college athletes avoid seeking mental health services even when they need it. The seventh tool used was the cross-sectional study method: Salaheddin & Mason (2016) conducted a cross-sectional study conducted using 45 participants where it was revealed that young people are amongst the population that reject mental health services.

An analysis of the review reveals that the most preferred study method for the study of a population that rejects the mental health services section is the survey method.

**Reasons for the Use of Mental Health Services section**

In the reasons for the use of the mental health services section, there were four methods used to conduct the studies under review. The first tool used was the thematic study method; Lal, Nguyen, and Theriault in 2016 conducted a thematic study where 17 participants aged between 21 years and 35 years were recruited for a thematic study on mental health.

The second tool used was the case study analysis method: Smith et al., (2020) conducted a case study analysis in an attempt to understand the number of involuntary admissions to mental health facilities from 2008 to date.

The third tool used was the semi-structured interview method: Orlowski et al., (2016) conducted semi-structured interviews with 10 people who were aged between sixteen and twenty-two years to establish the effectiveness of telehealth in mental health services provision.

The fourth tool used was the survey method: Han et al., (2017) surveyed 72,600 citizens who have never been incarcerated to establish the use of mental health services; Ali et al., (2019), used a multinomial logistic regression model to analyze survey data to understand the characteristics of adolescents that seek mental health services; King et al (2018) conducted an online survey that had 2370 respondents from eleven colleges in Virginia and North Carolina to understand the role of drugs in the accessing of mental health services.

An analysis of the review reveals that the most preferred study method for the reasons for the use of the mental health services section is the survey method.

**Reasons for Rejection of Mental Health Services section**

In the reasons for the rejection of the mental health services section, there were five methods used to conduct the studies under review. The first tool used was the literature review method: Carrara and Ventura, (2018), conducted a literature review of 149 pieces of literature on mental health. The second tool used was the systematic review and a meta-analysis of qualitative data: Choudhry et al., (2016) carried out a systematic review and a meta-analysis of qualitative data on beliefs and perceptions of mental health. The analysis involved going through 15 publications.

The third tool used was the semi-structured interview: Staiger et al., (2017) conducted qualitative semi-structured individual interviews with 15 unemployed individuals; Memon et al., (2016) conducted a Qualitative study in Southeast England. The researchers recruited 26 adults both male and female from the black and minority registry. The fourth tool was a survey: Luitel et al, (2017) conducted a quantitative study conducted on 1983 adults.

An analysis of the review reveals that the most preferred study method for the reasons for the rejection of the mental health services section is the interview method.

| **Criterion**  \***(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **REVIEW OF THE LITERATURE**  (Minimum 30 pages) | | | | |
| This section must be a minimum of 30 pages. The purpose of the minimum number of pages is to ensure that the overall literature review reflects a foundational understanding of the theory or theories, literature and research studies related to the topic. A well-written comprehensive literature review that reflects the current state of research and literature on the topic is expected and will likely exceed 30 pages. Literature reviews should be updated continuously. This is an ongoing process to dissertation completion. | 2 | 2 | X |  |
| **Quantitative Studies:** Describes each research variable in the study discussing the prior empirical research that has been done on the variables and the relationship between the variables.  **Qualitative Studies:** Describes the phenomena being explored in the study discussing the prior research that has been done on the phenomena. | 2 | 2 | X |  |
| **Themes or Topics (Required):** Discusses and synthesizes studies related to the proposed dissertation topic. May include (1) studies focused on the problem from a societal perspective, (2) studies describing and/or relating the variables (quantitative) or exploring related phenomena (qualitative), (3) studies on related research such as factors associated with the themes, (4) studies on the instruments used to collect data, (5) studies on the broad population for the study, and/or (6) studies similar to the proposed study. The themes presented and research studies discussed and synthesized in the Review of Literature demonstrates understanding of all aspects of the research topic and the research methodology. | 2 | 2 | X |  |
| **Methodologies used in prior research on the topic (required):** Section is built on prior research studies and does not include references to methodology books and articles. **What other methods have been done in similar studies on the topic?**  Discusses and synthesizes the various methods that have been used in prior empirical research related to the study to present the best methodology for the proposed study. This section demonstrates broad understanding of methodologies used in research area. | 2 | 2 | X |  |
| **Instruments/data sources/research materials used in prior studies on the topic (required):**  Provides discussion of instruments, sources of data or research materials used in **closely-related** empirical studies on the topic (dated within last 3 to 5 years).  Demonstrates understanding of the instruments used in prior studies on the topic.  Synthesizes the information to recommend the instruments to be used for the study. | 2 | 2 | X |  |
| Structures literature review in a logical order, including actual data and accurate synthesis of results from reviewed studies as related to the learners own topic. Provides synthesis of the information not just a summary of the findings. | 2 | 2 | X |  |
| Includes in each major section (theme or topic) within the Review of Literature an introductory paragraph that explains why the particular topic or theme was explored relative to the overall dissertation topic. | 2 | 2 | X |  |
| Includes in each section within the Review of Literature a summary paragraph(s) that (1) compares and contrasts alternative perspectives on the topic and (2) provides a synthesis of the themes relative to the research topic discussed that emerged from the literature, and (3) identifies how themes are relevant to the proposed dissertation topic and research methodology. | 2 | 2 | X |  |
| Provides additional arguments for the need for the study that was defined in the Background to the Problem section. | 2 | 2 | X |  |
| Ensures that for every in-text citation a reference entry exists. Conversely, for every reference list entry there is a corresponding in-text citation. Note: The accuracy of citations and quality of sources must be verified by learner, chair and committee members. | 2 | 2 | X |  |
| Uses a range of references including founding theorists, peer-reviewed empirical research studies from scholarly journals, and government/foundation research reports. **Note:** **A minimum of 50 peer-reviewed, empirical research articles are required for the literature review.** | 2 | 2 | X |  |
| Verifies that 75% of all references are scholarly sources within the past 4 years for the proposal and 5 years for the dissertation. The 5-year time frame is referenced at the time of the proposal defense date and the 5-year timeframe is referenced at the time of the dissertation defense date. **Note:** Websites, dictionaries, publications without dates (n.d.), are not considered scholarly sources and should not be cited or present in reference list. | 2 | 2 | X |  |
| Avoids overuse of books and dissertations.  **Books:** Maximum of 10 scholarly books that present cutting edge views on a topic, are research based, or are seminal works.  **Dissertations:** Maximum of 5 published dissertations. | 2 | 2 | X |  |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 | X |  |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Summary

An analysis of the literature review reveals that the majority of the times that people seek mental health services is because they have poor mental health or that their general health is compromised. The convergent view is that exposure to traumatizing events leads to certain populations to seek mental health services as well as the exposure to drug and substance abuse. From the analysis, two groups are identified to have relatively easy access to mental health services. The first group is women and the other group is older adults. Based on the review, there are infrastructure and resources allocated to mental health to help out the identified groups due to their high vulnerability to mental illnesses or disorders.

An analysis of the studies reviewed reveals that the majority of the individuals or populations that have challenges in accessing mental health services are unable due to forces or circumstances out of their control. An example of such circumstances is poor infrastructure. The study by Johnson et al., 2018; Martin et al., 2016 and Ecks, 2016 are of a similar view that poor mental health infrastructure is undermining the delivery of mental health services.

Further analysis of the studies under review reveals that the populations that reject mental health services do so due to the stigma around mental complications. The majority of individuals that reject mental health services believe that a positive diagnosis of a mental disorder makes a person a misfit that leads to rejection by community members. According to Carrara and Ventura, (2018), self-stigma and fear of discrimination are the primary reasons that people reject mental health services. According to Memon et al., (2016), the stigma around poor mental health affects negatively the perception of mental health services. Surprisingly, some individuals reject mental health services as they fear positive diagnosis can deny then income-generating opportunities. According to Staiger et al., (2017), the unemployed population rejects seeking mental health services for fear that negative mental health diagnosis can hamper their opportunities to get employment opportunities.

**Theories and themes.** Based on the literature review three main themes emerged. The first theme was on the negative perception of mental health services. The majority of the studies reviewed indicated that many people stayed away from getting mental health services for fear of being rejected and looked upon due to the stigma around poor mental health. The second theme was that there is a poor allocation of mental health infrastructure. Despite mental health being as valuable as either type of health’s, mental health had little infrastructure allocated to it as evidenced by a few public mental health institutions. The last theme was that mental health services were mainly accessed by the female gender. Due to the patriarchal society, the majority of men refrain from getting mental health services for fear of being termed weak and unhealthy.

**Limitations of the literature review.** The literature review had two main limitations. The first limitation was that close to half of the studies reviewed used small sample sizes and therefore the results of the studies were not accurate representatives of the society. The second limitation of the review was that it also relied on studies that had researcher triggered biased. Some studies were confirming the biases of researchers as opposed to offering information that would help the study of mental health grow.

**Findings of the literature review.** An analysis of the literature review reveals that the majority of the times that people seek mental health services is because they have poor mental health or that their general health is compromised. The convergent view is that exposure to traumatizing events leads to certain populations to seek mental health services as well as the exposure to drug and substance abuse. From the analysis, two groups are identified to have relatively easy access to mental health services. The first group is women and the other group is older adults. Based on the review, there are infrastructure and resources allocated to mental health to help out the identified groups due to their high vulnerability to mental illnesses or disorders.

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| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **Chapter 2 Summary**  (Minimum one to two pages) | | | | |
| Synthesizes the information from all prior sections in the Literature Review using it to define the key strategic points for the research. | 2 | 2 | X |  |
| Summarizes the gaps and needs in the background and introduction describing how it informs the problem statement. | 2 | 2 | X |  |
| Identifies the theory(ies) or model(s) describing how they inform the research questions. | 2 | 2 | X |  |
| Justifies the methodology, design, variables or phenomena, data collection instruments or sources, and population to be studied. | 2 | 2 | X |  |
| Builds a case (argument) for the study in terms of the value of the research and how the research questions emerged from the review of literature. | 2 | 2 | X |  |
| Reflects that the learner has done his or her “due diligence” to synthesize the existing empirical research and write a comprehensive literature review on the research topic. | 2 | 2 | X |  |
| Summarizes key points in Chapter 2 and transitions into Chapter 3. | 2 | 2 | X |  |
| The chapter is correctly formatted to dissertation template using *the Word Style Tool* and APA standards. Writing is free of mechanical errors. | 2 | 2 | X |  |
| All research presented in the chapter is scholarly, topic-related, and obtained from highly respected, academic, professional, original sources. In-text citations are accurate, correctly cited and included in the reference page according to APA standards. | 2 | 2 | X |  |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 | X |  |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

# Chapter 3: Methodology

## Introduction

The purpose of this qualitative descriptive study is to examine how mental health providers describe the factors influencing individuals' decision to utilize or reject mental health services in South Texas. The mental health providers will be asked for strategies to encourage patients to accept and to not reject treatment at the start of treatment and when continuing treatment. The study will employ a qualitative study that will target mental health providers within Southern Texas and document factors impacting utilization and non-utilization of mental services available in the State.

Mental health is a serious issue in South Texas. There was a high need for this research in South Texas. One reason is because this region receives the second-largest allocation of governmental funds for mental health in the United States (Mista et al., 2017). The large allocation is because there is a documented high need for mental health services in South Texas (Kohn, et al., 2018). This means that there are significant funds available, and therefore greater possibility for people to accept or reject mental health treatment. Texas (2017) asserts that people suffering from mental illness still face problems despite the huge costs that are directed towards healthcare. Understanding why people use or reject this available mental health may help policymakers to successfully market mental health treatment and get people the services they need (Kohn, et al., 2018). Another reason is that mental health services in this southern state have faced several population growths challenges. Schwartz (2017), in support of the Southern State Region, argues that the increased growth-rate of populations in one specific county located in a southern state has impacted the health sector at large. The high population together with economic constrains has led to a decrease in the number of health insurance policies. The access to and utilization of mental health care for the populations living in this county has created a gap within the State (Children at Risk, 2013).

Given the above noted societal needs documented in the world, the nation, and the region of South Texas (Mista et al., 2017), this study will examine the gap: there is a need to understand why people choose to utilize or reject mental health services (Lund, et al., 2018). The successful use of mental health treatment has been called social inclusion. This is also recommended by Hall, Kakuma, Palmer, Minas, Martins, & Kermode, (2019), stated that, promoting social inclusion of people with mental illness is consequently a key goal of human rights and global mental health programming to achieve people-centered mental health care, and interventions to promote social inclusion aim to minimize the impact of attitudinal, structural and behavioral drivers of social exclusion. There is good evidence that supported employment programs for people with mental illness and interventions to reduce mental health stigma (e.g. mental health education, direct contact with people with mental illness) are effective in high income countries (Hall, et al., 2019. p. 20 - 22).

This chapter will be organized into the following sections: research methodology, research design and research population, instrumentation and sources of data, data analysis, and ethical considerations and limitations of the methodology. The research methodology will detail the approach that the study is utilizing. The research design covers the structure of the research. The research population details the population that will be involved in the study. On the other hand, the ethical considerations section holds all the ethical concerns that were addressed in the conducting of the research. The last section, the limitation and de-limitations contains all the information on the limitations of the study with special emphasis being placed on the research methodology.

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **CHAPTER 3 INTRODUCTION**  (Minimum two to three paragraphs) | | | | |
| The introduction restates the purpose statement to the study. This section also outlines the expectations for this chapter. | 2 | 2 |  | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Statement of the Problem

The problem this study seeks to address is that it is not known how mental health providers describe the factors influencing individuals’ decisions to utilize or reject mental health services. Without an understanding of what the reasons are for use or rejection, it is unlikely that successful interventions can occur that would enable more people to utilize mental health services among the minority population of Hispanic-Americans, African-Americans and the Asian-American families.

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **STATEMENT OF THE PROBLEM**  (Minimum one to two paragraphs) | | | | |
| The research problem (Problem Statement) is restated for the convenience of the reader from Chapter 1. | 2 | 2 |  | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Research Questions and/or Hypotheses

The phenomena of interest in this study is the reasons why people who have access to mental health services either accept or reject those services, and practitioners’ strategies for promoting acceptance of mental health services. The study sought to fill this gap in existing literature by reviewing the factors that influence the utilization of mental health among people living in South Texas.

The following research questions helped to guide the qualitative study:

Given that the patients have access to mental health services for all of the following questions:

* RQ1: How do mental health providers identify reasons patients use mental health services?
* RQ 2: How do mental health providers identify strategies to encourage patients to begin using mental health services?
* RQ 3: How do mental health providers use the strategies to encourage patients to continue using mental health services?
* RQ4: How do mental health providers identify reasons patients reject mental health services?
* RQ 5: How do mental health providers use strategies to address when patients reject beginning to use mental health services?
* RQ 6: How do mental health providers use strategies to address patients who reject to continue using mental health services?

The data collection methods will be qualitative method. The data collection instrument will be protocols for the Interviews and focus groups. The interview protocols will be open ended questions aligned to the research questions. There will be approximately ten. The focus group protocol will be 4-6 open ended discussion questions that ask the participants to share and discuss their experiences with one another. The sources of the data will be mental health care providers and the transcripts from their interviews and focus groups.

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **RESEARCH QUESTIONS AND/OR HYPOTHESES**  (Minimum one to two pages) | | | | |
| **Qualitative Studies:** Restates the research questions and the phenomena for the study from Chapter 1.  **Quantitative Studies:** Describes the variables, at the conceptual, operational and measurement levels, then restates the research questions from Chapter 1, and presents the matching hypotheses. | 2 | 2 |  | X |
| Describes the nature and sources of necessary data to answer the research questions (primary versus secondary data, specific people, institutional archives, Internet open sources, etc.).  **Quantitative Studies:** Describes the data collection methods, instrument(s) or data source(s) to collect the data for each variable.  **Qualitative Studies**: Describes the data collection methods, instruments, and/or data sources to collect the data to answer each research question. | 2 | 2 |  | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Research Methodology

The research methodology chosen for this study is qualitative. Qualitative research involves the collection and the analysis of non-numerical data for the purposes of understanding experiences, concepts and opinions (Mohajan, 2018). According to Ravitch and Carl (2019), the qualitative method is useful as it helps in the gathering of in-depth insights into challenges or problems as wells as helps in the generation of new ideas for research. According to Hammarberg, Kirkman and de Lacey (2016), the qualitative approach is appropriate for the study as it is useful in the collection of opinions and views of people. Bearing in mind that the study focuses on the reasons why people reject or accept mental health services, the qualitative approach will make it possible for the researchers to gather the views of the people.

Qualitative research is useful for studying this topic because other studies have found it to be useful. For example, Krotofil, McPherson & Killaspy, (2018), Carlsson, Blomqvist & Jormfeldt (2017), Yamamoto & Keogh, (2018) and Doyle, Quayle & Newman, (2017) depict how the qualitative methodology is an effect research methodology more so when further explanation of research phenomenon on mental health is in question.

Most previous studies that sought to determine the factors affecting health seeking behaviors among people experiencing mental conditions used quantitative research methodology. As a result, the findings of those studies did not explain important relationships and those associated with mental health utilization (Kapadia et al., 2017). Such studies focused extensively on the numerical and statistical elements of the study overseeing important relationships. As a result, this study will use a qualitative methodology to unearth the underlying relationships and themes that have not been studies before. The aim of the research is to determine factors that influence individual’s decisions to seek mental health services.

A quantitative methodology will not be the most appropriate approach to this study. The findings of a quantitative study may be generalized as information is drawn from random sources (Rahman, 2017). On the other hand, the findings of qualitative research can be generalized as they are drawn from specific sources. In addition, researchers using the quantitative approach operate under assumptions and as a result the information obtained may be biased. On the other hand, qualitative research has little assumption to nil assumption. Quantitative studies are carried out in unnatural environments that make the respondents uncomfortable and therefore cannot provide the appropriate information (Savela, 2018). As a result, these limitations make quantitative methodology inappropriate for the present study.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| **RESEARCH METHODOLOGY**  (Minimum one to two pages) | | | | |
| Provides a rationale for the research methodology for the study (quantitative, qualitative, or mixed) based on research books and articles. | 2 | 2 |  | X |
| Provides a rationale for the selected the methodology based on **empirical studies** on the topic. | 2 | 2 |  |  |
| Justifies why the methodology was selected as opposed to alternative methodologies. | 2 | 2 |  |  |
| Uses authoritative source(s) to justify the selected methodology. ***Note:*** *Do not use introductory research textbooks (such as Creswell) to justify the research design and data analysis approach.* | 2 | 2 |  | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Research Design

A qualitative descriptive research design was selected to be used in this study despite effectiveness of several other approaches. Qualitative descriptive is the most appropriate design for this study because according to Kim et al (2017), qualitative-descriptive research is descriptive and helps in describing a natural phenomenon. The natural phenomenon in this case is people rejecting or accepting mental health support. The research design will help to gather information as to why people reject or accept mental health support.

According to McCombes. (2019), a qualitative descriptive approach accurately and systematically describes a population, event or phenomenon. McCombs emphasizes that a qualitative descriptive study is a study that is focused on not only the questioning of phenomena but also in the scrutinizing and the articulating of phenomena at the onset. Accordingly, McCombs also states that the main aim of the design is to assess and scrutinize phenomena in depth based on the theory developed for the phenomena. It answers the what, when, where, when and how questions, but not why questions.

Kim, Sefcik, & Bradway (2017), stated that the characteristics of qualitative descriptive approach is consistent with flexibility and has various methods that are effective for obtaining rich data and achieving understanding of a phenomenon. QD was also identified as important and appropriate for research questions that are focused on how to discover the who, what, and where of events or participants’ experiences, which is helpful at gaining insights from participants about a poorly known phenomenon. This is a justification for how the approach was chosen and why it would be an appropriate fit for this particular study at producing useful findings (Kim, Sefcik, & Bradway, 2017).

According to Bradshaw, Atkinson, & Doody (2017), qualitative descriptive designs are particularly relevant where and when information is required directly from individuals experiencing the phenomenon that is being investigated, especially when time is of essence and resources are also limited. In this study, time does not permit me to develop an exhaustive comprehension of qualitative methodological approaches; therefore, it fits into my schedule. Furthermore, the authors states that qualitative descriptive research method is a suitable choice when a researcher is seeking or desires a straight description of a phenomenon. As I seek information from a focus group, QD will be helpful at developing a systematic approach through the philosophical perspectives of the participants, which evidences the purpose of qualitative description research (Bradshaw, Atkinson, & Doody, 2017).

Similarly, Colorafi, & Evans, (2016), also sides with other researchers in stating that qualitative descriptive designs aim at providing accurate description of an event or phenomenon and the states how the significance of a subject applies to the event or phenomenon. Additionally, it is less time-consuming than other qualitative methods. It requires effective planning that involves giving attention to sampling, data collection, and data analysis. Furthermore, the authors indicated that qualitative descriptive design is appropriate when an uncomplicated description is desired that focuses on the details of what, where, when, and why of an event or experience. This is appropriate for my research because it provides a descriptive approach of everyday results of mental health providers and caregivers encounter with mental health patients a factual language that facilitates understanding of this phenomenon (Colorafi, & Evans, 2016).

Other qualitative research designs including phenomenology, case studies, ethnography and grounded theory were considered for the study but rejected because they could not help the researcher achieve the objectives of the study. Grounded theory was rejected on the basis that its subjectivity would lead to difficulties in determining validity and reliability of information and approaches (Nelson, Kielhofner& Taylor, 2017), the manner in which results obtained in studies conducted using grounded theory are presented makes it difficult for the new knowledge to be absorbed and put into practice (Grove, 2019). Since this study aims to increase knowledge in mental health utilization, this approach was inappropriate.

Another research design considered in this study was ethnographic studies but rejected as they only focus on cultural characteristics of the focus group. According to Bearman, (2019), ethnography aims to understand the cultural influences impacting the situation. That is not an objective in this study. In order to facilitate a full and honest discourse, this approach requires researchers to build trust with the respondents. This be time consuming and introduce bias in the study if the research does not take considerable time building relationships with the participants. This was not possible for the scope of this research project, nor desirable as the goal is not to understand the cultural influences on mental health support use or rejection.

Phenomenology research design was also considered for this study but rejected on the basis that its establishment of validity and reliability is challenging and for that reason making subjective research is hard (Stratford & Bradshaw, 2016). Phenomenology research was ruled out as it is impossible to get a proper explanation as to why individuals reject or accept mental health services.

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **RESEARCH DESIGN**  (Minimum one to two pages) | | | | |
| Elaborates on the research design from Chapter 1. Provides the rationale for selecting the research design supported by empirical references. Justifies why the design was selected as the best approach to collect the needed data, as opposed to alternative designs. | 2 | 2 |  | X |
| **Quantitative Studies:** Provides the variable structure and states the unit of analysis. and unit of observation. If multiple data sources have different units of observation, specify the key variable for matching cases.  **Qualitative Studies:** Provides the unit of analysis and the unit of observation. If multiple data sources have different units of observation, specify the matching cases.  In qualitative study designs the units of analysis (or observation) are each sample participant. In case study design (single or multiple), the unit of analysis is a “bounded system” in its own right. This could include one individual, one family, one group, one community, one school, one policy, one region, one state, one country, etc. The sample may include several participants, but these must be members of a homogeneous unit representing the “bounded system” that is the case study unit. | 2 | 2 |  |  |
| Uses authoritative source(s) to justify the design. ***Note:*** *Do not use introductory research textbooks (such as Creswell) to justify the research design and data analysis approach.* | 2 | 2 |  | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Population and Sample Selection

The overall population from which the participants come are the mental health providers such as psychiatrists and therapists. In the United States there are approximately 667,000 mental health professionals and majority of them are aged between 27 and 50 years (Grohol, 2019). Due to the rising number of mental health cases, the number of professionals seems challenged to meet mental health needs.

The target population was purposively selected to include mental health providers from South Texas due to convenience and interest in this specific location given current statistics on mental health use. After surveying the counseling and psychiatrist offices in South Texas, 12 offices were selected to recruit participants. The reasons why these 12 were included in the recruitment pool are: to deal with recruitment in one of the biggest states in the country, to ensure that as many respondents that fit the participant qualifications are collected and also to ensure that the respondents collected offer a representation of the state’s population. In addition, there is a minimum of 125 employees working in the least of the offices.

The actual study sample will include 15-20 psychiatrists and counselors from 12 mental health institutions in the United States. The researcher will send emails to the chief executive officers of the 12 mental health institutions identified for the study requesting permission to conduct research in their organizations. The confidentiality measures will be described as not collecting the names of the participants and using pseudonyms for them in all documents including transcripts, data analysis, and reporting. The data will be safeguarded in password protected files and a backup USB drive to protect the information. The study participation requirements will be listed as people who feel or think about mental health including its utilization and people who have certain things in common (nurses, therapists, psychiatrists, patients, hospital staffers, mental health technicians and observers) these are the kind of people that can provide me with the information that I am looking for.

Economic data from city shares that 68% of Hispanics face economic challenges due to limited level of education that limits them to acquire job opportunities contributing to most of them living in a low average income (Herzog et al., 2016). Statistics show that African and Hispanic-Americans minorities are traditionally known to have poorer access to primary care than the Caucasian-Americans (SAMHSA, 2018). While the pattern changed a little due to the Affordable Care Act (ACA), yet, the disparity is still high. The Hispanics low income level and occupational characteristics are associated to low rates of health insurance cover. According to research by the Texas 2018 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System, 21.6% of African Americans in South Texas lack healthcare insurance, while the Hispanic or Latino population’s access stands at 26.3%, the reason is directed to low income levels due to their occupational characteristics (SAMHSA, 2018), (Printz, 2015).

Asian-Americans are considered under-represented in key government and representation positions contribution to poor access to healthcare. Only 0.8% of Asian Americans access have healthcare insurance that helps them access medical care services including mental health (SAMHSA, 2018), (Gor et al., 2019). The demographic characteristics of persons served by the State Mental Health Authority indicates as follows:

|  |  |
| --- | --- |
| Uninsured Population, Race and Ethnicity | Overall Rates of Uninsured, % |
| American Indian or Alaska Native | 0.3% |
| Asian | 0.8% |
| Black or African American | 21.6% |
| Native Hawaiian or other Pacific Islander | 0.1% |
| White | 72.8% |
| Hispanic or Latino | 26.3% |

Source: https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Texas-2018.pdf

The geographic location for the interview will be Zoom interviews. The participants will be recruited by having the human resources department or secretary of the mental health institution forward an email from the researcher that describes the study, asks for participation, defines the $25 stipend Amazon e-card, and includes the informed consent document.

The sample will meet the requirements for qualitative descriptive from GCU in that 20 people will be recruited with a minimum number of 10 participants in the final study. The data collected from the interviews must consist of five pages of single-spaced pure data. If the minimum sample size of 10 is not met at the 12 institutions, there are 10 additional institutions in South Texas that recruitment can be expanded to.

The strategies to account for attrition include expanding to 10 additional sites available, but the potential sample is already very large with a minimum of 100 at each of the 12 sites. The sample will meet the requirements for qualitative descriptive from GCU in that 20 people will be recruited with a minimum number of 10 participants in the final study. The data collected from the interviews must consist of five pages of single-spaced pure data. If the minimum sample size of 10 is not met at the 12 institutions, there are 10 additional institutions in South Texas that recruitment can be expanded to.

This study will use a combination of purposive and convenience sampling. The convenience is that these locations are nearby. The purposive is that they are mental health providers who work with clients who have access to mental health care and choose to accept or reject it. The criteria for selecting the participants will include: Individuals that directly deal with mentally ill individuals, individuals with over 5 years’ experience in mental health in the public sector. These will be included in the initial recruitment email and asked over the phone before the participant is accepted into the study.

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **POPULATION AND SAMPLE SELECTION**  (Minimum one to two pages) | | | | |
| Describes:  The population of interest (The group to which the results of the study will be generalized or applicable) (such as police officers in AZ),  The target population from which the sample is selected (such as police officers in AZ who belong to the police fraternal association).  The study sample (individuals drawn from target population who provide final source of data) (final number from whom complete data were collected). | 2 | 2 |  | X |
| 1. **Site Authorization and Recruitment** 2. Describes the process for obtaining site authorization to access the target population. 3. Describes the site authorization process (what needs to be included in request) confidentiality measures, study participation requirements, and geographic specifics. 4. If public data sources or social media are used to collect data, although site permission is not required, provide arguments and evidence as to why these sources can be used without site permission. 5. Describes the sampling strategy and process for recruiting individuals to comprise the sample. | 2 | 2 |  |  |
| **Quantitative Sample Size Requirements**  Describes the expected study sample and the proposed and rationale:  An *a priori* or equivalent analysis and/or *post hoc* Power Analysis is required to justify the study sample size based on the anticipated effect size and selected design**.** Certain procedures are applicable for small samples. Those situations must be justified through computation or literature. Justification is based on the selected design and statistical procedures.  **G\*Power or equivalent computation is required.** G\*Power software can be downloaded from the link presented below <http://www.gpower.hhu.de/en.html> using an alpha error of 0.05, a medium effect size and statistical power of 0.80 for each statistical analysis that is proposed.” | 2 | 2 |  | X |
| For proposals, this section discusses *a priori* computation and for dissertation, this section discusses both *a priori* and *post hoc* computation of statistical power based on actual sample size obtained through data collection. Screenshots of the computation for each statistical test (proposals – *a priori* and dissertation – *a priori* and *post hoc*) should be included in the Appendix  When calculating the expected return rate for questionnaires and surveys, assume the return rate is 5-10% when no incentives are provided and 15-20% when incentives are provided.  **Attrition:** When doing repeated measures studies in an experiment, learners should consider probable loss to attrition.  **Qualitative Sample Size Requirements:** The sample size should be stated for each form of data collection including interviews, observations, questionnaires, documents, artifacts, visual data such as drawings and photographs, etc.  **Case Study:** Guideline: A minimum of 10 participants or cases in the final sample for interviews. Learners should pursue a minimum 20 individuals to recruit to account for attrition; minimum of three sources of data; must demonstrate triangulation of the data across two sources for each RQ. Case study interviews may include closed-ended questions with a dominance of open-ended questions; should be no less than 30 minutes; no less than five pages of participant responses/speech in the transcribed data per interview, single spaced, 12 pt. Times New Roman. A minimum of 50 questionnaires if the questionnaires will be used for thematic analysis. The size for other sources (e.g., number of documents or artifacts, observations, etc. should also be identified.  **Phenomenology**: Guideline: Minimum of 8 interviews. Learners should pursue 12 individuals to interview to account for attrition. Interviews should be 60-90 minutes. There should be no less than 12 pages of transcribed data, single spaced, 12 pt. Times New Roman, per interview. Interview questions must be open-ended.  **Descriptive:** Guideline: A minimum of 10 participants in the final sample. Learners should pursue a minimum 20 individuals to recruit; 2 sources of data; no less than 5 pages of transcribed data, single spaced, 12 pt. Times New Roman, per interview.  **Narrative:** Purpose is a collection of stories around a phenomenon. Protocol offers questions that get the participant to tell their personal story regarding a phenomenon including the roles of stakeholders. Guideline: Minimum of 8 interviews. Learners should pursue 12 participants to account for attrition. Interviews should be 60-90 minutes. There should be no less than 12 pages of transcribed data, single spaced, 12 pt. Times New Roman, per interview. Interview questions must be open-ended.  **Note:** A key criterion for selecting a sample size for a narrative study is to elicit long, in-depth of stories about the phenomenon which may be hours long.  **Grounded Theory:** Grounded theory studies yield a theory or model. Usually two rounds of data collection with interim analysis. Minimum of 50 pages of transcribed data from interviews, open-ended questionnaires, or other data sources. Transcripts are 12point font and single spaced. Studies typically have a minimum of 10-30 interviews (45-60 minutes in length) and/or 40-60 open-ended questionnaires. Interview questions must be open-ended.  **Questionnaires or Surveys:** If used in the study the minimum number should be 40. This data collection method can be used in different qualitative designs. | 2 | 2 |  |  |
| **Strategies to account for attrition:** Students should consider the anticipated sample size will not be reached, so must provide a justification or alternative plan for the study (expanding time frame, expanding target population, changing design to bring down sample size needed, or adding an additional data collection approach, adjust an analysis). | 2 | 2 |  |  |
| Defines and describes the sampling procedures (such as convenience, purposive, snowball, random, etc.) supported by scholarly research sources. Includes discussion of sample selection, and assignment to groups (if applicable), and strategies to account for participant attrition.  For a purposive sample identify the screening criteria and device for screening the participants (egg: demographic questionnaire, expert knowledge of topic, screening questions such as years of experience in a position). | 2 | 2 |  | X |
| Describes the study sample size. Provides evidence (based on the empirical research) literature that sample size is adequate for the research design and meets GCU required sample size requirements (listed in criteria below). | 2 | 2 |  |  |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

| **Criterion**  \***(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **RESEARCH MATERIALS, INSTRUMENTATION, OR SOURCES OF DATA**  (Minimum one to three pages) | | | | |
| **Data Collection Instruments/Materials**:  Provides a detailed discussion of the instrumentation and/or materials for data collection which includes validity and reliability of the data. collection instrument or experiment.  Includes citations from original publications by instrument developers (and subsequent users as appropriate) or related studies. | 2 | 2 |  | X |
| **Data Collection Instruments/Materials:**  Describes the structure of each data collection instrument and data sources (tests, questionnaires, interviews, observations data bases, media, etc.).  When using materials for an experiment, describes the structure of the experiment and the materials used for it. Specifies the type and level of data collected with each instrument. | 2 | 2 |  | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Trustworthiness (for Qualitative Studies)

Trustworthiness in research shows the extent to which the findings can be replicated as well as how credible the research findings are (Maxwell, 2017). For a research to be termed trustworthy it must demonstrate that it is free from bias through the methods it has used in both data collection and analysis. In addition, it must show that the research has a direct impact on an existing population. The research findings or recommendations can be implemented on another population other than that which is under study and the phenomena they are concerned must offer improved results. In other words, other researcher focusing on a particular topic should be able to replicate the findings of a study that is considered reliable. Findings must be consistent for various studies focusing on the same topic.

To build on the trustworthiness of qualitative studies, there are two main things that can be done. The first thing is getting an outside to review and examine the research process, preferably a credible individual. Whenever a third party is introduced to a research process the research has to be conducted in a manner that is simple enough for the third party to understand and to explain if there is a need. For the trustworthiness of the research, an outsider will be brought in. The third party must be a psychiatrist by profession, and they must have made research publication in the mental health industry.

The second way in which trustworthiness is built in qualitative research is through the recording of the research process. Recording allows other parties to examine whether the research was conducted correctly and offers an opportunity for the research to be replicated (Shenton, 2004). To ensure trustworthiness in the study, the researchers will record all data collection and data analysis processes. All interviewers will be recorded after they consent to the process.

Credibility refers to the quality of being trusted and believed in. In checking for the credibility of the research, methods triangulation will be used (Thomas, 2017). Different data collection methods will be used to check the consistency of the findings. One threat to the credibility of the study is the study population. The study population primarily consists of mental health service providers and for that reason the data collected from them may be based from the profession’s point of view as opposed to the reality. To ensure that the bias does not exist, the interview questions asked will not focus on the needs of the professions but focus on the needs of those receiving the service. The researchers will utilize an open-ended interview session to drive the bias out if it is picked during the session.

Transferability refers to the generalization of research findings. For generalization purposes, data will be collected from a diverse population to ensure that the findings are transferable to as many different populations as possible. One of the main threats to transferability is poor data collection methods (Sherif, 2018). If biased data collection methods are used then it is not possible for the results to be replicated and for the research findings to be generalized. To ensure that the above threat is eliminated, the researchers will document the context of the participants so that it is clear who else may be similar or not. .

Dependability refers to the reliability and consistency of research findings (Shenton, 2004). In establishing dependability, the study will be used to ensure that it has as little bias as possible and that it is reliable. A dissertation advisor will review all documents. In addition, the whole research process will be documented in a research paper that details the data collection process as well as the analysis process. From the paper which will act as a report, researchers will offer a sequence of events that can be replicated to confirm the research findings.

Confirmability in qualitative research refers to the degree in which research findings can be corroborated or confirmed by other people (Fusch, Fusch & Ness, 2018). In establishing the research confirmability, an audit trail will be established. The audit trail will detail the data collection methods and procedures as well as the research methodology. Through the audit trail, it will be possible t confirm whether the research was done in the right manner as well as whether the research findings are a representation of the research.

| **Criterion**  \***(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **TRUSTWORTHINESS (for Qualitative Studies)**  Trustworthiness is the term used to describe the elements that establish the credibility, transferability, dependability, and confirmability of the study.  (Minimum two to four paragraphs or approximately one page) | | | | |
| **Qualitative “validity” is composed of credibility and transferability.**  Strategies generally include rigorous techniques and methods, thick description, audit trails, evident methodological processes and procedures, well-defined coding, ample examples of quotes, and findings that clearly emerge from the data. | | | | |
| Defines the concepts of credibility, transferability  Credibility: discusses how the study represents the participants’ experiences  Transferability: discusses how the study’s findings may be applicable to policy, practice, future research | 2 | 2 |  | X |
| Describes the threats to the credibility and transferability of the study inherent in the study design, sampling strategy, data collection method/instruments, and data analysis  Addresses how these threats will be minimized | 2 | 2 |  | X |
| **Qualitative “reliability” is composed of dependability and confirmability**.  Establishes consistency and repeatability of data collection through in-depth documented methodology; detailed interview/observation/data collection protocols and guides; creation of research data-base; and/or use of triangulation. | | | | |
| Defines concepts of dependability and confirmability | 2 | 2 |  | X |
| * Dependability: discusses how the study documents research procedures | 2 | 2 |  | X |
| * Confirmability: discusses how the study could be confirmed or findings corroborated by others | 2 | 2 |  | X |
| Describes the threats to dependability and confirmability of the study inherent in the study design, sampling strategy, data collection method/instruments, and data analysis  Addresses how these threats will be minimized | 2 | 2 |  | X |
| Appendices must include copies of instruments, materials, qualitative data collection protocols, codebook(s), and permission letters from instrument authors (for validated instruments, surveys, interview guides, etc.) | 2 | 2 |  | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Data Collection and Management

The data collection process will begin by writing a letter to the dean requesting for permission to conduct the research. The proposal for the research will then be presented to the Institutional review board (IRB) for approval. The IRB will approve the study and the researchers will recruit the participants to take part in the study. The sample population for this study will include service providers, psychiatrists, therapists, school counselors and members of the community. The participants will be required to fill consent forms before the study begins. The consent form is important to show that the participants understand the risks associated with the study.

***Recruitment.*** For the recruitment of the participants of the study, I will have the secretary forward an email from me to all the participants. The email will highlight what the study is about and the role that they will be playing in the study. Once the identified parties have consented to the study, the researcher will communicate over email or phone with the sample group and allocate everyone a specified time that they will be interviewed.

The data will be collected by interviewing 6-8 respondents that are members of focus groups from 12 mental health organizations within South Texas. The interviews will involve 15-20 respondents from the selected organizations. The respondents will respond to questions that are going to be asked in the interview session as well as participate as per the expectations of the focus group.

A consent form will be sent using DocuSign and obtained with signature. The selected participants will submit the consent forms and complete the interview using Zoom. Data will be collected on Zoom which for a Business account provided computer generated transcripts. These transcripts will be reviewed and listened to and cleaned up for computer errors such as the computer transcribing the word label as ladel. Transcripts once cleaned will be uploaded into MaxQDA for analyses. The transcripts and data analysis files will be saved in a password protected file on the computer and on a password protected USB drive as a backup. They will be saved for 3 years and then destroyed electronically and physically for the USB drive by smashing it.

| **Criterion**  \***(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **DATA COLLECTION AND MANAGEMENT**  (Minimum one to three pages) | | | | |
| **Quantitative Studies:** Describes the procedures for the actual data collection that would allow replication of the study by another researcher, including how each instrument or data source was used, how and where data were collected, and recorded. Includes a linear sequence of actions or step-by-step of procedures used to carry out all the major steps for data collection. Includes a workflow and corresponding timeline, presenting a logical, sequential, and transparent protocol for data collection that would allow another researcher to replicate the study.  Data from different sources may have to be collected in parallel (e.g., paper-and-pen surveys for teachers, corresponding students, and their parents AND retrieval of archival data from the school district). A flow chart is ok—"linear" may not apply to all situations  **Qualitative Studies:** Provides detailed description of data collection process, including all sources of data and methods used, such as interviews, member checking, observations, surveys, and expert panel review. Note: The collected data must be sufficient in breadth and depth to answer the research question(s) and interpreted and presented correctly, by theme, research question and/or instrument. | 2 | 2 |  | X |
| Describes the procedures for obtaining participant informed consent and for protecting the rights and well-being of the study sample participants.  Include site authorization letter(s) and participants' informed consent (parents' consent and children's consent, as needed) in appendices. | 2 | 2 |  | X |
| Describes how raw data are prepared for analysis (i.e., transcribing interviews, conducting member checking, downloading from SPSS and checking for missing data).  Describes (for both paper-based and electronic data) the data management procedures adopted to maintain data securely, including the length of time data will be kept, where it will be kept, and how it will be destroyed | 2 | 2 |  | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Data Analysis Procedures

The problem statement of the study is that it is not known how mental health providers describe the factors influencing individuals' decision to utilize mental health services. Mental health is a serious issue in South Texas. There is a high need for this research in South Texas. One reason is because this region receives the second-largest allocation of governmental funds for mental health in the United States (Mista et al., 2017). The large allocation is because there is a documented high need for mental health services in South Texas (Kohn, et al., 2018). This means that there are significant funds available, and therefore greater possibility for people to accept or reject mental health treatment. Texas (2017) asserts that people suffering from mental illness still face problems despite the huge costs that are directed towards healthcare.

Understanding why people use or reject this available mental health may help policymakers to successfully market mental health treatment and get people the services they need (Kohn, et al., 2018). Another reason is that mental health services in this southern state have faced several population growths challenges. Schwartz (2017), in support of the Southern State Region, argues that the increased growth-rate of populations in one specific county located in a southern state has impacted the health sector at large. The high population together with economic constrains has led to a decrease in the number of health insurance policies. The access to and utilization of mental health care for the populations living in this county has created a gap within the State (Children at Risk, 2013).

This research is conducted in an attempt to reduce mental illnesses in the state. It hopes to do so by identifying why certain populations do not seek mental health services even when there is a need. By understanding, why they do not, it will be possible for policy makers to come up with measures to ensure that all people have access to mental health services and that there are no restrictions in the accessing of the services.

The following research questions will help to guide this qualitative study:

* RQ1: How do mental health providers describe the influence of self-efficacy on individuals’ decision to utilize mental health services?

The research question will be geared at collecting professional data on the personal reasons that people might have when it comes to accessing mental health services.

* RQ2: How do mental health providers describe the influence of behavioral capacity on individuals’ decision to utilize mental health services?

The research question will be geared at collecting professional data on the behaviors people might have when it comes to accessing mental health services.

* RQ3: How do mental health providers describe the influence of expectations on individuals’ decision to utilize mental health services?

The research question will be geared at collecting professional data on the expectations that people might have when it comes to accessing and utilizing mental health services

Given that the patients have access to mental health services for all the above questions, the below interview questions listed in Appendix 1 will be used as part of the interview protocol. Appendix 2 captures the questions that will be used in the focus group.

The research questions are guided by the following hypothesis

* There is a high rate of mental health conditions in Southern Texas
* Individuals living in South Texas utilize very low budget allocation on funding of mental health care.
* Cost is a factor impacting the population’s utilization of mental health services

Data analysis will be conducted using descriptive analysis, followed by transcription from the tape recorder then the analysis will be performed based on interviews and focus groups. Data collected will be first manually coded with the themes of the study. The coded themes will then be analyzed, and explanations given. The overall aim of the analysis will be to find factors influencing individuals' decision to not utilize Mental Health in one Southern State County. At the initial starting stage, individual interviews will be conducted, recorded and transcribed verbatim. The next step will involve the researcher repeatedly reading and listening to the content to get familiarized with it. As such, the researcher will gain deeper and better familiarization with the contents; he will also identify the answers to those questions asked as well as identify the themes.

The data collected will be grouped into three categories. The first category is the person from which data was collected. The second category will be the method used for data collection. The third category will be the contents of the data collected. Through the categorization it will be possible to collect evidence that supports that the quantity, and the quality of the data is sufficient to answer the research questions.

A thematic analysis will be used to analyze the data collected. This was chosen because it is a common analysis technique for qualitative data with a clear set of steps to follow. According to Nowell et al., (2017), thematic analysis emphasizes the identification, analysis and interpretation of patterns of meaning within qualitative data. The researcher particularly will use MaxDQA in organizing and visualizing data. The researcher followed six steps in analyzing and visualizing the data collected. Stage 1 will involve familiarizing with the data collected. Stage 2 will involve generating codes regarding the significant ideas discovered in the data and identification of data and combining pertinent data relating to each code. This is where each research question is aligned to the interview question, and therefore the codes will align with the research questions. Stage 3 will allow the researcher to review codes and to understand those that could be developed into acceptable themes.

The next step will involve reviewing and refining the themes and determining if there are any of them that need to be removed, combined, or if they can be broken down into additional themes. The fifth step involves defining and naming the themes after refining them (Nowell et al., 2017). Themes will be generated when there are a significant amount of codes related to it that emerge from the data that answers the research questions. In the next stage the researcher will generate a report. Once the researcher is familiar with the data by reading through the data and looking for patterns, he will develop a detailed description of the phenomenon from the synthesis of the data which is outlined in the discussion section of this study.

| **Criterion**  \***(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **DATA ANALYSIS PROCEDURES**  (Minimum one to three pages) | | | | |
| Lists the problem statement or purpose statement, along with the research question(s). Also includes the null and alternative hypotheses for quantitative studies. | 2 | 2 |  | X |
| Describes in detail the relevant data collected for each stated research question and/or each variable within each hypothesis (if applicable).  **Quantitative Studies:** "In detail" means scales (and subscales) of specified instruments AND type of data for each variable of interest. IMPORTANT: For (quasi) experimental studies, provide detailed description of all treatment materials per treatment condition, as part of the description of the independent variable corresponding to the experimental manipulation. | 2 | 2 |  | X |
| Describes, in detail, the data management practice including how the raw data were organized and prepared for analysis, i.e., ID matching of respondents who may respond to more than one survey/instrument, coding/recoding of variables, treatment of missing values, scoring, calculations, etc.  **Qualitative Studies:** (1) describes transcription process for interviews, focus groups, descriptive statistics (mean scores, percentages) calculated for surveys, observation checklists, etc. | 2 | 2 |  | X |
| **What:** Describes, in detail, statistical and non-statistical analysis to be used and procedures used to conduct the data analysis.  **Quantitative Studies:** (1) describe data file preparation (descriptive statistics used to check completeness and accuracy; *for files from different sources*, possibly aggregating data to obtain a common unit of analysis in all files, necessarily merging files (using the key variable defining the unit of analysis); (2) computation of statistics for the sample profile; (3) computation of (subscales and) scales; (4) reliability analysis for all scales and subscales; (5) computation of descriptive statistics for all variables of interest in the study (except those already presented in the sample profile); (6) state and justify all statistical procedures ("tests") needed to generate the information to answer all research questions; and (7) state assumptions checks for all those statistical procedures (including the tests and / or charts to be computed).  **Qualitative Studies:** This section begins by identifying and discussing the specific analysis approach or strategy, followed by a discussion of coding procedures used. Note: coding procedures may be different for Thematic Analysis, Narrative Analysis, Phenomenological Analysis, or Grounded Theory Analysis. | 2 | 2 |  | X |
| **Why:** Provides the justification for each of the (statistical and non-statistical) data analysis procedures used in the study.  If a change in analysis was made, explains what was actually done versus what was planned and why. | 2 | 2 |  | X |
| **How:** Demonstrates how the statistical and non-statistical data analysis techniques align with the research questions/design. | 2 | 2 |  | X |
| **Quantitative Analysis** - states the level of statistical significance for each test as appropriate, and describes tests of assumptions for each statistical test.  **Qualitative Analysis** - evidence of qualitative analysis approach, such as coding and theming process, must be completely described and included the analysis /interpretation process. Clear evidence from how codes moved to themes must be presented. | 2 | 2 |  | X |
| Provides evidence that quantity and quality of data is sufficient to answer the research questions. This must be present in this section or in an appendix including data samples. | 2 | 2 |  | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Ethical Considerations

Before the commencement of the study, the researcher will seek authorization from all the relevant bodies including the IRB for approval. The researcher will also seek authority from the University board to conduct the research. All the data collected will be purely used for research purposes and remain confidential. The data will remain free to withdraw from respondents from the study. No personal name or organizational names that may bring conflict of interest in the research will be included. The research will remain in the custody of the University will all rights reserved. Additionally, only relevant data was collected by the researcher, solely for the study. The researcher will remain clear of any subjectivity in analyzing the data and also in preventing anything that will be harmful to the participants.

In honoring the APA principles in human research, the study will have to obey the APA principle of following informed-consent rules. There are three standards that are going to be enforced in this study. The first standard is the human relation standard. The human relation standard focuses on ensuring that there is no discrimination in the study and that the best approaches are used when interacting with humans to make them as comfortable as possible. The APA ethical human relation standard state that researchers should avoid unfair discrimination. In the research, the study will consist of a sample population that has almost all if not all ethnicities present in the study location represented in the study. In addition, all genders will be represented in the study to avoid gender discrimination. The above will be particularly good for the study as the research team will get to gather information on how different ethnicities feel about caring for the elderly more so those with psychological disorders.

The human relation standard states that all participants in the study should be made aware of the purpose of the research and the expected research duration. In addition, the participants should also be made aware of any foreseeable factors that may influence their willingness to participate in the study as well as the limits of the confidentiality of the research that the participants will participate in (Khodyakov et al., 2016). It is the duty of the research team to make sure that participants know what they are getting themselves into and for how long they will do that as far as the research is concerned. Since the study is concerned with the views of people, it is important that their views are treated with confidentiality. No person outside the research team should have access to the collected data. The above will not only help the participants in preparation for the research but it will also in line with the ethical considerations of research that states that participants must fully know the research processes of the study that they participate in.

The second standard that will be enforced is the privacy and confidentiality standard. The standard was put in place to ensure that the rights more so privacy and confidential rights of people are observed. In meeting the above requirement, the research findings will not be publicly published without the consent of all participants.

There is a process for informed consent. The rules state that all participants in the study should be made aware of the purpose of the research and the expected research duration. In addition, the participants should also be made aware of any foreseeable factors that may influence their willingness to participate in the study as well as the limits of the confidentiality of the research that the participants will participate in (Khodyakov et al., 2016). It is the duty of the research team to make sure that participants know what they are getting themselves into and for how long they will do that as far as the research is concerned. Since the study is concerned with the views of people, it is important that their views are treated with confidentiality. No person outside the research team should have access to the collected data. The above will not only help the participants in preparation for the research but it will also in line with the ethical considerations of research that states that participants must fully know the research processes of the study that they participate in.

The participants will also be given incentives for participating in the research as well as the contacts that they can use in case they have any questions. The incentives will help stick to the study considering the study duration is long. The informed consent forms given to the participants will help participants to feel at ease with the research process. The contacts are also availed for the purposes of making sure all questions that participants have in regard to the research are addressed. In other cases, the contacts are used in the reporting of abnormal side effects of studies.

The third ethical standard that will be enforced is the research and publication standard that emphasizes that consent should be gotten from the participants before any publication of the research is done. Ethical approval for this study will first be obtained from the university, after which the data collection will commence. Homes and hospices caring for the elderly persons who suffer from psychological disorders will be contacted and invited to participate and written consent will be sought. It is important that consent is gotten from the participants as well as the institutions that they work for to avoid unnecessary litigation as well as to be in line with ethical demands of human research (Dickert, 2019). The data collection tools will be delivered to the participating homes and health care agencies for data capture and later collected. Caregivers will be informed on why research is being carried out and possible research benefits. It is important for the participants to be made aware of the possible benefits of the research in order to have their full participation in the research.

Adherence to the code of ethics in the handling of this research will be for primarily two reasons. The first reason is to ensure that the research is carried out in a legal manner and an ethical manner. Ethics are vital in every aspect of research across the world (Grady, 2018). Therefore, it implies that ethics are necessary for the success of this study. The second reason is that the adherence will validate the research; the research will be of more value if the findings are realized in an ethical manner. According to (Grady, 2018), adherence to the code of ethics will ensure that the research not only follows a research framework but as well follows an ethical framework. The research will be carried out within the acceptable code of conduct. The ethics will strictly be followed to ensure legal acceptance of the research. It is important to remember that the research will be aimed at benefiting the stakeholders just as the principles of beneficence and nonmaleficence dictate(Kosinski et al., 2015).The research has the responsibility of collecting the data in an honest manner as dictated by the principles of integrity.

The researcher will also ensure that all the research processes will not harm the respondents in any way either physically, emotionally or any other way. While it is difficult to predict beneficence in a qualitative study, the researcher will ensure ensured the researcher procedures were followed strictly to bring out a beneficial outcome. All the possible consequences of the study will be considered to minimize potential harm and reduce intentional harm. The balanced the risk and benefits of the study before data collection commenced. The researcher will only conduct the study after the benefits of the study outweighed the benefits. (is something missing here)

The research will respect the privacy of all the respondents who will participate in the study. The researcher will respect the view of those respondents who will not be willing to provide personal information. The interview questions to be used will be developed in a way that the respondents will provide honest opinions. This will help to reduce bias and enhance the reliability of the study. The data obtained will remain stored on the researcher's computer with the password encrypted. The relationship developed between the researcher and the respondents will only be used to provide information for the study and not for any other purposes. The data will be destroyed after three years with not any backups whether in the cloud or other storage devices.

| **Criterion**  \***(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **ETHICAL CONSIDERATIONS**  (Minimum three to four paragraphs or approximately one page) | | | | |
| Provides a discussion of ethical issues, per Belmont Report and IRB guidelines, related to the study and the study population of interest.  Explains which principles / issues are relevant to the study.  Identifies the potential risks for harm that are inherent in the study. | 2 | 2 |  | X |
| Describes the procedures for obtaining informed consent and for protecting the rights and well-being of the study sample participants. | 2 | 2 |  | X |
| Addresses key ethical criteria of anonymity, confidentiality, privacy, strategies to prevent coercion, and any potential conflict of interest. | 2 | 2 |  | X |
| Describes the data management procedures adopted to store and maintain paper and electronic data securely, including the length of time data will be kept, where it will be kept, and how it will be destroyed.  Explains what he/she planned to do / did to implement each of the principles / issues that are relevant the study data management, data analysis, and publication of findings.  **Note:** Learners are required to securely maintain and have access to raw data/records for a minimum of three years. If asked by AQR reviewer or CDS representative, learner must provide all evidence of data including source data, Excel files, interview transcripts, evidence of coding or data analysis, or survey results, etc. No dissertation will be allowed to move forward in the review process if data are not produced upon request. | 2 | 2 |  | X |
| Includes copy of IRB Informed Consent (Proposal) and IRB Approval letter (Dissertation) in an Appendix.  All approvals, consent forms, recruitment, and data collection materials are mentioned in the Data Collection section and included in separate appendixes (with appropriate in-text references). | 2 | 2 |  | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Limitations and Delimitations

Just like any other study, this study experienced various limitations and had a number of delimitations.

Limitations associated with this study included:

1. Some of the findings might not be truthful because honesty of the participants can’t be known. The only strategy that can be applied in this situation is to tell the participants to be as honest as possible. As an interviewer, I will try to be open and kind so that they feel they can be honest.
2. The study can not compare participants statistically because it is a qualitative research study. The consequence is the inability to numerically compare the answers of the participants. This will be minimized with a rich thick description of the answers provided by participants.
3. There is a possibility of researchers, subjectivity, and errors. Aggarwal & Ranganathan, (2019), stresses that descriptive studies may contain errors as the researcher may ignore data that conforms to the hypothesis of the study. To minimize this the researcher will use open coding and MaxQDA to try to capture all of the findings.

The study had the following Delimitations:

1. Due to convenience and university policies there will be a small sample size of 20 participants. The consequence is that , it negatively influences the transferability of research findings because of limited participants (Hesse et al., 2019). To minimize the impact of the small sample size I will attempt to reach saturation when no new topics are arising in new interviews.
2. The participants included in this study were healthcare providers in South Texas. As a result, this study did not involve healthcare providers from other parts of the United States. The consequence is that it might not be transferable. To minimize this the participants and their work environment will be described to allow readers to assess if the findings transfer to their context.

| **Criterion**  **\*(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **LIMITATIONS AND DELIMITATIONS**  (Minimum two to three paragraphs) | | | | |
| Reiterates those limitations listed in Ch. 1 and explains why the existing limitations are unavoidable.  Describes any delimitations related to the methodology, sample, instrumentation, data collection process and analysis.  Note: This section must be updated as limitations emerge in the data collection/analysis, and then incorporated in Chapter 5 the limitations overall and how the study results were affected. | 2 | 2 |  | X |
| States consequences of each limitation and delimitation in terms of data quantity, quality, and validity / generalizability of the findings.  Discusses strategies to minimize and/or mitigate the negative consequences of limitations and delimitations. | 2 | 2 |  | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

## Summary

The number of People suffering from mental disorders continues to increase in the United Sates. This is despite the spirited efforts to improve access to mental health services. There are numerous factors that influence health seeking behaviors among people in the United States (Platt et al., 2018). However, these factors are not well known, and this affects the development of effective strategies to increase mental health utilization. While many studies have been done on this topic, they have not explained comprehensively the factors affecting health seeking behaviors in the country. As a result, this study aimed to determine the factors influencing individuals, decision to seeking mental health services.

It was not known what influences an individual's decision to or not to utilize mental health services in the United States. It was also not known how mental health providers describe the factors influencing individuals' decision to utilize mental health services. There are also increasing mental health cases among the children in the country (Gulliver et al., 2019). Westermair et al., (2018) noted that the studies that have been carried out on the mental health utilization have not yielded substantial results. Chang & Biegel, (2018) also suggested that more studies need to be conducted to establish how policies can be used to address the financial barriers to the utilization of mental health services in the United States.

A qualitative research methodology has been used in this study to help in answering the research questions. This is because most previous studies that sought to determine the factors affecting health seeking behaviors among people experiencing mental conditions use quantitative research methodology. Such studies focused extensively on the numerical and statistical elements of the study overseeing important relationships (Kapadia et al., 2017). A quantitative methodology would not have been the most appropriate approach to this study. The findings of a quantitative study may not be generalized as information is drawn from random sources (Rahman, 2017). In addition, quantitative studies are carried out in unnatural environments that make the respondents uncomfortable and therefore cannot provide the right information (Savela, 2018).

A qualitative descriptive research design was adopted for this study. Qualitative descriptive is the most appropriate design for this study because it helps to describe how mental health providers and mental health professionals the factors influencing individuals' decision to utilize mental health services (Kim et al., 2017). Additionally, it is effective in explaining relationships and themes about a certain phenomenon. Other qualitative research designs including phenomenology, case studies, ethnography and grounded theory were considered for the study but rejected based on the fact that they could not help the researcher achieve the objectives of the study. This research design increases the validity and reliability of the study.

Data collection followed all standard procedures beginning with seeking approval from the IRB. Data analysis was conducted using descriptive analysis, followed by its transcription from the tape recorder then the analysis was performed based on interviews and focus groups. Various ethical considerations were observed throughout the study. The researcher also ensured that all the research processes do not harm the respondents in any way either physically, emotionally or any other way. The privacy of respondents was also respected in the study. The researcher remained clear of any subjectivity in analyzing the data and was also proactive at preventing anything that will be harmful to the participants.

Chapter three discussed the various literatures that support the acceptance and the rejection of mental health services with the intention of identifying why people do so to improve mental health in the state. Chapter four presents the findings of the study. It begins by discussing the research questions and problem statement of the study. The themes and relationships that emerged from the data collected are presented in this chapter. Tables, charts and figures are also presented in this section. A succinct summary is also presented at the end of the chapter. Chapter five provides discussion of the findings outlined in chapter four. Chapter five also presents significance of the study and its implication to practice. Finally, recommendations for future studies are provided at the end of the chapter.

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| **Criterion**  \***(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| --- | --- | --- | --- | --- |
| **CHAPTER 3 SUMMARY**  (Minimum one to two pages) | | | | |
| Summarizes key points presented in Chapter 3 using authoritative, empirical sources/citations. | 2 | 2 |  | X |
| Document shows alignment of title, problem statement, purpose statement, RQs and hypotheses, methodology, design, data collection and instruments, and analysis. | 2 | 2 |  | X |
| Ends Chapter 3 with a transition discussion to focus for Chapter 4. | 2 | 2 |  | X |
| The Chapter is correctly formatted to dissertation template using the Word Style Tool and APA standards. Writing is free of mechanical errors. | 2 | 2 |  | X |
| All research presented in the Chapter is scholarly, topic-related, and obtained from highly respected academic, professional, original sources. In-text citations are accurate, correctly cited and included in the reference page according to APA standards. | 2 | 2 |  | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. | 2 | 2 |  | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

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| --- | --- | --- | --- | --- |
| **Criterion**  \***(Score = 0, 1, 2, or 3)** | **Learner Score** | **Chair Score** | **Methodologist Score** | **Content Expert Score** |
| **QUALITY OF SOURCES & REFERENCE LIST**  For every in-text citation a reference entry exists; conversely, for every reference list entry there is an in-text citation. Uses a range of references including founding theorists, peer-reviewed empirical research studies from scholarly journals, and government/foundation research reports. The majority of all references must be scholarly, topic-related sources published within the last 5 years. Websites, dictionaries, and publications without dates (n.d.) are not considered scholarly sources and should not be cited or present in the reference list. In-text citations and reference list must comply with APA 6th Ed. | | | | |
| Ensures that for every in-text citation a reference entry exists. Conversely, for every reference list entry there is a corresponding in-text citation. Note: The accuracy of citations and quality of sources must be verified by learner, chair and committee members. |  |  | X | X |
| Uses a range of references including founding theorists, peer-reviewed empirical research studies from scholarly journals, and government /foundation research reports.  **Note:** **A minimum of 50 peer-reviewed, empirical research articles are required for the literature review.** |  |  | X | X |
| Verifies that 75% of all references are scholarly sources within the last 5 years. The 5-year time frame is referenced at the time of the proposal defense date and at the time of the dissertation defense date.  **Note:** Websites, dictionaries, publications without dates (n.d.), are not considered scholarly sources and should not be cited or present in reference list. |  |  | X | X |
| Avoids overuse of books and dissertations.  **Books:** Maximum of 10 scholarly books that present cutting edge views on a topic, are research based, or are seminal works.  **Dissertations:** Maximum of 5 published dissertations. |  |  | X | X |
| Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, uses correct sentence structure, uses correct punctuation, and uses correct APA format. |  |  | X | X |
| **\*Score each requirement listed in the criteria table using the following scale:**  0 = Item Not Present or Unacceptable. Substantial Revisions are Required.  1 = Item is Present. Does Not Meet Expectations. Revisions are Required.  2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.  3 = Item Exceeds Expectations. No Revisions are Required. | | | | |
| **Reviewer Comments:** | | | | |

# Appendix A.

# Site Authorization Letter(s)

This is a required Appendix for Level 2 and Level 5 Reviews.

For purposes of confidentiality, this will be removed prior to Dean’s signature and the following text will be inserted:

Site authorization(s) on file at Grand Canyon University.

# Appendix B. IRB Approval Letter

This is not the D-form! Use the approval letter that you received upon IRB approval.

This Appendix is required in the full dissertation only.

# Appendix C. Informed Consent

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| **INFORMED CONSENT FORM** |
| **INTRODUCTION** |
| The title of this research study is, “Factors Influencing Individuals' Decision to Utilize Mental Health in South Texas”  I am James Dada, a doctoral student under the supervision of Dr. Jennifer Seymour at Grand Canyon University. The purpose of this qualitative descriptive study is to examine how mental health providers describe the factors influencing individuals' decision to utilize mental health services in South Texas*.* Your participation in this study will be very helpful in understanding the implications of mental health. |
| **KEY INFORMATION** |
| This document defines the terms and conditions for consenting to participate in this research study.   * ***How do I know if I can be in this study?***   + You can participate in this study if you are:     - Competent individual 18 years of age and above   + You cannot participate in this study if you:     - A minor below 18 years * ***What am I being asked to do?*** If you agree to be in this study, you will be asked to:   + ***What*** *every participant will complete a questionnaire regarding their mental health status and whether or not they visit the mental health facility and the reasons why they may not be visiting the mental health facilities.*   + ***When*** *upon receipt of the questionnaire, the participant will be required to answer all the questions without assistance and in not more than 1 hour.*   + ***Where*** *this is an online study that will be conducted via social media platforms.*   + ***How*** *the extent of participation in this study is completing an online questionnaire that consists of 25 questions.*   Audiotaping: *(If applicable)*  I would like to use a voicerecorder to record your responses. *You cannot* still participate if you do not wish to be recorded. The Nuremberg Code will be strictly followed to protect the participants.    Videotaping:*(If applicable)*  I would like to use a video camera to record your actions. Because this tape will show who you are, these extra steps will be taken: *from the moment we collect the results, it will be handled in a safe and careful manner. The information will be sealed and labeled with all movements vigilantly documented. The personal identifying information will be destroyed after three years.*  *You (can, or, cannot)* still participate if you do not wish to be recorded. *The data that will be collected in this study will be kept confidential unless the law requires disclosure. The research result may however be used in presentations, publications and/reports*   * ***Who will have access to my information?*** *(myself, and my dissertation chair.)*   Participation is voluntary. However, you can leave the study at any time, even if you have not finished, without any penalty or loss of benefits to which you are otherwise entitled. If you decide to stop participation, you may do so by: *you may decline any part of the questionnaire without withdrawing from the entire study by just typing the word SKIP* If so, I *will use,* the information I gathered from you.   * ***Any possible risks or discomforts?*** *There are no known or anticipate risks that are associated with participation in this study.* * ***Any direct benefits for me?*** *No.* * ***Any paid compensation for my time?*** *no compensation will e granted for participation in this study.* * ***How will my information and/or identity be protected*** *all personal identifiers will be removed before sharing the datasets to ensure that the identities of the participants cannot be determined by the people who will see the data. The master list that is linking the personal identifiers to the data will not be destroyed. This means that it will be easier linking with the participants. The list will however be stored securely.* |
|  |
| **PRESENTATION OF INFORMATION COLLECTED** |
| *The data collected will be grouped by individual observations of variables. The frequency distribution of these groups will be a convenient mean of analyzing the data* |
| **NEW INFORMATION** |
| Sometimes during a study, we learn new information. This information may come from our research or from other researchers. If new information might relate to your willingness to participate, I will give you that information as soon as possible. |
| **ADDITIONAL COSTS FOR ILLNESS OR INJURY** |
| If you are injured as a result of your participation in this study, treatment will be available to you here*: (Better Health clinic Austin).* Additional resources are: *(Betterhealth.amantine.gmail.com).* Costs that arise from injury or emergency treatment must be paid by you. |
| **TERMINATION OF PARTICIPATION** |
| I may stop your participation, even if you did not ask me to, if: *(may not seem to be competent).*  If you decide to stop participation, you may do so by*: (signing a cancellation form).*If so, I *(will not use)* the information I gathered from you. |
| **PRIVACY AND DATA SECURITY** |
| * ***Will researchers ever be able to link my data/responses back to me?*** *The master list that is linking the personal identifiers to the data will not be destroyed and therefore the participants can be reached if need be* * ***Will my data include information that can identify me (names, addresses, etc.)?****No.* * ***Will researchers assign my data/responses a research ID code to use instead of my name?*** *There will be a research code that will be used to identify the participants which is only known by the original researcher*   + ***If yes, will researchers create a list to link names with their research ID codes?*** *“N/A”*   + ***If yes, how will researchers secure the link of names and research ID codes? How long will the link be kept? Who has access? Approximate destroy date?*** *“N/A”* * ***How will my data be protected (electronic and hardcopy)? Where? How long? Who will have access? Approximate destroy or de-identification date?*** *The data will be kept in the facility’s database or three years upon which the PII will be destroyed. The original researcher will access the information.* * ***Where and how will the signed consent forms be secured?*** *the forms will be handled just like any other confidential data and will be securely protected.* |
| **FUTURE RESEARCH** |
| Once identifiers *(name, address, etc.)* are removed from these data (*identifiable private information or identifiable bio-specimens, whichever is applicable*) collected for this study,*(the de-identified information or bio-specimen, whichever is applicable)*could be used for future research studies or distributed to other investigators for future research studies without additional informed consent from you or your legally authorized representative. |
|  |
|  |
| **STUDY CONTACTS** |
| Any questions you have concerning the research study or your participation in the study, before or after your consent, will be answered by (*Jdada@my.gcu.edu)*  If you have questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the College of Doctoral Studies at [IRB@gcu.edu](mailto:IRB@gcu.edu); (602) 639-7804. |
| **VOLUNTARY CONSENT** |
| **PARTICIPANT’S RIGHTS**   * You have been given an opportunity to read and discuss the informed consent and ask questions about this study. * You have been given enough time to consider whether or not you want to participate. * You have read and understand the terms and conditions and agree to take part in this research study; * You understand your participation is voluntary and that you may stop participation at any time without penalty.   **Your signature means that you understand your rights listed above and agree to participate in this study**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Participant or Legally Authorized Representative Date |
| **INVESTIGATOR’S STATEMENT** |
| "I certify that I have explained to the above individual the nature and purpose, the potential benefits and possible risks associated with participation in this research study, have answered any questions that have been raised, and have witnessed the above signature. These elements of Informed Consent conform to the Assurance given by Grand Canyon University to the Office for Human Research Protections to protect the rights of human subjects. I have provided (offered) you a copy of this signed consent document."  (Your signature indicates that you have ensured the participant has read, understood, and has had the opportunity to ask questions regarding their participation)  Signature of Investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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# Appendix D. Copy of Instruments and Permissions Letters to Use the Instruments

This is a required Appendix.

1. Appendix E.  
   **10 Strategic Points**

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|  | My Degree: Ph.D.  Program Emphasis: Industrial & Organizational Psychology | |
|  | **Ten Strategic Points** | **Comments or Feedback** |
| **Broad Topic Area Final Topic** | Factors Affecting Utilization of Mental Health in Southern Texas  Factors Influencing Individuals' Decision to Utilize Mental Health in South Texas |  |
| Lit Review  (Theoretical Framework (Theory)  Gaps  Themes  All Citations | **Gaps**   1. De Luca, Blosnich, Hentschel, King, & Amen (2016). The authors indicate that mental health has emerged as one of the critical areas of focus in recent times, and for a long time, it had been sidelined. However, with the realization that most health conditions are related in one way or another to a mental disorder, this area is now been studied extensively, and more attention has been given to patients. 2. Mental health professionals point to insufficient mental healthcare resources in the United States as one of the major factors contributing to the rising suicide rate in the country. Nevertheless, these professionals noted that emergency providers paly major role at forefront of the problem and may also play significant role in its prevention. The experts reiterated the necessity for providers to possess the skills required for managing patients at lower suicide risk levels, especially in settings in which such patients do not enough access to behavioral healthcare providers and that the providers need to be accustomed to suicide risk, especially when there are widely publicized high-profile instances of suicide. 3. According to Kohn, et. al, (2018), emphasize the gap in mental health treatment in the American Region when examined through the prevalence of mental health disorders, use of mental health services, and the global burden of disease. Statistical data from community-based surveys of mental disorders in the various countries in America including Argentina, Brazil, Canada, Chile, and the United States etc. were utilized. The World Mental Health Survey published data were used in estimating professional the treatment gap. For Canada, Chile, and Guatemala, the treatment gap was calculated from data files. The mean, median, and weighted treatment gap, and the 12-month prevalence by severity and category of mental disorder were estimated for the general adult, child-adolescent, and indigenous populations. Disability-adjusted Life Years and Years Lived with Disability were calculated from the Global Burden of Disease study. Mental and substance use disorders accounted for 10.5% of the global burden of disease in the Americas (Kohn, Ali, Puac-Polanco, Figueroa, López-Soto, Morgan, & Vicente, 2018). 4. Wang, & Xie, (2019) Emphasizes the need to eliminate the prevalence of mental health service utilization among many adults in the United States. The authors examined the links between mental health service utilization, health insurance coverage, mental health problems and drug abuse, and the health disparities among communities. In 2013. the authors in conjunction with the National Survey on Drug Use and Health performed a research with 37,424 adults’ respondents, with the outcome that only 5,434 adults were receiving mental health services. The outcome of the research indicated statistics of overall prevalence of mental health services utilization to be around 15%, with the female and the aging population experiencing major depressive episodes, serious psychological distress, and illicit drug or alcohol abuse/dependence were positively associated with mental health service use. Insured African Americans, Asians and Hispanics, and married were negatively associated with mental health service utilization. Adults with varying types of insurances having disparities in accessing mental health services. (Wang, & Xie, 2019).   **Theoretical Foundation**  The theoretical framework for this research study is the Albert Bandura’s Social Cognitive Theory, which examines the context of health promotion and disease prevention. It helps to describe how motivations in health and behaviors are influenced by the interaction of people’s beliefs, environment, and behaviors (Morin, 2019).  **Literature Review**   1. **Empathic Approach**: Emphasized the issues of utilized and underutilized mental health resources and non-institutionalized adults as behavioral risk factors in Southern Texas. Mental health professionals point to insufficient mental healthcare resources in the United States as one of the major factors contributing to the rising suicide rate in the country. Nevertheless, these professionals noted that emergency providers play major roles at the forefront of the problem and may also play significant roles in its prevention. The experts reiterated the necessity for providers to possess the skills required for managing patients at lower suicide risk levels, especially in settings in which such patients do not enough access to behavioral healthcare providers and that the providers need to be accustomed to suicide risk, especially when there are widely publicized high-profile instances of suicide. (Morrisville, North Carolina: AHC Media LLC, 2018).   **Professional Development**:  **Job Satisfaction**: Mental health has recently emerged as a critical area of interest as it had been sidelined for years. Due to this realization, the illness is now been studied extensively, and more attention has been given to patients. It has been suggested that most of the chronic conditions and terminal illnesses lead to mental disorders in patients. For many reasons, mental health is now among the priorities of medical practice (De Luca et.al. 2016). |  |
| Problem Statement | It is not known how mental health providers describe the factors influencing individuals' decision to utilize mental health services |  |
| Research Questions | RQ1: How do mental health providers describe the influence of self-efficacy on individuals’ decision to utilize mental health services?  RQ2: How do mental health providers describe the influence of behavioral capacity on individuals’ decision to utilize mental health services?  RQ3: How do mental health providers describe the influence of expectations on individuals’ decision to utilize mental health services? |  |
| Population  Target Population  Sample | * *Location* – Southern, Texas. USA * *Target Population*:   + - Mental Health providers with membership of Mental Health Association in South Texas       * Behavioral Hospitals       * Psychiatrists       * Therapists   *Sample:*   * The sample will be in South Texas of the United States * Out of a population of 12 Mental Health Providers   + - **Questionnaire:** Minimum of 120     - **Interviews:** Minimum of 40 Mental Health providers   . |  |
| Describe Phenomena (qualitative) or Define Variables/Hypotheses (quantitative) | To understand why the people living in Southern Texas are not effectively utilizing mental health services   * There is a high rate of mental health conditions in Southern Texas * Individuals living in South Texas utilizes very low budget allocation on funding of mental health care * Cost is a factor impacting the population’s utilization of mental health services |  |
| Methodology & Design | Qualitative Descriptive Study |  |
| Purpose Statement | The purpose of this qualitative descriptive study is to examine how mental health providers describe the factors influencing individuals' decision to utilize mental health services in South Texas |  |
| Data Collection Approach | Mental health providers with membership in Mental Health Associations will be the main participants in the study based on 5 years’ experience and the willingness to be interviewed   * Visits to mental health providers * Informed & signed consent will be obtained from participants * Interview with mental health providers recorded on tape * Sampling Method: Purposeful Sampling * Sources: Interviews & Questionnaires: Notes will be taken; interviews will be tape recorded and documented properly * Data will be Collected using a Google form * Mental health providers/participants names will be removed from the data * Data will remain stored on the researcher’s computer with password encrypted. |  |
| Data Analysis Approach | Descriptive Statistics  Demographic information  Years of experience  According to Braun and Clarke (2006), the following procedures are recommended for thematic analysis:   * Ensure that researcher is familiar with the data by reading through the data and looking for patterns * Followed by the researcher beginning coding through identifications of the data and combining pertinent data that relates to each code   + - Data will be collected and analyzed for the study.     - Descriptive statistics will be used in summarizing acquired data.     - Coding will be used to address questions asked and the transcribed interviews and coded data will be stored on a backup USB thumb drive     - A narrative summary will be developed. |  |

# Appendix F

***Demographics of the participants***

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| --- | --- |
| Sample Population | 12 Mental Health Providers in United States |
| Questionnaire | Minimum of 120 |
| Interviews | Minimum of 40 Mental Health providers in the South |

**Appendix F**

**Interview Questions**

* RQ1: How do mental health providers describe the influence of self-efficacy on individuals’ decision to utilize mental health services?

1. What do mental health providers identify as reasons patients use mental health services?
2. What are the known factors that prevent those in need of mental health services from accessing them?
3. What strategies do mental health providers have to encourage patients to begin using mental health services?

* RQ2: How do mental health providers describe the influence of behavioral capacity on individuals’ decision to utilize mental health services?

1. What do mental health providers identify as reasons patients reject mental health services?
2. What strategies do mental health providers have to address when patients reject beginning to use mental health services?
3. Are there instances where behavior has influenced the seeking of mental health services?

* RQ3: How do mental health providers describe the influence of expectations on individuals’ decision to utilize mental health services?

1. What strategies do mental health providers have to encourage patients to continue using mental health services?
2. What strategies do mental health providers have to address patients who reject to continue using mental health services?
3. What drives those seeking mental health services to do

**Appendix G**

**Focus Group questions**

* RQ1: How do mental health providers describe the influence of self-efficacy on individuals’ decision to utilize mental health services?

1. What are the known motivating factors that guide the decision by some people to access and utilize mental health services?
2. What are the known factors that prevent those in need of mental health services from accessing them?
3. How can mental health service providers encourage more people to seek mental health services?

* RQ2: How do mental health providers describe the influence of behavioral capacity on individuals’ decision to utilize mental health services?

1. What are the possible influences of the access to mental health services?
2. Are there instances where behavior has influenced the seeking of mental health services?
3. What trends can be done away with or encouraged to demystify mental health services?

* RQ3: How do mental health providers describe the influence of expectations on individuals’ decision to utilize mental health services?

1. What is the general profile of individuals that accept and those that openly reject mental health services?
2. What drives those seeking mental health services to do it?
3. How can people be encouraged to seek mental health services?