

## Introduction

Through a collaboration with Santa Maria Community Center in Price Hill, we worked to investigate the mental health needs of children. Santa Maria expressed concern about the state of mental health in the young population of Price Hill. They offer some mental health resources free of charge to the community, including a psychologist that has appointments once a week. We are investigating whether these resources meet their needs and what barriers are preventing the community from using the resources. Our hypothesis is that there are various demographic barriers (social, cultural, economic, etc.) preventing access to mental health resources in East Price Hill. To study these issues we surveyed the community and statistically analyzed the results.

## Methods

Our project consisted of two key components conducted simultaneously: a survey of residents and interviews of key informants in the community. The purpose of the survey was to acquire quantitative data regarding mental health resources in the area. The survey was distributed to adults at several community programs in Price Hill including MYCincinnati Youth Orchestra, Santa Maria's ESL class, and the Price Hill Family Center. The survey addressed demographic information, awareness of existing mental health services, and perceived barriers to accessing these resources. All participants were given the opportunity to participate in a raffle for two \$50 Kroger gift cards as compensation for their time. We excluded surveys from participants that did not have children under the age of 22 years of age.

Interviews of key informants were completed to qualitatively assess the opinion on the current availability of mental health resources, the need for these resources, and insights into the barriers to accessing these resources in the community. The key informants included a minister and a school psychologist in the community.

## Results

We collected a total of 58 surveys, 20 were excluded because they did not meet the criteria of having children under 22 years of age (n=38).

The most common age group represented in our responders was 30-39. More females (71%) than males (29%) answered our survey. This was expected since the surveys were administered primarily at after-school program pick-ups for children.

### Descriptive

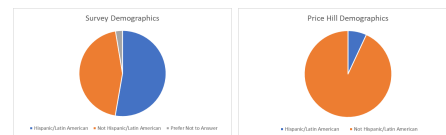


Figure 1A

Figure 1B

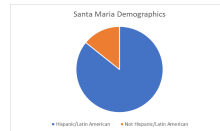


Figure 1C

Figure 1A. East Price Hill Demographics. According to the 2010 census data, 6.9% of the total population of East Price Hill identified as Hispanic/Latin American.

Figure 1B. Survey Responder Demographics. According to our survey administered to the East Price Hill community, 52.6% of the responders identified as Hispanic/Latin American.

Figure 1C. Santa Maria Demographics. According to our community partner's data, 85.8% of the population that Santa Maria served in the first quarter of 2018 identified as Hispanic/Latin American.

### Statistical Analysis

Table 1. Awareness of Resources Based on Ethnicity and Gender

Stratification	Odds Ratio (95% CI)	p value
Hispanic vs. Non - Hispanic	0.333 (0.158-0.704)	0.004
Female vs. Male	0.594 (0.260-1.352)	0.594

A comparison of aggregated awareness data shows that there is a significant difference between the Hispanic and non-Hispanic populations' awareness of mental health resources available.

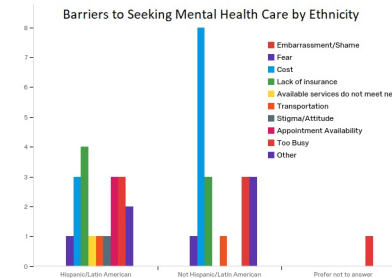


Figure 2. Barriers to Seeking Mental Health Care by Ethnicity. The barriers including embarrassment/shame, fear, cost, lack of insurance, available services do not meet needs, transportation, stigma/attitude, appointment availability, too busy, and other are shown based on the separate responses from those who identified as either Hispanic/Latin American, Non-Hispanic/Latin American, or those who preferred not to answer.

### Key Informants

We interviewed a school psychologist in the Price Hill community. The main points from his interview were as followed:

- The school has strong mental health resources at hand, including contact with outside sources for referral.
- Most of the barriers present are from parents having preconceived notions and stigmas against mental health treatment.
- Occasionally the parents could be convinced to change their mind after an issue has been identified.

Our second key informant was a member of a local parish in the community. The main points from this interview were as followed:

- The parish she works with has a large immigrant population.
- She believes mental health issues are a part of daily life in that community due to immigrant status, long work hours, low pay, and parent culture.
- The children are strongly affected by these stressors and are at risk of developing mental health issues.

## Conclusion

The results suggest that Santa Maria would be most effective by targeting the Hispanic/Latin American population when promoting current mental health services due to significantly less awareness of mental health services in the Hispanic/Latin American respondents (p=0.004). The key informant interviews also suggested that increasing awareness of mental health services would be an efficacious approach. The school psychologist shared that there is an extensive network of mental health provisions through Rees E. Price Elementary school, but that parents frequently refuse to consent for their children to receive mental health care through the school because of stigma toward mental health issues. Sister Tracy discussed the reality that the children in Price Hill live in a world surrounded by crime, poverty and discrimination, all of which put these children at greater risk for mental health problems. Santa Maria will hopefully be able to use this information to apply for grants to integrate more mental health services that will effectively meet the needs of their community.