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**Sana Sana Colita de Rana;
Mental Health Awareness and Practices of Mexican
Americans in the Heart of Little Village**

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Abstract

The field of psychology is dominated by Eurocentric practices based on the populations of the Global North and they have been imposed on the rest of the world without much research to prove that they fit a global population (Bhatia & Priya, 2021). As people with a history of colonization Mexican Americans are not treated as people who can produce their own knowledge, but Mexican Americans have a long and rich history (Hernández-Wolfe, 2013). Mexican immigrants and their descendants need to find ways to create community and connection through our cultural heritage. Mexican Americans are directly impacted by anti-immigrant policy and sentiment (Ornelas et al., 2020, Williams et al., 2019) that has become a hot topic in the last several years. As a marginalized population Mexican Americans mental health is directly impacted (Wood & Newbold, 2011). To try to understand how this community views mental health, and how community, culture, and mental health are interconnected in this community I conducted informal interviews in the Mexican American community of Little Village. The community members seem to express concerns over violence in the community and they believe mental health is of great concern. They worry that the youth in this community do not have enough places where they participate in activities that allow them to express themselves in healthy ways. Despite their concerns, they have a deep love for their community and desire to see it improve. More broadly, this research will help understand how immigrant communities practice mental healthcare and what some of their major concerns regarding their mental health are in the hopes that we can expand the field of mental health through post-colonial praxis.

Keywords; Mental Health, Mexican Immigrants, Mental Healthcare practices, Post-colonial

Introduction

In Spanish, we have a saying that *La Cultura Cura* (Culture Heals). Culture facilitates community and community provides a sense of belonging. Feeling as if you belong to a community is essential for well-being. The racism, isolation, and other forms of violence that immigrants experience by becoming a person with a marginalized identity may have terrible consequences on their health (Wood & Newbold, 2011, Williams et al., 2019). Mexican Americans and their mental health are directly impacted by anti-immigrant policy and sentiment (Ornelas et al., 2020, Williams et al., 2019) which has become a hot topic in the last several years. Mexican Americans in urban cities such as the Little Village community are exposed to violence and poverty which are also known to negatively impact mental health and their ability to care for their mental health (Hollie & Coolhart, 2020, Williams et al., 2019, Hoogasian & Lijtmaer, 2010). Social networks provide emotional and physical resources, so it is critical for immigrants to rebuild a social network in their country of residence often relying on other immigrants who migrated from the same country (Wood & Newbold, 2011). Having a sense of community and feeling reconnected to their cultural roots are protective barriers for immigrant Health (Wood & Newbold, 2011). Mexican immigrants and their descendants find ways to create community and connection through our cultural heritage with practices such as Curanderismo, traditional Mexican healing (Hoogasian & Lijtmaer, 2010).

Psychotherapy has taken the perspective that mental health experts with Eurocentric educations need to shape therapy assuming that marginalized peoples, groups made up of people with marginalized identities such as an ethnic minority, have limited knowledge of how to care for their own mental health; they have imposed their colonial mindsets unto these marginalized populations by monopolizing knowledge and knowledge production (Beals et al., 2021, Bhatia & Priya, 2021, Tomicic & Berardi, 2018). As people with a history of colonization Mexican

Americans are not treated as people who can produce their own knowledge by Eurocentric institutions, but Mexican Americans have a long and rich history (Hernández-Wolfe, 2013, Adames & Chavez-Dueñas, 2017). Indigenous peoples of what is now known as the Americas have used traditional healing from pre-colonial times. Adapting therapy to be more culturally sensitive is not enough to make a significant impact on Mexican Americans' mental health (Huey et al., 2014). Mental healthcare providers, advocates, and the communities they serve need to expand the concept of what mental health care can look like to better serve our diverse population in the United States and to increase access to Mental Healthcare.

To try to understand how this community views mental health, and how community, culture, and mental health are interconnected in this community I conducted informal interviews in the Mexican American community of Little Village. The primary question guiding my research was: Does the Mexican American Community in Little Village use their cultural knowledge to care for their mental health? The community members seem to express concerns over violence in the community and believe mental health is of great concern. They also worry that the youth in this community do not have a safe environment or activities where they can find support. Despite their concerns, they have a deep love for their community and a desire to see it improve. The way in which this community defines mental health and what practices they have, or lack, can inform how the field of psychotherapy can decentralize Eurocentric understandings of mental health.

Background

Little Village is a community in southwest Chicago. It is primarily made up of poor and working-class Mexican Americans. The main street that runs across Little Village is 26th street has been the second highest in tax revenue for the city of Chicago, only after the Magnificent

Mile on Michigan Avenue. The businesses you find along 26th Street consist of supermarkets, laundromats, restaurants, money orders, and stores with various goods imported mainly from Mexico. Another common business that is hard to find anywhere else in the city but numerous on 26th street is the Botanica. Botanicas sell herbs, religious paraphernalia, and remedies that promise to heal all sorts of ailments.

Literature Review

The Roots to Wellness Collaborative conducted surveys in the Southwest side of Chicago, including the Little Village community, between 2016 to 2017 and reported that community members claim structural barriers such as cost as the primary reason for not participating in Mental Health therapy, attitudes towards therapy also being commonly reported (*R2W MH Report One-Pager_FINAL_ENG.Pdf*, n.d.). Their data shows that 80 percent of the survey participants were foreign born, Little Village is commonly known as an immigrant community. The immigrant experience comes with enormous amounts of stress and challenges that take a toll on mental health (Ornelas et al., 2020, Wood & Newbold, 2011).

Little Village is known for its vibrant Mexican American community and delicious food, but it is infamous for violence, particularly gang violence. Vargas (2016) explains that violence in this community is concentrated in hot spots, and specific streets in that community. The majority of Little Village is concerned with community life and several community members actively work towards improving it. While the reputation of Little Village being a violent community may be overstated, this reputation does have a negative impact on the community members' well-being as demonstrated by the interviews I conducted. Research on urban violence in Black communities suggests that exposure to violence can have a negative impact on your mental health (Hollie & Coolhart, 2020). Community violence is particularly detrimental to the

mental health of youth. Exposure to youth in their formative years makes them particularly susceptible to developing symptoms of mental illness common in PTSD patients (Woods-Jaeger et al., 2019, Hollie & Coolhart, 2020). Growing up in violent communities also means that youth are often criminalized and seen as miscreants by figures of authority which negatively impacts their self-esteem and social lives (Woods-Jaeger et al., 2019).

The literature on mental health in Mexican American communities shows that well-being is not a priority for this community, often in these communities meeting immediate needs is more urgent. Often Mexican Americans are of low Socioeconomic status and cannot afford healthcare (Hoogasian & Lijtmaer, 2010). Racism, discrimination, and anti-immigrant policies impact this community's mental health, their access to mental healthcare, and the quality of care for immigrant communities (Williams et al., 2019, Maio et al., 2019). In immigrant communities, after awareness of mental health needs, a primary concern for getting the necessary care is access to care (Ornelas et al., 2020). Even when the hurdles of mental health awareness and access to mental health care are overcome, the care can still prove ineffective. Holmes (2012) describes the types of misunderstandings that come up between doctors and patients due to cultural differences and language barriers, such as children being classified as born out of marriage because the Triqui immigrants do not engage in religious or state marriage. The stigmatization or negative attitudes towards people with mental illness among Mexican Americans is another explanation for why this population does not use therapy with the same frequency as Whites in America. Therapy use among Hispanic populations is significantly lower than among Whites. This is the result of many factors such as attitudes towards mental illness, access to care, and the inadequacy of care. However, the lack of use of methods of therapy accepted by western society, even including alternative therapies (Graham et al., 2005) does not

necessarily reflect a lack of care. The Community members of Little Village that were interviewed provided insight into this when asked how they care for their mental health.

By asking participants to define mental health and describe their practices I seek to complicate the current understandings we have about mental health in Mexican American communities and disrupt the Eurocentric basis in the fields of psychology and psychotherapy. Post-Colonial and Decolonial schools of thought believe it is necessary to question and challenge our current knowledge, where it came from, and who produced it (Beals et al., 2021, Bhatia & Priya, 2021, Hernández-Wolfe, 2013, Tomicic & Berardi, 2018). Current Euro-American psychology is based on research done on those populations and imposed on the rest of the world (Bhatia & Priya, 2021). Imposing understandings of mental illness based on a Euro-American worldview ignores the unique life experiences and challenges faced by a majority of the world's population. Mexican immigrants and their descendant's experience many hardships trying to integrate themselves into American society, their experience of America is not that of European descended Americans. Thus, imposing Eurocentric mental health practices may be doing them a disservice. Research on language barriers to Western therapy is consistent with the theory that Mexicans or those of Mexican descent do not understand mental health the same way that Euro-Americans do. The study explains that Mexican patients often speak of mental illness in a metaphorical language, for example, describing depression as an opponent (Magaña, 2019).

Mental healthcare and understandings about mental health must be adapted for different populations to best support them (Purtle et al., 2020). Traditional healing practices such as Curanderismo often offer Mexican Americans treatment that is accessible and sensitive to their needs (Torres, 2006, Hoogasian & Lijtmaer, 2010) While psychologists and clinical practitioners emphasize the need for culturally sensitive therapy those who research Curanderismo offer it as a

possible solution (Torres, 2006, Hoogasian & Lijtmaer, 2010). The use of Curanderismo by Mexican Americans has been primarily recorded near the border states. Curanderismo is known as traditional Mexican healing and is practiced oftentimes among people of Mexican heritage, so it is possible that Mexican American communities in Chicago also practice traditional healing in some form. Traditional healing offers an alternative to mental healthcare professionals that can provide Mexican Americans with a connection to their culture and creates a sense of community, both of which are proven to have positive effects on mental health (Hoogasian & Lijtmaer, 2010, Wood & Newbold, 2011)

Methods

To try and better understand what mental health practices are in Mexican immigrant communities, specifically that of Little Village, I have focused on answering how Mexican immigrants define and care for their mental health in this community. The question that guided this research is: Does the Mexican American Community in Little Village use their cultural knowledge to care for their mental health? I interviewed people in the Chicagoland area who identify as Mexican Americans. My population was the working-class Mexican Americans that frequent or work at businesses along 26th street. I considered using the snowball method for recruitment by asking my grandmother to introduce me to people she knows in the community then have them introduce me to other people, this is how I conducted the Interview 0 and Interview 1. However, I did not feel like this was the best way to capture the general population of people that work or live in Little Village because most of the contacts my grandparents have made within this community come from owning a botanical store for over thirty years, so those people would be more likely to use herbal remedies than the rest of the Little Village community. I also considered recruiting people through advertising around the community, but in my

experience working with immigrant communities the majority will not seek you out to participate, and I was limited by time. Many factors may play into why this population is not likely to volunteer to participate in research. Some of it may be a general distrust of authority figures. Another part maybe they're simply too preoccupied with work. One of the most common responses, when I asked people if they were willing to be interviewed, was that they didn't have anything to say, implying that they did not have anything valuable to say to me. This may mean that my data does not represent a part of the population of Little Village, particularly those not concerned about mental health. Some who agreed to be interviewed would still tell me they would try but they did not feel that they had anything valuable to say.

As I am currently living in Little Village with my grandparents, I would often walk to the stores on 26th street by myself or with my grandparents. When I go out with my grandparents, they usually share something about the community with me since they have lived and worked there for over 30 years. My grandparents always say that it is thanks to the loyalty of that community that they have been able to pay off their house and raise two daughters. On one occasion when I was running errands an older gentleman greeted me outside the bank when I could not get the door to open and stood for a couple minutes with me trying to figure out if the bank was closed, it was. As the gentleman walked away it hit me like a pile of bricks. This was the community I was trying to interview. People who are going about their business and living their normal everyday lives. In this moment I realized that what I had to do is go around the community recruiting participants and interviewing at the same time. Sometimes the simplest method is the best. People would not volunteer for the interviews because they do not believe they have knowledge to share, but when I presented myself as just a student wanting to learn from them, they wanted to help.

In this way I was able to recruit participants and conduct interviews in this community simultaneously. Since I am currently living in Little Village whenever I had several free hours in a row, I would grab my tote bag where I had my recorder, consent forms, and a pen and head out the door. I would recruit by walking up and down 26th Street looking at what businesses were open and if I could see the people inside. If the business was open but not too busy, I would walk in. I would walk up to people, greet them, and strike up a friendly conversation with them. If they dismissed me, I would move on. Most often employees or business owners were the ones that agreed to talk to me when they had a slow day, so my sample may not be representative of those who work from home or are unemployed but reside in Little Village. If they were open to conversation, I would try to recruit them.

I would explain that I was a university student interviewing community member about mental health and ask if they thought they may be interested in participating. If they said no, I would thank them and leave. When they said they were too busy at the moment I would ask when I could come back and would come back at that later time or date. If they hesitated, I asked if they would like me to explain it better and I would. If they agreed to participate, I would let them know I first have to discuss consent with them because it was a university requirement, which they understood. I clearly explained why I was recording the interview, that they would not be identified, and emphasized that their participation was optional. Only one person refused to participate after I explained that I would be using a recorder, probably because they were in a van parked in a lot and had just offered me a fake ID. I emphasized their participation was optional because I could tell they were uncomfortable being interviewed but they wanted to help me as a student. As a final step I asked if they agreed to participate, if they did, I let them know I was turning on my recorder.

I conducted a total of nine interviews between the months of February and March. In total I interviewed 10 people. The age range for interviews was from mid-twenties to mid-seventies. Of the 10 people interviewed 8 were women. All but one was of Mexican heritage. The one who was not was a Honduran woman who lives and works in Little Village and wanted to be interviewed, I did not feel it appropriate to turn her away. I will, however, not include her as part of the analysis to remain true to the research population but will include the interview in the appendices (see appendices A). The youngest interview participant was 27 years old, the oldest was approximately in their mid-seventies, all other participants seemed to be in the 40 and 50 range. All but two spoke primarily in Spanish or only Spanish. One was fully bilingual, and the 27 years old spoke primarily English and said they had lived in Little Village their whole life. Four mentioned they had migrated from Mexico. The one who was fully bilingual mentioned they migrated as a child. Another mentioned they had been in the United States for about twelve years.

Two key factors that allowed me access to this population was that I am a fluent Spanish speaker and I always introduced myself as a student. Speaking Spanish immediately made people more receptive towards me, they assumed I was a member of the community. They were also very receptive to the fact I was a student. Several would ask me what I was studying and encourage me to continue studying, *sigue estudiando*, they would say to me. Many congratulated me for studying and not sitting idly, or they commended me for being hardworking and compared me to the youth they see around the community. Many seemed almost as proud of me as if my accomplishment was their own, in a way it is. I am fortunate that these qualities that made interview participants receptive to me are qualities I possess and could remain genuine

with my interview participants. Honesty and transparency are important for establishing a good rapport with participants.

The interviews were informal to allow participants to think through their answers and ask clarifying questions. I interviewed participants where we were or where they lead me to in the vicinity. I tried to have the interviews flow naturally as if we were having a conversation and encouraged participants to speak naturally. Participants answered with a couple of sentences and interviews were mostly around fifteen minutes, except for one that went on for forty minutes. It was necessary that the interviews be informal so that participants felt more at ease, and if they were working and needed to pause the interview, they could. Informal interviews also allowed participants who would not have participated in these interviews under other circumstances to do so. My goal was for participants to define mental health in their own terms and interviews allowed them to think through their answers organically. The interviews consisted of questions asking them to define mental health, how they practice mental health care, as well as how mental health is connected to culture and community. The two initial Interviews, Interview 0 and Interview 1, were conducted with four initial questions about mental health and mental healthcare practices, and a series of follow-up questions. After I observed a major focus on community and violence in both interviews, I added questions regarding both to the interview guide.

All but one of my interviews were conducted individually. The one that was not, was conducted with a husband and wife who agreed to be interviewed and answered the questions together. The wife volunteered her husband to participate in the interview, to which he agreed. However, both were present as I asked the questions and upon seeing her husband hesitate the wife answered for him. Then each would one answer the questions they feel comfortable

answering or expand on what the other said, sometimes I would ask a follow up question directed at one of them specifically if they said something briefly before that seemed interesting. This was the most extreme example of the adaptability I had to practice while conducting interviews. Every interview was unique, and I was met with a unique personality, so I had to adapt to the circumstances. In another interview an employee was moping the floor as I interviewed a colleague, it was raining outside and I was drenched, these were the circumstances under which they agreed to interview so I conducted the interview. In two occasions I was asked into a back office and offered a seat, and I accepted because it felt safe to do so. Once I was brought a seat and conducted the interview as others set up the place for an event and loud music played in the background. The participants were willing to give me some of their time in exchange I had to adapt to the environment we were in and find a way to make the conversation flow.

Seven of the interviews were conducted in Spanish, the remaining two were in English after an initial conversation in Spanish where participants expressed, they would rather be interviewed in English or did not care. In both interviews in English participants peppered in Spanish words or phrases, but the Spanish interviews were completely in Spanish. All interviews were audio-recorded. All interviews were transcribed, and when necessary, translated by myself. I had a trusted person whom I know to be fully bilingual read over the translations to confirm they are accurate. Translating was tedious and required me and the second translator to think carefully about the participants meaning. As always some is lost in translation, but there was a substantial effort made to stay true to the participants' voices. As a final comment, it is common practice to assign pseudonyms to interview participants, which I have refrained from doing.

From my community, I have learned that names carry meaning. Ethnic names are part of our heritage, one which I wish to honor. So, I refer to participants simply by their interview.

Results

Participants discussed some of their major concerns regarding violence in the community and how it impacts mental health. The conversation about violence, particularly gang violence, led to discussions about adults' concerns for youth in this community. A key focus of this research was to understand how the Mexican American community in Little Village defines mental health. So, a major part of the findings focuses on the answers to the question "How do you define mental health?" Most interview participants focused on mental illness or provided evaluations of the current state of mental health. A second major focus was how this community practices caring for their mental health. So, the result section is also focused on the participant's practices. Another theme that came up in interviews was the participants' relationships with the community and the impact of the community on their mental health.

Violence

A major theme that came up as a problem in this community was the concerns over violence. The theme of violence in Little Village has been discussed in Robert Vargas' book "Wounded City" (2016). Despite violence being concentrated on one side of the Little Village, the threat of violence impacts the community at large. The interview participant in Interview 5 said,

"Interview 5: Oh well. Delinquency. Uhm, the shootings that well are very upsetting, like just a little while ago. Like what was it like three weeks ago that the girl died? We were here inside. We were in the store and we didn't even notice. Didn't notice until the next day. And it could have been anybody. It could have been any one of us that. Well, that insecurity that it gives you. That is what."

The participant in interview 6 spoke to the impact of community violence on mental health,

“Well, sometimes you are a little bit traumatized of seeing so much things, so much violence. And so many kids of acquaintances that are involved in the things and all of that violence. So sometimes we do get a little bit frightened. But well mentally as well, it does affect you because a lot of people don't want to go out because of fear of being caught up in something or some form of violence. Like now recently, what happened with the young girl that died just walking normally on the street and suddenly there's a shooting and that you're stuck there. Well, it can be traumatizing.”

Several participants spoke about the impact that violence in this community has on their lives.

Some mentioned feeling unsafe or worried that they may be victims of gun violence as some of the traumatic consequences. Despite their concern, many participants expressed that Little Village has as bad reputation and that people perceive it to be more dangerous than it really is.

Youth

Many participants expressed concerns for youth in connection to the violence in Little Village. Whether they would become victims of it or participate in it. The participant in Interview 1 said,

“It's because I think that all you see here in the community it's like a lot of youth that is not well, they're not well. And from there, well, you know, one gets upset. Because you're thinking well, these are our youth. What's gonna happen in the future?”

In relation to their personal concerns about community violence and the normalization of violence in general the participant in Interview 7 said,

“Well, I think that in the times that I was raised was different. They weren't these times. In the times that I was raised, what I lived when I was young when I was a girl was very different. And now everything that comes out like those games...games and movies with violence. I think that makes people think too much. We didn't have those before. I think that's life now.”

Many interviewees emphasized the need for youth to have positive outlets in this community.

That youth needed activities to keep them occupied in positive ways. The participant in interview 3, the 27 year old woman who is a dance teacher, said,

“I have kids coming from ages 5 and up. So, in that sense, I feel like I do help a lot of people, kids, 'cause. They are always at home and you know when they're being at home, they just wanna do video games or they're by themselves. So, I feel like I help them in that aspect. They come here and meet new...other kids and learn about their culture.”

For this participant it is important that children are exposed to their culture and learn about it. In some ways that is her job. Some participants also commented on the family life of youth. The participant in Interview 4 said,

“Our job now is to take that next step and our kids to take the next step, but obviously, as I look around it doesn't seem that way 'cause the kids are a lot more undisciplined now. Kids are screaming at the parents. I had one kid that kicked the parents. I was like...ok in my days there is no way that was gonna be allowed. And parents said oh no its okay they're expressing themselves. A lot of stuff, it's about respect. It's about knowing the difference between right and wrong. As parents that's our job to teach our kids right or wrong. They'll make choices. But again we cant allow them to make choices at five years of age when they are not ready to make choices.”

This participant explains that behaviors that would have never been allowed by our parents are seen as normal by some parents he has encountered in this community. He emphasized the role of parents in educating the youth, or their failure to do so, resulting in the issues we see in the community today such as violence. As immigrants settle into American society, they become integrated into the legacy of coloniality present there.

Knowledge

Through the process of recruiting, I began to see that many participants doubt their ability to contribute in a meaningful way to conversations about mental health. When I asked if they would be willing to participate many told me they did not know anything about the topic of mental health. For some this was their reason for not wanting to participate. Some would agree to participate but tell me they did not know how helpful their insights would be. Others hesitated but agreed to participate after I explained that it did not matter if they did not know anything I

just wanted to understand mental health from the perspective of the Little Village community, since they were members of the community, they felt like they could speak to that.

The goal of my research was to understand this community's knowledge. Interview participants also seemed preoccupied with knowledge. In two of my interviews participants expressed a belief that this community lacks knowledge. The participant in Interview 4, who practices martial arts, said,

“Overall, I think our community is not bad. I think it's just. We focus on the wrong thing. Instead, we focus a lot on entertainment as opposed to getting knowledge. You know, we don't read as much as we need to read. We don't actually look into politics, see what's going on that's gonna affect our life.”

He placed emphasis throughout the interview on youth and how they should develop self-discipline. He also expressed his feeling that college students from Little Village should leave the community and learn things so they can come back and share that knowledge. The interview 6 participant, the woman from the Botanica, said about the community,

“We have to educate people first. You see here in our community it's not very clean. And all the customs that people have, well, it's not easy to change them. We have to make more programs for people to go to events so that people can inform themselves on health and all of that.”

The domination of knowledge by colonial powers is not just in the field of psychology, it is knowledge at large that has been monopolized and weaponized by practices of coloniality. People with marginalized identities have been made to believe that they must seek knowledge outside of themselves.

Defining Mental Health

Participants' responses to the request to define mental health varied; several expressed their concern over mental health. In interview 1 the participant, a woman in her late Fortys, defined mental health by saying,

“Well, I think it's an illness that's attacking and... now, especially right now with the pandemic it's like the whole world feels as if they had something stuck and they can't express it. Well, that's how I would define it. Like something that has you stuck and you can't get it out because a lot of people don't like to talk...much less about their mental health they don't think that that's an illness, but it is an illness that is really attacking right now.”

This interview was conducted in Spanish, this description of feeling like something is stuck is a common metaphor for having pent up emotions. It is common for Mexicans to describe mental illnesses using metaphors (Magaña, 2019). This participant speaks about emotions that are repressed and manifest themselves in negative ways. She believes that when people who do not have the opportunity to vent their emotion take them out in negative ways such as acts of violence. In interview 2 the oldest participant a woman in her late seventies defined mental health as,

“Mental health is like if you live. If you live a complicated life, for example with toxic substances, well, then you're going to complicate your life. And your mind? The mind isn't going to be aware of reality and you can turn a bit violent or moody.”

This participant seemed preoccupied with substance abuse in this community and the impact it has on families. She pointed out the men you see around the community thrown on the dirt sleeping off their drunkenness. The alley behind my grandparent's house has a few who gather every day to drink beer together. My grandparents joke that they work there and are even more hardworking than most since they can be found seven days a week. The participant in interview 3, a 27 year old woman and the youngest participant, stated the latter when asked to define mental health,

“I feel like it's a serious issue right now, not a lot of people care about it, I feel like specially in this community. Being Mexican, I know a lot of people just brush it off and so yeah, I feel like people should be more aware of their mental health and not just brush it off 'cause it's really serious and people do take their lives away

Among the Hispanic population there seems to be a common narrative that we do not care about mental health, but all the participant express concerns over mental health. If we are having so many conversations about not caring about mental health maybe we truly are concerned about mental health in Hispanic communities and structural issues are truly what is impacting our ability to deal with mental health issues. In interview 4 the participant, a man approximately in his mid-forty's, defined it as,

“I guess mental health would be probably to have the least amount of stress and be happy or content, I would say be OK with life. Like, what are you having and how you feel that particular time.”

A simple and straight forward definition but spoken with hesitation. The participant gave his definition as a guess not with certainty showing how many participants felt about their knowledge of mental health. The following participant, a woman in her mid-forty's, showed similar hesitation. Interview participant 5 said,

“I wouldn't have a definition for mental health. But I think it's to feel good. Having positive thoughts maybe. Or it could be the opposite. If one is ill, well then it could be negative thoughts or on the contrary, if you're well mentally then it would be positive things.”

Despite the question asking that the participants provide their own definition of mental health the participants showed hesitation and spoke with uncertainty when they defined mental health.

Interview 6 participant, a 55 year old woman, seemed to be preoccupied with mental health deteriorating with age, she responded,

“How would I define it? Well, to be aware of what you do. To remember what you've done. Because a lot of people forget what they just did. At a certain age your mind doesn't work the same. That's what I would define.”

The last two interview participants expressed that mental health is a major issue. The participant in Interview 7, a woman approximately in her early forty's, answered,

“Oh, bad. I think that it's bad. A lot of people are ill with that. Well, I think that it's a state of being that they're just ill. But it can also be because of everything that they see, right? What they see I think that also has to do with it.”

Finally, the participants for Interview 8, a husband and wife, simply commented,

“Well, it's chaos.”

Participants were hesitant to provide their definitions for mental health. Several asked the question back to me after I posed it, confirming that they heard me correctly. Others asked me a question before answering to clarify if they understood. For the majority of participants this was probably the first time anyone asked them to define mental health. It was probably the only time someone has asked them to be the mental health experts. An opportunity that many seemed grateful for. At the end several interviews' participants expressed their gratitude to me for doing this research and their wishes that something positive comes out of my research.

Mental Healthcare Practices

Trying to learn more about participants' mental healthcare practices I initially asked them how they care for their mental health. Participants described things ranging from Religion to Self-Care. The participant for Interview 1 said,

“Well, I listen to music. I do... can you call it art when you know you do like crafts? When you sew or knit or, you know, you cook. Stuff like that is what I do and for me I think that's healthier...going out for a walk and getting fresh air in the forest.”

In a similar vein participant 3 responded,

“Music is a big part of my mental health and dance. It's how I relieve stress as well, if without it I feel like I wouldn't be here, to be honest. Music really is an escape. So that's how I relieve my mental health and stress.”

And later added

“I try to do yoga and meditate. It's something I'm new at. I'm still learning about it, so that's why I try to do yoga and meditate at least a couple of times a week.”

The participant in interview 6 and 7 also stated that music is part of their mental health care practices. Culturally music is very important. Music played in the background as I conducted the

third interview and I frequently heard music play outside of businesses or from cars driving by as I walked down 26th street. An icon of 26th street is a man who dresses as a *Charro*, a style traditional for performers in Mexico, and rides his bike singing off key at the top of his lungs. The men that work at the warehouse next to my grandparents' house blast music as they load and unload trucks. Music provides comfort, drowns out negative thoughts, and helps us push through the tedious day. It is also a lot cheaper than therapy. Some participants expressed they used simple everyday practices to care for their mental health. We now commonly refer to this as self-care practices. Taking time to do something for yourself. For example the woman from Interview 7 said,

“I don't like to see tragic things. I don't want to see that. I don't like it....I avoid seeing things that make me think too much or listen to things too, because that also affects, to hear things. Don't look, don't hear.”

In interview 8 the couple expressed similar practices,

“I guess I would say avoiding negativity. For example, with what's happening right now with the war. Well, we watch less television because they show a lot of things that aren't relevant. And that also affects. Spending so much time watching that. Also, what happened with the pandemic. So, trying to avoid all that a little bit.”

They also explained that they exercise regularly,

“Well, let's say that in our daily lives. We do try to do a lot of sport. Soccer. Also, well sometimes we are on our bikes. But also avoiding a lot of things you know. Using nature to our advantage”

The Participant in Interview 5 uses what we could refer to as mental health days or self-care days.

The participant said,

“What I do is that I'll take time to go to the salon or do something for myself. Doing something for myself is the way to like, escape and say, well, I don't want to know anything about this.”

Another practice common among Hispanic populations is using Religion or spirituality as a method of self-care. Participant 5 also expressed this in her as a method they used in the past

“Well, before we would go to church a lot. And that was very helpful. Because we would keep occupied in a different activity that was more focused on the spiritual. And we would have times of prayer. But now, with the pandemic, our church. It's been hard to go back and retake that side because our church is not...hasn't had its regular activities like other churches that are already meeting again. But before we did notice that it was very helpful. And it would relieve us a lot. Helps a lot. One feels a lot better when we take the time for our spiritual side.”

The participant in Interview 2 also stated this was their method of mental healthcare,

“I take care of my mental...it's something super effective. Because some people think that what they're seeing, or we let ourselves get carried away with our environment. And you can't go back on mental health. Mental health is...is those people that answer with bad words, or that they get really angry. But one lives according to the world. But when one searches for. Because I'm Catholic I go to church, but we come out blank with what the priest said it just stays in the lectures. He didn't give us too much with what he read honestly. But when you grab a Bible. The book of God, that's our guide. That's our therapist he is the one that guides us. He's gonna educate us. Aside from the education that our parents already gave us. That's honestly Completely true. We're going to be guided. We're going to be wise. Because wisdom a lot of times we search for in books. But the wisdom that God gives us, his peace.”

The participant in Interview 6 stated they use practice prayer or listening to music but more significantly they expressed their use of natural remedies as preventive measures,

“I take supplements for memory. For example, here we work with natural products. So we try to take... well, I specifically take things for memory and for the nervous system as well. So that's how I care for it and also to do like exercises like for example crosswords or stuff like that in order to improve our memory as well. Because there's sometimes where I forget things already especially since I'm while I'm 55 years old. So I have to start doing exercises so that I don't forget things. Because it happens...with age, everything starts to deteriorate.”

With the exception of participant 6 who was recruited at one of the Botanicas participants seemed to primarily be using their cultural knowledge to care for their mental health in terms of things like music and religion, but I was curious about the communities use of traditional medicine. Surprisingly, when I asked participants if they have used natural remedies like eating a piece of bread for fright, a common practice among my family and friends, in other interviews the response was like that of the participant in Interview 3,

“No. The only thing that calms me down is warm Tea that's basically it.”

Many responded that they drink tea as a natural remedy for nerves. When asked about natural remedies participants responded that they did have these practices growing up and some mentioned they still have these practices. However, some of the attitudes towards these practices were mixed. Many laughed when I asked them if they had practices like eating cold bread after a fright but nodded their heads as if recalling a fond memory. From participant's reactions, it seems that they still to some extent practice what they have learned from their parents or grandparents but feel silly being caught doing so. This may be the effect of coloniality and the devaluation of Indigenous knowledge. A colonized person is not just colonized in body but in mind as well (Tomicic & Berardi, 2018). The participant in interview 4 laughed and said,

“I think we do as Mexican people we do have a lot of stuff that parent's kind of make you drink or rub on to you when you have no idea of what it is or what its called or what its supposed to do”

From this participants description it seems that parents are using traditional medicine on their children, but they are not passing on their knowledge for their children to use in the future. The participant in interview 7 said about the use of these practices,

“Sometimes I still do that. Yeah. One still looks for the cold bread or the cold tortilla. "Well, they raised us with those things.”

An interesting topic that came up when I asked about mental health practices was attitudes towards therapy, no direct question was asked about this but it came up twice, once in interview 3 where the participant said,

“Personally, I don't have a therapist. I know a lot of people do and... I'm working on it. It's a bit difficult personally for me to speak to somebody about my personal issues like that.”

And again, in Interview 4 where the participant said,

“People go to therapy for a lot of different things not just cuz you're crazy. And so again, we don't believe in it. I think our Hispanic community doesn't believe in stuff like that. And I think for some people it works its not for everybody, you know. But for the most part? I mean, I don't think we really have that many like offices, or that stuff that offer you know like mental health. "Cause again. It's like taboo to us still. We don't believe in it or we think there is something wrong with you if you go to therapy. But maybe, again, some people need therapy to get past whatever they need to get past and that's...if that's the way that they need to get through it then that's don't judge them.”

Later they add,

But again, to tell you the people that kind of shy away from it probably have the most problems with their mental health. They don't want to disclose their ideas you know. You're going to think they're crazy. And I think that in the Hispanic community we kinda do have that. It's kind of like a taboo thing. Again, cause even if you need therapy, the first thing they tell you is oh you're crazy.

While the findings suggest that cultural knowledge of traditional medicine is not being taught, western psychotherapy is not seen as an alternative this community will be quick to adopt. The interviews and literature on the decolonization of psychology illustrate the ways in which the devaluation of Indigenous knowledge and traditional healing have stripped minoritized populations of power, specifically the power over their own well-being (Beals et al., 2021, Bhatia & Priya, 2021). I also asked participants to provide suggestions for improving the community. Several suggested creating spaces and activities for youth, but the participant in Interview 5 said,

“Well, it could be that, yeah, maybe more activities for children or stuff like that maybe. Also activities for like... So that there's activity for adults that are free, like dance classes. In Mexico, we have *La Casa De La Cultura*. Where we have dance classes and music classes and...and for the elderly....They have clubs for the elderly. So there's a lot of support. I think that that would be more what we're missing. Yeah, something like that. Like if. Sometimes people don't have. How do you say...the resources to pay for some classes. That would help a lot for mental health and physical health of a lot of people.”

Casas de la Cultura can be found in towns and cities across the country in Mexico. They offer free dance classes, music lessons, and more for people of all ages. Depending on the needs of the community *Casas de la Cultura* will create programs. For example, they provide women with job training or capacitate them run a small business. They also host events for the community. There are non-profit organizations in Chicago that offer similar services, but none that I can think of that services groups across all ages for free. *Casas de la Cultura* become central gathering points for community, especially in small towns. Places where people gathered and exchange knowledge may offer this community space to value and appreciate their culture in ways that disrupt coloniality. While some call for this discussion in Academic spaces (Tomicic & Berardi, 2018), I believe that they should start in the communities that they concern. This woman also explained how Church was a place where she was able to meet people here in Little Village and build connections for something as simple as an electrician or plumber, because it was a place where people gather before the pandemic. The creation of a new network for immigrants is critical for their well-being (Wood & Newbold, 2011).

Community

When asked about the community, participants had many observations to offer. Some were pessimistic or negative while others were positive and hopeful, but all participants expressed themselves as deeply embedded in the community. Interview participant 3, who has lived in Little Village her whole life, when asked to describe Little Village said,

“Well, we are a strong community. I feel like, at times, when something tragic happens, I know that the Community comes together and helps everybody else with whatever they need. Rich in culture, I know you see everywhere there's *Artesanias*. People are selling so people know more about Mexico, and where we come from and stuff. So, I think we're really rich in culture and we've tried to show people that come outside of Chicago to show what Little Village is about and that we're strong and connected.”

Participants spoke as members of the community and explained that a shared Mexican heritage and culture is what unifies Little Village. The participant in Interview 6 explains that,

“Little Village. Well, it's a Mexican community. Where people here try to lookout for one another, I think. Uh, we're all the majority of us are Mexicans, so we try to connect with one another”

Interview 5 the participant stated about Little Village that its,

“Oh, Mexico...the Little Mexico.”

And offered further observations,

“We're in a very privileged place. I hear and see people that come here from lots of places. From the suburbs, but even from other states too they come buy things.”

Those things they buy they explained remind them of Mexico offer them a connection to their roots and people in this community of similar heritage. The participant in Interview 3 also states something similar,

“The food, yeah. And again the culture that people sell out here. You know, earrings and the *ponchos, rebosos*. it's it's just a reminder of of Mexico. So that's what I love about Little Village.”

The participant in Interview 7 said,

“Well that you can find anything you're looking for here. If you're going to throw a party, we have everything here. If you're going to go grocery shopping, we have everything here.”

Mexican products and stores are sources of comfort and familiarity to those who have migrated from their home country helping them imbed themselves into the community, an important protective factor for mental health (Wood & Newbold, 2011). Finding people in a community who enjoy the same foods or products that you offer a sense of connection. While the interviews suggest that traditional medicine is not being practiced frequently in this community cultural knowledge and pride is still important to this community. There seems to be a tension between how the community values culture and what coloniality has made them believe about their cultural practices. The consumption of culture as food, music, or material goods that is available

for everyone's consumption is palatable for colonial powers. Material culture, something that can be sold and bought, is tolerated. Culture as knowledge would strip colonial domination of its power.

Discussion

The purpose of this research was to explore the awareness of mental health in the Mexican American community of Little Village as well as learning about their mental health practices. Defining mental health among this population will help therapists, policymakers, and others who care about mental health issues see how this population understands mental health. Part of creating a therapy setting that is more accommodating to an individual's needs is feeling comfortable drawing from that person's culture in order to integrate it into therapy (Hoogasian & Lijtmaer, 2010). Caring for the mental health of marginalized communities requires us to better understand their position and their perception of the world. Understanding the weaknesses and the strengths of the community will help us provide care that is truly impactful (Thornicroft et al., 2016). This is particularly important because immigrant communities are exposed to physical and structural forms of violence that lead to stress, depression, and more negative health outcomes (Ornelas et al., 2020, Wood & Newbold, 2011, Maio et al., 2019, Williams et al., 2019, Holmes, 2012). Integrating this population's culture into therapy also requires us to know what practices they already have around mental health. Literature on the integration of Curanderismo into therapy suggests that it is an effective way of incorporating culture, however, none of the interview participants mentioned Curanderismo as a mental health practice. Literature on the use of Alternative therapy suggests that the Hispanic population in the United States does not use alternative therapy as much as Whites, with the exception of religion, but they recognize their research does not take into consideration cultural difference (Graham et al.,

2005). Interview participants did not mention alternative or complementary therapies either but they described many of their practices for self-care. And when asked directly many said they recall using traditional remedies but were dismissive of it.

By the participants reactions to *questions* regarding traditional remedies and the statements from some about not feeling like they could contribute to the conversation it may be that this community is losing their cultural knowledge of traditional medicine because of the dominant colonial powers. The community continues to cling to their culture through practices of consumption and seem hesitant to accept Eurocentric mental healthcare practices such as psychotherapy. For many their ties to culture and community seem to be what maintains their positive outlook on life. It may be that for them, like for me, there is nothing more therapeutic than drinking coffee with my *comadres* and venting. Coloniality is the reality of the world we live in, what is important now is to challenge accepted knowledge—to look forward and ask what is possible?

Some interview participants commented on the community's lack of concerns over health or their preoccupation with things other than their health. While part of the responsibility for poor health may fall on the individual; we must also take a critical look at structural issues that impact health. Accessing healthcare for marginalized communities is particularly challenging. Some of the barriers to healthcare are structural racism and for immigrant community's anti-immigrant policies (Williams et al., 2019, Maio et al., 2019). Socio-economic burdens are a major barrier to accessing mental healthcare and came up with several participants. Participants who ran their own businesses commented on the high prices of rent for both commercial and residential spaces. They also wished they would receive more support for their business from the local government. Several also commented on the issue of safety and that people should not be

deterred from coming to Little Village and visiting the local businesses. This maybe indicating that the community has a high economic burden.

One thing that is undeniably a burden on this community's mental health is violence. The recency of 8 year-old Melissa Ortega murder may have been a factor in why violence was heavily discussed but gun violence in Little Village is not an isolated event, Melissa's death was the most tragic of consequences to an issue that has been part of this community for decades. While some may be quick to dismiss this because of some fatal flaw in the population Little Village Robert Vargas explains why violence is also a consequence of political gerrymandering (Vargas, 2016). Regardless of who is responsible for prevalence of violence in the Little Village community those who are the victims is clear, the community members. Literature on the impact of violence on mental health in Black urban communities discusses how exposure to violence increases the risk of mental illness, and that perceiving your neighborhood as violent had greater consequences than the objective rates of crime on mental health (Hollie & Coolhart, 2020). For the Interview participants youth were a major source of concern whether they be the perpetrators of violence in the community or the most vulnerable victims. In the study of violence in Black communities there was also a discussion on the negative impact of violence on youth and how growing up in a violent community can lead to symptoms of mental illness (Hollie & Coolhart, 2020).

The ways in which participants often defined mental health as something we should be concerned about and their concerns for youth emphasized the ways in which community and mental health are deeply interrelated. Our environment impacts our mental health but in the case of Little Village, this seems particularly true. Despite recognizing some of the issues in the Little Village community participants seemed overwhelmingly fond and to some extent protective of

the community. They emphasized Little Village's cultural richness and how it cures their nostalgia for our motherland. That language, food, and material goods offer a sense of comfort and familiarity. As a Mexican American and as a member of the community this resonated with me deeply. A shared culture is what makes Little Village such a tight-knit community.

Connections to culture and community ties are protective barriers to mental health (Wood & Newbold, 2011, Hoogasian & Lijtmaer, 2010, Escobar et al., 2000). While this is known to be true, I found nothing in the literature looking at why. I also did not find literature on how we can use the positive aspects of community life and culture to improve mental health. Population-based approaches to mental health move mental healthcare beyond the clinical setting and focus on structural interventions (Purtle et al., 2020). This may be more like what a community such as Little Village needs.

Limitations

A major obstacle to the research has been time and my personal well-being. I am proud of the work I did, but I believe the quality would be even better if I had more time and felt less pressured. The length of the program also impacted the time I had to conduct interviews. If I had had more time I would have liked to conduct at least twice as many interviews. Other obstacles to the research were that many of those who participated in the interviews run businesses. This may mean that they are different from the general population of Little Village, they may have different Socioeconomic backgrounds. They may be more concerned with mental health than the rest of the population.

The major limitation was having completely informal interviews where participants were in a public setting, most often their place of work, which meant that most interviews were around fifteen minutes, and I did not get the opportunity to ask as many questions as I would have liked.

It was also challenging to get participants to answer questions with more than a couple of sentences. Under different circumstances, I would have liked to have all interviews be an hour long and asked for more probing questions. It was however necessary to conduct interviews in this way because of my own time constraints because I could not compensate participants for their time. Conducting these interviews also allowed people in this population to participate who may not have been able to under different circumstances.

Conclusion

The Mexican American population of Little Village provides an interesting look into the ways in which culture can create a powerful sense of community that functions as a protective barrier for mental health (Wood & Newbold, 2011). It also highlights the ways in which physical and structural violence can negatively impact mental health. This research shows that there is need to conduct more research on the ways in which mental healthcare can be expanded to incorporate culture and community. The interview participants of Little Village provide powerful insights into what it is like to be caught between two worlds. The desire to remain connected to their cultural roots and the imposition of colonial mindset. The research exposes how the colonial domination by Euro-American knowledge imposes a very limited worldview that has led to the devaluation of this community's knowledge and for community members to doubt their own ability to be producers of knowledge. It is critical that we continue to challenge accepted sources of knowledge and who gets to produce knowledge. It is only in doing so that colonial legacies can be broken.

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Appendices A

Student: How would you define mental health?

Participant: How would I define mental health?

S: Exactly

P: How would I define mental health...There yeah

S: Take your time

P: I would define mental health as a problem that we could have right and that, or sometimes we don't have the right person to talk to. Or we're going through a difficult situation. But there's a lot of things, but yeah.

S: So then you understand it as a problem.

P: Yes.

S: OK and how do you take care of your mental health?

P: Well, sleeping more or doing things that help me or if I need to go to therapy or I need advice from a psychologist I'll also go right. I think that's also necessary. Because when you're like that and you don't look for help you look for other things like addictions or anything else. Drugs, Or things like that.

S: Aside from looking for a psychologist, have you had other forms of venting. Of looking for support?

P: Yeah, at least I have also looked to cry or to be in my room or read a book, stuff like that.

S: And do you think your practices to care for your mental health are influenced by your community?

P: No, sometimes, but not always.

S: How?

P: What did you ask?

S: Does community affect your mental health?

P: Oh yeah. Well. We live in a world where there's a lot of things. And if you have kids, you're worried. If they killed someone on the corner. And it also affects if you go out to work, you're thinking about what's gonna happen to your kids when they go back to school. So it affects a lot.

S: And how does culture influence your mental health?

P: My culture?

S: Yes, your cultural practices.

P: My cultural practices, my culture is different. Like I said, my culture is that my children are at home. And that they, sort of going back to not the old times, but its more that the times that we're living right now everything is violent. And I always try to tell them to do this the best don't have bad friends, but do your best.

S: OK. I don't know if you would hear go when our parents or our grandparents would say no, eat a piece of bread for fright?

P: Uh huh

S: Have you ever done something like that, or do you remember doing things like that when you were younger?

P: Yes, I remember, and I try not to give my children those fears. Because on this street, they're gonna see other things. I talked to them about what's going on right now, right, and because times have changed and I speak to them how they raised us before. I'm not that old but my mom would raise us saying that woman should not drink because that's for men, right? Always trying to tell them they have to wait till they're adults. To not be disrespectful. To not be disrespectful because manners are learned at home, right? For me, I say that as long as my child lives in my house the person responsible for their education is me as their mother. Because now sometimes we're scared of our kids and that's not right. You have to raise your kids like you have to raise a lot of things, right? If I leave my child alone. He's gonna think oh my mom leaves us alone. There is a time when you decided to be a mother. It's because you're gonna be at home taking care of them. So. Sometimes how we're living the situation today is also the fault of our parents because we give too much freedom to our children. Because we take the freedom as well. And we let them manipulate us. So that's why we're living a lot of things with fear. I remember. I have six years of living in Chicago. And I've never gone to a party. Just like birthdays. And us in Honduras we call it *Fiesta*, right? A *parranda*. Never been to a bar. If we go to a birthday party, we go together. And I tell...my 17 year old asked me mom, can I have a drink? And I said no, not until you can depend on yourself. When you pay for your bills, then you can decide, oh, I'm going to have a drink. At the moment, no. So he doesn't say anything anymore. He's a kid who's always at home, does really well at school. My other one too, so there's no problem. I don't see them in the street and I'm conscious and sure that they're at home. But that's why they are. But I have met a lot of people. So. And a kid can start breaking the rules when they're 18. But. At least they didn't suffer when they were children. They lived their life at that moment. And that's really important to me.

S: So from what I'm hearing that you're saying it safety in this community is something that affects you and your family, right?

P: Yes.

S: Especially in

P: In my children. Primarily because the street is really difficult. They say things to them and they've called him a mama's boy or that you let your mother tell you what to do. And you're older...in this country if your mom yells at you, you can call the police. If she hits you. Imagine

that. I think even we.. that is a mistake, because if the child says if you hit me, I'll call the police. And with our parents, or if you talk with your mom or your grandparents, we didn't have psychologists before, and we were raised with good parents, with good grandparents. At least my grandparents. Are very good. And my mom as well, we never saw them drink or with a cigar. That's what I'm saying and here, if you talk to your child harshly you have to take him to the psychologist.

E: Yeah that's true, sometimes. So then you think that there's a way to resolve family conflicts within your family nucleus?

P: Yes, yes.

E: How?

P: Well. Advising them. Advising them. Spending time with them because, if I'm on one side, on my phone and they are somewhere else on their phone, and we're gonna eat dinner and they're in the living room and I call them, come over we're gonna eat. And there because they speak a lot of English and I only speak Spanish like I tell them they have to speak to me in Spanish. And to come sit down. Because that's also why there's so many people like that. Because some people who are born here. But where are their parents from? Their eyes aren't blue, for them to act like they're white. So even within ourselves, we create racism. As I tell my kids, you have to see where you're coming from. And where you wanna get to. Because it's humility and personality, respect that he has to have towards other people. My kids, when they walk by, they ask for permission to pass. They say hello because the day that they don't. They know when I look at them when I'm trying to say. Because that's how I was raised. And up until this day, I've never had anything bad happen to me. I've never been to jail. I've never been drunk for the same reason because...if I don't want to, I want to eat in the living room. I'll say, OK, you can eat in the living room after we have all eaten in the dining room together. If you're still hungry after that, then you can go and eat in the living room. Things like that you can still control. Or, you know, watching a movie together, or let's go out to dinner. Everyone together. So there are things you can still do. Because what you don't have at home you're gonna look for outside on the street.

S: Well, you answered all of my questions. Is there something that you thought I was gonna ask, but I didn't ask?

P: No, no. Your questions are good. Because if you look here, it's really violent and it could be also because of the pandemic, right? Because there's shootings everywhere. It's almost like there's fireworks and there's a lot of death. For the same reasons, right, we're all we're not living a social life. We're not living a family life. Parents are going off to work and their kids are staying locked up because they're in school online and when they get home, their parents don't ask how was school...or I don't let my son walk around with his pants low and his underwear out. The day he does there will be consequences. No, I make sure that he's very proper. And they've told me that at the bathroom in school that they'll offer... oh, this will make you happy, and this is normal, have a drink, It's not bad for you, It'll make you relaxed, you'll do better in school. And I tell him no, no. Later on. I'll do that because you can't tell them absolutely not. Because, then in school they can catch him after class and you know, we live in a world where we have to

be very alert, right with our children, with the youth. It's really violent, either out there, you can't say anything to them. And I'm thankful that you're doing this. Because you know. If there's something that I didn't answer right, I if there's something that you can say to me that I should do. That also helps you know, I've always tried to listen to other people's advice. I always try to tell my children to look at the other youth or parents it's not always the children fault. They didn't give them attention or they let them do whatever they wanted.