# NEEDS AND ATTITUDES OF RELATIVES AND CONSUMERS OF MENTAL HEALTH SERVICES IN MUTUAL HELP GROUPS IN PUERTO RICO

By

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# ABSTRACT

## NEEDS AND ATTITUDES OF RELATIVES AND CONSUMERS OF MENTAL HEALTH SERVICES IN MUTUAL HELP GROUPS IN PUERTO RICO

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Mental health disorders are considered one of the biggest health problems in Puerto Rico. Many changes to the mental health system have been suggested and several have been implemented to control the situation. One of them is the promotion and development of mutual help groups for consumers of mental health services and relatives. However, the needs of the consumers have not been assessed and used as a basis for the design and implementation of mental health services--especially the needs of the mutual help groups' members.

The purpose of the present study is to assess the needs of consumers of mental health services and relatives participating in mutual help groups in Puerto Rico. Also, the members' attitudes about the family, sex roles, locus of control, and religiosity were assessed to have a better understanding of the group members' needs. General information about the group was collected from coordinators, and information on group participation and structure, and the members expectations of the group were collected .

Members of 10 mutual help groups affiliated with the mental health system in Puerto Rico participated in the study. Forty-two interviews were

conducted after a pilot-test of a structured interview. Interviews lasted approximately 45 minutes. Descriptive statistics and correlational methods were used for the data analysis.

The findings indicated that the consumers' needs included areas of: economic matters, employment, education, housing, social relationships, health issues, and recreational activities. The relatives indicated the need for economic support, training, physical health, trust in the mental health services, a club house for the relatives, good family relationships and the mental health of the consumer. Most of the needs of the subjects concerned their societal environment. The mutual help groups could have greater impact in that environment. Suggestions for new directions of the mutual help groups are discussed. Results concerning relationships between needs and, attitudes, group participation and group dependence were not significant. The respondents showed traditional family beliefs and sex roles, and religiosity.

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Many people told me that working on a master's thesis was going to be an unforgettable learning experience. What they did not tell me was that part of that experience was going to be summarized in this page.

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# CHAPTER I

## INTRODUCTION

In a recent interview the Puerto Rican Secretary of Mental Health, Efrén Ramírez, stated that mental illness is one of the biggest health problems of the island ("Médico Revela,"1986). He elaborated on the magnitude of the problem with some statistics. Currently, approximately 574,000 persons have been identified as suffering from emotional or psychological disorders ("Médico Revela," 1986). Other estimates have been reported in journals and reports.

An epidemiological study conducted in 1984 and published in 1987 estimated that from 450,000 to 500,000 people met lifetime criteria for one or more disorders in Puerto Rico (Canino et al., 1987). A tabulated report of population in need versus population receiving services in 1986-87 indicated that 621,724 persons needed mental health services in Puerto Rico. This needy group is described as being composed of 336,189 adults, 219,927 children and 65,807 elderly (Secretaría Auxiliar de Salud Mental, 1987). The report also revealed that only 81,715 of the 621,724 persons in

need, received services from the Secretary of Mental Health during that time period. Even when there are discrepancies on the estimates, the numbers are always too high and alarming considering that the Department of Health reported that the population of the island in 1985 was of 3,282,500 inhabitants (Department of Health,1985).

Mental illness cuts across all age groups and social classes. It is interesting to note that the Auxiliary Secretary of Mental Health stated that 15% of all the children in Puerto Rico have either moderate or severe mental health problems ("Médico Revela," 1986). Also, Morales et al. (1985) reported that 20% of the population of children and adolescents may need mental health services.

Ramírez (1985) noted that the hospitals in Puerto Rico are serving a large population of adolescents and young adults whose medical histories reveal: "deviant behavior," inadequate relations with their families, school, and their jobs, and "bizarre" patterns of social behavior. Morales et al. (1985) stated that the most common population suffering mental health disorders are among young adults from 20 to 40 years old.

Even more impressive is the testimony of a psychology professor, Julio Ribera, to the Senate in Puerto Rico on April 7, 1987. According to the newspaper account ("Large number of isle youths said mentally ill," 1987), Ribera stated that the incidence of mental disorders among teenagers and children is increasing and could reach epidemic proportions, and that the island's mental health care system is not prepared to handle such a situation. The professor estimated that between 125,000 and 150,000 children and adolescents suffer severe mental illness, and also reported that less than 10,000 receive treatment. These estimates are lower than the ones mentioned previously (Secretaría Auxiliar de Salud Mental, 1987).

A tabulated report of the prevalence of mental disorders and their treatment in Puerto Rico from November 1986 provided a description of other demographic characteristics of the people suffering mental health disorders in Puerto Rico during 1985 (Oficina de Investigaciones, November, 1986). In their representative sample of adults; the percentage of females was 47.7, and the percentage of males was 52.3. The following table summarizes the tabulation of age, education, and marital status of the

consumers of mental health services, according to the report (Oficina de Investigaciones, November, 1986).

Table 1

Demographic characteristics of consumers of mental health services in 1985

| Ages | | Education | | Marital status | |
|---|---|---|---|---|---|
| 17-24 | 19% | 0-11 | 56.7% | Never married | 34.2% |
| 25-34 | 22.2% | 12 | 20.2% | Married | 50.4% |
| 35-44 | 25.2% | 13+ | 23.1% | Previously married | 15.4% |
| 45-54 | 19.2% | | | | |
| 55-64 | 13.7% | | | | |

Note. Information in this table came from the tabulated report of the prevalence of mental disorders and of their treatment in Puerto Rico. The number of cases studied was 322.

The mental health situation in Puerto Rico seems worse when in his presentation to the House of Representatives, Fernando Passalacqua --Director of the Psychiatric Hospital in Ponce-- explained that in the period since 1976 until 1986, none of the psychiatric hospitals administered by the government obtained the accreditation of the Federal Commission for the Accreditation of Hospitals ("Manicomios no han pasado reválida," 1986). As a consequence of the precarious status of the mental health services in

the island, during 1985 the Federal Court established new regulations to improve the services offered to mental clients at the psychiatric hospital in Río Piedras, and recommended a global reform of the system (Ramírez, 1985). The Office of the Auxiliary Secretary of Mental Health is beginning with a reform that focuses on: (a) the dissemination of the therapeutic community philosophy, (b) the design of alternatives for deinstitutionalization, and (c) the improvement of the services available for institutionalized clients. Other changes to the system during the last years can be summarized as follows:

1. Creation of three centers of psychosocial rehabilitation (Bayamón, Cayey, and Trujillo Alto) in 1978 (Morales et al., 1985). These centers initially received clients from the penitentiary and from the main psychiatric hospital, identified as having potential for rehabilitation. In 1982 the Secretary of Mental Health reported that 32% of the clients in centers for psychosocial rehabilitation had successfully returned to the community life. ("Logran Rehabilitar a 124 Pacientes de Salud Mental," 1982). The article said that 124 of the 392 clients were rehabilitated.

2. Establishment of a Community Support Program in 1982,

known as "Programa de Apoyo Comunitario" (PAC) . The goals of the program were: (a) to promote the development of a support system in the community, responding to the needs of adults with severe and chronic mental health problems; and (b) to promote the improvement of the services that already exist or may be developed for the chronic clients in Puerto Rico. ("Sistema Apoyo Comunitario de Puerto Rico, Departamento de Salud", 1986).

Edivia Rios (1985) summarized the most significant activities of the first two years of the Community Support program as: (a) the organization of two annual conferences to promote the concept of community suppport; (b) the organization of training sessions to generate mutual help groups, develop skills on relatives of the consumers, and provide to the staff the knowledge and skills for the psychosocial rehabilitation process; (c) the creation of a committee of community support coordination; (d) the distribution of small donations to five mutual help groups and volunteers; (e) the participation of two clients, a family member, and three staff members of the Office of Auxiliary Secretary of Mental Health of Puerto Rico in the Annual Conference of Community Support in the

United States; (f) the development of mutual help groups; (g) the cooperation of the communication media with the efforts to build community support systems, and (h) the publication of a monthly newsletter. To this list of achievements can be added the organization of the Third Conference of the Community Support Program in 1985 in Puerto Rico and the work of the Office of Community Support as advocate in the presentation of the proposal for the Independent Housing Service. The proposal was approved and the Independent Housing Project began in San Germán, Puerto Rico in 1985.

Probably the key in the development of the Community Support System in Puerto Rico can be considered to be the activities and the formation of the mutual help groups. These groups are the ones that involve clients in the process of reintegration into the community, and also involve the participation of relatives as advocates for the clients. They are seen as having the potential to fulfill many needs of the relatives and consumers of mental health services.

The changes to the Puerto Rican mental health system can be observed in light of recommendations about important things to consider when doing effective reforms in services. A monograph of

the Center for Social Research and Development (1974) states that the assessment of human needs has preceded actions which have produced solutions to problems of human needs. Baumheir and Heller (1975) stated that although any form of research can serve as a base for program development, probably no form of research, with the exception of evaluation, is more closely and practically associated with programs and services than the needs assessments. Delgado (1982) emphasized that the services must be based upon a "solid" understanding of the needs and the needs in turn, influence service goals, objectives, methods of intervention, and evaluation of results. This was not the case in Puerto Rico. Neither the change in focus of the mental health system, nor the implementation of any of the programs previously mentioned was preceded by a needs assessment of the mental clients and/or the family members.

The Office of the Community Support Program, in Puerto Rico lobbied for a needs assessment of the adult population receiving mental health services, which is currently being conducted. The instrument that is being used collects demographic characteristics, information about services that the clients use, and information useful for the generation of a profile of the client. The information

is being filled out in questionnaires by the case managers and/or the staff member who better knows each client. The data from this needs assessment has not been analyzed yet (López, personal communication, March 26, 1987).

There are some disadvantages in the assessment that is being conducted. According to Nidia Ríos (personal communication, May 1, 1987), the needs of the mental clients in the mutual help groups probably were not assessed in the study. Only hospitalized clients were included, and the mental clients in mutual help groups are in the community, most of them living with their families. Another disadvantage of the needs assessment that is in progress is that the procedure consists of staff members filling out a questionnaire about each of the clients that he/she is supervising. Neuber, (1980) stated that staff members may have a limited perspective regarding the clients' needs.

The needs of the families of the consumers of mental health services have never been studied in Puerto Rico. The present study conducted a needs assessment of consumers of mental health services and of their relatives in mutual help groups in Puerto Rico.

In order to be able to get the information about the needs of the mental clients from themselves and to have access to consumers and relatives, the subjects for the study were the members of the mutual help groups in Puerto Rico. These groups were chosen because they do not have a predefined structure and direction. Thus, they may be willing to use the information to grow in a way that may help the members to fulfill their needs.

At this point it is relevant to discuss some of Silverman's main points in her description of mutual help groups in general (Silverman, 1980). One of these points is the difference between self-help and mutual help groups even when sometimes both terms are used interchangably. According to the author, mutual help always starts with self-help defined as a person recognizing the existence of a problem and searching for a solution. The main distinction is that self-help can be a personal search which need not involve a group. Also, self-care or self-help programs are mostly offered by professionals. On the other side, mutual help is considered a sharing experience between people who have a history of the same problem. The author also mentioned other types of groups that sometimes are erroneously considered mutual help groups. This is the case of some

voluntary associations, where the members are responsible for raising money, promoting association goals, and perpetuating the organization. Another type of group that she mentioned is the one "coordinated" by a professional and sponsored by an agency as part of the range of services it offers to the clients. Silverman stated that this is the ideal format for the agency that wishes to maintain control over groups operating under its auspices, but recognizes the value of the mutual help experience to people undergoing critical changes in their lives. The author goes even further specifying that these groups technically are not mutual help groups and that the ways the coordinator executes his/her role determine if it is a mutual help experience or a traditional therapy group. Finally, the author explained the characteristics of formal mutual help groups, which can be summarized as follows: (a) an organizational structure developed, with officers, a governing body, and procedures for continuity of the organization; (b) members determine all policy and control all resources; (c) limit membership to people who have the particular problem or problems with which the group is concerned; and (d) evolve a specific assistance program which has evolved from the experiences of the members.

As part of this study, general information about the mutual help groups in Puerto Rico was collected concerning the groups' structure, the members' participation in the groups, the things liked more, and things liked the least, and the type of activities of the groups.

Another aspect of the study comes from the recommendations of Humm-Delgado and Delgado (1983) and De La Candela and Zavala (1982). Both articles stated the relevance of the study of "culture-specific needs" in the design of treatment services for culturally different groups. The efforts to identify possible sources of culture specific needs came up with some characteristics that have been attributed to the Hispanics, and considered in some ways related with mental health and mental health services. Teichner, Cadden, and Berry (1981), describing the historical, cultural, and psychological aspects in the Puerto Rican patients stated the importance of understanding the role of the family, the religiosity, and the changes in the traditional sex roles for the treatment of Puerto Rican mental clients. Bach-y-Rita (1982) mentioned another characteristic attributed to the Hispanics, -- the "issue of control"-- which involves the idea that the person has little or no control over

his or her life. In order to follow the recommendation of Humm-Delgado and Delgado (1983) and De La Candela and Zavala (1982), this needs assessment also was considered as a first step for the identification of culture-specific needs. This was decided because attitudes about the family and sex roles, the locus of control, and the religiosity, as well as their relationship with some of the needs of consumers and relatives in mutual help groups, could be assessed as part of the study.

In recent years the increase in the number of Hispanics in the United States, combined with their unique cultural and linguistic barriers, has made the services to Hispanics a high priority and a topic of research across the United States. Padilla (1979) indicated that this type of research represents an extremely important step in directing efficient planning for Hispanics. A better understanding of the attitudes and needs of the consumers of mental health services and their families, will provide information for future studies focusing on identification of culture specific needs of Hispanics in their own countries and/or those living in the United States.

In general the questions that this research intend to answer are:

1. What are the needs of the consumers of mental health services participating in mutual help groups in Puerto Rico?

2. What are the needs of the relatives of consumers of mental health services in the mutual help groups in Puerto Rico?

3. Which of their needs do they want to fulfill through the group?

4. What are the attitudes of the consumers and relatives in mutual help groups toward the family and sex roles?

5. Is there a relationship between the attitudes toward the family and sex roles and the needs of consumers of mental health services and relatives?

6. Is there a relationship between the attitudes about the sex roles and the status in the groups of the consumers and relatives?

7. What is the locus of control of consumers and relatives in the mutual help groups?

8. Is there a relationship between the locus of control of the consumers and relatives, and their preference of independence from the mental health system?

9. Is religiosity a characteristic of the consumers and relatives in mutual help groups?

10. Is the religiosity of the consumers and relatives related to interest in group participation in religious activities?

11. Do the consumers and relatives have control over their groups?

12. Are believers in "espiritismo" participating in the mutual help groups?

The next sections of this chapter include a literature review of the needs of relatives and consumers of mental health services in Puerto Rico and of the attitudes toward the family and sex roles, the locus of control, and religiosity.

The literature review spans the period from 1958 to 1986. The sources reviewed were: (a) a literature review on family attitudes toward the mental clients, prepared in 1986 by the author of this proposal; (b) a Comprehensive Literature Search prepared by the University of Puerto Rico in October, 1986 in the Dialog System, reviewing Social Scisearch (1972 -1986) and Psychinfo (1967-1986); (c) the Inventory of Marriage and Family Literature, (1970-1986); (d) the card catalog at Michigan State University; (e) information supplied by the Secretary of Mental Health in Puerto Rico in December, 1986 and July, 1987; (f) information supplied by

the Office of the Community Support Program and the mutual help group in Mayagüez, Puerto Rico in March, 1987; (g) the list of theses prepared in the Department of Psychology at the University of Puerto Rico until 1980; (h) the list of all theses from the School of Social Work of the University of Puerto Rico; and (i) the newspapers EL Nuevo Día and El Mundo (1981- 1987). The keywords used for the literature research are shown in Appendix A.

## Needs and Mental Health in Puerto Rico

Michael Woodbury (1977) defined mental health within an ecological framework model. According to Woodbury, the model defines the person's ecology as the sum total of the four environments: his/her physical environment, his/her physical internal environment, his/her psychological environment, and his/her societal environment. The "Comisión de Salud Mental de Puerto Rico" defined mental health as quality of life to be evaluated through the impact of those four aspects of the person's ecology (Comisión de Salud Mental de Puerto Rico, no date).

Evaluating the ecological model, Woodbury explained that interactions between the environments forms the person's system, and that each part of the system is related to needs that should be

satisfied in order for the person to be healthy (Woodbury, 1977). The needs from each environment are summarized as follows:

1. From external environment, the needs are air, space, water, food, balanced diet, shelter, communication facilities, linkages with sources of energy, protection from noxious chemical and physical agents, and proper waste disposal.

2. From the physical internal environment, the need is of physical health and it produces needs of preventive measures, and of good secondary and tertiary prevention systems.

3. From the individual's societal environment, the author stated that there are needs of: a mothering person, a family system integrated into a community, and a support system. Also, needs to learn and behave according to the culture of the society; economic needs in the form of money and employment; and need of an explanatory system, such as religion and science.

4. From the psychological environment, the person requires a satisfactory quantity and quality of mothering, parenting, education, and participation in the institutions and activities of his/her socio-cultural system.

Woodbury's article also discussed situations affecting each of the different four environments in Puerto Rico until 1977. Among the conditions and points that he stated are: (a) better nutrition and population explosion; (b) political association with USA creating rapid socioeconomic changes and conflicts at the cultural and communication-language level; (c) cultural, spiritual values, and standards of ethical principles cracking under the impact of rapid change and development; (d) immigrants returning from New York as cultural and languistic strangers; and (e) crowding.

Recently the results of a study conducted by the "Comisión de Asuntos del Consumidor" revealed that one third of the Puerto Ricans lived in extreme poverty ("En la miseria un tercio de la población," March, 1988). The article stated that currently 372,373 Puerto Rican families have an income of $500.00 monthly or less. The report also stated that the economic situation of people in medium and higher socioeonomic levels have been adversely affected because during 1986, 1,543 cases of bankrupcy were discussed in court. One of the explanations of the situation given in the report was that the population of Puerto Rico has increased 43.5% during the last 35 years, leading to a current large number of elderly and children.

The author stated that those elements and many others created a poor quality of life, which was responsible for the high number of mental disorders in 1977. He also advocates that, when the individual becomes a psychiatric case, the community should work with the subjects' unfulfilled needs from the four environments--his/her ecological system--to favor the most rapid and complete return to mental health and community life.

Evidence confirming how the system affects the individual's health in Puerto Rico and a recent analysis of the conditions discussed by Woodward--other than the economic situation and crowding--were not found. However, he suggests an interesting framework to understand needs of consumers of mental health services in Puerto Rico. The following two sections describe what has been suggested as the needs of consumers of mental health services and their relatives in Puerto Rico.

Needs of Consumers of Mental Health Services in Puerto Rico

The needs of the consumers of mental health services in Puerto Rico have not been assessed. A study was conducted by the Office of Community Support but the data have not been analyzed (G. López, personal communication, March 26, 1987). However, some needs

can be summarized from studies done for the School of Social Work and the School of Public Administration at the University of Puerto Rico. Also recent proposals for the mental health system in Puerto Rico provide information about needs that will be summarized in this section.

A study for the School of Social Work in Puerto Rico asked 45 social workers involved with mental health services, what were the main problems of the consumers of mental health services concerning four aspects: the physical environment, the economic situation, the psychological situation, and the social environment (Alvarado de Rivera, E. et al., 1983). The problem of housing was indentified by 63.63% of the social workers as the main problem concerning the physical environment. Many of the social workers (43.18%) considered that the client's main economic problem was his/her dependency on public and private agencies as sources of income. Depression was reported as the main psychological problem by 59.09%. There was much agreement among the social workers on the main problem in the clients' social environment; 84.09% considered that it was the clients' family relationships.

Every time that changes are proposed or a new program is implemented into the mental health system in Puerto Rico, inferences about the needs of the mental clients are discussed.

The proposal for the dissemination of the therapeutic community philosophy, argues: (a) that it was the better treatment for schizophrenics, and (b) that the mental health system is serving a big population of youngsters and young adults, who will benefit from the program (Ramírez, 1985). In the proposal, Ramírez described the population of youngsters and young adults as subjects whose medical histories reveal "deviant behavior"' and inadequate relationships in the family, in school, and in their jobs. These patients cannot deal effectively with everyday living situations and tend to present symptoms of mental dysfunction in times of transition like the onset of puberty, entrance to college, and maternity. The proposal summarized the needs of both groups as: " the need to learn new patterns of interpersonal relationships."

In his presentation to the Senate, Julio Ribera ("Large number of isle youth said mentally ill", 1987) noted that about 30% of the young people suffering from mental disorders are members of very low income families. Eduardo Díaz reported in the Newsletter of the

Community Support Program (December, 1985) that the population of young adults with severe mental disorders abuses drugs and alcohol.

Lugardo González (1985) and Michael A. Woodbury (1977) stated the importance of employment in aspects like self-esteem and the person status in the community. They also discussed that the unemployment problem strongly affects the chronic mental clients in Puerto Rico, making them become less functional and more isolated from the community. Benjamín Flores stated that there is a vicious circle between incapacity and nonproductivity in Puerto Rico (Flores, 1981). He elaborated on the idea that, in many cases of incapacity, the signs and symptoms are escape mechanisms that the organism uses to protect himself/herself from problematic situations that produce high stress and affect the human well-being.

In 1985, the Graduate School of Public Administration in Puerto Rico published a report with recommendations for the Program of Community Support to the Mental Health Patient, created in 1985 (Morales et al., 1985). As part of their research, they used the results of interviews with the clients, to derive a profile of the population of chronic clients and a list of their needs. They

described the clients as (a) members of large families, (b) low or medium low socioeconomic level, (c) unemployed, (d) 20-40 years old, and (e) mainly single men. The list of problems presented by Morales et al. included: (a) economic problems, (b) housing, (c) unemployment, (d) difficult access to the services, (e) stigmatization, (f) recreation and use of spare time, and (g) education and training. They also made the recommendation to the Community Support Program to direct its efforts to the population of youngsters and young adults with mental disorders. There are some problems with the methodology they used because the interviews were non-structured and the topics that the interviewer provided did not guarantee that the clients were describing their individual situations. The methodology of the study consisted of 69 interviews in a sample of clients, providers, and relatives of clients. The interviewers provided four topics: (a) definition of who is considered mentally ill in Puerto Rico, (b) causes and related variables, (c) public policy, and (d) treatment.

Morales et al., (1985) commented that, from their non-structured interviews, they inferred two main concerns of the clients: (1) to find adequate help, and (2) to be able to maintain

stable relationships with their families.

Needs of Relatives of Consumers of Mental Health Services

Goldman, (1982) stated that the United States policy of deinstitutionalization of mental clients creates a potential for family burden. Hatfield (1984) had gone further, suggesting that the success of the deinstitutionalization program might depend upon the families' capacities to sustain a large portion of the burden.

Kint (1973) collected the responses from 228 relatives of schizophrenics, and of 61 patients or former patients in the United States. The study asked what families worried about. Kint found that the main preoccupations of the relatives, were: (a) the subjective symptoms of the patients, including altered sense perceptions, altered emotion, and altered thinking; (b) the patient's idea that people were talking about him or her; (c) the suicidal attempts; (d) the damage to property caused by the patient, and (e) physical injury to people. In another study, Kint (1977) reported the results of a survey of 143 middle class family respondents to a questionnaire survey in the Washington, DC area, identifying the problems of the relatives of mental clients. The main problems

that they stated were: (a) worry about the patient, (b) to find effective treatment, (c) disruption of family life, (d) employment for the family, (e) social life of the patient, (f) financial problems, (g) patients' inability to take care of himself/herself, (h) patient living arrangements, (i) being tied down to care for the patient, (j) feelings of guilt, (k) fear of the patient, (l) getting a diagnosis for the client, (m) problems with stigma, and (n) getting the patient out of the hospital.

Hatfield (1978) conducted a survey to 89 members of a self-help group in which 57% of the families had a disabled relative living at home. Many families in the study said that they lived in a state of tension. Other families explained that their other children suffered too much hardship and sometimes neglect. The families commented that the siblings typically could not understand the patient's irrational and bizarre behavior, blamed him/her for misbehaving, and resented their parents for what they considered failure to exercise proper control over him/her. Hatfield's study also reported that the marriages suffered as a result of the problem because of the loss of time and energy for leisure activities and interpersonal relationships produced when there is a mentally ill person in the house.

A study of Puerto Rican families in the San Juan metropolitan area found, among other things, that, in families where only the husband was schizophrenic, the other members of the nuclear family were drawn closer together and to the wife's family (Rogler, 1968). However the study also found that in families where either the wife or both spouses had schizophrenia, there was fragmentation and disorganization within the nuclear family and more severe effects within the nuclear families' effective social environment. The author suggested as an explanation of this situation the fact that when the husband was the mentally ill, the wife made a greater effort at organization in the house.

In 1983, Hatfield interviewed 138 family caregivers using mental health services, asking them their needs and goals in therapy. The participants in this study were Americans from the United States, members of self-help groups located in nine different states, and affiliated with the National Alliance for the Mentally Ill. As part of the methodology, a list of 21 possible needs or goals for therapy was read to the participants to indicate those that corresponded to their purposes in seeking service. The items ranked in the top five positions --according to their frequencies-- were, (a) relief from the

anxiety, (b) need to learn how to motivate the patients, (c) how to set appropriate expectations, (d) where to find help in crisis, and (e) how to understand the nature of mental illness better.

The origin of the mutual help group has been described by some authors as a response to problems and needs of the families. Some demographic characteristics that can be expected can be summarized from a thesis of the School of Social Work.

Fred Alvarez (1980) provides information about characteristics of the client's families. Families of all the clients ages 20 to 40, married, and receiving services in the Mental Health Center in San Patricio during 1980, were included in the study. The husband or wife of the mental client was interviewed. Forty-five interviews were completed. Sixty-two percent of the sample were men and 38% women. A high percent age of the subjects were within the range of 31 to 45 years old (65%). Table 2 summarized other characteristics described by Alvarez in his study.

Table 2

Demographic characteristics of families in Alvarez's study.

| Demographics | | | |
|---|---|---|---|
| Education | | Religious affiliation | |
| 1-6 grade | 27% | Catholic | 69% |
| 7-8 grade | 13% | Protestant | 20% |
| 9-12 grade | 51% | Testigo Jehová | 2% |
| University | 9% | None | 9% |
| Income level | | Marital status | |
| $300 or less | 42% | Married | 89% |
| $301-600 | 47% | Living together | 11% |
| $601-900 | 7% | | |
| $901-1200 | 2% | | |

María Santiago, quoted in the Newsletter of the Community Support Program for the Mental Patient (May, 1985), stated that formation of the groups in Puerto Rico was the result of the desire of the family members to participate actively in the decisions and evaluation of the services for the clients. In the Newsletter of December 1985, Gerardo López explained the development of the mutual help groups in the United States:

1. It was the result of the deinstitutionalization process, because many chronic clients returned to the community which was not ready to receive them.

2. The decisions about the treatment for the client were made without the input of the relatives.

3. The professionals used to assume that the relatives were the cause of the mental illness of the client.

4. The mental illness represented a situation in the home for which the family was not prepared.

5. The families had some problems or needs that were not receiving attention.

López (1985) stated that these groups were formed in Puerto Rico to respond to the same problems. He stated that the formation of the groups began in 1982 with training, and a year later 14 groups were formed. Some groups were formed by family members, others by clients, and many of them by both. More recent information indicated that there were 13 mutual help groups in the island (Ríos, N. personal communication, May 1, 1987). Ríos also explained that five of them were groups comprised mostly of family members; two consisted mainly of consumers and the rest were formed by both. The only group with restrictions about the type of members --consumers only-- is the Association of Consumers,

which was created recently. That group is only for mental clients or ex-mental clients. Each group has one coordinator assigned who is a social worker, a technician, or a psychologist at the mental health center.

## Summary

The evidence suggests that the needs of the consumers of mental health services have not been assessed --especially the needs of the consumers participating in mutual help groups. However, from the literature discussed, a list of possible needs can be prepared. It will include: economic needs (Morales et al., 1985; Ribera, 1987); need of new patterns of interpersonal relationships (Ramírez, 1985); access to services, employment, housing, support, recreation, education, training, use of spare time (Morales et al., 1985); active participation of family members in the treatment of the clients (Santiago, 1985); the clients' integration into the community and into their family, and their trust in the professionals (Morales et al., 1985). Other needs of the families include education, suggestions about how to cope with the consumer, economic needs, integration into the community, access to the services, and trust in the professionals.

## Attitudes

The following sections present what has been considered as the Puerto Ricans' traditional attitudes and beliefs about the family, sex roles, locus of control, and religiosity.

### Attitudes and Beliefs About the Family

It has been stated before that there is not a definition of the Puerto Rican family as an institution and as a differentiated psychosocial reality (Torres-Zayas,1981). This situation produced changes in public policy, public education philosophy, criterion for court decisions, and other aspects of the social life. Torres-Zayas (1981) also stated that social institutions and/or the government had being sharing some responsibilities that used to belong to the family, and that this situation limited and reduced the responsibilities of the family. However, at the same time, changes in public policy bring back to the families some duties or creates new ones.

Traditionally, the Hispanic family has been considered a close-knit, extended network (Escobar & Randolph, 1982), and the most important social unit for the individual (Murillo, 1976) with the extended family ties, family allegiance, and closeness to relatives

being the most very important sources of psychological support (Fábregas ,1969).

Latin American societies also had been considered patriarchal societies, where the woman submitted to the will of the husband or father (De Roca,1963). Some other behavioral characteristics of this type of structure are that the woman never goes out of the house without permission of the husband or father, that she never receives any man at home if the husband is not there, and that she stays at home instead of going out to work. At the same time, a more prestigious role is attributed to the women in her role of mother, and the siblings are more attached to her than to the father-- especially the sons-- (De Roca, 1963).

More recently, Santana, Rogler, Harrel, and Ortiz (1982) stated that some modification of traditional male dominance has occurred in Latin America due to urbanization and industrialization, but that the historical and religious norms still support male dominance in the family. In the same article, the authors classified the Latin American societies as modified traditional societies, where the woman has control and is responsible for some decisions in the house. Tumin and Feldman (1958) found and described a tendency

in that direction among Puerto Rican families in 1958. They found a clear difference in the authority patterns of families in a low socioeconomic level and families with university education. Their study reflected that those with university education were positively more democratic in their family relationships and let the siblings and wife participate in the decisions.

Unfortunately, many difficulties are found in a search for a description of the Puerto Rican family. One of the problems is that many studies of the Puerto Rican family were done with families in New York and were based on the intergenerational conflicts. Buitrago (1967) stated that the differences due to region, social class, urbanization, education, and religion had been neglected in family studies when they talk about "the Puerto Rican family" in general. Another disadvantage is the lack of longitudinal studies, because static studies of the Puerto Rican family cannot consider the development of different patterns of interaction, roles, and authority within the life cycle and history of the family. It has been stated also that the Puerto Rican family had been studied mostly as part of the analysis of a problematic situation or as "the problematic situation"

and that those approaches do not allow the discovery and understanding of the different elements and aspects of the structure of the family (Buitrago, 1967). Although maybe the most confusing aspect in studies about the Puerto Rican family has been the fact that sometimes they used the Latin American society or the United States society as a basis for comparison. Among these type of studies are the works of, Becerra, Karno and Escobar (1982), Fernández-Marina, Maldonado-Sierra, and Trent, (1958), Maldonado-Sierra, Trent, and Fernández-Marina (1960), Mizio (1974), Rendom (1974), and Trent (1965), who have studied the Puerto Rican as a Hispanic family and sometimes compared Puerto Rican beliefs and attitudes with those of the Mexican family.

There is still conflict between authors about which society Puerto Rico resembles more, the United States or the Latin American societies. It is interesting to note that authors in 1958 stated that Puerto Rico had shared many traditional Spanish colonial values, but unlike other Latin American countries, has had a greater "mainland American" influence with social, political, and economic changes that were expected to be producing changes in the family values toward the values of the United States (Fernández-Marina,

Maldonado-Sierra, & Trent, 1958). A different point of view was found in a more recent article. Santana, Rogler, Hurrell, and Ortíz, (1982) stated that even as a commonwealth of the United States, the level of economic development and cultural norms does resemble more closely those of Latin American nations than those of the United States. Another recent analysis stated that a variety of cultural traits are ascribed to the Puerto Rican society because it is thought of as basically Hispanic and Latin American, but that the migration waves to the United States, coupled with the factors of return migration and the colonial status of the island have produced a strong americanizing influence on traditional cultural norms (Bird & Canino, 1982).

The following section presents a discussion of the attributes of the Puerto Rican family found in the literature with special attention on the findings about Puerto Rican beliefs about the family.

Role of the Puerto Rican Family

One of the classic references about Puerto Rican families (Fernández-Marina, Maldonado-Sierra, & Trent, 1958) studied what were called the three basic themes in Mexican and Puerto Rican family's beliefs. According to them, the central themes in the

Mexican family were: (a) the mother is the affectionate figure to such an extent that the male's love and devotion to his mother may interfere with the expected degree of love and devotion to his wife; (b) great emphasis placed upon the children learning submission and strong obedience to the will and dictates of the father and other authority figures; and (c) a gender-based, dichotomous set of cultural expectations. Fernández-Marina and his colleagues' goal (1958) was to evaluate the extent to which the values of the Puerto Rican families varied from those of Latin American families. They used a set of statements to study: (a) family affectional patterns, (b) family authority patterns, and (c) differential evaluation of the status of the sexes. However, major flaws were found in the study. The researchers used undergraduate university students, who may not be a representative sample of people with traditional beliefs. The control and experimental groups were formed without reliable measures of the differences among them. The authors concluded that their data supported the view that at the time of the study, the reins of family authority were in the hands of the father. They also stated that closer examination of their data showed discrepancies

between the male cultural ideal and acceptance of this ideal by the females subjects. Neither reliability nor validity was reported, with the exception of face validity.

Nine years after that study (Fernández-Marina, Maldonado-Sierra, & Trent, 1958), Trent (1965) examined the effect of the economic development in Puerto Rico upon the identity of the Puerto Ricans. He elaborated on the idea that drastic economic changes in Puerto Rico have produced dramatic changes in the Puerto Rican society and that the values clashed because the Hispanic values were diametrically opposed to the United States values. As a result of the conflict, he hypothesized that Puerto Rican youngsters were in an identity crisis. The findings of the study made him conclude, among other things, that there was not an absolute differentiation in Puerto Rican family values with those of other Hispanics, but that the change taking place was moving toward the United States values. However, this study presents some weaknesses. One is that it compares the changes due to economic development with the results of Fernández-Marina, Maldonado-Sierra, and Trent (1958) which implies the limitations of using secondary data analysis, besides the fact that the study in 1958 did

not report reliability and validity. Also the methodology had some disadvantages. The researchers inferred the role of the family and the conflict in the family from what they called "identity conflict" in the Puerto Rican young people. The identity conflict was measured by the researchers with the administration of a list of adjectives among which the young people chose some to describe the ideal woman and man, and the typical woman and man. The authors correlated the differences in the adjectives used in both descriptions with "neuroticism" and did not give details about how they measured that construct.

Teichner, Cadden, and Berry (1981) presented a description of the Puerto Rican family based on the literature (citing Fernández-Marina, et al. 1958; and Trent, 1965) and on their own case studies. They agreed that the Puerto Rican family includes an authoritarian, dominant and frequently patriarchal father, and a submissive and self-sacrificing wife. They also gave details about the idealization of the mother, who is expected to remain in the home, rather than to seek a career; about the emphasis placed on virginity, and about the idea that there is a double standard for the behavior of daughters and sons.

Another trait that have been used to describe the Puerto Rican family is the "respeto" [respect]. Rendom (1974) has written about this trait "respeto" and defined it as a strong feeling of affection in interpersonal relationships and as a means to control hostility.

Mizio (1974) stated that the Puerto Rican family is different than the United States family model. He stated that the Puerto Rican family is an extended one, consisting of the nuclear family and intimate relationships with kin, including those related by blood, marriage or custom, "compadres" (companion parents), "padrinos" (godparents), and "hijos de crianza" (children of upbringing).

Mellado (1973) studied the rural family in Puerto Rico using participant observation and concluded that the extended rural family is being replaced by the nuclear family, composed of father, mother, and children. He stated that it is still patriarchal; that the family bonds are still strong --especially between mother and son--, and that the mother is an intermediary when conflicts arise between the father and the children. He also found that emphasis is given to education and religious indoctrination--mainly Catholic. Roberto Ramos (1985) explained in his dissertation that the urban families have undergone dramatic changes as a result of

Puerto Rico's social transformation. He discussed improvements in the status of women; more and better participation of mother and children in family affairs, and reduction in family size. Bird and Canino (1978) summarized the salient cultural norms by which Puerto Rican family structure is defined saying that it included an authoritarian pattern of parent-child interactions, a tendency towards overprotection of children, a male-dominant family structure, the influence of "machismo" on family interactions, ingrained religious and parareligious beliefs and their relationship to magical thinking, a double standard relative to the expression of overt aggression and its net yield of passive-aggressiveness as a cultural trait, the proclivity towards nonverbal communicative styles, and respect for the members of the extended family in the dynamics and interactions of the nuclear family. Glorisa Canino (1982) stated that even though variations may exist in adherence to traditional values, many Hispanics share a similar pattern of family structure.

As can be seen, there is no evidence in the literature specifying the current Puerto Rican family's beliefs but it is clear that the family plays a very important role throughout all the life of the Puerto

Ricans and that some of the characteristics that have been found resemble the ones used to describe Latin American families. However, the author of this study suggests that the Puerto Rican family should be studied within its own ecological context. Even when some of the attributes may be similar to the ones of the United States or Mexican families, the particular way in which those characteristics are displayed and/or combined with other values and cultural traits should provide a better picture of the Puerto Rican family.

Due to the lack of complete information about this matter and to the important role of the family, it also is suggested that until a thorough description of the Puerto Rican family becomes available, those people responsible for creation, implementation, and management of service and /or social programs should try to generate information about those aspects of the family of their clients that will help them to design better services. This is relevant in many ways to this assessment of the needs of members of mutual help groups. The beliefs of the consumers and relatives participating in mutual help groups also were assessed during the study because they should help to understand the needs of the members and may

be useful in the design of new services and development of the groups. It will be reasonable to think that if the consumers and relatives adhere to traditional family beliefs, the needs of support from the family, and good family relationships will highly affect the person's well-being. The rest of this section discusses some ways in which knowledge about beliefs about the family had been applied to other mental health issues.

Maldonado-Sierra and Trent (1960) describe a "culturally relevant" group psychotherapy program for chronic schizophrenic Puerto Rican males based on assumptions about the Puerto Rican family structure. In that paper and in Maldonado-Sierra, Trent, and Fernández-Marina, (1960), the authors described how they translated these observations into action. First, they formed three groups of eight patients. Each group spent several weeks together in a variety of activities. A few days before the group sessions were initiated, the author introduced to the group an older male therapist who represented the father figure. The authors stated that the therapist resembled the father figure because he maintained dignity, remained aloof, and restricted social interaction to brief interchanges. Another therapist introduced was an older female,

who fulfilled the mother figure expectations by distributing food and chatting informally with the patients.

There are no comparative studies of the effectiveness of this type of group psychotherapy, and the mutual help groups are not therapeutic groups. However, it is a clear example of how "traditional" beliefs do not necessarily need to be seen as harmful and how the identification of these ideas can be used in the design of treatments and services. It is expected that mental clients and family members holding traditional family beliefs will give more importance to the need of positive and stable relationships with the family. Therefore, if the need of positive relationships is reported and the groups want to do anything about it, they should discuss and understand what are the members' beliefs and expectations about the family. This understanding will help them to reach the goal because it will be easier then to change it into plans of action in agreement with the members' beliefs about the family.

## Sex Roles

The possible existence of a sexual double standard on child-rearing practices (Fernández-Marina, Maldonado-Sierra, & Trent, 1958) and the explanation of male-female roles as clearly defined

through the family structure (Nieves & Valle, 1982), makes it critical to study the sexual roles as variables that may influence the activities and needs of Puerto Rican mental clients and their families. Glorisa Canino (1982) stated that there is a clear differentiation of sex roles, characterized by the machismo and a virginity cult. She also said that variations in adherence to these traditional values are observed within a given Hispanic group and among different Hispanic groups, in accordance with social class and educational levels. This also is noted by Edward Christensen (1979) who stated that sex roles in Puerto Rico are different from either the typical Latin culture or the dominant Anglo-American culture of the United States.

Nieves and Valle (1982) stated that Puerto Rican sex roles are rigid, and limit the communication and understanding between males and females. They discussed distinctive factors affecting Puerto Rican males and females. For the males they are: (a) child rearing practices including more freedom for the male, (b) machismo, and (c) lack of completion of high school. For the females the factors are: (a) from very early in life restrictions, specifically in dress, conduct, freedom, language usage, and

associations; (b) less aggressive behavior permitted, (c) channeling aggresive tendencies into educational and socially acceptable achievements, and (d) more security about being self-critical. The roles that may be learned as the result of these and other rearing practices are described in the following sections.

Man's Role

One of the most typical cultural patterns attributed to the Hispanics is the "machismo". This term had been used in the United States to describe an attitude that Mexican men adopt vis-a-vis women (Bach-y-Rita, 1982). The author also stated that it is more accurate to interpret the concept as the way a man thinks and feels about himself and his relationship with his environment, and about general sex roles. This set of ideas includes beliefs about man's strength, man's ability to restrain his feelings, stoic capacity to tolerate pain and adversity, his relationship with other men, and cultural patterns of social behavior (Bach-y-Rita, 1982). Stevens (1973) identified the "macho" ideals as: courage, fearlessness, pride, honor, charisma, and the ability to be a leader of other men.

Another author (Mejia,1975) preferred to split the notion of "machismo" in two sets of traits; one group concerning the

individual's sexual behavior, and another how he stands in the society. The first set of traits includes sexual power, "donjuanismo", "parranderismo", ostentation of masculinity, virginity cult, sexual repression of the female, and fertility. The other set of traits includes and stereotype of male superiority, restraint of feelings, generational gaps, independence, aggressiveness, drive for power, physical strength, and courage.

Panitz and his colleagues (1983) stated that other notions of the "machismo" are that a man should work and provide for his family, be a "good" role model for his children, protect the family's interest, and keep his feelings to himself. The article (Panitz et al., 1983) also explained that the man, by fulfilling his part of the "bargain", is entitled to respect and obedience from his family and has the right to have a mistress and to spend time and money drinking with his male friends. The existence of this way of thinking should not be considered as ethnically determined because, although many articles present it as a characteristic of the Hispanics, there is also another argument. Scott (1973) talked about "machismo" and male dominance as a phenomenon of social class, not culture, and

found data from low income Anglo groups revealing the same type of male dominance.

There have been some attempts to declare that the Puerto Ricans adhere to the ideas of the "machismo". In 1965 Trent used an adjective checklist and asked Puerto Rican males and females to describe the Puerto Rican man and woman. He used this method to identify what he called an "identity crisis" in Puerto Rican students. (Critiques of this research have been presented in the previous section). However, it is interesting to note that they found that the adjectives that were chosen more for the description of the typical man (by both females and males) were: jealous, dominating, strong, drinker, distrustful, authoritarian, and egoistic. When the women were asked to describe the ideal Puerto Rican man, they used the words: orderly, active, useful, noble, religious, sincere, and respectable, and when males chose the description of the ideal Puerto Rican man they chose adjectives such as: leader, just, democratic, and industrious. The prevalence of the "machismo" among Puerto Ricans should be studied because this trait may not be typical or may have different manifestations that may or may not

interfere in many areas of the Puerto Ricans' lives.

Woman's Role

George Bach-y-Rita (1982) talked about an implicit contract within the Hispanic culture that makes the daughters and sons be obedient to their father all their lives, and explained that it is especially critical for women. He added that when they get married, they are supposed to become obedient to their husbands. Although, Bach-y-Rita was studying Mexicans and doing some generalizations to all the Hispanics, evidence is unclear as whether these ideas are dominant in Puerto Rico. Richard Trent (1965) found that when Puerto Rican women were asked to describe the ideal Puerto Rican woman, 60% of them included obedience. Trent did not say to whom the women in the study thought that they should be obedient. It would be interesting to have recent data about this attitude.

Other studies about the Puerto Rican woman's role have identified traits of submission and obedience (Fernández-Marina, Maldonado-Sierra, & Trent, 1958; Maldonado-Sierra, Fernández-Marina, & Trent, 1960). Women have been described as sensitive, weak, self-sacrificed, and mostly as housewives (Fernández-Marina, Maldonado-Sierra, & Trent, 1958; Maldonado-Sierra, Fernández-

Marina, & Trent, 1960; González, 1978).

A different point of view was discussed by Christensen (1979) who stated that females in Puerto Rico tend to have their roles more clearly marked than does the male. He explained that the Puerto Rican woman tends to adapt more readily, is more striving, more oriented toward achievement, and more likely to have learned to accomplish things through peaceful, typically educational endeavors. Among the facts that the author used to support his assertions are that there are always more women than men on the University of Puerto Rico main campus, and the increasing participation of the woman in the government and in traditionally male- dominated professions. He made an interesting comparison of what he considered symbols of feminine power and influence, among Puerto Rico and the United States and found that the last one seems to be in a more traditional and less "free" situation than the one attributed to it. However, the author also stated that the Puerto Rican women often pays for the child-rearing patterns and for the social expectations that encourages her to be "superior", through increased levels of stress. Even when educational attainment is a desirable goal, for personal and social satisfaction, it can conflict with both

family roles and vocational aspirations and responsibilities (Christensen, 1979).

González (1978) studied the relationship between sex roles and mental health among island Puerto Rican women. She concluded that university females were more adjusted psychologically than both housewives and female mental patients. Conversely, she stated that Puerto Rican women who had been diagnosed as neurotic or depressive and were receiving treatment, had significantly more traditional sex role expectations than the healthy housewives and students. González's interpretation of these results was that they reflected a consequence of the rapid industrialization and modernization experienced by the Puerto Rican society in the past decades. A disadvantage of this study is that it did not present how the "adjustment" of the university females was measured, and the researchers measured traditional beliefs in the women with disorders, after the women were diagnosed. Canino (1982) stated that an alternative explanation of González's (1978) findings is that it may not be the adherence to traditional values per se that precipitates psychological disorders, but the conflict experienced by traditional women who lived in a society and family context where

less traditional values are reinforced. Stevens (1973) stated that women received more compensation for adhering to the traditional role. They are considered in the culture as morally superior to men, stronger emotionally and spiritually, and as having semi-divine status ascribed to the motherhood role.

Soto and Shaver (1982), based on clinical experiences with the Puerto Rican women living in the United States and on a literature review, proposed a causal model which relates acculturation, traditionalism in sex roles, assertiveness, and symptoms of physical and mental illness. They used a sample of 278 Puerto Rican women living in New York. A questionnaire was used to measure the history of migration, academic achievement, traditionalism, assertiveness, symptoms, religious beliefs, and practices, and family history. But they did not report enough details about their measurement instrument. The study presented a negative correlation between sex-role traditionalism and assertiveness, and assertiveness was negatively correlated with symptoms.

A clarification of what the consumers of mental health services consider as the woman's role in Puerto Rico will provide a framework for the design of services and /or interventions. Especially if Canino's (1982) alternative explanation of González's (1978) is true, disorders may arise when the traditional woman is forced into a situation where her values are threatened or not reinforced. Implications of sex role attitudes are discussed in the following paragraphs.

George Bach-y-Rita (1982) talking about patients that are "machistas", reported that they may deny illness, feelings and pain; they tend to remain silent during therapy, and consider crying in front of the therapists as a sign of weakness and giving power to the therapist that should be avoided. He also suggested that the patient will be less willing to change lifelong patterns and will attempt to conform to what he believes is appropriate stoicism.

It is expected that groups where many members adhere to the traditional sex roles will have more males than females in positions of power. It is also expected that these attitudes about the sex roles will be related with higher need of employment in males than females.

From clinical experience with Hispanic women Torres-Matrullo (1977), found women in groups with males are not advisable because self-disclosure regarding more intimate matters is curtailed. She referred especially to the discussion of sexual problems. It will be useful to identify the attitudes of the consumers and relatives in mutual help groups, because the restriction of topics may be an issue in the groups' meetings, if they need support or help concerning sexual matters, or the discussion of problems concerning sex role stereotypes.

Glorisa Canino (1982) presented an example illustrative of how the woman's role needs to be considered. She described a typical woman as usually depressed, manifesting somatic complaints, seldom coming out of house, with many children and a "macho" husband. The woman will complain her husband never helps her with either children or household chores, and that the children do not help or obey her. If the woman sees a therapist, he or she will probably assume that the woman is the victim of an oppressive family system or an oppressive male. As a consequence the therapist may tend to encourage independent coping skills in the woman, and doing this could unbalance the family system and create a crisis

(Canino, 1982). The author suggested that the advice and counseling given to the woman should be congruent with her role values and the expectations of the family members.

Canino (1982), stated that to assume that cultural traits are causing the dysfunctionality is a mistake that should be avoided. She suggested that there must be some advantages within the traditional female role in order for the role to continue to be maintained by men and women. One of the explanations she proposed for the higher incidence of psychopathology found among traditional Hispanic women is that the dysfunction may occur more often when the woman is in a societal and family context where the traditional role is not valued.

Another implication that should be kept in mind is that it had been found that females are preferred as counselors more often than males --90% of female students and 43 % of the male students preferred female counselors-- (Christensen, 1979). Tying into this situation the fact that 86% of the school counselors in Puerto Rico were females in 1979 (in the United States it was 53% males and 47% women). The predominance of females indicates indicates the

female is perceived as more helpful and nurturing (Christensen, 1979).

The implications of this for mutual help groups are clear because the groups will be receiving training and education on different topics, and it may be useful to strengthen the role of the females as helpers. There also is a risk in recommending behaviors and coping strategies to the members that may not match their attitudes. Also the attitudes about the sex roles will be reflected in activities and organization of the work in the group.

## Locus of Control

The Hispanic has been regarded as displaying a pattern of attitudes that is called "the issue of control" (Bach-y-Rita, 1982). He described the concept as the idea of the Spanish-speaking (generalizing to all Hispanics) person of rural, poor, or uneducated background, who feels that he or she is in the hands of God, chance, or some greater force. This idea, according to Bach-y-Rita, (1982) gave them little control in reality over his or her life. The idea of the "issue of control" can be related to the theory of attributions of Weiner and his colleagues (1971). This theory stated that when people make attributions of situations of failure or achievement they

consider four possible causes: ability, effort, nature, or difficulty of the task, and luck. Weiner and his colleagues (1971) presented these elements in two dimensions: stability and locus of control. There is empirical evidence of the difference in attributions in these two dimensions. Rotter (1966) found that differences among external (luck) and internal (ability) attributions are responsible for variations in the expectations and goals of the subjects. In the stability dimension, Frank (1935) found that if the situation is attributed to stable factors (ability or nature of the task) the expectations and goals are more in agreement with the reality than when they used attributions to luck or effort.

The causal attributions have been found to produce important consequences in terms of self- esteem (Brockner, 1983), persistence and expectations (Kernis, 1982), moral sanctions (Schmitt, 1964), and evaluations in situations of achievement (Surber, 1981).

Pedro Ruiz (1982) stated the definition of the therapeutic goals with the Hispanic clients as one of the most difficult problems confronting a mental health specialist trained within Anglo culture. The author elaborated explaining that the classic Anglo oriented

psychiatric training programs focus on the goal of gaining "independence", and that on many occasions, Hispanic clients (recently arrived migrants) placed little value on obtaining "independence" and becoming responsible for their destiny. Alba Nydia Rivera (1982) studied the collective perception, self-perception, and assertiveness of groups of students and workers. She found that students scored lower in assertiveness than the workers, and that both groups had different views of the Puerto Ricans. Students attributed to the Puerto Ricans traits of docility and meekness, while the workers attributed more the traits of courage and aggressiveness. Reinaldo Ortíz (1974) analyzed traits that had been used in the literature (novels, poems, etc.), and in sociological and psychological studies in descriptions of the Puerto Ricans. Some of those traits were: conformity, resignation, inferiority complex, respect for the parents, and "machismo." There is no empirical evidence confirming that the Puerto Ricans display those traits, but if docility, meekness, conformity, and resignation (Rivera, 1982; Ortíz, 1974) came to be displayed , it would be reasonable to find a predominantly external locus control among the Puerto Ricans. Also, according to the religious ideas on the island, the "issue of

control" and external attributions may be found. In that case a relationship may exist between preference of independence from the mental health system of consumers of mental health services and their relatives.

## Religiosity

The Hispanics have been considered very religious people. Bach-y-Rita (1982) stated that hundreds of years of Spanish rule successfully ensconced Catholicism as the major religious presence. The author argued that for the Mexicans, Catholicism serves to form a system of symbols and beliefs, which establish long-lasting mores, moods, and motivations.

As part of the data of a recent study, Bird and Canino (1982) found that 90% of 459 Puerto Rican families interviewed reported belonging to some organized religion. Seventy-six percent were Roman Catholics. They did not discuss any affiliation to other religious groups. Lubchansky and his colleagues (1970), Harwood (1977) and Comas-Díaz (1981) have reported a high prevalence of folk-religions, particularly spiritism in Puerto Ricans in the United States and in the island. Canino (1986) reported that within a

sample of 287 patients diagnosed with DSM-III, 3.9% said that they use only spiritualists and clergymen, and 21.4% reported that they use both spiritualist and professional help for their 'emotional problems".

There are no studies about Puerto Rican religiosity in general, but some implications of the Catholicism and "espiritismo" (spiritism) can be discussed.

Catholicism

There are not too many studies about Puerto Rican Catholicism and mental health. However, the similarity of the Catholicism in Mexico and in Puerto Rico (the structure of the church and the beliefs are the same) makes possible the consideration of studies with Catholicism and Mexicans. Bach-y-Rita (1982) suggested that understanding Mexican-American religious thought is the key to the framework for understanding the self, the environment, and the personal relationships in Hispanic populations. The author explained that Mexican Catholicism makes the people face reality with the idea that they are born to suffer and that suffering is an integral part of life. Suffering then, is exposed instead of hidden, and to endure it for a good cause is admired. Together with suffering, service is

highly regarded as a Christian virtue. Bach-y-Rita concluded that there is a joy attached to suffering and serving that may be alien to many Americans.

Correa et al. (1961) evaluated the attitudes toward mental illness of relatives and neighbors of mental clients in Puerto Rico. One of their hypotheses was that there would be a positive correlation between attendance at religious services and positive attitudes toward the mental clients. However, it is interesting to point out that people who classified their attendance as "occasional" had the most positive attitudes , followed by people who classified themselves as "nominal catholics", and in third place by the group that reported constant attendance to religious services.

Bach-y-Rita (1982) said that a basic Catholic premise is that God put us on earth, governs our lives, and ultimately takes us from the world. The author explained that illness is often viewed in a religious context and God is frequently invoked as the cause of the illness and suffering as well as the source of the cure. In his article Bach-y-Rita argued that the presence of religious ideas and beliefs is often a great help in therapy and that religious practices can be utilized in the course of behavior therapy. Elaborating on these two

arguments, he stated that, sometimes in dealing with Mexican clients in the United States, the single most useful facet of the treatment was bringing a Spanish-speaking priest. Also, he discussed the use of the rosary or prayer as a relaxation technique, and stated that church activities oriented toward community service continue to fill the role of social support groups.

The idea that God is the cause and the source of cure may be an important coping resource that can produce negative effects on the clients if it is eliminated. If the consumers and family members in and out of the mutual help groups are going to be receiving training and education on health issues, it will be necessary to consider that the religious ideas of the clients should be respected, even in the topics that are chosen or recommended for the discussion in the group. Also the fact that the church's activities may fill an important role of social support, suggests that one of the needs of the mental clients and their family members may be to participate in religious activities. It is expected that mental clients and family members with high religiosity will use external locus of control and manifest a higher need to participate in religious activities. Finally, information

about religiosity of the members in mutual help groups will provide a clearer picture of the possibilities of success of the modality of mutual help which appeals to religion --known as GROW groups-- in Puerto Rico. These GROW groups have been broadly studied and many elements of their success have been identified (Luke, 1987; Roberts, 1987; Salem, Siedman & Rappaport,1987; Toro, 1987). Distinctive elements of these highly structured, independent, and religious groups (Catholicism) are discussed in McFadden (1987).

"Espiritismo"

Although the "espiritismo" is not considered a religion per se, it involves ideas that make this group a special spiritual group. Ralph (1977) stated that animism and beliefs in spirits have existed in every known culture, and that these traditional beliefs are still active in conjunction with other religious, philosophic, and scientific views of the world. The "espiritista" [spiritist] doctrine is complex and includes many modalities that are not the focus of this section. However, a summary of some of the main concepts is presented due to the impact these folk beliefs have on the mental health system.

Ralph (1977) stated that according to the "espiritista" doctrine, spirits are intelligent beings who reach perfection through many

reincarnations. These spirits can be good or evil, and can affect the living. One can communicate with them and their activities can be modified through the help of a medium--a person with powers of divination and the ability to contact the spirits. Lilliam Comas-Díaz (1981) described the "espiritismo" (spiritism) system of beliefs. She explained that it consists of an invisible world populated by spirits who surround the visible world. These spirits can penetrate the visible world and attach themselves to human beings. Some spirits are presently incarnated (as human beings) and some are not. The spirits are subjected to the law of "evolución espiritual" (spiritual evolution) which states that all spirits were created ignorant by nature but with the mission to move or grow toward purity. According to the author, the spiritism stated that in order to progress from one level to another, the incarnated spirits must undergo "pruebas" (trials). It is through the "medium", (espiritista) that individuals know about their "pruebas". The "resguardos" (protectors) are things that represent spirits acting collectively to help the person to cope with causes of problems.

In the "espiritismo" , the person is not labeled as sick and is not blamed for his or her misfortunes. The person is seen as suffering

from a "causa". A "causa" can be another person's envy of you that can cause misfortune for your family, or "daño" which is harm inflicted by a jealous individual (Comas-Díaz, 1981). The author also makes an interesting point when she notes that the believers in "espiritismo" reject the psychotherapists and their treatments because that means that they are "crazy", and it carries a stigma that is maintained by the psychotherapists. The believers in the "espiritismo" assume that the professionals usually do not understand or even blame the clients for their misfortunes and provide inadequate treatment and poor prognosis (Comas-Díaz, 1981). Rogler and Hollingshead (1960) argued that in the "espiritismo" [spiritism] there is no stigma attached to the mentally ill. Instead, the "medium" may explain to the person, his/her relatives, and friends that the symptoms mean that the person has "facultades" [psychic abilities], and this will give them prestige and become a supportive and positive view of the situation.

Gaviria and Winthrop (1979), in a sample of Puerto Rican psychiatric clients and nonclients in Connecticut, found that 90% of their subjects believed that the "espiritismo", with the causes of "envy" and "daño" is responsible for the mental illness of the people.

Rogler and Hollingshead (1960) studied what happened after mental illness symptoms were displayed by low socioeconomic level people in San Juan, Puerto Rico. They found that the people frequently contacted spiritists and/or "mediums". The authors also indicated that "espiritismo" also is practiced by people in other socioeconomic levels. The ones in higher levels made efforts to differentiate their "espiritismo" from that of the people in low socioeconomic level by giving scientific and experimental attributes to their beliefs (Rogler & Hollingshead, 1960).

If the "espiritismo" is as extensive among the Puerto Rican mental clients as has been suggested, it will be possible to find believers in the "espiritismo" among the members of the mutual help groups. If that is the case, their ideas may interfere with the selection of topics for lectures and with the activities that are planned by the groups. However, the ideas of the "espiritismo" about the mental illness can make it difficult to find its believers in situations like the mutual help groups which are voluntary and affiliated with the mental health system.

This study will answer whether the "espiritistas" participate in

nutual help groups and if they do, if they will prefer more ndependence from the mental health system than the members of thers religious groups.

## Summary and Hypotheses

In 1982 the office of the Auxiliary Department of Mental Health leveloped a Community Support Program in which clients articipate through mutual-help groups. Specific goals and services or the groups have not been established, because the groups are onsidered to be independent from the Community Support rogram, but coordinated by it. This situation will make the groups ery open to suggestions about objectives and goals that they may ave. The Community Support Program and the mutual help groups vill benefit from the identification of a framework about needs and ttitudes of the members of the mutual help groups, useful in the lesign of service alternatives. The mutual help groups in Puerto Rico re formed by consumers of mental health services and/or relatives nd community members (mostly adults). However, the population hat needs or will need the mental health services the most has been escribed as typically composed of youngsters and young adults. The ges of the members of the mutual help groups have not been

collected (N. Rios, personal communication, May 1, 1987). The description of the members and other characteristics will be useful in the development and improvement of services for the groups.

The purpose of the literature review was: (a) to discuss what has been considered as the needs of the consumers of mental health services and their relatives in Puerto Rico; (b) to present attitudes that may be found in the Puerto Rican consumers and relatives about the family, the sex roles, locus of control, and religiosity; (c) to discuss possible implications and relationships of those attitudes with the needs of mental clients and family members and in the activities and structure of the groups, and (d) to use the information about the needs of the consumers and the needs of the relatives as evidence of the importance of the assessment of the needs of boths groups--especially of those participating in mutual help groups.

The needs of the consumers in Puerto Rico have been considered to be: economic needs (Morales et al., 1985; Ribera, 1987); need of new patterns of interpersonal relationships (Ramírez, 1985); access to services, employment, housing, support, recreation, education, training, use of spare time (Morales et al., 1985); active participation of family members in the treatment of the consumers

(Santiago, 1985); the consumers' integration into the community and into their family, and their trust in the professionals (Morales et al., 1985). However, the needs of the consumers and the family members in mutual help groups have not been assessed.

The Puerto Rican family could be seen, according to the literature, as an extended one, composed by an authoritarian, dominant and patriarchal father and a self-sacrificing wife. However, there is evidence that suggests that the attitudes about the family may have changed. Many studies with Mexicans and other Hispanics discuss relationships between the attitudes about the family and its structure, and the mental health of the Hispanics. However, due to the fact that the literature does not provide an actual description of the Puerto Rican family, and of the important role attributed to the Puerto Rican family in the life of the individual; it is suggested that institutions providing services try to get a better insight into their consumers' beliefs about the family. This study will do that with the participants of mutual help groups.

The Hispanic women's role have been described in terms of obedience to males, cult of virginity, and the goal of being a

housewife. However, there is contradictory data about this pattern of attitudes as characteristic of the people of Puerto Rico. A relationship between the role of the Hispanic women and mental health issues had been suggested by many authors. Glorisa Canino (1982) suggested that there must be some advantages within the traditional female role in order for the role to continue to be maintained by men and women. She also suggested that the advice and counseling given to the women should be congruent with her role values and the expectations of her family members. The identification of the attitudes about the sex roles held by consumers and relatives in mutual help groups will be useful in the decision about topics, lectures, and services for the groups. It will also help to understand the distribution of work and type of activities that the mutual help groups wants. The same will happen with the attitudes about the man's role, which had been defined in terms of the ideals of the "machismo".

According to the religious ideas on the island, the "issue of control" and external locus of control may be found as a characteristic of the Puerto Ricans. If that is true, it can be found among the consumers and family members in mutual help groups. It

may make the consumers and family members with external locus of control prefer to remain dependent from the mental health system.

There is evidence that many Puerto Ricans are affiliated with religious groups. Special mention was made of the Roman Catholic church and the "espiritismo", because many studies have been done about them with groups of Hispanics. If the mutual help groups are receiving training and education on health issues, it will be necessary to consider the religious ideas of the consumers and use them for their benefit. Also, the fact that the church activities can be considered a very important source of social support suggests that, if the consumers are found to score high in religiosity, further studies should explore if it is possible to make the religious groups the strongest sources of social support for the consumers in the community . Another alternative will be to implement GROW groups or to include aspects of that modality of mutual help into the current mutual help groups in Puerto Rico.

According to the "espiritista" doctrine, spirits are intelligent beings who reach perfection through trials and reincarnations. The "espiritismo" rejects notions of mental illness and the use of a psychotherapist or other mental health professionals. Evidence

suggests that although the "espiritistas" (spiritist) reject the idea of mental illness, they have been identified as receiving mental health services. This situation means that "espiritistas" may be found in the mutual help groups. It will be important to know if they participate in these groups which are not considered therapeutic groups and are voluntary. It is expected that they will prefer to be more independent from the mental health system.

The purpose of the study was: (a) the assessment of the needs of the consumers and relatives in mutual help groups mutual help groups; (b) the measurement of the attitudes about the family and sex roles, locus of control, and religiosity of the consumers and relatives in mutual help groups, and (c) the evaluation of some hypotheses about the relationship among the attitudes and needs of the mental clients and family members.

The hypotheses were:

H1. There will be a positive relationship between the traditional family beliefs of consumers and relatives in mutual help groups and the need of stable and positive relationships with the family.

H2. There will be more members in positions of power in

groups where the members adhere to the traditional sex roles.

H3. There will be a positive relationship among the external locus of control of the consumers and relatives in mutual help groups and their preference of dependence on the mental health system.

H4. Male consumers and relatives, who hold traditional sex roles will express higher need of employment than the females holding traditional sex roles beliefs.

H5. There will be a positive relationship between religiosity and external locus of control of the consumers and relatives in mutual help groups.

H6. Group members who believe in the "espiritismo" will prefer to have the groups more independent from the mental health center, than non-believers in "espiritismo".

H7. There will be a positive correlation between religiosity and the interest in group particpation in religious activities.

Also information about the structure of the groups and, the members' participation in the groups was considered during the study as well as general information about the groups helpful to understand the role of the groups in fulfilling needs of the members.

# CHAPTER 2

# METHOD

## Sampling Procedure

The primary focus of the study was to identify the needs of consumers of mental health services in mutual help groups (also known as Community Support Groups and Self-Help Groups) in Puerto Rico. These groups are the most direct link between consumers and mental health centers following discharge.

Approval to proceed with the study was obtained from the Office of Research affiliated with the Office of the Auxiliary Secretary of Mental Health. A copy of the letter of approval is displayed in Appendix B. Through personal communications (E. Ríos, April 28, 1987; N. Ríos, May 1, 1987) the author gathered the following information about the mutual help groups:

1. Approximately 180 family members, and from 70 to 80 consumers of mental health services participate in 13 mutual help groups.

2. Five groups include only family members, two groups mainly consumers, and the other six include both.

3. Ten of the mutual help groups are affiliated with the Mental Health Centers. Two others are affiliated with psychosocial rehabilitation centers, and the remaing one is affiliated with the psychiatric hospital in Ponce.

4. The number of members in the groups varies from 8 to 25.

Based on this information, the groups were classified as groups of consumers, of relatives, or both. From each of these categories, one group was randomly chosen. Since the first three groups together did not produce 40 members (potential subjects) another group was randomly chosen. The process of selecting active groups continued until six groups were contacted. At that point it also was clear that the original categorization of groups was inaccurate. Groups that were thought to be comprised of relatives were functioning as groups of consumers and relatives. The same was true of groups of consumers. Also, a group was found in one of the centers that was not included in the original list. It was necessary to contact all 14 groups from which 10 were successfully contacted and agreed to participate in the study. Forty-two members were interviewed. A list of the groups that participated in the study, and the information about the respondents is included in the section

titled "Final Sample." Groups in Aguadilla, Carolina, Humacao, and Trujillo Alto did not participate in the study. Two of them were not going to have meetings during the period of data collection, and were unable to call an extra meeting. In the other two cases, it was impossible to talk to the coordinator and/or obtain information about the group members.

When the groups had been identified, the coordinator was contacted by phone. The purpose of the study was explained to the coordinator at that time. The coordinator was asked about the number of members in the group, the name and address of the president, and the date of the next meeting. The president of the group was then contacted by phone and provided the same explanation. The president's consent to visit the next meeting of the group and to invite the members to get involved in the study was requested.

It was originally planned to visit each group twice --using the first group meeting to meet the members and make appointments for interviews. However, it was necessary to use other alternatives. With the exception of one group, all had only monthly meetings. By the time that it was possible to speak to the coordinator, the groups had

only the July meeting on schedule. Just one group agreed to call an additional meeting for the data collection. In the case where the group was going to have two meetings during the period from June 15 to August 15, the group was visited twice and in the first meeting the explanation and presentation proceeded as planned.

Usually, the president and the coordinator agreed to call the members and explained that the interviewer would visit the next meeting if they were interested in knowing more about the study and in having the option to participate.

In the meeting: (a) the interviewer was introduced by the coordinator and/or the president, (b) the consent form was explained and read (see Appendix C), and (c) the members had the option to participate and be interviewed the same day or to choose another date. All of the groups in this situation chose to be interviewed the same day.

Groups Involved in the Study

Ten groups participated in the study. These groups are affiliated with the Mental Health Centers, the Psychosocial Rehabilitation Centers, Psychiatric Hospitals, and the Office of the Auxiliary

Secretary of Mental Health. The groups that participated in the study, and the number of members who agreed to participate are displayed in Table 3.

Table 3.

Participants in the study according to the groups and centers of origin

| Groups | Center | N |
|---|---|---|
| 1. Grupo de Apoyo Comunitario | Ponce PH[a] | 2 |
| 2. Grupo Apoyo Mutuo San Patricio | Bayamón MHC[b] | 4 |
| 3. Asociación Organizadora de Ciudadanos Utiles | Manatí MHC | 5 |
| 4. Organización Puertorriqueña de Consumidores de Servicios de Salud Mental | Office of the Auxiliar Secretary of Mental Health | 4 |
| 5. Club Diurno en Acción | Arecibo MHC | 12 |
| 6. Organización Salud Mental Oeste | Mayagüez MHC | 7 |
| 7. Asociación Pro Ayuda a Residentes Centro Psicosocial Cayey Inc. | Cayey PRC[c] | 3 |
| 8. Grupo de Apoyo Comunitario | Cayey MHC | 1 |
| 9. Grupo de Ayuda Mutua | Coamo MHC | 2 |
| 10. Grupo de Salud Mental Antiguo Hospital Veteranos | Puerto Nuevo | 2 |

[a] PH refers to Psychiatric Hospital: [b] MHC refers to Mental Health Center: [c] PRC refers to Psychosocial Rehabilitation Center

The coordinators of the groups filled out a short questionnaire (see Appendix D) concerning general information about the mutual help groups. Seven of the ten coordinators provided the necessary information for the description of the groups. From their responses the following information was summarized:

1. The groups have been together from two to seven years, with a mean of three years.

2. Attendance at the meetings ranges from 5 to 30 members, ($\underline{M}$=14).

3. Six of the seven groups from which the coordinators provided information had their meetings monthly. The seventh group, which had his meetings weekly, is considered also the national directive of the newly formed National Association of Consumers.

4. All the groups that submitted information (seven groups) had presidents, four men and three women.

5. One group reported not having had any newcomers during the previous four months, while, (a) one group had one, (b) two groups had two, (c) one group had four, and (d) two groups had six.

6. All the groups reported that they had been meeting regularly

during the last six months.

Among the list of the main activities of the groups: (a) four mentioned the organization of parties, or social activities, (b) three, the recruitment of new members, and (c) two, the incorporation of the groups with the State Department Office. Other activities mentioned by individual groups were: (a) attending the National Assembly of Consumers of Mental Health Services, (b) managing a small cafeteria, (c) having writting a proposal requesting funds for workshops and seminars, (d) lobbying to get a Club House for the consumers of mental health services, and (e) having meetings to discuss problems with the services for the consumers.

Relatives and Consumers Involved in the Study

Forty-two interviews were completed during the study. Twenty-seven were with consumers of mental health services and eleven with relatives. Four subjects were both relatives and consumers of mental health services. Two subjects did not complete the interviews, and their data were not included. One of them reported being tired, and the other was unable to understand many questions and to answer what was being asked.

Demographic Characteristics

Some characteristics of the respondents are described in the following paragraphs. Others are included in the results section as situational variables.

The ages of the consumers and relatives were recoded into categories. All the members were over 21 years of age. The highest percentage of people in both groups was in the range of 46 to 56 years old. The ages of the subjects are summarized in Table 4 .

Table 4.
Ages of the subjects

| Ages | Frequencies | % |
|---|---|---|
| | Relatives (n=15) | |
| 36 to 46 | 1 | 7% |
| 46 to 56 | 6 | 40% |
| 56 to 66 | 5 | 33% |
| 66 to 76 | 3 | 20% |
| | Consumers (n=31) | |
| 21 to 36 | 7 | 23% |
| 36 to 46 | 6 | 19% |
| 46 to 56 | 11 | 36% |
| 56 to 66 | 5 | 16% |
| 66 to 76 | 2 | 6% |

Data concerning the medical history of those who were consumers of mental health services were collected from the

subjects who remembered that information. The self-reported medical history information that was collected is summarized in the following paragraphs and a tabulation is displayed in Table D-1 in Appendix D .

The 31 members who classified themselves as consumers had received or were receiving mental health services at the time of the study. Common services were, medicines (55%) and therapy (42%). Other services mentioned with lower frequency were; ambulatory services, psychiatry, vocational rehabilitation, and external clinic.

All the consumers reported that they had been hospitalized, but some of them were unable to answer how many times. Among 12 respondents who answered that question, the number of hospitalizations varied from 1 to 20, (M=4). Twelve consumers were able to indicate the year of their first hospitalization. The time since the first hospitalization ranged from 2 to 27 years with (M=12) . Ten of them recalled the year of their most recent discharge. The range of years since the last discharge fluctuated between 1 and 10 years ago, (M=4). Only nine consumers in the study indicated that they recalled their last diagnosis. Six subjects indicated schizophrenia, one manic-depressive disorder, and one neurosis.

None of the 31 subjects reported having used street drugs and/or being in a drug rehabilitation program.

## Interviewing Procedures

A structured interview was used as the method of data collection. The interview form was first written in English and a translated into Spanish. It was reviewed before and after a pilot-test by a faculty member from the University of Puerto Rico.

Five members of the mutual help group at the Mayagüez Community Mental Health Center were interviewed during a pilot-test. As a result of the pilot-test, minor changes were made in the wording of some items and the instructions of one section. At the same time, the changes were done to the English version in order to keep it as equivalent as possible. (See letter from O. Hernández in Appendix E). The English and Spanish versions of the interview are in Appendix F.

### Interviewer Training

The interviews were done by the author and two interviewers. One of them (Interviewer 2) was recruited at the beginning of the study and went through three training sessions. The first session

lasted approximately four hours and was used to discuss: (a) the topic of the study, (b) the purpose, (c) the method, (d) the environment, (e) issues of privacy and confidentiality, and (f) recommendations about how to handle hypothetical situations that may come up in the interviews.

The next day, the interviewer went to the Community Mental Health Center in Mayagüez with the author and listened to four consecutive interviews done as part of the pilot-test. A fifth interview was done the same day, but this time the trainee and the author (interviewer) exchanged their roles, and the trainee conducted the interview. The following morning, the author and the trainee discussed the instrument, criticizing it according to the notes that they both wrote during the pilot-test. During the meeting, a revised version of the instrument including minor changes in wording of some items and instructions, was written. A codebook and the instruction manual for the interviews were written according to the revised version.

The first four interviews also were used to pilot the format of the instrument. The percent of agreement between the author and the trainee during the first four interviews was 97.52%.

Another interviewer had to be recruited because the study was extended one week more than expected. This new interviewer is identified as Interviewer 3. Due to time constraints, she was trained in only one session, lasting seven hours. The same topics discussed in the first training meeting were discussed. The instruction manual, the codebook, and the interview form also were discussed. At the end of the meeting, the trainee (Interviewer 3) interviewed the author and received feedback about her performance.

Interviews

Interview sessions were scheduled with the members of each group during the same day. All the interviews were done on an individual basis. Every tenth interview until the thirtith interview (10,20,30) was done by one interviewer in the presence of another interviewer who also recorded all the responses. The percent of agreement for these three interviews was 98%. The author went to all the interview sessions.

All of the interviews were conducted at the place where each group had its meetings. With the exception of one group, which had a meeting in a community activities center, all the others had their meetings at the psychosocial rehabilitation centers, community

mental health centers, and the Office of the Auxiliary Secretary of Mental Health.

The first minutes before the interview were used to talk informally with the respondent. Then a copy of a consent form was read to the respondent at the same time that he/she had a chance to read it. The consent form is displayed in Appendix C. It reminded the subjects of their rights of anonymity and confidentiality, and their option to withdraw at any point.

When the subject had decided if he/she was willing to be interviewed, and signed the consent form, the interviewer proceeded with the interview following the instrument. A description of the instrument is provided in the next section.

## Interview Format

All the interviews were conducted in Spanish by female interviewers. The interviews lasted from 45 to 90 minutes.

If the coordinator of the group was available, general information about his/her group was collected the same day. In other situations, the coordinators preferred to keep the form and mail it back.

Interview with the Members of Mutual Help Groups

The purpose of the interview was to collect information about: (a) demographic characteristics of the relatives and consumers of mental health services in the mutual help groups; (b) the subjects' status in the groups; (c) the structure of the group; (d) the subjects' participation in the group; (e) the members' plans concerning the mental health center and the group; (f) needs of the members; and (g) their attitudes about family, sex roles, locus of control; and religiosity.

The following subsections describe the content of each of the different sections of the interview displayed in Appendix F.

Demographic information. The instrument included questions about: (a) age, (b) marital status, (c) education, (d) occupation, (e) sources of income, (f) monthly income, (g) type of dwelling, (h) members of household, and (i) sex of the respondents. From those who identified themselves as consumers of mental health services, the number of hospitalizations concerning mental health problems, the year of the first hospitalization, the date of last discharge, and the most recent mental health diagnosis, was collected.

Participation in the group. This section gathered information

about the respondent as a member of the group. Two open-ended questions provided the opportunity to talk about what he/she liked or disliked about the group. The items about participation in the group are listed in Table 5

Table 5.
Items about the subject's participation in the group

| Variables | Letter of the item |
|---|---|
| Months affiliated with the group | P-10 |
| Frequency of attendance | P-10b |
| Responsibilities of the member to the group | P-11 |
| Relatives participating in the group | P-12,P-12 |
| Things enjoyed the most about the group | P-13 |
| Things liked the least about the group | P-13b |

Structure of the group. This section focused on the groups' formal and informal leadership. It asked the name of the person in each of the leadership positions, and identified each person as a consumer, a relative, or the coordinator of the group. An open-ended question was included asking the responsibilities of the coordinator. The variables used to describe the structure of the groups are displayed in Table 6.

Table 6.
Items about the structure of the group.

| Variables | Letters of the items |
|---|---|
| Person with most influence | P-14 |
| Leader of the group | P-15 |
| Responsibilities of the coordinator | P-16 |
| Members of the directive | P-17 a,b,c,d |

Needs. This was the main section of the interview and involved four subsections. The first part consisted of an open-ended question about the subjects' needs or major concerns. This was followed by a list of possible needs and their importance rated on a 1 to 4 Likert scale. An index card with the four options was handed to the respondent.

Two other sections involved this list of needs. One asked the subject to indicate his/her satisfaction with each of the items. An index card with the options corresponding to a 1 to 4 Likert scale was used.

Finally, there was one section presenting the same items or needs and asking if the respondents expected to fulfill the need through their participation in the group. Table 7 displays the items used for the sections about importance and satisfaction, and for the

identification of the needs that they wanted to fulfill through the group.

Table 7
Items used for satisfaction, importance, and expectations about the group

| Variables | Letter of the item in sections P-19,20,21 |
|---|---|
| Employment | a |
| Housing | b |
| Participation in recreational activities | c |
| Access to mental health services | d |
| Support received from mental health services | e |
| Academic education | f |
| Informal education | g |
| Involvement of your family in your activities | h |
| Participation in Community matters | i |
| Opportunities to meet other people | j |
| Participation in religious activities | k |
| Relationship with your family | l |
| Opportunities to interact with youngsters | m |
| Opportunities to teach your experiences | n |
| Support from the neighbors | o |
| Religious beliefs | p |
| Physical health | q |
| "Emotional" mental health | r |
| Sense of usefulness | s |

Attitudes about the family. This section included ten statements extracted from the literature about traditional family beliefs. They were read to the subject to get his/her level of agreement. All the

statements were presented in the positive or "traditional" direction using a 1 to 5 Likert scale. The response options were given to the respondent on an index card. The sentences were divided into five categories according to their content: (a) attitudes about the role of the father, (b) attitudes concerning the role of the mother, (c) the role of the siblings, (d) the composition of the family, and (e) the importance of the family. The items are on page 11 of the instrument displayed in Appendix F.

Two items were deleted from the scale (see items g and h in Appendix F) because they were confusing to the subjects. Two more items were dropped because of their low item-total correlations. Six items with a coefficient Alpha of .83 were used to form the final scale. Those items and their item-total correlations are included in Table 8.

Table 8.
Item-total correlations for traditional family beliefs

| Items | Item-total correlations |
|---|---|
| a. The father should be the authority figure in the house | .51 |
| b. To obey your father is more important to love him | .55 |
| c. The mother should always be more loving than the father | .62 |
| d. The mother should obey the father's will | .72 |
| e. The siblings should always obey their father | .67 |
| f. Even though you are angry with your parents, their will should be complied with because of "repeto" (respect) | .56 |

Attitudes about the traditional sex roles. This section included 14 statements about what has been presented in the literature as the description of the traditional Hispanic man and woman. Section VI of the instrument in Appendix F displays the items including seven about the traditional women, and seven about the traditional men. All the statements (14) were read about both, the men and the women, and answered using a 1 to 5 Likert scale. The respondent received the same index card mentioned in the previous section. The question; "to what extent do you agree with the idea that the woman should...(item)"was read before each item. It was read twice

for each item. The first time "the woman" is mentioned as the protagonist, the second time "the man". All the statements (14) were read about both the men and the women.

Eleven items correlate with a reliability coefficient (Alpha) of .50 for the traditional women's role. Those items and their item-total correlations are listed in Table 9.

Table 9
Item-total correlation for traditional women's role

| Items | Item-total correlations |
|---|---|
| The woman: | |
| b. Should be religious | .48 |
| c. Should obey her husband and/or father | .48 |
| d. Should be sentimental | .49 |
| e. Should rear her siblings | .47 |
| f. Should iron, clean, wash and do the housechores | .48 |
| g. Should work out of home* | .42 |
| h. Should have strong character* | .43 |
| j. Should have a better job and earn more money than her spouse* | .45 |
| k. Should "venerate" (or give more importance than to any other person) her mother.* | .48 |
| l. Should impose discipline to her children.* | .46 |
| m. Should bear pain without complaining.* | .47 |

* Means the item was recoded in this scale.

Another scale was prepared for the traditional men's role. This time the scale included only four of the original fourteen items. The

reliability coefficient of this scale was .37 and the items included, as well as their item-total correlations are displayed in Table 10.

Table 10
Item-total corelations for traditional men's role

| Items | Item-total correlations |
|---|---|
| The man: | |
| b. Should be religious* | .37 |
| n. Should go out with women other than his wife | .01 |
| j. Should have a better job than his wife | .03 |
| d. Should be sentimental* | .36 |

* Means that the item was recoded.

The low reliability of the items about the traditional men's role is attributed to the format of the question. The subject was asked the item about the man immediately after responding to the same item concerning the women. This format encouraged the subjects to answer the same way about the man or the woman. This situation was perceived by the interviewers. Due to the inadequate format and considering that (a) the item was always read first about the woman, and (b) that all the items considered as descriptive of either the traditional man or the woman were antonymic to their corresponding idea concerning the opposite sex, the set of items

about the traditional women role were chosen as a measure of the traditional sex roles.

Locus of Control. The locus of control was measured with the items of a subscale of Gurin, P., Gurin, G., Lao, Rosina, and Beattie (1969), "Multidimensional IE Scale". Gurin et al.'s instrument is a modified version of Rotter's IE scale (Rotter, 1966). The whole instrument consists of 23 items from Rotter's scale, three items from the Institute of Social Research Personal Efficacy Scale, and 13 items written especially to tap beliefs about the operation of personal and external forces in the race situation in the United States. The scale yields four factors: (1) control ideology, (2) personal control, (3) system modification, and (4) race ideology (Gurin, et al.,1969).

For the purpose of this study, only the subscale for personal control was included. The subscale contained five items, all phrased in the first person, indicating subject's beliefs in his/her own control. According to Gurin et al., (1969) the personal control scale is the closest to Rotter's (1966) conceptual definition of internal-external locus of control. The five items of personal control are included as section VII of the instrument in Appendix F. The

respondents were asked to choose from each pair, the statement with which they agreed the most. One statement in each pair concerned external locus of control and the other internal locus of control. If the subject chose the statement about external locus of control he/she got a score of 2 in the item. If they chose the other statement, they receive a 1 in the item about external locus of control. One pair of items (number 4) was dropped because it was not clearly understood by the subjects. From the other four pairs, the four items about external locus of control were combined into a scale. The reliability of the scale (Alpha) was .42. The items included and their item-total correlations are presented in Table 11.

Table 11

Item-total correlation for external locus of control

| Item | Item-total correlation |
|---|---|
| 1A. I have often found that what is going to happen will happen. | .21 |
| 2B. Sometimes I feel that I don't have enough control over the direction my life is taking. | .27 |
| 3B. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune that you may have. | .38 |
| 5A. Many times I feel that I have little influence over things that happen to me. | .08 |

Religiosity. The eighth section of the questionnaire included a question about the religious affiliation of the subject, and 8 of the 21 items of Poppleton and Pilkington 's (1963) scale to measure religious attitudes. The original scale was designed to measure religious attitudes of British college students and was developed with the method for the Thurstone scales (Poppleton & Pilkington, 1963).

Four items from the original scale were randomly chosen from the items phrased in the positive direction (high religiosity according to the original use of the instrument). Another four items were randomly chosen from the set of items phrased in terms of low or no religiosity. A 1 to 5 Likert scale was used to record the agreement of the respondent with each item. The values of the options for the high religiosity statements range from 1 equal to strongly disagree to 5 equal to strongly agree.

After the pilot-test, two items were eliminated. Item number 8 was dropped from the scale because it was confusing. The third item also was dropped because it correlated negatively with the scale. Six items were used in the scale of religiosity. The internal consistency

of the scale was .59. The items included and their corresponding item-total correlations are displayed in Table 12.

Table 12.
Item-total correlations in scale of religiosity

| Items | Item-total correlation |
|---|---|
| 1. To lead a good life it is necessary to have some religious and/or spiritual belief. | .29 |
| 2. I genuinely do not know whether or not God exists.* | .37 |
| 4. The existence of disease and famine in the world demonstrates that God does not exist.* | .52 |
| 5. International peace depends on the world wide adoption of a common religion. | .25 |
| 6. Life is meaningless without believing in God. | .19 |
| 7. If you lead a good and decent life, it is not necessary to go to any church.* | .21 |

* Means that the item was recoded.

Future plans concerning the Mental Health Center and the group.

The last section of the interview included open-ended questions about future plans concerning the group and the mental health center. The questions were: (a) do you want or plan to stay involved with the mental health center?, why or why not?; (b) how well do you believe that you would be without the help of the mental health center? why or why not?, and (c) in what activities of the community would you like the mutual help group to get involved, and with what associations or groups?

When the interview ended and the respondent left the office or place of the interview, the interviewer had to complete the last page of the questionnaire noting (a) the sex of the subject, (b) the date of the interview, (c) the time when the interview ended, (d) the interview number in the interview session, and (e) any unusual comments and circumstances.

# CHAPTER 3

# RESULTS

## Assessment of Needs

This section describes (a) situational variables, and (b) needs of relatives and consumers of mental health services in mutual help groups in Puerto Rico.

### Situational Variables

Education. All the subjects reported that they had some formal education. Consumers and relatives reported similar levels. Thirty-six percent of the consumers (n=11) and 26.7% of the relatives (n=4) did not go to high school, but completed different levels in grade school. Thirty-five percent of the consumers (n=11) and 40% of the relatives (n=6) went through $10^{th}$, $11^{th}$ and/or $12^{th}$ grade. Ten percent of the consumers (n=3) and 7% of the relatives (n=1) studied one or two years of a Bachelor or associate degree, without completing them. Twelve percent of the consumers completed technical or associate degrees or studied 3 to 4 years of a bachelor degree program without finishing it (n=4),while 7% of the relatives (n=1) finished a technical or associate degree. One respondent in

each group finished a Bachelor degree. Two of the relatives had Master, or PhD degree, and one of the consumers had a Masters degree. A tabulation for each individual educational level is displayed in Table D-2 in Appendix D .

Religious Affiliation. Thirty-eight of the subjects indicated some religious affiliation. Only four subjects indicated affiliation with any religious group. Some of those affiliated to religious groups indicated been affiliated to more than one group. Therefore the following distribution of religious denominations was found; 22 Catholics, 13 Pentecostals, 2 Christians/no denomination, 2 Methodists, 2 Adventists, and 7 Spiritists.

Marital Status. The largest percent of people in both groups reported being married; 16 consumers and 12 relatives (51% and 80% respectively). Among the 31 consumers: (a) six (19%) were single, (b) seven (23%) divorced; (d) one (3%) was a widow, and (e) one (3%) was in a consensual union. In the group of 15 relatives, (a) two (13%) were divorced, and one (7%) reported being a widow.

Occupation. Thirteen of the fifteen consumers (87%) were not working for profit. However they do not consider themselves unemployed, because they were: (a) housewifes (n= 10 , 67%), (b)

retired (n=2, 13%), and/or (c) involved in voluntary work (n=1, 7%). Two (13%) reported being involved in other types of jobs (i.e., salesman).

A similar situation was found among the consumers. In this group 87% (n=27) reported being unemployed, not seeking a job, being housewifes, retired, or involved in voluntary work. Also, one subject reported being unemployed seeking a job, another (3%) was employed in a sheltered workshop, and two (7%) reported that they have other types of job (i.e. ,artisan). A tabulation of the data for each category is displayed in table D-3 in Appendix D.

The fact that most of the members of the mutual-help groups (consumers and relatives) are voluntarily unemployed has to be related to the fact that the meetings of the groups in the study, are held before noon and during weekdays. This restricted the membership in the groups to people who do not have daytime jobs.

Type of Dwelling. Most of the consumers and relatives reported living in private houses; 21 consumers (68%) were living in houses, and 13 relatives (87%). Three consumers (6%) were living in apartments. Seven (23%) lived in government public housing projects. One person (3%) lives in the Independent Housing Project

in San Germán. Within the group of relatives; (a) one respondent (6.5%) lives in an apartment; and (b) one (6.5%) lives in a public housing project of the government.

People in the same house. Not many subjects were living alone among the relatives or consumers. Only four consumers (13%) lived alone. Among the others, twelve (39%) lived with only one person, (c) four (13%) lived with two, (d) four (13%) lived with three, (e) two (6%) lived with four, (f) three (10%) lived with five persons, (g) one (3%) lived with ten persons, and (h) one (3%) lived with 45 persons.

Among the relatives, only one person (6.6%) was living alone. Seven (47%) members were living only with one person. Four subjects lived with two, three, four or five respectively, and three (20%) lived with six persons.

Most of the subjects lived with relatives. A higher number of them lived with wifes or husbands (48% consumers and 80% relatives). Forty percent of the relatives and 19% of the consumers lived with sons and daughters. Table D-4 in Appendix D displays the tabulation of members of the family living with the respondents.

Family type. Two questions were used to identify if the subject's family was nuclear or extended. If the subject responded that his/her family involved more than nine members, and that it includes members other than the nuclear family--parents and siblings-- the respondent's family was coded as an extended family. Twenty-six subjects had extended families.

Sources of income. Each respondent was asked if he/she received economic support from a list of possible sources of income. The highest percentage of the respondents was receiving social security income. The percentage of people who received support from each source is tabulated in the following table.

Table 13

Number of recipients of each source of income.

| Sources of Income | Respondents | | | |
|---|---|---|---|---|
| | Relatives | | Consumer | |
| | N | % | N | % |
| Salary | 2 | 13% | 4 | 13% |
| Social Security | 10 | 67% | 13 | 42% |
| Food coupons | 2 | 13% | 11 | 35% |
| Social services | -- | | 2 | 6% |
| Family support | 2 | 13% | 8 | 26% |
| Vocational rehab. | 1 | 7% | 1 | 3% |
| Unemployment checks | -- | | -- | |
| Alimony | -- | | -- | |
| Disabled insurance | -- | | 2 | 6% |
| Retirement benefits | -- | | 4 | 13% |
| Other sources | 5 | 33% | 3 | 10% |

The amount of money that each respondent was receiving monthly from each source was added to get the approximate monthly income of the subject. The monthly income of the consumers ranges from 0 to $600. The monthly income of the relatives ranges from 0 to $1,700. The following table summarizes this information.

Table 14

Monthly income of relatives and consumers

| Subjects | N | % |
|---|---|---|
| Consumers | | |
| Nothing | 2 | 7% |
| less than $100 | 5 | 16% |
| $101 to 250 | 1 | 3% |
| $251 to 399 | 10 | 32% |
| $400 to 549 | 8 | 26% |
| $550 to 700 | 4 | 13% |
| $735 | 1 | 3% |
| Relatives | | |
| Nothing | 1 | 7% |
| $100 to 249 | 3 | 20% |
| $250 to 399 | 2 | 13% |
| $400 to 549 | 1 | 7% |
| $550 to 700 | 2 | 13% |
| $949 to 1,247 | 2 | 13% |
| $1,326 to 1,530 | 2 | 13% |
| $1,530 to 1,560 | 2 | 13% |
| $1,700 | 1 | 7% |

Needs of Consumers

An open-ended question gave the consumers the opportunity to express the things that they needed. Each individual item mentioned by each subject was translated into English. After this, all the responses went through content analysis. A list of needs was generated including things as specific as "a sewing machine", and abstract as "to be in God's grace". Table 15 displays the list of needs and the frequencies with which they were mentioned. The list of needs have been divided according to general topics. The needs mentioned with higher frequencies concerned the following topics: (a) transportation, (b) economic help, (c) physical help, (d) housing, (e) a job, (f) medicine, and (g) good family relationships. Also many of them reported that what they need the most was not to be discriminated against in the community, which can be interpreted as not to be stigmatized.

Table 15
Needs of the consumers.

| Needs | N | % |
|---|---|---|
| Economic matters | | |
| 1. Economic support | 5 | 16% |
| 2. Transportation | 4 | 13% |
| 3. Savings | 1 | 3% |
| 4. Clothing | 1 | 3% |
| 6. A sewing machine | 1 | 3% |
| Employment | | |
| 1. A job | 9 | 29% |
| Education | | |
| 2. Training for the relatives | 1 | 3% |
| Housing | | |
| 1. Housing | 5 | 16% |
| Social relationships | | |
| 1. Friends | 1 | 3% |
| 2. A companion | 2 | 39% |
| 3. Good neighbors | 1 | 3% |
| Health issues | | |
| 1. Going to the doctor | 1 | 3% |
| 2. Medicine | 4 | 13% |
| 3. Physical health | 8 | 26% |
| Personal goals | | |
| 1. Independence | 1 | 3% |
| 2. Not to be discriminated against | 10 | 32% |
| 3. Trust in the mental health services | 2 | 6% |
| 4. To live in God's grace | 2 | 6% |
| Group goals | | |
| 1. A club house for the consumers | 1 | 3% |
| Family issues | | |
| 1. Good family relationships | 6 | 13% |
| Activities | | |
| 1. Pastime or recreational activities | 1 | 3% |

A list of potential needs was read to each subject, to collect his/her rating of importance of the item. Many of the needs in the list were also mentioned as responses to the open-ended question by the subjects. Most of the respondents rated many of the items as extremely and/or very important. The percentages of ratings of each item as very and extremely important were added to identify the items considered as most important with the highest frequencies. The items rated most important are: (a) to be physical healthy, (b) to feel support from the staff, (c) to have his/her family get involved in his/her activities, (d) to have opportunities to meet other people, (e) to have positive family relationships, (f) to have religious beliefs, (g) to have emotional health, (h) to feel that you are useful, and (i) to have access to mental health services. Table 16 displays the mean ratings of importance of the items.

Table 16
Consumers' ratings of importance of the needs

| Items | Importance[a] 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| 1. Be employed | 10% | 13% | 27% | 50% |
| 2. Have housing | 3% | | 10% | 77% |
| 3. Participate in recreational activities | 7% | 3% | 29% | 61% |
| 4. Have access to mental health services | 3% | | 23% | 74% |
| 5. Feel support from the staff | | | 16% | 84% |
| 6. Receive academic education | 13% | 13% | 30% | 43% |
| 7. Receive informal education | 3% | 7% | 35% | 55% |
| 8. Family get involved in your activities | 3% | 3% | 26% | 68% |
| 9. Participate actively in community matters | 3% | 16% | 26% | 55% |
| 10. Have opportunities to meet other people | 6% | 23% | 71% | |
| 11. Participate in religious activities | 3% | | 23% | 74% |
| 12. Have a positive (good) and stable relationship with your family | | | 6% | 94% |
| 13. Have opportunity to interact (to be) with youngsters | 6% | 6% | 29% | 59% |
| 14. Have opportunity to teach others what you know | 7% | 10% | 26% | 58% |
| 15. Feel and receive support from your neighbors | 3% | 7% | 32% | 58% |
| 16. To have religious beliefs | 3% | | 16% | 81% |
| 17. To be physically healthy | | | | 100% |
| 18. To have "emotional" health | | | 10% | 90% |
| 19. To feel that you are useful | | | 10% | 90% |

[a] The options used were; 1=not important; 2=not too important; 3=fairly important; and 4=extremely important.

As was seen in the tables above, a high number of subjects mentioned the needs of employment, physical health, and positive

family relationships. Those three needs were also rated among the most important needs. Other items that were frequently considered as extremely important are discussed in light of the subjects' responses to situational variables and to the rating of satisfaction with each need, within the discussion section.

A 1 to 4 Likert scale of satisfaction was used to assess the subjects' satisfaction with each item in the list of needs. It is important to keep in mind that if the subjects did not have the item but felt satisfied not having it, he/she was instructed to report satisfaction. In the same way, if the subject had the item but felt that it needed to be improved, he/she was expected to express dissatisfaction. This information provided a view of which of these things the subjects need or want to change, and at the same time reflected how strong their satisfaction was. The percentage of responses in the very dissatisfied and the dissatisfied categories for each item were added to identify items with which the subjects were most dissatisfied. The items rated as sources of dissatisfaction were employment, academic education, family involvement, opportunity to interact with youngsters, opportunity to teach others, physical health, and emotional health. Table 17 displays the subjects ratings

of satisfaction with each item or need.

Table 17

Consumers' satisfaction with each need

| Items | Satisfaction[a] 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| 1. Your employment | 23% | 30% | 20% | 27% |
| 2. Your housing arrangement | 16% | 3% | 32% | 48% |
| 3. Your participation in recreational activities | 13% | 13% | 52% | 23% |
| 4. Your access to mental health services | 6% | 10% | 26% | 58% |
| 5. The support you receive from the mental health staff | 13% | 26% | 61% | |
| 6. Your academic education | 6% | 36% | 32% | 26% |
| 7. Your informal education/"hobbies" | 26% | 42% | 32% | |
| 8. The involvement of your family in your activities | 10% | 22% | 42% | 26% |
| 9. Your participation in community matters | 10% | 6% | 52% | 32% |
| 10. Your opportunities to meet other people | 3% | 23% | 39% | 35% |
| 11. Your participation in religious activities | 3% | 23% | 29% | 45% |
| 12. Your relationship with your family | 10% | 3% | 35% | 52% |
| 13. The opportunities to interact with youngsters | 7% | 23% | 35% | 35% |
| 14. The support you receive from your neighbors | 14% | 10% | 35% | 41% |
| 15. Your opportunities to teach others what you know | 13% | 20% | 37% | 30% |
| 16. Your religious beliefs | 3% | 3% | 29% | 65% |
| 17. Your physical health | 26% | 19% | 19% | 36% |
| 18. Your emotional health | 23% | 29% | 29% | 19% |
| 19. Your sense of how useful you are | 3% | 23% | 32% | 42% |

[a] The options were coded as; 1=VD; 2=D 3= FS; and 4=VS.

Needs of the Relatives

The relatives reported fewer needs than the consumers in response to the open-ended question. The needs mentioned by the highest number of relatives were; physical health, and good family relationships. Other needs mentioned were economic support, training for the relatives, trust in the mental health services, and a club house for consumers. The following table reports the frequencies corresponding to each need.

Table 18
Needs of the relatives.

| Needs | N | % |
|---|---|---|
| 1. Economic support | 2 | 13% |
| 2. Training for the relatives | 1 | 7% |
| 3. Physical health | 4 | 27% |
| 4. Trust in the mental health services | 2 | 13% |
| 5. A club house for the consumers | 1 | 7% |
| 6. Good family relationships | 4 | 27% |
| 7. The mental health of the consumer | 2 | 13% |

The relatives rated the importance of the needs in a list, using a 1 to 4 Likert scale. Table 19 presents those ratings. According to

that information, the relatives considered the most important needs: the staff support, positive family relationships, opportunities to teach others, religious beliefs, physical health, emotional health, and feeling useful.

Table 19
Relatives' ratings of importance of the needs

| Items | Importance[a] 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| 1. Be employed | 20% | 20% | 13% | 47% |
| 2. Have housing | | | 13% | 87% |
| 3. Participate in recreational activities | | 7% | 40% | 53% |
| 4. Have access to mental health services | 7% | 20% | 13% | 60% |
| 5. Feel support from the staff | | | 13% | 87% |
| 6. Receive academic education | 27% | 19% | 27% | 27% |
| 7. Receive informal education | 7% | 13% | 73% | 7% |
| 8. Family get involved in your activities | 7% | | 40% | 53% |
| 9. Participate actively in community matters | 7% | 7% | 40% | 46% |
| 10. Have opportunities to meet others | | 7% | 33% | 60% |
| 11. Participate in religious activities | 7% | | 33% | 60% |
| 12. Have a positive (good) and stable relationship with your family | | | | 100% |
| 13. Have opportunity to interact (to be) with youngsters | 20% | 14% | 33% | 33% |
| 14. Have opportunity to teach others what you know | | | 47% | 53% |
| 15. Feel and receive support from your neighbors | 7% | 7% | 33% | 53% |
| 16. To have religious beliefs | | | 27% | 73% |
| 17. To be physically healthy | | | | 100% |
| 18. To have good"emotional" health | | | 13% | 87% |
| 19. To feel that you are useful | | | | 100% |

[a] The options were coded as: 1=N I;2=NTI;3=FI; and 4=EI.

The respondents also rated their satisfaction with each of the Only a few subjects reported dissatisfaction with items (Table 20 ). When the ratings of very dissatisfied and dissatisfied for each item were combined, the items with which they reported more dissatisfaction (although with moderate frequencies) were: recreational activities, access to the services, family involvement, participation in community matters, family relationships, opportunities to interact with youngsters, opportunities to meet others, and support from the neighbors.

Table 20
Relatives' ratings of satisfaction.

| Items | Satisfaction[a] 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| 1. Your employment | 7% | | 40% | 53% |
| 2. Your housing | | 13% | 34% | 53% |
| 3. Your participation in recreational | | 27% | 60% | 13% |
| 4. Your access to mental health services | | 27% | 33% | 40% |
| 5. The support you receive from the mental health staff | | 13% | 27% | 60% |
| 6. Your academic education | 13% | 13% | 27% | 47% |
| 7. Your informal education | 14% | 7% | 65% | 14% |
| 8. The involvement of your family in your activities | | 33% | 27% | 40% |
| 9. Your participation in community matters | | 27% | 40% | 33% |
| 10. Your opportunities to meet other people | 7% | 20% | 53% | 20% |
| 11. Your participation in religious activities | | 13% | 47% | 40% |
| 12. Your relationship with your family | | 27% | 13% | 60% |
| 13. The opportunities to interact with youngsters | | 27% | 33% | 40% |
| 14. The support you receive from your neighbors | 7% | 29% | 35% | 29% |
| 15. The opportunities to teach others what you know | | 13% | 47% | 40% |
| 16. Your religious beliefs | | 7% | 33% | 60% |
| 17. Your physical health | 7% | 13% | 47% | 33% |
| 18. Your "emotional" health | | 13% | 73% | 13% |
| 19. Your sense of how useful you are | | 21% | 36% | 43% |

a The options were coded as; 1=VD; 2=D;3=FS; and 4=VS.

Members Expectations of the Groups

The list of needs also was used to ask the subjects about the areas the group could help them in. The following table presents the frequencies in which the subjects indicated that they would like to be helped by the groups. The section of the interview that gathered the information can be seen in the instrument in Appendix F.

Table 21
Items with which they want to be helped

| Items | Consumers N | Relatives N |
|---|---|---|
| 1. Find employment | 17 | 3 |
| 2. Find housing | 10 | 3 |
| 3. Recreational activities | 27 | 8 |
| 4. Receive mental health services | 26 | 11 |
| 5. Obtain support from mental health | 27 | 11 |
| 6. Obtain academic education | 19 | 4 |
| 7. Obtain informal education | 29 | 12 |
| 8. Family involvement | 22 | 8 |
| 9. Participate in community activities | 28 | 10 |
| 10. Opportunity to meet other people | 29 | 12 |
| 11. Participate in religious activities | 25 | 9 |
| 12. Positive family relationships | 27 | 10 |
| 13. Interaction with youngsters | 28 | 8 |
| 14. Opportunity to teach others | 26 | 10 |
| 15. Obtain support from neighbors | 25 | 7 |
| 16. Have religious beliefs | 20 | 6 |
| 17. Be physically healthy | 25 | 9 |
| 18. Have mental "emotional" health | 27 | 9 |
| 19. Feel useful | 29 | 14 |

The data from the consumers indicated that they are mainly interested in being helped by the group in the areas of recreational activities, mental health services, support from the mental health services staff, informal education, community activities, opportunities to meet other people, positive family relationships, opportunities to interact with youngsters, mental health, and feeling useful.

The relatives were mainly interested in being helped by the group in feeling useful, receiving mental health services, obtaining support from the mental health staff, obtaining informal education, participating in community activities, meeting other people, having positive family relationships, and teaching others what they know.

Summary of needs

The previous section described situational variables of relatives and consumers of mental health services in mutual help groups in Puerto Rico, and their responses to questions about their needs. The following paragraphs summarize this information.

All the subjects had some formal education. Their education levels ranged from fourth grade to a PhD. Only one consumer and one relative reported being unemployed and seeking a job. The rest

were mainly retired, involved in voluntary jobs, and/or housewives.

When their income was assessed it was found that most of the consumers and relatives were receiving social security checks. With the exception of three subjects who indicated that they did not receive any income; the monthly income fluctuated between less than $100 to $735 for the consumers, and between $100 to $1,700 for the relatives.

A high percentage of subjects in both groups were married ( 51% of the consumers and 80% of the relatives). Only four consumers and one relative indicated that they lived alone. Most of the subjects lived with relatives (n=39), mainly wives and/or husbands.

In response to a question about their needs, the consumers most frequently mentioned needs of (a) transportation, (b) economic support, (c) housing, (d) a job, (e) medicines; (f) good family relationships, and (g) physical help. They also indicated frequently that they did not want to be discriminated against.

The relatives mentioned needs of (a) economic support, (b) training, (c) physical help, (d) trust in the mental health services, (e) a club house for the consumers, and (f) good family relationships.

They also mentioned that they need the mental health of their relative.

A list of needs was used to record the importance and satisfaction of the subjects. Table 22 displays the needs that were rated as important most frequently, by consumers and the ones rated in that way by the relatives.

Table 22
Items most frequently rated as important by consumers and relatives

| Items |
|---|
| **Consumers** |
| 1. To be physically healthy |
| 2. Have a positive (good) and stable relationship with your family |
| 3. To have good "emotional" mental health |
| 4. To feel useful |
| 5. Feel support from the staff |
| 6. To have religious beliefs |
| 7. Have access to mental health services |
| 8. Have opportunities to meet other people |
| 9. Family get involved in your activities |
| **Relatives** |
| 1. To be physically healthy |
| 2. Have a positive (good) and stable relationship with your family |
| 3. To feel that you are useful |
| 4. To have good "emotional" mental health |
| 5. Feel support from the staff |
| 6. To have religious beliefs |
| 7. Family get involved in your activities |
| 8. Have opportunity to teach others what you know |

From the subjects' ratings of satisfaction with each of the items on section P-20 of the questionnaire, the ones to which they expressed less satisfaction were identified and are summarized in Table 23.

Table 23
Sources of less satisfaction for consumers and relatives

| Items |
|---|
| **Consumers** |
| 1. Your employment |
| 2. Your "emotional" (mental) health |
| 3. Your physical health |
| 4. Your academic education |
| 5. Your opportunities to meet other people |
| 6. The involvement of your family in your activities |
| 7. The opportunities to teach others what you know |
| **Relatives** |
| 1. The support you receive form your neighbors |
| 2. The involvement of your family in your activities |
| 3. Your participation in recreational activities |
| 4. Your access to mental health services |
| 5. Your participation in community matters |
| 6. Yours opportunities to meet other people |
| 7. Your relationship with your family |
| 8. Your opportunities to interact with youngsters |
| 9. Your academic education |

The results and some implications of the findings about needs are explained in the next chapter.

Subjects Participation in the Groups

One section of the interview was used to assess the relative and consumer's participation in the mutual help groups. A description of that information is provided in the following subsections.

Months as a member of the group. The number of months that the relatives had been in the group varied from 3 to 60 months (M=27). Twelve of the 15 relatives had been in the group for one year or more.

In the group of consumers, the months in the groups varied from less than 1 month to 96 months (M=31). Twenty four of the consumers had being in the group one year or longer.

Frequency of attendance. Twelve of the 15 relatives (80%) indicated that they always attended the meetings, while the other three (20%) indicated that they almost always attended the meetings.

Among the consumers n=17 (55%) reported that they attended always and n=14 (45%) indicated that they attended almost always.

Responsibilities in the group. In this section of the interview an open-ended question was used to ask each subject his/her responsibilities in the group. A tabulation of the frequency with

which each responsibility was mentioned is displayed in Table D-5 in Appendix D .

Relatives in the group. All the subjects were asked if they had any relatives participating in the groups. Three consumers reported that their wives were members of their groups. Four other consumers reported that they had, the mother, a daughter, a son, or a husband in the group.

In the group of relatives, only three respondents indicated the presence of a member of their family in their respective groups. In all cases, it was the wife.

Things prefered from the groups. The consumers listed the things that they liked best about the groups and include: the meetings, the opportunity to help the community, the therapy, the harmony, the good fellowship, the sharing of experiences, the relationship with the staff, the learning experiences, activities, the unity, the mutual help, the chances to speak, and sewing classes. The ones mentioned with higher frequencies were, the good fellowship, and the sharing of experiences. The things that the relatives liked best were: the meetings, the opportunity to help the community, the therapy, the harmony, the sharing of

experiences,the learning experiences, the unity, the mutual help, the chances to speak, and the improvement in the communication with the institution. None of these were mentioned by more than two subjects among the relatives.

The things that the consumers liked least were, poor attendance to the meetings and conflicts between the members. Other things that they did not liked, but mentioned infrequently were, poor punctuality, disorganized meetings, lack of economic support for the group, arguments, lack of original ideas, not owning a place for the meetings, discussion of political issues, discussion of religious ideas, and lack of youngsters. The relatives liked least the poor attendance to the meetings and also reported their dislike of the number of members in the group, disorganized meetings, the coordinator--in only 1 case--, the members' apathy, and lack of original ideas.

Group Structure

The main objective in the assessment of structure of the groups was to explore how much control the members perceived that they had over their groups. This section of the interview asked (a) who was the most influential member, (b) who was the group leader, and (c) who were the members of the directive.

The percentage of positions in the directive occupied by the coordinator, a consumer, or a relative, was computed from the responses. This information cannot be used to compare number of relatives in leadearship positions as reported by consumers, and/or the inverse situation, because there were groups including consumers and relatives and groups including only one type of members. However, it is possible to describe the leadership roles of the coordinators because all the groups had at least one (See Table D-6 in Appendix D).

The data from the relatives showed that in 40% of the cases, roles in the directive were played by relatives, while in 23% were performed by consumers. None of the relatives indicated that the coordinator performed any role in the directive. However, it is important to see that the data reflected that the person they nominated most frequently as the most influential, was the coordinator (27%). Also, 20% of the relatives mentioned the coordinator as the leader of the groups. These two facts indicated that even when the coordinator is not allowed to perform any official role in the directive, he/she may have strong influence in some of

the groups.

The data from the consumers showed that in 52% of the cases roles in the directive were performed by themselves, while 4% of the roles were performed by relatives, and .75% by the coordinators. The coordinator was included by the consumers in the categories of most influential and group leader, but not with the highest percentage. This time the coordinator got the same percentage of responses as the consumer in the item about who is the most influential. Both received 29% of the responses as most influential. The consumers reported that 71% of the group leaders were consumers, 10% relatives, and 6% coordinators.

The subjects also listed the responsibilities of the coordinators of the groups. Most of the responsibilities listed involved the tasks required for the group maintenence and making the decisions in the group. Table D-7 in Appendix D displays the lists of responsibilities of the coordinators.

## Evaluation of Hypothesis

The main purpose of the study was the description of needs, but at the same time information about the attitudes, and the structure of the groups was used to explored seven hypotheses.

Hypothesis 1

This hypothesis stated that there was going be a positive correlation between traditional family beliefs and the need of positive relationships with the family.

The variables used in the analysis of the hypothesis were (a) the need of good family relationships reported as a response to the open-ended question about needs, and (b) the scores in the traditional family beliefs scale. The mean scores and standard deviations of two groups on the traditional family beliefs scale were compared with the t-test, for separate variance. Table 24 displays the means and standard deviations compared in the analysis.

Table 24
Group mean and standard deviations on the traditional family beliefs scale

| | Groups | |
|---|---|---|
| Information | A[a] | B[b] |
| Number of subjects | 6 | 36 |
| Mean | 18.3 | 20 |
| Standard deviation | 5.27 | 6.44 |

[a] The A group included the subjects who reported a need of good family relationships.
[b] Group B involves those who did not expressed a need of good family relationships.

The null hypothesis was that there was not a positive correlation between the traditional family beliefs and the need of positive relationships with the family.

A t-test was performed to determine whether or not the means differ so much that the samples were unlikely to be drawn from the same population. The computation came up with a t value of -.69 with 8 degrees of freedom and a two-tail probability of .5. Therefore, the null hypothesis was not rejected.

Correlations between trasditional family beliefs and the respondents' ratings of importance and satisfaction with the family relationships, and with the family involvement in their activities were analyzed and showed to be non-significant. A positive correlation was found between ratings of satisfaction with family involvement in the respondent's activities and satisfaction with the family relationships.

Hypothesis 2

A positive relationship between traditional sex roles and the number of males in position of power was stated as a hypothesis. Position of power was defined as being the leader, the most influential in the group, or a member in the directive. The

proportion of positions of power filled by males was computed for each group. The proportion of positions of power were correlated with the mean scores of the groups on traditional women beliefs. This could be done because that scale included items about traditional beliefs about the man and the woman (see section about traditional sex roles in the results section). The null hypothesis was that there was not a positive correlation between traditional sex roles and number of males in position of power.

The Pearson correlation coefficient was .39 and was not significant at .05 or .01 probability levels.

Hypothesis 3

This hypothesis stated that there was going to be a positive relationship between external locus of control and groups dependence on the mental health centers. The group's dependence on the mental health centers was measured with the creation of a new variable called "coordinator control of the group". Every subject received a score of 1 in the variable if he/she mentioned any of the items on table 26 in response to the open-ended question about the coordinator responsibilities. If the subject

did not mentioned any of those things as part of the coordinator responsibilities he/she scored a 2. In this way, the group was split into two groups according to coordinator control; the first one including 17 cases and the second group with 22.

Table 25
Items combined in coordinator control of the group.

| Coordinator responsibilities |
|---|
| 1. Conducts the meetings |
| 2. Makes the decisions |
| 3. Runs the groups |
| 4. Finds the place for the meetings |
| 5. Finds materials needed |
| 6. Finds transportation for the group |
| 7. Ends the meeting |
| 8. Checks the punctuality |

A T-test was performed to compare the mean scores on the external locus of control scale of subjects in both groups. The separate variance estimate lead to a T value of -1.39, with 35 degrees of freedom and a two- tail probability of .173. Therefore, the null hypothesis was not rejected.

Hypothesis 4

The fourth hypothesis was that male members with traditional

sex roles were going to express a higher need of employment than women.

The traditional women's beliefs scale was used as the measure of traditional sex roles. The presence or absence of the need of a job in the subjects responses to the open-ended question about needs was used as the other variable.

Analysis of variance was used to test differences between the means of the groups of scores for women and men. The following table presents the mean score on traditional women's beliefs for each cell in the ANOVA.

Table 26.

Mean score on traditional women's beliefs used in the ANOVA

| | Need of a job | |
|---|---|---|
| Sex | Yes | No |
| Females | 37.80 (n=5) | 38.21 (n=19) |
| Males | 38.25 (n=4) | 40.21 (n=14) |

The following table displays the analysis of variance.

Table 27
Analysis of variance.

| Source | Sum of squares | Df | Mean squares | F | Sig.F |
|---|---|---|---|---|---|
| A =Sex | 28.09 | 1 | 28.10 | 1.06 | .31 |
| B =Need job | 8.47 | 1 | 8.47 | .32 | .58 |
| A/B | 4.21 | 1 | 4.21 | .16 | .70 |
| Explained | 40.77 | 3 | 13.59 | .51 | .68 |
| Residual | 1007.07 | 38 | 26.50 | | |
| Total | 1047.83 | 41 | 25.56 | | |

As the previous table showed, neither the sex nor the need of a job reflected a relationship with the traditional sex roles of the men or women.

Hypothesis 5

This last hypothesis stated that there was going to be a positive relationship between religiosity and external locus of control.

The scores in the external locus of control scale were correlated with the scales on the religiosity scale. A Pearson correlation coefficient of -.08 was found for an N of 39 and a significance level of .62. Therefore, the null hypothesis could not be rejected.

Hypothesis 6

It was expected that believers in the "espiritismo" would be found within the mutual help groups. Seven of the 42 participants

reported that they believe in the "espiritismo" . A hypothesis was stated saying that there was going to be a positive relationship between believers in "espiritismo" and members desire for independence from the mental health centers. All the subjects (N=42) reported that they wanted to remain involved with the mental health centers, which made it impossible to compare spiritists and non-spiritist in their plans concerning the mental health centers.

The reasons why they wanted to remain involved with the mental health centers are listed in the following table.

Table 28

Reasons to remain involved with the mental health center

| Reasons | Frequency |
|---|---|
| 1. Friendship | 4 |
| 2. To get medicines | 3 |
| 3. Trust in the mental health center | 12 |
| 4. Is part of the treatment | 3 |
| 5. Have mentally ill relatives | 6 |
| 6. Believe in the mutual-help | 4 |
| 7. Is a learning experience | 1 |
| 8. To help the center | 2 |
| 9. To help other clients | 5 |
| 10. As a pastime | 1 |
| 11. Follow-up to a case in court | 1 |
| 12. To help the community | 2 |
| 13. To feel responsible | 1 |
| 14. Afraid of a reversal of the illness | 1 |

The reason to remain involved with the mental health center that was mentioned most frequently was: (a) trust in the mental health center, (b) have mentally ill relatives,and (c) to help other clients.

Hypothesis 7

This hypothesis stated that there was going to be a positive relationship between religiosity and interest in group participation in religious activities.

It was originally planned to conduct a T-test comparing the mean scores of religiosity of those who express interest in group participation in religious activities and those who do not. The interest in group participation in religious activities was collected as one of the responses to the open-ended question asking the subjects in what activities of the community they would like the group to be involved. However, due to the small sample size only one member suggested that the groups should be involved in religious activities. This fact eliminated the possibility of analyzing this hypothesis.

The following table presents the list of activities in the community in which the subjects wanted the groups to be involved.

Table 29
Groups Activities suggested by the members

| Activities | Frequency |
|---|---|
| 1. Spreading information about the group | 8 |
| 2. Recruiting people | 3 |
| 3. Religious activities | 1 |
| 4. Find economic support for the center | 2 |
| 5. Designing new ways to help clients | 3 |
| 6. Spreading information about mental illness | 5 |
| 7. Visiting schools | 1 |
| 8. Recreational activities | 4 |
| 9. Visiting mentally ill | 4 |
| 10. Creating new groups | 3 |
| 11. Activities with youngsters | 1 |
| 12. Development of manual skills | 1 |
| 13. Vocational training | 1 |
| 14. Voluntary services to the community | 1 |

This information revealed that the members were to be interested mainly in spreading information about the groups and about mental illness.

Summary

The study proposed the evaluation of seven hypothesis. Two of them were: the relationship between believers in "espiritismo" and mutual help groups' members desire of independence from the mental health centers, and the relationship between religiosity and interest in group participation in religious activities. These two hypothesis were not analyzed due to lack of variance in the

responses to some of the variables. All the subjects reported that they planned to remain involved with the mental health centers, and only one member suggested that the groups should participate in religious activities.

The T-test was used to examine the relationship between traditional family beliefs and the need of positive relationships with the family, and the relationship between external locus of control and groups' dependence on the mental health centers. In none of these cases were the results of the analysis significant.

It was expected that males believing in traditional sex roles were going to express higher need of employment than women. However, the analysis of variance did not reflect a relationship between either sex or need of employment and the traditional sex roles.

The relationship between traditional sex roles and number of males in position of power, and the relationship between religiosity and external locus of control were tested with the Pearson correlation coefficients. In both cases the correlation coefficients were not significant.

# CHAPTER 4

# DISCUSSION

The purpose of the study was to assess the needs of consumers and relatives of consumers of mental health services participating in mutual help groups in Puerto Rico. As part of the study, the subjects' attitudes about traditional family beliefs, sex roles, locus of control, and religiosity were assessed. This was done to explore possible relationships between the needs and the attitudes that could provide information for future studies of culturally-based needs of Puerto Rican consumers of mental health services. Forty-two members of 10 mutual help groups in Puerto Rico participated in the study. They were all individually interviewed with close and open-ended questions about the needs, the group, and their attitudes.

The demographic characteristics of the members of mutual help groups included in this sample are summarized in the following aspects.

1. The members of mutual help groups in this study were older than the typical consumers of mental health services and their relatives in Puerto Rico--considered to be adolescents and young adults (Alvarez, 1980; Morales et al., 1985; Oficina de

Investigaciones, November, 1986). Most of the subjects in this study were adults over 36 years old.

2. Twenty-four females and 18 males formed the sample. Four females were both relatives and consumers of mental health services and so were included in both groups. Therefore, eight females and seven males were relatives, and 20 females and 11 males formed the group of consumers.

3. All the consumers and relatives in the study had formal education. This was another difference between the subjects of this study and previous descriptions of consumers and relatives (Alvarez, 1981; Oficina de Investigaciones, November, 1986).

4. With the exception of three subjects who indicated that they did not receive any income, the monthly income fluctuated between less than $100 to $753 for the consumers, and $100 to $1,700 for the relatives. According to recent statistics, the income of most of these subjects classified them within the poverty level--$500 or less monthly ("En la miseria un tercio de la población," 1988).

5. Only one consumer and one relative reported being unemployed and seeking a job. The rest were mainly retired,

involved in voluntary jobs, and/or housewives.

6. A large percentage of subjects in both groups were married (51% of the consumers and 80% of the relatives). Only four consumers and one relative indicated that they lived alone. Most of the subjects lived with relatives, mainly wives and/or husbands.

7. A large number of consumers and relatives reported living in private houses (68% of the consumers and 87% of the relatives). Among the rest of the other subjects, none mentioned a housing problem, other than some of them do not like their neighborhoods and/or neighbors.

## Attitudes

Four scales were used to assess the atitudes of the subjects. Traditional family beliefs were assessed with a scale of six items in a 1 to 5 Likert format, and with a reliability coefficient (Alpha) of .83. The maximum and minimum possible scores were 30 and 5. The mean and standard deviation of the sample were 20 and 6 respectively. The subjects scored high in traditional family beliefs. This preliminary findings indicated that the members of the mutual help groups agree with traditional family beliefs, which is important because it had been stated previously that the beliefs about the family

should be studied within different groups in the Puerto Rican society. This finding also supports another argument that can be used by those trying to clarify if Puerto Ricans adhere to traditional Hispanic beliefs (Bird & Canino, 1978; Canino, 1978; Mizio, 1974; Ramos, 1985; Rendom, 1974; Teichner, Cadden & Berry, 1981). More exhaustive studies of the traditional family beliefs of members in mutual help groups should involve a bigger sample, use scales about the traditional family beliefs, collect demographic information and observe and assess the subjects' families. It will provide information to study their family beliefs and compare them with their family structure. At the same time, it will provide information to study family beliefs and structure according to demographic characteristics. Some of these suggestions will be discussed in the section on new directions for mutual help groups in Puerto Rico.

The subjects' attitudes concerning the traditional sex roles were studied with a Likert scale including eleven items with a reliability coefficient (Alpha) of .50. The maximum and minimum possible scores were 55 and 11. The mean score was 39 and the standard deviation was five. According to these results, the members of mutual help groups had traditional beliefs about the sex roles. There

was not a large variation among the scores, which may be due to the fact that the subjects seem to have similar backgrounds and demographic characteristics. Unfortunately, the sample size was not big enough to allow the analysis of these beliefs according to demographic characteristics. These attitudes of the members of mutual help groups should be studied further. Suggestions on how to apply these findings for the future of the mutual help groups are discussed in following sections of this study. Studies with a bigger sample should ask the subjects to describe themselves in term of their role and to describe their ideals and stereotypes of the Puerto Rican male and female, because this will provide information on the behavioral component of their beliefs.

Another scale with a reliability coefficient (Alpha) of .42 was used to assess the subjects' locus of control. The items were combined in terms of the subjects external locus of control. The highest and lowest possible scores in the scale were 4 and 8 and the responses fluctuated between those values. The mean was 6 and the standard deviation was 1. The method used to assess the attitudes concerning the locus of control did not prove to be the most

efficient. It is suggested that the locus of control of the members of mutual help groups should be measured with the design of day-to-day scenarios concerning different situations (e.g., illness, family relationships, employment, enviromental phenomenon, group misunderstandings and others) to which the subjects could react and explain making their attributions. It will be even more specific than studies that have examined subjects attributions concerning failure and success, stability, expectations, and spiritual ideas (Rotter,1966; Frank, 1935; Weiner et al., 1971). This will provide a more accurate and applicable idea of the members' locus of control than the method used in this study, because the situations will be known to the subjects, their reactions will be collected, and situations concerning group issues may be presented. This last point can become an educational experience for them as well as part of a problem-solving procedure to increase understanding among the members and between the members and the mental health system.

The religiosity of the subjects was assessed in a scale with a reliability coefficient of .59. The mean score for the group was 24, and the highest and lowest possible scores were 7 and 30. This fact, and the data showing that 38 of the 42 subjects reported being

affiliated with a religious group, indicated that the members of mutual help groups are predominantly religious. Another piece of information which confirms that is that many of the subjects reported being affiliated with more than one religious group. This was similar to Bird and Canino (1982) findings of predominantly religious families among Puerto Rican families in their study. Bird and Canino (1982) also found a high percentage of their sample to be Catholic, a situation that also was found in the present study.

It should be kept in mind that, for the purpose of the study, "predominantly religious" involves only affiliation with a religious group and beliefs in the value and role of organized religion in general. Therefore, it might be useful to study the level of involvement of the subjects in their religious groups. According to the information found, elements of the adoption of elements of the GROW groups by the mutual help groups may be benefitial, and should not present major difficulties.

## Hypothesis

The relationship between traditional family beliefs and the need of positive relationships was analyzed with a T-test. The result of the analysis was not significant because subjects who reported a

need of positive family relationship have very similar scores in traditional family beliefs to those of subjects who did not express a need of positive famly relatinships. A t-test also was used to explore the relationship between external locus of control and group's dependence on the mental health centers. The results concerning this hypothesis were not significant.

The analysis of the relationship between traditional sex roles and higher need of employment in men than in women did not show significant results either. Relationships between sex and need of employment with traditional sex roles were not found. This may be related with the education, social class, residential area, and other characteristics of the members of the mutual help groups. A bigger sample will be necessary in order to perform that type of analysis. Other alternative explanations are: (a) weakness in the scale about traditional sex roles, (b) the fact that many subjects, due to their age and/or diagnosis considered themselves retired of work or unemployable, and (c) the possibility that the women in the mutual help groups may be as oriented toward achievements as sometimes have been said in generalizations about the Puerto Rican woman (Christensen, 1979).

The Pearson correlation coefficient was computed for relationships between traditional sex roles and number of males in positions of power, and religiosity and external locus of control. Significant correlation coefficients were not found in any of these cases.

Statistical analysis was not performed concerning hypothesis about the relationship between believers in "espiritismo" and members' desire of independence from the mental health centers. All the subjects reported that they want to remain involved with the mental health centers--even seven of them who believed in "espiritismo". This represented an inconsistency according to ideas stated before, concerning the spiritists' rejection of mental health systems and services (Comas-Díaz, 1981). Alternative explanations for this are that the most active members of the group may have been the ones volunteering for the study, and that the degree to which the believers in the "espiritismo" were involved with spiritist groups was not assessed. The hypothesis to test the relationship between members' religiosity and their interest in group involvement in religious activities was not analyzed. Only one subject indicated

interest in group involvement in religious activities.

Needs of Consumers and Relatives

Previous literature suggested some needs of consumers of mental health services. These needs were: economic needs (Morales et al., 1985; Ribera, 1987); need of new patterns of interpersonal relationships (Ramírez, 1985); access to the services, employment, housing, support, recreation, education, training, use of spare time (Morales et al., 1985); active participation of family members in the treatment of the clients (Santiago, 1985); the clients integration into the community and into their family, and their trust in the professionals (Morales et al., 1985).

The relatives were expected to report needs in the following areas; education, suggestions on how to cope with the consumers, economic needs, integration into the community, access to the services, and trust in the professionals.

The present study used an open-ended question about needs, and items about importance and satisfaction with different possible needs, to gather information about the needs of consumers and relatives in mutual help groups. The following sections discuss these findings.

Needs of Consumers

The needs that were collected in response to the open-ended question can be summarized as needs concerning the following areas: economic matters, employment, education, housing, social relationships, health issues, personal goals, family issues, activities, and group goals (see Table 15 ). Needs were found in all the areas that the literature suggested that the consumers of mental health services will indicate needs (Morales et al., 1985; Ribera, 1987; Ramirez, 1985; Santiago, 1985).

The needs included within each category can be seen in terms of Woodbury's ecological model (Woodbury, 1977). Figure 1 shows how the needs indicated by the consumers will be located in a representation of Woodbury's ecological model. It is very promising to find out that most of the needs mentioned by consumers concerned their societal environment, because it is in that environment that the mutual help group could have greater impact.

# ECOLOGICAL MODEL

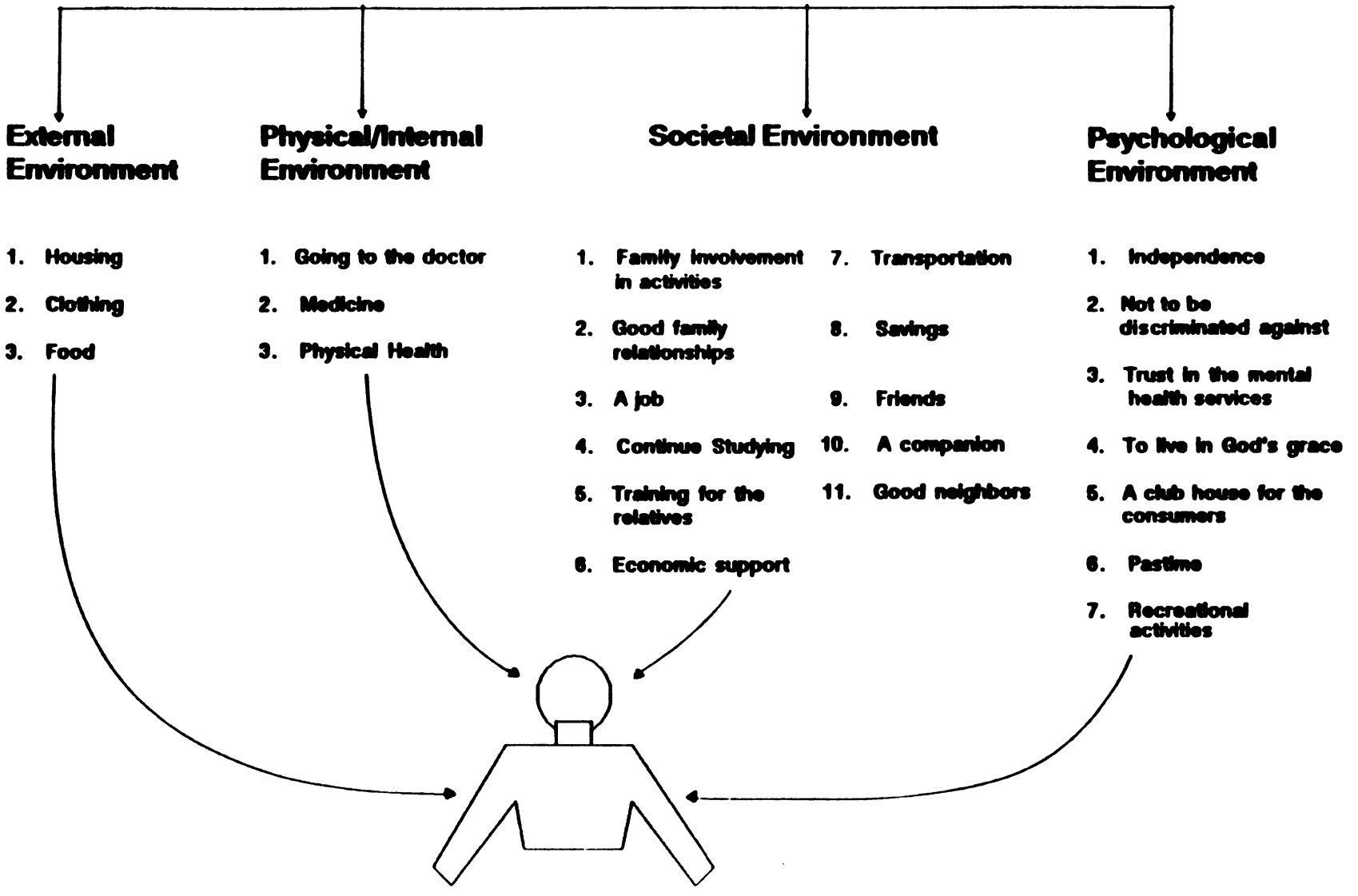


Figure 1. Needs of the consumers in Woodbury's ecological model.

Also it is expected that changes in that environment will afect issues in other environments. Specific objectives, and procedures could be designed for and with the groups, addressing each of these needs. The section on new directions for the mutual help groups provides examples of this suggestion.

Among the needs indicated by the subjects the ones mentioned with higher frequency by the consumers were: transportation, economic support, housing, a job, medicine, good family relationships, and physical health. It is reasonable to find a need of economic support because most of the subjects were in a poverty level of income. The other two needs that can be considered as part of economic needs are transportation and housing. However, the need of housing was not seen as an urgency because many of the subjects lived in private houses, and the others lived in apartments, residential facilities, or public housing. When the consumers' ratings of satisfaction with different items were inspected, the ones with which they showed less satisfaction and/or dissatisfaction were: employment, academic education, involvement of the family in the consumer's activities, opportunities to meet other people, opportunities to teach, physical health, and emotional health.

When these sources of dissatisfaction were compared with frequent responses to the open-ended questions, it was found that employment, concerns related to the consumer's family, and physical health were brought up frequently in both sections. This suggests that, when they answered the open-ended question they could have been remembering those things with which they felt dissatisfied. Interestingly, some of these needs and sources were frequently rated as the most important ones for the consumers. This was the case with concerns about the consumer's family and physical health. It is important to understand that physical health does not include mental illness, and that the subjects referred to mental illness as an emotional problem ("problema mental o problema emocional"), which is a very common way among the Puerto Ricans to deal with the taboos and the stigma associated to mental illness. Other things considered to be very important to the subjects were: to have access to mental health centers, to feel support from the staff, to have opportunities to meet other people, to have religious beliefs, to have good emotional health, and to feel useful.

Needs of the Relatives

The relatives reported needs of economic support, training, physical health, trust in the mental health services, a club house for the consumers, good family relationships, and mental health of the relatives, in the open-ended question. The needs of community integration and access to the mental health services were the only ones among those expected to be found, that were not mentioned by them. However, both things were mentioned later as things with which they were dissatisfied.

Figure 2 shows how the needs of the relatives stand within the ecological model proposed by Woodbury (1977). It is clearly seen that they reported fewer needs than the consumers, and that most of their needs concern areas of the societal environment. The mutual help group could work with those things as part of its objectives and goals. Examples of how this can be accomplished are discussed in following sections.

The sources of possible needs with which the relatives reported less satisfaction were: participation in recreational activities, access to mental health services, academic education, involvement of the

family in his/her activities, participation in community matters, opportunities to meet other people, the relationship with his/her family, opportunities to interact with youngsters, and the support from the neighbors. When these responses were compared with the items that they frequently rated as very important and/or important, only two things with which they were dissatisfied were mentioned frequently. These two were, that the family should get involved in his/her activities and should have a positive (good) and stable relationship with his/her family.

The role of the family should be studied further because both relatives and consumers, mentioned issues concerning the family frequently in their responses to all the sections about needs-- open-ended, importance, and satisfaction. The needs in which the member wanted to be helped by the groups were identified in order to know how much they thought that the groups can intervene in their lives.

Needs in Which the Members Wanted to be Helped by the Groups

The consumers indicated frequently that they were mainly interested in being helped by the group in areas of: recreational activities, mental health services, support from the mental health

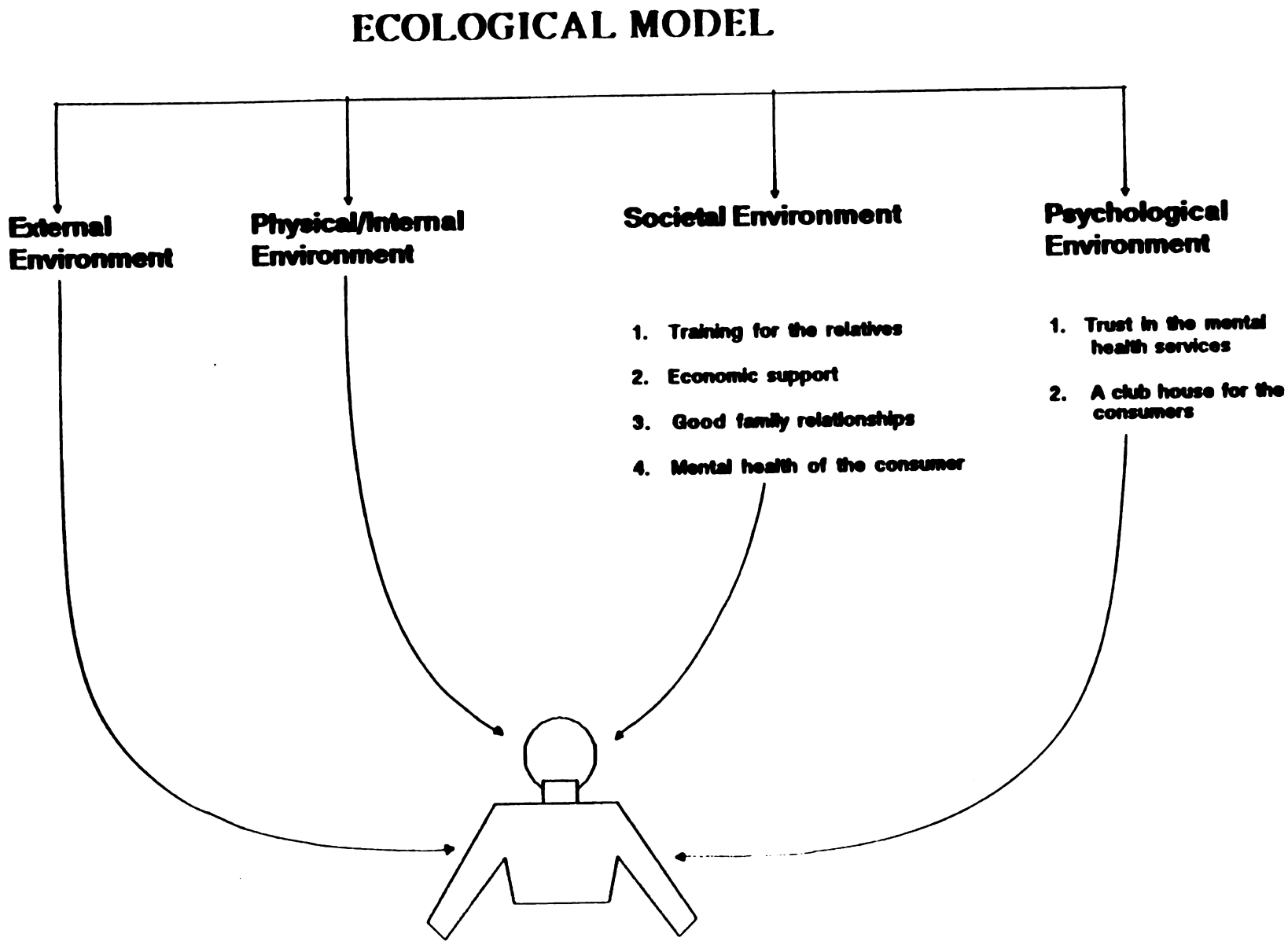


Figure 2. Needs of the relatives in Woodbury's ecological model.

services staff, informal education, community activities, opportunities to meet other people, positive family relationships, opportunities to interact with youngsters, mental health, and feeling useful. The relatives were mainly interested in being helped by the group in areas of: getting mental health services, feeling useful, obtaining support from the mental health staff, obtaining informal education, participating in community activities, meeting other people, having positive family relationships, and teaching others what they know. Both groups coincided in their indication that they want the groups to help them in getting access to mental health services, support from the mental health services staff, informal education, participation in community activities, opportunities to meet other people and getting positive family relationships. The next section discusses information collected about the groups, that among other things, will clarify if the members' responses to this question reflected current activities and/or objectives of the groups.

## Mutual Help Groups in Puerto Rico

The subjects in the study were members of the mutual help groups affiliated with the mental health system in Puerto Rico. The

following sections discuss the structure of the groups and the subjects' participation in the group and make suggestions for new directions for the groups.

Structure of the Groups

The assessment of structure of the groups focuses on identification of how much control the members perceived that they had over their groups. The findings indicated showed that the coordinator had strong influence in most of the groups. The coordinator was often nominated as most influential and as the group leader by both consumers and relatives. Even when the coordinator is not allowed to occupy any position in the directive two consumers mentioned the coordinator as treasurer or secretary of the group. This influence and also dependence on the coordinators were also perceived from the responsibilities that the members attributed to the coordinators, which involves all the different tasks necessary for group maintenance, but that could be performed by members.

According to Silverman (1987), groups with this type of dependence on coordinators can not be considered technically as mutual help groups, because some of the characteristics of formal mutual help groups are not present. These are that the members

should determine all policy, and control all the resources; and that membership should be limited to people who have the particular problem with which the group is concerned.

The role of the coordinators should be redefined and many of these responsibilities taken by the members. One of the basic ideas implied in mutual help is that members help each other through knowledge acquired from experiences. The coordinators will be seen as professionals and the subjects may not learn to trust and evaluate each other's suggestions, because of reliance on the professionals to provide them answers, and/or evaluate the correctness of what is been discussed or suggested by other members. This situation will not allow a specific program of assistance to evolve from the members' experiences, which is another characteristic of mutual help groups (Silverman, 1987).

Members' Participation in the Groups

None of the members interviewed had been in the group longer than five years, and most of the groups are relatively new--mean of three years old. With one exeption, the groups had monthly meetings and the attendance seems to be an issue for many groups. This was concluded from coordinator's reports and from the

subjects' lists of things they liked least, where they included the poor attendance. It is suggested that the groups increase the frequency of their meetings and the interaction among the members.

Most of the responsibilities that the subjects indicated that they had in their groups were: be a member of the directive, spread information about the group, donate something for the activities, and request economic donations for the groups. The responsibility to share experiences was mentioned only by one relative. This made the groups similar to the voluntary associations discussed by Silverman (1975). Data about the main activities of the groups gathered from the coordinators confirmed this idea. Neither the value of the voluntary groups nor the value of the real mutual help groups should be underestimated. However, the supportive and learning experiences of mutual help groups could be more beneficial to deal with the needs of the members, than just voluntary groups.

Mutual help groups of consumers can be expected to be succesful because the members frequently mentioned the sharing of experiences among the things that they liked best. Other things that they liked included many positive attributes of the internal

environment of the group, such as harmony and good fellowship. The relatives indicated similar things about their groups.

Many of the consumers reported having relatives participating in their groups. Among the subjects in groups of relatives, only three subjects reported the presence of a relative in their same group--in all cases a spouse. There is no evidence of how the mutual help experience will be affected by having people who experience different aspects of the problem, but it could be expected that the groups could be more effective if they are different groups for consumers and for relatives. The experiences may be shared and understood more easily. The effect of the composition of the groups will have to be studied according to the goals and objectives of the group.

New Directions for Mutual Help Groups

The purpose of this section is to present suggestions and alternatives that the groups may be interested in pursuing. It was shown previously that the mutual help groups in Puerto Rico did not adhere to the general characteristics of the mutual help groups. If the members want to get the benefits of mutual help, some changes in the groups are necessary, beginning with decreasing and/or

eliminating the groups' dependence on the mental health systems and coordinators. A new relationship between the groups and the mental health system could evolve in which the mental health system provides only the technical assistance that the groups request. To keep a less protective relationship with the mental health system may be necessary because all the subjects in this study mentioned that they planned to continue being related to the mental health center.

The main resources that the groups receive from the mental health system are: a place for the meetings, some economic support, and a coordinator. This situation could be changed because:

1. The groups can find places for their meetings through churches, schools, and/or civic associations.

2. The groups do not need large amounts of money to function, and may be able to get what they need through fund-raising activities and donations from the industry.

3. The groups may still be eligible to present proposals to the Auxiliary Secretary of Mental Health for more expensive projects to benefit consumers of mental health services or for relatives.

4. The technical assistance that the groups may need in terms of

training and advice could be sponsored by private companies, civic organizations, the groups themselves, or the mental health system.

The National Association of Consumers which gathers representatives of all the mutual help groups could become the coordinator of the mutual help groups. This core group could set general goals with input from the groups, and help the groups to translate those into specific objectives according to the needs of the members.

Members of this core group as well as the group leaders could be trained on how to guide the members to identify their needs, and choose the group's priorities. After these stages, each group should design a plan of action. Examples of these activities are discussed concerning the needs recorded from the subjects of the study. Most of the examples apply to both groups --either consumers or relatives. Table 30 displays the needs concerning societal and external environments and examples of activities of the groups can conduct.

Table 30

Examples of group activities to solve the members' needs.

| Needs | Activities |
|---|---|
| 1. Economic matters<br>-economic support<br>-housing<br>-savings<br>-food<br>-transportation<br>-employment | -Organize themselves into small business getting the training that will be necessary<br><br>-Approach potential employers of individual members.<br><br>-Get training on how to manage their money. |
| 2. Family issues<br>-family involvement<br>-positive family relationships | -Offer lectures and training on family relationships to relatives and consumers.<br><br>-Assign a role to the relatives of the consumers in some activities of the groups.<br><br>-Identify ways in which the consumers can help their families. |
| 3. Education<br>-continue studying<br>-training for relatives | -Help the members with potential to find economic support, to pursue academic goals, and/or receive further training.<br><br>-Train the members in topics such as: problem-solving, job search, group dynamics, and social involvement.<br><br>-Train the relatives in how to manage different aspects of the mental illness. |

Table 30 (cont'd.)

| | |
|---|---|
| 4. <u>Social relationships</u><br>-friends<br>-a companion<br>-"good" neighbors | -Encourage the members to spend time together out of the meetings.<br><br>-Increase the frequency of the meetings.<br><br>-Encourage the members to identify ways in which they can become active in their neighborhoods, and improve the relationship with their neighbors. |

Recommendations concerning personal goals, group goals, and health issues will have to be specific for each group or individual.

The groups will have to decide how are they going to help themselves to reach their objectives and conduct their activities. If the group wants to be trained in specific topics, it may be beneficial if the professional or consultant uses his/her role to guide the group's members to a better understanding of their situation,and of the need or problem with which they are concerned.

The following paragraphs discuss ways in which the groups could use knowledge about their attitudes to work with some of their needs.

If the group decides that the improvement of family relationships and/or family involvement will be a priority the members should understand what their beliefs about the family and their families' structures are before they make a plan of action. The members can do this with help of a consultant who can develop a survey or guide questions for a group discussion.

The data from the present study showed that needs concerning the family were reported very often, and also that traditional family beliefs existed among members of the mutual help groups. When a particular group finds out the members' beliefs about the family, their plan of action concerning family issues should consider the characteristics of the family that the members want to encourage and/or preserve. For example, in the case of the present study, training could be designed based on the assumptions that traits such as "respect" [respeto] for the parents, obedience, and other factors are going to affect the interaction among family members. One of the ways to involve the members in a helping process concerning this issue will be to: (a) teach each member how to understand where his/her family stands, compared to his/her beliefs and expectations about the family; (b) teach ways to generate ideas that they can use

to promote the characteristics that they want in their families; and (c) teach them to evaluate the advantages and disadvantages of the desired traits.

An understanding of the group's members beliefs about the sex roles could be useful as part of the information necessary to identify activities that may be attractive to the members. For example, if members adhere to very traditional sex roles, and the group is comprised of males and females; females may be mainly interested in getting training in household tasks (e.g., sewing classes) and males may be mainly interested in activities such as going to sports games with other males. This may have even greater effects in terms of the directions that the group should take if most of the members of the groups have similar beliefs and are of the same sex.

Another area that could help the members to decide how are they going to deal with their needs is the identification of their attributions concerning the causes of what creates and/or maintains their needs. The understanding of their locus of control on attributions concerning important situations in their lives gives insight into their experiences and could be a learning process that could improve their helping skills. It also will suggest the areas in

which the members will take more responsibility and if the groups could work independently from the mental health centers. As, it was not possible to test this relationship, further studies will be necessary.

Finally, another aspect that each group should consider is the religiosity of the members and their religious affiliation. Most of the members in the sample were affiliated with religious groups. If a group finds out a similar connection among its members, options such as the adoption of GROW groups' structure should be seriously considered. Also, individual members who want the mutual help group to become involved with religious organizations could decide to form new groups following the structure and guidelines of the GROW organization.

The best way to use some of these suggestions will be to have a core group that, with the advice of consultants and the participation of group representatives and members of the mental health system, designs a general plan for the future of the group. This core group should have ways to monitor the groups' processes and may want to evaluate the main areas of the plan after their implementation. A

parallel group will have the same role concerning the mutual help groups of relatives.

## Limitations

This study had some limitations concerning the sample and the method used to measure some of the attitudes. The impossibility of getting an updated and reliable list of the membership of the groups interferes with the estimation of the sample size. The sample size was small, even though,10 out of the 14 groups were successfully contacted and members of the groups agreed to participate in the study.

Another limitation was that the investigator had to depend on the coordinators and/or groups' presidents to: contact all the members by telephone and assess their interest on receiving information about the study; decide if the researcher can go to the meeting, and/or call all the members for an additional meeting. The author cannot guarantee that each member was invited and received the same invitation to receive information about the study.

It was not possible to have access to reliable information about the medical history of the consumers. Many of the subjects did not understand/or know details about their mental disorder, and or their

current stage in the mental health process. Variables concerning the medical history of the members are very important to describe the members of the mutual help groups and understand their needs and goals.

The format of the instrument to measure attitudes about the sex roles was inadequate. As was suggested before, further studies on the topic should ask the subjects to describe different areas of their behavior concerning sex roles, and their ideals and stereotypes of the Puerto Rican male and female.

The scale used to measure locus of control had a low reliability coefficient and the items proved to be too general and difficult to answer. Future efforts to assess the subjects' locus of control might involve presenting scenarios concerning different situations to which they subjects could react making their causal attributions.

Future assessments should gather more details about demographic characteristics--especially situational variables-- and obtain information to test the reliability of this information. The assessment also will be more complete with the members' explanations of the problem that causes the need, and if they rank order their needs.

## Conclusion

This study assessed the needs of the consumers of mental health services and relatives of consumers participating in mutual help groups in Puerto Rico. Also, the members' attitudes about the traditional family beliefs, the sex roles, locus of control, and religiosity were assessed, and the relationships of these variables with needs and characteristics of the group were observed. The following research questions were stated and evaluated during the study:

1. What are the needs of the consumers of mental health services in mutual help groups in Puerto Rico?

The consumers showed needs in areas of economic matters, employment, education, housing, social relationships, health issues, personal goals, group goals, family issues, and activities. The specific needs that they mentioned more frequently were: transportation, good family relationships, economic support, housing, a job, medicine, and physical health. However, data about the type of dwelling of the subjects suggests that they do not have a need of housing. The level of income confirms their need of economic support. Issues concerning the consumers' families and their

physical health, proved to be very important and the subjects frequently reported dissatisfaction with them.

2. What are the needs of the relatives of consumers of mental health services in mutual help groups in Puerto Rico?

The relatives indicated needs of economic support, training, physical health, trust in the mental health services, a club house for the consumers, good family relationships, and the mental health of the consumer.

Things with which they reported less satisfaction were: participation in recreational activities, access to mental health services, academic education, involvement of the family, participation in community matters, opportunities to meet other people, the family relationship, opportunities to interact with youngsters, and support from the neighbors. They mentioned frequently that issues concerning family relationships were very important for their well being.

3. Which of their needs do they want to fulfill through the group?

The consumers frequently showed interest in being helped by the

group in areas of: recreational activities, access to mental health services, support from the mental health services staff, informal education, community activities, opportunities to interact with youngsters, mental health, and feeling useful. The relatives showed interest in being helped by the group in: getting access to mental health services, feeling useful, obtaining support from the mental health staff, obtaining informal education, participating in community activities, meeting other people, having positive family relationships, and teaching others from their experiences. Both groups coincided in many of their expectations about the groups.

4. What are the attitudes of the consumers and relatives in mutual help groups toward the family and sex roles?

The scale about traditional family beliefs indicated that the subjects agreed with traditional family beliefs. The subjects' scores on traditional sex roles also were high, but some criticisms of the format of the section to assess traditional sex roles discussed previously do not allow for further conclusions to be drawn about the findings.

5. Is there a relationship between the attitudes toward the family and sex roles and the needs of consumers of mental health

services and their realtives?

The data did not showed the hypothetized relationships between: (a) traditional family beliefs and needs of positive relationships with the family; and (b) traditional sex roles and higher need of employment than women.

6. Is there a relationship between the attitudes about traditional sex roles and the status in the groups of the consumers and relatives?

The traditional sex roles and the number of males in positions -- roles-- of power in the groups did not appear to be related.

7. What is the locus of control of the consumers and relatives in the mutual health groups?

The scale used for this assessment had been criticized in previous sections and did not provided conclussive results.

A hypothesis was evaluated about the relationship between religiosity and external locus of control. The data did not show this relationship.

8. Is there a relationship between the locus of control of consumers and relatives and their dependence on the mental health system?

No relationship existed between the subjects' locus of control and their dependence on the mental health system. However, a high dependence on the coordinators --staff from the mental health centers-- was indicated.

9. Is religiosity a characteristic of the consumers and relatives in mutual help groups?

The high scores of the subjects in the religiosity scale and the number of subjects who reported being affiliated with religious groups, indicated that religiosity--defined only in terms of affiliation with religious groups, and beliefs in the value of organized religion--was dominant among the members.

10. Is the religiosity of the members and relatives related to a high need of participation in religious activities?

The data from the subjects showed religiosity but only one of them manifested interest in group's participation in religious activities.

11. Are there believers in "espiritismo" in the mutual help groups?

Seven believers in "espiritismo" were found among the forty-two

members of the mutual help groups.

A hypothesis was stated about the relationship between group member believers in the "espiritismo", and a preference in having the groups more independent from the mental health center. This one could not be tested because all the members wanted to remained involved with the mental health center.

Most of the needs reported by consumers and relatives concern their societal environment. Fortunately, this is an area in which the groups could have greater impact. The study discussed examples of ways that the groups could help the members fulfill their needs.

The structure and many practices of the groups in Puerto Rico did not resemble the ones of mutual help groups per se. The groups appeared to be similar to voluntary groups in many areas. It is not suggested that the mutual help groups --voluntary groups like they are in Puerto Rico-- could not incurr in more activities to help the members, but real mutual help experiences could make the task easier. Changes to the structure and goals of the groups to enrich them as mutual help groups are recommended. The main one, was the decrease or elimination of the group dependence on the mental health system and/or coordinators. The creation of a new type of

supportive relationship with the mental health system and the creation of two systems of groups --groups of consumers and groups of relatives-- is recommended. This would benefit the groups as well as the system.

Broad plans could be developed with groups who wish to include, as part of their goals, the fulfillment of the member's needs. In that case each group should identify the needs of its members. The groups will need technical assistance in many of the stages--i.e. to evaluate the main elements of their plans, get necessary training, and evaluate the outcomes to identify the most adequate structures.

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# APPENDICES

# APPENDIX A
## Keywords in Literature Search

**Sources and Keywords used in the literature review**

| Sources | Keywords |
|---|---|
| **Literature Review on Family Attitudes** | |
| Comprehensive computer Search of Psychological Abstracts | 1. Parental attitudes and mental patients<br>2. Family members or parent, and mental illness attitudes toward<br>3. Parent attitude research instrument<br>4. Mother-child relation<br>5. Parent-child relation<br>*Outpatients and rehabilitation were personally reviewed through the Psychological Abstracts |
| Comprehensive computer search on Mental Health Abstracts | 1. Parental attitudes and mental disorder (schizophrenia/psychosis)<br>2. Parental attitudes and mental patients |
| Inventory of Marriage and Family Literature | 1. Mental Health services and families<br>2. Families with schizophrenia<br>3, Ethnic groups in the United States |

| | |
|---|---|
| Social Sciences Index | 1. Nursing home patients<br>2. Attitudes toward mentally ill |
| Card catalog at MSU | 1. Attitudes<br>2. Family attitudes<br>3. Mental patients |
| Index to the USA Government's Documents | 1. Attitudes/Mental health<br>2. Stigma<br>3. Family's attitudes |
| **Computer Search Prepared by the University of Puerto Rico** | |
| Computer search in Social SciSearch | 1. Mental Health and Hispanics |
| Computer search in Psychinfo | 1. Mental Health and Hispanics<br>2. Puerto Rico/Mental Health<br>3. Puerto Rico<br>4. Puerto Rican Americans<br>5. Hispanics<br>6. Cross cultural studies |
| **Inventory of Marriage and Family Literature** | 1. Puerto Ricans<br>2. Hispanics<br>3. Family |
| **Card catalog at Michigan State University** | 1.Puerto Rico/Mental Health<br>2. Puerto Rico Department of Health<br>3.Puerto Rico/culture<br>4.Religiosity<br>5.Hispanics |

# APPENDIX B
## Letter of Approval

ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE SALUD
SECRETARIA AUXILIAR DE SALUD MENTAL
OFICINA DEL SECRETARIO AUXILIAR
BOX 61, G P O
SAN JUAN, PUERTO RICO 00936

0553

MEMO

APROBADA.

J. 11 III 87

Favor de reunirse conmigo a la mayor brevedad.

A: Efrén Ramírez, M.D.
Alina Vales, M.D.
Comité de Investigación

De: Glorisa Canino, Ph.D.
Directora Investigación

Re: Propuesta de investigación Milagritos González

Fecha: 10 de junio, 1987.

Adjunto le mando copia de la propuesta sometida por la Srta. Milagritos González y que llegó a mis manos el 9 de junio del 1987. Leí cuidadosamente dicha propuesta y la considero excelente. No tengo ningún comentario que hacer para mejorar la pues considero que la Srta. González hizo una labor de gran excelencia. Recomiendo por lo tanto que se le conceda la aprobacion de inmediato, ya que ella vendrá a Puerto Rico desde Michigan State para comenzar su estudio. Tesis como éstas son las que necesitamos en nuestro sistema, pues nos ayudan a mejorar nuestros servicios.

cc. Milagritos González
Luis de Celis 7
Mayaguez, Puerto Rico, 00708

# APPENDIX C
## Consent Forms

## HOJA DE CONSENTIMIENTO

Usted ha sido seleccionado para participar en un estudio sobre las necesidades de los consumidores de servicios de salud mental y de sus familiares en Puerto Rico. En dicho estudio tambien se medirán las actitudes hacia la familia, los roles sexuales, el punto de control y la religiosidad. El estudio es conducido por Milagritos González, estudiante graduada en Michigan State University, y ha sido aprobado por Efren Ramírez, Secretario Auxiliar de Salud Mental y Glorisa Canino, Directora de Investigación en la Secretaría Auxiliar de Salud Mental en Puerto Rico.

Por favor lea esta información atentamente y si esta de acuerdo con participar en el estudio, firme al final del documento y entréguelo al entrevistador.

1. Su participación en el estudio consistirá en responder de forma anónima (no se podrá identificar quién respondió cada entrevista) una entrevista individual que puede durar entre 45 y 60 minutos.

2. Su participación es completamente voluntaria y su decisión de participar o no, no afectará ningún servicio que usted reciba en el centro de salud mental.

3. No se le preguntará nada que se considere que pueda hacerle sentir mal o incomodarlo. De esto suceder, usted tiene derecho a no responder las preguntas que no le interese responder y/o dar por terminada la entrevista si en algún momento decide no continuar en la misma.

4. Si usted firma esta hoja y esta de acuerdo con que se le llame el día antes de su entrevista, su nombre y número telefónico serán necesarios. El recibir esta llamada telefónica para recordarle la hora, fecha y lugar de su entrevista no es un requisito de su participación. De usted desear que se le llame, su nombre y número telefónico al igual que toda la información que usted provea se considerará de caracter confidencial. Luego que los teléfonos hayan sido utilizados para el propósito antes expuesto, la lista donde se encuentren estos nombres y teléfonos será destruída.

5. Sólo los tres entrevistadores tendrán acceso a la información y ésto será sólo para el estudio antes expuesto.

Si usted tiene alguna duda o pregunta sobre el estudio, por favor déjenos saberlo antes de que usted decida participar o no en el estudio. Si usted acepta participar, por favor firme la siguiente oración:

He leído la Hoja de Consentimiento para participar en el estudio de las necesidades y actitudes de consumidores de salud mental y sus familiares en Puerto Rico. Entiendo que mi participación es **completamente voluntaria,** que si lo deseo **puedo terminarla** en cualquier momento sin ninguna consecuencia para mí, y que mi **identidad no será revelada.**

Firmando este documento accedo a participar en el estudio bajo las condiciones antes expuestas y a que la información que yo provea sea utilizada en la investigación conducida por Milagritos González.

Firma_____ Fecha_____

# APPENDIX D
# Tables

Table D-1

Data concerning the medical history of the consumers.

| Variables | Frequencies | % |
|---|---|---|
| 1. Received mental health services | 31 | 100% |
| 2. Types of services | | |
| Medicines | 17 | 55% |
| Therapy | 13 | 42% |
| Ambulatory services | 2 | 6% |
| Psychiatrist | 3 | 10% |
| Occupational therapy | 1 | 3% |
| External clinic | 1 | 3% |
| 3. Having being hospitalized | 31 | 100% |
| 4. Number of hospitalizations | | |
| One or two | 7 | 23% |
| Four or five | 2 | 6% |
| Six | 1 | 3% |
| Nine | 1 | 3% |
| Twenty | 1 | 3% |
| 5. Years since first hospitalization | | |
| Two or three years | 2 | 6% |
| Five years | 1 | 3% |
| Eight years | 1 | 3% |

Table D-1 (cont'd.)

| | | |
|---|---|---|
| Ten years | 1 | 3% |
| Twelve years | 4 | 13% |
| Seventeen or eighteen years | 3 | 10% |
| Twenty seven years | 1 | 3% |
| 6. Years since last discharge | | |
| One year | 1 | 3% |
| Two years | 2 | 7% |
| Three years | 2 | 7% |
| Five years | 1 | 3% |
| Six years | 1 | 3% |
| Eight years | 1 | 3% |
| Don't know | 1 | 3% |
| 7. Diagnosis | | |
| Schizophrenic | 6 | 19% |
| Neurosis | 1 | 3% |
| Manic-depressive | 2 | 7% |
| Don't know | 3 | 10% |
| 8. Drug rehabilitation program | | |
| No | 31 | 100% |

Table D-2

Educational levels of the respondents.

| Levels | Subjects: Consumers | | Relatives | |
|---|---|---|---|---|
| | n | % | n | % |
| 1 to 6 grade | 4 | 13% | 1 | 7% |
| 7 to 9 grade | 7 | 23% | 3 | 20% |
| 10-12 grade | 11 | 36% | 6 | 40% |
| 1-2 years Bachelor or Ass. Degree | 3 | 10% | 1 | 7% |
| Tech. or Ass. degree | 2 | 6% | 1 | 7% |
| 3 to 4 years Bachelor | 2 | 6% | -- | -- |
| Bachelor degree | 1 | 3% | 1 | 7% |
| Post-grad. Master degree | 1 | 3% | 1 | 7% |
| Post-grad. PhD | -- | -- | 1 | 7% |

Table D-3

Employment Status

| | Subjects | |
|---|---|---|
| Status | Relatives | Consumers |
| Housewife | 10 | 18 |
| Retired | 2 | 1 |
| Voluntary work | 1 | 2 |
| Unemployed seeking job | | 1 |
| Unemployed not seeking job | | 16 |
| Employment in shelter work | | 1 |
| Other | 2 | 2 |

Table D-4

Relatives living with the respondent.

| People in the same house | Relatives | Consumers |
|---|---|---|
| Mother | 1 | 7 |
| Father | -- | 3 |
| Wife/husband | 12 | 15 |
| Sons | 7 | 7 |
| Daugthers | 5 | 5 |
| Partner | -- | 1 |
| Brother/sister | -- | 3 |
| Friends | -- | 2 |
| Other relatives | -- | 3 |

Table D-5

Responsibilities in the group.

| Responsibilities | Frequency | Percent |
|---|---|---|
| | Relatives (n=15) | |
| 1. Group representative | 2 | 13% |
| 2. President | 3 | 20% |
| 3. Request donations of money | 1 | 7% |
| 4. Advisor of the group | 2 | 13% |
| 5. Kitchen chores | 1 | 7% |
| 6. Subsecretary | 1 | 7% |
| 7. Vice-president | 1 | 7% |
| 8. Bring something for the activities | 2 | 13% |
| 9. Secretary | 2 | 13% |
| 10. Spread information about the group | 1 | 7% |
| 11. Share experiences with others | 1 | 7% |
| 12. Conduct the meetings | 1 | 7% |
| 13. Photogapher | 1 | 7% |
| 14. No responsabilities | 2 | 13% |
| | Consumers (n=31) | |
| 1. Attend to the meetings | 2 | 6% |
| 2. Group representative | 5 | 16% |
| 3. Work in cafeteria | 1 | 3% |
| 4. President | 4 | 13% |
| 5. Ask for economic donations | 1 | 3% |

Table D-5 (cont'd.)

| | | |
|---|---|---|
| 6. Subsecretary | 2 | 6% |
| 7. Treasurer | 3 | 10% |
| 8. Advisor | 1 | 3% |
| 9. Kitchen chores | 4 | 13% |
| 10. Vice-president | 2 | 6% |
| 11. Donate something for activities | 2 | 6% |
| 12. Secretary | 1 | 3% |
| 13. Coordinate activities | 2 | 6% |
| 14. Share with others | 3 | 10% |
| 15. Conduct the meetings | 1 | 3% |
| 16. Call other members by phone | 1 | 3% |
| 17. No responsibilities | 7 | 23% |

Table D-6

Tabulation of leadership roles.

| Items | Options[a] A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| | Relatives (n=15) | | | | | |
| 1. Most Influential | 7% | 7% | 27% | 12% | | |
| 2. Group leader | 4% | 33% | 2% | 7% | | |
| 3. President | 27% | 53% | | | 13% | 7% |
| 4. Vice-president | 20% | 27% | | | 47% | 7% |
| 5. Secretary | 27% | 40% | | | 27% | 7% |
| 6. Treasurer | 20% | 40% | 7% | | 33% | 7% |
| | Consumers (n=31) | | | | | |
| 1. Most influential | 29% | 10% | 29% | | 10% | 22% |
| 2. Group leader | 71% | 10% | 6% | 6% | 6% | |
| 3. President | 61% | 13% | | | 23% | 3% |
| 4. Vice-president | 45% | 3% | | | 42% | 10% |
| 5. Secretary | 58% | | | | 39% | |
| | 3% | | | | | |
| 6. Treasurer | 45% | | 3% | | 45% | 7% |

[a] A= Consumer; B=Relative; C=Coordinator; D= nobody; E=Don't know; F=Not available.

Table D-7

Coordinator responsibilities

| | Subjects | |
|---|---|---|
| Responsibilities | Relatives | Consumers |
| Conducts meetings | 1 | 5 |
| Makes the decisions | -- | 2 |
| Gives advice | 3 | 3 |
| Runs the group | -- | 6 |
| Informs the group of general meetings | 1 | 2 |
| Presents problems | 3 | -- |
| Calls on meetings | 1 | 3 |
| Supervises the meetings | 1 | 3 |
| Presents general topics | -- | 2 |
| Substitute the president | -- | 1 |
| Finds place for the meetings | 2 | 2 |
| Finds materials needed | -- | 2 |
| Finds transportation | -- | 2 |
| Suggests dates for meetings | 1 | -- |
| Makes suggestions | -- | 1 |
| Represents the group | 3 | 1 |
| Checks the punctuality | -- | 1 |
| Ends the meeting | -- | 1 |
| Social work | -- | 1 |
| Signs the checks | -- | 2 |
| Don't know | 1 | 3 |

# APPENDIX E
## Statement of Equivalency

UNIVERSITY OF PUERTO RICO AT MAYAGUEZ
COLLEGE OF ARTS AND SCIENCES
MAYAGUEZ, P. R.

OFFICE OF THE DEAN

September 14, 1987

Dr. William Davidson
Chairperson
Ecological Psychology
Michigan State University
East Lansing, Michigan

Dear Dr. Davidson:

During the past summer I had the opportunity of reviewing the spanish translation of Milagritos Gonzalez questionnaire. Before and after she submitted the questionnaire to her pilot study, she asked me to check if the spanish translation was equivalent to the english version. Minor changes were necessary and I certify that the spanish version is equivalent in content, style and meaning to the english version.

If I can be of any further help in this matter please feel free to communicate with me.

Sincerely,

Olga N. Hernández

Olga N. Hernández, Ph.D.
Associate Dean
College of arts and Sciences

ONH/mml

# APPENDIX F
## Instrument

__(1-2)

Needs and attitudes of consumers of mental health services and their relatives

Place of the interview

_____ (3)

Type of interview (4)

A. Consumer

B.Family member

My name is _____(5) and since I know that you agreed to participate in this study, I will proceed to ask you the questions that correspond to the interview. I remind you that you can terminate the interview at any time if you so desire. We encourage you to provide the most explicit and honest answers that you can, because the information that is being collected is very important. Do you have any questions or comments before we begin the interview?_____

_____

_____

## I. Demographic Data

P-1. When is your birth date? __/__/__/

(compute age=____) (6-7)

P-2. What is your marital status? (8)

1. Single
2. Married
3. Divorced
4. Widow/widower
5. Consensual union
6. Separated
7. Does not know

P-3. What was the highest grade of education that you completed ?

0. No school (9-10)
1. 1-6 grade
2. 7-9 grade
3. 10-12 grade
4. 1-2 years of a Bachellor's Degree or Associate Degree (not completed)
5. Technical or Associate Degree
6. 3-4 years of a Bachellor's Degree program (not completed)
7. Bachelor Degree
8. Post-Grad Master's
9. Post-Grad PhD
10. Does not know

P-4. What is your present occupation or what do you do at the present time? (11-12)

1. Unemployed-seeking a job
2. Unemployed-not seeking a job
3. Housewife
4. Student
5. Retired
6. In training for a job
7. Employed in sheltered workshop
8. Working in transitory employment
9. Professional work
10. Voluntary work
11. Does not know
12. Other_____

P-5. I am going to read a list of sources of income. Please indicate if you do or do not receive each one. For each you do receive, indicate how much money you receive monthly. (Read each item to the respondent)

| | YES | NO | |
|---|---|---|---|
| a. Do you receive a Salary? | 1 | 2 | (13) |
| How much?_____ | | | |
| b. Do you receive Social Security's checks? | 1 | 2 | (14) |
| How much?_____ | | | |
| c. Do you receive Food coupons ? | 1 | 2 | (15) |
| How much?_____ | | | |
| d. Do you receive Economic aid from the Social Services program? | 1 | 2 | (16) |
| How much?_____ | | | |
| e. Do you receive Family support? | 1 | 2 | (17) |
| How much?_____ | | | |
| f. Do you receive economic support from the Office of Vocational Rehabilitation? | 1 | 2 | (18) |
| How much?_____ | | | |
| g. Do you receive Unemployment checks? | 1 | 2 | (19) |
| How much?_____ | | | |
| h. Do you receive Alimony ? | 1 | 2 | (20) |
| How much?_____ | | | |

i. Do you receive Disabled insurance 1 2 (21)

How much?_____

j. Do you receive Retirement benefits? 1 2 (22)

How much?_____

k. Do you have other sources of income 1 2 (23)

not mentioned previously? please specify,

_____

**Monthly total** _____ (24-27)

P-6. In what town or city do you live? (28-29)

_____

P-7. In what type of dwelling do you live? (30)

1. House
2. Lodging
3. Apartment
4. Public Housing Project
5. Drug Rehabilitation program
6. Group Home or Independent Housing Project (San German)
7. Don' t know

a. If you answered 1 ,2 ,3,4 or 5 , please specify with how many people do you live? _____ (31-32)

b. Answer yes or no indicating if the following persons live with you?

| | YES | NO | |
|---|---|---|---|
| 1). Mother | 1 | 2 | (33) |
| 2). Father | 1 | 2 | (34) |
| 3). Wife/husband | 1 | 2 | (35) |
| 4). Sons | 1 | 2 | (36) |
| 5). Daughters | 1 | 2 | (37) |

| | | | |
|---|---|---|---|
| 6). "Partner " | 1 | 2 | (38) |
| 7). Brother/sister | 1 | 2 | (39) |
| 8). Friends | 1 | 2 | (40) |
| 9). Other relatives not previously mentioned | 1 | 2 | (41) |

P-8. Have you received mental health services?_____

of which type?_____

Do you receive mental health services at the present time?___

of which type?_____

**If the respondent has received or is receiving mental health services, indicate**

1. Yes 2. No (42)

**If the respondent answered affirmatively to question A**

B. Have you been hospitalized for mental health problems?

1. Yes 2. No (44)

**If the answer to B was affirmative:**

a. How many times have you been hospitalized for mental or "emotional" problems?_____ (45-46)

b. In what year was your first hospitalization?

_____ (47-48)

If the respondent does not remember: Do youd recall if it occurred during the last two years?_____

c. When was your last discharge from the hospital?

_____(month and year) (49-50)

d. What is your most recent diagnostic about your mental health? _____ (51-52)

P-9. Have you been or are you at the present time under treatment in a drug rehabilitation program? (53)

1.Yes 2.No

## II. Participation in the Group

P-10. When did you begin participating in the mutual help group? _____(write the number in months) (54-55)

b. How often do you attend to the meetings? (56)

1. Always 2. Almost always 3. Rarely 4. Never

P-11. What have been your assigned tasks or responsabilities in the group?_____ (57-58)

P-12. Is any member/s of your family participating in the mutual help group? 1.Yes 2.No (59)

If yes:

a. Which member/s of your family?_____ (60-61)

_____

P-13. What things do you like the most about the group?

_____ (62-63)

b. What things do you like the least about the group?

_____ (64-65)

## III. Structure of the Group

P-14. What person has the most influence (importance or control) in the decisions of the group?(write the name)_____

1. Consumer 2. Family member 3. Coordinator (66)

P-15. Who is the leader of the group?_____

1.Consumer2. Family member 3. Coordinator (67)

P-16. What are the responsibilities of the coordinator?

_____ (68-69)

_____

P-17. Who are the members of the directive?

a. Who is the President? _____

1.Consumer 2.Family member 3. Coordinator (70)

b. Who is the Vice-president?_____

1.Consumer 2.Family member 3.Coordinator (71)

c. Who is the Secretary?_____

1.Consumer 2.Family member 3. Coordinator (72)

d. Who is the Treasurer?_____

1.Consumer 2.Family member 3. Coordinator (73)

**IV. Needs**

P-18. To begin with a new topic now I want to talk about things that you may be needing.

a. Can you tell me what are the things that you need or that are your major concern to feel good?_____

_____

_____(74-75)

P-19. I am going to read things that some people may consider necessary or important in their lives. I want to know how important are each of these things for you. The card that I am giving you shows the four options that will help you to answer to each item. You can answer either telling me the or the number corresponding to the option. (Extremely important=1,Fairly important=2, Not too important=3, Not important=4)

| **HOW IMPORTANT IT IS THAT YOU:** | EI | FI | NT | NI | | |
|---|---|---|---|---|---|---|
| a. Be employed | | 1 | 2 | 3 | 4 | (1) |
| b. Have housing | | 1 | 2 | 3 | 4 | (2) |
| c. Participate in recreational activities | | 1 | 2 | 3 | 4 | (3) |
| d. Have access to mental health services | | 1 | 2 | 3 | 4 | (4) |
| e. Feel support from the staff | | 1 | 2 | 3 | 4 | (5) |
| f. Receive academic education (take courses) | | 1 | 2 | 3 | 4 | (6) |
| g. Receive informal education (training in some hobby, chats ect.) | | 1 | 2 | 3 | 4 | (7) |
| h. Family get involved in your activities | | 1 | 2 | 3 | 4 | (8) |
| i. Participate actively on community matters | | 1 | 2 | 3 | 4 | (9) |
| j. Have opportunities to meet other people | | 1 | 2 | 3 | 4 | (10) |
| k. Participate in religious activities | | 1 | 2 | 3 | 4 | (11) |
| l. Have a positive (good) and stable relationship with your family | | 1 | 2 | 3 | 4 | (12) |
| m. Have opportunity to interact (to be) with young people | | 1 | 2 | 3 | 4 | (13) |

| | | | | | |
|---|---|---|---|---|---|
| n. Have opportunity to teach others what you know | 1 | 2 | 3 | 4 | (14) |
| o. Feel and receive support from your neighbors | 1 | 2 | 3 | 4 | (15) |
| p. To have religious beliefs | 1 | 2 | 3 | 4 | (16) |
| q. To be physically healthy | 1 | 2 | 3 | 4 | (17) |
| r. To have good "emotional" (mental) health | 1 | 2 | 3 | 4 | (18) |
| s. To feel that you are useful | 1 | 2 | 3 | 4 | (19) |

P-20. Now I am going to ask how satisfied are you with the things previously mentioned. The alternatives among which you can choose your answer are indicated in the card that I am giving you. (Very satisfied=1, Satisfied=2, Dissatisfied=3, Very dissatisfied=4)

**HOW SATISFIED ARE YOU WITH:**

| | VS | S | D | VD | |
|---|---|---|---|---|---|
| a. Your employment | 1 | 2 | 3 | 4 | (20) |
| b. Your housing arrangement | 1 | 2 | 3 | 4 | (21) |
| c. Your participation in recreational activities | 1 | 2 | 3 | 4 | (22) |
| d. Your access to the mental health services | 1 | 2 | 3 | 4 | (23) |
| e. The support you receive from the mental health staff | 1 | 2 | 3 | 4 | (24) |
| f. Your academic education | 1 | 2 | 3 | 4 | (25) |
| g. Your informal education/"hobby", chats | 1 | 2 | 3 | 4 | (26) |
| h. The involvement of your family in your activities | 1 | 2 | 3 | 4 | (27) |
| I. Your participation in community matters | 1 | 2 | 3 | 4 | (28) |
| J. Your opportunities to meet other people | 1 | 2 | 3 | 4 | (29) |
| K. Your participation in religious activities | 1 | 2 | 3 | 4 | (30) |
| l. Your relationship with your family | 1 | 2 | 3 | 4 | (31) |

| | | | | | |
|---|---|---|---|---|---|
| m. The opportunities to interact with youngsters | 1 | 2 | 3 | 4 | (32) |
| n. The opportunities to teach other what you know | 1 | 2 | 3 | 4 | (33) |
| o. The support you receive from your neighbors | 1 | 2 | 3 | 4 | (34) |
| p. Your religious beliefs | 1 | 2 | 3 | 4 | (35) |
| q. Your physicall health | 1 | 2 | 3 | 4 | (36) |
| r. Your "emotional" (mental ) health | 1 | 2 | 3 | 4 | (37) |
| s. Your sense of how useful you are | 1 | 2 | 3 | 4 | (38) |

P-21. In this section I will read the needs that we have been talking about . I want you to tell me if you would like the Self-Help group to provide or help you satisfy each need. You just have to answer yes or no to each one of the sentences that I will read to you.

| | Yes | No | |
|---|---|---|---|
| a. Find employment | 1 | 2 | (39) |
| b. Find housing | 1 | 2 | (40) |
| c. Participate in recreational activities | 1 | 2 | (41) |
| d. Receive mental health services | 1 | 2 | (42) |
| e. Obtain support from the mental health staff | 1 | 2 | (43) |
| f. Obtain academic education | 1 | 2 | (44) |
| g. Obtain informal education (hobby,chats) | 1 | 2 | (45) |
| h. Involvement of the family in your activities | 1 | 2 | (46) |
| i. Participate in community activities | 1 | 2 | (47) |
| j. Opportunities to meet other people. | 1 | 2 | (48) |
| k. Participate in religious activities | 1 | 2 | (49) |

| | | | |
|---|---|---|---|
| l. Positive (good) and stable relationships with the family | 1 | 2 | (50) |
| m. To interact with youngsters | 1 | 2 | (51) |
| n. Opportunity to teach others what you know | 1 | 2 | (52) |
| o. Obtain support from your neighbors | 1 | 2 | (53) |
| p. Have religious beliefs | 1 | 2 | (54) |
| q. Be physically healthy | 1 | 2 | (55) |
| r. Have "emotional" (mental ) health | 1 | 2 | (56) |
| s. Feel useful | 1 | 2 | (57) |

P-22. Do you have any suggestion or comment about the mutual help group that you want to let me know?

_____

_____

## V. Attitudes about the family

P-23. Now I am going to read statements of opinions that you may have heard before about how the family should or should not be. I want you to tell me to what extent do you agree or disagree with each of the following opinions. You can choose among the options in this card. (Strongly agree=1, Agree=2, Uncertain=3, Disagree=4, Strongly disagree=5)

| **Father** | SA | A | U | D | SD | |
|---|---|---|---|---|---|---|
| a. The father should be the authority figure in the house | 1 | 2 | 3 | 4 | 5 | (59) |
| b. To obey your father is more important than to love him | 1 | 2 | 3 | 4 | 5 | (60) |

## Mother

c. The mother should always be more loving than the father — 1 2 3 4 5 (61)

d. The mother should obey the father's will — 1 2 3 4 5 (62)

## Siblings

e. The siblings should always obey their father — 1 2 3 4 5 (62)

f. Even though you are angry with your parents, their will should be complied with because of "respeto"(respect) — 1 2 3 4 5 (63)

## Family composition

g. "All the family" refers only to the parents and their children. — 1 2 3 4 5 (65)

h. "All the family" refers to parents children, grandgfathers/grandmothers, nephews, uncles, cousins, godfather, ect. — 1 2 3 4 5 (66)

## Importance of the family

i. It is essential to be in good terms with the family to feel good — 1 2 3 4 5 (67)

j. It is essential to be loyal to the family to feel good — 1 2 3 4 5 (68)

b. How many people compose your family?_____(69)

c. Who are they?_____(70-75)

## VI.Sex Roles

P-24. For each of the following statements I want you to tell me to what extent you consider that the statement represents characteristics that the Puerto Rican woman and man should show. You should use the same card of options that was given to you for the preceeding question.

**To what extent do you agree with the idea that:**

| | the woman | | | | | the man | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | SA | A | U | D | SD | SA | A | U | D | SD | |
| a. Should be of weak character | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (1-2) |
| b. Should be religious | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (3-4) |
| c. Should obey her husband /wife or father/mother | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (5-6) |
| d. Should be sentimental | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (7-8) |
| e. Should rear his/her siblings | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (9-10) |
| f. Should iron, clean, wash and do house chores | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (11-12) |
| g. Should work out of home | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (13-14) |
| h. Should have strong character | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (15-16) |
| i. Should cry if suffering | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (17-18) |
| j. Should have a better job and earn more money than his /her spouse | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (19-20) |
| k. Should "venerate" (or give more importance than to any other person) to his/her mother | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (21-22) |
| l. Should "impose" discipline to his/her children | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (23-24) |
| m. Should bear pain without complaining | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (25-26) |

n. Should go out with persons of the opposite sex, other than wife or husband 1 2 3 4 5 1 2 3 4 5 (27-28)

## VII. Locus of control.

P-25. In this section I am going to read pairs of sentences. You have one card with each pair or statements. From each pair of statements I expect you to choose the one with which you agree more.

### Personal Control

1. A. I have often found that what is going to happen will happen (29)
   B. Trusting to fate has never turned out as well for me as making a decision and take a definite course of action

2. A. What happens to me is of my own responsability (30)
   B. Sometimes I feel that I don't have enough control over the direction my life is taking

3. A. When I make plans, I am almost certain that I can make them work (31)
   B. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune that you may have.

4. A. In my case, getting what I wanted had little or nothing to do with luck. (32)
   B. Many times we might just as well decide what to do by flipping a coin.

5. A. Many times I feel that I have little influence over things that happen to me (33)

   B. It is impossible for me to believe that chance or luck play an important role in my life.

## VIII. Religiosity

P-26. Are you affiliated to a religious or spiritual group?

1.Yes 2.No (34)

b. Which ?_____(35-36)

P-27. I will read eight statements which concern religious beliefs. Please indicate the extent to which you agree or disagree with each of them. You can choose among the options in this card that I am giving you.

| | SA | A | U | D | SD | |
|---|---|---|---|---|---|---|
| 1. To lead a good life it is necessary to have some religious and/or spiritual belief | 1 | 2 | 3 | 4 | 5 | (37) |
| 2. I genuinely do not know whether or not God exist | 1 | 2 | 3 | 4 | 5 | (38) |
| 3. People without religious beliefs can lead just as moral and useful lives | 1 | 2 | 3 | 4 | 5 | (39) |
| 4. The existence of diease and famine in the world demonstrate that God does not exist. | 1 | 2 | 3 | 4 | 5 | (40) |
| 5. International peace depends on the world wide adoption of a common religion | 1 | 2 | 3 | 4 | 5 | (41) |
| 6. Life is meaningless without believing in God. | 1 | 2 | 3 | 4 | 5 | (42) |
| 7. If you lead a good and decent life, it is not necessary to go to any church | 1 | 2 | 3 | 4 | 5 | (43) |
| 8. Religious education is indispensable to preserve the morality of our society | 1 | 2 | 3 | 4 | 5 | (44) |

P-28. Before ending this interview I want to know about your future plans concerning the mental health services.

a. Do you want or plan to stay involved with the mental health center?_____(45) why or why not?_____

_____(46-47)

b. How well do you believe that you would be without the help of the mental health center? _____(48) why or why not?

_____(49-50)

c. In what activities of the community would you like the self-help group to get involved?_____

_____(51-52)

with what associations or groups?_____

_____(53-54)

Thank you very much for your cooperation, if you have any questions or comments that you think that I should know about the interview, the Self-Help groups or about yourself, please discuss them with me now,before we end the interview.

_____

_____

_____

_____

This section should be filled out after the interview:

Date_____

Time the interview ended_____

Sex of the respondent 1. F 2. M

Interview number in the interview session_____

## Notes

Unusual circumstances or comments

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

# APPENDIX G
## Coordinators' Questionnaire

___(1-2)

Necesidades y Actitudes de los Consumidores de Servicios de Salud Mental y de sus Familiares

Lugar de la entrevista (3)

_____

Tipo de entrevista (4)

A. Consumidor

B. Familiar

Mi nombre es _____(5) y conociendo que usted ha aceptado participar en este estudio procederé a hacerle las preguntas que componen la entrevista. Le recuerdo que usted puede dar por teminada la entrevista en cualquier momento que así lo desee. Le pedimos que dé las contestaciones más claras y honestas que usted pueda, ya que la información que se está recopilando es muy importante.

¿Tiene usted alguna pregunta o comentario que hacer antes de comenzar la entrevista?_____

_____

_____

## I. Datos Demográficos

P-1. ¿Cuál es su fecha de nacimiento? ___/___/___/

(calcule la edad=___) (6-7)

P-2. ¿Cuál es su estado civil? (8)

1. Soltero
2. Casado
3. Divorciado
4. Viudo/viuda
5. Unión consensual
6. Separado/a
7. No sabe

P-3. ¿Cuál es el grado de educación más alto que completó? (9-10)

0. No asistió a la escuela
1. 1 -6 grado
2. 7-9 grado
3. 10-12 grado
4. 1-2 años de bachillerato o grado asociado (sin completar)
5. Grado asociado o técnico
6. 3-4 años de bachillerato (sin completar)
7. Bachillerato
8. Estudios Post-graduados (Maestría)
9. Estudios Post-graduados (Doctorado)
10. No sabe

P-4. ¿Cuál es su ocupación o a qué se dedica actualmente? (11-12)

1. Desempleado-buscando trabajo
2. Desempleado-No buscando trabajo
3. Ama de casa
4. Estudiante
5. Retirado
6. En entrenamiento para un trabajo (empresa privada)
7. Empleado en taller protegido (gobierno)
8. Empleado en empleo transitorio (gobierno)
9. Trabajo profesional
10. Trabajo voluntario
11. No sabe
12. Otro _____

P-5. Voy a leerle una lista de fuentes de ingreso. Por favor indique si recibe o no cada una de ellas. Para cada fuente de ingreso que usted reciba, indique la cantidad de dinero que usted recibe mensualmente. (Lea cada oración al entrevistado)

| | Sí | No | |
|---|---|---|---|
| a. ¿Recibe usted un salario? | 1 | 2 | (13) |
| ¿Cuánto recibe?_____ | | | |
| b. ¿Recibe cheques de Seguro Social? | 1 | 2 | (14) |
| ¿Cuánto recibe?_____ | | | |
| c. ¿Recibe cupones de alimento? | 1 | 2 | (15) |
| ¿Cuánto recibe?_____ | | | |
| d. ¿Recibe asistencia económica del programa de Servicios Sociales? | 1 | 2 | (16) |
| ¿Cuánto recibe?_____ | | | |
| e. ¿Recibe dinero de su familia? | 1 | 2 | (17) |
| ¿Cuánto recibe?_____ | | | |
| f. ¿Recibe ayuda económica de la Oficina de Rehabilitación Vocacional? | 1 | 2 | (18) |
| ¿Cuánto recibe?_____ | | | |
| g. ¿Recibe cheques de desempleo? | 1 | 2 | (19) |
| ¿Cuánto recibe?_____ | | | |
| h. ¿Recibe pensión alimenticia? | 1 | 2 | (20) |
| ¿Cuánto recibe?_____ | | | |

i. ¿Recibe compensación del seguro por incapacidad? 1 2 (21)

¿Cuánto recibe?_____

j. ¿Recibe beneficios por retiro? 1 2 (22)

¿Cuánto recibe?_____

k. ¿Tiene alguna otra fuente de ingreso no mencionada? (Especifique, por favor) 1 2 (23)

_____

**Total mensual**_____ (24-27)

P-6. ¿En qué pueblo o ciudad vive? (28-29)

_____

P-7. ¿En qué tipo de vivienda vive? (30)

1. Casa
2. Hospedaje
3. Apartamento
4. Proyecto de vivienda pública (residencial público)
5. Programa de Rehabilitación Adictos a Drogas
6. Casa grupal o Proyecto de Vivienda Independiente (San Germán)
7. No sabe

a. Si respondió, 1, 2,3, 4 ó 5, por favor especifique con cuántas personas usted vive._____ (31-32)

b. Responda sí o no indicando si las siguientes personas viven con usted.

| | Sí | No | |
|---|---|---|---|
| 1). Madre | 1 | 2 | (33) |
| 2). Padre | 1 | 2 | (34) |
| 3). Esposa/Esposo | 1 | 2 | (35) |
| 4). Hijos | 1 | 2 | (36) |
| 5). Hijas | 1 | 2 | (37) |

| | | | |
|---|---|---|---|
| 6). "Compañero/a" sexo opuesto | 1 | 2 | (38) |
| 7). Hermanos/hermanas | 1 | 2 | (39) |
| 8). Amigos/amigas | 1 | 2 | (40) |
| 9). Otros familiares no mencionados | 1 | 2 | (41) |

P-8. A. ¿Ha recibido usted servicios de salud mental?_____

_____¿qué clase de servicios?_____

¿Recibe usted actualmente servicios de salud mental?___

_____¿qué clase de servicios?_____

**Si el entrevistado ha recibido o recibe servicios de salud mental indique sí o no.**

1. Sí 2. No (42)

**Si respondió afirmativamente a la pregunta A:**

B. ¿Ha sido usted hospitalizado por problemas de salud mental?

1. Sí 2. No (44)

**Si contestó afirmativamente a la pregunta B:**

a. ¿Cuántas veces ha sido hospitalizado por problemas mentales o "emocionales"?_____ (45-46)

b. ¿En qué año ocurrió su primera hospitalización?

_____ (47-48)

**Si la persona no recuerda**; ¿Tiene alguna idea si esto sucedió durante los últimos dos años? _____

c. ¿Cuándo fue dado de alta por última vez?

_____(mes y año) (49-50)

d. ¿Cuál es su diagnóstico más reciente de salud mental?_____ (51-52)

P-9. ¿Ha estado o se encuentra usted actualmente recibiendo servicios de algún programa de rehabilitación de adictos a drogas?

1. Sí 2. No (53)

## II. Participación en el Grupo

P-10. ¿Cuándo comenzó a participar en el Grupo de Ayuda Mutua?( escriba número de meses)_____ (54-55)

b. ¿Cuán frecuentemente asiste usted a las reuniones?

1. Siempre 2. Casi siempre 3. Raras veces 4. Nunca (56)

P-11. ¿Cuáles han sido las tareas o responsabilidades que le han sido asignadas en el grupo?_____

_____

_____(57-58)

P-12. ¿Hay algún familiar suyo participando en el grupo de Ayuda Mutua? 1. Sí 2. No (59)

**Si contesto si;**

a. ¿Qué miembro/s de su familia?_____

_____ (60-61)

P-13. ¿Cuáles son las cosas que más le gustan del grupo?

_____

_____ (62-63)

b. ¿Cuáles son las cosas que menos le gustan del grupo?

_____

_____ (64-65)

## III. Estructura del Grupo

P-14. ¿Qué persona tiene más influencia (importancia o control) en las decisiones del grupo? (escriba el nombre)_____

1. Consumidor 2. Familiar 3. Coordinador (66)

P-15. ¿Quién es el lider del grupo?_____

1. Consumidor 2. Familiar 3. Coordinador (67)

P-16. ¿Cuáles son las responsabilidades del coordinador?

_____

_____(68-69)

P-17. ¿Quiénes son los miembros de la Directiva?

a. ¿Quién es el presidente?_____

1. Consumidor 2. Familiar 3. Coordinador (70)

b. ¿Quién es el vice-presidente?_____

1. Consumidor 2. Familiar 3. Coordinador (71)

c. ¿Quién es el secretario?_____

1. Consumidor 2. Familiar 3. Coordinador (72)

d. ¿Quién es el tesorero?_____

1. Consumidor 2. Familiar 3. Coordinador (73)

## IV. Necesidades

P-18. Cambiando el tema, ahora quiero que hablemos de cosas que usted puede estar necesitando.

a. ¿Podría mencionarme cuales son las cosas que son su mayor preocupación o las que usted más necesita para sentirse bien?

_____

_____

_____(74-75)

P-19. Voy a leerle una lista de cosas que algunas personas pueden considerar necesarias o importantes en sus vidas. Me interesa saber cuán importantes son esas cosas para usted. La tarjeta que le estoy entregando muestra las cuatro opciones con las cuales podrá responder a cada una de las cosas que le iré mencionando. Puede responder diciéndome la opción o el número que corresponde a la alternativa.(Muy importante=1, Bastante importante=2, Poca importancia=3, No es importante=4)

**¿Cuán importante es que usted:**

| | MI | I | PI | NI | |
|---|---|---|---|---|---|
| a. Tenga un empleo | 1 | 2 | 3 | 4 | (1) |
| b. Tenga una vivienda | 1 | 2 | 3 | 4 | (2) |
| c. Participe en actividades recreativas | 1 | 2 | 3 | 4 | (3) |
| d. Pueda recibir servicios de salud mental | 1 | 2 | 3 | 4 | (4) |
| e. Sienta que tiene el apoyo del personal de salud mental | 1 | 2 | 3 | 4 | (5) |
| f. Reciba educación académica (clases) | 1 | 2 | 3 | 4 | (6) |
| g. Reciba educación informal (entrenamiento para algún hobby o charlas) | 1 | 2 | 3 | 4 | (7) |
| h. Que la familia participe en sus actividades | 1 | 2 | 3 | 4 | (8) |
| i. Participe activamente en actividades de la comunidad | 1 | 2 | 3 | 4 | (9) |
| j. Tenga oportunidades de conocer otras personas | 1 | 2 | 3 | 4 | (10) |
| k. Participe en actividades religiosas | 1 | 2 | 3 | 4 | (11) |

| | | | | | |
|---|---|---|---|---|---|
| l. Tenga una relacion positiva (buena) y estable con su familia | 1 | 2 | 3 | 4 | (12) |
| m. Tenga oportunidad de compartir(estar) con jóvenes | 1 | 2 | 3 | 4 | (13) |
| n. Tenga oportunidad de enseñar a otros lo que usted sabe | 1 | 2 | 3 | 4 | (14) |
| o. Sienta y reciba apoyo de sus vecinos | 1 | 2 | 3 | 4 | (15) |
| p. Tenga creencias religiosas | 1 | 2 | 3 | 4 | (16) |
| q. Tenga salud física | 1 | 2 | 3 | 4 | (17) |
| r. Tenga salud "emocional"(mental) | 1 | 2 | 3 | 4 | (18) |
| s. Se sienta útil | 1 | 2 | 3 | 4 | (19) |

P-20. Ahora voy a preguntarle cuán satisfecho está usted con cada una de las cosas antes mencionadas. Las alternativas entre las cuales puede escoger su respuesta se encuentran en la tarjeta que le estoy entregando.(Muy satisfecho=1, Satisfecho=2, Insatisfecho=3, Muy insatisfecho=4)

**¿Cuán satisfecho esta usted con:**

| | MS | S | I | MI | |
|---|---|---|---|---|---|
| a. Su empleo | 1 | 2 | 3 | 4 | (20) |
| b. Su vivienda | 1 | 2 | 3 | 4 | (21) |
| c. Su participación en actividades recreativas | 1 | 2 | 3 | 4 | (22) |
| d. Las oportunidades de recibir servicios de Salud Mental | 1 | 2 | 3 | 4 | (23) |
| e. El apoyo que recibe de los empleados de Salud Mental | 1 | 2 | 3 | 4 | (24) |
| f. Su educación académica | 1 | 2 | 3 | 4 | (25 |
| g. Su educación informal/entrenamiento en un "hobby" o charlas | 1 | 2 | 3 | 4 | (26) |
| h. La participación de su familia en sus actividades | 1 | 2 | 3 | 4 | (27) |

| | | | | | |
|---|---|---|---|---|---|
| i. Su participación en actividades de la comunidad | 1 | 2 | 3 | 4 | (28) |
| j. Sus oportunidades para conocer otras personas | 1 | 2 | 3 | 4 | (29) |
| k. Su participación en actividades religiosas | 1 | 2 | 3 | 4 | (30) |
| l. La relación con su familia | 1 | 2 | 3 | 4 | (31) |
| m. Las oportunidades para compartir con jóvenes | 1 | 2 | 3 | 4 | (32) |
| n. La oportunidad de enseñar a otros lo que usted sabe | 1 | 2 | 3 | 4 | (33) |
| o. El apoyo que recibe de sus vecinos | 1 | 2 | 3 | 4 | (34) |
| p. Sus creencias religiosas | 1 | 2 | 3 | 4 | (35) |
| q. Su salud física | 1 | 2 | 3 | 4 | (36) |
| r. Su salud "emocional" (mental) | 1 | 2 | 3 | 4 | (37) |
| s. Su idea de cuán útil es usted | 1 | 2 | 3 | 4 | (38) |

P-21. En esta sección leeré las necesidades que hemos estado mencionando. Deseo que me indique si le gustaría que el Grupo de Ayuda Mutua le provea o ayude a conseguir cada cosa. Sólo tiene que responder sí o no a cada oración que yo lea.

| **¿Desea que el grupo le ayude a:** | **Sí** | **No** | |
|---|---|---|---|
| a. Conseguir empleo | 1 | 2 | (39) |
| b. Conseguir vivienda | 1 | 2 | (40) |
| c. Participar en actividades recreativas | 1 | 2 | (41) |
| d. Recibir servicios de salud mental | 1 | 2 | (42) |
| e. Obtener apoyo de los empleados de salud mental | 1 | 2 | (43) |
| f. Obtener educación académica | 1 | 2 | (44) |
| g. Obtener educación informal, entrenamiento en un "hobby" y/o charlas | 1 | 2 | (45) |
| h. Envolver a su familia en sus actividades | 1 | 2 | (46) |
| i. Participar en actividades de la comunidad | 1 | 2 | (47) |
| j. Conocer a otras personas | 1 | 2 | (48) |

| | | | |
|---|---|---|---|
| k. Participar en actividades religiosas | 1 | 2 | (49) |
| l. Tener relaciones positivas (buenas) y estables con su familia | 1 | 2 | (50) |
| m. Compartir con jóvenes | 1 | 2 | (51) |
| n. Enseñar a otras personas lo que usted sabe | 1 | 2 | (52) |
| o. Obtener apoyo de sus vecinos | 1 | 2 | (53) |
| p. Tener creencias religiosas | 1 | 2 | (54) |
| q. Tener salud física | 1 | 2 | (55) |
| r. Tener salud "emocional"(mental) | 1 | 2 | (56) |
| s. Sentirse útil | 1 | 2 | (57) |

P-22. ¿Tiene algún comentario sobre el Grupo de Ayuda Mutua que desee hacerme saber?

_____

_____

## V. Actitudes sobre la familia

P-23. Ahora voy a leer opiniones que usted puede haber oído antes sobre como debe o no ser la familia. Me interesa mucho saber hasta dónde usted está de acuerdo o en desacuerdo con cada una de las siguientes opiniones.Las alternativas que podrá utilizar están en esta tarjeta que le estoy entregando.(Completamente de acuerdo=1,De acuerdo=2, Indeciso=3, En desacuerdo=4 y Completamente en desacuerdo=5)

| | CA | DA | I | ED | CD | |
|---|---|---|---|---|---|---|
| **Padre** | | | | | | |
| a. El padre debe ser la figura de autoridad en la casa | 1 | 2 | 3 | 4 | 5 | (59) |
| b. Es más importante obedecer al padre que amarlo | 1 | 2 | 3 | 4 | 5 | (60) |
| **Madre** | | | | | | |
| c. La madre debe ser siempre mas cariñosa que el padre | 1 | 2 | 3 | 4 | 5 | (61) |
| d. La madre debe obedecer la voluntad del padre | 1 | 2 | 3 | 4 | 5 | (62) |
| **Hijos** | | | | | | |
| e. Los hijos siempre deben obedecer al padre | 1 | 2 | 3 | 4 | 5 | (63) |
| f. Aunque se este enojado con los padres hay que hacer su voluntad por respeto | 1 | 2 | 3 | 4 | 5 | (64) |
| **Composicion familiar** | | | | | | |
| g. La frase "Toda la familia" se refiere <u>solamente</u> a los padres y los hijos | 1 | 2 | 3 | 4 | 5 | (65) |
| h. La frase "Toda la familia" se refiere a Padres, hijos abuelos/abuelas, sobrinos, tíos, primos, padrinos | 1 | 2 | 3 | 4 | 5 | (66) |
| **Importancia de la Familia** | | | | | | |
| i. Es esencial llevarse bien con la familia para sentirse bien | 1 | 2 | 3 | 4 | 5 | (67) |
| j. Es esencial ser siempre leal a la familia para sentirse bien | 1 | 2 | 3 | 4 | 5 | (68) |

b. ¿Cuántas personas forman su familia?_____ (69)

c. ¿Quiénes?_____ (70-71)

## VI. Roles sexuales

P-24. Para cada una de las siguientes oraciones, quiero que me indique hasta dónde considera usted que representan características que el hombre y la mujer puertorriqueña deben mostrar. Estaremos usando las opciones de la tarjeta que le entregué para la pregunta anterior.

**¿Cuán de acuerdo está usted con la idea de que...**

| | la mujer | | | | | el hombre | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | CA | DA | I | ED | CD | CA | DA | I | ED | CD | |
| a. Debe ser débil de caracter | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (1-2) |
| b. Debe ser religioso/a | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (3-4) |
| c. Debe obedecer a su esposo/a o padre/madre | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (5-6) |
| d. Debe ser sentimental | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (7-8) |
| e. Debe criar a sus hijos | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (9-10) |
| f. Debe planchar, lavar, limpiar y hacer tareas de la casa | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (11-12) |
| g. Debe trabajar fuera de la casa | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (13-14) |
| h. Debe tener caracter fuerte | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (15-16) |
| i. Debe llorar si está sufriendo | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (17-18) |
| j. Debe tener mejor trabajo y ganar más dinero que su esposo/a | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (19-20) |
| k. Debe venerar o dar más importancia a su madre que a ninguna otra persona | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (21-22) |
| l. Debe "imponer" disciplina a sus hijos | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (23-24) |
| m. Debe resistir el dolor sin protestar | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (25-26) |
| n. Salir con personas del sexo | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | (27-28) |

opuesto que no sean su esposo/a

## VII. Punto de Control

P-25. En la siguiente sección voy a leer pares de oraciones. Usted tiene cada par de oraciones en las tarjetas que le estoy entregando. De cada par de oraciones espero que usted escoja aquella con la que esté más de acuerdo.

### Control personal

1. A. A veces he encontrado que lo que está de pasar, sucede. ( 29 )
   B. Confiar en el destino nunca me ha salido tan bien como tomar una decisión y tomar una acción definida.

2. A. Lo que me sucede a mí es mi propia responsabilidad. ( 30 )
   B. A veces yo siento que no tengo suficiente control sobre la dirección que mi vida esta tomando.

3. A. Cuando yo hago planes, estoy casi seguro/a de que los puedo ( 31 )
   llevar a cabo.
   B. No siempre es sabio planear con mucha anticipación, porque muchas cosas vienen a depender de la suerte que uno tenga.

4. A. En mi caso, obtener lo que yo quería tuvo poco o nada que ( 32 )
   ver con tener suerte.
   B. Muchas veces uno debe decidir que hacer solamente tirando una moneda al aire.

5. A. Muchas veces yo siento que tengo poca influencia sobre ( 33 )
   las cosas que me suceden.
   B. Me resulta imposible creer que las oportunidades o la suerte tengan un rol importante en mi vida.

## VIII. Religiosidad

P-26. ¿Pertenece a algún grupo religioso o espiritual?1. Sí 2. No (34)

b. ¿A cuál? _____ (35-36)

P-27. Voy a leerle ocho oraciones relacionadas con ideas religiosas. Por favor indíqueme hasta dónde usted está de acuerdo con cada una. Puede utilizar las opciones escritas en la tarjeta que le estoy entregandoy que usamos anteriormente.

| | CA | DA | I | ED | CD | |
|---|---|---|---|---|---|---|
| 1. Para tener una buena vida es necesario tener ideas religiosas y/o espirituales | 1 | 2 | 3 | 4 | 5 | (37) |
| 2. Yo realmente no sé si Dios existe | 1 | 2 | 3 | 4 | 5 | (38) |
| 3. Las personas que no tienen ideas religiosas pueden llevar vidas morales y útiles | 1 | 2 | 3 | 4 | 5 | (39) |
| 4. La existencia de las enfermedades y el hambre en el mundo prueban que Dios no existe. | 1 | 2 | 3 | 4 | 5 | (40) |
| 5. El que haya paz en el mundo depende de que todos los países pertenezcan a una misma religión | 1 | 2 | 3 | 4 | 5 | (41) |
| 6. Sin creer en Dios, la vida no tiene significado | 1 | 2 | 3 | 4 | 5 | (42) |
| 7. Si uno lleva una vida buena y decente no es necesario ir a ninguna iglesia o templo. | 1 | 2 | 3 | 4 | 5 | (43) |
| 8. La educación religiosa es esencial (indispensable) para que las personas se comporten moralmente en la sociedad en que vivimos. | 1 | 2 | 3 | 4 | 5 | (44) |

P-28. Antes de terminar ésta entrevista me interesa conocer sobre sus planes futuros en relación a los servicios de salud mental.

a. ¿Desea o planea usted continuar relacionado con el centro de salud mental?_____(45) ¿por qué o por qué no?_____(46-47)

b. ¿Cuán bien cree usted que estaría sin la ayuda del centro de salud mental?_____(48) ¿por qué o por qué no?

_____(49-50)

c. ¿En que actividades de la comunidad le gustaría que el grupo de ayuda mutua estuviese envuelto?_____

_____(51-52)

¿con qué asociaciones o grupos?_____

_____(53-54)

Muchas gracias por su cooperación, si tiene alguna pregunta o comentario sobre la entrevista, los grupos de ayuda mutua o sobre usted que considere que yo debo conocer, por favor indíquemelo ahora antes de dar por terminada esta entrevista.

_____

_____

_____

Muchas Gracias

Esta sección debe ser completada al finalizar la entrevista:

Fecha_____ (55-56)

Hora en que terminó_____

Sexo: 1. Femenino 2. Masculino (57)

Número que corresponde a la entrevista _____ (58)

## Notas

Circumstancias no usuales y comentarios

_____

_____

_____

_____

_____

_____

_____

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_____

_____

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# APPENDIX G
## Coordinators' Questionnaire

## General Information about the Self-Help Group

MY NAME IS MILAGRITOS GONZALEZ AND I AM WORKING ON A NEEDS ASSESSMENT OF THE MENTAL CLIENTS AND FAMILY MEMBERS IN THE SELF-HELP GROUPS. THE STUDY HAS BEEN APPROVED BY THE OFFICE OF THE AUXILIARY DEPARTMENT OF MENTAL HEALTH. IF YOU AGREE I AM GOING TO ASK YOU 10 SHORT QUESTIONS ABOUT GENERAL INFORMATION ABOUT THE GROUP THAT IS VERY IMPORTANT FOR THE DEVELOPMENT OF THE STUDY. NOTHING THREATENING OR CONFIDENTIAL WILL BE ASKED TO YOU. HOWEVER IF YOU DO NOT WANT TO ANSWER ANY OF THE QUESTIONS YOU ARE COMPLETELY FREE TO SKIP IT OR TO FINISH THE INTERVIEW. THANKS AGAIN FOR YOUR COOPERATION AND IF YOU AGREE TO PROVIDE ME SOME INFORMATION, I NEED YOU TO SIGN THE FOLLOWING STATEMENT BECAUSE THESE INFORMATION WILL BE USED AS PART OF THE RESEARCH.

1. I UNDERSTAND THAT MY PARTICIPATION IN THE STUDY HAS BEEN EXPLAINED TO ME AND I WILL BE REQUESTED TO ANSWER 10 QUESTIONS IN A SHORT INTERVIEW.
2. I UNDERSTAND THAT MY PARTICIPATION IS COMPLETELY VOLUNTARY.
3. I HAVE BEEN INFORMED THAT I HAVE THE RIGHT TO WITHDRAW FROM THE STUDY OR REFUSE TO ANSWER ANY ITEM WITHOUT ANY NEGATIVE CONSEQUENCE OR ANY COMPLAINT.

_____ _____

SIGNATURE DATE

DO YOU WANT TO PROCEED WITH THE SHORT INTERVIEW NOW?_____

DO YOU HAVE ANY QUESTIONS?_____

ARE THE GROUP'S MEMBERS CONSUMERS RELATIVES OR BOTH?_____

1. WHAT IS THE NAME OF THE GROUP?_____
2. HOW LONG HAS THE GROUP BEEN FORMED?_____
3. WHAT IS THE BEST ESTIMATE THAT YOU CAN MAKE OF THE AVERAGE OF ATTENDANCE TO THE MEETINGS DURING THE LAST SIX MONTHS?_____
4. HOW FREQUENTLY DOES THE GROUP MEET?_____

5. WHEN ARE THE MEETINGS? DAY_____ TIME_____

6. DOES THE GROUP HAVE A PRESIDENT AND/OR A DIRECTIVE?_____

7. CAN YOU GIVE ME THE PHONE NUMBER OF THE PRESIDENT OF THE GROUP OR OF A MEMBER OF THE GROUP?_____

8. HAS THERE BEING NEW PEOPLE JOINING THE GROUP DURING THE LAST FOUR MONTHS?____ HOW MANY?_____

9. HAS THE GROUP BEEN MEETING REGULARLY DURING THE LAST SIX MONTHS?_____

10.CAN YOU PLEASE DESCRIBE THE ACTIVITIES THAT THE GROUP HAS BEEN CONDUCTING?_____

IS THERE ANY QUESTION THAT YOU WILL LIKE TO ASK ME OR ANY COMMENT ABOUT THE SELF-HELP GROUPS THAT YOU WANT TO MENTION BEFORE WE FINISH THIS INTERVIEW?

THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION.

**DAY OF THE INTERVIEW** _____ **TIME**_____

**TELEPHONE NUMBER**_____

**NAME OF THE RESPONDENT**_____

**OTHER PEOPLE CONTACTED IN THE OFFICE**_____

**DURATION OF THE INTERVIEW**_____

**ADDITIONAL COMMITMENTS**_____