



Published in final edited form as:

Res Nurs Health. 2009 April ; 32(2): 148–162. doi:10.1002/nur.20317.

“Life Grows Between the Rocks” Latino adolescents’ and parents’ perspectives on mental health stressors

Carolyn Garcia, PhD, MPH, RN [assistant professor] and
School of Nursing, University of Minnesota

Sandi Lindgren, LSW [social worker]
El Colegio High School, Minneapolis

Abstract

Latino adolescents, an increasingly larger proportion of youth in the US, are at special risk for mental health problems, including depression and suicidal ideation. Little is known about the meaning of mental health stressors for Latino adolescents and their parents. We conducted a descriptive study to elicit Latino adolescents’ and parents’ perspectives regarding mental health stressors as a basis for future preventive interventions. Eight focus groups were conducted with 53 Latino participants, two per sub-group (boys, girls, mothers, fathers). Three categories of mental health stressors included discrimination, immigration, and familial disconnection. Findings support the need for collaborative interventions and multi-level strategies (individual, family, and community) to address stressors in Latino adolescents’ experiences.

Keywords

Latino; adolescent; parents; focus groups; mental health

Latinos are the largest ethnic group in the US, and adolescents comprise a large proportion of the Latino population (Guzman, 2001). Latinos who are teens in 2008 will be the parents and grandparents to 25% of the U.S. population in 2050 (Centers for Disease Control and Prevention [CDC], 2004). Diverse and heterogeneous, the Latino population is comprised of U.S.-born and immigrant persons of varied generations. The majority of Latinos in the US have Mexican heritage, although numerous Latin American countries are represented in the US population (Bergman, 2003; Guzman; Marotta & Garcia, 2003).

Latinos are also diverse in socioeconomic status, education level, and health insurance coverage rates (Granados, Puvvula, Berman, & Dowling, 2001; Guarnaccia et al., 2007; Livingston, Minushkin, & Cohn, 2008) but overall continue to be disproportionately at risk for poverty and lack of health insurance. Similar to other ethnic minority communities, the Latino population experiences disparities in health outcomes that are attributable to complex social, physical, and economic factors (Alegria et al., 2007; Gee, Ryan, Laflamme & Holt, 2006; Timmins, 2002). One area where there are significant disparities in health outcomes is in mental health problems experienced by Latino adolescents, including depression and suicidal ideation (Araujo & Borrell, 2006; Duarte-Velez & Bernal, 2007; Umana-Taylor & Updegraff, 2007).

Latino Adolescent Mental Health

Globally, 20% of adolescents have mental health problems or disorders, including depression. According to the World Health Organization (WHO, 2008), depression will be the leading cause of disability for all age groups by 2020. In the US, among a Minnesota sample of high school age youth, significantly more 9th grade Latino adolescent females (40%) reported experiencing depressive symptoms in the past month than males or any other grade (Department of Health and Human Services [DHHS], 2001; Garcia, Skay, Sieving, Naughton, & Bearinger, 2008). Additional U.S.-based research indicates that Latina adolescents (girls), compared to other youth, evidence higher rates of Major Depressive Disorder (Barrera, 2006). Depression is a risk factor for suicide, the third leading cause of death in adolescents (CDC, 2004; Fassler, 2006).

Consistent with their rates of depression, Latino adolescents (boys and girls) demonstrate higher rates of suicidal attempts and ideation than non-Latino youth (Duarte-Velez & Bernal, 2007; O'Donnell, O'Donnell, Wardlaw, & Stueve, 2004; Rew, Thomas, Horner, Resnick, & Beuhring, 2001). Latino youth are the least likely of adolescents to receive mental health services (RAND, 2001); when services are sought, they are more likely to be seen by a primary care provider than a specialist (DHHS, 2001). Existing mental health services may not be reaching Latino adolescents despite evidence of need.

Numerous factors contribute to the increased risk of mental health problems in Latino youth. They experience many mental health stressors that are common to most adolescents and rooted in the nature of this developmental period, including parental conflict, self-identity concerns, and struggles associated with establishing peer group affiliations (Kao & Vaquera, 2006; Steinburg, 1996). Many Latino youth, however, experience additional stressors.

Peer Stressors

Peer relationships can contribute to risk or offer protection in an adolescent's life. It takes time to develop peer relationships, and thus, initially, immigrant Latino youth may be protected from risks because they may lack association with peers who use substances or engage in risk taking behaviors (Blake, Ledsky, Goodenow, & O'Donnell, 2001; Brindis, Wolfe, McCarter, Ball, & Starbuck-Morales, 1995). This protective effect dissipates with increased time in the US and establishment of peer relationships and friendships that may contribute to riskier behaviors. Also, conflict with parents may increase as ever more acculturated adolescents desire social outlets external to the family (Adam, McGuire, Walsh, Basta, & LeCroy, 2005; Kaplan, Erickson, & Reyes-Juarez, 2002; Ramirez et al., 2004).

Familial Stressors—Latino families do not typically immigrate as one unit. It is common for members of the family to arrive in the US in a separated, staggered manner. Some adolescents rejoin parents they have been separated from for months or even years. This reunification during a developmental period in which independence is sought may increase conflict with parents (Schapiro, 2002). Further, some adolescents may resent being left in their home country while parents may presume that their adolescent children understand and accept the sacrifices being made. Upon arrival, immigrant Latino families experience stressors related both to adaptation to life in the US and to the developmental changes associated with adolescence. Latino adolescent depression has been found to be linked to increased family acculturation, in that higher rates of depression are found in youth residing in more acculturated families. However, this depression-acculturation relationship is modified by family conflict such that when conflict is present, rates of depression are high for Latino youth irrespective of family acculturation levels (Gonzales, Deardorff, Formoso, Barr, & Barrera, 2006). Families may experience differential acculturation rates where youth gain English language skills and cultural understanding more rapidly than their parents do. This phenomenon shifts the power

differential from parent to adolescent, for example, when parents rely on their children to translate in various situations. This acculturation gap may lead to family stress, a decrease in effective parenting, and an increase in risky behaviors, such as substance use, that are linked to poor mental health (Martinez, 2006).

Immigration Stressors

Immigration may be a stressor contributing to the risk of Latino youth developing mental health problems. How recently youth have immigrated contributes to stressors related to language barriers, acculturation processes, and familial separation or reunification (Brindis et al., 1995; Garcia & Saewyc, 2007; Smokowski & Bacallao, 2007). Some adolescents leave a protective, secure, predictable network of family and relatives in their country of origin and arrive in the US to live with relatives with whom they may not even know. This is especially stressful when they suddenly have very limited contact with whoever raised them in their country of origin because their parents immigrated to the US months or years before sending for their children. If immigration status is undocumented, the adolescents do not have the option to go home to visit their family in their country of origin.

Environmental Stressors—Environmental stressors include geographic and neighborhood risks (Guarnaccia et al., 2007). Many ethnic minorities reside in urban settings where they experience chronic exposure to poverty and criminal activity, stressors that increase risk for poor mental health (Golub, 2000; Korbus & Reyes, 2000; Surko, Ciro, Blackwood, Nembhard, & Peake, 2005). Forced to find affordable housing, Latino adolescents may reside in overcrowded, inadequate apartments, sharing kitchen and bathroom facilities with other families. Their families may feel powerless to address landlord problems (e.g., cutting off the heat, insect or rodent infestations).

Methodological Critique—Few researchers have examined Latino adolescents' perceptions of mental health; none have included parental perceptions. Perceptions influence health-seeking behaviors as well as feelings of self-efficacy. Both constructs are represented in leading theories addressing access to care (Andersen, 1995; Marcell & Halpern-Felsher, 2005; Pender, Walker, Sechrist, & Stromborg, 1988). Garcia and Saewyc (2007) conducted a focused ethnography to describe the health perceptions of recently immigrated Mexican-origin adolescents, and mental health was a recurring theme. Fornos et al. (2005) explored Latino adolescents' perceptions of living with depression. Neither research group obtained the perspectives of Latino parents. Other researchers (Burns & Rapee, 2006; Chimonides & Frank, 1994; Farmer, 2002) have examined adolescent perceptions of mental health and focused on internalizing manifestations such as depression. The limited participation of Latino youth in these studies minimizes application of findings in the Latino community.

To address these gaps in understanding, the purpose of this descriptive study was to obtain Latino adolescents' and parents' perspectives regarding mental health stressors. These perspectives will help to identify stressors that are salient to this population and critical points of intervention to positively influence the mental health trajectory of Latino teens.

Theoretical Framework

An adaptation of a model developed by Pantin et al. (2003; who had applied Bronfenbrenner's (1979) ecological framework to Latino adolescents, was the theoretical framework for this study. Prior research has demonstrated the utility of the ecological model in adolescent research (Garcia & Saewyc, 2007; Jacobson & Crockett, 2000; Willen & Neilsen, 2003). The model portrays an adolescent in the center of overlapping concentric circles with the innermost circles representing direct or microsystem level influences such as family and peers, and outermost circles representing indirect or macrosystem level influences such as immigration policy or

societal values. According to Pantin et al., the primary macrosystem-level risk factor, or stressor, experienced by Latino immigrant adolescents results from significant cultural clashes due to conflicting value systems. The risk and protective factors present in each subsystem affect the Latino adolescent resulting in attitudes, perceptions, and behaviors that can be understood within the broader complexity of the eco-developmental perspective. This eco-developmental framework accounts for multiple agents that influence a Latino adolescent's mental health and related perceptions and decision-making regarding accessing available services. The aims of this inquiry include gaining insight from parents—not just adolescents—because parental influences, including decision-making about adolescents' accessing care, are significant ecosystem factors surrounding the adolescents. The framework was used to guide and organize data analysis and interpretation.

Methods

Focus groups were used to elicit Latino adolescents' and parents' views of mental health stressors, barriers to care, and general mental well-being. The findings specific to stressors are the focus of this paper. Focus groups are useful for gaining the perspectives of individuals who may share common experiences. A community-based participatory research (CBPR) approach was taken (Israel, Schulz, Parker, & Becker, 1998; Jordan, Gust, & Scheman, 2005; Wallerstein & Duran, 2006), as university and community co-investigators mutually developed the study purpose and jointly implemented all aspects of the study. A core group of community-university collaborators including representatives from the University, the local public health agency, high schools, and health and social service agencies, had been meeting regularly to bridge research and practice initiatives addressing Latino youth health issues. Conversations in these meetings highlighted priority health areas that community colleagues were struggling with in their work with Latino youth. Mental health and stress were high priorities to examine so that effective interventions could be developed.

Sample and Setting

The research team identified all study recruitment sites. Each site had a community co-investigator contributing to the study processes and decision-making. Settings were in an urban metropolitan center in Minnesota, a midwestern state experiencing rapid and significant Latino population growth (Hispanic Advocacy and Community Empowerment through Research [HACER], 2001). All study sites targeted their services to the Latino community.

Eight focus groups were conducted, two each of mothers, fathers, girls, and boys. Parent eligibility criteria were: mother or father of a Latino adolescent (12 to 21 years old), self-identification as Latino, and Spanish-speaking. Adolescent eligibility criteria were: self-identification as Latino, Spanish-speaking, and 12 to 21 years old. Twenty-one year olds were included because Latino youth are not necessarily in age-appropriate grade levels, and some 12th grade participants were older than 18.

Fifty-three Latino adolescents and parents each participated in the focus groups. The adolescent participants were not children of the parent participants, nor were the mothers and fathers spousal dyads. Table 1 provides a summary of the participant demographics by focus group.

Procedures

This study was approved by the Institutional Review Board of the University of Minnesota and all equivalent site mechanisms prior to commencing recruitment activities. Study community co-investigators actively participated in recruitment within their respective settings and, along with the first author, contributed to coordinating focus group logistics. Adolescent

assent or consent was obtained from all interested adolescents. Parental consent was also obtained for those under 18 years of age.

Adolescent participants were recruited from two settings: a public charter school or a community social service agency that offered a program for Latino youth with truancy problems. Parents were from two distinct settings as well: a Catholic church in a predominantly Latino community and the parental component of the same community agency offering the program for truant Latino youth. The PI and community co-investigators have conducted research for the past 6 years, which facilitated effective and efficient recruitment. Experienced bilingual focus group moderators and note-takers were contracted from HACER, a non-profit research agency specializing in conducting focus group research within the Latino community. Four staff from HACER were involved and, in pairs, moderated and took notes for each of the focus groups. The HACER staff were Master's prepared and provided expertise at all stages of the study process. HACER was compensated for their staff time.

Each focus group was conducted in Spanish, and group sizes ranged from 4 to 8 participants. Each focus group lasted 2 hours, including time at the beginning for refreshments and completion of a demographic questionnaire and time after the discussion to distribute gift cards. Recorded discussions ranged from 60 to 75 minutes. Adult participants received \$25 and youths \$20 store gift cards as tokens of gratitude for participation.

Data Collection

Questions were developed collaboratively to ascertain the perceptions of Latino adolescents and parents regarding mental health as well as barriers and facilitators to accessing services that could help a struggling Latino youth. The questions were the same for all sub-groups, and probing questions were developed to further data collection as needed. Because mental health can be a difficult topic to discuss, it was important that questions were asked in a non-judgmental manner. Some questions used were: "What do you think can help when someone is not mentally well?" "Give us some examples of resources that can help someone who is not mentally well," and "What makes it difficult/easier for Latino youth to access/use mental health resources?" Additional question probes for further information included asking about culturally specific barriers and resources.

A demographic form seeking basic descriptive information was completed prior to beginning the discussion. Indicators of language preferences were collected using two items assessing language, reading, and speaking-with-friends preferences. Following the discussion of the focus group questions, and as appropriate right after each question, the facilitator summarized what had been shared and sought additions or clarifications from the participants. A note-taker documented the discussion, including observations of non-verbal behavior. Following completion of each focus group, the facilitator and note-taker debriefed each other about how the group went and documented any particular challenges or issues. This process was especially useful in the earlier groups because it resulted in re-ordering of some questions to facilitate smoother dialogue.

Translation of Data

The recorded group discussions were translated and transcribed from Spanish into English by an experienced bilingual/bicultural professional transcriber/translator. Audio-recorded focus group conversations were listened to multiple times and compared against the transcribed English text. The verbatim Spanish was transcribed only when it was needed to clarify the choice of English wording. The PI (first author), HACER staff, and 1-2 community co-investigators collaboratively decided which English word was best representative of the Spanish word used. There were a few times when a Spanish word or phrase lacked an immediate

English translation, most often because it was particular slang unique to a Latin American country. An example was *trust* for the original Spanish word *confianza*. Although not a perfect translation, the research team concurred that trust was indeed the intended feeling when *confianza* was used. In another case, the term *chavala* was used. As clarified by participants, in one country, it meant friend but in another it was slang for girl. In an adult group the term *compañeros* was used to convey friend. The English transcripts were read by the PI and occasional transcription spelling errors were corrected. Grammar and word choice of the participants were left intact.

Data Analysis

A primary objective of focus group data analysis is to synthesize and, “report what people have said about their own behavior and attitudes” (Krueger, 1998, p. 85). Various approaches exist to accomplish this. We used a technique Krueger outlined that includes two coding phases and categorization of codes. The first coding phase involved broad descriptive coding of text for each focus group. As new ideas were identified in subsequent transcripts, new codes were assigned. The second coding phase involved returning to coded text to add codes with greater specificity. For example, initial coding indicated a section of text coded as “stressor.” Subsequent coding further specified stressor as, for example, “racism” or “language barrier.” When coding was completed, the code list was collapsed into categories that were then linked to individual groups for within- and across-group comparisons.

Prior to the PI coding research team members independently read the transcripts and met to discuss the ideas and thoughts that were in the data. The team discussed key points observed within and across the sub-groups (i.e., youth vs. parent, male vs. female). Following these meetings, the PI coded the data, using Atlas.ti qualitative software to facilitate data indexing and cross-referencing. Regular communication among the research team members ensured consensus regarding selected codes and categories.

When the results had been summarized, four Latino parent (mother, father) and adolescent (girl, boy) participants were asked to provide feedback. They were selected from three of the study sites because they were available at the time the data analysis was. They were given the written summaries, although most preferred an oral report of the results. For all participants providing feedback, there was verbal agreement that the summary of the data represented well the focus group discussions and the intended meanings of participants.

Results

Focus Group Dynamics

The adolescent males groups were similar in their descriptions of how they handled stressors and who they felt they could turn to when they need help. The boys’ groups were focused heavily on discussions of discrimination and racism, including racial profiling, experienced by Latinos locally within neighborhoods and broadly within society. Boys in both groups were similar in their use of humor and brief elaboration of experiences or stories, typically offering brief responses to questions and sharing more only with probing from the moderator. They exemplified what they perceived as the adolescent male practice of keeping things to oneself; as one boy observed:

In general, the majority, when they have problems...keep their problems to themselves. This is why I say that maybe one emotional problem can become various problems, like with the family or something. I think that it’s because of this—because they almost don’t share their pain, their feelings.

We noted one difference between the two adolescent male groups. The truant group readily described stressors related to gang involvement, substance use, and violence, which were not raised in the other school-based group.

The girls' groups were characterized by eagerness to talk, readiness to share examples from self and peers, and expression of a wide range of emotions. They identified sources of stress in school, family, and peer relationships. They identified discrimination and immigration/acculturation as sources of stress. One of the girls' groups had an extensive discussion about one participant's immigration stress resulting from leaving her family and living in a very difficult home environment in the US. This group focused quite a bit on solutions, using this girl's experience as a platform into supportive solution-based discussion. The other girls' group lacked this emphasis.

Mothers and fathers groups focused heavily on the parental role and responsibilities and how these influenced family functioning and stressors. A difference we noted between the fathers and mothers was that the fathers gave examples involving their sons or themselves, whereas the mothers gave examples involving their sons and daughters.

In the mothers' groups, it was evident that women were comfortable talking in a small group setting. Both mothers' groups were characterized by detailed personal stories describing adolescents' challenges in the home and school settings, and parents' struggles to find solutions to the stressors and to be a source of support for their children. Although the mothers were willing to share and express themselves in the focus groups, like the adolescent males, they also described a more pervasive cultural standard regarding the communication of feelings as follows:

Because many of us mothers, sometimes we never express what we really feel, what really hurts us, what is really painful for us. And so if we can't even do this, if we who are their mothers don't teach them how to express their feelings and how they feel, how will they know?

Although only one father group was recruited from within a church setting, both father group discussions were characterized by frequent references to spirituality and faith. Faith and spirituality were also brought up by the mothers and adolescents but the fathers more regularly referred to them as resources to deal with stressors. Both groups of fathers were similar in their willingness to engage in the discussion and respond to the questions posed. In fact, one father group took place simultaneously with a mother group. The mothers finished sooner than the fathers, who were eager to continue talking. One father even commented that he would like to participate in another focus group conversation and that it felt good being able to talk with other fathers about their children and families.

Individual Stressors

Immigration—Participants in each focus group described stress associated with aspects of immigration. For the boys, being illegal, or undocumented, was the primary stressor, resulting in the inability to obtain a driver's license or a job. The boys focused on the responsibility to provide for the family as a key stressor of immigration whereas the girls raised immigration-related stressors that were rooted in losing relationships. One girl used her personal experience with separation from her family in Peru to describe this source of stress:

I remember when I came, I didn't want to come. "Maria (pseudonym), I don't want to go, I don't want to go." I remember that the car I came on, I started to cry a ton to come but my mom said "no." I said to my sister, "I want to stay with you, I want to be with you," and my mother was strong and took me to the car and said "you must go." And she got me off and I had to come here. My only dream is to go to Peru and

see my sister. Now she is the only one that calls me. She asks me, “how are you?” I know that calls from Peru are expensive and when she asks me, I say to her “here I am fine, missing you all the time.” When my mom calls, she also asks “how are you doing and says I love you.” ... As I told you, to go to Peru will be difficult. I think they’ll never see me again... Like the boys, one father focused on the impact of immigration on the ability to function in society.

He commented:

If you are not legal, if you don’t have documents, they don’t help you. And also, if you don’t pay taxes. I (am) getting to something bigger—if you don’t have documents and social security... they don’t help you. If you have these things, they are with you 100%. Even if you tell them, “I don’t know when I’ll be able to pay for this.” They give you a hand (when you have documents).

Deportation Fears—Deportation was described as a source of stress for everyone, although it was discussed by the parents more than the adolescents. Mothers spoke of fears surrounding the threat of deportation, giving examples of friends who had been deported. Parents described attempts to keep children from knowing about deportation but indicated that this was difficult. One mother observed:

I think a situation that is clear for people in our community is fearing deportation. Now we are all suffering, from the head of the household until the youngest child. This is a big community fear---all people are suffering from it, not only adolescents, but the community as a whole. It affects the father, the family, the adolescents and the children. The whole community. The Hispanic community is in fear of lots of things, but this is the biggest and it really affects the families. Sometimes our kids do not say anything but, in attitudes, they show it.

Unlike the mothers, fathers spoke of deportation more in terms of consequences of not having legal papers, rather than addressing fear and related emotions, as follows:

My son. He was involved in gangs, he ended up in jail. How did it happen? He ended up in prison and he spent—he’s about to get out and it’s been about a year. And he’s good because of where they sent him. But, as I told you, he has documents. Because if he wouldn’t have had documents, they would have deported him. And what kind of help would he have gotten if he was deported? Because that’s what they are doing, deporting any “illegal” that ends up in jail. Now, even for the smallest thing they are deporting them...But I’ll repeat once again—you can only get this kind of help if you have documents. If you don’t, you’re out.

Family Stressors

Parents described family stressors observed in the Latino community, including those resulting from lack of time to communicate and from lack of time to be together as family. Both sources of stress, as perceived by the parents, were primarily driven by work responsibilities and pressures. One mother noted:

There is not much familial communication, because sometimes, one is coming back from work and the kid goes out, or he is coming back from school and one goes to work. And, if they are teenagers, they have to work and I am home alone. There is no communication, and we do not know what is going on for real. Then, it is simple: Mom and Dad work. Dad works in the morning and Mom in the night. When then do we see the youngster? Or when, between spouses do we have the chance to talk? The day we take a rest, it is to discuss or to fix financial problems. To see if we have

enough or not. Then when are we going to talk to the child? Too many complications! Give us the time to be with them, because it is what they need.

Time together was emphasized in the other mothers' group, as follows:

The parents, are busy—our day off we need to clean, tidy up, all that—sometimes we don't have a lot of time for our kids. If we are relaxed then we can pay more attention. But at least, I think the majority of Latino parents, the majority of us need to work and when we get home we sometimes don't have a lot of time for our kids.

Another mother saw time together as a solution: "My husband, my self and my little boy and my teenager who is always sad, I think that if we were together that would help. He would like if the whole family were together."

Whereas mothers focused on what they believed their children needed and were lacking, such as family time together and the opportunity to communicate, fathers focused more narrowly on their own actions and the impact these had on the family, including family disconnection. One father noted:

I have paid too much attention to the search of money ... to give them the most I can, but not being with them is affecting them. Then, in my marriage I am doing wrong. I have been separated 2 years already. And, I recognize that along the 17 years I have been here, I always had two jobs, looking for giving them what we did not have. There is the skirt (mother), but what the kids really need is the father.

Fathers described outcomes of parent conflict, such as marital separation or divorce; mothers described conflict between the parents, including domestic violence, and how this affected their adolescents. As one mother observed:

I have always lived fighting with my husband. My oldest daughter has always seen us fighting, even when he beat me up (only to me not to her). So she has grown in fear and even though the problems are not like the ones in the past, in each small problem that my husband and I have, my child is scared.

In both the boy and girl groups, discussion of familial stressors was related more to inter-generational conflicts and challenges than to the between-parent conflicts parents addressed. One girl described conflict with her mother over a boyfriend that resulted in her mother sending her from her country to the US: "what I didn't know is that being with my boyfriend was going to cost me a high price ... to come to this country and the truth is... I don't have them (parents), I am alone in this country."

Unique to the girl groups was the identification of parents' divorce, a between-parent conflict, as a stressor. One girl noted:

Because my mom left and my dad had to work and we decided to stay with my dad and my sisters got married, had their children, left with their boyfriends or whatever and I had to be like my sister's mom. At the age of 9, I had to be like my sister's mom. I had to wake her up, to bathe her, to take her here and there...

In one girl and one mother group, rape or incest were described as stressors. One mother recalled: A mother that brought her daughter when she was about 13 years old. Since that time the dad abused her daughter and then the mom did not know about. When the mom knew, she did not say anything. I don't know what happened, because I don't know the whole situation, I knew later what was happening. She was deported, she had three more children. At the end, the daughter is living with her father and the mom left.

Community Stressors

Racism and discrimination—All groups addressed school-based stressors involving teachers, administrators, and peers, but the parents offered more examples of them that affected adolescents' mental health status. One mother linked the school to a case of a boy who committed suicide:

Short time ago in the newspaper, was news of a 13 year old teen that killed himself. First he was discriminated in the school for being Hispanic. The teachers did not listen to him, and then he was scared to say at home that he was having problems at school for being Hispanic and was afraid about deportation.

One girl described school discrimination:

For some reason they separate them. Maybe it's because for one, one can't take classes at that level of English that they should be taking, but they give the classes in Spanish...in our school primarily they separate those that need classes in Spanish on the first floor and the others are on the other side...it's like a hallway that they call "Little Mexico", that there are so many Latinos there, and all the classes are by teachers that speak Spanish, or teachers that give classes in Spanish, and it's like they are segregating them, and I say that it's bad...unconsciously they are making it so that they don't talk to others.

Fathers talked also about how children experience discrimination at school and how this hinders their ability to ask for help at school for mental health problems. One father commented:

My son had a series of problems in school. Now in school he feels---how do you say this---discriminated against. He doesn't feel the people at the school listen to him. The teachers, the director, the police. There was a fight. And it was, in Mexican you call it a "descontón," so he received a descontón but he didn't fight back. Descontón is when they hit you and it's a surprise. And he told me... Ok so they're taking my son's report, a police officer is taking my son's report and says, "So now what? Are you going to go and beat him up? Are you a Sureño (gang member)? Are you a Sur 13 (gang member)?" What did my son say? He didn't say anything...How is he going to ask for help if he feels discriminated against? And so when I was talking to my son I asked him what happened and he said, "the school didn't do anything because they see me as a cholo (gang member). They are discriminating against me because of my clothes. But this is just the fashion---I don't represent any gang."

Mothers in both of their groups offered examples of school stressors their children experienced and the difficulties parents faced when trying to intervene or to address problems with teachers, administrators, and peers. These problems included feeling misunderstood, misrepresented, overlooked, and not given the benefit of the doubt. The mothers talked about how important and good it was that their adolescents brought these problems to their attention. Yet, they felt helpless because their attempts to intervene with teachers did not make a difference and their child would notice. One mother recalled:

I had to go to the school because he hadn't been in class and his grades could go down, and I had to fight, well, not fight, but it bothers me that they say he won't obey. And he said to me, "even if you go you're not going to be able to do anything for me"... And so ever since the beginning, he knew. This makes them, it's doesn't make them feel good.

Mothers recurrently described unsuccessful efforts to intervene on their children's behalf and the school as an environmental source of stress for their children. One mother offered this example of children's exposure to fighting:

My daughter got very depressed and she didn't want to go to school. The problem was at school. There were a lot of fights between the Black students and the Somali students on the bus. And I went to go talk to someone at school and the person who was in charge of attendance was very angry because my daughter was always leaving school and going home. She would say she was sick or she would simply come home from school... And I had to go to court because she had like 39 absences. There wasn't any way to get her out of her depression. In the end, she would lock herself in the closet and read... And so when I told the person in charge of attendance about the problems that she was having at school, she told me, "she needs to get used to the fact that this is not an elementary school. She needs to get used to it because now she's in high school and there are fights everywhere." This was the answer she gave to me.

A girl described the stress of being the only Mexican in her school and the conflict she experienced with other girls:

I was the only Mexican, and nobody talked to me and there happened things... Like... girls that didn't even know me told me that they hated me and there were some times... once they came over to me... they punched me with no reason. Sometime they made me cry because they told me that after school they were going to come and beat me, and I don't have anybody. Then I had to go and they did this and that to me and it hurt me.

Outside the school-specific context, the groups described an overarching societal stressor specific to the racism and discrimination they experienced. The girl groups focused on intra-racism (within the Latino community) whereas the boy groups described inter-racism (between the Latino community and other ethnic communities). One girl addressed racism, not between races, but within the Latino population, as another source of perceived stress:

If we look at ourselves it's like we're burying ourselves and now you can't just sit and talk to other Latinos... We can't talk among ourselves because it starts to generate a little bit of hate or anger because you feel like you've been here for longer, or that you feel like you're better because you feel like you are Chicano or because you are pure Mexican or things like that. And this is why they would need some kind of, I don't know, a program where they can bring everyone (together) and that people can talk. Because many feel like they are Chicanos, Chicano Latinos and other things and that some don't know they're culture, and the Chicanos feel like no they're not that... and then that the Mexican's feel bad and that the El Salvadorans...

Boys described racism between racial groups as opposed to among Latinos. As one boy shared:

Like I'm Brown and he's Black and I can't do that. Race. You know like people be thinking that too, like my race cannot get along with that other race so what's the point of me telling them. They don't understand me, you know. Like I'm a different ethnic and they don't understand what Mexicans are going through, you know.

Discussion

The purpose of this study was to obtain Latino adolescents' and parents' perspectives about adolescent mental health stressors. Participants described stressors at individual, community, and societal levels, as portrayed in Bronfenbrenner's (1979) model. Using this model facilitated recognizing where stressors were occurring in the lives of our study participants and, thereby, targets for intervention. For example, the recognition of the extent to which school is perceived as a source of stress for Latino adolescents suggests a focus on school as an intervention target, as opposed to other micro-systems, such as religious institutions or work settings. Family-based interventions may prove useful to address factors contributing to stress, such as lack of communication, unresolved abandonment issues, or lack of family time together. Recognizing

the challenges that Latino families face because of work and financial obligations may facilitate broader exploration of societal expectations and demands, of macro-level sources of stress for Latino families and adolescents. The inter-related nature of these systems requires complex and creative problem-solving and interagency collaboration.

We discerned much convergence and some divergence among groups on stressors. Caution is necessary, however, in interpreting divergence. Whether and how a stressor was identified and described may be as much artifacts of the open-ended nature of data collection in focus groups as they are indicators of truly divergent experiences. Across groups, discussions were similar, not only in terms of responses to identical questions, but also in the examples offered when elaborating on an answer. The father and boy groups especially demonstrated this. One explanation could be that because the males had less experience with group discussion, they relied on the moderator to guide the discussion. When probed, more examples were offered by males. In contrast, the mother and girl groups were characterized by examples and stories that were offered without much probing or prodding.

Another difference we noticed between the female and male groups was the emphasis of the males on extra-familial stressors (e.g., gangs, law enforcement), and of the females on intra-familial stressors (e.g., family separation, parent-child relationship). This could be explained in part by traditional gender roles in Latino culture, or by the inclination of these participants to identify the stressors that were affecting them the most at the time.

Other notable differences were the fathers' emphasis on obligations to provide for the family and the absence of daughter-focused examples or stressors, and the mothers' and daughters' inclusion of abuse stressors. Fathers may have found it easier to describe scenarios involving their sons because these were similar to what they themselves had experienced. Another explanation could be linked to the intensity of the relationship they maintained with their sons compared with their daughters.

The adolescents shared insights that began to reflect what concerned their parents. Developmental levels of the adolescents may partly explain this divergence between them and the parents. For example, parents described in great detail the stressors they were creating for their children because of work responsibilities and pressures. The adolescents, more notably the boys, did identify this stressor too, although with some conflict of opinions. Developmentally, some of the boys appeared able to grasp the stressor in the context of what their parents were trying to do for them; other boys more narrowly interpreted the behavior as only a stressor or problem.

Implications for Research and Practice

Further research is needed on stressors to develop interventions in response to them. Researchers should include an equal focus on strengths and protective factors. As we did not study Latino sub-group similarities or differences, or compare second or third generation immigrants, future researchers should address these variations.

Another recommended research focus is examination of existing intervention frameworks developed for use with Latino adolescents and families. Although no intervention has been designed to prevent mental health problems among Latino adolescents, there are established intervention models addressing other health concerns with Latino youth (Dishion & Kavanagh, 2003; Pantin et al. 2003). These interventions are school-based, family-centric, and tiered in ways that provide services based on adolescents' level of risk. Research is needed that builds on these existing frameworks to address Latino adolescent mental health, including minimizing sources of stress. If effective interventions are in fact school-based, then more information is

needed about how to facilitate healthy relating, communicating, and problem-solving among Latino parents, youth, and school staff.

As to practice, we recommend that school nurses, social workers, educators, and administrators take steps to address sources of stress for Latino youth. School-based nurses and social workers are positioned to be viable mediators for Latino families and school staff and administration to offer educational programs to Latino parents that serve the dual functions of educating and supporting. Parent- or family-based programs might address the communication and time management challenges that were identified as significant stressors by our parent participants. Resource referral to outside community agencies able to provide culturally appropriate services is also crucial for Latino parents and families.

At the school system level, administrative support is needed to provide educational staff with the resources they need to appropriately respond to and support Latino adolescents and their parents. Our results emphasize that Latino families need to feel welcomed, as do all families, and that this feeling is often absent. A welcoming policy, in conjunction with staff education, could be useful in minimizing stressors resulting from Latino parents/families not understanding the school processes or procedures. Such a policy would ideally consider and reflect knowledge of Latino sub-group differences when appropriate. The physical environment of the schools might also be welcoming with evaluation of current structures undertaken in order to determine if existing processes are sources of stress.

Education on state and local laws can also provide newly immigrated families with crucial information that may help them avoid stressors such as future court involvement related to non-school attendance. Time is a critical resource in that Latino parents often require and desire time to build relationships with school teachers and staff. Flexibility is also crucial, as Latino parents may be working two jobs, and not be able to take time off work to attend school meetings. Offering more than one option of times or days for parent/teacher meetings could increase the communication between school and parents. This may help to alleviate mistrust, a sentiment experienced by some Latino families, and it can be addressed given time and the opportunity. Policies that ensure schools have resources to serve or effectively communicate with non-majority ethnic youth and their families would be a natural initial intervention strategy.

Study findings demonstrate a need for interventions at the individual, family, community, and system levels to minimize stressors. Life stressors and barriers to care often overlap and are of particular relevance to Latinos without legal documentation to reside in the US. Interventions to reduce these stressors are warranted. As one mother observed, "This is the way I describe the picture ---the rocks are the difficulties in life, but, even there, life grows between the rocks."

Acknowledgments

Thank you to the adolescents and parents willing to share their stories and experiences. Thank you to those who offered thoughtful peer review of earlier manuscript drafts. Dr. Garcia acknowledges the financial support of Sigma Theta Tau International Nursing Honor Society to conduct this study and of the Katherine J. Densford Center for Nursing Leadership at the University of Minnesota (Director: Joanne Disch).

References

- Adam MB, McGuire JK, Walsh M, Basta J, LeCroy C. Acculturation as a predictor of the onset of sexual intercourse among Hispanic and White teens. *Archives of Pediatric and Adolescent Medicine* 2005;159(3):261–265.
- Alegria M, Mulvaney-Day N, Woo M, Torres M, Gao S, Oddo V. Correlates of past-year mental health service use among Latinos: Results from the national Latino and Asian American study. *American Journal of Public Health* 2007;97(1):76–83. [PubMed: 17138911]

- Andersen RM. Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior* 1995;36(1):1–10. [PubMed: 7738325]
- Araujo BY, Borrell LN. Understanding the link between discrimination, mental health outcomes, and life chances among Latinos. *Hispanic Journal of Behavioral Sciences* 2006;28(2):245–266.
- Barrera, AZ. Doctoral dissertation. University of Colorado at Boulder; United States -- Colorado: 2006. Risk factors associated with major depressive disorder among adolescent Latinas. Retrieved December 17, 2008, from Dissertations & Theses: A&I database(Publication No AAT 3219199)
- Bergman, M. Foreign-born population surpasses 32 million, Census Bureau estimates. Washington, DC: U.S Census Bureau; 2003.
- Blake SM, Ledsky R, Goodenow C, O'Donnell L. Recency of immigration, substance use, and sexual behavior among Massachusetts adolescents. *American Journal of Public Health* 2001;91(5):794–798. [PubMed: 11344890]
- Brindis C, Wolfe AL, McCarter V, Ball S, Starbuck-Morales S. The associations between immigrant status and risk-behavior patterns in Latino adolescents. *Journal of Adolescent Health* 1995;17(2):99–105. [PubMed: 7495832]
- Bronfenbrenner, U. *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press; 1979.
- Burns JR, Rapee RM. Adolescent mental health literacy: Young people's knowledge of depression and help seeking. *Journal of Adolescence* 2006;29(2):225–239. [PubMed: 15996727]
- Centers for Disease Control and Prevention. *Youth risk behavior surveillance-United States, 2003*. Atlanta, GA: Author; 2004.
- Chimonides K, Frank D. Adolescent perceptions of mental health and mental illness. *Florida Nurse* 1994;42(10):10.
- Department of Health and Human Services. *Mental health: Culture, race, and ethnicity. A supplement to mental health: A report of the surgeon general*. Washington, DC: Author; 2001.
- Dishion, TJ.; Kavanagh, K. *Intervening in adolescent problem behavior. A family-centered approach*. New York: Guilford Press; 2003.
- Duarte-Velez YM, Bernal G. Suicide behavior among Latino and Latino adolescents: Conceptual and methodological issues. *Death Studies* 2007;31(5):425–455.
- Farmer TJ. The experience of major depression: Adolescents' perspectives. *Issues in Mental Health Nursing* 2002;23(6):567–585. [PubMed: 12217222]
- Fassler D. Adolescent depression: Early recognition leads to successful treatment. *Prevention Researcher* 2006;13(Suppl):8–9.
- Fornos L, Mika V, Bayles B, Serrano A, Jimenez R, Villarruel R. A qualitative study of Mexican American adolescents and depression. *Journal of School Health* 2005;75(5):162–170. [PubMed: 15989085]
- Garcia C, Skay C, Sieving R, Naughton S, Bearinger L. Family and racial factors associated with suicide and emotional distress among Latino students. *Journal of School Health* 2008;78(9):487–495. [PubMed: 18786041]
- Garcia CM, Saewyc EM. Perceptions of mental health among recently immigrated Mexican adolescents. *Issues in Mental Health Nursing* 2007;28(1):37–54. [PubMed: 17130006]
- Gee GC, Ryan A, Laflamme DJ, Holt J. Self-reported discrimination and mental health status among African descendants, Mexican Americans, and other Latinos in the New Hampshire REACH 2010 initiative: The added dimension of immigration. *American Journal of Public Health* 2006;96(10):1821–1828. [PubMed: 17008579]
- Golub MS. Adolescent health and the environment. *Environmental Health Perspectives* 2000;108(4):355–362. [PubMed: 10753095]
- Gonzales N, Dearthoff J, Formoso D, Barr A, Barrera M Jr. Family mediators of the relation between acculturation and adolescent mental health. *Family Relations* 2006;55(3):318–330.
- Granados G, Puvvula J, Berman N, Dowling PT. Health care for Latino children: Impact of child and parental birthplace on insurance status and access to health services. *American Journal of Public Health* 2001;91(11):1806–1807. [PubMed: 11684608]

- Guarnaccia PJ, Pincay IM, Alegria M, Shrout PE, Lewis-Fernandez R, Canino GJ. Assessing diversity among Latinos: Results from the NLAAS. *Hispanic Journal of Behavioral Sciences* 2007;29(4):510–534. [PubMed: 19672330]
- Guzman, B. The Hispanic population, census 2000 brief. 2001. Retrieved December 10, 2008, from <http://www.census.gov/prod/2001pubs/c2kbr01-3.pdf>
- Hispanic Advocacy and Community Empowerment through Research [HACER]. Census 2000 summary: Latinos in Minnesota. Minneapolis, MN: Author; 2001.
- Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health* 1998;19:173–202.
- Jacobson K, Crockett L. Parental monitoring and adolescent adjustment: An ecological perspective. *Journal of Research on Adolescence* 2000;10(1):65–97.
- Jordan C, Gust S, Scheman N. The trustworthiness of research: The paradigm of community-based research. *Metropolitan Universities* 2005;16(1):37–56.
- Kao G, Vaquera E. The salience of racial and ethnic identification in friendship choices among Hispanic adolescents. *Hispanic Journal of Behavioral Sciences* 2006;28(1):23–47.
- Kaplan CP, Erickson PI, Reyes-Juarez M. Acculturation, gender role orientation, and reproductive risk-taking behavior among Latina adolescent family planning clients. *Journal of Adolescent Research* 2002;17(2):103–121.
- Korbus K, Reyes O. A descriptive study of urban Mexican American adolescents' perceived stress and coping. *Hispanic Journal of Behavioral Sciences* 2000;22(2):163–178.
- Krueger, R. Analyzing and reporting focus group results. Thousand Oaks, CA: Sage; 1998.
- Livingston, G.; Minushkin, S.; Cohn, D. Hispanics and health care in the United States: Access, information and knowledge. A joint Pew Hispanic Center and Robert Wood Johnson Foundation Research Report. Washington, DC: 2008.
- Marcell AV, Halpern-Felsher BL. Adolescents' health beliefs are critical in their intentions to seek physician care. *Prevention Medicine* 2005;41(1):118–125.
- Marotta SA, Garcia JG. Latinos in the United States in 2000. *Hispanic Journal of Behavioral Sciences* 2003;25(1):13–34.
- Martinez C. Effects of differential family acculturation on Latino adolescent substance use. *Family Relations* 2006;55:306–317.
- O'Donnell L, O'Donnell C, Wardlaw DM, Stueve A. Risk and resiliency factors influencing suicidality among urban African American and Latino youth. *American Journal of Community Psychology* 2004;33(1-2):37–49. [PubMed: 15055753]
- Pantin H. Preventing substance abuse in Hispanic immigrant adolescents: An ecodevelopmental, parent-centered approach. *Hispanic Journal of Behavioral Sciences* 2003;25(4):496–500.
- Pantin H, Coatsworth JD, Feaster DJ, Newman FL, Briones E, Prado G, et al. Familias Unidas: The efficacy of an intervention to promote parental investment in Hispanic immigrant families. *Prevention Science* 2003;4(3):189–201. [PubMed: 12940469]
- Pender NJ, Walker SN, Sechrist KR, Stromborg MF. Development and testing of the health promotion model. *Cardiovascular Nursing* 1988;24(6):41–43.
- Ramirez JR, Crano WD, Quist R, Burgoon M, Alvaro EM, Grandpre J. Acculturation, familism, parental monitoring, and knowledge as predictors of marijuana and inhalant use in adolescents. *Psychology of Addictive Behavior* 2004;18(1):3–11.
- RAND. Research highlights: Mental health care for youth. Who gets it? How much does it cost? Who pays? Where does the money go?. 2001. Retrieved December 10, 2008, from <http://handle.dtic.mil/100.2/ADA399222>
- Rew L, Thomas N, Horner SD, Resnick MD, Beuhring T. Correlates of recent suicide attempts in a tri-ethnic group of adolescents. *Journal of Nursing Scholarship* 2001;33(4):361–367. [PubMed: 11775307]
- Schapiro NA. Issues of separation and reunification in immigrant Latina youth. *Nursing Clinics of North America* 2002;37(3):381–92. [PubMed: 12449000]

- Smokowski PR, Bacallao ML. Acculturation, internalizing mental health symptoms, and self-esteem: Cultural experiences of Latino adolescents in North Carolina. *Child Psychiatry and Human Development* 2007;37(3):273–292. [PubMed: 17103301]
- Steinburg, L. *Adolescence*. New York: McGraw-Hill; 1996.
- Surko M, Ciro D, Blackwood C, Nembhard M, Peake K. Experience of racism as a correlate of developmental and health outcomes among urban adolescent mental health clients. *Social Work in Mental Health* 2005;3(3):235–260.
- Timmins CL. The impact of language barriers on the health care of Latinos in the United States: A review of the literature and guidelines for practice. *Journal of Midwifery and Women's Health* 2002;47(2): 80–96.
- Umana-Taylor AJ, Updegraff KA. Latino adolescents' mental health: Exploring the interrelations among discrimination, ethnic identity, cultural orientation, self-esteem, and depressive symptoms. *Journal of Adolescence* 2007;30(4):549–567. [PubMed: 17056105]
- Wallerstein NB, Duran B. Using community-based participatory research to address health disparities. *Health Promotion Practice* 2006;7(3):312–323. [PubMed: 16760238]
- Willen H, Neilsen I. To remain a non-smoker. A qualitative investigation of Danish adolescent girls' experiences about their own non-smoking behavior. *Young Nordic Journal of Youth Research* 2003;11(4):341–355.
- World Health Organization. Depression. 2008. Retrieved December 10, 2008, from http://www.who.int/mental_health/management/depression/definition/en/

Table 1
Demographic Characteristics of Focus Group Participants (N = 8 Focus Groups, 53 Participants)

Characteristics N= 53	Girls n=8 Mean (range; SD)	Girls n=8 Mean (range; SD)	Boys n=11 Mean (range; SD)	Boys n=6 Mean (range; SD)	Mothers n=6 Mean (range; SD)	Mothers n=6 Mean (range; SD)	Fathers n=4 Mean (range; SD)	Fathers n=4 Mean (range; SD)
Age	16.1 (14-19; 1.96)	15.3 (13-18; 1.49)	18.1** (15-21; 1.96)	15.2 (15-16; 0.41)	38 (35-41; 2.97)	44.2 (34-50; 5.81)	40.5 (37-47; 4.73)	41.8 (39-49; 4.86)
Years in U.S.	6** (1-12; 4.64)	7.7 (4-15; 4.04)	2.8 (0.5-8; 2.18)	7.6* (4.5-12; 3.27)	12.5 (6-19; 4.59)	13.8* (5-19; 6.14)	15.3 (7-21; 6.02)	13.8 (8-21; 6.29)
Years in MN	5* (67-10; 3.85)	7.3 (4-15; 4.25)	2.5 (0.5-7; 1.98)	7.2 (4.5-10; 2.38)	9.5 (5-15; 4.14)	10.5 (5-17; 5.01)	9 (6-12; 2.94)	9.5 (6-17; 5.2)
Household Size	5 (2-10; 2.43)	7 (3-14; 4.1)	4* (2-7; 1.52)	8 (4-13; 3.15)	5 (3-6; 1.21)	6 (5-8; 1.55)	6 (4-8; 1.71)	6 (5-9; 2.0)
# Children in Home	2 (0-6; 2.1)	3 (2-8; 2.0)	1 (0-3; 1.18)	4 (1-6; 2.43)	3 (2-4; 0.89)	2 (2-3; 0.41)	3 (1-4; 1.29)	3 (2-3; 0.58)
Characteristics N=53								
	Girls n=8 f (%)	Girls n=8 f (%)	Boys n=11 f (%)	Boys n=6 f (%)	Mothers n=6 f (%)	Mothers n=6 f (%)	Fathers n=4 f (%)	Fathers n=4 f (%)
Country of Origin								
Mexico	4 (50)	7 (87.5)	9 (81.8)	5 (83.3)	5 (83.3)	5 (83.3)	3 (75)	4 (100)
Nicaragua	-	-	-	-	1 (16.7)	-	1 (25)	-
El Salvador	-	-	1 (9.1)	-	-	1 (16.7)	-	-
Honduras	-	-	1 (9.1)	-	-	-	-	-
Costa Rica	1 (12.5)	-	-	-	-	-	-	-
Guatemala	-	1 (12.5)	-	-	-	-	-	-
Peru	1 (12.5)	-	-	-	-	-	-	-
U.S.	2 (25)	-	-	1 (16.7)	-	-	-	-
Language Reading								
Only Spanish	1 (12.5)	-	4 (36.4)	-	2 (33.3)	3 (50)	3 (75)	-
Spanish more than English	2 (25)	-	6 (54.5)	-	4 (66.7)	3 (50)	1 (25)	3 (75)
Both English and Spanish	4 (50)	6 (75)	1 (9.1)	5 (83.3)	-	-	-	1 (25)
More English than Spanish	1 (12.5)	2 (25)	-	1 (16.7)	-	-	-	-
Only English	-	-	-	-	-	-	-	-
Language Speaking with Friends								
Only Spanish	1 (12.5)	-	5 (45.5)	-	2 (33.3)	5 (83.3)	1 (25)	1 (25)
Spanish more than English	2 (25)	2 (25)	5 (45.5)	-	3 (50)	-	2 (50)	2 (50)
Both English and Spanish	5 (62.5)	4 (50)	-	6 (100)	1 (16.7)	1 (16.7)	-	1 (25)

Characteristics N=53	Girls n=8f (%)	Girls n=8f (%)	Boys n=11f (%)	Boys n=6f (%)	Mothers n=6f (%)	Fathers n=4f (%)	Fathers n=4f (%)
More English than Spanish	-	2 (25)	1 (9.1)	-	-	1 (25)	-
Only English	-	-	-	-	-	-	-
Education Levels							
Elementary	-	-	2 (18.2)	-	1 (16.7)	1 (25)	1 (25)
Middle School	5 (62.5)	4 (50)	4 (36.4)	5 (83.3)	2 (33.3)	2 (50)	1 (25)
High School	3 (37.5)	4 (50)	1 (9.1)	1 (16.7)	1 (16.7)	-	-
H.S. Graduated	-	-	4 (36.4)	-	2 (33.3)	1 (25)	2 (50)
University	-	-	-	-	1 (16.7)	-	-
Annual Income Levels							
\$0-10,000	-	1 (12.5)	2 (18.2)	-	1 (16.7)	-	-
\$10,000-19,999	1 (12.5)	-	-	-	4 (66.7)	1 (25)	-
\$20,000-29,999	-	-	-	3 (50)	-	1 (25)	3 (75)
\$30,000-39,999	-	-	-	-	1 (16.7)	-	-
\$40,000-49,999	-	-	-	2 (33.3)	-	1 (25)	-
\$50,000-59,999	-	-	-	1 (16.7)	-	-	1 (25)
\$60,000-69,999	-	-	-	-	-	-	-
\$70,000-79,999	7 (87.5)	7 (87.5)	9 (81.8)	6 (100)	-	-	-
Do Not Know	-	-	-	-	-	-	-
Live With Mother							
Yes	5 (62.5)	6 (75)	-	5 (83.3)	-	-	-
No	3 (37.5)	2 (25)	-	1 (16.7)	-	-	-
Missing data*	-	-	11 (100)	-	-	-	-
Live With Father							
Yes	2 (25)	2 (25)	-	5 (83.3)	-	-	-
No	6 (75)	6 (75)	-	1 (16.7)	-	-	-
Missing data*	-	-	11 (100)	-	-	-	-
Key Stressors Described							
School	School	School	Family	School	School	School	School
Family	Family	Family	Immigration	Gangs	Family	Family	Family
Isolation	Friends	Friends	Deportation	Violence	Work	Work	Work

Characteristics N=53	Girls n=8 f (%)	Girls n=8 f (%)	Boys n=11 f (%)	Boys n= 6 f (%)	Mothers n=6 f (%)	Mothers n=6 f (%)	Fathers n=4 f (%)	Fathers n=4 f (%)
Abuse		Immigration	Racism	Substances	Immigration	Immigration	Immigration	Immigration
Immigration				Racism	Deportation	Deportation	Deportation	Deportation
					Racism	Racism	Racism	Racism
								Gangs
								Racism

* Questions added to questionnaire after this focus group had been conducted.

* 1 missing response

** 3 missing responses