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## The Effect of the Pura Vida Lifestyle on Mental Health in Costa Rica

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THE EFFECT OF THE PURA VIDA LIFESTYLE ON MENTAL HEALTH IN COSTA

RICA

A Capstone Experience/Thesis Project Presented in Partial Fulfillment  
of the Requirements for the Degree Bachelor of Science  
with the Mahurin Honors College Graduate Distinction  
at Western Kentucky University

By

Gabrielle C. Sledge

May 2021

\*\*\*\*\*

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## ABSTRACT

Costa Rica's unofficial slogan "Pura Vida" ("Pure Life") encapsulates how its people, Ticos, live. Ticos are known as a peaceful, homogenous people but a lack of mental health research limits assessment of Tico mental health status. The purpose of this study is to evaluate Ticos' personal experiences and opinions to understand better how Costa Rica's "Pura Vida" culture affects Ticos' mental health and wellness compared to the United States. A 33-question survey addressing mental health experiences and perceptions was administered to a Costa Rican sample (n = 56) and a United States sample (n = 331). Additionally, 6 interviews were conducted in San Ramón, Costa Rica to explore how Ticos discuss and view mental health in their lives. Survey responses revealed more frequent interference of mental health in Ticos' personal lives, more difficulty finding mental health treatment, and higher perceptions of stigma around mental health compared to United States participants. Interviews revealed that many Ticos are unaware of mental health resources in their community and that discussions around mental health during childhood were rare. While Costa Rica appears "pura vida", this study suggests that mental health problems are equally if not more prevalent than in the United States.

This thesis is dedicated to all those who have felt alone, confused, and scared due to mental illness and the stigma around it. I see you, I hear you, and I stand with you.

## ACKNOWLEDGMENTS

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## INTRODUCTION

Costa Rica, known for its plethora of beaches, mountains, and wildlife, holds approximately 6% of the world's biodiversity (Embassy of Costa Rica in Washington DC, n.d.). No bigger than the state of West Virginia, the tiny country is home to over 5,000,000 Ticos (World Bank, 2019) and hosts 1.7 million tourists each year (Embassy of Costa Rica, n.d.). Costa Rica's unofficial slogan, "pura vida" (pure life) is much more than just a slogan for Ticos; it's their lifestyle. The slogan can be used as a greeting, a farewell, a complement, or a way to say, "thank you" (Velzer, 2015). Unlike in the United States, life rarely runs on a tight schedule. Walking is the most common form of transportation, and if driving somewhere, "there were monkeys in the street" is a valid excuse for tardiness. Afternoons are marked by coffee and snack time, where it is common for neighbors or friends to show up unannounced. "Pura vida" life often appears calm and stress free, but does this affect how the happiest country in the world perceives and experiences mental health (Mono, 2012)?

### **Homogeneity of Tico Culture**

In 1995, Costa Rica was found to have both the highest life expectancy and quality of life in Latin America (Biesanz, 1999). Its incredibly high life expectancy of 84.2 years for women and 84 years for men (Payne, 2018) can be attributed to its proximity to one of the world's five blue zones where the combination of lifestyle and genetics allows inhabitants to live longer than in other regions (Blue Zone, 2018); however, the high quality of life is often attributed to the cultural homogeneity among

Ticos (Biesanz, 1999). Ticos, natives of Costa Rica, pride themselves greatly in their culture and oftentimes see themselves as superior to other Latinos, natives of any Latin American country, due to the difference in their lifestyles. Because of this, Costa Ricans are significantly more likely to refer to themselves as Ticos than Latinos. One of the greatest contributors to this homogeneity is Costa Rica's government. The country functions as a democratic republic, but the government has centralized power over many aspects of life, including healthcare. Because nearly all Ticos have an equal amount of government involvement in their lives, politics tend to bring more people together rather than separate them. Ticos also greatly pride themselves in their peace, exemplified by the fact that they have been without a military or need for one since 1948 (Trejos, 2018).

### **Individualism and Saving-Face**

While at its basis, Tico culture functions on unity, there is a hidden individualism within Costa Rica's citizens. Bonilla (1981) has even said that "the Tico is such an individual that he plays soccer only by a miracle" (p. 281). Ticos are so deeply concerned with their image that they are "so polite, but rarely open or sincere" (Biesanz, 1999, p.7). They place very high importance in the idea of "quedar bien" (keeping the peace). A tangible example of this was seen in 1993 when a group of masked gunmen trapped Supreme Court magistrates in the court building for several days. The men acted as terrorists while the people believed outside that they were Colombian drug lords, but as soon as their identities as Ticos were revealed, they "deflated like leaky balloons...laying down their weapons and walking wide-eyed into a police trap" (Dyer, 1993, p. 2). The repercussions of disappointing their country and their family were seemingly more daunting to these men than the criminal repercussions. Maintaining dignity as a Tico is even acknowledged by the law. Saving-face is so important that embarrassing someone

can come with a prison sentence of 10-50 days; the sentence can be longer if the embarrassment is public (Biesanz, 1999).

The importance of saving-face is founded deeply in family ties among Ticos. In a 1992 survey, 87% of middle-to-high income adults said that family was the most important thing in their lives, even higher than education and religion (Biesanz, 1999). In the US, a comparable survey revealed that only 60% of Americans share this opinion (Kunst, 2019). Once again, this immense importance of family relationships is supported and maintained by the government and laws. For example, murdering a relative comes with a much longer prison sentence than the murder of a non-relative. Additionally, the “constitution declares that family is the natural base of society and it is the duty of the state to give it special protection” (Biesanz, 1999, p. 7).

### **Importance of Catholicism**

Another important aspect of Tico culture is Catholicism. According to a 2015 survey, 76.3% of Ticos identify with Catholicism and every town in the country houses at least one Catholic church. Holy Week (Semana Santa) is treated as a national holiday, where schools are out, and many are off work. Two of the most common phrases in Costa Rica are “si Dios lo permite” (if God allows it) any time an individual is speaking of plans that they have, and “Dios te bendiga” (God bless you) any time individuals are going their separate ways. While only 45% of Ticos identify themselves as practicing Catholics, hints of Catholic tradition are blatantly seen all throughout Tico culture (Velzer, 2015). As a result of a very conservative lifestyle, Costa Rica has followed behind the US in gender equality movements. The feminist movement did not gain momentum in Costa Rica until the late 80’s and 90’s, and while the male and female are legally equal, the country still has a long way to go in treating its citizens equally on the

basis of gender (Biesanz, 1999). For example, in 2013, 95 out of 100 men ages 25-49 years were workforce participants, whereas only 64 out of 100 women in this age group worked outside of the home (Jiménez-Fontana, 2017). Additionally, in 2019, 29.8% of women over the age of 15 did not have an income of their own, where only 11% of men found themselves in the same situation (Gender Equality Observatory, n.d.).

### **Healthcare and Health Reality**

Like many other aspects, healthcare in Costa Rica is much different from the United States. Costa Rica offers universal healthcare to all its workers through the Caja Costarricense de Seguro Social (Costa Rican Social Security Fund, CCSS, “the fund”); however, many rural citizens don’t have access to care due to their distance from a clinic. The fund provides 29 hospitals and 250 EBAIS (Equipos Básicos de Atención Integral en Salud or Basic Healthcare Groups) clinics throughout the country; but in many rural areas, transportation to the nearest clinic is not available (Lytle, 2019). While private healthcare is also an option for Ticos, the fund is the primary source of healthcare. In fact, 4 out of 5 doctors are employed by the fund and 90% of healthcare facilities are owned by the fund (Contreras et al., 2014). While Costa Rica is often praised for its approach to universal healthcare, the fund has its share of faults. For example, the fund is known to focus much more on cure than preventative practices such as education and promoting healthy lifestyles. Because of this late treatment approach, in the 1990s, Costa Rica saw a reappearance of health problems that had previously been eliminated such as Dengue fever and malnutrition (Biesanz, 1999).

Despite the problems within the CCSS, Costa Rica was ranked the healthiest country in Latin America in 2015 (Arias, 2015) and the 33rd globally in 2021. This global ranking fell just above the U.S. who came in at 35<sup>th</sup> (“Healthiest Countries”, 2021).

In response to these favorable rankings, Ticos attribute their health to their personal preventative practices such as vaccinations, pure water, and education (Biesanz, 1999), and the fact that they prioritize health over economic status (Low, 1985). Dr. Juan Jaramillo refers to Costa Rica as being “healthy without being wealthy” (Jaramillo, 1993). Because Ticos view physicians with extremely high prestige, they are more likely to follow their advice, thus improving their health (Biesanz, 1999). Additionally, Ticos almost always prefer to treat ailments naturally rather than going straight to a clinic. This is partially due having to wait to see a doctor and partially due to potential cost of medications. Herbal remedies can be found for countless health issues such as pain, indigestion, and even diabetes. Doctors will often suggest treating sickness with teas or soups. In addition to herbal medicine, Ticos are also known to exhaust other forms of alternative and complementary medicine (which they refer to as traditional medicine) such as pressure points and massage therapy to treat illnesses before considering a doctor’s visit (Biesanz, 1999).

### **Mental Health in Costa Rica**

While Costa Rica may appear to be “pura vida”, it has its fair share of mental health issues. A 1994 study by the Ministry of Health concluded that  $\frac{2}{3}$  of women, mostly in the 22-44 age range, were depressed. This rate was more than 15 times higher than that of their male counterparts. The Ministry of Health attributed this incredible rate of depression among women to an excess of obligations, poverty, unhappy relationships, and the cultural acceptance of the physical and psychological abuse of women (as cited by Biesanz, 1999). Additionally, between the years of 1950 and 1994, the suicide rate within Costa Rica doubled from 2.5 to 5 per 100,000 individuals, and continued to increase, reaching 7.49 per 100,000 in 2018. This increase was attributed to increased



loneliness; however, in contrast to the depression statistics, the most common victims of these suicides were unemployed men, which highlights the cultural pressure on the man to be a provider (Biesanz, 1999). This increase brought violent deaths (including suicide) to be the third cause of mortality in 2014 (Contreras et. al, 2014). Even with these steep increases in suicide rates, Costa Rica still has a much lower rate than the US, who had 14.2 suicides per 100,000 in 2018 (NIMH, 2020). Finally, Costa Rica, being one of the largest coffee producers in the world, has one of the world's highest rates of caffeine consumption, leading to increased rates of nervios (Biesanz, 1999). Nervios (nerves) is described as a psychosomatic disease whose most common symptom is the desire to cry and run away. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM), this condition, also called "ataque de nervios" (nervous attack), is defined as "a syndrome among individuals of Latino descent, characterized by symptoms of intense emotional upset, including acute anxiety, anger, or grief; screaming and shouting uncontrollably; attacks of crying; trembling; heat in the chest rising into the head; and becoming verbally and physically aggressive" (DSM, 2013, p. 833). Nervios is described very similarly to what Americans refer to as anxiety or panic attacks and is most often associated with psychosocial stresses such as family disturbances or any situation that causes an individual to feel out of control (Low, 1981). While there are very few statistics on mental health in Costa Rica, studies done between 1968 and 1984 showed that 1%-3% of Ticos experienced psychotic symptoms, 5%-7% experienced a depressive personality, and 16%-26% struggled with anxiety (Contreras et. al, 2014).

While typical mental disorders such as anxiety and depression are rarely studied or discussed in Costa Rica, substance abuse is viewed as a widespread problem throughout the entire country. It is much more common in Tico culture to turn to

substances (typically those prescribed by the fund) instead of facing painful issues. A Ministry of Health study in 1996 found that Ticos were consuming twice as many tranquilizers, such as Xanax and Valium, as in 1993, and that 30% of the population were self-medicating with tranquilizers (Biesanz, 1999). However, more visible to the public is the problem of alcoholism. A 2018 report by the WHO found that 6.9% of Ticos had an alcohol use disorder and 3% were dependent on alcohol in 2016 (WHO, 2018). In comparison, in 2019, the 5.3% individuals 12 and older in the United States were classified as having an alcohol use disorder (U.S Department of Health and Human Services, 2021). This statistic differs little from the 1991 study by the National Institute of Alcohol and Drug Dependency that classified 6.3% of the population over the age of 15 as having an alcohol use disorder. There are many reasons for high rates of alcohol dependency in Costa Rica. First, Tico culture is known for encouraging consumption of alcohol as drinking is seen as a sign of maturity. Additionally, as the country has industrialized, the economy has improved, allowing citizens more money to buy alcohol. Finally, Costa Rica's government benefits greatly from alcohol sales, as they control all official alcohol production (Biesanz, 1999). All of these factors culminate to create a culture that highly encourages alcohol consumption, leading to higher rates of alcoholism. While mental health is clearly an issue in Costa Rica, the steady population increase of 1% per year as compared to 0.5% per year in the U.S. (World Population Review, 2021), has caused a greater burden of all health problems; however, mental health has arguably been the most ignored of all (Biesanz, 1999).

### **Mental Healthcare in Costa Rica**

One of the biggest obstacles for the improvement of mental health in Costa Rica is access to mental healthcare. According to a 2014 study by Contreras et al., there are

only 3.7 psychiatrists per 100,000 Ticos compared to the U.S. rate of 16 per 100,000 (Tasman, 2015). Additionally, 90% of psychiatrists in Costa Rica work for both the fund and private insurers, forcing them to split their time between the two types of facilities. This small concentration of mental health doctors is largely because 20% of psychiatrists that begin their career in Costa Rica move to practice outside of the country within five years of graduation. While there is a much higher concentration of primary care doctors, only 3% have received more than one day of mental health training (WHO, 2008). This means that many primary care doctors are making referrals to mental health specialists (80-100%); however, the psychiatrists are largely located in the capital, San José (WHO, 2008); therefore, a large percentage of the population that lives outside of San José (~71.5%) must travel great lengths to access this care (Macrotrends, 2020). Through the fund, 80% of the population has access to free or very cheap psychological medications. For example, in Costa Rica, the average cost of an antidepressant is about 30 cents, and an antipsychotic drug costs about \$2 (WHO, 2008), but it is likely that the doctor who prescribed it has had very little psychiatric training. Additionally, 1 in 6 salaried workers are not insured because their employer does not follow the insurance requirement (Biesanz, 1999).

In addition to the lack of mental health specialists within the country, Costa Rica also has very few mental health facilities. In fact, the only two in-patient psychiatric hospitals are in San José and both are severely understaffed, having only .03 psychiatrists per bed as compared to .56 in psychiatric wards (WHO, 2008). Outside of these residential facilities, there are no other facilities specific to teens and children. While there are a few outpatient facilities and hospital psychiatric wards throughout the country, only 3% of these facilities provide follow-up care to their patients. Additionally,

throughout all of Costa Rica, there are only six non-government organizations that provide mental health services such as counseling, housing, or support groups. Within schools, 51-80% have activities that address mental health, but only 4% have a part-time or full-time mental health professional on staff (WHO, 2008).

### **Government Involvement in Mental Healthcare**

According to the WHO's 2008 study on the mental health system in Costa Rica, the government does very little to prioritize the mental wellbeing of its citizens. For example, there is no documentation requirement for mental health training among healthcare professionals, so it is assumed that these trainings are very irregular or absent. There is also no data of training on respecting the rights of mental health patients. Additionally, the Ombudsman office for human rights conducts at least one inspection per year at the two mental hospitals, but not in psychiatric wards in hospitals or other facilities. Finally, the government allots very little money to mental health. Of the country's total health budget, 3% goes to mental health, however, of that 3%, 70% goes to the two residential facilities in San José. Therefore, 0.9% of the government health budget goes to mental health resources outside of residential facilities (WHO, 2008). In comparison, the United States allocated 5.5% of its total health budget to mental health in 2019 (PR Newswire, 2020), and Costa Rica's southern neighbor, Panama, matched Costa Rica at 3%, but only 44% of that went to the in-patient psychiatric facility (WHO, 2006). The failure of the government to prioritize mental health encourages its citizens to do the same.

### **Need for More Research**

Costa Rica is in desperate need for further updated research on mental health. While there have been various assessments of statistical data by organizations like the

CCSS, the Ministry of Health, and hospitals, there has been no collection of epidemiological data on mental health in over 40 years (Contreras et. al, 2014). This lack of research keeps Costa Rica's government from knowing how to aid and prioritize the mental health of its citizens and keeps the citizens from addressing and understanding their own mental health status.

### **The Purpose of this Study**

The aim of this study is to gather information regarding mental health perceptions and experiences in Costa Rica and evaluate how those realities may be improved or worsened by Tico culture. Both the collection of quantitative and qualitative data allowed Costa Rican citizens to express their experiences regarding mental health and their opinions on how mental health is prioritized within Costa Rica. For comparison, quantitative data were collected from a U.S. sample. This study addresses a topic where there is very little current data, and it is the goal of this study to bring attention to the importance of mental health resources and research in all small, developing countries.

## METHODS

### **Quantitative Data Collection**

A 28-question survey was used to collect quantitative data for this study. The survey included questions regarding demographic information, personal mental health experience, family mental health history, personal perceptions of mental health and mental illnesses, and opinion on access to mental health resources. The survey was originally developed in English and then translated to Spanish in order to collect data from samples in both the United States and Costa Rica. Once finalized, the survey was sent to and approved by the Western Kentucky University (WKU) Institutional Review Board (IRB). The final, approved surveys were distributed via Google Forms on Facebook and by text message to both samples and can be found in Appendices A (English version) and B (Spanish version).

The questionnaires included 5 demographic questions prior to questions regarding mental health. The survey asked participants:

- A rating of their mental health and how they prioritize their mental health
- Frequency of mental health interference in daily life
- Influence of religion on perceptions of mental health and childhood memories of mental health discussions
- Current frequency of mental health discussions
- Mental disorder diagnosis and treatment history
- Family mental health and substance abuse history

- Awareness of mental health resources
- Barriers to accessing mental health resources
- Impact of COVID on mental health
- Presence of stigma around mental health
- Reluctance to seek mental health treatment because of stigma

The United States sample included 331 individuals reached through public Facebook posts/shares. This sample included individuals 18+ and responses were collected between December 19th, 2020 and February 16th, 2021. The most prominent age ranges were 18-25 (27.1%) and 55-64 (33.1%). The sample was majority white (92.4%), female (81%), and identified as Christian (92.4%).

The Costa Rican sample included 56 individuals who were reached through public Facebook posts/shares, Facebook message, text message, and in-person request. This sample included individuals 18+ and responses were also collected between December 19th, 2020 and February 16th, 2021. The most prominent age group in this sample was 18-25 (53.6%). The sample was majority Latino/a (76.8%), female (69.6%), and identified as Christian (80.4%).

### **Statistical Analysis**

Following quantitative data collection, data were exported to SPSS for analysis using inferential and descriptive statistics. For results of the surveys for both the Costa Rica and United States samples, chi-squared tests were utilized to determine if a statistically significant difference was present in the Leikert-style questions, and mean, standard deviation, and t-tests were used to determine differences on the rating-style questions.

## **Qualitative Data Collection**

Qualitative data for the Costa Rica sample was also collected through in-person interviews between December 28th, 2020 and January 15th, 2021. The 13 interview questions were originally written and approved by WKU IRB in English and then translated to Spanish. The interview questions can be found in Appendices C (English version) and D (Spanish adaptation). The interviews functioned to expound upon some of the survey questions, addressing topics such as:

- Personal definitions of mental health
- How and why they prioritize mental health
- Opinions on increases in mental illnesses
- Mental health resources in their community
- Childhood discussions about mental health
- Religion and mental health
- Family history of mental illness
- Stigma around mental health in their community
- Effects of Tico culture on mental health
- Government's prioritization of mental health

Interview participants included 6 Ticos, 4 females and 2 males, who all live in San Ramón of Alajuela, Costa Rica, and who ranged from 19 to 68 years old. Interviews were between 5 minutes 37 seconds and 13 minutes 25 seconds long. Each participant was provided with an informed consent document which explained the details of the study and required a signature and initials for permission to record before the interview began. This document was written originally in English and then translated to Spanish.



The documents can be found in Appendices E (English version) and F (Spanish adaptation). After the completion of each interview, it was transcribed into a document for analysis. The transcriptions of the interviews can be found in Appendix G.

## RESULTS

In the initial five demographic questions, analysis revealed a statistically significant difference in age ranges ( $\chi^2 (4, N=387) = 30.379, p = 0.000$ ), ethnicity ( $\chi^2 (4, N = 387) = 230.734, p = 0.000$ ), highest level of education completed ( $\chi^2 (6, N = 387) = 50.538, p = 0.000$ ), and spiritual identity ( $\chi^2 (2, N = 387) = 8.301, p = 0.016$ ) between the two samples. No significant difference was found in the sex of participants between samples ( $\chi^2 (2, N = 387) = 5.115, p = 0.077$ ; see Table 1).

When asked to rate on a scale of 1-10 the priority participants place on their mental health in their personal lives, Costa Rican respondents ( $M = 8.2, SD = 2.04$ ) answered with a significantly lower rating than United States participants ( $M = 8.4, SD = 1.56$ ),  $t (387) = 0.731, p = 0.034$ ; however, when asked to rate their mental health on a scale of 1-10, no significant difference was found between ratings by United States participants ( $M = 7.5, SD = 1.81$ ) and Costa Rican participants ( $M = 7.2, SD = 1.74$ ),  $t (387) = 1.216, p = 0.659$ . When asked how often mental health interfered with relationships and getting work done, a statistically significant difference was found such that Ticos reported more frequent interference than U.S. respondents ( $\chi^2 (4, N = 387) = 34.883, p = 0.000$  and  $\chi^2 (4, N = 387) = 20.507, p = 0.000$ , respectively; see Figures 1 and 2). Ticos also reported more frequent experiences when asked how often participants felt that their mental health has caused them distress or been viewed as abnormal by others ( $\chi^2 (4, N = 387) = 14.893, p = 0.005$  and  $\chi^2 (4, N = 387) = 12.961, p = 0.011$  respectively) (see Figures 3 and 4).

The influence of religion on perceptions of mental health also yielded a statistically significant difference between sample with United States respondents reporting more influence ( $\chi^2 (3, N = 387) = 8.310, p = 0.040$ ) (see Figure 5). Significant differences were also found in most items that evaluated past and present frequency of discussion regarding mental health. Ticos reported more frequent discussion about mental health during childhood in school ( $\chi^2 (4, N = 387) = 18.786, p = 0.001$ ) (see Figure 6) and during childhood with parents or guardians ( $\chi^2 (4, N = 387) = 20.005, p = 0.000$ ) (see Figure 7), but less frequent discussion than United States participants with primary doctors ( $\chi^2 (4, N = 387) = 41.585, p = 0.000$ ) (see Figure 8). No significant difference between samples was found in frequency of mental health discussions with family and friends ( $\chi^2 (4, N = 387) = 5.176, p = 0.270$ ) (see Figure 9). When asked if participants had been diagnosed with a mental health disorder, a significant difference was found such that United States respondents reported higher frequency of diagnosed mental health disorders ( $\chi^2 (2, N = 387) = 27.174, p = 0.000$ ) (see Figure 10). Furthermore, a statistically lower proportion of Ticos reported taking a medication for a mental disorder as compared to the United States sample ( $\chi^2 (2, N = 387) = 8.887, p = 0.012$ ) (see Figure 11); however, no significant difference between samples was found when asked about family history of mental illness ( $\chi^2 (2, N = 387) = 2.821, p = 0.244$ ; see Figure 12). Participants yielded a statistically significant difference when evaluated on their awareness of mental health resources in their community, with U.S. respondents reporting a higher awareness than Tico respondents ( $\chi^2 (3, N = 387) = 42.471, p = 0.000$ ) (see Figure 13). Respondents were also asked to identify items that they considered barriers to their access of mental healthcare (see Table 2). Of United States participants,

52.3% said that none of the listed options have been a barrier to their access to mental healthcare, and of Costa Rican participants, 30.4% chose this response. When asked to rate the impact of the COVID-19 pandemic on mental health on a 1-10 scale, there was no significant difference between responses of Costa Rican participants ( $M = 7.1, SD = 1.74$ ) and United States participants ( $M = 6.1, SD = 2.69$ ),  $t(387) = -2.803, p = 0.570$ . Additionally, no significant difference was found between how United States participants ( $M = 6, SD = 2.21$ ) and Costa Rican participants ( $M = 6.4, SD = 2.51$ ) identified their perceptions of stigma around mental illness,  $t(387) = -1.414, p = 0.083$ . No statistically significant difference was found when participants were asked if they had been treated for or had a family history of substance abuse ( $\chi^2(1, N = 387) = 0.447, p = 0.504$  and  $\chi^2(2, N = 387) = 3.496, p = 0.174$  respectively) (see Figures 14 and 15). When asked how difficult participants believed it would be to access mental health care, a significant difference was found between samples where Ticos reported more perceived difficulty than U.S. respondents ( $\chi^2(4, N = 387) = 57.012, p = 0.000$ ) (see Figure 16). Participants were finally asked if they would be reluctant to seek treatment for mental illness or substance abuse due to stigma, and statistically significant differences were found for both items ( $\chi^2(2, N = 387) = 6.959, p = 0.031$  and  $\chi^2(2, N = 387) = 11.091, p = 0.004$ , respectively) with Ticos reporting higher reluctance (see Figures 17 and 18).

Six interviews were conducted with Tico participants ages 19-68. Participants were initially asked their first thoughts regarding mental illness and how they define mental health. Respondents primarily addressed causes of illness, mentioning money problems, violence, COVID-19, genetics, substance abuse, and work stress. Definitions of mental health primarily addressed mental wellbeing, lack of mental illness, and where

one stands mentally. Participants gave mixed responses such as totally, yes, no, and “es importante, pero no es una prioridad” (it is important, but it is not a priority) when asked if they prioritized mental health. Some recurring themes as to how participants prioritize mental health were exercising, spending time in nature, and keeping busy. When asked why mental illnesses seem to be increasing, participants echoed many of the causes that they had already addressed, but multiple added that increased access to and use of technology could have negative effects. In response to being asked if they felt that their community provided access to mental health resources, interviewees offered mixed responses such as “relativamente, pero no como se debería” (relatively, but not as they should), “no es algo he escuchado muy frecuentemente” (it is not something I hear about very often), “no”, and “no sé” (I do not know).

Additionally, every participant agreed that parents and family have the primary responsibility to educate children and teenagers on mental health, but secondary educators such as doctors, pastors, and teachers were also mentioned. All participants identified as Catholic/Christian and, with the exception of one, said that their religion had a positive influence on how they approach mental health. Examples of positive aspects included being a part of something bigger, helping others, clarity and understanding from God, and stability. All participants but one agreed that there is a stigma around mental health in Costa Rica. When asked how the country can rid itself of the stigma, participants mentioned better education, building trust with others, and being empathetic because “somos vulnerables...somos seres humanos...hay cosas en nuestros cuerpos, en nuestros organismos, no podemos controlar de todo” (we are vulnerable...we are human beings...there are things in our bodies that cannot be controlled completely).

When asked if Tico culture helps or hurts their mental health, interviewees agreed that it was a mixture of both. Some negative aspects were “machismo” (toxic masculinity) and common social practices that encourage poor decisions. Positive aspects included the abundance of nature, religion, and the fostering of relationships and unity. Finally, in response to being asked if they felt that Costa Rica as a country prioritizes the mental health of its citizens, participants responded with “es importante, pero no tan prioritario” (it’s important, but not prioritized), “sí, en el sistema de salud” (yes, through the healthcare system), “no es algo que se vean muchas campañas” (it is not something that you see many campaigns about), “no sé” (I do not know), “Costa Rica lo hace como...de vivir unidos, de mantener la unión entre la familia y todo” (Costa Rica does this by living unified, by maintaining the union within the family and such), and “tal vez como un compromiso muy político, y no humano” (maybe as a political commitment, not a human one).

## DISCUSSION

This purpose of this study was to better understand how individuals in Costa Rica experience and perceive mental health and illness. Comparison with an independent United States sample allowed for further analysis of where the two countries stand on these topics. The “Pura Vida” lifestyle of Costa Rica encouraged an expectation that the mental health reality in Costa Rica was better than in the United States where the culture is much more fast paced and pressurized; however, it appears that the opposite was found. Mental health is discussed much less frequently in Costa Rica, and according to survey results, it interferes with their lives more often. Ticos are much less aware of resources that their community provides, if any, and they are seen to experience more barriers to accessing mental healthcare than in the United States.

An epidemiological mental health study has not been conducted in Costa Rica in more than 40 years (Contreras et. al, 2014). While this study has its limitations, it offers data that has not been formally collected in far too long. Because of the lack of mental health data in Costa Rica, the government only has outdated information to reference, making it nearly impossible to provide the necessary resources for citizens based on their needs. It also strives to bring attention to the importance of understanding mental health realities in Costa Rica and other small, often overlooked countries so that necessary resources and interventions can be provided.

This study had various limitations regarding its samples and methods. In the preparation for data collection, both the survey and interview questions were translated by a team of three individuals familiar with the way Spanish is spoken in Costa Rica, but none of whose native language is Spanish. This could have impacted the way that the questions were understood by participants, specifically in the survey. Next, the samples were convenience samples. Participants were reached through social media, creating a lack of even distribution across geographic regions and subcultures. While the chi-squared test takes sample size into account, the large gap in sample sizes was also a limitation to this study. Because both were convenience samples, there were much fewer Tico participants, making it more difficult to draw conclusions about the population. Additionally, as the qualitative data was collected in person during the COVID-19 pandemic, the interview sample size was low ( $N = 6$ ). Finally, this study included various retrospective data, requiring that the participants remember back to childhood. There is a great possibility that some of the responses were misremembered or skewed due to socially desirable responding.

The information presented in this study provides many important implications for addressing mental health concerns throughout Costa Rica through additional research and policy change. First, there is an apparent need for increased physician training in the mental health realm. Because of the small concentration of mental health professionals within Costa Rica, it is imperative that primary care doctors have the necessary training to offer some level of mental health care to their patients. Additionally, the lack of enforcement of insurance provision has a vast impact on the overall health of Costa Rica. Without insurance, mental healthcare is even less accessible than it already is, and many



Ticos suffer as a result. Other policies to be addressed include mental health education in school systems, expansion of healthcare services to rural areas, public mental health education, and expansion of substance abuse services. While mental health has many personal aspects, the country itself can potentially improve overall mental health by addressing these specific situations.

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TABLES

**Table 1: Chi-squared results for demographic information comparing U.S. and Costa Rican samples**

<b>Item</b>	<b><math>\chi^2</math></b>	<b><i>p</i></b>
<b>Age Range</b>	30.379	0.000
<b>Sex</b>	5.115	0.077
<b>Ethnicity</b>	230.734	0.000
<b>Highest Level of Education Completed</b>	50.538	0.000
<b>Spiritual Identity</b>	8.301	0.016

**Table 2: Barriers to mental healthcare**

<b>Response</b>	<b>N (%) Costa Rica Sample</b>	<b>N (%) United States Sample</b>
<b>Transportation</b>	3 (5.4)	8 (2.4)
<b>Cost</b>	30 (53.6)	105 (31.7)
<b>Time</b>	11 (19.6)	69 (20.8)
<b>Geographic distance</b>	4 (7.1)	13 (3.9)
<b>Stigma</b>	5 (8.9)	70 (21.1)
<b>Difficulty finding a provider</b>	11 (19.6)	33 (10)
<b>None of these have impacted my access to mental healthcare</b>	17 (30.4)	173 (52.3)

## FIGURES

Figure 1

*How often has your mental health ever interfered with your relationships?*

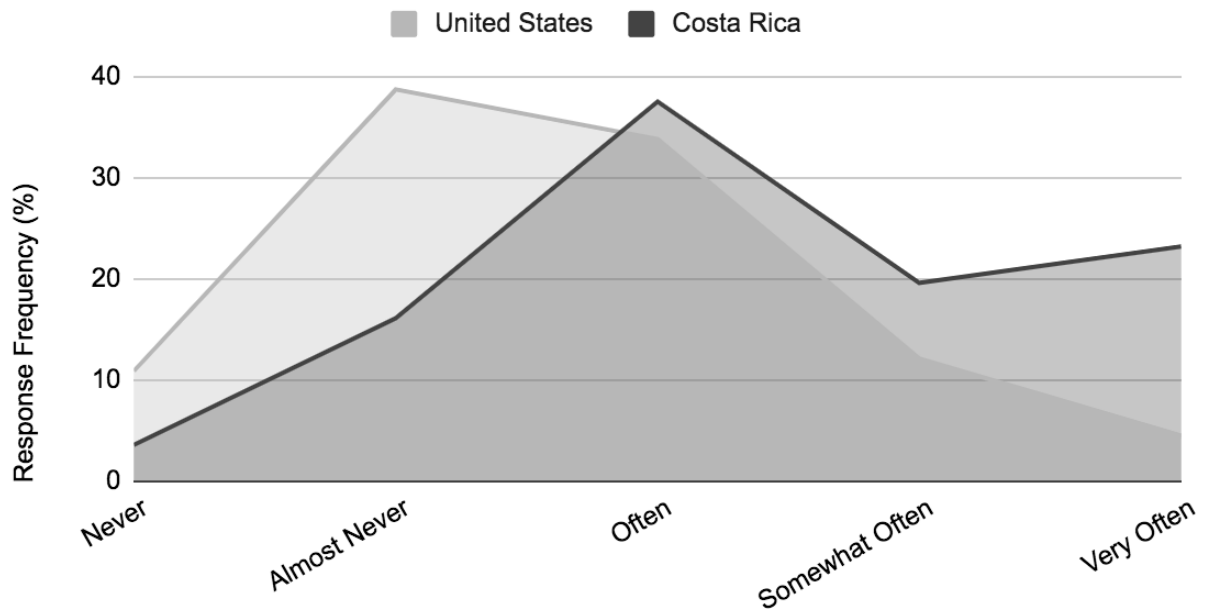


Figure 2

*How often has your mental health interfered with your ability to complete tasks or get work done?*

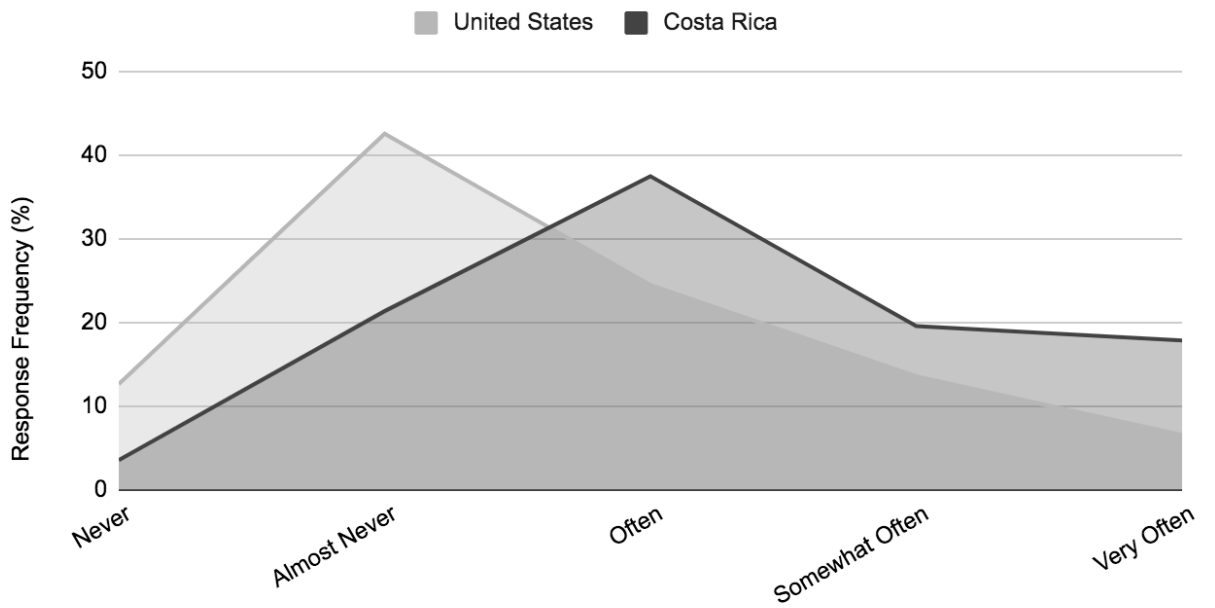




Figure 3

*How often do you feel as though your mental health has caused you distress?*

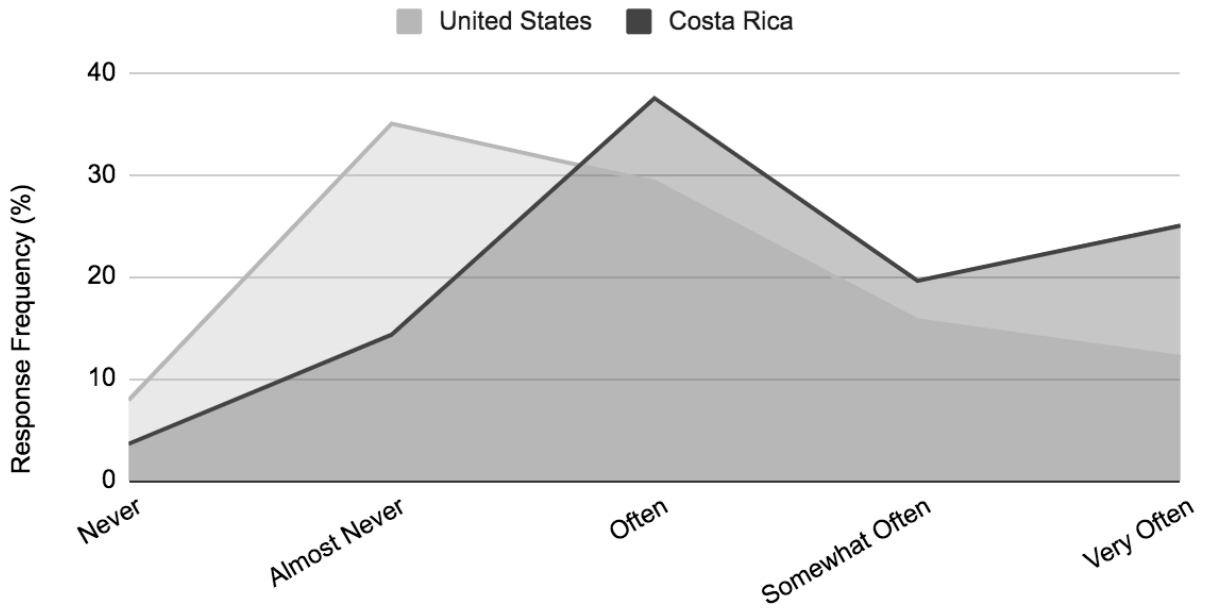


Figure 4

*How often has your mental health been viewed as odd or abnormal by others?*

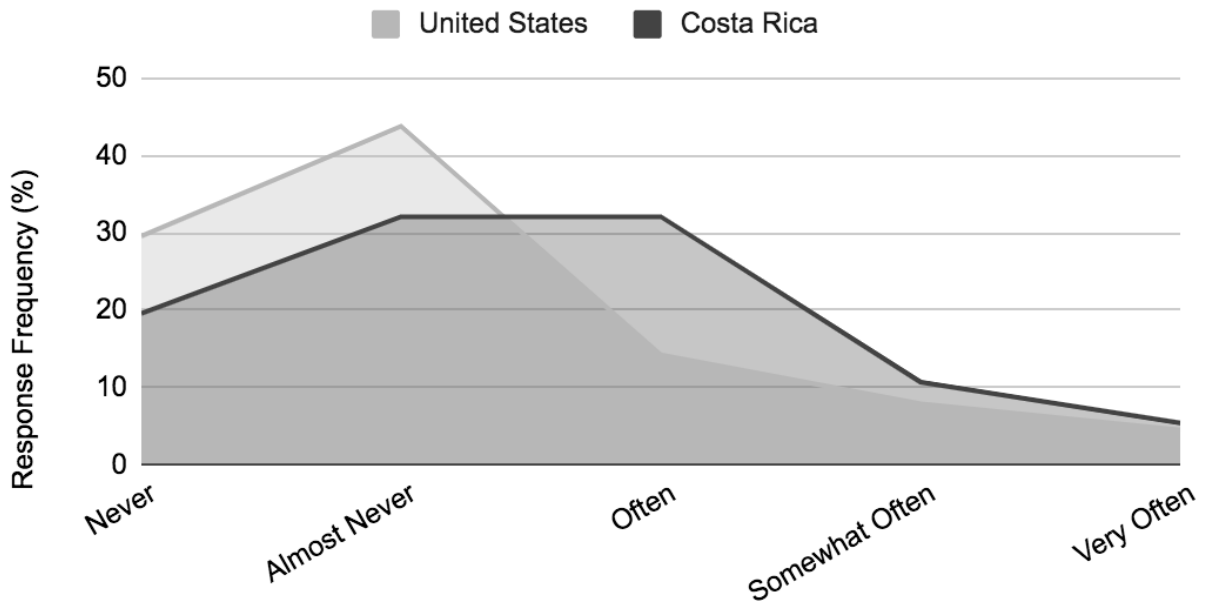


Figure 5

*How big of an influence do you feel like your religion has had on your view of mental illness?*

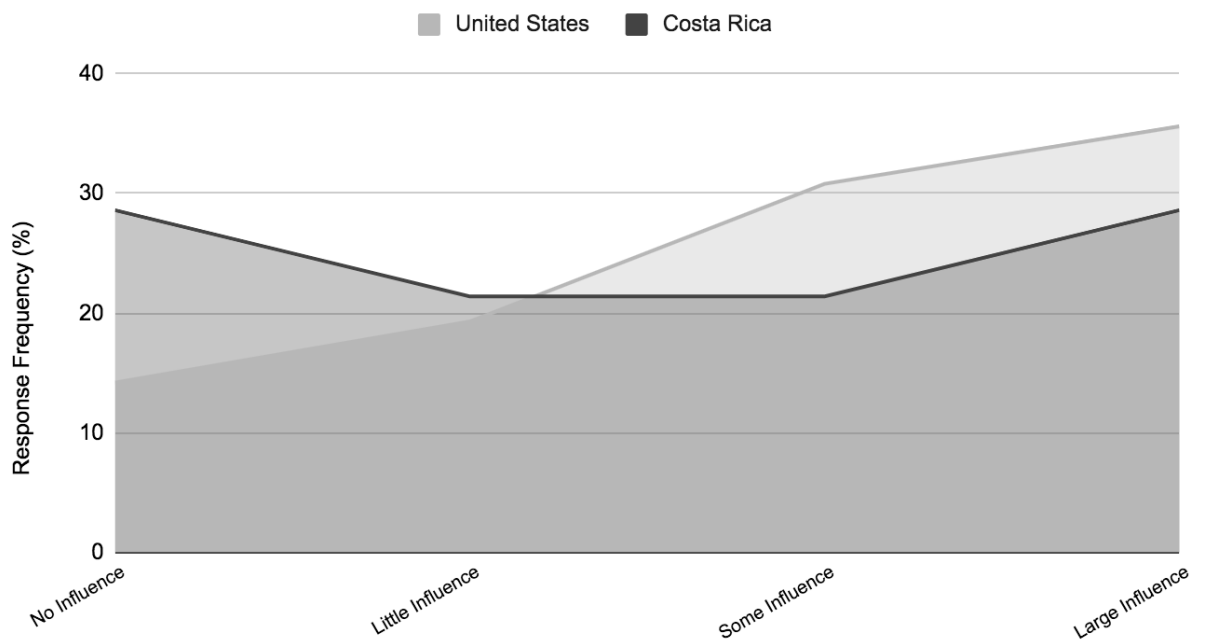


Figure 6

*How often was mental health discussed when you were in school?*

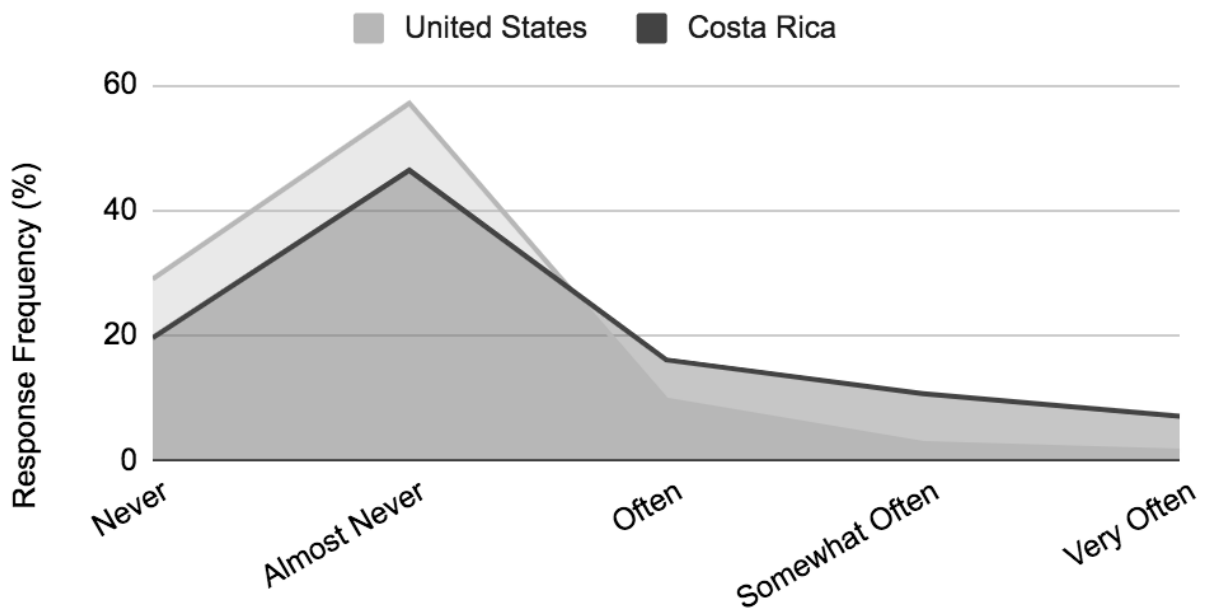


Figure 7

*How often during your childhood did your parents/guardians talk to you about mental health?*

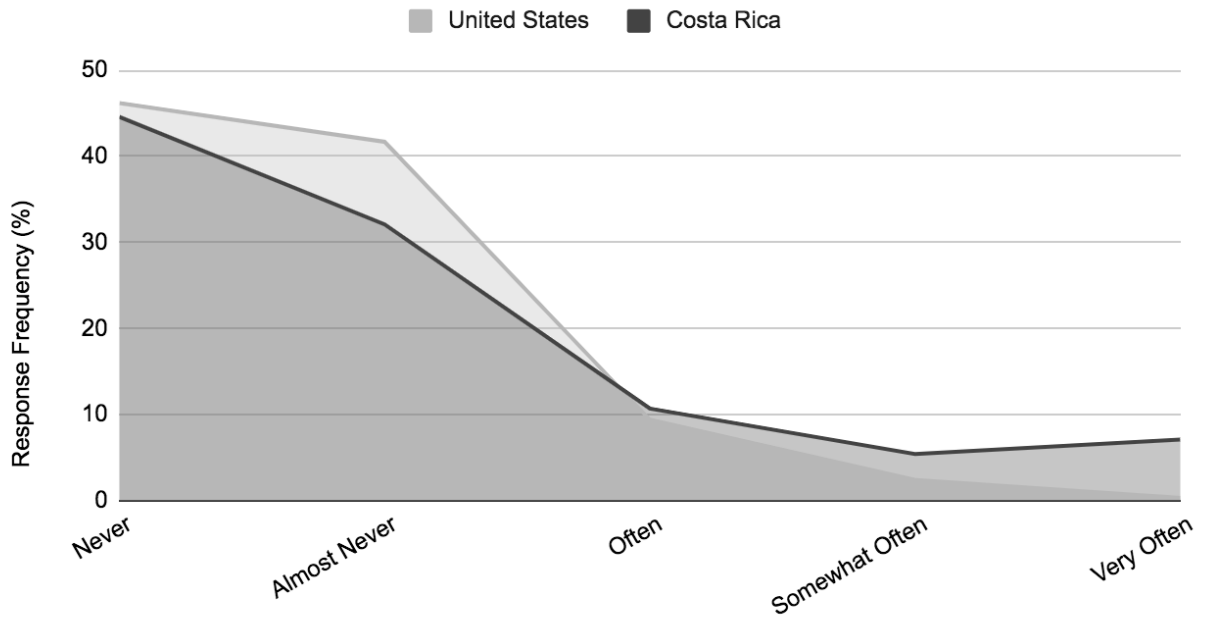


Figure 8

*How often does your doctor discuss your mental health?*

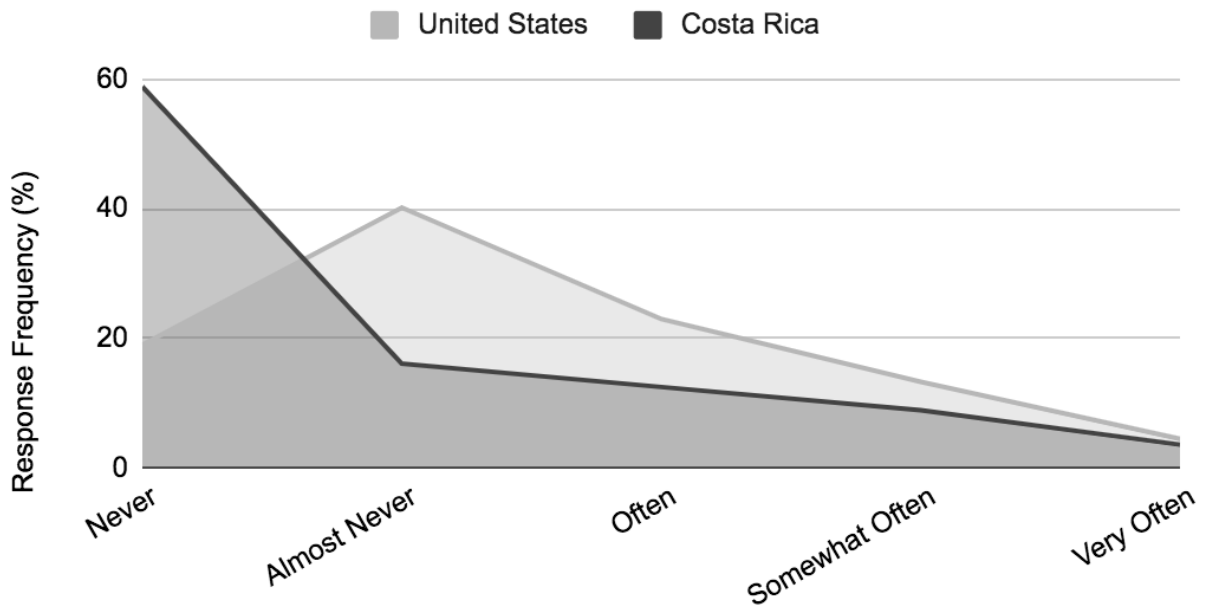


Figure 9

*How often do you discuss mental health with your family/friends?*

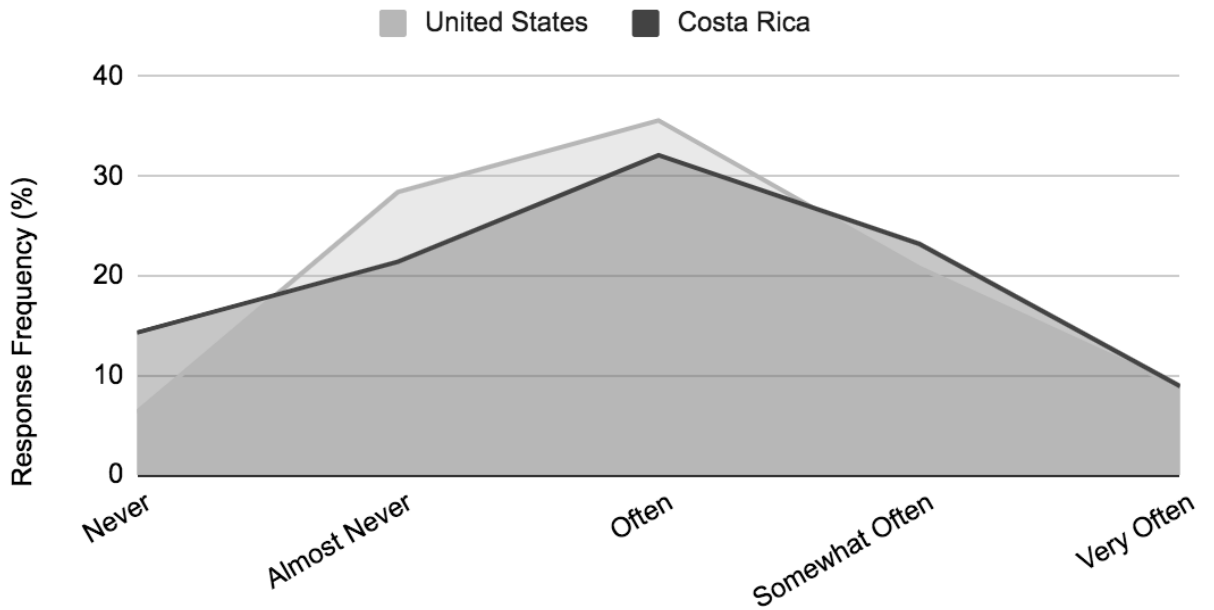


Figure 10

*Have you ever been diagnosed with a mental disorder?*

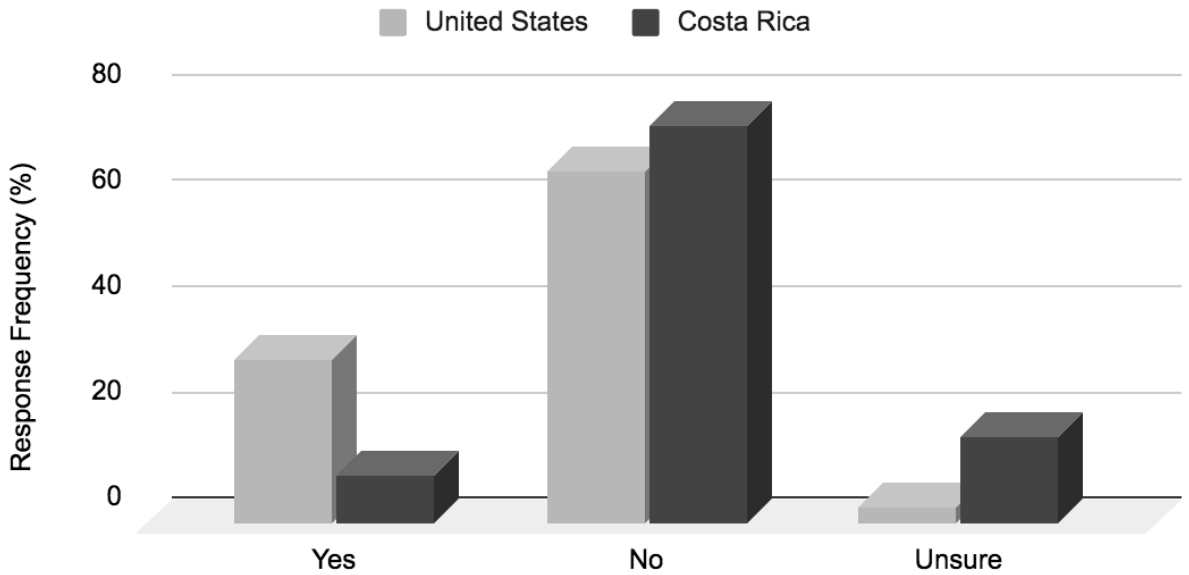


Figure 11

*Have you ever taken medication for a mental disorder?*

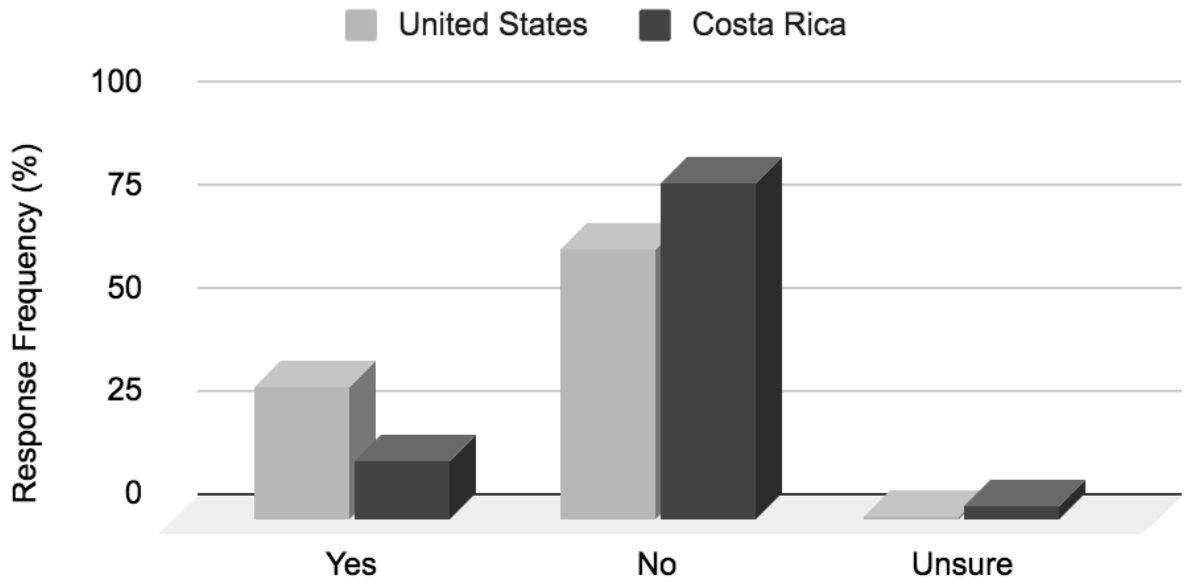


Figure 12

*Do you have a family history of mental illness?*

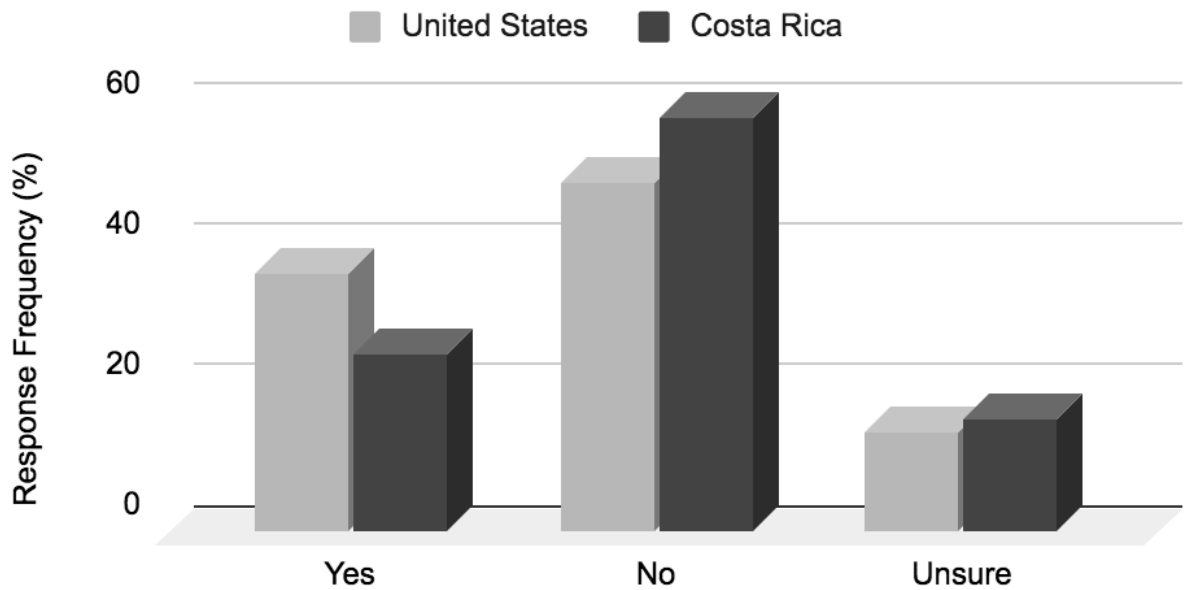


Figure 13

*How aware are you of mental health resources in your community?*

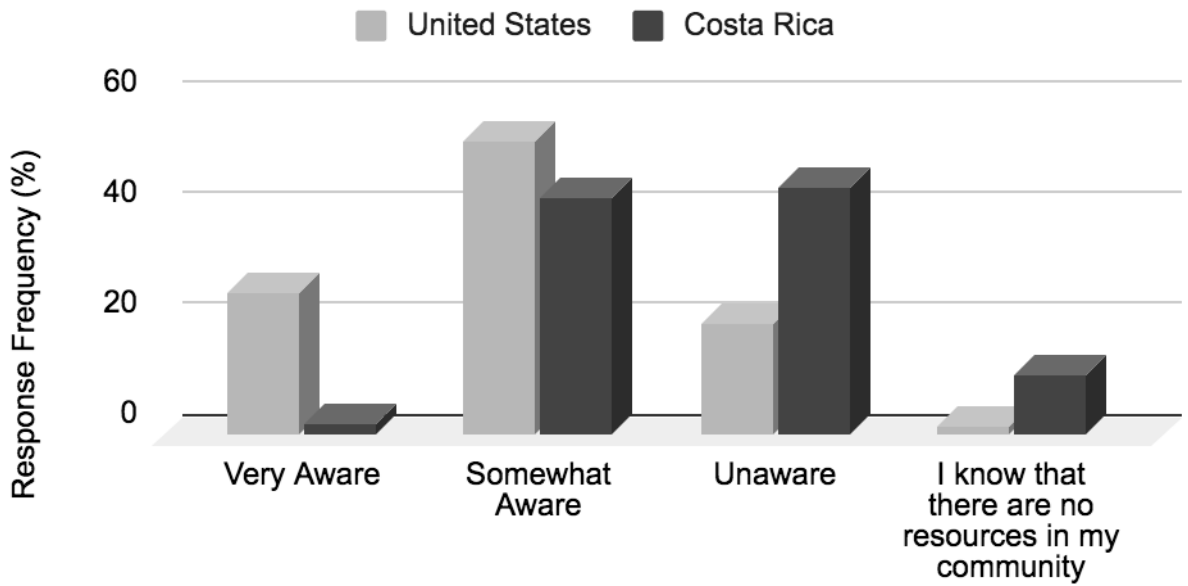


Figure 14

*Have you ever been treated for substance abuse?*

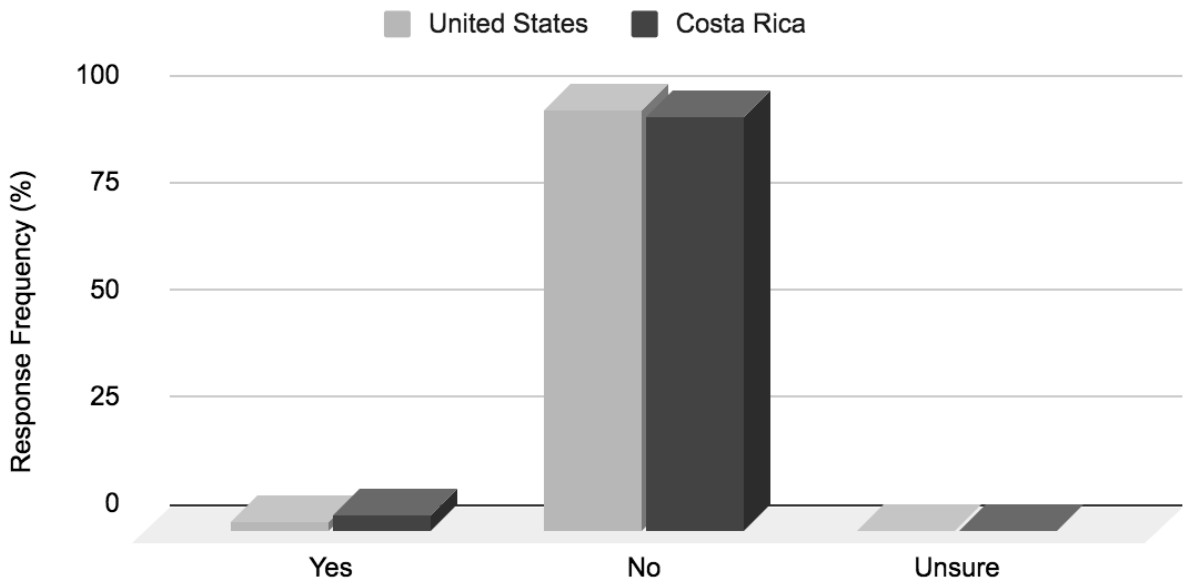


Figure 15

*Do you have a family history of substance abuse?*

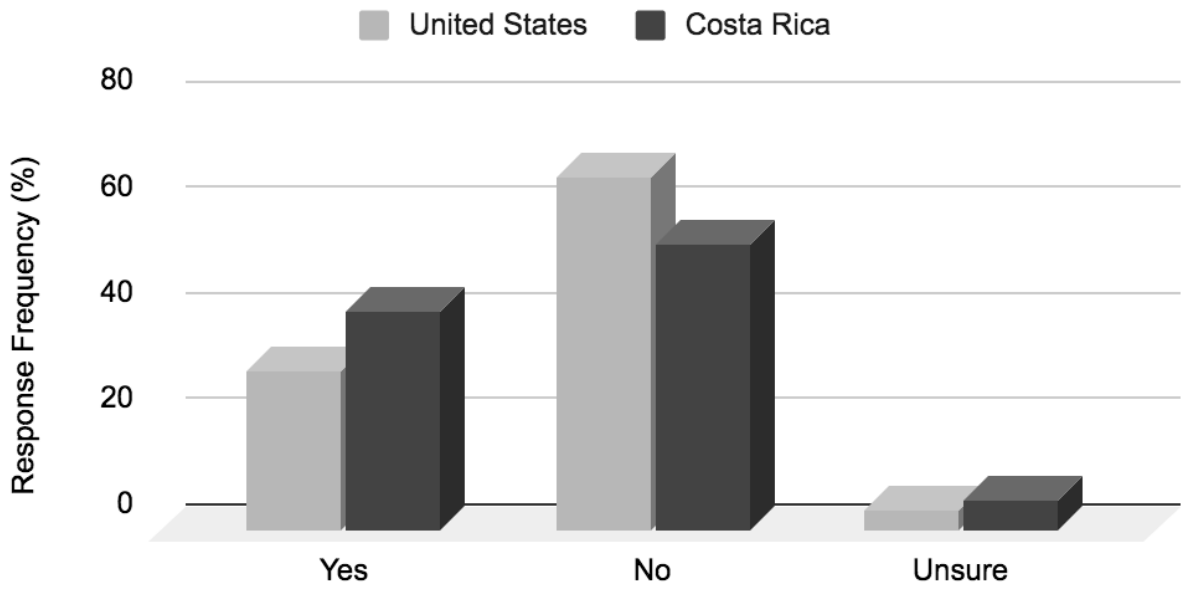


Figure 16

*If you wanted to see a mental healthcare provider, how difficult would it be to access it?*

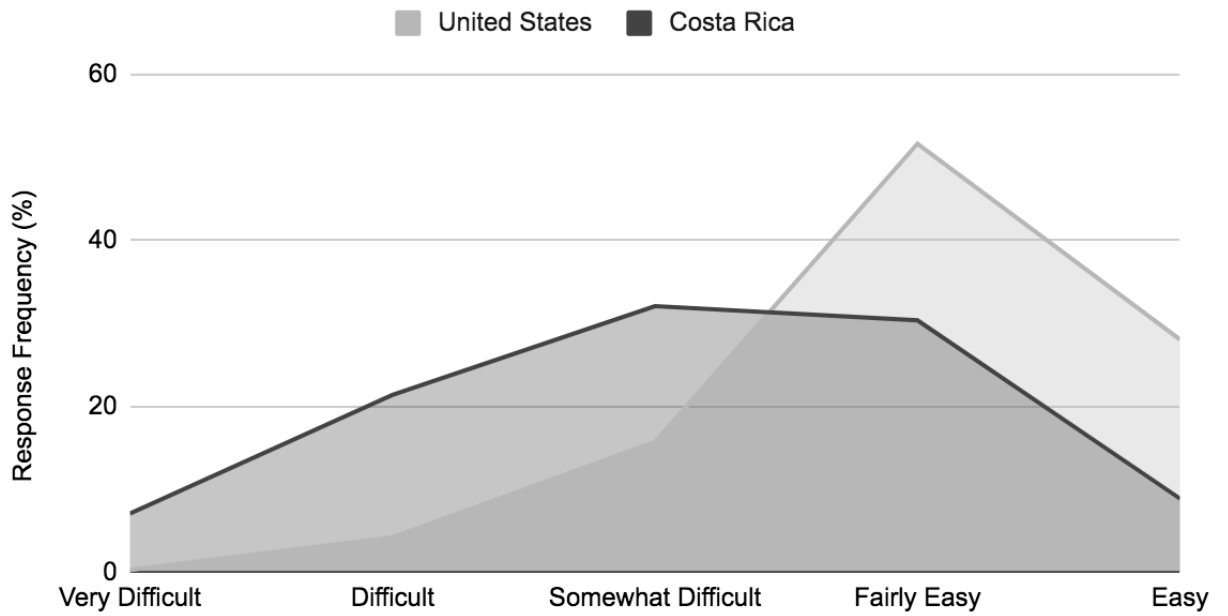


Figure 17

*Would you be reluctant to seek treatment for a mental health issue because of that stigma?*

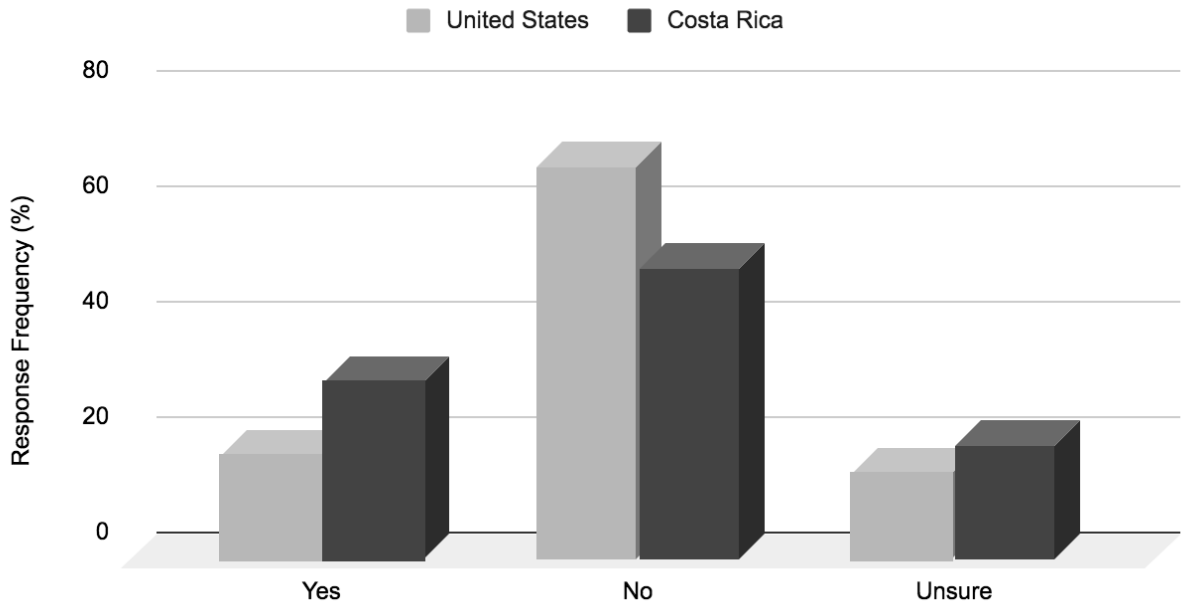
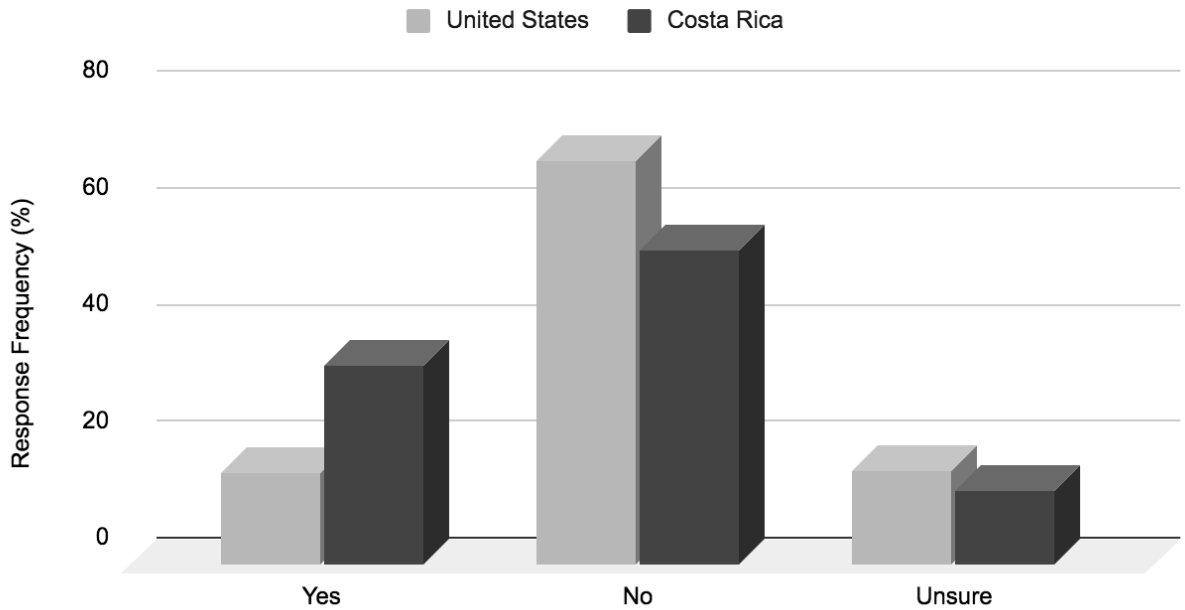


Figure 18

*Would you be reluctant to seek treatment for substance abuse because of that stigma?*





## APPENDIX A

### **English Survey**

- Age Range
  - 25-35
  - 36-50
  - 51-64
  - 65+
- Sex
  - Male
  - Female
  - Other
- Ethnicity
  - White or Caucasian
  - Black or African-American
  - Asian
  - Native American or Alaska Native
  - Hispanic or Latinx
  - Other
- Highest level of education completed
  - Elementary school
  - Middle school
  - High school

- Associate's Degree
  - Bachelor's Degree
  - Master's Degree
  - Doctorate Degree
- Spiritual Identity
  - Christian (Catholic, evangelical, other denominations)
  - Hindu
  - Jewish
  - Muslim
  - Other
  - I am not religious
- How high of a priority would you say mental health is in your life on a scale of 1-10 (1 being lowest priority and 10 being top priority)
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10

- How would you rate your mental health on a scale of 1-10 (1 being very poor and 10 being excellent)
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
  
- How often has your mental health ever interfered with your relationships
  - Very often
  - Often
  - Somewhat often
  - Almost Never
  - Never
  
- How often has your mental health interfered with your ability to complete tasks or get work done?
  - Very often
  - Often
  - Somewhat often

- Almost Never
  - Never
- How often do you feel as though your mental health has caused you distress?
  - Very often
  - Often
  - Somewhat often
  - Almost Never
  - Never
- How often has your mental health been viewed as odd or abnormal by others?
  - Very often
  - Often
  - Somewhat often
  - Almost Never
  - Never
- How big of an influence do you feel like your religion has had on your view of mental illness?
  - Large influence
  - Some influence
  - Little influence
  - No influence

- If you can remember, how often was mental health discussed when you were in school?
  - Very often
  - Often
  - Somewhat often
  - Almost Never
  - Never
  
- How often during your childhood did your parents/guardians talk to you about mental health?
  - Very often
  - Often
  - Somewhat often
  - Almost Never
  - Never
  
- How often does your doctor discuss your mental health?
  - Very often
  - Often
  - Somewhat often
  - Almost Never
  - Never
  
- How often do you discuss mental health with your family/friends?
  - Very often
  - Often

- Somewhat often
  - Almost Never
  - Never
- Have you ever been diagnosed with a mental disorder?
  - Yes
  - No
  - Unsure
- Have you ever taken medication for a mental disorder?
  - Yes
  - No
  - Unsure
- Do you have a family history of mental illness?
  - Yes
  - No
  - Unsure
- How aware are you of mental health resources in your community?
  - Very aware
  - Somewhat aware
  - Unaware
  - I know that there are no resources in my community
- Have you ever been treated for substance abuse?
  - Yes
  - No

- Unsure
- Do you have a family history of substance abuse?
  - Yes
  - No
  - Unsure
- If you wanted to see a mental healthcare provider, how difficult would it be to access it?
  - Very difficult
  - Difficult
  - Somewhat difficult
  - Fairly easy
  - Easy
- Have any of the following been barriers to your accessing mental healthcare? (check all that apply)
  - Transportation
  - Cost
  - Time
  - Geographic distance
  - Stigma
  - Inability to find a provider
  - None of these have impacted my access to mental healthcare
- Rate the impact that COVID has had on your mental health on a scale of 1-10 (1 being no impact and 10 being major impact)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

- Rate your perception of the stigma around mental health in your area on a scale of 1-10 (1 being no stigma and 10 being extreme stigma)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10



- Would you be reluctant to seek treatment for a mental health issue because of that stigma?
  - Yes
  - No
  - Unsure
  
- Would you be reluctant to seek treatment for substance abuse because of that stigma?
  - Yes
  - No
  - Unsure

## APPENDIX B

### Spanish Adaptation of Survey

- Edad
  - 18-25
  - 25-35
  - 36-50
  - 51-64
  - 65+
- Sexo
  - Masculino
  - Femenino
  - Otro
- Raza
  - Blanco
  - Negro
  - Asiático
  - Nativo Americano
  - Hispano o latino
  - Otro
- Nivel escolar más alto que ha completado
  - No ha completado ningún grado
  - Escuela primaria

- Escuela secundaria
- Colegio
- Título asociado universitario (ejemplo: AA, AS)
- Título de licenciatura universitaria (ejemplo: BA, BS)
- Título profesional más allá de un título de licenciatura universitaria
- Título de doctorado
- Identidad Spiritual
  - Cristiano (católico, evangélico, otras denominaciones)
  - Hindú
  - Judío
  - Musulmán
  - Otro religión
  - No tengo religión
- ¿En una escala de uno a diez, qué nivel de prioridad es su salud mental en su vida diaria? (1 muy baja y 10 muy alta)
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8

- 9
  - 10
- ¿En una escala de uno a diez, cómo clasifica su salud mental? (1 muy mala y 10 increíble)
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
- ¿Con qué frecuencia ha interferido su salud mental en sus relaciones personales?
  - Bastante
  - A menudo
  - A veces
  - Casi nunca
  - Nunca
- ¿Con qué frecuencia ha interferido su salud mental en su capacidad de completar tareas o su trabajo?

- Bastante
  - A menudo
  - A veces
  - Casi nunca
  - Nunca
- ¿Con qué frecuencia siente que su salud mental le causa estrés?
  - Bastante
  - A menudo
  - A veces
  - Casi nunca
  - Nunca
- ¿Con qué frecuencia ha parecido su salud mental como anormal a otras personas?
  - Bastante
  - A menudo
  - A veces
  - Casi nunca
  - Nunca
- En su experiencia, ¿cuánta influencia ha tenido la religión en su percepción de salud mental?
  - Mucha influencia
  - Alguna influencia
  - Poco influencia

- Ninguna influencia
- Durante su educación, ¿con qué frecuencia hablaban sobre la salud mental?
  - Bastante
  - A menudo
  - A veces
  - Casi nunca
  - Nunca
- Durante su niñez, ¿con qué frecuencia sus padres/guardians hablaban contigo sobre la salud mental?
  - Bastante
  - A menudo
  - A veces
  - Casi nunca
  - Nunca
- ¿Con qué frecuencia discute su salud mental con su doctor?
  - Bastante
  - A menudo
  - A veces
  - Casi nunca
  - Nunca
- ¿Con qué frecuencia discute su salud mental con su familia/sus amigos?
  - Bastante

- A menudo
  - A veces
  - Casi nunca
  - Nunca
- ¿Ha sido diagnosticado con algún trastorno mental?
  - Sí
  - No
  - Inseguro
- ¿Ha tomado una medicina para un trastorno mental?
  - Sí
  - No
  - Inseguro
- ¿Tiene en su familia una historia de trastornos mentales?
  - Sí
  - No
  - Inseguro
- ¿Qué nivel de conocimiento tiene de los recursos de salud mental en su comunidad?
  - Mucho conocimiento
  - Algún conocimiento
  - Ningún conocimiento
  - Yo sé que no hay recursos en mi comunidad
- ¿Ha sido tratado para el abuso de sustancias?

- Sí
  - No
  - Inseguro
- ¿Tiene en su familia una historia de abuso de sustancias?
  - Sí
  - No
  - Inseguro
- ¿Si querría ver a un/a proveedor/a de salud mental, qué nivel de dificultad tendría en accederlo?
  - Muy difícil
  - Difícil
  - Alguna dificultad
  - Fácil
  - Muy fácil
- ¿Ha enfrentado barreras en acceder a asistencia para la salud mental?  
(Incluya todos)
  - El transporte
  - El costo
  - El tiempo
  - La distancia geografica
  - El estigma
  - La dificultad de encontrar un/a proveedor/a
  - Otra barrera



- Ninguna barrera ha impactado mi acceso a la asistencia para la salud mental
- ¿En una escala de uno a diez, cómo clasifica el impacto de COVID-19 en su salud mental? (1 impacto muy pequeño y 10 impacto enorme)
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
- ¿En una escala de uno a diez, cómo clasifica el estigma alrededor de la salud mental en su comunidad? (1 no estigma y 10 estigma enorme)
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7

- 8
  - 9
  - 10
- ¿Se hace reacio el estigma en buscar tratamiento para un asunto de salud mental?
  - Sí
  - No
  - Inseguro
- ¿Se hace reacio el estigma en buscar tratamiento para el abuso de sustancias?
  - Sí
  - No
  - Inseguro

## APPENDIX C

### English Interview Questions

- How old are you?
- When you think of mental illness, what comes to mind?
- How would you define mental health?
- Would you say that you prioritize mental health? Why? How?
- What do you think are the reasons for the current increase in diagnosed mental illnesses?
- Do you feel like your community provides access to mental health services? What kinds?
- If you can remember, were you taught about mental health as a child/adolescent? What were your perceptions of mental illnesses growing up? Why do you think they were that way?
- Who do you think is responsible for educating youth about mental health?
- What, if any, religion do you identify with? How do you think your religion, or lack thereof, has shaped your perceptions of mental health?
- Does anyone in your family (past or present) suffer from a mental disorder? How has that shaped your perceptions of mental illnesses?
- Do you think there is a stigma surrounding mental illness? How do you think that this stigma could be avoided?
- Do you feel as if Tico culture helps or harms your mental health? What aspects help? What aspects harm?

- Do you feel as if Costa Rica as a country prioritizes the mental health of its citizens? Why not? / In what ways?

## APPENDIX D

### Spanish Adaptation of Interview Questions

- ¿Cuántos años tiene?
- Cuando piensa en los trastornos mentales, ¿qué piensa?
- ¿Cómo define la salud mental?
- ¿Es la salud mental una prioridad para usted? ¿Por qué? ¿Cómo?
- ¿En su opinión, cuáles son las razones para el aumento actual en trastornos mentales diagnosticados?
- ¿Siente que su comunidad provee acceso a los servicios para la salud mental?  
¿Qué tipos?
- Si puede recordar, ¿aprendía sobre la salud mental como niño/a/adolescente?  
¿Cuáles eran sus percepciones de la salud mental durante su niñez? ¿Por qué cree que eran así?
- En su opinión ¿quién que tiene la responsabilidad de educar a los adolescentes en la salud mental?
- ¿Con qué religión, si la tiene, se identifica? ¿Cuáles efectos ha tenido su religión, o falta de ella, en sus ideas hacia la salud mental?
- ¿Hay alguien en su familia (pasado o presente) que sufra de un trastorno mental?  
¿Cómo ha formado sus percepciones de los trastornos mentales?
- En su opinión ¿hay un estigma alrededor de los trastornos mentales? ¿Cómo piensa que este estigma puede ser evitado?

- ¿Siente que los aspectos de la cultura tica ayudan o dañan su salud mental? ¿Qué aspectos la ayudan? ¿Qué aspectos la dañan?

## APPENDIX E

### English Informed Consent Document

Project Title: The Effect of the Pura Vida Lifestyle on Perceptions of Mental Health in Costa Rica

Investigator: Gabrielle Sledge, Psychology/Spanish, Phone/WhatsApp: +1 (270) 438-6883

You are being asked to participate in a project conducted through Western Kentucky University. The University requires that you give your signed agreement to participate in this project. **You must be 18 years old or older to participate in this research study.**

The investigator will explain to you in detail the purpose of the project, the procedures to be used, and the potential benefits and possible risks of participation. You may ask any questions you have to help you understand the project. A basic explanation of the project is written below. Please read this explanation and discuss with the researcher any questions you may have.

If you then decide to participate in the project, please sign this form in the presence of the person who explained the project to you. You should be given a copy of this form to keep.

1. **Nature and Purpose of the Project:** The purpose of this project is to better understand the differences in how mental health is perceived and experienced in Costa Rica compared to the United States. In addition to the survey you have already completed, this interview will allow for better understanding of what these differences are, why they exist, and what the United States and Costa Rica can learn from each other regarding mental health.
2. **Explanation of Procedures:** I will be asking you a series of questions to which you can respond with however much or little information you are comfortable with. The interview should take no more than 30 minutes and will be audio recorded for transcription purposes.
3. **Discomfort and Risks:** If there is a question that you would prefer not to respond to, we will move on with no questions asked. These questions will cover past experiences, family history, and other sensitive topics that may make you uncomfortable.

4. **Benefits:** The data collected in this interview will allow for analysis of different perspectives and greatly contribute to bringing attention to the importance of mental wellbeing throughout the world.
5. **Confidentiality:** Your answers will be kept completely confidential and all data collected will be kept on a password-protected computer. Refusal to participate in this study will have no effect on any future services you may be entitled to from the University.
6. **Refusal/Withdrawal:** Anyone who agrees to participate in this study is free to withdraw from the study at any time with no penalty.

*You understand also that it is not possible to identify all potential risks in an experimental procedure, and you believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.*

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

- I agree to the audio recording of the research. **(Initial here)** \_\_\_\_\_

THE DATED APPROVAL ON THIS CONSENT FORM INDICATES THAT  
THIS PROJECT HAS BEEN REVIEWED AND APPROVED BY  
THE WESTERN KENTUCKY UNIVERSITY INSTITUTIONAL REVIEW BOARD  
Robin Pyles, Human Protections Administrator  
TELEPHONE: (270) 745-3360



## APPENDIX F

### **Spanish Adaptation of Informed Consent Document**

El efecto de “Pura Vida” como estilo de vida en las percepciones de la salud mental en  
Costa Rica

Gabrielle Sledge, Teléfono/WhatsApp: +1 (270) 438-6883

Se le pide que participe en un estudio de investigación por la Universidad de Western Kentucky. La Universidad requiere que usted provea su consentimiento firmado para participar en esta investigación.

**Solo participantes mayores de 18 años de edad.**

La investigadora le va a explicar en detalle el propósito del proyecto, la metodología que va a utilizar, y los beneficios potenciales y los riesgos posibles de su participación. Tiene el derecho de preguntarle todas las preguntas que tenga para entender la investigación. La explicación básica del proyecto está escrita abajo. Por favor, léala y le presente cualquier pregunta a la investigadora.

Si decide participar en el proyecto, firma este documento en presencia de la persona que se lo ha explicado. Obtendrá una copia de este documento para guardar.

1. **Propósito del proyecto:** El propósito de este proyecto es entender mejor las diferencias de cómo la salud mental es percibida por los ticos comparado a los estadounidenses. En adición al cuestionario que ya ha completado, esta entrevista nos permite entender cuales son las diferencias, por qué existen, y qué pueden aprender de la salud mental los Estados Unidos y Costa Rica el uno al otro.
2. **Explicación del procedimiento:** Voy a hacerle una serie de preguntas a las que puede responder con tanta información que quiera, sea mucha o poca. La entrevista no debe tomar más de 30 minutos y la entrevista será grabada con el propósito de transcripción.
3. **Incomodidad y Riesgos:** Si hay una pregunta a la que no quiera responder, podemos continuar a la siguiente pregunta. Estas preguntas van a cubrir sus experiencias en el pasado, su historia familiar, y otros temas que pueden ser sensibles.
4. **Beneficios:** Los datos recopilados en esta entrevista nos permitirán analizar las perspectivas diferentes y van a contribuir a llamar la atención a la importancia del bienestar mental en todo el mundo.

5. **Confidencialidad:** Sus respuestas son completamente confidenciales y todos los datos van a quedar guardados en una computadora protegida con contraseña.
6. **Rechazo/Retirada:** El rechazo de participar en este estudio no tiene ningún efecto en los servicios futuros de la Universidad. La persona que nos dé consentimiento a participar tiene el derecho de retirarse en cualquier momento sin castigo.

*Entiende también que no es posible identificar todos los riesgos potenciales en una investigación, y cree que nosotros hemos tomado medidas razonables para minimizar los riesgos conocidos, potenciales, y también los desconocidos.*

\_\_\_\_\_  
Firma del participante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del testigo

\_\_\_\_\_  
Fecha

Consiento a la grabación audio de la investigación. ***(Ponga las iniciales aquí)***

\_\_\_\_\_

THE DATED APPROVAL ON THIS CONSENT FORM INDICATES THAT  
THIS PROJECT HAS BEEN REVIEWED AND APPROVED BY  
THE WESTERN KENTUCKY UNIVERSITY INSTITUTIONAL REVIEW BOARD  
Robin Pyles, Human Protections Administrator  
TELEPHONE: (270) 745-3360

## APPENDIX G

### Interview Transcriptions

#### Interview 1

Interviewer: ¿Cual es su edad?

Participant: 55

Interviewer: Cuando piensa en los trastornos mentales, ¿qué piensa?

Participant: ¿Qué pienso?

Interviewer: Si

Participant: Es que eso que tiene que ver mucho de la vida de cada persona, de lo que, de la niñez, de también sea genético, pienso yo, si.

Interviewer: Bueno, ¿cómo define la salud mental?

Participant: Es muy similar si. Digamos de la familiar, de los problemas genéticos de cada persona. Sí hay problemas digamos en familia mentales, puede ser que esa persona tenga o también depresiones o la vida que han llevado digamos y de niños, la niñez, la adolescencia, todo, tiene que ver mucho. El estrés, la tensión, todas.

Interviewer: ¿Es la salud mental una prioridad para usted?

Participant: Logico que si.

Interviewer: ¿Por que?

Participant: Porque eso, el estar bien mentalmente, usted es feliz, tiene una vida plena.

Interviewer: ¿Cómo prioriza la salud mental en su vida?

Participant: Con paz y tranquilidad. Si para mi mucho paz y tranquilidad.\

Interviewer: En tu opinion, cuales son las razones para el aumento actual en los trastornos mentales diagnosticados?

Participant: Como?

Interviewer: Los trastornos mentales están aumentando ahora. En su opinión, cuáles son las razones para esta aumentación?

Participant: Es que eso que tiene que ver, qué le digo, la vida cotidiana de ahora, digamos, el estres, en que viva ahora el mundo, digamos las problemas, las problemas económicos, de tantas cosas, digamos, de pareja, familia, hijos, drogas, todo eso, tiene mucho que ver digamos.

Interviewer: ¿Siente que su comunidad provee acceso a los servicios para la salud mental?

Participant: Si.

Interviewer: ¿Qué tipos?

Participant: Bueno, no estoy muy enterada en los servicios porque nunca, prácticamente no voy al hospital, ni nada ni el querido, digamos, esos servicios. Pero sé que el sistema, digamos, de salud, en Costa Rica es muy bueno. Está hecho creo que los mejores del mundo. Entonces, no sé, por ahí anda.

Interviewer: Si puede recordar, ¿aprendía sobre la salud mental como niña o adolescente?

Participant: No, o si aprendí, o como? No le entendí la pregunta.

Interviewer: Aprendía sobre la salud mental como niña o adolescente?

Participant: Ah no.

Interviewer: En la escuela o de sus padres?

Participant: No.

Interviewer: ¿Cuáles eran sus percepciones de la salud mental durante su niñez?

Participant: No tenía ni idea porque era muy feliz. Era muy muy feliz.

Interviewer: En su opinión, quien que tiene la responsabilidad de educar a los adolescentes en la salud mental?

Participant: Los padres de la familia. Tiene que ver mucho.

Interviewer: Con que religión, si la tiene, se identifica?

Participant: Católica.

Interviewer: ¿Cuales efectos ha tenido su religión en sus ideas hacia la salud mental?

Participant: Ninguna.

Interviewer: ¿Hay alguien en su familia, pasado o presente, que sufre de un trastorno mental?

Participant: Si.

Interviewer: Sabe que trastorno

Participant: Digamos que aislamiento, como tristeza, lo que sea. Aíslan, como llorar, y cosas así. Pienso más que nada.

Interviewer: ¿Cómo ha formado sus percepciones de los trastornos mentales?

Participant: Las que?

Interviewer: Las trastornos mentales. ¿Cómo ha formado sus percepciones de trastornos mentales?

Participant: ¿Cómo la ha formado? O cómo ha llevado?

Interviewer: ¿Cuándo formaban sus percepciones durante su adolescencia o

Participant: Como nunca he tenido problemas de algo en ese. Siempre muy tranquila. Vivo al día a día.

Interviewer: En su opinión, hay un estigma alrededor de los trastornos mentales?

Participante: ¿Un estigma? No. Creo que no. Que eso que tiene que ver mucho, digamos, de que nace la persona como le digo. Es que a veces sean por las circunstancias, digamos, de las problemas que hay en la familia, o si no, digamos, los problemas genéticos. Como hay problemas en la familia, también, esa persona tiene eso de depresiones. Entonces, es muy variable.

Interviewer: ¿Siente que los aspectos de la cultura tica ayuda o daña su salud mental?

Participant: No, tiene que ver nada. No.

Interviewer: No ayuda o no daña?

Participant: No daña.

Interviewer: ¿Pero cree que la cultura tica ayuda su salud mental?

Participant: Si.

Interviewer: ¿Qué aspectos de la cultura la ayudan?

Participant: Digamos, es de, no es que la cultura de aquí es, es que la cultura no sé en que se va los problemas mentales. No entiendo muy bien la pregunta.

Interviewer: Como es la cultura tica es como el estilo pura vida

Participant: Si, si es muy relajante. Es muy tranquilo. Es lógico también la naturaleza, hay mucha tranquilidad. El clima, no es problema ni hay esas cosas. Y las para aquí son los problemas familiares, o genéticos, o cosas así o depresiones de las personas. Digamos de muchos problemas, pero no culpe la cultura digamos de Costa Rica.

Interviewer: ¿Siente que Costa Rica, como un país, como el gobierno y esos aspectos, prioriza la salud mental de sus ciudadanos?

Participant: Si, claro.

Interviewer: ¿En qué manera?

Participant: Si en el sistema de salud. Hay muchos, como se llama, EBAIS, y esas cosas.

El sistema de salud provee acceso a eso. Buenos medicos, todo. Buen seguro.

## **Interview 2**

Interviewer: ¿Cuántos años tiene?

Participant: 23

Interviewer: Cuando piensa en los trastornos mentales, ¿qué piensa?

Participant: Trastornos mentales. Como un problema, si siento que es como un problema o una situación muy, como dice, muy mental. Es una situación que, tal vez, no se sepa cómo controlar.

Interviewer: Si. ¿Cómo define la salud mental?

Participant: La salud. La salud tiene que ser algo bueno. Entonces, la salud mental tiene que ser como un bienestar, o sea, como alimenta, como, o que recibe su mente. Siento que la salud que tiene que ser, tiene que recibir algo saludable o algo bueno que le beneficia que no le lleve a sus trastornos.

Interviewer: ¿Es la salud mental una prioridad para usted?

Participant: Es importante, pero no es una prioridad.

Interviewer: Por que?

Participant: Porque siento que muchas veces me dejo llevar por eso tal vez trastornos mentales. Siento que prefiero darle prioridad a los trastornos que a la salud.

Interviewer: En su opinión, cuáles son las razones para el aumento actual en trastornos mentales diagnosticados?

Participant: Razones, eh bueno actualmente por la pandemia, el encierro, estar tanto tiempo encerrados sin hacer algo, o fuera de lugar. Siento que los problemas sean laborales, domésticos, porque, tal vez, el estar sentado frente de una computadora lo aburre, entonces, sienta esa presión, y vea, tal vez, que hay familias en las que sufren la violencia y algo más.

Interviewer: ¿Siente que su comunidad provee acceso a los servicios para la salud mental?

Participant: No sé.

Interviewer: Si puede recordar, ¿aprendía sobre la salud mental como niña o adolescente?

Participant: No, muy poco.

Interviewer: ¿Cuáles eran sus percepciones de la salud mental durante su niñez?

Participant: No tenía conocimiento siento yo. No sé. No recuerdo tal vez algo que yo diga. Viví. Tal vez es porque era tan inocente que no me preocupaba en esa área. Entonces, creía que todo estaba bien.

Interviewer: En su opinión, quien que tiene la responsabilidad de educar a los adolescentes en la salud mental?

Participant: Okay, siento que los padres. Viene del hogar, y si un chico sufre, y no se dio cuenta a las familiares, realmente está mal porque entonces no tiene la confianza y no va a ir a un externo incluso a cortarselo. Entonces, viene de los hogares y los padres.

Interviewer: Con que religión, si la tiene se identifica?

Participant: Católica.

Interviewer: ¿Cuales efectos ha tenido su religión en sus ideas hacia la salud mental?



Participant: Okay, siento que, para mi, Dios siempre es el principal. Entonces, siento que si yo estoy con Dios, en este caso, si estoy en mi religión, y yo formo parte de esa religión, así asisto a la iglesia o a reuniones, siento que me van a ayudar a no querer pensar en estas cosas tan negativas, pero en cosas positivas y de recibir más palabra y más de lo que Dios manda. Entonces, siento que se mantiene más saludable si está parte.

Interviewer: ¿Hay alguien en su familia, pasado o presente, que sufra de un trastorno mental?

Participant: Una gran pregunta. La verdad es que nunca he pensado en eso. Si no, tal vez en algún momento, puede decir que yo, pero fue como bipolaridad. Entonces, no sé que trastorno mental sea pero si no recuerdo a alguien.

Interviewer: ¿Cómo ha formado sus percepciones de los trastornos mentales?

Participant: Como ha?

Interviewer: Formado o formulado sus percepciones. Porque cuando era niña no tenía percepciones, pero ya las tiene, así como las ha formado?

Participant: Siento que por, tal vez, la sociedad. Tal vez, una experiencia o escucha de otras personas fuera de la familia que tal vez han sufrido. Siento que es por eso, por escucharlo.

Interviewer: En su opinión, hay un estigma alrededor de los trastornos mentales.

Participant: No.

Interviewer: ¿Siente que la cultura tica ayuda o daña su salud mental?

Participant: Hm la cultura tica. Podría ser ambas.

Interviewer: Qué aspectos la ayuda, y qué aspectos la daña?

Participant: Que difícil. Bueno. Recuerdo que estaba ahí una pregunta sobre los estigmas, y creo que sí, que pueda afectar mucho en esa parte. Porque tal vez, esa desaprobación a algún atributo que tenga una ya sea una cultura o una religión, ya sea color de piel, ya sea como sean todos los países. Creo que eso puede llevar a un trastorno mental. Entonces, no podemos ocultar eso porque todo el mundo se da ese rechazo de la sociedad.

Entonces, podría ser eso, un estigma, tal vez de alguna persona que lleva un trastorno mental. Pero también esta es la parte de, no sé cómo tal vez, que yo diga que médica o la parte en la que, no sé tal vez, los amigos, personas que realmente hace personas le ayuden a personas seguir adelante. En Costa Rica se pueden dar ambas situaciones.

Interviewer: ¿Siente que Costa Rica como un país prioriza la salud mental de sus ciudadanos?

Participant: Siento que no es tan, es importante pero no es tan prioritario. No le dan tanto, o sea le da la importancia pero no suficiente. Entonces, es como algo secundario, como si se dan de esa solución o se ve que se hace, pero no es como que tenga en constante.

### **Interview 3**

Interviewer: ¿Cuántos años tiene?

Participant: 19

Interviewer: Cuando piensa en los trastornos mentales, ¿que piensa?

Participant: Cuando pienso en eso?

Interviewer: Si

Participant: Bueno, un ejemplo como las personalidades múltiples en la salud mental, se me hace muy curioso, que para una es algo imposible, algo muy loco pero es algo que la

gente en serio vive. Me hace pensar que es algo muy surreal o algo muy loco que eso le pase a las personas, y eso aplica para cualquier trastorno mental.

Interviewer: ¿Cómo define la salud mental?

Participant: El estado en el que uno se encuentra mentalmente, ya sea bien o mal.

Interviewer: ¿Es la salud mental una prioridad para usted?

Participant: No

Interviewer: Porque?

Participant: No sé, la verdad no es algo que le preste mucha atención.

Interviewer: En tu opinion, cuales son las razones para el aumento actual en los trastornos mentales diagnosticados?

Participant: Puede que como la tecnología ha avanzado y eso nos ha afectado en gran parte.

Interviewer: ¿Siente que su comunidad provee acceso a los servicios para la salud mental?

Participant: No es algo a lo que por lo menos yo he escuchado muy frecuentemente.

Como que la gente diga, tengo que ir al psicólogo o voy a ir al psicólogo, eso no es algo que se escucha muy frecuentemente. Se escucha más por problemas así ya de salud; a que alguien diga vieras que me siento triste, necesito ir al psicólogo, eso no es algo que yo escucho muy frecuentemente.

Interviewer: ¿Aprendía sobre la salud mental como niño o adolescente?

Participant: No.

Interviewer: ¿Cuáles eran sus percepciones sobre la salud mental durante su niñez?

Participant: No sé.

Interviewer: Está bien. En su opinión, quien que tiene la responsabilidad de educar a los adolescentes en la salud mental?

Participant: Yo siento que los padres, claramente, desde chiquiticos. Y siento que en el colegio es un tema que se trata más.

Interviewer: Con que religión, si la tiene, se identifica?

Participant: Católica

Interviewer: ¿Cuales efectos ha tenido su religión hacia la salud mental?

Participant: Ninguno.

Interviewer: ¿Hay alguien en su familia, pasado o presente, que sufra de un trastorno mental?

Participant: Me parece que sí. Tengo un primo que tiene algo, ya él siendo mayor posee la mentalidad como la de un niño o un adolescente. Como si tuviera mi mentalidad o incluso mucho menor.

Interviewer: Tener una persona en su familia con un trastorno mental ha afectado sus percepciones de los trastornos mentales?

Participant: No.

Interviewer: En su opinión hay un estigma alrededor de los trastornos mentales?

Participant: Yo creo que sí.

Interviewer: ¿Cómo piensa que este estigma puede ser evitado?

Participant: Deay, como le dije antes, tratando más los temas de los trastornos mentales en los colegios, escuelas, y hasta en la propia familia.

Interviewer: ¿Siente que los aspectos de la cultura tica ayudan o dañan su salud mental?

Participant: No sé, normal, como neutral.

Interviewer: ¿Siente que Costa Rica como un país prioriza la salud mental de sus ciudadanos, como en el gobierno?

Participant: No, a mi parece no.

Interviewer: Por que?

Participant: Como le repito, no es algo, que se vean muchas campañas sobre eso, y de lo cual casi no se habla.

#### **Interview 4**

Interviewer: ¿Cuántos años tiene?

Participant: 46.

Interviewer: Cuando piensa en los trastornos mentales, ¿que piensa?

Participant: Pienso que trastornos mentales no es sola una persona que necesita de estar en un hospital psiquiátrico. Hay personas con trastornos mentales, tal vez de, como sueños, o alterados, como depresiones, como ansiedad, como no saber cómo resolver una situación y puede entrar en un cambio.

Interviewer: ¿Cómo define la salud mental?

Participant: En el tiempo que estamos, no es muy buena. Porque todo altera la salud mental. La economía, más ahora con la pandemia de COVID, altera mucho la salud mental de muchas personas, no tener trabajo, muchas cosas que han venido ha afectado la salud mental en la población en este momento.

Interviewer: ¿Es la salud mental una prioridad para usted?

Participant: Sí, para mí sí. Porque si yo tengo equilibrio mental, estoy bien de salud mental. Puedo reaccionar de la mejor manera así a las diferentes situaciones que se me

presenten. Y sí es muy importante que mi salud mental esté bien, sea tranquila, esté en paz, y pueda controlar mi mente.

Interviewer: y cómo prioriza la salud mental?

Participant: Siempre, casi siempre, trato de buscar a mis espacios, de tener yo mis propios espacios, porque mi casa, mi familia, mis responsabilidades, todo eso, hacen que, si no lo logro, fácilmente me sienta alterada, me sienta estresada, me sienta, tal vez, enojada.

Interviewer: En tu opinion, cuales son las razones para el aumento actual en los trastornos mentales diagnosticados?

Participant: Creo que lo que está pasando en el planeta es algo que está alterando más la salud mental en las personas. Y al no sentirsen, las personas no sentirsen que tienen el control, está afectando más en estos momentos que hacen unos años atrás.

Interviewer: ¿Siente que su comunidad provee acceso a los servicios para la salud mental?

Participant: Sí, yo creo que sí. Pero ahora se están preocupando más en hacer lugar donde las personas puedan ir a ejercitarse, pueda ir a algunas cosas. Ahora, creo que sí, más que en otros momentos, pero no tantísimo como uno deseaba, como uno lo desea. No hay lugares donde pueda ir estar en un espacio, donde no es tan alterado, con tanto ruido, no es con tanta contaminación auditiva, y todo eso.

Interviewer: Si puede recordar, aprendía sobre la salud mental como niña o adolescente?

Participant: Sí me recuerdo que habían cosas que mis papás buscaban ayudarnos para poder, cuando era niña, para poder hacer salud mental como ir a los ríos el fin de semana, los domingos específicamente, o ellos nos llevaban a los montañas o lugares así porque

eso es parte de estar bien mentalmente porque el tener contacto de la naturaleza, el tener contacto con esos lugares, lo hacen a uno, sea un niño o adolescente feliz.

Interviewer: ¿Cuáles eran sus percepciones de la salud mental durante su niñez?

Participant: No las veía como eso. No las veía como esta era salud mental. Ya después, me voy creciendo, me voy dando cuenta que todo aquello era necesario y que aquello era parte de la salud mental.

Interviewer: En su opinión, quien que tiene la responsabilidad de educar a los adolescentes en la salud mental?

Participant: Creo que tanto educadores como personas que están a cargo a un adolescente tienen la responsabilidad, pero más que todo la responsabilidad de educar, de orientar, y de ayudar a un joven a un adolescente la tiene su propia familia. Si la familia tiene equilibrio, tiene un respaldo, es una familia unida, fortalecida, pueden ayudar a un joven a enfocarse más en cosas sanas, a cosas que no vaya a trastornar.

Interviewer: Con que religión, si la tiene, se identifica?

Participant: Católica.

Interviewer: ¿Cuales efectos ha tenido su religión en sus ideas hacia la salud mental?

Participant: Ha tenido mucho porque para mí, Dios es como el fundamento principal en mi vida. Ha sido el fundamento de mi juventud, desde el momento en que yo lo reconocí como eso, como mi fundamento, como mi todo, fue donde empecé yo esa relación y eso que me ayuda a mí, a darme cuenta que todo lo que sucede, al pasar de los días, al pasar del tiempo, tiene un plan y un propósito. Aunque sean cosas que no sean tan positivas, sé que Dios me las está permitiendo para hacerme una persona fuerte y valiente, y la religión ha sido así.

Interviewer: ¿Hay alguien en su familia, pasado o presente, que sufra de un trastorno mental?

Participant: Sí. En el pasado, mi madrina, ella sufría de depresiones y ella era muy, muy joven, y ella tuvo algún tipo de problemas. Y yo, en el pasado, cuando era muy joven, también tuve depresiones.

Interviewer: Y cuales efectos ha tenido esa experiencia en sus percepciones de la salud mental?

Participant: No me ha afectado porque siento que el ser humano es eso, el ser humano. Está vulnerable, hay en cualquier momento tener un cambio de algo que le afecte y que le haga cambiar su estado de ánimo. Entonces, creo que no lo veo como algo alarmante, que tenga un familiar y que yo también, no. Porque creo que es una etapa de mi vida que la pasé y nada más.

Interviewer: En su opinión hay un estigma alrededor de los trastornos mentales?

Participant: Se habla muy poco. En mi caso, en mi familia no. Porque yo he acostumbrado a estar con mis hijas muy claras y he tratado de si siento que está triste, le dije que si estás triste, yo lo siento y está deprimida o está sucediendo algo. Pero hay muchas personas que no quieren entender o hablar de esta situación. En mi caso, no, pero sí siento que hay personas que muy pocos quieren hablar de estas cosas.

Interviewer: ¿Cómo piensa que este estigma puede ser evitado?

Participant: Siento yo que las personas deben entender eso, que somos personas vulnerables, que somos personas, que somos seres humanos, que hay cosas en nuestros cuerpos en nuestros organismos no podemos controlar de todo. Ciertos órganos en



nuestros cuerpos, el cerebro que es un órgano muy importante, puede ser de algo en desequilibrio o alguna cosa y esto afecte.

Interviewer: ¿Siente que los aspectos de la cultura tica ayudan o dañan su salud mental?

Participant: Siento que hay muchas cosas que afectan. Sí, creo que sí afectan mucho como cuando las personas encargadas de mantener un equilibrio no lo hacen, esta afecta al resto de la población. Siento que si, esa afecta de alguna manera. Y la manera en que nosotros, los latinos, nos relacionamos. A veces hay mucho machismo, como el hombre tiene más derecho que la mujer, y todo eso. Y sí está de alguna manera afectando la salud mental.

Interviewer: Y qué aspectos cree que le ayudan su salud mental?

Participant: En el caso mío, la religión ha sido muy fundamental porque esa me ayudaba a mi y esa es que yo he transmitido a mis hijas. Hagamos lo que hagamos, somos seres humanos, somos creación de Dios, y si no tenemos a Dios, aunque hagamos muchas cosas, puede ser que en algún momento en nuestras vidas, aquello se vaya trancado porque es Dios que es el fundamento de todo de nosotros. Entonces, eso sea transmitido de mis abuelos a mi, de mis papás, y yo se lo transmito a mis hijas. Creo que es algo muy importante.

Interviewer: ¿Siente que Costa Rica, como un país, prioriza la salud mental de sus ciudadanos?

Participant: No sé. Hasta aquel punto, porque hay muchas cosas que lugar deber, como país, hay que mejorarlo. A veces hay cosas como detonantes que hacen más bien que el país retrocedan eso.

## Interview 5

Interviewer: ¿Cuántos años tiene?

Participant: 68.

Interviewer: Cuando piensa en los trastornos mentales, ¿que piensa?

Participant: No sé.

Interviewer: ¿Cómo define la salud mental?

Participant: Siento yo que es como uno está haciendo cosas para entretenerse y que la mente está trabajando.

Interviewer: ¿Es la salud mental una prioridad para usted?

Participant: Sí.

Interviewer: ¿Cómo prioriza la salud mental en su vida?

Participant: Yo pienso que yo soy útil. Que lo que yo estoy haciendo me está ayudando mucho.

Interviewer: Y por qué prioriza la salud mental?

Participant: Porque me gusta.

Interviewer: En su opinión, cuáles son las razones para el aumento actual de trastornos mentales diagnosticados?

Participant: Siento yo que puede ser tanto estrés, y que si uno no tiene nada que hacer tiene la mente ocupada en otras cosas entonces es lo que perjudica.

Interviewer: ¿Siente que su comunidad provee acceso a los servicios para la salud mental? Como en San Ramón

Participant: No.

Interviewer: Si puede recordar, ¿aprendía sobre la salud mental como niña o adolescente?  
En la escuela o de sus padres?

Participant: Esto no me acuerdo.

Interviewer: Está bien. En su opinión, quien que tiene la responsabilidad de educar a los adolescentes en la salud mental?

Participant: Bueno yo siento que los padres y también los médicos que le ayuden a uno.

Interviewer: Con que religión, si la tiene, se identifica?

Participant: Católica.

Interviewer: ¿Cuales efectos ha tenido su religión en sus ideas hacia la salud mental?

Participant: Un beneficio que uno siente en la salud mental de que uno debido metido en las cosas de la iglesia, y le pide mucho a Dios, y que lo da el entendimiento.

Interviewer: ¿Hay alguien en su familia pasado o presente que sufra de un trastorno mental?

Participant: Mi madrina. Bueno era una tía que sufría de trastornos mentales.

Interviewer: Y cómo ha afectado a usted esa experiencia?

Participant: Si como uno se siente mal de ver la persona todo lo que sufren en ese aspecto.

Interviewer: En su opinión, ¿es la salud mental un tema muy tabú aquí en Costa Rica?

Participant: Sí.

Interviewer: Y cómo piensa que puede ser evitado?

Participant: Siento yo que dándole más confianza, de que se sienta atraído, digamos, como en esa reunión.

Interviewer: ¿Siente que los aspectos de la cultura tica ayudan o dañan su salud mental?

Participant: Sí.

Interviewer: Como que? ¿Cuales ayudan y cuales dañan?

Participant: Yo siento que es como más comunicación con esas personas para que ellas se sientan como dije atraídas a uno y que no se sienta así como unas apartadas.

Interviewer: ¿Siente que Costa Rica como un país prioriza la salud mental de sus ciudadanos?

Participant: Yo creo que sí.

Interviewer: ¿En qué manera?

Participant: Yo siento que Costa Rica lo hace como por ejemplo de vivir unidos, de mantener la unión entre la familia y todo.

### **Interview 6**

Interviewer: ¿Cuántos años tiene?

Participant: 40

Interviewer: Cuando piensa en los trastornos mentales, ¿que piensa?

Participant: Enfermedades en las personas causadas por diversas situaciones en el organismo en la mente.

Interviewer: Y cómo define la salud mental?

Participant: La salud mental es algo necesario en la vida del ser humano que se puede lograr a través de diversos recursos.

Interviewer: ¿Es la salud mental una prioridad para usted?

Participant: Totalmente.

Interviewer: Por que?

Participant: Porque la vida se vuelve mejor. La salud física cambia completamente.

Interviewer: Y cómo prioriza la salud mental en su vida?

Participant: Realizando ejercicio y evitando situaciones de estrés en las que yo me llegue a enfermar.

Interviewer: En su opinion, cuales son las razones para el aumento actual en trastornos mentales diagnosticados?

Participant: Creo que el estilo de vida de las personas y su diario vivir causan trastornos mentales por el estrés, la depresión, los suicidios. Siento que las personas no tienen un escape. Normalmente parece de estos tipos de enfermedades.

Interviewer: ¿Siente que su comunidad provee acceso a los servicios para la salud mental?

Participant: Relativamente. No como se debiera. Tal vez como un compromiso pero no intencionalmente.

Interviewer: ¿Qué tipos provee?

Participant: Pueden ser médicos, puede ser un club, puede ser estos proyectos en el hospital y por los colegios.

Interviewer: Si puede recordar, aprendía sobre la salud mental como niño o adolescente?

Participant: Muy poco.

Interviewer: Y cuáles eran sus percepciones de la salud mental durante su niñez?

Participant: Normalmente, se identifica como personas locas, personas esquizofrénicas, personas que mentalmente están desubicadas, no como una enfermedad.

Interviewer: Y por qué cree que eran así?

Participant: Por muchos estereotipos, por muchos paradigmas que uno tiene o que lo ha implantado, también.

Interviewer: En su opinión, quien que tiene la responsabilidad de educar a los adolescentes en la salud mental?

Participant: Los ministerios, los educativos, correspondientes, y con ellos los profesores, maestros, y por supuesto en la familia, verdad.

Interviewer: Con que religión, si la tiene se identifica?

Participant: Cristianismo

Interviewer: ¿Cuales efectos ha tenido su religión en sus ideas hacia la salud mental?

Participant: Muy positivas porque intenta enfocarse en el bienestar humano en las personas, no tanto en los religiosos. Sino en ayudar a la gente adopten un estilo de vida sano para ellos.

Interviewer: ¿Hay alguien en su familia, pasado o presente, que sufra de un trastorno mental?

Participant: Quizás. Algunos familiares por algunos vi si han parecido estos tipos de trastornos pero son provocados por sus malas decisiones.

Interviewer: Y por esta experiencia de tener alguien en su familia con un trastorno mental, ¿cómo ha formado sus percepciones de los trastornos mentales?

Participant: Creo que uno no actúa de todo, simplemente que hay alguien que tiene algún trastorno y no le proporciona un acompañamiento a esas personas. Simplemente sabe que está ahí. Es como un testigo. No tanto como actor de problemas, lo que nada más es testigo.

Interviewer: En su opinión, hay un estigma alrededor sobre los trastornos mentales?

Participant: Si.

Interviewer: Y cómo piensa que este estigma puede ser evitado?

Participant: Yo creo que con una buena educación, con una correcta interpretación de los trastornos mentales en las vidas de las personas.

Interviewer: ¿Siente que los aspectos de la cultura tica ayudan o dañan a su salud mental?

Participant: Si. Muchas prácticas sociales, precisamente se dirigen a que las personas hagan o realicen ciertas actividades que no beneficien su salud.

Interviewer: Y qué aspectos de la cultura tica ayudan su salud mental?

Participant: Yo creo que muchas actividades como ejercicios, competencias, y muchos institutos y ministerios ofrecen capacitaciones, por ejemplo, para que las personas tengan una buena salud mental.

Interviewer: Y cree que hay aspectos que dañan su salud mental?

Participant: En Costa Rica?

Interviewer: Si.

Participant: Por supuesto. Hay muchas actividades, sobre todo, masivas, en que las personas tienen que ver en vueltas para adoptar vicios que tal vez no tengan, y a partir de esos vicios ya empiezan a tener una vida que no es sana.

Interviewer: Y siente que Costa Rica, como un país, prioriza la salud mental de sus ciudadanos?

Participant: Relativamente, también. Tal vez como un compromiso muy político, y no humano.

Interviewer: Y por qué cree que es solo relativamente?

Participant: Porque las personas aprovechan la política para socialmente dar a conocer sus buenas ideas, sus intenciones. En la salud mental, por ejemplo, para ahora poner en práctica, no es real.



APPENDIX H

Survey Results

Demographic and Background Information-- United States Sample

Item	N (%)
<b>Age</b>	
18-25	91 (27.2)
26-35	48 (14.5)
36-50	61 (18.5)
51-64	109 (33.1)
65+	22 (6.7)
<b>Sex</b>	
Male	62 (18.7)
Female	268 (81)
Other	1 (0.3)
<b>Ethnicity</b>	
White	306 (92.4)
Black	12 (3.6)

Hispanic or Latinx	9 (2.7)
Asian	3 (.9)
Native American	0 (0)
Other	1 (0.3)

**Highest Level of Education Completed**

Elementary School	1 (0.3)
Middle School	1 (0.3)
High School	72 (21.8)
Associate's Degree	55 (16.6)
Bachelor's Degree	137 (41.4)
Master's Degree	57 (17.2)
Doctorate Degree	8 (2.4)

**Spiritual Identity**

Christian (Catholic, Evangelical, other denominations)	306 (92.4)
Jewish	0 (0)
Hindu	0 (0)
Muslim	0 (0)
I am not religious	18 (5.4)
Other	7 (2.1)

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N = 331

## Demographic and Background Information—Costa Rica Sample

Item	N (%)
<b>Age</b>	
18-25	30 (53.6)
26-35	12 (21.4)
36-50	12 (21.4)
51-64	1 (1.8)
65+	1 (1.8)
<b>Sex</b>	
Male	16 (28.6)
Female	39 (69.8)
Other	1 (1.8)
<b>Ethnicity</b>	
Hispanic or Latinx	43 (76.8)
White	10 (17.9)
Black	2 (3.6)
Asian	0 (0)
Native American	0 (0)

Other	1 (1.8)
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**Highest Level of Education Completed**

Elementary School	2 (3.6)
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Middle School	4 (7.1)
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High School	28 (50)
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Associate's Degree	7 (12.5)
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Bachelor's Degree	13 (23.2)
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Master's Degree	2 (3.6)
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Doctorate Degree	0 (0)
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**Spiritual Identity**

Christian (Catholic, Evangelical, other denominations)	45 (80.4)
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Hindu	0 (0)
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Jewish	0 (0)
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Muslim	0 (0)
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I am not religious	8 (14.3)
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Other	3 (5.4)
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N = 56

**Mental Health Questionnaire —United States Sample**

<b>Item</b>	<b>N (%)</b>	<b>Margin of Error (95% Confidence)</b>
<b>How high of a priority would you say mental health is in your life on a scale of 1-10? (1 being the lowest priority and 10 being the top priority)</b>		
1	1 (0.3)	± 0.59
2	1 (0.3)	± 0.59
3	2 (0.6)	± 0.83
4	4 (1.2)	± 1.17
5	8 (2.4)	± 1.65
6	19 (5.7)	± 2.5
7	44 (13.3)	± 3.66
8	85 (25.7)	± 4.71
9	72 (21.8)	± 4.45
10	95 (28.7)	± 4.87
<b>How would you rate your mental health on a scale of 1-10? (1 being very poor and 10 being excellent)</b>		
1	1 (0.3)	± 0.59
2	2 (0.6)	± 0.83

3	11 (3.3)	± 1.92
4	19 (5.7)	± 2.5
5	13 (3.9)	± 2.09
6	26 (7.9)	± 2.91
7	58 (17.5)	± 4.09
8	97 (29.3)	± 4.9
9	76 (23)	± 4.53
10	28 (8.5)	± 3

**How often has your mental health ever interfered with your relationships?**

Very often	15 (4.5)	± 2.23
Often	40 (12.1)	± 3.51
Somewhat often	112 (33.8)	± 5.1
Almost never	128 (38.7)	± 5.25
Never	36 (10.9)	± 3.36

**How often has your mental health interfered with your ability to complete tasks or get work done?**

Very often	22 (6.6)	± 2.67
Often	45 (13.6)	± 3.69
Somewhat often	81 (24.5)	± 4.63

Almost never	141 (42.6)	± 5.33
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Never	42 (12.7)	± 3.59
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**How often do you feel as though your mental health has caused you distress?**

Very often	40 (12.1)	± 3.51
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Often	52 (15.7)	± 3.92
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Somewhat often	97 (29.3)	± 4.9
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Almost Never	116 (35)	± 5.14
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Never	26 (7.9)	± 2.91
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**How often has your mental health been viewed as odd or abnormal by others?**

Very often	15 (4.5)	± 2.23
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Often	26 (7.9)	± 2.91
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Somewhat often	47 (14.2)	± 3.76
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Almost never	145 (43.8)	± 5.34
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Never	98 (29.6)	± 4.92
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**How big of an influence do you feel like your religion has had on your view of mental illness?**

Large influence	118 (35.6)	± 5.16
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Some influence	102 (30.8)	± 4.97
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Little influence	64 (19.3)	± 4.25
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No influence	47 (14.2)	± 3.76
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**How often was mental health discussed when you were in school?**

Very often	5 (1.5)	± 1.31
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Often	9 (2.7)	± 1.75
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Somewhat often	32 (9.7)	± 3.19
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Almost never	189 (57.1)	± 5.33
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Never	96 (29)	± 4.89
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**How often during your childhood did your parents/guardians talk to you about mental health?**

Very often	1 (0.3)	± 0.59
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Often	8 (2.4)	± 1.65
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Somewhat often	31 (9.4)	± 3.14
----------------	----------	--------

Almost never	138 (41.7)	± 5.31
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Never	153 (46.2)	± 5.37
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**How often does your doctor discuss your mental health?**

Very often	15 (4.5)	± 2.23
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Often	44 (13.3)	± 3.66
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Somewhat often	76 (23)	± 4.53
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Almost never	133 (40.2)	± 5.28
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Never	63 (19)	± 4.23
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**How often do you discuss mental health with your family/friends?**

Very often	29 (8.8)	± 3.05
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Often	69 (20.8)	± 4.37
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Somewhat often	118 (35.6)	± 5.16
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Almost never	94 (28.4)	± 4.86
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Never	21 (6.3)	± 2.62
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**Have you ever been diagnosed with a mental disorder?**

Yes	102 (30.8)	± 4.97
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No	220 (66.5)	± 5.08
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Unsure	9 (2.7)	± 1.75
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**Have you ever taken medication for a mental disorder?**

Yes	108 (32.6)	± 5.05
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No	219 (66.2)	± 5.1
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Unsure	4 (1.2)	± 1.17
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**Do you have a family history of mental illness?**

Yes	121 (36.6)	± 5.19
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No	164 (49.5)	± 5.39
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Unsure	46 (13.9)	± 3.73
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**How aware are you of mental health resources in your community?**

Very aware	85 (25.7)	± 4.71
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Somewhat aware	176 (53.2)	± 5.48
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Unaware	66 (19.9)	± 4.3
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I know that there are no resources in my community	4 (1.2)	± 1.17
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**Have you ever been treated for substance abuse?**

Yes	7 (2.1)	± 1.54
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No	324 (97.9)	± 1.54
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Unsure	0 (0)	± 0
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**Do you have a family history of substance abuse?**

Yes	99 (29.9)	± 4.93
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No	220 (66.5)	± 5.08
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Unsure	12 (3.6)	± 2.01
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**If you wanted to see a mental healthcare provider, how difficult would it be to access it?**

Very difficult	1 (0.3)	± 0.59
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Difficult	14 (4.2)	± 2.16
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Somewhat difficult	52 (15.7)	± 3.92
Fairly easy	171 (51.7)	± 5.38
Easy	93 (28.1)	± 4.84

**Have any of the following been barriers to your accessing mental healthcare? (check all that apply)**

Transportation	8 (2.4)	± 1.65
Cost	105 (31.7)	± 5.01
Time	69 (20.8)	± 4.37
Geographic distance	13 (3.9)	± 2.09
Stigma	70 (21.1)	± 4.4
Inability to find a provider	33 (10)	± 3.23
None of these have impacted my access to mental healthcare	173 (52.3)	± 5.38

**Rate the impact that COVID has had on your mental health on a scale of 1-10. (1 being no impact and 10 being major impact)**

1	20 (6)	± 2.56
2	32 (9.7)	± 3.19
3	28 (8.5)	± 3
4	14 (4.2)	± 2.16
5	35 (10.6)	± 3.32

6	35 (10.6)	± 3.32
7	49 (14.8)	± 3.83
8	58 (17.5)	± 4.09
9	28 (8.5)	± 3
10	32 (9.7)	± 3.19

**Rate your perception of the stigma around mental health in your area on a scale of 1-10. (1 being no stigma and 10 being extreme stigma)**

1	10 (3)	± 1.84
2	10 (3)	± 1.84
3	32 (9.7)	± 3.19
4	22 (6.6)	± 2.67
5	54 (16.3)	± 3.98
6	46 (13.9)	± 3.73
7	73 (22.1)	± 4.47
8	52 (15.7)	± 3.92
9	21 (6.3)	± 2.62
10	11 (3.3)	± 1.92

**Would you be reluctant to seek treatment for a mental health issue because of that stigma?**

Yes	59 (17.8)	± 4.12
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No	224 (67.7)	± 5.04
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Unsure	48 (14.5)	± 3.79
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**Would you be reluctant to seek treatment for substance abuse because of that stigma?**

Yes	51 (15.4)	± 3.89
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No	228 (68.9)	± 4.99
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Unsure	52 (15.7)	± 3.92
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N = 331

**Mental Health Questionnaire— Costa Rica Sample**

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<b>Item</b>	<b>N (%)</b>	<b>Margin of Error (95% Confidence)</b>
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**How high of a priority would you say mental health is in your life on a scale of 1-10? (1 being the lowest priority and 10 being the top priority)**

1	0 (0)	± 0
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2	2 (3.6)	± 4.88
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3	0 (0)	± 0
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4	1 (1.8)	± 3.48
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5	5 (8.9)	± 7.46
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6	3 (5.4)	± 5.92
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7	2 (3.6)	± 4.88
8	16 (28.6)	± 11.84
9	7 (12.5)	± 8.66
10	20 (35.7)	± 12.55

**How would you rate your mental health on a scale of 1-10? (1 being very poor and 10 being excellent)**

1	0 (0)	±0
2	2 (3.6)	± 4.88
3	1 (1.8)	± 3.48
4	1(1.8)	± 3.48
5	4 (7.1)	± 6.73
6	8 (14.3)	± 9.17
7	9 (16.1)	± 9.63
8	22 (39.3)	± 12.79
9	6 (10.7)	± 8.1
10	3 (5.4)	± 5.92

**How often has your mental health ever interfered with your relationships?**

Very often	13 (23.2)	± 11.06
Often	11 (19.6)	± 10.4

Somewhat often	21 (37.5)	± 12.68
Almost never	9 (16.1)	± 9.63
Never	2 (3.6)	± 4.88

**How often has your mental health interfered with your ability to complete tasks or get work done?**

Very often	10 (17.9)	± 10.04
Often	11 (19.6)	± 10.4
Somewhat often	21 (37.5)	± 12.68
Almost never	12 (21.4)	± 10.74
Never	2 (3.6)	± 4.88

**How often do you feel as though your mental health has caused you distress?**

Very often	14 (25)	± 11.34
Often	11 (19.6)	± 10.4
Somewhat often	21 (37.5)	± 12.68
Almost never	8 (14.3)	± 9.17
Never	2 (3.6)	± 4.88

**How often has your mental health been viewed as odd or abnormal by others?**

Very often	3 (5.4)	± 5.92
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Often	6 (10.7)	± 8.1
Somewhat often	18 (32.1)	± 12.23
Almost never	18 (32.1)	± 12.23
Never	11 (19.6)	± 10.4

**How big of an influence do you feel like your religion has had on your view of mental illness?**

Large influence	16 (28.6)	± 11.84
Some influence	12 (21.4)	± 10.74
Little influence	12 (21.4)	± 10.74
No influence	16 (28.6)	± 11.84

**How often was mental health discussed when you were in school?**

Very often	4 (7.1)	± 6.73
Often	6 (10.7)	± 8.1
Somewhat often	9 (16.1)	± 9.63
Almost never	26 (46.4)	± 13.06
Never	11 (19.6)	± 10.4

**How often during your childhood did your parents/guardians talk to you about mental health?**

Very often	4 (7.1)	± 6.73
Often	3 (5.4)	± 5.92



Somewhat often	6 (10.7)	± 8.1
Almost never	18 (32.1)	± 12.23
Never	25 (44.6)	± 13.02

**How often does your doctor discuss your mental health?**

Very often	2 (3.6)	± 4.88
Often	5 (8.9)	± 7.46
Somewhat often	7 (12.5)	± 8.66
Almost never	9 (16.1)	± 9.63
Never	33 (58.9)	± 12.89

**How often do you discuss mental health with your family/friends?**

Very often	5 (8.9)	± 7.46
Often	13 (23.2)	± 11.06
Somewhat often	18 (32.1)	± 12.23
Almost never	12 (21.4)	± 10.74
Never	8 (14.3)	± 9.17

**Have you ever been diagnosed with a mental disorder?**

Yes	5 (8.9)	± 7.46
No	42 (75)	± 11.34

Unsure	9 (16.1)	± 9.63
<b>Have you ever taken medication for a mental disorder?</b>		
Yes	8 (14.3)	± 9.17
No	46 (82.1)	± 10.04
Unsure	2 (3.6)	± 4.88
<b>Do you have a family history of mental illness?</b>		
Yes	14 (25)	± 11.34
No	33 (58.9)	± 12.89
Unsure	9 (16.1)	± 9.63
<b>How aware are you of mental health resources in your community?</b>		
Very aware	1 (1.8)	± 3.48
Somewhat aware	24 (42.9)	± 12.96
Unaware	25 (44.6)	± 13.02
I know that there are no resources in my community	6 (10.7)	± 8.1
<b>Have you ever been treated for substance abuse?</b>		
Yes	2 (3.6)	± 4.88
No	54 (96.4)	± 4.88
Unsure	0 (0)	± 0

**Do you have a family history of substance abuse?**

Yes	23 (41.1)	± 12.89
No	30 (53.6)	± 13.06
Unsure	3 (5.4)	± 5.92

**If you wanted to see a mental healthcare provider, how difficult would it be to access it?**

Very difficult	4 (7.1)	± 6.73
Difficult	12 (21.4)	± 10.74
Somewhat difficult	18 (32.1)	± 12.23
Fairly easy	17 (30.4)	± 12.05
Easy	5 (8.9)	± 7.46

**Have any of the following been barriers to your accessing mental healthcare? (check all that apply)**

Transportation	3 (5.4)	± 5.93
Cost	30 (53.6)	± 13.06
Time	11 (19.6)	± 10.4
Geographic distance	4 (7.1)	± 6.73
Stigma	5 (8.9)	± 7.46
Inability to find a provider	11 (19.6)	± 10.4
Other barrier	7 (12.5)	± 8.66

None of these have impacted my access to mental healthcare	17 (30.4)	± 12.05
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**Rate the impact that COVID has had on your mental health on a scale of 1-10. (1 being no impact and 10 being major impact)**

1	2 (3.6)	± 4.88
2	1 (1.8)	± 3.48
3	3 (5.4)	± 5.93
4	2 (3.6)	± 4.88
5	8 (14.3)	± 9.17
6	7 (12.5)	± 8.66
7	3 (5.4)	± 5.93
8	9 (16.1)	± 9.63
9	9 (16.1)	± 9.63
10	12 (21.4)	± 10.74

**Rate your perception of the stigma around mental health in your area on a scale of 1-10. (1 being no stigma and 10 being extreme stigma)**

1	4 (7.1)	± 6.73
2	1 (1.8)	± 3.48
3	2 (3.6)	± 4.88
4	3 (5.4)	± 5.93

5	9 (16.1)	± 9.63
6	8 (14.3)	± 9.17
7	9 (16.1)	± 9.63
8	6 (10.7)	± 8.1
9	7 (12.5)	± 8.66
10	7 (12.5)	± 8.66

**Would you be reluctant to seek treatment for a mental health issue because of that stigma?**

Yes	17 (30.4)	± 12.05
No	28 (50)	± 13.1
Unsure	11 (19.6)	± 10.4

**Would you be reluctant to seek treatment for substance abuse because of that stigma?**

Yes	19 (33.9)	± 12.4
No	30 (53.6)	± 13.06
Unsure	7 (12.5)	± 8.66

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N = 56