Mental Health Service Disparities in the Latino Population

An Exploration of Consequences, Promising Practices, and Opportunities for Improved Access in Oregon

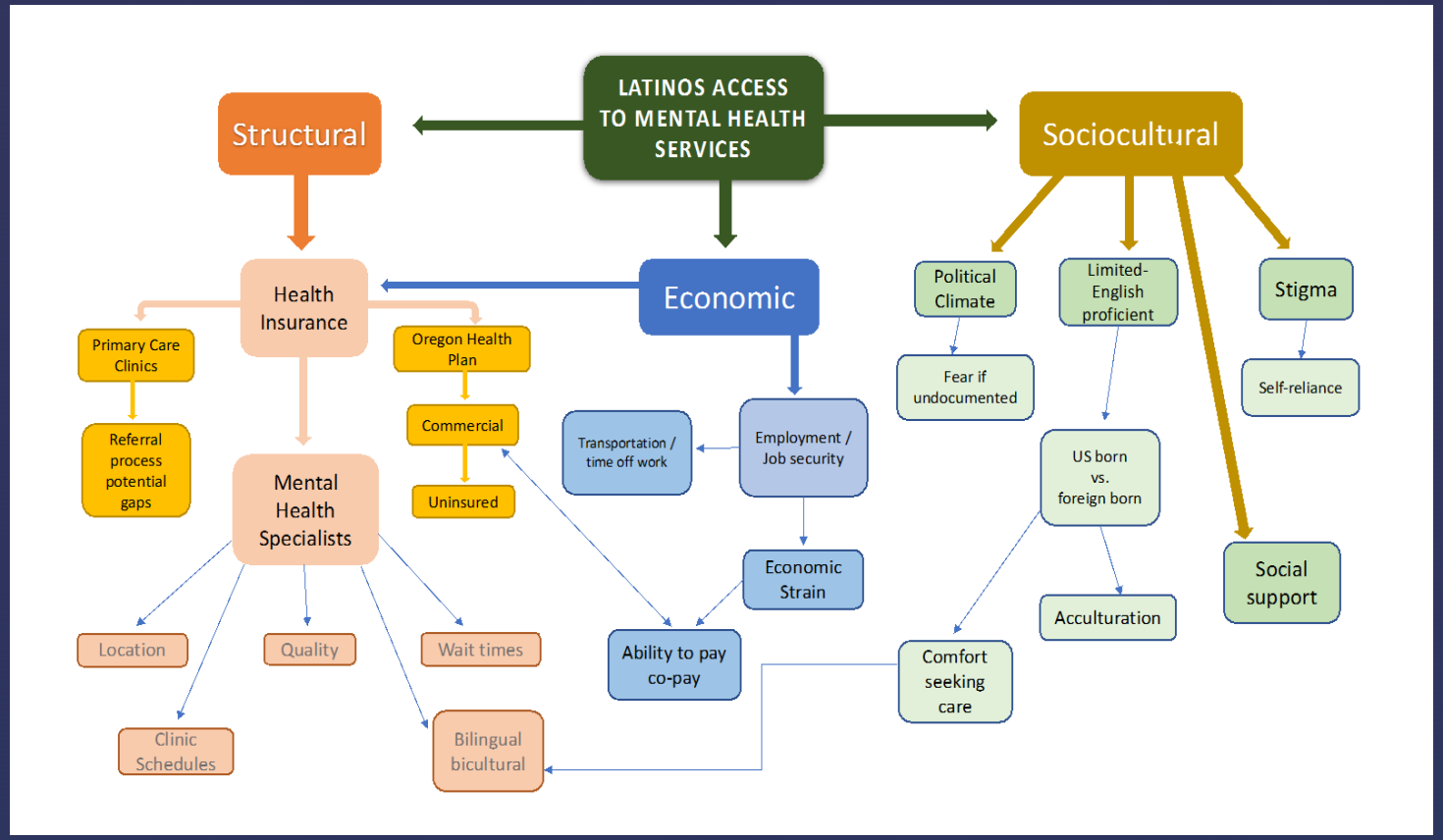
Erin Hernandez, MPH
Graduate Research Intern
Oregon Commission on Hispanic Affairs
Preceptor: Connie Kim-Gervey, PhD

Academic Advisor,
Ana Quiñones, PhD

Background

- Challenging time in U.S. - increasing violence, acts of racism
- National political climate – DACA, immigration policy
- Fear, context of reception, discrimination – real mental health threats
- Latinos make up 16 % of the U.S. population and are predicted to account for 30 % of the U.S. population by 2050.[1]
- In Oregon, Latinos make up 13 % of population; 1 in 4 students enrolled in Oregon public school system is Latino.[2]

Factors influencing Access to Mental Health Services for Latinos



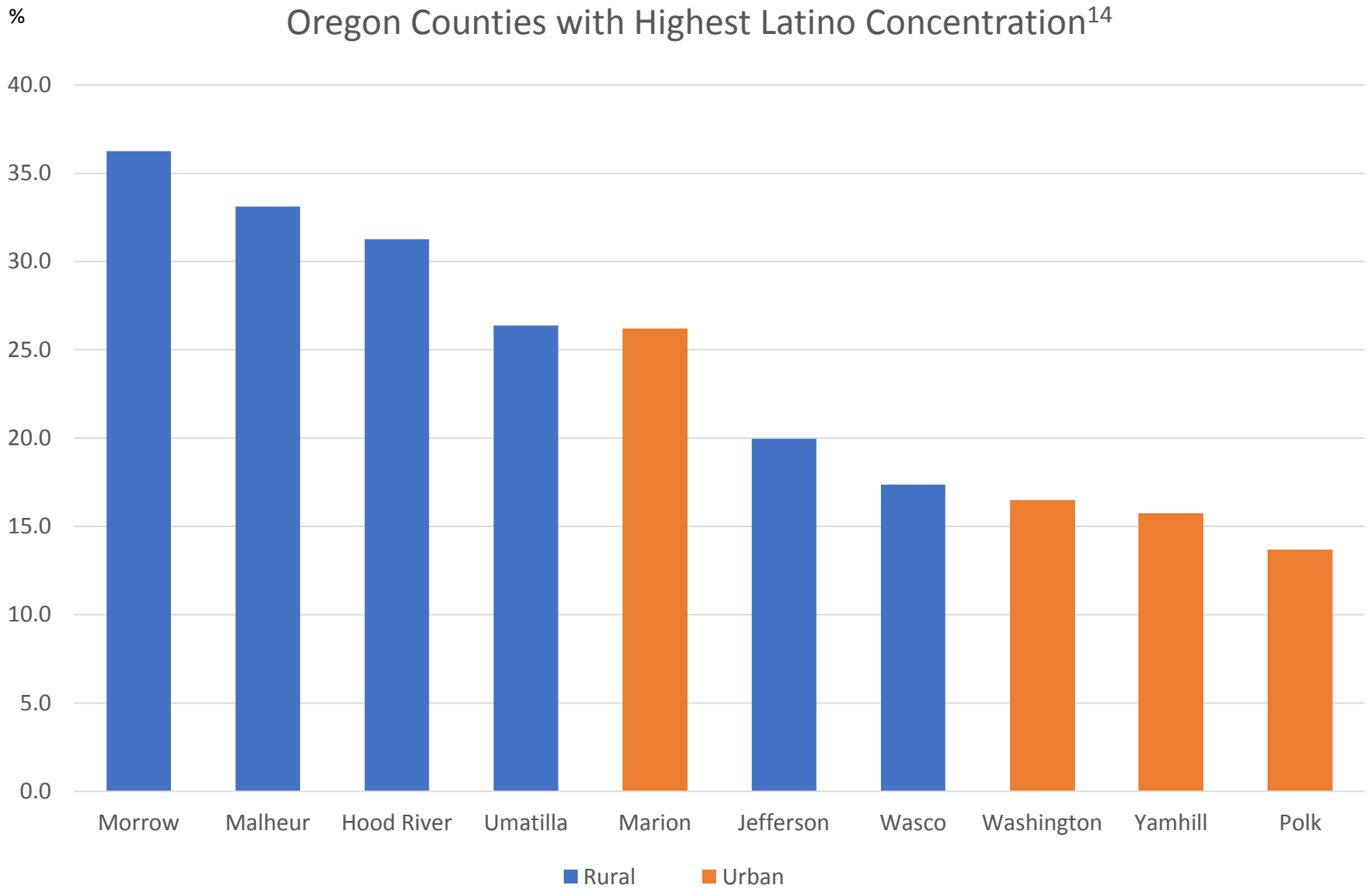
Based primarily on systematic review by Cabassa et al, 2006[3]

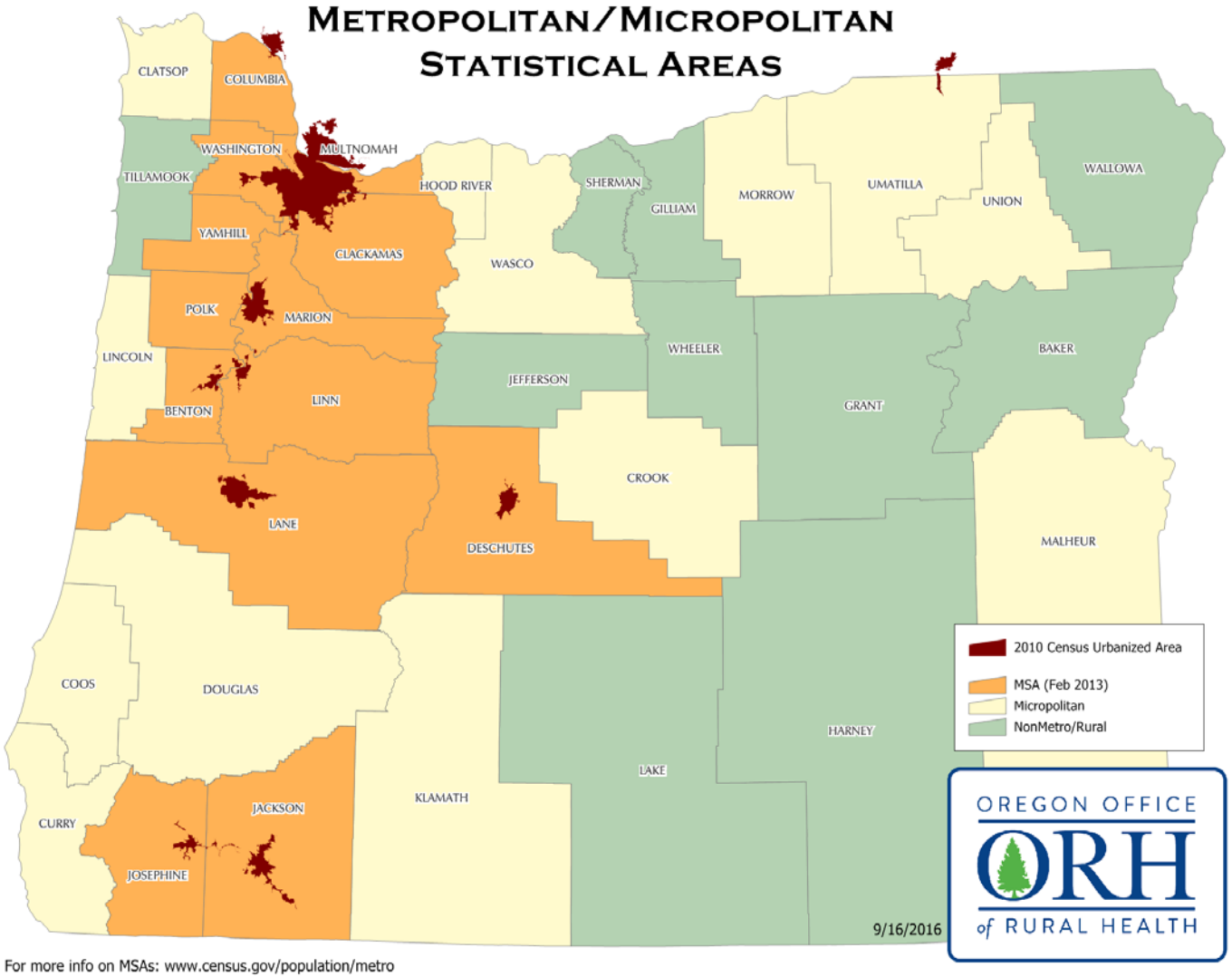
Mental Health Care Disparities - Latinos

- Latino community as a whole underutilize mental health services compared to non-Latino whites [3-5]
- Latinos more likely to discontinue anti-depressant medication than non-Latino whites [6-7]
- Rural - awareness and knowledge of mental health care resources[8]
- Youth - 35% of Latino/a adolescents reported experiencing symptoms of depression in 2015, compared to 28% of non-Latino whites[9]
- Entry point for mental health care in Latino youth[10-11]

Mental Health Care Disparities Latinos in Oregon

- According to a report by the Oregon Health Equity Alliance (2016), Latinos in Oregon are more likely than non-Latino whites to report poor mental health statuses [12]
- Prior to the passage of Cover All Kids, over 25% of Oregon Latinos were uninsured, compared with 13% of the non-Latino white population[13]


%
Oregon Counties with Highest Latino Concentration[14]
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
Morrow
Malheur
Hood River
Umatilla
Marion
Jefferson
Wasco
Washington
Yamhill
Polk
Rural
Urban



Oregon Office of Rural Health (OORH), 2018

Mental Health Providers

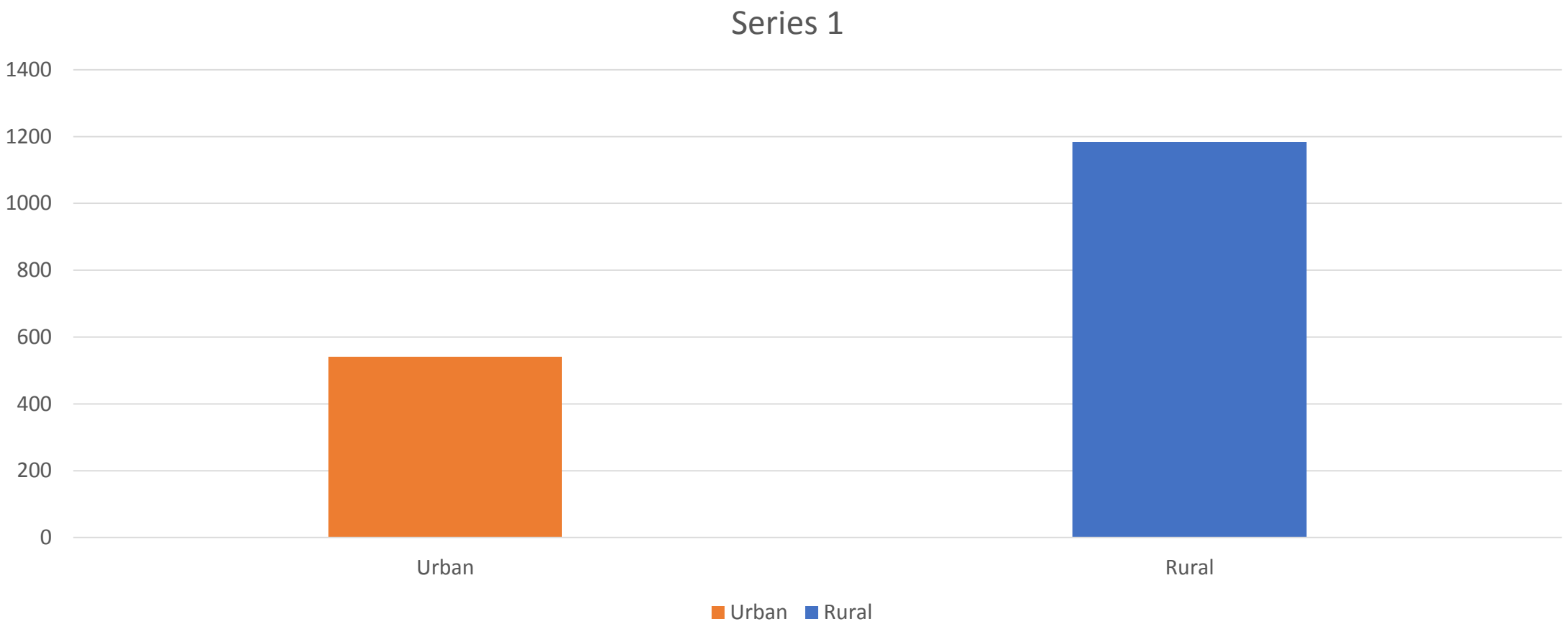
- Social Workers
- Psychiatric Nurse Practitioners
- Psychiatrists
- Psychologists
- Family Counselors

Types and Numbers of Mental Health Providers – Urban vs Rural (2017)

	Social Workers	NP Psychs	Psychiatrists	Psychologists	Family Counselors	Total MH Providers
Urban Total	2,888	233	322	1,555	1,345	6,344
Rural Total	317	39	26	54	123	560
Urban Median	155	11	11	54	80	327
Rural Median	8	1	0	1	2	4

E. Quan, personal communication, July 27, 2018; Robert Wood Johnson Foundation (RWJF), 2018

Number of Individuals Served per 1 Mental Health Provider in Oregon



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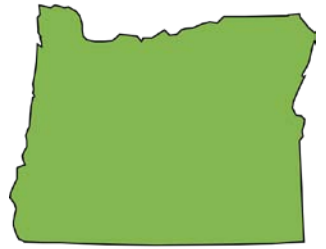
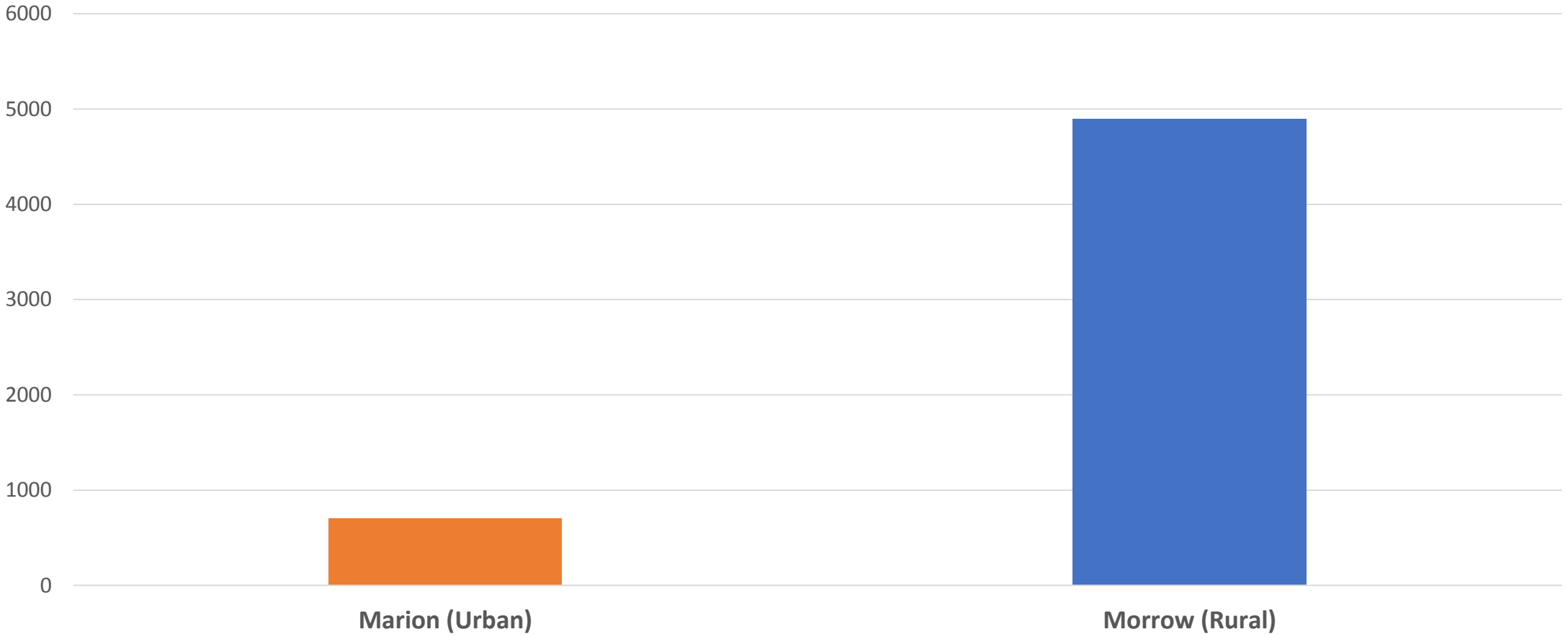




Consequences of Mental Health Disparities

- **Cultural stress → depression → smoking, drinking, poor conduct[16-18]**
- **Early childhood trauma → depression, suicide[19]**
- **Disconnected youth → violence, marijuana use, emotional and cognitive deficits[20]**
- **Incomplete education → poor physical health, anxiety, depression[20]**

Integrated Primary Care and Behavioral Health

Telehealth Services

National Review: Best Models and Promising Practices

Integrated Behavioral Health with Primary Care

- Team-based care model that co-locates behavioral health clinicians within a primary care setting
- Improves access to care, quality, and reduces costs[21-22]
- Compliance to treatment plans increase when patients involved in treatment decisions[23]
- Warm hand-off – immediacy, trust – counters barriers of access, fear, stigma of seeking specialist help

Clinical Care/Education/Nutrition/Psychosocial Research

Collaborative Care Management of Major Depression Among Low-Income, Predominantly Hispanic Subjects With Diabetes

A randomized controlled trial

KATHLEEN ELL, DSW1 WAYNE KATON, MD2 BIN XIE, PHD3 PEY-JIUAN LEE, MS1
SUAD KAPETANOVIC, MD4 JEFFREY GUTERMAN, MD, MS5 CHIH-PING CHOU, PHD6

OBJECTIVE — To determine whether evidence-based socioculturally adapted collaborative depression care improves receipt of depression care and depression and diabetes outcomes in low-income Hispanic subjects.

CONCLUSIONS— Socioculturally adapted collaborative depression care improved depression, functional outcomes, and receipt of depression treatment in predominantly Hispanic patients in safety-net clinics.

Diabetes Care **33:706–713, 2010**

What is Telehealth?

- Telehealth services are visits conducted via telephone or videoconference, typically utilized as a strategy to increase access to care for rural communities that experience a shortage of qualified mental health care specialists.
- Counseling, psychotherapy, and cognitive behavioral therapy
- Community organizations, hospitals, or clinics connect patients with psychiatrists, psychiatric nurse practitioners, psychologists and clinical social workers

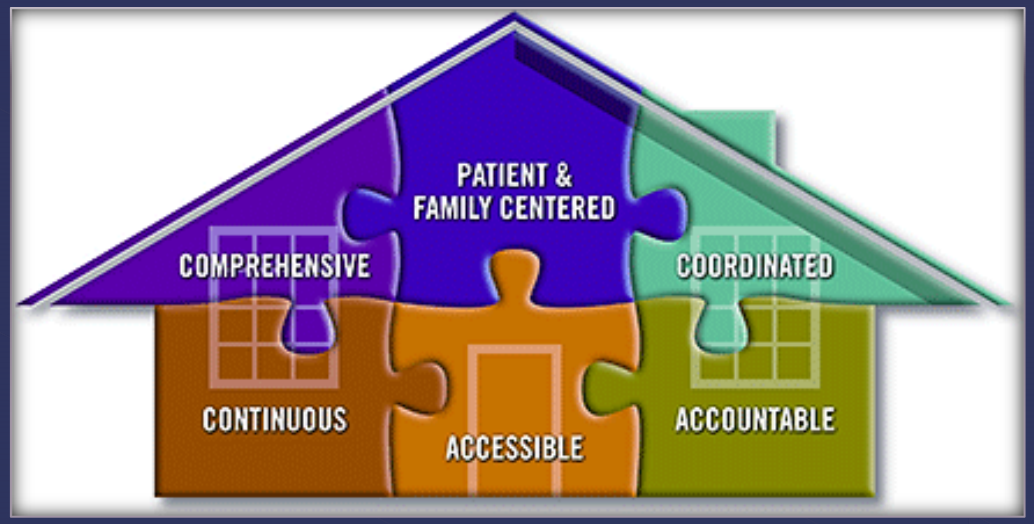
The University of Virginia School of Medicine - Charlottesville

- Between 2003-2012, nearly 13,000 adults and children benefited from this telehealth service[25]
- *"My child was comfortable with the videoconferencing format."*
- *"I am pleased with the care my child received."*
- *"Using the telemedicine facility saved me time and/or money versus driving to a more distant in person visit."*

Opportunities and Strategies for Local Implementation

Integrated Primary Care and Behavioral Health

- Patient-Centered Primary Care Home (PCPCH) - first clinic recognized in 2011
- 600 clinics serving 75% of Oregonians now adhere to this integrated care model.[26]



School-based Health Centers (SBHCs)

- Initiated in 1986, 78 SBHCs now operate in 25 rural and urban counties throughout Oregon.[27]
- Effective in reducing barriers to care for families of low socio-economic status and minority populations[28-29]
- 60% of youth in Oregon identify their SBHC as their primary source of mental health care.[30]
- All SBHCs have a licensed mental health clinician on staff.[30]

Telehealth Services

- Oregon Senate Bill (SB) 144, passed in 2015, allows for health service providers licensed in Oregon to provide telemedical services.
- Medicaid and Medicare offer reimbursement for telemedicine initiatives.
- Medicare only reimburses if the patients receiving treatment live in a Health Professional Shortage Area (HPSA) or outside a Metropolitan Statistical Area (MSA).[31]

Culturally and Linguistically Appropriate Care

Cultural competence continuing education legislation – Oregon House Bill (HB) 3100 – passed in 2012

No financial incentives for health plans or systems are tied to these health equity measures.[32]

Recommendations

- 1. Greater integration of behavioral health in primary care
- 2. Telehealth for delivery of mental health care
- 3. Continuing to develop culturally and linguistically diverse workforce
- 4. Use of existing Oregon frameworks: PCPCHs and SBHCs
- 5. More Oregon-specific data on mental health utilization by Latinos is needed!

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