

Hispanic/Latino Case Study:
Improved mental health care for Mexican Americans
in Fresno County, California

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GOAL OF THIS INITIATIVE

- Use data for building the case of reducing disparities in mental health services for 2 subgroups of Mexican origin (MO) not differentiated before: Mexican Immigrants- Need Spanish Services; MA born in US who need services in English
- A CBPR philosophy was used with many community stakeholders (Cal State Univ, Fresno, mental health administrators, practitioners from Fresno County Adult Mental Health Services) -COUNTY SERVICES
- Fresno County is located in the California Central Valley, between LA and SF
- Fresno is 6th largest city in CA, Hispanics (almost all whom are Mexican-origin, 80%) (MO) constitute 38.2% of the county, 764,810 population

DATA COLLECTION

- Data was integrated as part of a model for translating research into action in the context of mental health and data needs, give back to the community- **University-County Collaborative**
- Data was collected via pop, based-epi survey (MAPSS)- **Critical Data: Place of Birth- Language- Residence US**
- Data was collected in the use of mental health services by MO to inform the need and effect regional policy changes to increase and improve availability, accessibility, and appropriateness of mental health care

DATA COLLECTION

- Medicaid data was collected to integrate it with MAPSS as well as California biometry data
- Supplemental data was used to calculate estimated avoidable expenses calculated on the basis of Fresno county budget
- **Indicators Used:** lifetime prevalence of DSM-111-R disorders, penetration rate (number of unduplicated mental health clients divided by average number of persons eligible for Medi-Cal per month), total nonresidential mental health care in the state-funded county mental health system(utilization rates)

RESULTS

- Data was obtained on reported lifetime prevalence of DSM-111-R disorders which was 34%
- Penetration rate was lower among Hispanics, 1.6% versus 9.5% non-H W, 6.4% African A, 2.0% Asian and PI, 4.3% Nat Amer
- Hisp received 19.5% of total non-residential mental health care, yet Hisp account for 29% pop during the 12 months of the study - **lowest utilization rates**

RESULTS

- Among respondents who had a mental health disorder in the past year only 4.6% of immigrants has received care from a mental health specialist, compared to 11.9% of US-born MA
- The rate of past year visits to medical providers for a mental health problem was 11% among immigrants and 24% among US-born MA
- MAPSS results indicated most commonly reported barriers to receipt of MHS were: lack of knowledge of where to seek treatment, lack of proximity to treatment center, transportation problems, lack of availability of Spanish-speaking providers

ACTIONS

Research was shared with the Community using several strategies:

- Scientific and popular press
- Community roundtable forums
- Community consensus building: The Latino Mental Health TASK FORCE
- Forum of mental health experts
- Heal-the-healers retreat

DEVELOPMENT OF MODEL OF SERVICES AND TRANSLATION FOR MULTIPLE STAKEHOLDERS: *Get the Buy- In From County*

- Informing practitioners & policy makers
- Identifying barriers to service
- Estimating fiscal impact

AFFECTING POLICY

- Expansion of services
 - Fresno County Adult Mental Health Services (FCAMHS) favored a smaller pilot project in West County rural location
 - The rural expansion program was approved by the Board of Supervisors

CHANGES IN HIRING PRACTICES-- FCAMHS – AT THE COUNTY LEVEL

- Funding was approved to support 14 new bilingual mental health professionals and to staff full-time positions, including a Spanish-speaking psychiatrist (REACH MORE MEDICAL RECIPIENTS)
- Four bilingual & bicultural mental health administrators, a director, assistant director, clinical supervisor and community liaison were hired to coordinate rural expansion project (REACH MORE MEDICAL RECIPIENTS)
- Higher pay rates for bilingual staff were supported

CONCLUSIONS

- Data yielded improved collaboration at many levels
- The Latino Mental Health Task Force was very instrumental and supportive
- Data yielded policy changes, infrastructure changes-COUNTY
- The translation approach was powerful and worked- ACADEMIA-COUNTY
- Community change was indirectly affected through the services at the county level- not directly via community-based organizations

References

- Mental health care for Latinos: Translating research into action: reducing disparities in mental health care for Mexican Americans. *Psychiatric Services* Vol 53, No. 12, December 2002 pages 1563-1568. By Sergio A. Aguilar-Gaxiola et al.
- Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California. *Arch Gen Psychiatry* 1998;55:771-778. By William Vega et al.