Psychoeducational Intervention for Spanish-speaking Patients

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Background

The underutilization of mental health services by Spanish-speaking patients is a growing concern in the medical community. Many Spanish-speaking patients referred to a mental health provider do not follow up and have significantly higher rates of premature termination of treatment. A phone questionnaire was provided to nine Spanish-speaking patients with a diagnosis of depression to address the barriers they face in obtaining mental health treatment. The most significant barriers identified by patients included cultural barriers such as fatalism and familism, work constraints and transportation, and cultural insensitivity from providers. Using these results, a psychoeducational intervention was created to address these barriers.

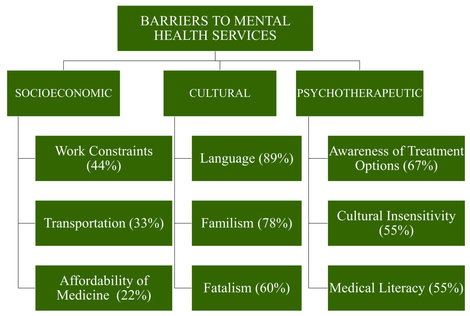

Figure 1: Results from questionnaire addressing barriers to mental health treatment from nine Spanish-speaking patients

Community Partners

Indian Health Center of Santa Clara Valley (IHC) is an organization of FQHCs in Santa Clara County. Its mission is to help ensure the survival and healing of American Indians/Alaskan Natives and the local community providing high quality, comprehensive health care and wellness services.

RotaCare-San Jose is a free clinic located in East San Jose. Their mission is to provide access to healthcare to people unable to pay for primary healthcare. They primarily serve uninsured Spanish-speaking patients. The organization is volunteer-driven and is heavily supported through grants and donations.

RotaCare Bay Area, Inc.
Free Medical Clinics

Methods

I. Created Psychoeducational Intervention

- **Trauma Informed Care**
  - ACE Scores
  - Toxic Stress
  - Acculturative Stress
- **Cultural Barriers**
  - Perception
  - Fatalism
  - Familism
  - Spiritualism
- **Options to Treatment**
  - Medications
  - Therapy
  - Exercise
  - Self-compassion
  - Meditation

II. Implemented Intervention

Recruitment
- Received list of Spanish-speaking patients with depression
- Telephone invitation

Psychoeducational Intervention
- One-and-a-half-hour group class
- Held at three different sites:
  - IHC-Family Medicine Center
  - IHC-Meridian
  - RotaCare Free Clinic

Community Resources
- Santa Clara County Mental Services
- Gym schedule
- Self-compassion exercises
- Transportation services
- Meditation resources

Medication
- One-to-one consult after intervention
- Offered starting medication except in the IHC-Meridian Cohort

Follow-up
- One month follow up for patient that started SRIs
- Telephone follow up at 3 and 6 months

Results

I. IHC-Family Medicine Center Continuity Patients: 6 patients attended

	Before session (N=6)	1 month (N=6)	6 months (N=6)	p-value
Medication	16%	66%	66%	0.11
Therapy	0%	0%	0%	1.00
Exercise	16%	66%	66%	0.11
Meditation	0%	16%	16%	0.33

II. IHC-Meridian Non-continuity Patients: 9 patients attended

	Before session (N=8)	3 months (N=8)	p-value
Medication	12%	12%	1.00
Therapy	0%	0%	1.00
Exercise	75%	75%	1.00
Meditation	0%	38%	0.07

III. RotaCare Non-continuity Patients: 18 patients attended

	Before session (N=12)	3 months (N=12)	p-value
Medication	17%	50%	0.10
Therapy	25%	25%	1.00
Exercise	17%	66%	<0.05
Meditation	17%	50%	0.10

IHC-Family Medicine Center Continuity Patient Cohort
- ❖ There was a patient-physician relationship before the intervention
- ❖ After the intervention, three patients requested to be started on medication
- ❖ At one month, there was an increase in starting medication (16% vs 66% p=0.11) and exercise (16% vs 66% p=0.11)
- ❖ One patient attended therapy but stopped due to language barriers
- ❖ At six months, there was no premature termination of medication

IHC-Meridian Non-Continuity Patient Cohort
- ❖ There was no relationship with patients before the intervention
- ❖ At three months, there was an increase in starting meditation (0% vs 38% p=0.07)
- ❖ There was no increase in starting medication or therapy
- ❖ Three patients were interested in starting medication; however, medication could not be offered due to logistical reasons. These patients were instructed to follow up with their primary care provider

RotaCare Non-Continuity Patient Cohort
- ❖ This cohort included mainly uninsured patients with no regular primary care provider. There was no relationship with patients before the intervention
- ❖ After the intervention, five patients were prescribed medication. At one month, only 20% actually began taking medication. Many started other treatments instead, such as exercise and meditation
- ❖ At three months, there was an increase in starting medication (17% vs 50% p=0.10), exercise (17% vs 66% p<0.05), and meditation (17% to 50% p=0.10)
- ❖ One patient started attending therapy sessions but stopped due to work constraints

Discussion

Throughout this project, I realized many Spanish-speaking patients want to learn more about mental health. However, many of these patients have poor access to care or have cultural barriers with their current primary care providers. The lack of continuity with patients created a challenge to implementing this intervention at different clinic sites. Medication uptake rates might have been higher for non-continuity patients if medication had been prescribed during the intervention and if follow up with a provider in that same clinic had been arranged. After the intervention, only two patients started therapy sessions but stopped prematurely due to work constraints and language barriers. Many Spanish-speaking patients with depression will be treated for mental health issues solely by their primary care providers. Therefore, I believe it is crucial that PCPs learn basic therapy skills and are trained to be culturally-sensitive when treating Spanish-speaking patients for their mental health. This project with a small sample size of patients nonetheless demonstrated the feasibility of a limited, discrete psychoeducational intervention as a step in addressing the mental health needs of Spanish speaking patients with depression.

Recommendations

- Create class material to train other primary care providers to offer this intervention
- Improve continuity with patients after the intervention
- Create an app to provide culturally sensitive meditation and therapy
- Measure PHQ-9 scores in order to track depression severity

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For Further Information

Please contact me at matildef@stanoford.edu for more information.