

Salud Clinic Locations

- Brighton
- Commerce City
- Estes Park
- Fort Lupton
- Frederick
- Sterling
- Longmont
- Fort Collins
- Fort Morgan
- Mobile Unit

Logical and Perceived barriers to Care: Group Discussion

- What are barriers to health care?
- What are barriers to Mental health care?

Barriers to Seeking Care

Logistical:

- Location proximity to clinic, rural areas
- Insurance coverage (or lack thereof), low SES, financial constraint
- Time, transportation, child care, competing priorities.

Perceived:

- Documentation status/fear of "the system"
- Negative attitudes about mental health/Stigma attached to those seeking help
- Previous negative experiences with mental health treatment or clinic
- Low expectancies about the benefit of therapy, limited hope for the amount of change likely to occur
- Limited understanding/misconceptions about what therapy is

Latina/o Mental Health in the U.S.

- Latina/o communities continue to grow in the U.S. and addressing their healthcare needs has major public health implications.
- Latina/o children have less access to health care than their counterpart in other ethnic/racial groups.
- Children of immigrant farm workers are at risk of the worst health outcomes and are more likely to be uninsured – up to 73% higher chance.

Pérez-Escamilla, R., García, J. & Song, D. (2010). Health care access among Hispanic immigrants: ¿Alguien está escuchando? [Is anybody listening?] *NAPA Bulletin*, 34, 47-67.

Latina/o Mental Health in the U.S.

- The impact of mental illness on overall health and productivity is profoundly under recognized.
- Immigrants may be more likely to express psychological distress with physical complaints.
- Many of the screening tools used in practice to diagnose mental disorders with this population may be limited because the tools focus on mood symptoms expressed in Western psychology rather than somatic expressions of distress.
- Integrating primary care services with mental health services may improve mental health treatment utilization.
- Mental health services with immigrant groups by bilingual providers leads to increased utilization, less drop out and higher functioning at discharge.

Kandula, N.R., Koenig, M. & Lurie, N. (2011). Assuring the health of immigrants: What the leading health indicators tell us. *Annual Review of Public Health*, 32, 237-250.

U.S. Department of Health and Human Services (2000). Healthy people 2010. With understanding and improving health and objectives for improving health. Washington, DC: U.S. Government Print. Off. 2nd Ed.

Challenges (Often) Inherent to the Migrant Farm Worker Lifestyle

- Socially marginalized and Physically isolated
- Acculturation and Language barriers
- Discrimination
- Financial stress
- Physical strain and dangerous working conditions
- Limited education
- Substandard housing and sanitation
- Shortened life expectancy (approx 49 years)
- Limited health maintenance and preventive care

Hooy, J.D. & Magaña (2002) Exploring the mental health of Mexican migrant farm workers in the midwest: Psychosocial predictors of psychological distress and suggestions for prevention and treatment. *The Journal of Psychology*, 136, 493-513.

Leading Health Indicators (LHI's) of Immigrants and Farm Workers

- Physical Activity
- Overweight & Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunizations
- Access to Care

U.S. Department of Health and Human Services (2000). Healthy people 2010. With understanding and improving health and objectives for improving health. Washington, DC: U.S. Government Print. Off. 2nd Ed.

Morbidity and Mortality and Associated Behavioral Risk and Protective Factors—United States, 2005–2013

Leading causes of death — United States, 2005–2011

- Diseases of the heart
- Cancer
- Respiratory disease
- Cerebrovascular diseases (stroke)
- Unintentional injuries
- Diabetes Mellitus
- Pneumonia and Influenza
- Kidney disease
- Intentional self-harm (suicide)

Risk and protective factors for morbidity and mortality

- Nutrition, physical activity & obesity
- Tobacco use
- Heart disease and stroke prevention
- Cancer detection and prevention
- Diabetes
- Asthma
- Excessive alcohol use

Center for Disease Control and Prevention (2014). CDC National Health Report: Leading Causes of Morbidity and Mortality and Associated Behavioral Risk and Protective Factors—United States, 2005–2013. <http://www.cdc.gov/nmwr/newsroom/nmwrfltr060314a.htm#table>. Retrieved 11/7/14.

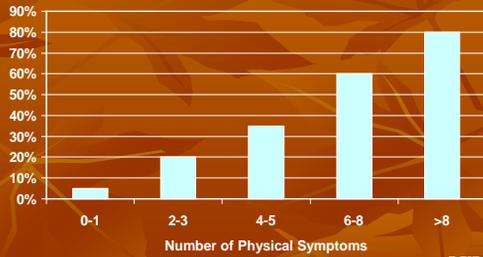
Primary Care Setting

- PCPs furnish over half of all mental health treatment.¹
- 25% of all primary care patients have diagnosable mental disorders.¹
- 50–70% of a PCP's normal caseload consists of patients whose medical ailments are psychologically related.²
- 11–36% of all PCP visits involve patients with diagnosable psychiatric disorders.^{3,4}
- 50% of all behavioral health disorders are treated in primary care.⁵
- Most patients receiving referrals to specialty mental health do not follow through with the referrals.^{6,7}
- 40% to 60% of people who complete suicide have seen a PCP in the preceding month.⁸

- 1. WHO
- 2. VandenBox, 1988.
- 3. Saitou et al., Arch Fam Med. 1995;4(2):99-105.
- 4. Timmons et al., Am J Psychiatry. 1996;153(6):664-4.
- 5. Kessler et al., NIDM. 2005;35(2):15-23.
- 6. Patterson et al., Am Fam Physician. 2008;77(6):957.
- 7. Rittnerhouse et al., JAMA. 2009;301(19):2038-2040.
- 8. Fawcett et al., 1993.



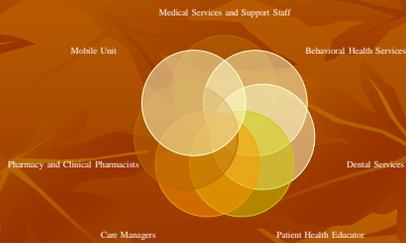
Number of Physical Symptoms & Likelihood of Mental Diagnosis



Spitzer et al., JAMA, 1994; 272(22): 1749-1756



Salud Integrated Care Model



Behavioral Health's Mission

To deliver stratified, integrated, patient-centered, population-based services

- utilizing a diversified team of behavioral health professionals who function as primary care providers, not ancillary staff,
- and work shoulder-to-shoulder with the rest of the medical team in the same place at the same time with the same patients.



BH Services

- Universal screening of all patients for psychosocial stressors and MH conditions
- Brief intervention, referral, follow up for positive screens
- Consultation: PCP requests evaluation and/or intervention by BHP
- Psychotherapy
- Psychological Testing
- Shared Medical Appointments



A collage of six photographs showing healthcare professionals interacting with patients in various settings, including a doctor examining a patient, a nurse writing, a mobile unit, and a doctor with a child.

Salud Family Health Centers
Mobile Unit

The logo for Salud Family Health Centers, featuring a stylized green and blue geometric design.

Deborah Salazar, Migrant Health Director



Old Days







What is the Mobile Unit?

- The Mobile Unit is part of a Migrant Outreach Program at Salud Family Health Centers.
- The Mobile Unit provides service to our community no matter their legal status, citizenship or country of origin. All the information is protected under the HIPPA Privacy and Security rules.
- This is a program designed to reduce barriers to health care access among Immigrants in northern area of Colorado, with an emphasis on rural populations.



Services Given in the Mobile Unit

- Screenings for blood pressure, diabetes, anemia, Primary care for acute problems
- Laboratory tests are provided as ordered by the providers
- Referral service including information on how to obtain an appointment at the closest Salud Clinic
- Behavioral health screenings

Places Visited

- The mobile unit provides services in the following counties: Adams, Weld, Larimer, Boulder, Logan and Morgan.
- Locations vary depending on information gathered from community sources about where is more likely to find population of immigrants. Grocery stores, apartment complexes, farm worker camps or mobile home parks in the area.
- The services are provided year round three to four days per week.

Staff



- **Medical provider, medical assistants, outreach workers, community volunteers (medical students, RN students, PA students)**
- **Behavioral Health Provider**

Behavioral Health on the Mobile Unit: Brief Screens

Screen for Life Stressors: Targets symptoms of depression, anxiety, substance use, and post traumatic stress.

PHQ-9*: identifies symptoms of depression

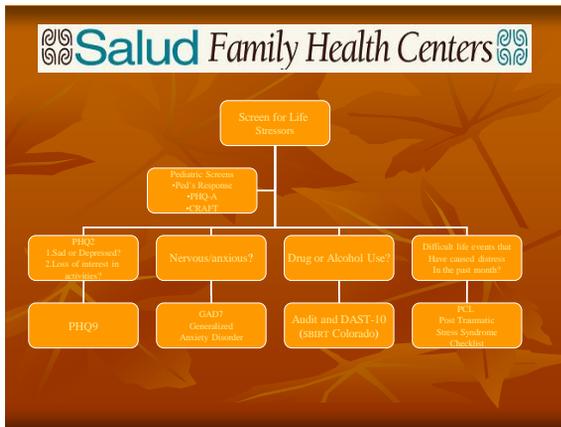
GAD-7*: identifies symptoms of generalized anxiety disorder

PCL*: identifies symptoms of post traumatic stress

Audit and DAST-10: identifies patterns of substance use

PSC*: identifies mental health concerns in children and adolescents

* These screens are generally available online



- How can behavioral health providers adapt to provide culturally competent integrated care?
- Language:
 - "Comunicar" vs "Proveedor de Salud Mental"
 - "Como la doctora va a revisar su salud fisica, yo estoy interesada en como se siente en sus emociones y en su mente, porque en la clinica creemos que no podemos separar su cuerpo de su alma" vs "Tengo preguntas de su salud mental"
- Acknowledgment
 - "Para saber mas sobre como se siente, voy a hacerle algunas preguntas. Son muy personales. Se que pueden ser incómodas porque usted no me conoce bien, pero son necesarias porque me ayudan a saber mas de usted, y si puedo ayudarle en algo"
- Brief interventions: Sleep hygiene, deep breathing, nutrition, validation and instant support
- Educational Handouts: "Estress", "Depresion", "Ataque de Pánico y Ansiedad"
- Involving interdisciplinary care team for ensured continuity of care

Benefits of Behavioral Health on Mobile Unit

- Normalizes mental health care as part of overall health, reducing stigma.
- Provides instant support and potentially crisis intervention
- Connects and educates on importance of a “medical home”, connects isolated and marginalized populations with a network of providers
- Provides provider to provider support when encountering complicated cases in which mental and physical health are intertwined.

Questions?