SALUD MENTAL: INTEGRATED MENTAL HEALTH FOR MSAW

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VECINOS FARMWORKER HEALTH PROGRAM
CULLOWHEE, NC
OVERVIEW

- Obstacles and difficulties of starting an integrated care facility
- Where to get information and how to make it accessible to our population
- Why are we here, What do we do, What is our purpose, Concept of MH for Migrant Farm Workers, based on our beliefs
VECINOS

- Started in 2001 out of the public health department with a "rogue" RN and doctor
- Worked with NCFHP grant, which we still receive yearly
- 2004: Incorporated as a non-profit
- 2005: mobile unit
- Continual growth, now serving 950 patients in 8 counties and surrounding areas

- Serve 8 western-most NC counties
- Staff: 4 Full-time employees; Providers, including RNs, FNPs, MDs, LCSWAs; Interns: WCU interns and SAF Fellows and interns
- 2019 Goals:
  - 900 medical encounters;
  - 100 Behavioral health encounters.
  - 1780 total patient encounters
WESTERN NORTH CAROLINA
Cristancho, Garcés, Peters, and Mueller (2008) found that there is a severe shortage of Spanish-speaking health and mental health providers; those who do serve Latinos and Latinas have limited capacity to understand their cultural beliefs and backgrounds. An alarming lack of interpreters to facilitate patients’ communication with English-speaking monolingual providers. Cristancho, Peters, and Garcés (2014) found that rural Latinos and Latinas reported a preference for workshops in Spanish in community settings such as schools and faith-based organizations to obtain health information.

Disparities are defined by The National Healthcare Disparities Report (2010) as health conditions that are unequal to some degree, including factors that are associated with differential rates of disease for a subgroup or population (see Carter-Pokras & Baquet, 2002 for analysis of existing state and federal definitions of disparities). Fewer than 1 in 20 Latino immigrants with mental disorders use services of mental health specialists (U.S. DHHS, 2001) and advances in medicine are less likely to reach Latinos (Reyes, Putte, Falcon & Levy, 2004). When a treatment is closely aligned to the cultural worldview of the client, the more likely it is to be successful (Smith et al., 2011).

There seems to be greater agreement that intervention delivery should at minimum occur in the client’s preferred language (Smith et al., 2011). Multiple meta-analyses suggesting that evidence based practice (EBP) using cultural adaptations, specific to the client’s background and preferred language, produce stronger effects than programs without such adaptations, the availability of these types of programs is insufficient (Griner & Smith, 2006; Smith et al., 2011).
PROGRAM ESTABLISHMENT
PROGRAM OVERVIEW

- Clinic location
- Lack of general mental health services in area
- Direct interpretation from staff
- Office of Rural Health Grant
- Bilingual mental health professionals reaching out
- Program Coordinator
- Advisory Council
- Client Needs
INTERNAL CLINICAL REVIEW FOR CAPACITY

- Mental Health Program Coordinator
- Intern
- Mental Health Provider
- Advisory Team

- Static clinic space
- Integrated care
- Sterile clinic room
- Confidentiality
# Mental Health Program Logic Model

**Program:** Mental Health Program for Migrant and Seasonal workers

**Goals**
- Assess patients’ mental health needs
- Increase knowledge and awareness about mental health
- Accessibility to mental health resources

![Image](https://via.placeholder.com/150)

*8 (45 encounters by March 31st)*

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
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</thead>
<tbody>
<tr>
<td>What we invest</td>
<td>What we do</td>
<td>Why this project: short-term results</td>
</tr>
<tr>
<td>Vaccinos Staff (Executive Director &amp; MH Program Coordinator)</td>
<td>Develop a needs assessment survey (RHS-15 for MH, think of doing socioeconomic)</td>
<td>Seasonal patients</td>
</tr>
<tr>
<td>LCSW(A)</td>
<td>Administer survey to patients and analyze results</td>
<td>H2A patients</td>
</tr>
<tr>
<td>Advisory Team (4, possibly 7, members)</td>
<td>Deliver MH education to patients via lessons (some topics chosen, group setting)</td>
<td>Migrant patients</td>
</tr>
<tr>
<td>Time</td>
<td>One on one counseling (clinic and outreach)</td>
<td>Clinical professionals</td>
</tr>
<tr>
<td>Money</td>
<td>Group counseling (clinic and outreach)</td>
<td></td>
</tr>
<tr>
<td>Research (similar programs across the US, evidence-based practices, mental health among migrant and seasonal workers and Latino community)</td>
<td>Create MH info packet (can be tailored to H2A and seasonal)</td>
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</tr>
<tr>
<td>Materials (handouts, fact sheets, info packets, videos)</td>
<td>Create partnerships with MH providers in the area for referral (Mentric?)</td>
<td></td>
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<tr>
<td>Space (clinic? A classroom? outreach)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technology (internet access during outreach? [pad/laptop/phone? same for clinic)]</td>
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</table>

**Assumptions**
- Beliefs about the environment and community

**External Factors**
- Positive and negative influences
- Culture, economics, demographics
PROGRAM FRAMEWORK

Integrated Healthcare Model
Migrant Farmworkers
Seasonal Farmworkers
Education
ADVISORY BOARD

- Executive Director
- Lead Therapist
- Psychologist
- Community partners
- Interns
- LCSW supervisor
Program Development Timeline

June - Aug
- SAF Fellowship
- Initial contact
- Need for the program

Sept - Oct
- Received grant
- Mental Health provider joins
- SAF Fellowship ends

Nov - Dec
- Program coordinator joins
- Literature review
- Advisory Council recruitment
- Framework development

Jan - Feb
- BSW Intern joins
- Advisory Council established
- Framework solidification
- MH needs assessment
  development and administration
- Static Clinic sees first patients

Mar -
- MH needs assessments in outreach
- Program introduction with H2A workers
- Second MH provider in progress
It’s All in the Details

- Communication between providers
- Health records
- How are you getting patients?
- Encounter Tracking
- Assessment tools
- Consent forms
- Tracking patient’s progress
- Provider sheet
- Billing codes
- Clinic flow
- Protocols and procedures
- Manual
- Plan for continuity
OBSTACLES

- Uncertainty of a new program
  - Will it work
  - Will patients utilize the services
- Bilingual Mental Health Providers
- Clinic location
  - Small rural town
  - Majority of the population demographics do not represent patients’ demographics
  - Service area is large
- Clinic’s capacity to manage additional services
  - Staff
  - Patient number growing every year
- Mental Health beliefs in the Hispanic culture
  - Negative
  - Association with being “crazy”
- Visits Documentation
COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT CUESTIONARIOS
DEVELOPMENT

• What is it?
• Need
• Questions
• Why is it important to learn about the people we are going to serve
• Thought process behind development
CUESTIONARIO

Cuestionario del Programa de Salud Mental y Emocional

En un esfuerzo de brindarte un servicio más completo, Vecinos está desarrollando un programa enfocado en la salud mental y emocional. Antes de continuar con la implementación de dicho programa, nos gustaría incluirte en el proceso, y saber qué es lo que piensas. Abajo verás un set de preguntas sobre qué es lo que usted, o un ser querido, necesita de Vecinos y cuáles serían sus preferencias si estuviera interesado en usar los servicios del nuevo programa de salud mental y emocional. No le aseguramos que todo lo que mencionamos abajo vaya a pasar, solo son ideas de lo que podríamos hacer con el programa. Sus respuestas solo serán vistas por los empleados de Vecinos y no serán compartidas con nadie más.

Contesta cada pregunta (señalando su preferencia o escribiendo su respuesta).

1. Hombre/ Mujer  
   Edad: 18-40  41-60  61+

2. ¿Qué son dos cosas que sabe usted acerca de la salud mental?
   a. 
   b. 

3. ¿Cómo se siente al utilizar los servicios médicos de Vecinos en general?
   
   1  2  3  4  5
   Incomodo/a  Neutral/Sin opinión  Muy bien

4. ¿En los últimos 3 meses, usted ha:
   Por favor marque todas las casillas que correspondan con su selección
   □ Tendió problemas para dormir
   □ Estado preocupado sobre una relación con un ser querido
   □ Estado preocupado sobre una relación con un compañero de trabajo
   □ Sentido inseguridad o peligro en su casa o comunidad
   □ Tendió un buen apoyo emocional de sus familiares y amigos

5. ¿Tan probable es de que usted utilizaría los servicios del programa de salud mental?
   
   1  2  3  4  5
   No es probable  Neutral/Sin opinión  Muy probable

6. ¿Tan probable es de que usted utilizaría los servicios del programa de salud mental si algún amigo o familiar lo/la pudiera acompañar?
   
   1  2  3  4  5
   No es probable  Neutral/Sin opinión  Muy probable

7. ¿Cuáles servicios le interesan más?
   □ Grupos de apoyo (para practicar de temas de la salud mental y aprender a soportelevárselos)
   □ Sesiones (terapias) individuales (platicar con un trabajador social de uno a uno)
   □ Educación escrita sobre la salud mental y emocional (folletos y hojas informativas)
   □ Presentaciones o lecturas sobre la salud mental (sesiones en grupo)
   □ Sesiones (terapias) familiares o de pareja (asistir con su familia o pareja)
   □ Actividades dinámicas enfocándose en la salud mental (juegos y actividades)
   □ Sus sugerencias

Si diéramos pláticas generales en la sala de espera, usted prefería:
   La información personal de los pacientes no se discutiría en estas pláticas.
   □ Pláticas individuales
   □ Pláticas en pequeños grupos
   □ Prefiero no tener ninguna plática en la sala de espera

8. ¿Qué tipo de información educacional le gustaría recibir?
   □ Información general de salud mental
   □ Que es la salud mental
   □ Información sobre condiciones específicas de salud mental (depresión, ansiedad, feto/duelo, trastornos alimenticios, alcoholismo, tabaquismo)
   □ Información enfocada en qué hacer cuando se tienen ciertas condiciones de salud mental
   □ Técnicas de relajación

9. ¿Cómo le gustaría que le diéramos esta información?
   □ Escriba (folletos, hojas informativas, parrafos, infografías)
   □ Oral (pláticas o presentaciones)
   □ En forma de videos, fotos, dibujos

10. ¿Qué tan seguido le gustaría que organizáramos los grupos de apoyo o presentaciones?
    □ Todas las semanas
    □ Una vez al mes
    □ Dos veces al mes

11. ¿Se sentiría más a gusto si los grupos de apoyo fueran:
    □ Solo de mujeres
    □ Solo de hombres
    □ Combinados (no tengo preferencia)

12. A usted le interesaría:
    □ Participar en grupos de apoyo?
    □ Participar en sesiones individuales?
    □ Si está interesado, escriba su nombre y teléfono:
RESULTS

● Demographics:
  ○ N=46, Female: 7, Male: 35; Camps: 14, Clinic: 32

● What are the identified problem areas: use percentages.
  ○ 31% lack emotional support,

● What services do they want and activity would they engage in.
  ○ General & Specific mental health information, Group therapy, Education, Dynamic activities

● How open and ready they: Move question 4 down to those interested in MH services.
**Demographics**

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**Age Group**

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**Settings**

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<tr>
<td>Clinic</td>
<td>32</td>
<td>69.57</td>
<td>46</td>
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How likely is it that you would use Vecinos MH program?
Would you be interested in: Support Groups (Group Therapy)?

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<tr>
<th>grptherapy</th>
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<th>Percent</th>
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<tr>
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<td>26</td>
<td>56.52%</td>
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<tr>
<td>Clinic</td>
<td>20</td>
<td>43.48%</td>
<td>99.98%</td>
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<td>0</td>
<td>0%</td>
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Would you be interested in Individual Therapy?
Would you be interested in: Written education on mental and emotional health?

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<tr>
<th>writtenmaterial</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Frequency</th>
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Table of Settings by writtenmaterial

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<td>Frequency</td>
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<td>21</td>
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<tr>
<td>Clin</td>
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</tr>
<tr>
<td>Total</td>
<td>28</td>
</tr>
</tbody>
</table>
Would you be interested in Educational information on: General Mental Health?
Limitations

Restructure Cuestionarios for next year Mental Health Needs Assessment.

Providing Mental health groups

Number of participants

Timely analysis of the research
MENTAL HEALTH EDUCATION
LITERACY LEVELS

- English as a second language
- Spanish as a second language
- Indigenous language as first language
- Diverse reading and writing levels

Solution

- Translate English documents
- Concise sentences
- Picture based
TOPICS

- What are people interested in? How do we find out what they want to learn about?
- What do we see in the fields
- What do farmworkers tell us
CULTURAL EXPECTATIONS

• Beliefs and thoughts
• What does mental health look like in the Latin culture?
• Mental Health- positive, negative, or neutral
• Is culture a barrier when it comes to mental health?
PERFORMANCE MEASURES
MEASURES

- Evaluation of the qualitative review of community needs assessment
- Quantitative review of regular behavioral health screenings
- Quantitative data on patient encounters, discuss case studies

MBHS data:
- N: patients encounters
- Common Dx.
- Average visits

- Case Study

- Patient satisfaction survey
  - [https://ncruralhealth.az1.qualtrics.com/jfe/form/SV_cBAj8mwBNKVCjlj](https://ncruralhealth.az1.qualtrics.com/jfe/form/SV_cBAj8mwBNKVCjlj)
  - Occurrence site
  - Would you recommend this service to a family or friend?
WHAT HAVE YOU LEARNED?

• Unique factors to consider when establishing an integrated health care program for MSAW
• Guidelines for implementing mental health
• Performance measures that can be used when measuring programmatic results education for MSAW

Farm workers. We depend on them. They depend on us.
The ultimate goal of farming is not the growing of crops, but the cultivation and perfection of human beings.

-Masanobu Fukuoka
WHAT WILL YOU APPLY WHEN YOU RETURN?
REFERENCES

REFERENCES CONT.


THANKS!

• Contact us:
  • Kenneth Parmenter
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