

Interprofessional Team Based Learning to Enhance Mental Health for Latinx Populations: Results of a TeleMentoring Program

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Disclosures

None

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The Need



Latinos Mental Health Treatment Disparities



<1 in 11 with mental disorder contacts specialists

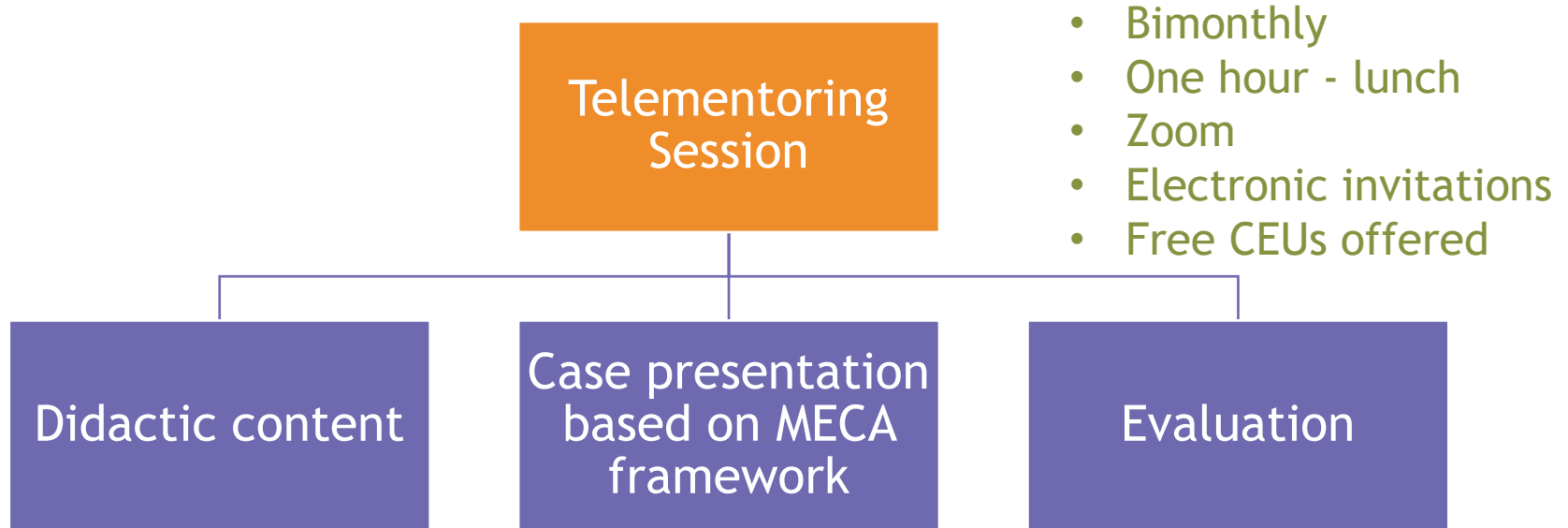
<1 in 20 uses services from mental disorder specialists

20 Latino mental health professionals per 100,000 Latinos

36% with depression receive care

Data courtesy of the National Council of La Raza (2005)

Telementoring Program Design



Multidimensional Ecosystemic Comparative Approach (MECA) (Falicov, 2017)- a systems-oriented framework which considers sociocultural context, family organization, life cycle, migration and acculturation, and provider factors on the health and wellbeing of individuals.

Behavioral Health Case Presentation Template

Presenter name:					
Presenter Clinical Role:					
Clinic:					
Client information					
Gender:					
Age:					
Ethnicity:					
What are your core questions about this case?				•	
What are the client's issues at this time, how are you working with them, and how is treatment going?				•	
Does your client experience symptoms that aren't otherwise explained by a physical health diagnosis? (E.g. headaches, abdominal pain, muscle tension)				•	
Alcohol use?		<input type="checkbox"/> (Y): Frequency: <input type="checkbox"/> (N) None			
Drug use?		<input type="checkbox"/> (Y): Type and frequency: <input type="checkbox"/> (N) None			
Current/Past medication Hx (include psychiatric medications) list most relevant if more than 4					
Medication	Start date	Dosage	Frequency	Discontinued?	Notes/Side effects
Current and past behavioral health history/hospitalizations 2-3 bullet points					
•					
Family history of mental illness 2-3 bullet points					
•					

Client strengths 2-3 bullet points
•

Social History and Context

Please provide any relevant information you may have to help us understand the cultural and contextual aspects of the client's presenting issue(s). The MECA* elements on the right provide suggestions to guide you, **but don't feel like you have to have something for every element!**

Provider factors 2-3 bullet points	Examples of questions you could answer: <ul style="list-style-type: none"> • What are my contributions to this relationship? Consider personal communities of representation, power dynamics, feelings of countertransference, treatment approaches used etc.) • What language is used in session/are interpreters used?
•	

Migration and Acculturation 2-3 bullet points	Examples of questions you could answer: <ul style="list-style-type: none"> • How/why/when did client immigrate to the US? • How is client adapting to life in the US (e.g., language, culture, values)? • How does client's culture impact their/family's views on behavioral healthcare?
•	

Sociocultural Context 2-3 bullet points	Examples of questions you could answer: <ul style="list-style-type: none"> • What is client's socioeconomic/education status? • What does client's neighborhood look like (e.g., demographics, available resources, welcoming or not)?
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Family Organization 2-3 bullet points	Examples of questions you could answer: <ul style="list-style-type: none"> • Who does client live with in their home and what are the family dynamics (e.g., communication, authority, conflict)?
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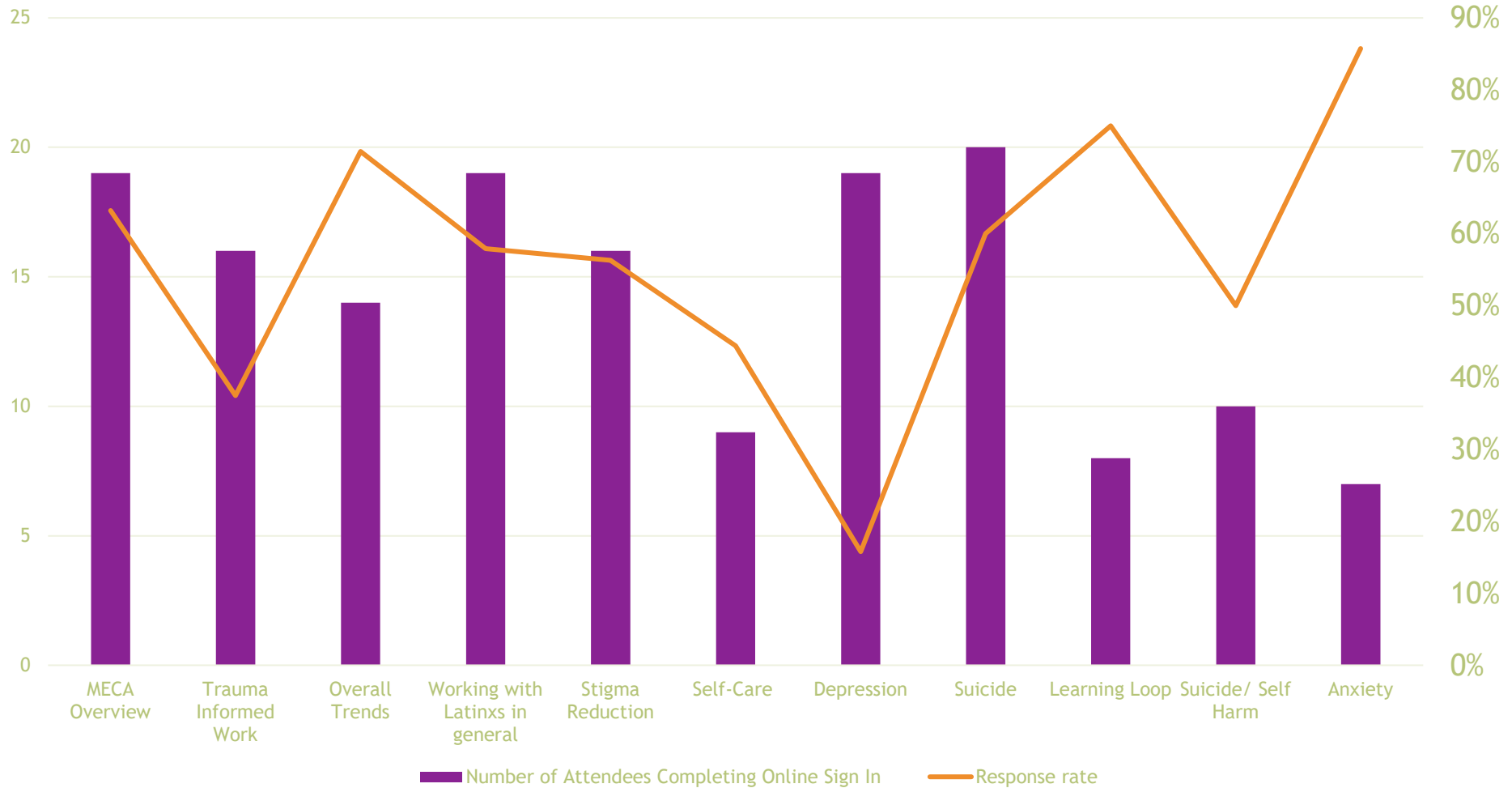
Family Life Cycle 2-3 bullet points	Examples of questions you could answer: <ul style="list-style-type: none"> • Given client's developmental age, what are the things we would expect them to be doing/wanting to do right now (e.g., be a parent/provider)? • How might culture and mental health be impacting their capacity to live out these life goals?
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*Multidimensional Ecosystemic Comparative Approach (MECA)

Sample Curriculum

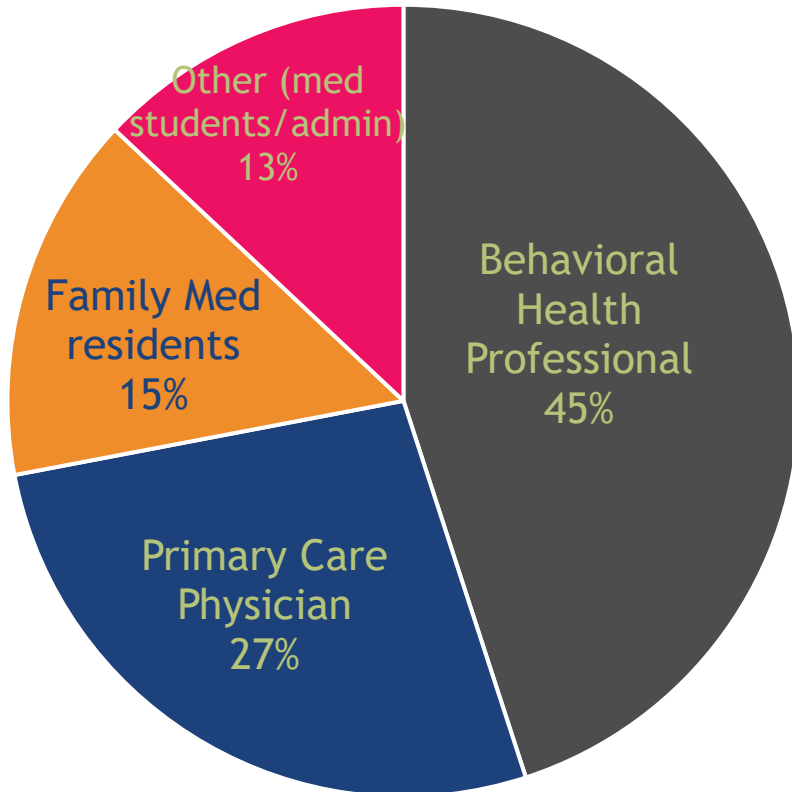
Session Topic	Content Highlights
Multidimensional Ecosystemic Comparative Approach (MECA) Overview	<ul style="list-style-type: none"> • Overview of treatment disparities for the Latinx community • Overview of four MECA areas of assessment/treatment • Practical takeaways for MECA implementation in primary care
Trauma-Informed Care	<ul style="list-style-type: none"> • Potential sources of trauma for the Latinx community • Overview of what it means to be trauma-informed in our approaches
Trends in Mental Health	<ul style="list-style-type: none"> • Treatment utilization rates & barriers • Medication reluctance/stigma • Practical takeaways for bridging these gaps
Working with the Latinx community	<ul style="list-style-type: none"> • Common values/cultural outlooks among Latinx patients, how they show up in tx • Personalismo, familismo, simpatia, respeto, religiosity, etc. • How to harness these in treatment
Stigma Reduction	<ul style="list-style-type: none"> • Role of religion/non-western medicinal practices, mistrust of institutions • Practical ways to address stigma in-session: How to normalize/validate considering realities of the Latinx community
Depression	<ul style="list-style-type: none"> • Basic assessment: presentation, tools (e.g., somatization, anger in males/children) • Basics of evidence on the combination of therapy and medication • Basics of brief behavioral activation techniques that can be enacted
Anxiety	<ul style="list-style-type: none"> • Basics of assessment: common presentations, tools • Somatization • Contextualizing fears/anxieties in light of immigration status • Higher rate of selective mutism, in context of family disruption

Attendance and Evaluation Response Rates

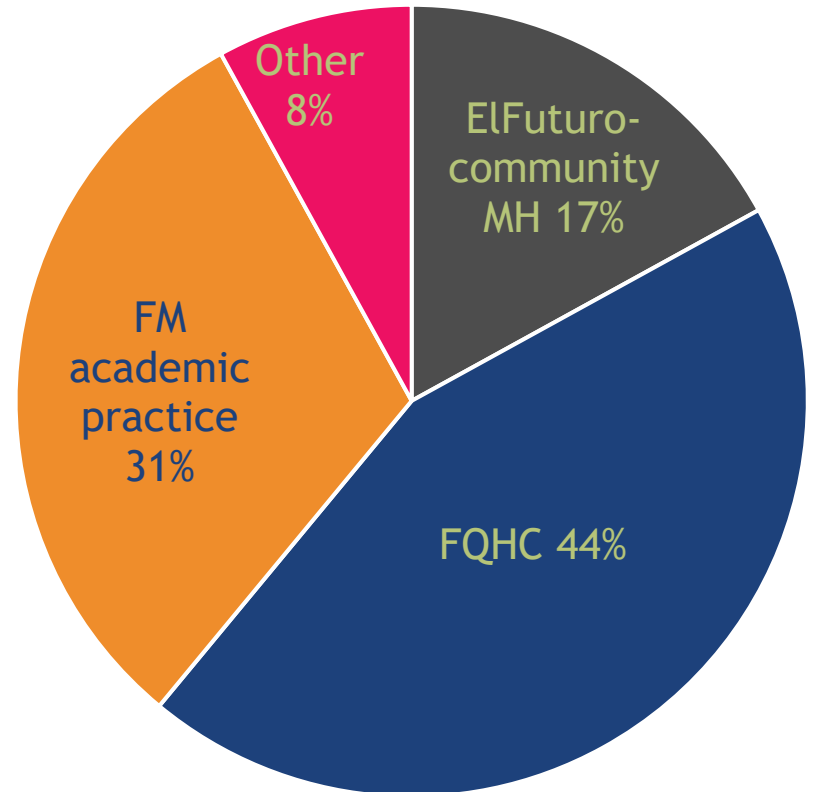


Participants

Role

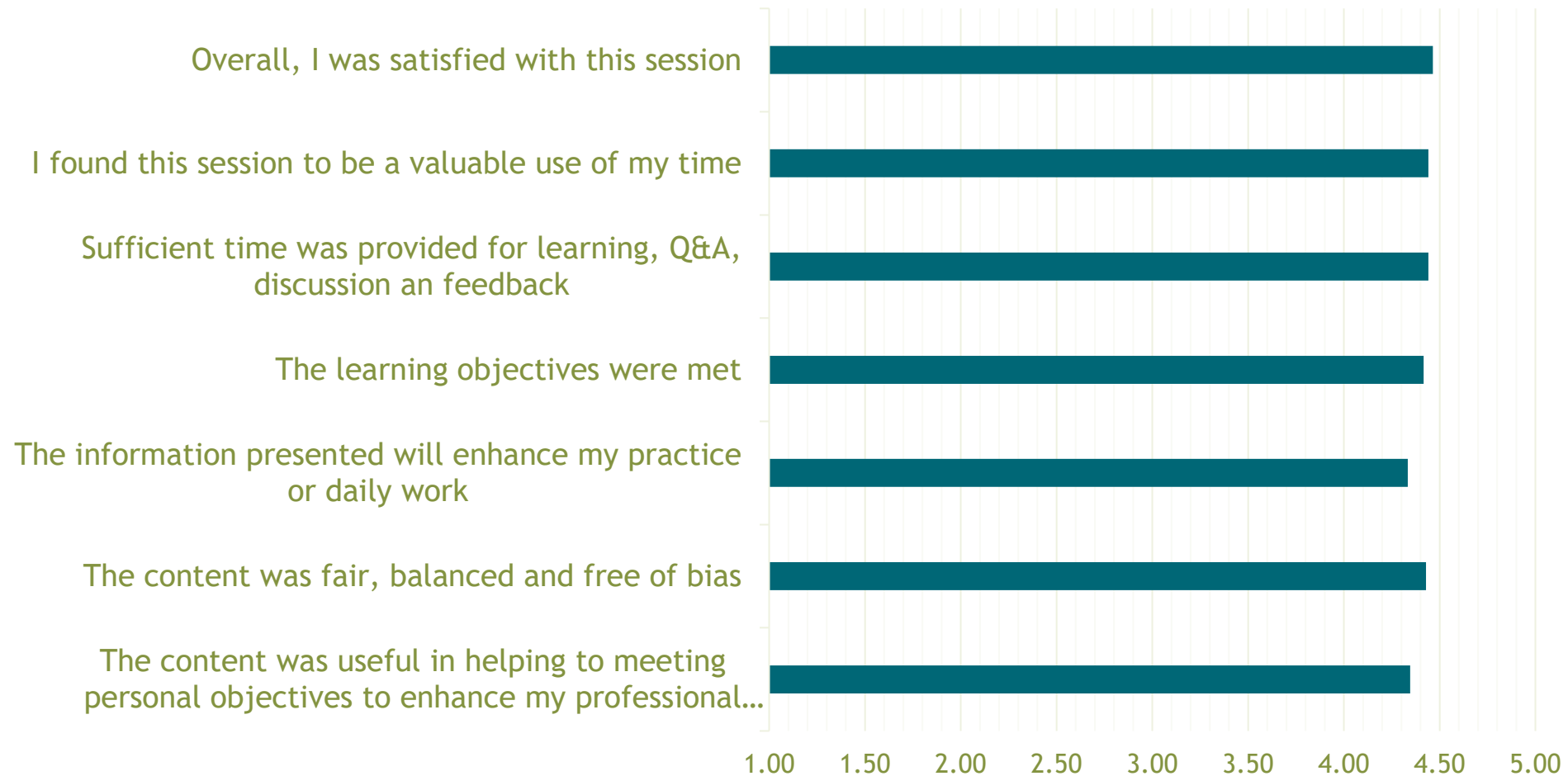


Organization



Outcomes

Average Participant Ratings



Behavioral Intentions

<p>Working w/ the Latinx community</p>	<p>“initiating conversation about chronic symptoms and [patient] expectations ... during first discussion”</p> <p>“Will be more aware of cultural reasons for behaviors.”</p>
<p>Depression</p>	<p>“I learned some best practices for approaching Latinx depression presentations, as well as the limits of traditional PHQ9. I will also use Behavioral Activation more with the Latinx population more.”</p> <p>“A recognition that more than one visit will be needed. Taking the time to understand the patient's perspective. Solicit assistance from others, especially regarding questions ... that I may need to ask at a follow up visit.”</p>
<p>Anxiety</p>	<p>“trying out different screeners to assess for anxiety”</p> <p>“Being conscious of the ways I discuss side effects with clients experiencing anxiety.”</p> <p>“taking into account internalized racism amongst Latinx patients”</p>

Challenges

- Resident Engagement
- Variable participation across sessions
- Did participants implement stated behavioral intentions?

Questions for Discussion

- What have been your challenges in providing mental health care for Latinx patients?
- What have you learned from your experiences?
- What do you hope to implement as a result of this session

Select References

Falicov C.J. (2017) Multidimensional Ecosystemic Comparative Approach (MECA). In: Lebow J., Chambers A., Breunlin D. (eds) Encyclopedia of Couple and Family Therapy. Springer, Cham. https://doi.org/10.1007/978-3-319-15877-8_848-1.

Falicov, C. J. (1988). Learning to think culturally. In H. A. Liddle, D. C. Breunlin, & R. C. Schwartz (Eds.), Handbook of family therapy training and supervision (pp. 335–357). New York: Guilford Press.



Thank You