



Depression Treatment Uptake among Latinos in an Integrated Behavioral Health Setting: A Mixed Methods Analysis

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INTRODUCTION

LATINOS AND MENTAL HEALTH SERVICE USE FOR DEPRESSION

Despite high lifetime risk for experiencing depressive disorder, Latinos disproportionately under-utilize specialty mental health services as compared to non-Latino Whites. Latinos are more likely to seek treatment for mental health concerns in primary care medical settings.

Integrated behavioral health co-located in primary care has the potential to reduce mental health service utilization disparities among Latinos. *A key component of integrated behavioral health is the "warm handoff" referral model, wherein the medical provider personally introduces the patient to the behavioral health provider in an effort to reduce stigma and enhance engagement.*

OBJECTIVES

This study systematically examines how the integrated behavioral health model may serve to reduce Latino mental health treatment disparities by connecting those in need to services at one of the most critical junctures of services: follow-up to behavioral health services.

Aim 1: To identify predictors of follow-up to behavioral health services (treatment "uptake") among depressed Latinos within a naturalistic integrated behavioral health setting. A key predictor variable of interest is the warm handoff referral type.

Aim 2: To qualitatively understand *why* Latino patients decide to follow up or not with behavioral health services for treatment of depression upon referral within a naturalistic integrated behavioral health setting.

METHODS

SEQUENTIAL, MIXED-METHODS STUDY

Phase I (Quantitative)

Retrospective cohort study design based on information extracted from medical records of Latino patients (N=431) referred for depression at Community Health Clinic Olé in Napa, CA, between 2009–2011. Logistic regression was used to identify predictors of initial follow-up ("uptake") with behavioral health.

Phase II (Qualitative)

In-depth semi-structured interviews with depressed Latino patients (N=16) referred to behavioral health within the integrated behavioral health setting. Interviews expanded on Phase I findings and explored patients' decisions to follow up (or not) with behavioral health for depression treatment. Purposive sampling. Gift card incentive for participation. Transcripts analyzed using grounded thematic analysis.

Key predictor variables of interest

Referral type (warm handoff; cold handoff)

Covariates

- Severity of depression (score on PHQ-9: 9-27)
- Length of time between medical visit and behavioral health visit
- Acculturation (language as proxy)
- Co-morbid anxiety
- Anti-depressants
- Ethnic/Gender match medical provider/patient and between therapist/patient
- Medical provider/Patient Alliance (proxy)
- Income level
- Insurance status
- Sex
- Age

Outcome variable

Show/no-show to initial behavioral health visit

Eligibility criteria

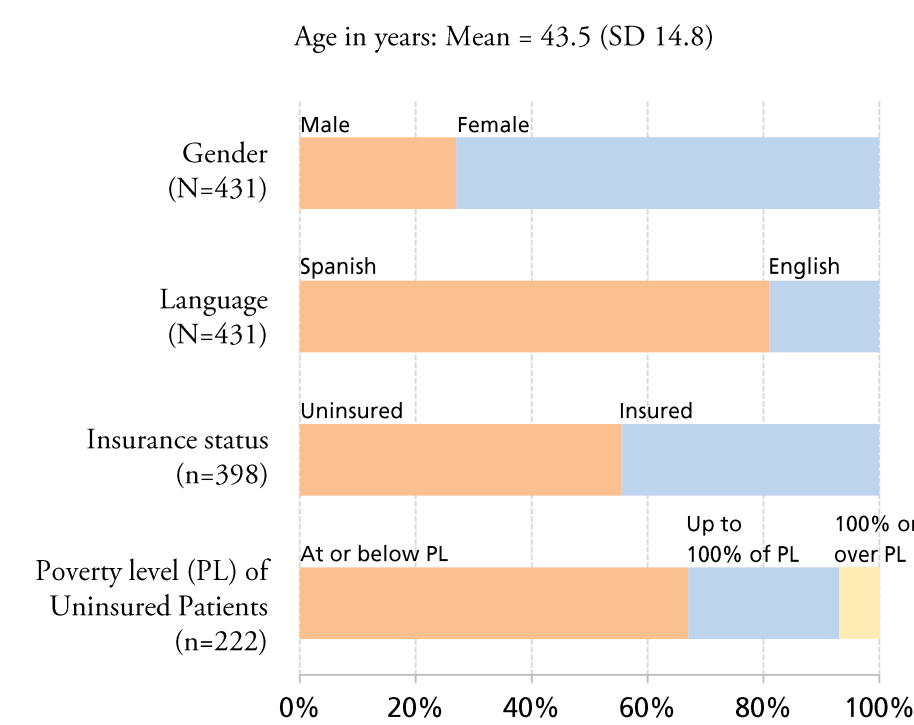
- 18 or older
- Latino/a
- Depression score of 9 or over on the Patient Health Questionnaire (PHQ-9)
- Referred to behavioral health by primary care provider (Warm handoff; or Cold handoff)



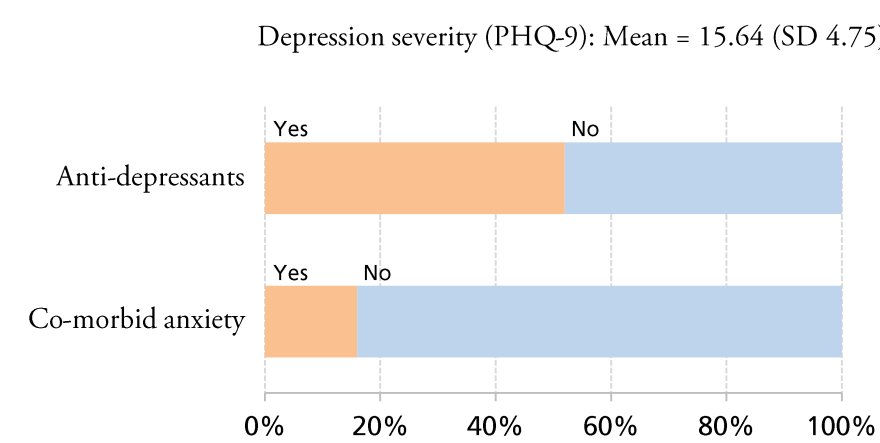
RESULTS

Of Latino patients referred to behavioral health for depression treatment 52% (n=228) attended a first visit.

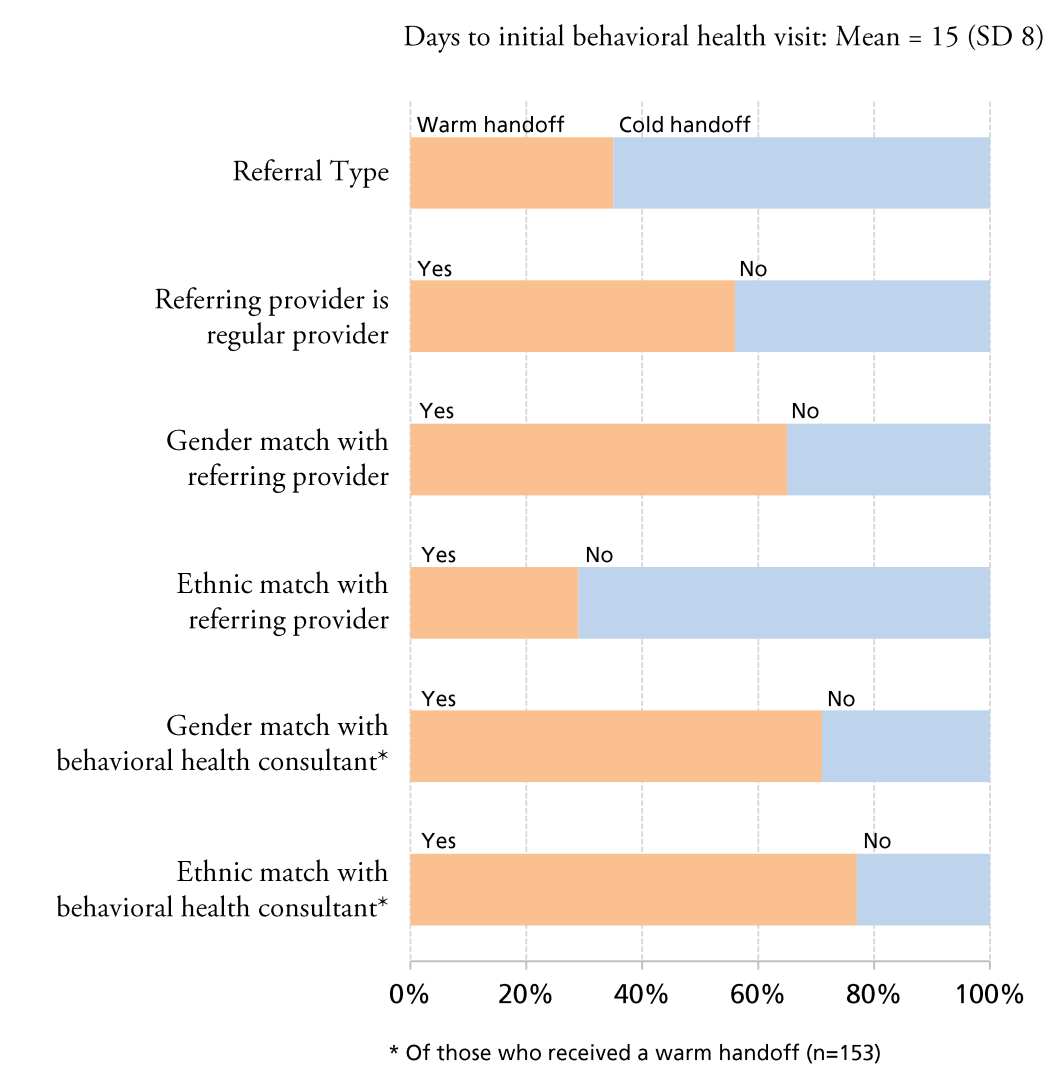
Demographic Characteristics of Sample



Clinical Characteristics of Sample N=431



Contextual Factors of Referral N=431



Differential Effect of the Warm Handoff on Treatment Uptake by Language N=431

	Sig.	OR	Lower	Upper
Warm vs. Cold Handoff Spanish	.103	1.06	.895	3.389
Warm vs. Cold Handoff English	.011*	.271	.099	.742

* Significant at $\alpha < .05$

For English-speaking Latinos, the odds of showing up to an initial behavioral health visit if they receive a warm handoff are approximately 73% lower than those who receive a cold handoff.

INTERVIEW FINDINGS

DEPRESSION NARRATIVE

- Understanding of causes of and treatment for depression impacts decision-making and perceived usefulness of behavioral health services.

Q: *What do you do to treat, or to reduce your depression? What makes you feel better?*

A: Well the best thing that makes me feel, like, talking about economic issues, try to fix the economic problems... Like, definitely fix the problem... but there comes a moment in which the mind cannot take anymore and... that you cannot get this out and move ahead, even with aid from someone, like a doctor. You need help.

Matias, Age 49, Spanish-speaker, Received warm handoff, Attended first visit.

SENSE OF CONNECTION

- Patient-provider relationship is crucial.
- English-speakers more likely to report negative relationship with provider and/or clinic.

But I don't think that, at least with the first guy [doctor], he understood the whole depression part of it all... because I don't think he cared. I tried to tell him ... you know they ask you these questions when you first come in, you know, "Have you been down for like two weeks?" or, you know, and all of the answers were pretty much "Yes." And I guess I kind of thought maybe he would elaborate on that, you know, like he ... like, "This isn't normal," you know, "How long have you been feeling this way?" And it was never a conversation or anything like that.

Claudia, Age 32, English-speaker, Received warm-handoff, Did not attend first visit.

EXPERIENCE OF REFERRAL

- Wide range of experience (warm handoff not always experienced as "warm").
- Education about depression and match service to depression narrative during the referral is critical.

Q: *Tell me what you remember about being referred to the counselor for depression.*

A: The nurse [medical assistant] just gave me a little piece of paper... She told me, here, here she said "you are going to see this one"... She told me you are coming, to uh, to this one [behavioral health consultant]... that's all she said.

Lola, Age 45, Spanish-speaker, Received warm-handoff, Did not attend first visit.

PSYCHOSOCIAL BARRIERS

- Readiness for treatment and cost/benefit analysis of not attending
- Financial concerns
- Confusion/misunderstanding
- Health literacy issues

They called me to say to come to my appointment, not to forget about it. I said yes, but they said it was going to be twenty dollars. I said, no... I don't have enough. She said, you can pay later. I said, no... If I feel bad and I want to keep talking to that person to feel better, I won't be able to do it. Why? Because I have to be paying and paying. So it's better to cancel the appointment; I don't want anything. Cancel it. And my son said, well, mom, if they're charging you, why do you go? Instead of that, go for a walk. So I cancelled it, and I haven't been able to see any counselor. I haven't.

Rodelia, Age 56, Spanish-speaker, Received a cold handoff, Did not attend first visit.

LIMITATIONS

Phase I

Information limited to data available from medical record, sample drawn from one specific clinic and may not be generalizable to other integrated behavioral health clinic settings.

Phase II

Accounts limited to self-report for reasons for non-attendance and may be subject to social desirability bias.

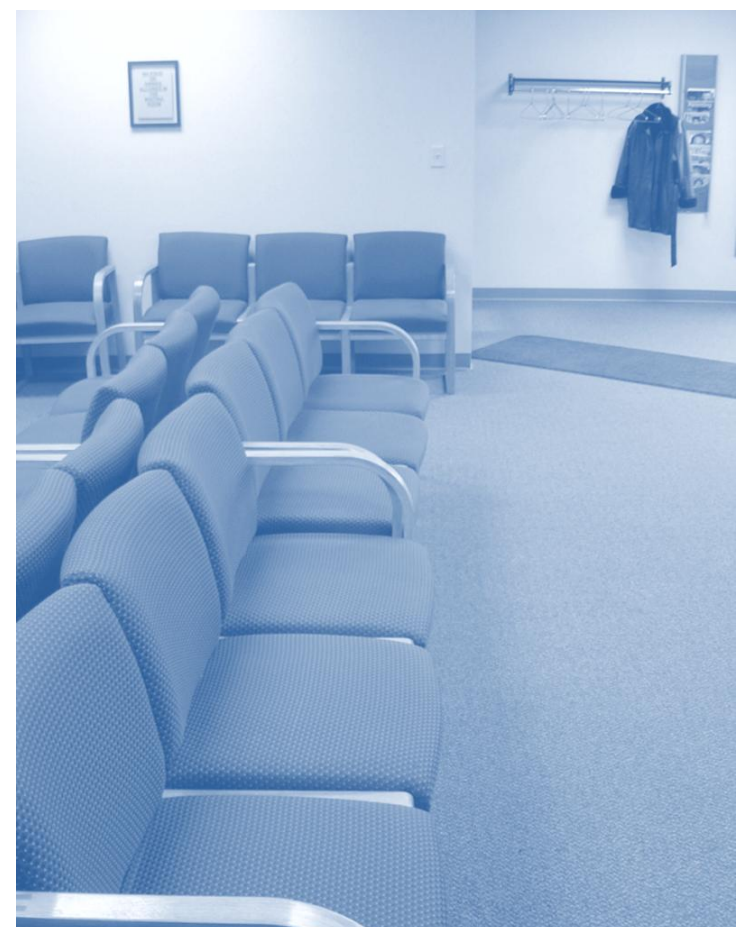
DISCUSSION

- Overall treatment follow-up rate of 52% is higher than for similar populations referred to depression treatment in non-co-located settings;



- The receipt of a warm handoff referral type is not a predictor of follow-up, and for English-speaking Latinos (a proxy for acculturation) it is a negative predictor of follow-up;

- Qualitative interview findings suggest that not all warm handoffs are experienced as "warm", and that patient-provider relationship in combination with overall sense of connection to the clinic, illness narrative and readiness for treatment are crucial components of the decision-making process for Latinos;



- Future studies should explore how referral practices in IBH settings can better address and "match to" the psychosocial and cultural needs of depressed Latinos at varying levels of acculturation and with multiple expectations for and perceptions of depression treatment.

ACKNOWLEDGMENTS

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