

# Increasing Access to Mental Healthcare Services in Non-Traditional Settings for Latinx Immigrants

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## Background

There is an urgent need to develop innovative interventions to connect Latinx immigrants in the United States (US) to tailored mental health (MH) services.

Many Latinx immigrants arrive to the US with a MH advantage compared US-born individuals or long-term immigrants.<sup>1</sup>

However, these MH advantages erode over time due to stress related to discrimination,<sup>2</sup> poverty,<sup>3</sup> language barriers,<sup>3</sup> and acculturation,<sup>4</sup> yielding MH problems and an underutilization of MH services.

Innovative MH interventions must be implemented in trusted spaces.

One trusted space in the Austin, Texas area is the Mexican Consulate General of Austin, which provides a program called the *Ventanilla de Salud* (Health Window; VDS). The VDS connects individuals with healthcare needs to healthcare services, but not MH services.



## Objective

To expand the VDS to address the growing MH needs of their Latinx immigrant patrons, a needs assessment is warranted to understand the perceived MH needs of the VDS's Latinx immigrant patrons and the larger Latinx immigrant community in Central Texas.

## Methods

**Timepoints 1 and 2.** Two needs assessments were conducted with paper surveys with Mexican immigrant adults at 2 timepoints (November of 2018, 2019) at the Mexican Consulate General of Austin (n = 82, n = 80).

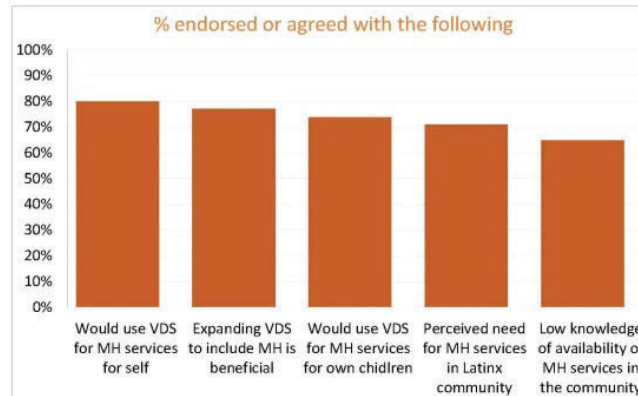
**Timepoint 3.** A robust needs assessment (initiated in January, 2020) is currently being conducted with an electronic survey (n = 59, in progress). Participants are Latinx young adults (ages 18 to 25) from Central Texas who are either a) an immigrant from Latin America or b) have at least 1 parent who is an immigrant from Latin America. Questions inquire about perceived MH need, current MH status (e.g., depression and anxiety levels), and MH service use. Participants and parents are invited to a focus group or individual interview to describe in detail their perceived MH needs (n = 0, interviews starting electronically in May, 2020).

Quantitative data from the surveys were analyzed with Excel.



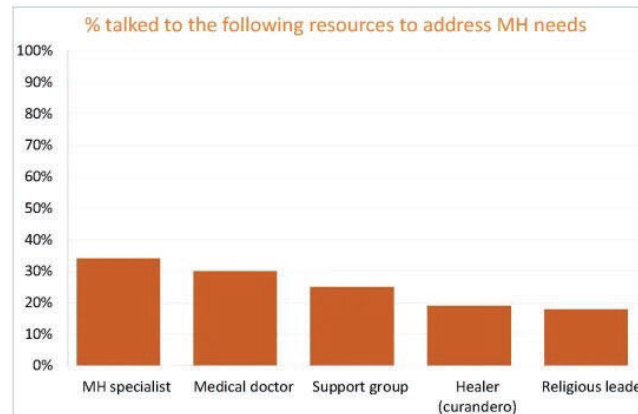
## Timepoint 1 Outcomes

Results from the Timepoint 1 survey (n = 82) indicated a high need and demand to expand the VDS to address MH needs. Notable findings are reported below.



## Timepoint 2 Outcomes

Results from the Timepoint 2 survey (n = 80) revealed information about the participants' attempts to address their MH issues over the past year. Notable findings are reported below.



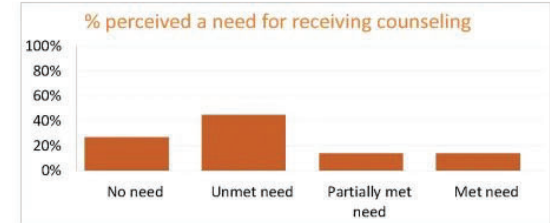
## Timepoint 3 Outcomes

Using 13 standardized instruments, results from the Timepoint 3 survey (n = 59, in progress) revealed information about MH needs, MH status (e.g., depression and anxiety levels), and MH service use. Results from two instruments are reported.



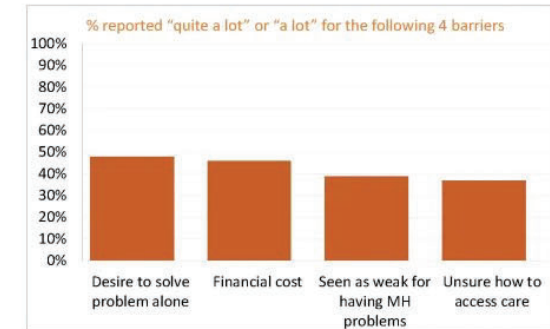
## The Perceived Need for Care Questionnaire (PNCQ)<sup>5</sup>

- Measures perceived need for MH services in 5 categories
- 1 category is the perceived need to receive counseling for MH needs (below)
- Scores: "no need," "unmet need," "partially met need," and "met need."



## Barriers to Access to Care Evaluation (BACE-3)<sup>6</sup>

- Measures 30 barriers that one encounters when seeking MH services
- The top 4 most reported barriers are reported below
- Scores: "not at all," "a little," "quite a lot," and "a lot."



## Conclusions

Regarding the Latinx immigrant population in Central Texas, findings highlight:

- Significant unmet MH needs
- Major barriers that limit access to MH services
- Opportunities to increase access to relevant MH services

## Limitations & Future Directions

- Social desirability bias in surveys & limited generalizability outside of TX
- Data can inform local efforts to address MH needs in Latinx immigrants, including the expansion of the VDS to address MH needs.
- Structural equation modeling will analyze links between perceived need for MH services, current MH status, and MH service use.
- Qualitative interviews will provide a nuanced explanation of the collective and personal experiences of perceived MH needs.
- Added items at Timepoint 3 will capture how COVID-19 impacted MH.
- Manuscripts will disseminate results and inform federal grants (R01).

## Citations

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