A Community-Based Approach to Improving Mental Health Equity in Underserved Communities

Sergio Aguilar-Gaxiola, MD, PhD
Professor of Clinical Internal Medicine
Director, Center for Reducing Health Disparities
UC Davis School of Medicine

Los Angeles, CA
December 1, 2017
I have no relevant financial interest/arrangement or affiliation with any organizations related to commercial products or services to be discussed at this presentation.
Mental disorders:

1. Are among the most prevalent classes of chronic diseases in the general population.

2. Co-occur within themselves, with substance use disorders, and with many medical conditions.

3. Typically have much earlier ages of onset than other chronic diseases.
Mental disorders:

4. Are among the most disabling of all chronic health conditions.

5. Are associated with significant adverse societal (and personal) costs.

6. Only a minority with mental health needs received treatment in the preceding year.
Comorbidity

Definition: the presence of more than one mental disorder within the same period of time.

- 41%–65% of those reporting a lifetime substance disorder had at least one other mental disorder.
- 51% reporting one or more mental disorders also reported at least one substance disorder.
- 23% had three or more lifetime disorders.

Source: Kessler, National Comorbidity Survey Replication (NCS-R), 2004
Mental Disorders are Rarely the only Health Problem

- Chronic Physical Pain: 25-50%
- Smoking, obesity, physical inactivity: 40-70%
- Mental Health Abuse
- Cancer: 10-20%
- Neurologic Disorders: 10-20%
- Heart Disease: 10-30%
- Diabetes: 10-30%

Source: Unützer, 2010
NO HEALTH WITHOUT MENTAL HEALTH
Age at Onset of Mental Disorders

- The most serious mental disorders usually begin in childhood or adolescence.
- They are usually not severe when they begin.
- More typically, they become severe over time.
- Early onset (¾ of adult disorders had onset by age 24; ½ by age 14).
- First symptoms occur 2-4 years prior to onset of a diagnosable disorder.
Among the top ten main causes of disability, five are mental disorders:

- major depression
- schizophrenia
- bipolar disorders
- alcohol use
- obsessive-compulsive disorders

All five mental disorders appear by age 24!

Source: Kessler, Berglund, Demler, et al., 2005
The “Treatment Gap”

Between 50 to 90% of people with serious mental disorders have not received appropriate mental health care in the previous year.
Treatment Gap in the U.S.

- Levels of **unmet need** (not receiving specialist or generalist care in past 12 months, with identified diagnosis in the same period)
  - Hispanics – 70%
  - African Americans – 72%
  - Asian Americans – 78%
  - Non-Hispanic Whites – 61%

Source: Alegria et al., 2006
Who Utilized Services?

- 38% of U.S. born received care
- 15% of immigrants received care
- 9% of migrant agricultural workers received care

Source: Aguilar-Gaxiola, Vega, et al., 2000
Untreated Mental Illness

- Intensify over time... can reduce life expectancy
- Causes intense and prolonged suffering to individuals and their families
- Limits individuals’ ability to reach social and educational normative goals
- Leads to significant costs to individuals, families, and communities
Why the Treatment Gap?

- Multiple barriers
  1. Individual level (e.g., stigma)
  2. Community level (e.g., lack of culturally and linguistically appropriate services)
  3. Systemic level (e.g., lack of a sufficient and appropriate health workforce)
- Lack of engagement in behavioral healthcare
Significance of Disparities

- In the context of **growing demographic diversity** in U.S.
- **Significant burden of unmet mental health needs** among diverse racially, ethnically, geographically, culturally and linguistically diverse populations
- Translates into ill health, premature death, diminished productivity and social potential, wasted resources
- **A major U.S. public health problem**

Source: Primm, 2009
The Mental Health Services Act (MHSA)

- The Mental Health Services Act (MHSA) was passed by California voters on November 2004 and went into effect in January 2005.

- The MHSA provides increased funding for mental health programs across California.

- The MHSA is funded by a 1% tax surcharge on personal income over $1 million per year.
Solano County
Mental Health Interdisciplinary Collaboration and Cultural Transformation Model

*First* county to design a multi-phase Innovation training and transformation project that combines CLAS with community engagement
MHSA Innovation – Nuts & Bolts

Innovation programs and services must be:

- **Unique and creative:** new, not just “new to me”
- Promote recovery and resiliency
- Developed **WITH communities**, including underserved populations within communities
- Lead to **system reformation** and new approaches
Project Goals

- Improve access to and utilization of mental health services for Latino, Filipino American, and LGBTQ communities

- Enhance collaborative partnerships between County, Community, and CBOs

- Increase workforce diversity

- Develop organizational policies, programs, and support systems to ensure and sustain cultural and linguistic competency in service delivery
The Project at a Glance

**Phase 1**
Years 1-2
Collect stories, histories and strengths of the Latino, Filipino American, and LGBTQ communities, Solano County, and community-based organizations (CBOs) and build on them

**Phase 2**
Years 2-3
Develop a CLAS leadership and program development training specific to the health and mental health needs of Solano County and use this transformational knowledge as foundation for quality improvement (QI) plans

**Phase 3**
Years 4-5
Coordinate and implement QI plans with coaching from a team from the Center for Reducing Health Disparities and feedback from the community to accomplish positive outcomes

**Evaluation**
Years 1-5
Evaluate joint QI plans using a “Quadruple Aim” mixed-methods (qualitative and quantitative) approach that will examine: consumer experience, provider experience, health outcomes, and cost effectiveness

Comprehensive cultural health assessment
CLAS leadership development & training program
QI planning & implementation
Quadruple aim & sustainable community engagement

Evaluation
Years 1-5
Evaluate joint QI plans using a “Quadruple Aim” mixed-methods (qualitative and quantitative) approach that will examine: consumer experience, provider experience, health outcomes, and cost effectiveness

Quadruple aim & sustainable community engagement
Discovering the Stories, Strengths, and Histories
Phase I: Organization Cultural Assessment

County

Community

CBOs
## Who we have talked to:

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Participants</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Informant Interviews</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td>14</td>
<td>Interviews conducted with community leaders and advocates, including faith, CBO and school leaders</td>
</tr>
<tr>
<td>LGBTQ</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Filipino</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Consumers</td>
<td>6</td>
<td>Aggregated</td>
</tr>
<tr>
<td><strong>Focus Groups</strong></td>
<td>37</td>
<td>Aggregated for 8 focus groups</td>
</tr>
<tr>
<td>County staff</td>
<td>12</td>
<td>Administrative and Programmatic staff and leaders</td>
</tr>
<tr>
<td>Providers</td>
<td>13</td>
<td>Primarily County Behavioral Health Providers</td>
</tr>
<tr>
<td>CBOs (Online Survey)</td>
<td>20</td>
<td>CLAS Self-Assessment Survey</td>
</tr>
<tr>
<td>Other County Leaders</td>
<td>13</td>
<td>Transportation; Housing; Insurance; Police, Other Health Systems</td>
</tr>
<tr>
<td>Community Forums</td>
<td>61</td>
<td>1 CF per community</td>
</tr>
<tr>
<td><strong>Total Number</strong></td>
<td>202</td>
<td></td>
</tr>
</tbody>
</table>
Filipino American Community

- **Build community trust** by delivering mental health services where Filipino Americans live, work, study, and worship.

- **Engage younger generations of Filipinos** (e.g., 1.5, 2\textsuperscript{nd}, and 3\textsuperscript{rd}) to empower them to become agents of change in the community.

- Work with Filipino American communities to **identify a network of effective culturally and linguistically appropriate practices**, programs, and human resources for Filipino Americans.

- **Build on** Filipino American communities’ **resiliency** to reduce the stigma and shame associated with seeking services.
Latino Community

- **Build community trust** by delivering mental health services where Latinos live, work, and study.

- Work to **reduce the distress of fear, discrimination and racism** that has intensified by the current political climate, specifically in immigrant communities.

- Recognize and **address the social determinants of mental health** (e.g., stigma, stress, poverty, poor housing conditions, etc.).

- **Increase training, education and incentives** to improve culturally and linguistically appropriate at all staff levels.
LGBTQ Community

- Ensure the inclusion of LGBTQ communities when delivering mental health services by recognizing and valuing LGBTQ life experiences.

- Recognize and include the diversity and expertise of the LGBTQ communities to improve mental health.

- Champion LGBTQ community-defined best practices and programs that are successful.

- Ensure the safety of LGBTQ communities by ensuring the use of appropriate terminology/pronouns and inclusive policies.
Working with 3 Solano County CBOs

Rio Vista CARE

Solano Pride Center

Fighting Back Partnership
A Shared Culture of CLAS
Phase II: CLAS Transformational Curriculum Training
Session 1: Overview

- Current State of Mental Health Experienced by 3 communities
- What Are the CLAS Standards and How Can They Drive Solutions
- Introduction to System Change

Session 2: From Person Centered Care to a Vision of Wellness

- Mental Health Narratives: Discussion Panels
- Appreciative Inquiry: A Strength-based Approach to System Design

Session 3: Getting to Know the CLAS Standards

- Team Presentations on CLAS Standards: What they are and potential implementation strategies.
- Model programs and best practices

Session 4: Quality Improvement Projects

- Leadership Talk
- Discuss QI Plan Feedback
- Coordinate QI Plans for maximal impact and support

Implementation of Coaching Sessions (6 monthly meetings)
Culturally and Linguistically Appropriate Services (CLAS)

The enhanced CLAS standards:

- Promote health equity as integral to the operational environment and strategic planning process of health care organizations

Walking the Talk
Phase III: Implementation

Coordinated QI Programs
- Culturally Competent Care
- Language Supports
- Diverse Workforce and Leadership Development
- CLAS Policies and Procedures
- Community Engagement
Short-Term Outcomes

- Increased bidirectional trust, communication, and collaboration

- Development of common language and evaluation measures
"Quadruple Aim" Outcomes

**Consumer Experience**
- Consumer Satisfaction Surveys
- Focus Groups
- Utilization Rates

**Provider Experience**
- Provider Satisfaction/Burnout* Indicators
- Social Network Inventories

**Health Outcomes**
- Hospitalization rates
- Emergency room use
- Screeners (i.e., BDI, PHQ-9, Hopkins)

**Cost Effectiveness**
- Per capita costs

Source: Bodenheimer & Sinsky, From Triple to Quadruple Aim, 2014
Long-Term Outcomes

- Achieve health **equity in access and utilization of mental health services** by Filipinos, Latinos, and LGBTQ communities.

- Disseminate and replicate in other systems of care.
Summary (Cultural Transformation Model)

- **An innovative, community-initiated project**
  - First to combine CLAS and community engagement
  - First to collectively train stakeholders from various sectors

- **Outcome-driven**
  - Outcomes that matter to the communities themselves, CBOs, county, and researchers

- **An emphasis on sustainability**
Is it possible to improve community mental health by focusing primarily in access to care?
It is more than access to care...

Health is driven by multiple factors that are intrically linked—of which access to health care is one component.
Why treat illness and send people back to live in the same conditions that made them sick in the first place?

*Source: Williams, 2016*
Determinants of Health: Focus on policy, systems, and structural change

“[A]ddressing socioeconomic factors has the greatest potential to improve health….

Achieving social and economic change might require fundamental societal transformation….

Interventions that address social determinants of health have the greatest potential for public health benefit.”

CDC Past Director Dr. Thomas Frieden

Coming to Terms with Health Inequities

- Unhealthy housing
- Exposure to array of environmental hazards
- Limited access to healthy food & basic services
- Unsafe neighborhoods
- Lack of public space, sites for exercise
- Limited public transportation options
- Inflexible and/or poor working conditions
- Impact of chronic stress

Source: Barnett, 2017
New Directions

- How can we identify patients’ non-medical health needs as part of their overall care?

- How can we connect patients to local services/resources that help people avoid getting sick in the first place or better manage illness, including mental health needs?

- How can we be a strong leader and champion to collaborate with other sectors to improve health where patients live, learn, work, and play?

- How can we connect community residents to jobs in the health care sector – one of the largest employers?

- How can we use community health workers to provide services or link patients to needed supports?

Source: Williams, 2016