

Mental Health Working Group
Final Report: Academic Year 2006-2007

Mental Health Services, Research, & Training have been integrated in the activities of the Group in an *Interdisciplinary Platform* that involves the collaboration of faculty who represent three colleges: Education (Lydia Buki), Psychology (Jorge Ramirez Garcia) and Social Work (Lissette Piedra). In this report, we first provide (a) our mission statement, (b) a context for our endeavor, and (c) a summary of our accomplishments for the first year in which we received CDMS

funding, 2005-2006. Next, we detail the second year, 2006-2007, and include (a) activities undertaken and the budget summary, (a) future plans, and (b) need for continued funding.

**MENTAL HEALTH
Working Group**

Mission

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The long-term goal of the Mental Health Working Group is to address the disparities in access to high quality health care experienced by underserved groups. More specifically, individuals who are Latino/a, who are primarily Spanish speaking, and who are socioeconomically disadvantaged have little to no access to high quality mental health care. The mission of the group is to examine cultural and language issues that interfere with these underserved populations receiving high quality mental health care, to increase service capacity to meet the needs of this population, to provide training for training bilingual doctoral students in the health professions to be competent, professional, and ethical providers of Spanish language services. We do this by capitalizing on the service, research and training skills of this interdisciplinary Working Group.

**FINAL REPORT
Academic Year 2006-2007**

Language, Mental Health, and Democracy

Linguistic diversity in the United States has always been a reality. However, the urgency of addressing the needs of a linguistically plural society is driven by the changing demographics. At the time of the 1970 Census, 19 million (13%) spoke a language other than English. In 2000, the Census Bureau reported that 40 million (13%) spoke a language other than English; this is due primarily to increased immigration to the United States. The Hispanic population is a linguistic minority of approximately 43 million Latinos who live in the U.S., 31 million speak Spanish (U.S. Census Bureau, 2006). Among adult Latinos, almost half (47%) are primarily Spanish speaking, about a quarter (28%) are bilingual, and only a quarter (25%) are primarily English speaking (New Hispanic Center, 2004). Latinos who are primarily Spanish speaking are uninsured at higher rates and have greater barriers that prevent them from receiving quality health care (Doty, 2001). Linguistic barriers are heightened by the fact that the majority of healthcare providers are English speakers, creating linguistic and cultural gaps that further affect the patient-provider relationship and the delivery of quality care and health information (Ellington, Wahab, Martin, Field, & Meoney, 2006; Morales, Cunningham, Brown, Liu, & Hays, 1999).

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Mental Health *Services, Research, & Training* have been integrated in the activities of the Group in an *Interdisciplinary Platform* that involves the collaboration of faculty who represent three colleges: Education (Lydia Buki), Psychology (Jorge Ramírez García) and Social Work (Lissette Piedra). In this report, we first provide (a) our mission statement, (b) a context for our endeavors, and (c) a summary of our accomplishments for the first year in which we received CDMS funding, 2005-2006. Next, we detail our accomplishments for the second year, 2006-2007, and include (a) activities undertaken and their outcomes, (b) budget summary, (c) future plans, and (e) need for continued funding.

Mission

The long-term goal of the Mental Health Working Group is to reduce the disparities in access to high quality health care experienced by individuals from marginalized groups. More specifically, individuals who are Latino/a, who are primarily Spanish speaking, and who are socioeconomically disadvantaged have little to no access to high quality mental health care. The mission of the group is to examine cultural and language issues that interfere with these underserved populations receiving high quality mental health care, to increase service capacity to meet the needs of this population, and to use the services as a vehicle for training bilingual doctoral students in the health professions to be competent, professional, and ethical providers of Spanish language services. We do this by capitalizing on the service, research and training skills of this interdisciplinary Working Group.

Language, Mental Health, and Democracy

Linguistic diversity in the United States has always been a reality. However, the urgency of addressing the needs of a linguistically plural society is driven by the changing demographics. At the time of the 1970 Census, 19 million U.S. inhabitants (11%) spoke a language other than English. In 2000, the Census Bureau estimated that 47 million people—nearly a fifth of the population of the United States—spoke a language other than English; this is due primarily to increased immigration to this country. Among Latinos/as, Latinos comprise a linguistic minority: of approximately 43 million Latinos who live in the U.S., 31 million speak Spanish (U.S. Census Bureau, 2006). Among adult Latinos, almost half (47%) are primarily Spanish speaking, about a quarter (28%) are bilingual, and only a quarter (25%) are primarily English speaking (Pew Hispanic Center, 2004). Latinos who are primarily Spanish speaking are uninsured at higher rates and have greater barriers that prevent them from receiving quality health care (Doty, 2003). Linguistic barriers are heightened by the fact that the majority of healthcare providers are English speakers, creating linguistic and cultural gaps that further affect the patient-provider relationship and the delivery of quality care and health information (Ellington, Wahab, Martin, Field, & Mooney, 2006; Morales, Cunningham, Brown, Liu, & Hays, 1999).

In the U.S. Surgeon General Mental Health Report, mental health is defined as “the successful performance of mental functions, resulting in productive activities, fulfilling relationships with

other people, and the ability to adapt to change and to cope with adversity.” (DHHS 1999). In his noteworthy supplement titled *Mental Health: Culture, Race, and Ethnicity*, Dr. Satcher indicated that Latinos, as well as other individuals from marginalized groups, bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall health and productivity. By addressing language diversity in a multiracial democracy, we create pathways to greater social inclusion. Every action that promotes institutional access to needed services transmits a message of inclusion. In our first year, we established the foundation needed to successfully forge and maintain these pathways of inclusion by establishing a plan and infrastructure to provide needed mental health services to the LEP population in Champaign-Urbana.

Activities & Outcomes for the First Year (2005-2006)

In this initial year (2005-2006), the Group began to examine how a local community health center, Frances Nelson, addressed the needs of their LEP clients and the ways a university-community partnership could bolster capacity for delivery of bilingual mental health services by creating a graduate level bilingual practicum. Before summarizing our activities, we will provide a context for choosing to work with Frances Nelson as our collaborating agency.

Frances Nelson Health Center is the primary health care provider for uninsured patients in Champaign County. The agency provides primary medical services, prenatal care, immunizations, health education, mental health and social services to medically underserved and uninsured adults and children of Champaign County. Patients must complete an intake process to receive care. A sliding-fee scale is offered to clients without insurance with verification of financial status. Spanish-speaking interpreters are typically available to assist their patients. However, their services have been in such demand that in 2005, their waiting list had to be discontinued. Andrea Goldberg, Director of the agency, remarked: “We are so busy – and we really see no end in sight – that we've had to discontinue the waiting list because we really see that it will be very difficult for us to ever move people from the waiting list on to actually having appointments.” Individuals who could not be served included Latinos who were LEP and were in dire need of mental health counseling, including at least one individual who had suicidal ideation. As of late, because of the recognition that some patients are experiencing psychological distress, and given the high comorbidity between physical health and mental health, Frances Nelson has begun to build the capacity to address the mental health needs of its clientele. For example, a full-time Social Worker has been added to the staff. Therefore, within this context, the Mental Health Interest Group began to explore a possible collaboration that would increase the health center's capacity to serve the mental health needs of LEP clients, as well as provide a high quality training opportunity for bilingual students in our programs, thus increasing our ability to attract the best students to the University of Illinois.

Given the documented need to increase capacity for mental health services provided to LEP, we began our first year by conducting a needs assessment. An IRB protocol was submitted and approved to study the influence of (a) language barriers, (b) cultural barriers, and (c) other environmental factors (housing, work, income, etc.) on our target population's utilization of mental health services. In addition, we explored organizational and environmental factors that influence providers' ability to meet LEP clients' needs at the agency. In the first phase of this needs assessment, we conducted in-depth interviews with the four interpreters at Francis Nelson.

A content analysis of the interview transcripts revealed the following three themes: (a) clients who have mental health needs seem to suffer from depression; depressive symptoms are associated with poor parent-child relationships, poor child outcomes, and conjugal strife. In addition, psychosocial factors such as poverty and social isolation were cited as precipitating factors to needing mental health services. (b) There is a great need for improving the quality of services provided to the LEP population. For example, none of the interpreters had received any form of formal or informal training for translating mental health content. (c) All of the interpreters indicated that having a bilingual therapist would be the best way to help LEP clients presenting with mental health issues, given that the presence of an interpreter was seen as an obstacle to providing adequate mental health care. Most importantly, the interpreters recognized that a variety of stressors are placing LEP clients at risk; this risk is enhanced when the clients seek mental health services and receive services through an interpreter who has not been trained in mental health issues. This initial data collection established an organizational baseline for the perceptions and climate prior to the presence of bilingual mental health providers.

There is a consensus that a bilingual mental health provider will provide better mental health care than the cumbersome triad that includes a patient, a provider, and an interpreter. Therefore, our second outcome for the first year was to plan and establish the foundation for a Spanish Speaking Mental Health Services Practicum within the context of an interdisciplinary collaboration between Clinical/Community Psychology, Counseling Psychology, Social Work, the Directors of Practicum Training for the 3 programs, and Frances Nelson. This collaboration is designed to capitalize on the scholarly strengths and research interests of the members of the Working Group. Through the course of several months, dialogues were sustained to lay the groundwork for contracts, didactic arrangements, supervision oversight, and logistics of the practicum. Because the practicum was implemented in the year 2006-2007, additional details will be discussed in a later section of this Report.

Activities & Outcomes in 2006-2007

We are very grateful to the University of Illinois' Center for Democracy in a Multiracial Society for funding provided and for upgrading our status to a Working Group. This funding allowed us to accomplish the following:

1. Continue our needs assessment of mental health needs of LEP clients.
2. Initiate a Spanish-speaking practicum.
3. Begin to conceptualize and write a grant proposal to be submitted to the NIH.
4. Complete various writings.

Outcome # 1: Needs Assessment

In our first year, we conducted 4 interviews with the Spanish interpreters at Frances Nelson, transcribed them, and extracted preliminary findings. This year we were able to conduct a theme analysis which revealed three major themes: (a) Need for interpreter training, (b) Barriers to high quality service, and (c) Mental health needs of LEP clients. These results are presented in more detail in Appendix A.

In 2007-2008, we plan to extend our needs assessment in several ways. First, interpreters indicated that the social worker should be interviewed, given that she decides which clients are in need of mental health services. In addition, having completed a year of our bilingual practicum, we plan to carry out additional interviews with the bilingual students from all three departments who served the LEP population at Frances Nelson, as well as Andrea Goldberg, Director of Frances Nelson, and Dr. Graciela Andresen, the bilingual clinical supervisor. By carrying out these interviews, we will be able to triangulate on the data and have a holistic understanding of the facilitative conditions and barriers in successfully meeting the mental health needs of our priority population. This information will also be used to guide our service efforts, and to form the basis for a grant that we will write to establish a model program to increase the mental health literacy of Latinos who are LEP in small urban communities (more information on the program and the grant are presented later in this section). A revised IRB has already been submitted to extend our needs assessment. The interview guide we designed to conduct the additional interviews is presented in Appendix B.

Outcome #2: Development and Initiation of a Spanish-Speaking Practicum

In this 2006-2007 academic year, we successfully launched the Spanish Speaking Adult Psychotherapy Practicum, a cross-campus interdisciplinary collaboration, as well as a collaboration between the University of Illinois and Frances Nelson Community Health Center. Dr. Ramírez-García took the lead on this project. The practicum is exemplary in that it serves as a model of University - Community partnerships that address pressing community issues, such as the dearth of mental health services of any kind for Spanish speaking Latinos. Moreover, the practicum includes a valuable training opportunity for graduate trainees in our respective programs, and has been a major catalyst for the grant proposal that we are developing (see *Outcome #3*).

Practicum Training

Although the community-wide Latino population estimates are about 4% Latino, the client case load at Frances Nelson Center is 33% Latino. In other words, the client case load at this public health clinic for the uninsured is disproportionate (6 times higher) to the percentage of the population of Latinos in Champaign County. Many of the persons who seek medical services at clinics such as this have comorbid mental health problems that will go untreated in the majority of cases.

Three doctoral trainees (two from Psychology and one from Educational Psychology) provided psychotherapy services in Spanish to Latino adults receiving health care at Frances Nelson center. Psychotherapy services were supervised by a local Latina licensed psychologist who was compensated by funds from our Mental Health Work Group and by Frances Nelson. The supervisor was contracted by the University of Illinois through an adjunct appointment with the Department of Psychology. The contractual agreement included liability coverage for the supervisor and the trainees.

For the training/didactic portion of the practicum, the trainees registered for a clinical practicum course with Jorge Ramírez García and attended monthly seminars in the Fall of 2006 and bi-

weekly seminars in the Spring of 2007. The latter was team taught by all three members of our Mental Health Working group (see Appendix C for Fall and Spring syllabi). In the Spring of 2007, an intern from the program of Social Work joined Frances Nelson to provide auxiliary health services, including bilingual discharge planning, community referrals, and service linkage. In addition to these activities, the Social Work intern has assisted in making the psychotherapy referral process to the Psychology Interns more seamless.

Practicum Challenges and Development

The director of Frances Nelson, the director of practica of Educational Psychology, the Clinical Supervisor and members of the Mental Health Interest group met throughout the year to coordinate the practicum activities and to draft blueprints for the long term sustainability of the practicum. These meetings were vital to set up the practicum procedures in its first year. Notably, the practicum activities were uninterrupted during Frances Nelson's move to a new location during the late Fall. Through many meetings and communications, this steering committee with all multiple stakeholders, coordinated the practicum activities and identified key challenges.

One key challenge was the coordination of mental health services within a health care clinic with care models and operating procedures that center on the treatment of "physical" illnesses. To address this challenge, the Social Work Intern has taken a major role in acting as a liaison between the physical health care providers and needs of the Latino clients and the psychotherapy practicum team. Furthermore, we have plans to conduct workshops on identification of mental health symptoms to providers at Frances Nelson

A second challenge has been to balance the pressure and need to provide as much psychotherapy services as possible given the climate of this clinic with much activity, and the limitations of doing so through a training model with practicum trainees with varying levels of experience and a clinical supervisor who is limited in her resources. With respect to the latter, the clinical supervisor has invested more time beyond her compensation for this activity. To address this challenge we are developing more specific criteria for trainees and will opt for a model that includes training with only two but more qualified trainees. Second, for the long term sustainability of the practicum, it is crucial that we obtain more adequate funding for the clinical supervisor.

In addition to working with these challenges, we have ensured the continuation of the practicum for the next academic year 2007-2008. Frances Nelson sought and received continued funding from the Champaign County Mental Health Board to continue paying the supervising psychologist. Two practicum trainees were selected for next year to conduct psychotherapy services at Frances Nelson (one from Psychology and the other from Educational Psychology). The practicum course will be offered this year by Education Psychology.

Outcome #3: Grant Writing

This year, with assistance provided through a course release and RA funding, Dr. Buki took the lead on the coordination of efforts to write a large grant to the National Institutes of Health. After

reviewing carefully approximately 15 grant competitions available from various funding agencies, we decided to apply for PAR-07-020, *Understanding and Promoting Health Literacy (R01)*, to be submitted to the National Institute of Mental Health. A copy of this grant announcement is included in Appendix D of this report. The grant is geared toward independent investigators, and has the purpose of encouraging "empirical research on health literacy concepts, theory and interventions as these relate to the U.S. Department of Health and Human Services' public health priorities that are outlined in its HealthierUS and Healthy People 2010 initiatives." Health literacy is further defined as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Ratzan & Parker, 2004).

Through this grant, we will seek to obtain funding for 5 years at approximately \$250,000-300,000 per year to develop a model University-Community program to increase mental health literacy in LEP populations in small urban areas. Our literature review has not yielded any evidence of previous studies attempting to develop such a model. Moreover, our conceptualization, which includes the integration of an interdisciplinary literature from sociology, community psychology, social work, and counseling psychology, is innovative, timely, and is likely to be valued by grant reviewers. Dr. Buki currently holds an R03 grant from the NCI under the same competition; the R03 grants are the stepping stone to R01 grants, which will further strengthen this application.

We have collected, so far, over 40 articles addressing the various aspects of our conceptualization and the rationale for the study. We met regularly throughout the Spring semester to provide guidance and supervision to the RAs, and to develop a project, make sure it has a sound scholarly basis, and begin the writing process. We have developed a concept paper for the grant proposal, which is included in Appendix E. In addition, we held several meetings with staff from the Bureau of Educational Psychology, an office in the College of Education that assists faculty in the preparation and submission of grants. At these meetings, we began working on the logistics of the electronic submission, we obtained feedback on earlier drafts of the concept paper, and developed a timeline of tasks for successful completion and submission of the proposal. We are aiming for the next submission deadline, which is January 24, 2008.

This grant requires presentation of pilot data, some of which we have already collected through the needs assessment (i.e., perceptions of Spanish interpreters) and some that will require additional data collection in the summer (i.e., perceptions of bilingual social work intern, practicum students, consulting clinical supervisor, and Director of the agency) and in the fall (i.e., community readiness assessment). Additional details about our needs and our request for continued funding to complete these tasks are presented in the section titled *Continued Funding*.

Outcome #4: Completion of Various Writing Projects

Dr. Piedra worked on developing a theoretical framework to conceptualize the culturally relevant psychosocial issues pertaining to Latinos with limited English proficiency by integrating Portes and Rumbaut's (2001) theory of segmented assimilation with the ecologically-based Life model (Germain & Gitterman, 1996). This integrated framework has been articulated in a manuscript recently submitted to *Social Work* (see Appendix F). The fusion of segmented assimilation

theory with the Life model specifies the challenging life transitions and environmental pressures that immigrants face as they adapt to their new home (Piedra & Engstrom, 2007- under review). By incorporating segmented assimilation theory in to the Life model, service providers can take a multidimensional approach to helping immigrant families' assimilation, enhancing their participation in larger society.

Throughout our work, issues of inclusion have played a central role because we believe that in a multiracial democratic society with a high immigrant population, language is a critical determinant for service access. The intersection of language and social participation was articulated in a chapter in Dr. Piedra's edited volume *Our Diverse Society: Race and Ethnicity -- Implications for 21st Century American Society* (NASW Press, 2006; see Appendix G).

Budget

The budget totaled \$3,000. We contributed \$2,500 toward the consulting fee for the clinical supervisor, attended a health literacy conference in Chicago (\$250), bought clinical assessments for the practicum (\$150) and purchased two resource books on family therapy (\$100).

Future Plans

Our future plans and activities are related to formulating a strong grant proposal for an innovative community based intervention. We plan to submit the grant proposal to the NIH in January, 2008. For this proposal, we will use pilot data already collected from the interpreters documenting the need for bilingual mental health providers. We will complement these findings by interviewing the service providers who work with LEP clients. This wave of data collection is scheduled for May and June. We plan to use this second wave of data to further inform the development of the practicum and to highlight the strengths and challenges faced by the bilingual mental service providers.

In addition to using these pilot data for the grant proposal, we plan to write two manuscripts for publication. One manuscript will contribute to the community-based participatory research (CBPR) literature and will function as a springboard for the CBPR methodology component for our NIH grant proposal. The other manuscript will describe the formation of the university-community partnership, the unique interdisciplinary collaboration among the PIs, and the development of the practicum. We will aim to submit these manuscripts to top, relevant journals.

Continued Funding

In the next year, we would like to continue to meet as a working group and we ask that CDMS support the efforts of this working group through seed monies, a quarter-time RA, and two course reductions for Dr. Buki and Dr. Ramírez García to complete the analysis of the second wave of data, document the practicum and the university-community partnership, create an operational manual for the practicum, and write the grant proposal during the fall semester. Seed funds in the amount of \$3,000 will enable us to continue to pay for consultation services and purchase bilingual texts that the practica can use. We would like to continue working with the RA hired this year to assist in the data collection and analysis, literature reviews, and other

administrative duties related to the working group's meetings and to the submission of the grant proposal.

Over the past two years, we have used CDMS support to construct an important university-community partnership that addresses both a community need for bilingual mental health services and a university need to create opportunities for bilingual graduate students to develop their ability to conduct mental health interventions in Spanish. Over the past year, we have learned numerous lessons through implementing the practicum and by confronting unanticipated challenges in service delivery to vulnerable LEP clients. We have been able to parlay those lessons into a well-formulated idea for a community-based intervention project that could potentially have a significant impact at the local level and could inform other similar efforts nationally. We believe that an additional year of support will enable us to submit a grant proposal that could provide on-going support for our community efforts.

Attachments

- Appendix A: Findings from interpreter interviews.
- Appendix B: Interview Guide for Service Providers.
- Appendix C: Syllabi for didactic section of Practicum.
- Appendix D: Grant announcement PAR-07-020.
- Appendix E: Concept paper for grant proposal.
- Appendix F: Piedra, L. M. (submitted). Segmented assimilation and the Life model: A new conceptual approach to understanding immigrants and their children. *Social Work*.
- Appendix G: Piedra, L. M. (2006). Revisiting the language question. In D. W. Engstrom & L. M. Piedra (Eds.), *Our Diverse Society: Race and Ethnicity -- Implications for 21st Century American Society* (pp. 67-87). Washington, D. C.: NASW Press.