

Mental Health Care Disparities for the Hispanic Population in Tarrant County



**Report to the Community
Mental Health Association of Tarrant County
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Abstract

National studies have found a significant disparity in the provision of mental health care to the Hispanic population in the United States. This study examines the provision of mental health services to adult Hispanics by the public mental health system in Tarrant County. Deidentified or congregate Hispanic client information was obtained for MHMR and JPS Health Network adult outpatient mental health clinics. Census data was obtained for the distribution of the Hispanic population in Tarrant County, and this was matched with clinic location and, for MHMR, zip code of residence for Hispanic clients. Information was also obtained regarding clinic staff who are fluent in Spanish. Findings indicate that MHMR is serving 35.7% of the expected number of Hispanics and JPS is serving 44% of the expected number. Virtually no clinicians in either system speak Spanish, though JPS has readily available translation services. Clinics are not generally located in areas of high Hispanic density. The study concludes that the mental health system in Tarrant County is not meeting the needs of the Hispanic population. Efforts should be made to implement recommendations made by the U.S. Surgeon General and the U.S. Office of Minority Health to improve access, availability and utilization of services.

Background and Purpose of the Study

The U.S. Surgeon General issued a report in 2001 on “Mental Health: Culture, Race and Ethnicity”. This report clearly indicates the serious disparities in mental health care for minority groups in the United States. (U.S. Dept. of Health and Human Services, 2001) Some of the findings in the section related to the Hispanic population are especially important to understanding disparities in Tarrant County and in shaping our response to them. U.S. born Hispanics have similar rates of mental illness as the white non-Hispanic population. However, immigrants in the U.S. for thirteen years or less have approximately 50% less incidence of mental illness. The Surgeon General also discusses symptomology in the Hispanic population. A significant portion of the Hispanic population, especially women, have symptoms of mental illness that mimic other physical ailments, such as headaches, backaches, stomach aches, general unexplained pain and fatigue. Language is especially important in diagnosing mental illness, as terminology describing various symptoms is not always easily translated. Not all causes of disparity are negative. The Surgeon General notes that Hispanics underutilize mental health services, even when all factors are equal to the non-Hispanic population. Much of this underutilization may be due to cultural strengths that may reduce the need for clinical intervention, such as close knit and extended family relationships. Although some underutilization can be attributed to culture, the availability, accessibility and utilization of mental health services can be more easily attributed to other factors, including few mental health providers who are fluent in Spanish and an even smaller proportion who are themselves Hispanic, a low rate of health insurance coverage, and low rate of service utilization even when clinical services are indicated. Only 1% of the psychologists in the U.S. are Hispanic. There

are only 29 Hispanic Mental Health Professionals per 100,000 Hispanics, compared to 173 white professionals per 100,000 of the white population.

Hispanics are now the largest minority group in Texas, and in Tarrant County. The U.S. Census 2000 reports 285,290 residents in Tarrant County of Hispanic origin, approximately 20% of the total Tarrant County population. 213,300 of these are over the age of 17. This number is increasing each year, and is projected by the North Central Texas Council of Governments to reach at least 30% of the total population by 2010. The vast majority of the Hispanic population in Tarrant County are of Mexican origin. (U.S. Census Bureau, 2000)

This study provides an analysis of the provision of mental health care to the Hispanic population in Tarrant County. As indicated by the Surgeon General, Hispanics experience large disparities nationwide in the provision of mental health care. With the large and continually growing number of Hispanics in Tarrant County it has become increasingly important for us to seriously consider whether mental health services are adequately being provided to this population, and to implement methods of service provision that may more adequately address their needs.

Statistical evidence for the disparity in mental health care for the Adult Hispanic population

The Surgeon General of the United States issued a study on mental health in 1999, indicating that the general annual prevalence rate for all mental disorders, not including substance abuse or dementia, is approximately 20%. (U.S. Dept. of Health & Human Services) The Epidemiologic Catchment Area Study conducted in 1991 by Robins & Regier found that Mexican Americans and white Americans had comparable rates of psychiatric disorders. (Robins, 1991) The U.S. Behavioral Risk Factor Surveillance System Survey 1993-1996 found that a higher percentage of Hispanics reported having frequent mental distress, 10.3%, versus whites, at 8.3%. (Behavioral Risk Factor Surveillance System. 1993-1996) Hispanics in Texas reported slightly more mental distress in the last 30 days, 34%, than whites, 32%, on the 2001 Behavioral Risk Factor Surveillance System Survey. (Behavioral Risk Factor Surveillance System. 2001) These studies did not differentiate between new immigrants and those who have been in the U.S. longer, and may in fact have included a higher percentage of subjects who have been in the U.S. longer. Studies that have differentiated between new immigrants and Hispanics who were born in the U.S. or who had been here for at least 13 years have found that new immigrants have approximately half the rate of psychiatric disorders as those who have been in the U.S. longer. (Hoppe 1991; Moscicki, 1987). In Tarrant County the 2000 census reported that approximately 11% of the Hispanic population were not in the U.S. as of 1995, and can be considered to be new immigrants. Of course, a higher percentage would have been in the U.S. for fewer than 13 years, but that number is difficult to capture. If we use double the 11% - 22% - as an adjustment figure for new immigrants, we would expect that the prevalence rate for psychiatric disorders in the total Hispanic population in

Tarrant County would be approximately 90% that of the white population. (22% of Hispanics have 50% less prevalence). If we use the Surgeon General's estimate of a 20% annual prevalence rate for the general population, we would expect an annual prevalence rate of 18% for the Hispanic population in Tarrant County.

Studies have indicated that Hispanics receive about half as much outpatient mental health care as whites. (Lasser 2002; Hough, 1987) This is especially significant as an analysis of the Robert Wood Johnson Healthcare for Communities national study in 1996-1997, showed that 22.6% of Hispanic respondents indicated an unmet need for mental health or substance abuse services, compared to 12.5% for whites, and were 15% less likely to be receiving any active treatment. Hispanics were also less satisfied than whites with every component of health care. The results remained significant when adjusted by socioeconomic level. (Wells, 2001) A study using the 1992 National Comorbidity Survey data provides a more complex analysis of the disparities in mental health care between Hispanics and whites. When adjusted for poverty status, insurance, demographic characteristics, type of psychiatric illness and disability, the odds ratios for use of psychiatric services by poor respondents were significantly lower for Hispanics than for whites. (Alegria, 2002)

The above statistics indicate a population that has high need, is underserved, and may not be receiving satisfactory services even when they are in care.

Methods and Procedures

An analysis was made of the adult outpatient mental health clinic clients served by MHMR of Tarrant County and the JPS Health Network during the fiscal year 2003. Using these two public sector providers controls for income and insurance status. Both provide care regardless of income, and both accept Medicaid. People who are covered by private insurance ordinarily use other service providers. In general MHMR and JPS outpatient services do not have an overlapping client base. MHMR serves people who have a very serious mental illness, generally limited to schizophrenia, schizoaffective disorder, bipolar disorder and severe chronic depression, with significant impairment in functional level. JPS may also serve that type of clientele if they prefer to use JPS over MHMR, and also serves those with less severe mental illness such as anxiety disorders and mild depression. The two agencies do have a shared client agreement for pharmacy, inpatient services, and emergency care. MHMR and JPS provide minimal outpatient substance abuse counseling, except as part of care for a co-occurring mental illness. MHMR Substance Abuse services are discrete from other mental health services. This study does not attempt to include substance abuse services. Numbers are not included for the JPS inpatient services at Trinity Springs. Hispanic utilization statistics for the JPS Acute Care walk-in clinic and the JPS Psychiatric Emergency Room were obtained for comparison with their outpatient clinic numbers. The clientele seen in these three venues will generally be receiving care in an outpatient setting. Using these numbers would potentially create duplication of a significant number of clients. MHMR crisis line

callers were also not included in the study for similar reasons.

MHMR and JPS have significantly different Information Management Systems. Both systems are somewhat cumbersome. Information is retrievable for both systems, but the process can be complex depending upon the type of information needed. JPS does not routinely evaluate mental health service provision based on race/ethnicity. MHMR does evaluate their clients on a number of criteria, including race/ethnicity, but does not have this information on the individual clinic level. MHMR provides data by the unduplicated individual client. JPS provides data by number of visits rather than individual client. When converted to percentages these numbers are more readily used for comparison, though they are not exactly equivalent, as we do not know whether the average number of visits is similar for Hispanics and other clients.

In order to determine density of the Hispanic population in Tarrant County the U.S. Census 2000 was used. The Census maps were obtained for Hispanic residents, by zip code. The JPS and MHMR clinic locations were placed on the Census density map. This provides a visual idea of where the majority of Tarrant County residents of Hispanic origin are located, and how outpatient clinic locations correspond. An additional map was run using MHMR Hispanic client zip code of residence, with a clinic overlay. Zip code of residence was not readily available for the JPS clients, but could possibly be obtained with more research.

Private providers were not included in this study due to the difficulty in obtaining information from those sources.

Results

MHMR reports that for the year 2000, 12,667 adult clients received services. Of these, 695, 5.5%, of the total number of adult clients served were Hispanic. In 2001 13,264 clients were served, with 785, 5.9%, being Hispanic. In 2002 of 11,084 clients, 643, 5.8%, were Hispanic. In 2003 10,805 adult clients were seen. 694 of these, 6.4%, were Hispanic. This indicates a small growth in the Hispanic clientele served each year.

Numbers for JPS were available only for 2003. Of 10,633 visits to the outpatient clinics, 846, 7.9%, of these were by Hispanics. We also obtained numbers for the Acute Psychiatric Clinic and the Psychiatric Emergency Unit. Acute care had 5,079 visits, with 467, 9.2% being Hispanic. Psychiatric Emergency had 6,220 visits, with 838, 13.5%, being Hispanic. Acute Psychiatric Clinic is a walk-in clinic available to clients who are receiving routine care at one of the other JPS clinics. The Psychiatric Emergency Unit receives a variety of clients from all sources, including MHMR, current JPS clients, and privately insured clients.

Zip code of residence was available for MHMR clients. 93 clients reside in the Ft. Worth zip code 76106. This is 13.4% of the total Hispanic clientele. The contiguous zip codes of 76102 and 76111 include a combined total of 57 clients, an additional 8.2% of the total clientele. These three zip codes comprise a geographically and relatively culturally distinct area of Tarrant County known as North Ft. Worth. 21.6% of MHMR's total current Hispanic clientele resides in these three zip codes. The next largest number of clients, 54, live in the 76110 zip code in South Ft. Worth.

32 clients reside in the Arlington zip code 76010. A total of 103 MHMR clients reside in Arlington, 14.8% of total clients. These are almost entirely from the three contiguous East Arlington zip codes of 76011, 76010 and 76014.

JPS Health Network statistics were obtained for the number of visits to each of the three outpatient clinics. The Northeast clinic, in Bedford had 210 visits by Hispanic clients, 5.8% of the total visits to this clinic and 25% of the total Hispanic visits. The Stop Six clinic, in East Ft. Worth, had 254 visits, 7.7% of total visits, 30% of the Hispanic visits. The Viola Pitts/Como Clinic, in West Ft. Worth, had 382 visits, 10.2% of the total visits, 45% of the Hispanic visits. JPS has no psychiatric outpatient services in Arlington.

A potential indicator of satisfaction with services is the length of time that a person has been a client. Although people may drop out of mental health services for many reasons, if they continue with the service for at least a year it may be assumed that the service is meeting at least some part of their need. 607 of the 694 MHMR Hispanic clients have been receiving MHMR services for at least 12 months, 87.5% of the total Hispanic clientele.

A possible factor in disparity in mental health care for the Hispanic population is the availability of services in Spanish. The MHMR clinics have very limited resources in this area. The Arlington clinic has a receptionist and a benefits counselor who are available to translate. The Main street clinic has one case coordinator who is sometimes available. Circle Drive has a receptionist who is usually available. The Mid-Cities clinic has no one who speaks Spanish, and refers clients who need services in Spanish to the Arlington clinic. Especially problematic in the area of access to services is the fact that the Intake/Crisis line has only one person who speaks Spanish and that person is available only Monday through Friday, 8 AM to 5 PM. No one is available evenings or weekends. None of the regular clinic psychiatrists speak fluent Spanish.

JPS has somewhat better availability. The JPS system has trained translators for their clients, and they are readily available by appointment. The Viola Pitts/Como clinic has translators on site. The Main Street Acute care clinic also has the services of one psychiatrist who is fluent in Spanish, though his hours are presently limited to Fridays. Emergency and intake services are readily available in Spanish.

Discussion

If MHMR and JPS were providing equitable services to the Hispanic population in Tarrant County, 20% of their respective services should be provided to Hispanics, based on the percentage of Hispanics in the Tarrant County Population. An adjustment of 10% for the lower prevalence rate of mental illness in the Hispanic population should be made from total clients served. Therefore, of their total 10,805 clients, MHMR should be serving approximately 1,945 Hispanic clients per year. The actual number of 694 is only 35.7% of the expected number. Of the 10,633 total client visits per year at JPS, 1,914 should be by Hispanic clients. The actual number of 846 is 44% of the expected number. We did not attempt to extrapolate how many actual Hispanic individuals in Tarrant County who may be in need of care were not receiving services, as numbers served in the private care system are not readily available. Obviously, if 18% of the 213,300 Hispanic adults may be in need of care, a total of 38,394 people should be receiving care. The total capacity of the mental health system in Tarrant County, both public and private, is only somewhat greater than that. The unmet need is great for all groups.

Numbers were also obtained from the MHMR Forensic services at the Tarrant County Jail. It was hypothesized that if Hispanics were being seriously underserved by the mental health system in the community they might be seen in jail services in higher numbers. This does not appear to be the case. An eight year analysis of these services showed only 644 Hispanics of a total of 14,348 people served, only 4.5%. A recent three month analysis, August-October, 2003, found 11 Hispanic Forensic clients out of a total of 415 during that period, only 2.7%. It should not be assumed from these numbers that fewer Hispanic jail inmates need psychiatric services. It seems more likely that Hispanics with a mental illness are being poorly identified in jail services. This study does not attempt to analyze the factors contributing to this under identification, but does indicate a need for further research in this area.

Clearly there is a great disparity in the provision of mental health care to the Hispanic population in Tarrant County through the public mental health system. Previously noted studies indicate that there is very little difference in prevalence rates of mental illness between the Hispanic and the Caucasian population, so this disparity is not caused by differences in need. We must look at other factors to determine why these services are underutilized.

- One possibility might be that a higher proportion of Hispanics receive care through private insurance. However, there is no indication that Hispanics are more likely to have private insurance coverage than whites.
- It is possible that Hispanics receive more of their mental health care through their primary care physicians. However, the Robert Wood Johnson study (Wells, 2001) indicated that Hispanics had a 22.6% unmet need for mental health services, and whites only a 12.5% rate for unmet need. As noted in the Institute of Medicine Report, "Unequal Treatment", minorities are actually less likely to access care in a private physician's office, even when insured at the same level as whites. (Institute of Medicine, 2002) This would indicate that Hispanics are not receiving more of their care through something other than the mental health specialty care system than are whites.

- Hispanics may be utilizing more acute services instead of regular outpatient care. There is some evidence for this. Hispanic visits to the JPS acute care clinic were 9.2% of the total, and to the Psychiatric Emergency Unit they were 13.5% of the total. They were only 7.9% of the JPS outpatient clinic visits and Hispanics account for only 6.4% of the MHMR outpatient clientele. However, this trend needs closer evaluation, as we do not know if the acute and emergency care clients have been receiving outpatient care. These numbers may mean that Hispanics prefer to use more acute care services or it may mean that the outpatient services being provided do not meet their needs, resulting in more emergency care.
- Language may be a barrier to access of mental health care. According to the 2000 Census, of the 213,300 Hispanics between the ages of 18 and 65 living in Tarrant County, 26%, 56,152 people, speak English “not well” or “not at all”. With an 18% prevalence rate for mental illness in the Hispanic population, 10,107 people who do not speak English fluently could potentially need services. These individuals have better language services through the JPS system, which may account at least partially for the higher percentage of Hispanics in care through JPS. According to the Institute of Medicine report, “Unequal Treatment” language and culture can come into play in both system related factors and clinical encounters. (Institute of Medicine, 2002) The MHMR system does not have ready access at all points for people who speak primarily Spanish. This could be especially crucial on the Intake/Crisis phone line, where a Spanish speaking person is on duty only 24% of the time. All potential MHMR clients must enter the system through this line. Some may be discouraged from seeking services if their immediate needs cannot be met. MHMR clinicians are not fluent in Spanish, and may not be competent in the Hispanic culture, contributing to problems in clinical encounters. In discussion with an MHMR staff member, an individual who does some clinic translation, it was indicated that translating for the staff is problematic, as terminology can easily be misunderstood, and symptomology inaccurately translated.
- Clinic location may affect access. Although MHMR’s Hispanic client zip code of residence closely matches the Census density for the Hispanic population, it is clear that outpatient clinics are not generally convenient to areas that are more heavily Hispanic. No clinics are located in the Northside area of Ft. Worth, which is the most heavily Hispanic area of Tarrant County. JPS has no psychiatric services in Arlington. JPS has recently opened a clinic on the Northside. At present psychiatric services are not available at that location, but they are expected to be provided in the near future by both JPS and MHMR. Research has shown that the more behavioral health specialists there are in a community, the more likely individuals are to use these services (Horgan, 1986)
- Cultural factors may play a role in underutilization of mental health services. As indicated by the Behavioral Factor Risk Surveillance System information, Hispanics utilize mental health services at a significantly lower rate than either whites or African-Americans, on a national level. (Behavioral Risk Factor Surveillance System, 1993-1996) Hispanics may interpret symptoms of mental illness as something other than a mental health problem. Symptoms may be perceived as a physical pain such as headache, stomach ache or backache without connecting the pain to any mental health issue. Few mental health education programs are directed toward the

Hispanic community, using culturally sound concepts. All literature available through MHMR and JPS in Spanish is simply a translation of the English companion piece.

Recommendations

In 2001 The U.S. Department of Health & Human Services issued “National Standards for Culturally & Linguistically Appropriate Services in Health Care” (CLAS). (U.S. Dept. of Health & Human Services, 2001) Six of these standards are especially relevant to improving the provision of Mental Health Care in Tarrant County to the Hispanic population:

- Effective, understandable care provided in a manner compatible with cultural beliefs and practices and in the client preferred language
- Enhance diversity of staff to represent demographics of the county
- Ongoing staff training in cultural competence
- Provide language assistance services, at no cost, at all points of contact, in a timely manner during all hours of operation
- Printed materials and signs in Spanish, using culturally appropriate information
- Ensure data on race, ethnicity & language are collected in records and integrated into the agency database.

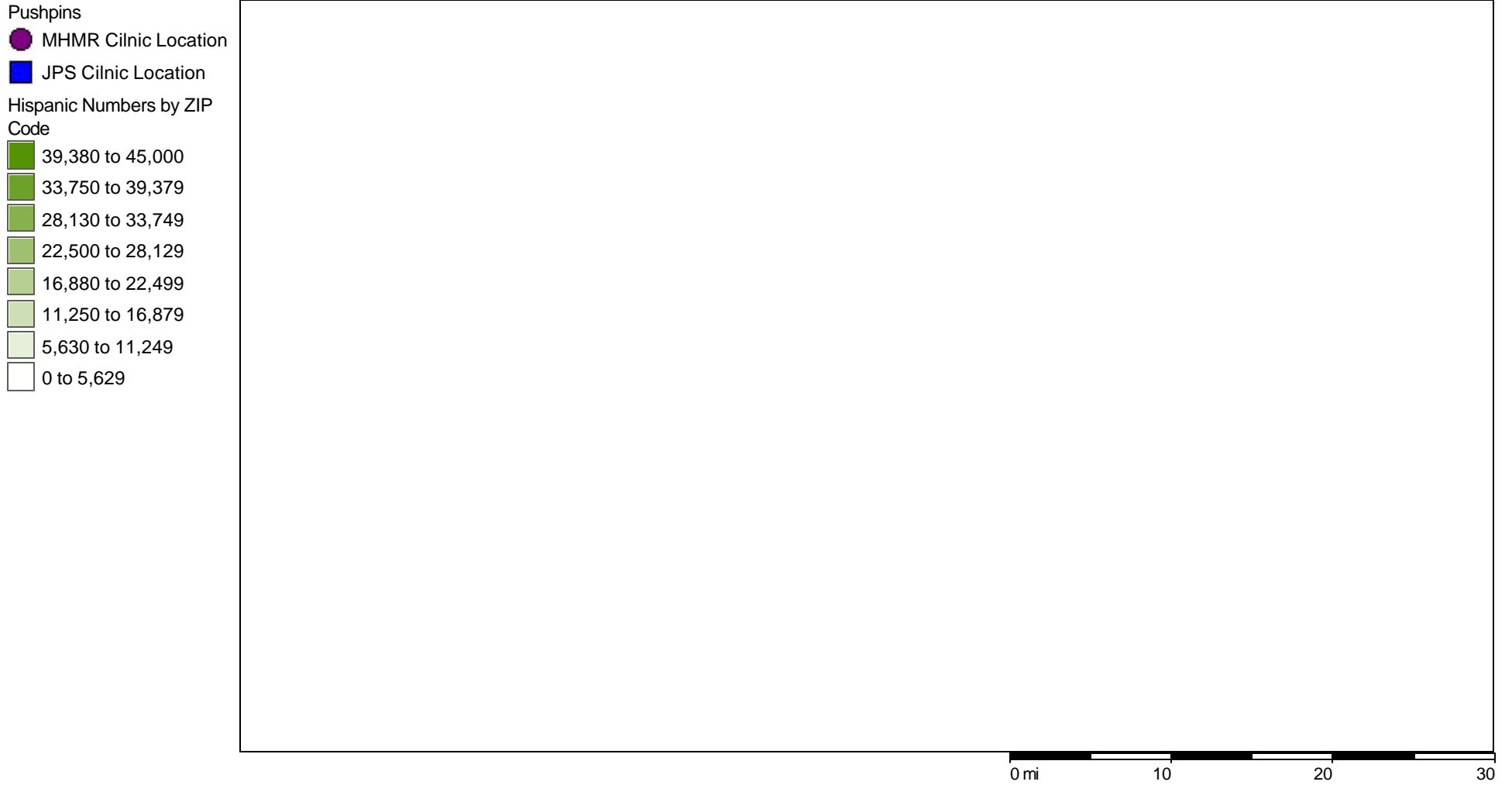
In addition to recommendations supported by CLAS, additional efforts could be taken which would improve access to care:

- Locate clinic services in areas with large Hispanic populations
- Utilize Hispanic outreach workers to educate the community directly about mental health issues and resources
- Target Hispanic communities for additional education and outreach

Some education and outreach programs are being developed, such as a Pfizer education program on depression which is designed to be culturally specific to Hispanics, and the Mental Health Association of Tarrant County/Eli Lilly billboard campaign linking depression and physical symptoms. As these are implemented in Tarrant County and the new clinic is opened on the Northside, it is possible that rates of utilization of mental health services may increase in the Hispanic community.

Tarrant County could well use a model developed in Fresno, CA, to improve care here. A three phase participatory model was utilized to successfully enhance services to Hispanics in Fresno. (Aguilar-Gaxiola, 2002) Phase I involved community education and mobilization, including a community survey, a forum, and consensus building. Phase 2 included dissemination of data and fiscal impact models. Phase 3 included effecting policy change to provide services identified by the community. Utilization of mental health services by the Hispanic population in Tarrant County can be greatly improved with planning and focused efforts.

Hispanic 2000 by ZIP Code



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