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Exploring depression in the Latino Population of SLC to provide supplementary information for Mental Health Integration at Intermountain Healthcare

1. Project Description, nature of work, method of inquiry and expected outcome.

A. Problem under investigation:

"Current care delivery models are inadaquete and inefficient, leading to provider and consumer exhaustion, as well as significant gaps in care and poor outcomes."
(Reiss-Brennan, Briot, Cannon, James S3-37).

B. Background information about Problem and Response.

Primary care physicians (PCPs) are increasingly the first health care providers to learn about, address, and treat patients' mental health concern (Gordon 17). However, time, financial, and specialty contraints result in legitimate barriers between required (ideal) and received (real) care. Primary care physicians often lack the time, financial security, and information specialty required to adaquety assesss, diagnose and treat patients' mental health concerns. Nevertheless, PCPs are increasingly the primary source for mental health. Effective treatment of chronic mental health concerns require proper patient to primary-care-physician (PCP) communication, as well as collaboration with a mental health specialist (Reiss-Brennan, Briot, Cannon, James S3-37-39). The problems of provider- patient communication are accentuated for health care providers working with patients from different cultural and linguistic groups.

Mental Health Integration (MHI) has been sucessful in addressing the above problem. "Mental Health Integration (MHI) is mental health that is integrated into everyday primary care practice" (Reiss-Brennan, Briot, Cannon, James et al S3-47). MHI recognizes patients' preference to meet with PCPs and re-directs only those who require specialized mental health

support (e.g. patients with chronic depression). At its core, MHI applies a practical and sophisticated means of collaboration and support. This system of collaboration helps allivieate some time, financial, and specialty constraints. PCPs routinely assess patients' mental wellness and categorize patients in need of additional mental health support. PCPs then work with mental health specialists to provide quality patient care. The added collaboration also helps relieve some of the PCPs time contraints as well as the pressure for specialized mental health information. Furthermore, MHI's strategy of early intervention and collaboration have yielded neutral or postitive financial impacts for IHC, resulting in a financially sustainable program (Reiss-Brennan, Briot, Savitz, Cannon, Staheli 1-15).

The current MHI system at IHC receives widespread support from medical and administrative personnel, as well as from patients, the State of Utah, and other community partners (Conis 2009, Reiss-Brennan, Briot, Cannon, James S3-39-41). While one's primary reason of support may vary while emphasizing quality of healthcare or financial efficiency, there is strong consensus that MHI allows for superior running in both these fields. However, even with such satisfaction questions remain. What are the roots of the system's success? Is the current MHI meeting the needs of its patients; specifically the needs of minority groups? And how can MHI meet these needs more effectively.

C. Hypothesis and its relevance to the problem

My research is designed to provide information for MHI that would allow the program to better meet the mental health needs of Latino populations. It will be an inductive study carried out via qualitative techniques, largely open ended interviews. The information in the interviews will subsequently be coded and turned to quantative data. First I will review the literature on mental illness in Latino populaitons and then concentrate on depression. The guiding questions will be:

(1) What are Latino concepts of mental illness? Is depression acknowledged and if so how is it described?

(2) To what factors is depression attributed?

(3) How is depression communicated linguistically?

(4) Is there stigma associated with depression in men? In women?

(5) How does depression impact lives?

(6) How can depression best be communiticated to health care providers?

(7) What kind of support is desired for depression.

Because of the interest and implications of these questions, we will conduct a study to identify at what points and in what ways MHI is most effective or ineffective in the Latino/minority community. Permission to work in IHC clinics has been requested and is currently pending; if not granted, the research will be carried out outside of the formal heath care system and the results conveyed to IHC. In the case of the latter, IRB permission will be obtained before beginning interviews.

D. Expected outcomes

Each culture has its own ideal of heath and illness. Therefore, it would not be unexpected if our study found that Latino comunities require a different MHI approach than the local Salt Lake City culture due to culture differences in the perception of mental health/illness. Potential diffenrences in the conceptulation of mental health require different, specialized approaches to maximize treatment and effectiveness of a mental health concern. We expect to find what these differences are, if any, between the Latino and local community. We further expect to find the awnser to the each of the above research questions. The question regarding the lingustic comuication of depression is especially interesting for PCP in their evaluation and treatment of

the patient's mental health concern. Questions regarding the personal and communal impacts of depression offer insight to potential and more effective MHI approach for Latino communities. From these results we expect to curtail the most effective MHI approach for the growing Latino community in Salt Lake City.

2. Time Table

My research timetable is below:

May 24-28: Orientation with MHI research team.
May 31-June 11: Reading and Discussion
June 14-July 2: Interviews
July 5-Aug 4: Analysis and writing

3. Project Proposal relationship to faculty sponsor, Polly Wiessner

Professor Polly Wiessner teaches Medical Anthropology (Anthropology 4193) in which I am currently enrolled and how I became interested various medical approaches including the project proposed. Dr. Wiessner is interested in the effectiveness of health care for populations from different cultures residing in Salt Lake City in order to facilitate provider/patient communication. Professor Wiessner is the PhD advisor to Brenda Reiss-Brennan, the current director of MHI at IHC and whom I will be working closely with during the summer 2010. Dr. Wiessner and Brenda Reiss-Brennan will guide my research so that it will strengthen plans to tune the current MHI to the needs of minority populations who have different concepts and approaches to treating mind and body simultaneously.

4. Educational objectives, future goals and preparation though past experiences

My educational objectives are to experience research in a health setting and to work in collaboration with an experienced researcher in my field, Anthropology. I plan to pursue a career in Anthropology, potentially specializing in medical anthropology, and get my PhD. in this area. This process of observation, documentation, research, and interviewing are invaluable skills to

have as an anthropologist, whether the field is Khartoum, Sudan or Salt Lake City, UT. My research objective, to explore depression in the Latino population of Salt Lake City inorder to provide supplementary information for Mental Health Integration at Intermountain Healthcare. That will further and structure by learning in these areas while having significant and practical outcomes.

If granted this assistantship, I will be research assistant and interviewer. As a native Peruvian I have access to the Latino population. This will not be my first time translating cross-cultural expressions and expectations. I have worked with all age groups and many cultures.

In 2008 I was awarded the Summer Community Service Fellowship through the University's Alumni House and Bennion Center. With the Fellowship I worked in Boston, MA teaching GED, ADP, and computer classes to adults of many ages and backgrounds, from native Bostonians to Afghani refugees. They taught me a great deal about interpersonal communication. In the spring of 2008 I was an intern at the Salt Lake Center for Science Education where I worked independently to design a service-learning curriculum to be implemented in the middle school's 2008-2009 pilot year. This independent work allowed me to recognize my own reasonable time-lines and work loads.

Finally, in 2009 I worked at a nursing home, Christus St. Joseph's Villa, and I currently take care of children ages 18 months to 10 years. I communicate well with both mature adults and young children. While I may not interview children as part of my research I will have contact with parents who may express concerns about their child's health and quality of care. Both elder and infant care are highly important and specialized areas of health that I have been previously exposed to and can approach with confidence.

In conclusion, I have wide-ranging experience with people throughout various care and health settings. I value and have learned from my past experiences. I am now prepared, confident and interested in expanding my research experience in Anthropology. This assistantship will further give me an idea a research career, which is monumental information considering my interest in an Anthropology PhD. Ultimately, the prospective findings will have a profound impact on the type and quality of Latino health care mental health patients receive, for which we are trying to maximize the positive results.

Esperanza Zagal, Student **Polly Wiessner, Faculty Sponsor**

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