

Development of a Physical Health Services Integration Model in Mental Health Settings: A Qualitative Study



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BACKGROUND

Persons with Serious Mental Illness (SMI) are dying 25 years earlier than the general population

Approximately, 60% of premature deaths in persons with SMI are due to preventable medical conditions:

- Cardiovascular disease
- Pulmonary diseases
- Diabetes
- Infectious diseases

Growing evidence that minorities with SMI are at higher risk than Whites with SMI to suffer from:

- Obesity
- Metabolic syndrome
- Diabetes

Kato et al. (2004) Dixon et. al. (2000) Lambert et. al. (2005)

Gaps in Research

• Little is known about the provision of culturally competent medical care to minorities with SMI.

• A qualitative approach can inform the development of culturally competent models of integrated care for minorities with SMI

OBJECTIVES

• To examine barriers to provision and coordination of culturally competent healthcare services within five community agencies in Northern Manhattan that provide mental health services to diverse patients with SMI.

• To develop culturally competent solutions for the integration of physical and mental health services

METHODS

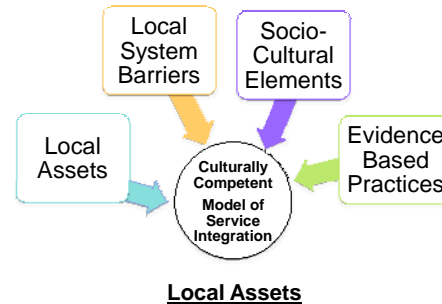
Multi-Site Study: conducted qualitative assessment at five community agencies in Northern Manhattan that provide mental health services to persons with serious mental illness

- **Semi Structured, Qualitative interviews**
- **Focus Groups**
- **Participant Observations**

RESULTS

Multi-stake holder input: consumers, clinicians, family members administrators, community members, faith leaders were interviewed

	Patients N=59	Administrators N=19	Clinicians N=22
Female	59.3%	52.6%	86.4%
Age	50 (mean)	49 (mean)	44 (mean)
Hispanic	69.2%	15.8%	45.0%
African American	21.2%	5.3%	9.5%
Monolingual	34.0%	0%	0%
Spanish			
English and Spanish	28.8%	31.6%	54.5%
Single, divorced, or widowed	86.5%	21.1%	40.9%
High school or less	75.0%	0%	0%
Employed	6.1%	100%	100%
Income < 19,999	91.5%	NA	NA
Profession			
Psychiatrist	NA	45.0%	27.8%
Psychologist	NA	25.0%	22.2%
Social Worker/Case Worker	NA	15.0%	38.8%



Defined cultural competence

- Understanding patients in their unique social context through asking questions and having open dialogue in mental health related clinical encounters

Patients and providers agree on physical health needs of patients, which included:

- Diabetes, obesity, arthritis, and smoking, though providers reported a wider range of health needs including tuberculosis, HIV/AIDS, cancer, hepatitis, and heart disease

Culturally meaningful health programs available at clinics

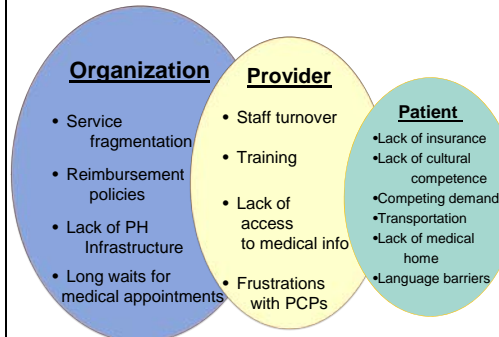
- Latino themed dance classes
- Culturally adapted weight loss group
- Healthy cooking groups
- Outdoor exercising in local parks

Patients have knowledge on how to improve health habits

- Patients were easily able to describe healthy lifestyle habits
- Many patients reported a desire to improve eating habits
- Many patients reported that they enjoyed walking and wanted to improve their exercise habits

Local Systems Barriers

Barriers to accessing/providing medical care were reported at the organizational, provider, and patient levels



Socio-Cultural Elements

Culture of bio medicine:

- Professional boundaries create barriers to managing the medical conditions of SMI patients

Stigma

- MH clinicians perceive stigma from primary care physicians towards SMI patients
- Some patients perceive stigma Primary care providers

Cultural differences between patients and providers

- Can contribute to misunderstanding
- Deference to authority figures impacts participation in medical encounter and decision making

Culturally specific ideals of body image

- Fuller body image linked to good health by many Latina and African American women

Diet, Exercise, and Health

- Culturally meaningful foods are perceived as unhealthy; patients reported that poor people (particularly those of color) eat unhealthy foods, or don't know how to eat
- Difficult to change lifestyle and eating habits
- Socio-economic factors were reported as part of what makes healthy activities unfeasible.
- Few patients reported regular medical checkups and taking medication as part of what they do to stay healthy.

Evidence Based Practices

- Few evidence based interventions that target weight loss in SMI patients
- Even fewer culturally adapted weight loss interventions tailored to the needs of minority populations with SMI

DISCUSSION AND IMPLICATIONS

- Lifestyle interventions targeting behavioral change should emphasize medication adherence regular medical checkups in addition to the importance of diet and exercise
- Socio-cultural elements such as linguistic needs, culturally meaningful foods/physical activities, Socio-economic realities, community resources, and culturally specific ideals of body image should be taken into account when culturally adapting interventions. Socio-cultural world of providers should also be considered.

- To improve services, cultural competence should be embedded in the provision of physical health care, in addition to mental health care. Professional boundaries should be clarified and communication enhanced across disciplines

Study Limitations

- This study is not yet complete, these results are emerging
- Our patient sample was primarily Dominican and African American. The information we gathered might not reflect the interests of other minority groups
- Our study was conducted in one city, and participating clinics were part of a convenience sample

CONCLUSIONS

To improve the health of diverse populations with SMI:

- Build upon local assets while giving attention to local system level barriers
- Identify socio-cultural elements of patients and providers
- Infuse socio-cultural elements into the development of culturally competent models of service integration