

# Mente Sana, Vida Sana: Integrated Health Approach to Mental Health Health Education Council



## LOCATION

Since 2009, the Health Education Council has been the fiscal agency of the Ventanilla de Salud (VDS), a nationally recognized model in every Mexican Consulate in the United States. VDS Sacramento offers health related services to low-income and Mexican-immigrant and their families living in the United States that reside in Northern California's 24-county region.

## POPULATION SERVED

- MSVS services the Latinx community, majority of Latinx in the target region are of Mexican origin
- Community members come from both rural areas and larger cities seeking support
- MSVS outreach and education targets all ages, primary focus with adults 18 and over for prevention early intervention services
- MSVS participants are low income and often uninsured, and face challenges with access to appropriate health and mental health care services.
- Majority of participants prefer to communicate in Spanish with project staff and with their health providers

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## OVERVIEW

As part of the California Reducing Disparities (CRDP), *Mente Sana, Vida Sana* (MSVS) is a pilot project that aims to increase awareness about early identification of hypertension, diabetes, and depression among Latinx underserved communities. Latinx in the U.S are 50% more likely to die from diabetes, they have 24% more poorly controlled high blood pressure are risk factors for cardiovascular disease (CVD), which, along with diabetes, are found to co-occur with major depressive disorder (MDD) (2). Although Latinx have been found to be at a lower risk for lifetime psychiatric disorders compared to non-Latinx whites (3), Mexicans in particular, are less likely to be treated for a major depressive disorder (4). This can be attributed to lower insurance rates, underutilization of health services, cultural, language barriers, and limited mental health education. MSVS operates within the *Ventanilla de Salud* (VDS) program physically located at the Consulate General of Mexico in Sacramento, a culturally and linguistically safe space for participants and is a place for Mexican families to approach with trust for services. As a community-defined evidence practice, VDS serves the community in a safe and friendly environment and strives to provide linguistically and culturally competent services including health education, health screenings, community resources and referrals. This pilot project aims to provide public and private stakeholders with evidence and lessons surrounding community mental health work to inform efforts that reduce mental health disparities among Latinx.

## PROJECT COMPONENTS



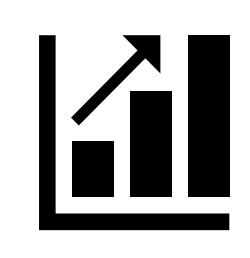
**COMPONENT #1 Preventative Health Screenings:** This CDEP component integrates the PHQ-9, a mental health diagnostic tool that screens for depression, with other mental health screenings including blood pressure reading, blood glucose levels and body mass index calculations. Health screenings offered by a mental health professional.



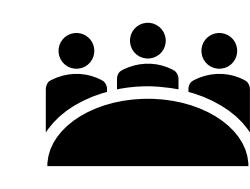
**COMPONENT #2 Outreach & Education at the Mexican Consulate:** Ventanilla de Salud (VDS) staff offers daily outreach presentations at the Mexican Consulate to community members who are generally Spanish speaking low income and undocumented. Culturally appropriate presentations highlight the special services offered at VDS, provide information on mental illness prevention and/or treatment and stigma reduction.



**COMPONENT #3 Referral and Follow-Up (Access & Linkages):** MSVS staff refer participants to culturally and linguistically appropriate mental health services if identified through the PHQ9 diagnostic tool or self-identified in person or over phone. MSVS staff follows up with participant two weeks after the first contact to confirm if service was accessed or to see if further assistance is needed.



**COMPONENT #4 Media Outreach:** Reach the Latinx community through radio, print, and television media with messages to raise awareness about mental health and reduce stigma associated with mental illness and treatment. Community educational sessions are also held to address mental health, mental illness, treatment resources and linkages between mental health and other health disparities.



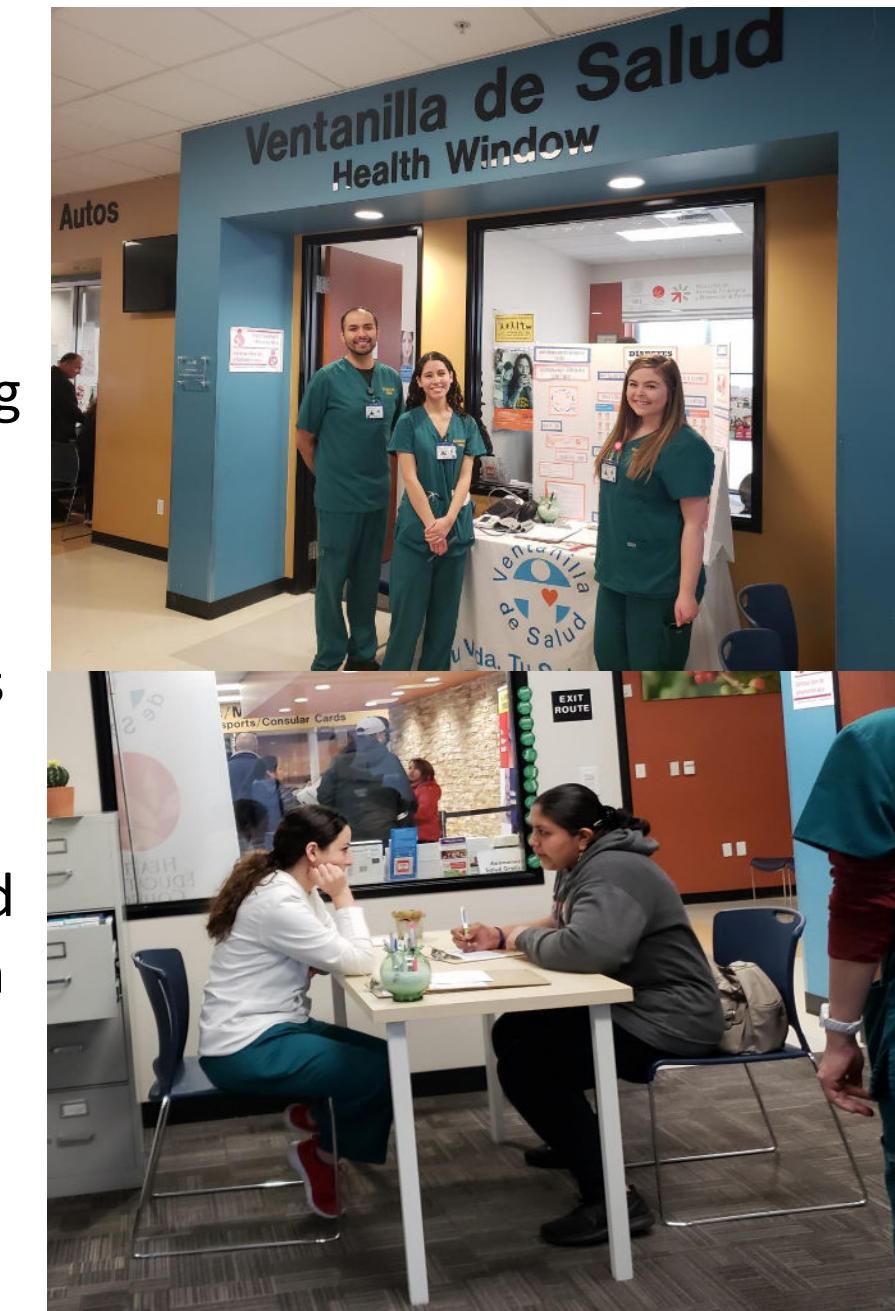
**COMPONENT #5 Provider Capacity Training:** Project staff in partnership with mental health professionals will train VDS providers on Latinx mental health issues to increase awareness and understanding in order to be able to identify needs. Providers are from counties surrounding Sacramento

### References

1. Pew Research Center Hispanics and Health Care in the United States tabulation of 2007 Hispanic Health Survey. <https://www.pewhispanic.org/dataset/2007-hispanic-healthcare-survey/> Published August 13, 2008. Accessed June 13, 2019.
2. Anderson RJ, Freedland KE, Clouse RE, Lustman PJ. The prevalence of comorbid depression in adults with diabetes: a meta-analysis. *Diabetes Care*. 24 (2001), pp. 1069-1078 doi: 10.2337/diacare.24.6.1069 & S. Wassertheil-Smoller EM, Arredondo J, Cal SF, Castaneda JP, Choca LC, Jung M, LaVange LM, Lee-Rey ET, Moseley T Jr, Penredo FJ, Santisteban DA, Zee PC. Depression, anxiety, antidepressant use, and cardiovascular disease among Hispanic men and women of different national backgrounds: results from the Hispanic Community Health Study/Study of Latinos, *Ann Epidemiol* 2014 Nov;24(11):822-30. doi:10.1016/j.annepidem.2014.09.003.
3. Alegria M, Chatterji P, Wells K, Cao Z, Chen CN, Takeuchi D, Jackson J, Meng XL. Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatr Serv* 2008 Nov;59(11): 1264-1272 doi: 10.1176/appi.ps.59.11.1264.
4. Gonzalez, H. M., Tarraf, W., Whitfield, K. E., & Vega, W. A. (2010). The epidemiology of major depression and ethnicity in the United States. *Journal of Psychiatric Research*, 44(15), 1043-1051. doi: 10.1016/j.jpsychires.2010.03.017.

## STRATEGIES

- Using a community defined evidence model, MSVS utilizes a practical framework of community engagement to strengthen daily outreach and education as well as community activities and events.
- MSVS serves as a prevention early intervention (PEI) program offered in a community setting engaging participants through conversation and promoting mental wellness all while respecting cultural values.
- Having VDS staff, interns and providers that are bilingual, bi-cultural and demonstrate cultural humility ensures appropriate referrals to health services across the 24-county Northern California region.
- The MSVS program's goal is increase overall awareness on various chronic and mental health conditions and more importantly the willingness to take part in the total health preventative health screenings.
- MSVS works to ensure a seamless screening and referral process that prioritizes timely access to further treatment services.

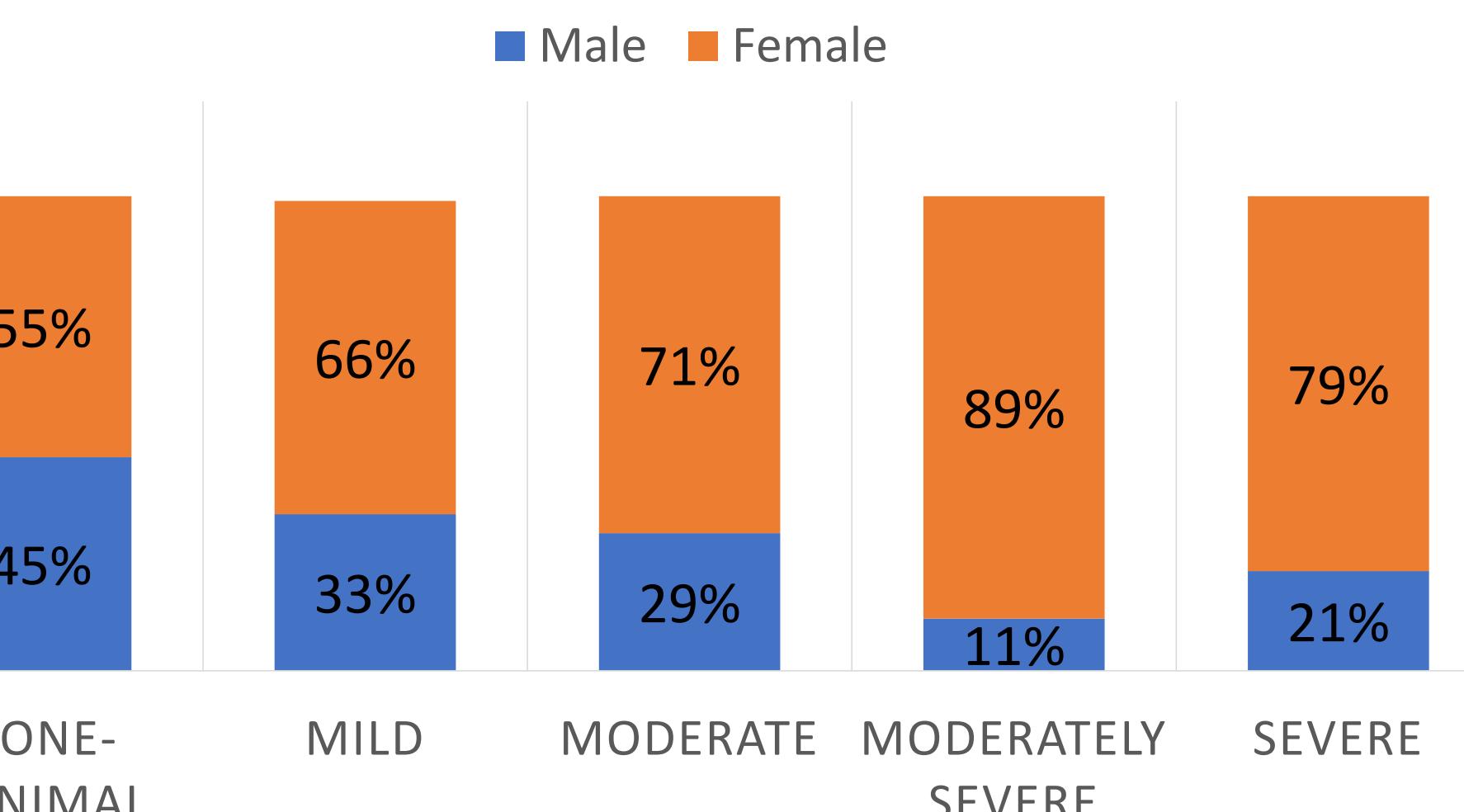


## OUTCOMES

Between January 2018-June 2019:

- 307 participants took part in the preventative health screenings and participated completed the PHQ9 diagnostic tool
- 147 Onsite counseling sessions held by culturally and linguistically appropriate services
- 134 referrals to mental health services have been made and 40% successfully accessed services
- 1113 individuals educated about mental health services

### MSVS PROJECT PARTICIPANT PHQ9 SCORES BY SEX (PROJECT YEARS 1 & 2)



## NEXT STEPS

- Strengthen and expand partnerships with local and regional mental health service providers that serve the Latinx community to broaden the MSVS provider network of culturally and linguistically competent mental health service providers.
- Continue project sustainability engagement with IPP groups and secure funding for the continuation of project elements.

