

Bridging the gap in access to psychiatric care: Resident-led Hispanic clinic model

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Abstract

There is a growing need for psychiatric services for all persons but also a need for psychiatrists who can treat Hispanic Spanish-speaking patients. Unlike a typical medical evaluation, the psychiatric evaluation conducted by a psychiatric provider fluent in Spanish with a Hispanic background can make a psychiatric evaluation more effective due to knowledge of the culture. The purpose of this poster is to examine the development of a Spanish language psychiatric clinic within a community psychiatry program by a third-year General Psychiatry resident at a teaching hospital and to depict the lessons learned along the way of forming this clinic and treating its patients. A discussion and graphics will illustrate the development of the clinic, including challenges and lessons from forming the clinic and treating its patients. It is evident there are numerous challenges in developing a Spanish language psychiatric clinic and that there is also a minimal understanding of the field of psychiatry among the Spanish-speaking Hispanic community, which creates challenges in interpreting psychiatric symptoms from unique patient presentations. At present, there are long-standing barriers that make treatment of psychiatric conditions in the Spanish-speaking Hispanic community difficult such as cost, access, and awareness of the field of psychiatry. It is apparent that many Spanish-speaking Hispanic patients are in need of evaluation and treatment for psychiatric illnesses, and the psychiatric provider's Hispanic background can aid in creating a productive patient-provider relationship to increase mental well-being within this population.

Background

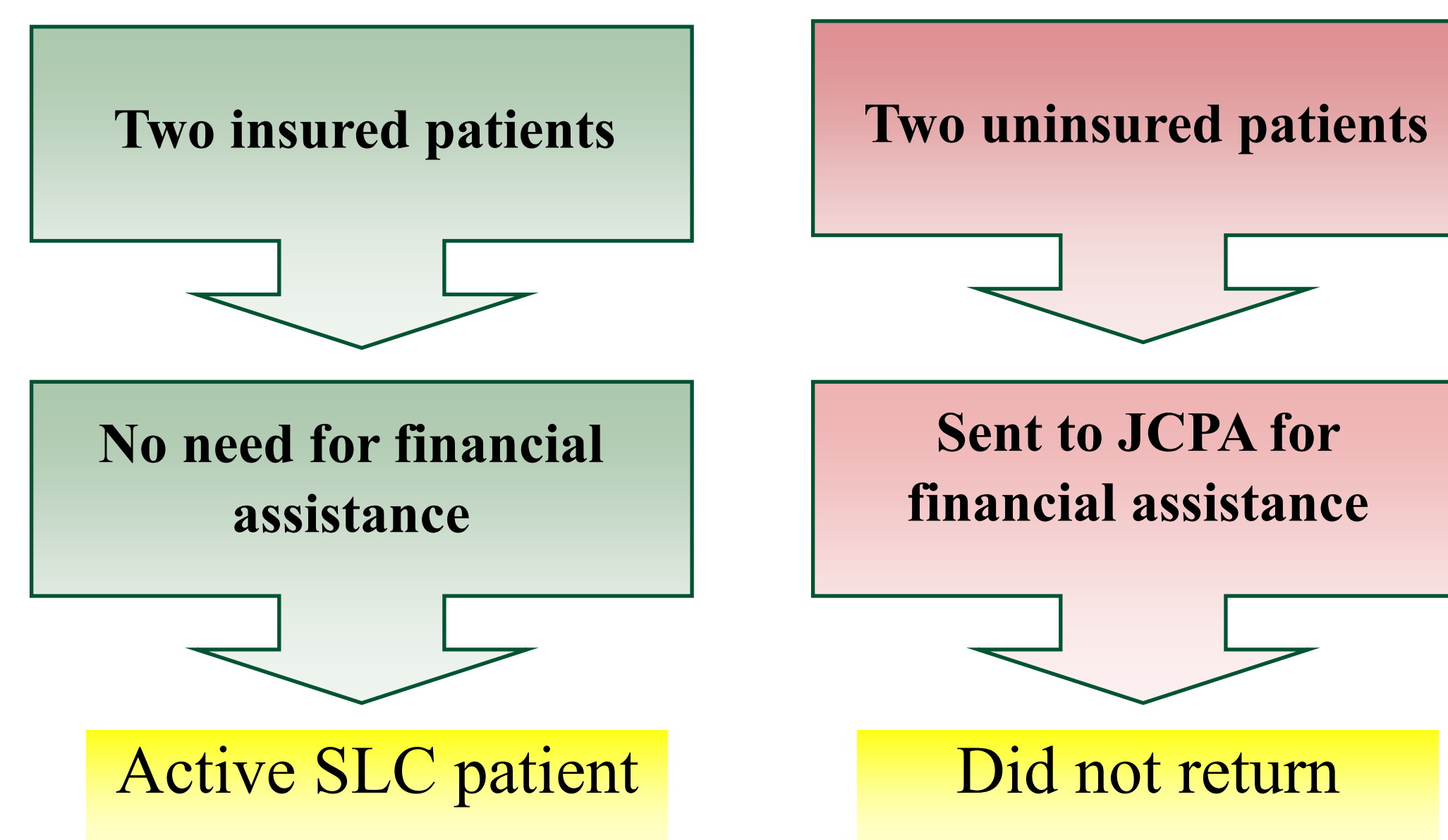
- Identified an ongoing for psychiatrists to serve Spanish-speaking Hispanic patients
- Aimed to develop a clinic to evaluate and treat Hispanic Spanish-speaking patients as a PGY-3 General Psychiatry resident
- Provided cultural sensitivity to these patients given resident's Hispanic background and fluency in Spanish
- Postulated that barriers to access of psychiatric care included language and affordability

Methods

- Initially focused on clinic logistics, including getting new patient referrals and location
- New clinic first incorporated into existing psychiatry resident clinic, Faculty Consultation Clinic (FCC)
- Barriers at FCC: (1) Uninsured patients could not afford Intake appointment cost or were ineligible for charity care assistance (requires legal citizenship), and (2) New Spanish-speaking patients could not communicate with English-speaking appointment schedulers and felt deterred from making appointment
- A solution was to collaborate with the Jefferson County Project Access (JCPA), an assistance program that links uninsured patients referred by their PCP to specialist physicians for free or at a reduced cost
 - JCPA, as of yet, had no psychiatrist for their Spanish-speaking Hispanic patients
 - If patient meets JCPA's criteria for financial need, they do not get billed for services
 - JCPA's bilingual staff (English, Spanish) facilitated making appointment for patient
- Clinic transitioned to institution's community psychiatry clinic, the UAB Community Psychiatry Program (CPP), and official clinic named the Spanish Language Clinic (SLC)

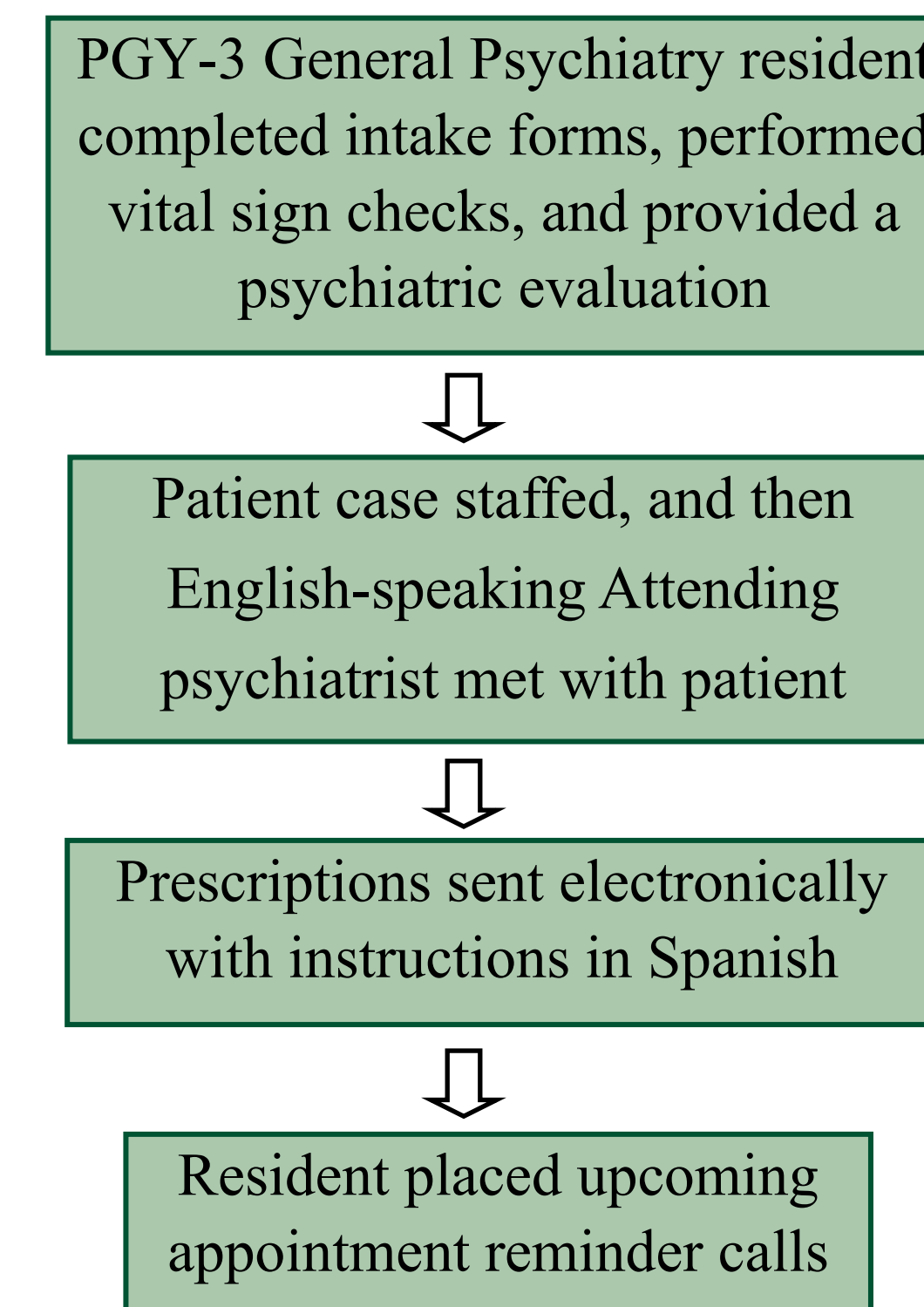
Results

- To date, five patients have been seen for an intake appointment at the Spanish Language Clinic (SLC):
 - one from a community counseling practice (insured) → active patient (4 follow up appointments)
 - one from a UAB therapist (insured) → active patient (3 follow up appointments)
 - one from a community OB-GYN practice (uninsured) → sent to JCPA but did not return
 - one self-referred (uninsured) → sent to JCPA but did not return
 - one self-referred (insured) → referred to a different clinic given specific insurance



SLC housed in this clinic, just two blocks from JCPA

Clinic Flow:



Conclusions

Challenges/Lessons from forming the Spanish Language Clinic (SLC):

- Original clinic had to move to community psychiatry program (CPP) that could treat the underserved and underinsured/uninsured Spanish-speaking Hispanic patients, and also partner with assistance program (JCPA) to curtail the financial barrier and have a patient referral source
- Require Spanish-speaking providers and staff for viability of SLC
 - At original clinic, limited communication between patient and English-speaking schedulers resulted in no new intake appointments
 - English-speaking CPP staff and English forms/signage necessitated Spanish-speaking Psychiatry resident to do appointment from start to finish
- Meeting JCPA's eligibility criteria to receive financial assistance may be too restrictive
 - Both self-referred uninsured patients redirected to JCPA did not return
 - One patient said requirements were extensive and time-consuming (criteria consists of 12 items such as recent Tax Return, a Food Stamp letter, bank statements, Medicaid denial letter, etcetera)
- Need partnership with local community centers to be a source for referrals to the SLC and also to refer to for additional services SLC cannot provide (e.g. Spanish-speaking therapists)
- Limitation of staff (individual psychiatry resident vs. group of individuals) and ongoing medical climate (COVID-19 pandemic) limits the growth of the clinic

Challenges/Lessons learned from treating patients at the Spanish Language Clinic (SLC):

- Rapport building came easier when the psychiatry resident spoke Spanish directly to the patient
 - No need for interpreter which saves resources (time, capital)
 - More information, such as non-verbal cues, can be captured by the provider
 - Patient can speak more freely about sensitive material
- Adaptation was required to do a Spanish psychiatric evaluation
 - Despite expert-level fluency in Spanish, psychiatric terms and phrases are not commonly used by Psychiatry resident
 - A direct translation from English to Spanish does not guarantee comprehension by the patient
 - Patients have a deficit of mental health knowledge and thus resident provided psychoeducation
- Needed to discern culturally tied interpretations of symptoms or treatments
 - Patients interpreted physical sensations as psychiatric symptoms and religious beliefs were woven into patients' history-telling
 - Cases support the use of the DSM-V Cultural Formulation component
- Patient individuality apparent despite a common language, so developing expertise of various subcultures is important in addition to mastering the Spanish psychiatric interview
 - Patients from different countries of origins (Argentina, El Salvador, Dominican Republic, Mexico)
 - Spanish phrases can be unique to their own countries, and words can be called by different names (e.g. money could be "dinero" or "plata" or "chavo")