Engaging Latinos Into Depression Treatment in Primary Care: Why the warm handoff may not be best

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**Background.** Integrated behavioral health (IBH) services in primary care have the potential to reduce access barriers to mental health care among low-income populations. Although studies have shown IBH to reduce disparities, the effective components of engagement have not been explored. **Objectives.** To identify predictors of Latino patients’ decision to engage in behavioral health treatment, in particular the role that Primary Care Provider (PCP) referral and in-person introductions to the behavioral health provider had on engagement. **Research Design.** This was a sequential mixed methods study consisting of medical record review (N=431) and qualitative semi-structured interviews (n=16). **Results.** Multiple logistic regression of medical record data found differences in treatment uptake based on referral type between English-speaking and Spanish-speaking Latinos. English-speaking Latinos were four times less likely to attend an initial visit if personally introduced to the behavioral health provider, than those who did not receive a personal introduction (OR=3.938, p=.016, 95% CI =1.29-11.98). Qualitative findings suggest that not all in-person referrals are experienced positively, and that the strength of the patient-provider relationship and quality of the referral are key components affecting patients’ decision to engage in depression treatment or not. **Conclusions.** Engaging minorities into mental health treatment is a challenge, even when services are provided in non-mental health settings. In-person referral and PCP driven referral are thought to be important aspects of engagement but it is clear from this study the effectiveness of engagement strategy is influenced by (1) patient-provider relationship, (2) quality of the referral process (3) expectations about treatment and (4) environmental access barriers. Future studies should explore how to incorporate these factors into engagement strategies for Latinos.

**Key Practice Considerations:**

(Re)-Consider the Warm Handoff as a “best practice”

- What works, for whom, under what circumstances?
- Role of acculturation when we consider cultural compatibility of the IBH model
- Centrality of the PCP-patient relationship (making the PHQ-9 a meaningful tool)
- Check for understanding & motivation (health literacy, reinforce plan); assess additional access barriers
- Document what works and move the practice-based research agenda forward!

**Sources:**
16. Miranda J, Azocar F, Organista KC, Dwyer E, Areane P. Treatment of depression among impoverished pri...