Making Health Care Accessible: Tele Mental Health Services
Prepared by
Gino Aisenberg, PhD, MSW and Araceli Orozco, LICSW
Latino Center for Health at University of Washington

This policy brief provides an analysis of the efficacy of tele mental health services that improve access to mental health services for rural populations and ethnic minority populations, including our rapidly growing Latino population in Washington state.

Mental Health needs for Latinos in the state of Washington.

The prevalence of mental health illness for Latinos is comparable to other ethnic groups; however, research shows that Latinos have less access to high quality mental health services [1, 2, 3, 13]. The Washington State Latino/Hispanic Assessment Report (2013-2014) indicates that in general, Latinos have less access to mental health care services, and are less likely to receive care that meets the standards for evidence base treatment. Latino clients often seek mental health care in primary care settings; however, psychotherapy services are rarely available in such settings, especially in Spanish [13]. Nationwide, less than 20% of Latinos with a diagnosable mental health issue has received services from a general health provider, and less than 10% has access to a mental health specialist [13]. In Washington state, Latinos are underrepresented in the public health system; for example, 27% of Latinos aged 18-to-64-report poor health compared to 14% of non-Hispanic Whites [13]. Moreover, in the state of Washington, Latinos are three times more likely to be uninsured than non-Hispanics, with 30% vs 11% [19].

Barriers to accessing high quality mental health services for Latinos at a local and national level.

Barriers to accessing quality mental health services for Latinos exist at the individual level, provider level and organizational level [13]. At the individual level, the most cited challenges include: geographic barriers, scarcity of linguistic competent providers, lack of insurance, limited access to specialty care, and issues related to acculturative and migration-related stress [19, 14, 17]. A main obstacle at the provider level is the significant scarcity of bilingual and culturally responsive providers [13, 14, 15, 17], which hinders the provision of linguistically and culturally appropriate services for Latinos, especially in rural communities [1]. At the organizational level, there is a challenge retaining workers and clients, which impacts provider specialization and treatment outcomes [17].

Latinos represent over 17% of the total population in the United States with Mexican Americans accounting for over two-thirds of this population [3, 19, 18]. In the state of Washington, Latinos constitute 12% of the state population, and from this group, 80% are of Mexican heritage [18]. It is of the utmost importance to improve access to evidence-based culturally responsive treatments and to address mental health disparities for this population, given the serious and costly consequences of untreated mental health issues, including disability burden and safety concerns [1, 3, 14].

Recommendation: Enact legislation allowing tele mental health services to be reimbursable in Washington state.

A leading approach to eliminate access barriers and improve the quality of mental health care: Tele mental health [1, 5, 6, 7]. Currently, however, tele mental health services, despite their demonstrated
effectiveness with low-income and rural populations, are not reimbursable in our state. Tele mental health, also known as telepsychology, tele psychiatry, and tele behavioral health, refers to the use of electronic communications technology to provide psychiatric and other mental health services to individuals who face significant challenges and barriers in accessing quality health care services [7, 9, 11, 12, 16].

*Tele mental health eliminates access geographic and linguistic barriers, reduces stigma, and facilitates the provision of comprehensive and effective services from a greater pool of health professionals.*

Tele mental health has been used to address shortages of mental health services in rural areas. Findings from a randomized pilot study testing the effectiveness of providing manualized cognitive behavior treatment via telephone to low-income, rural Latino primary care patients in Eastern Washington highlight that it is effective in reducing depressive symptoms [1]. Tele mental health has proven to be effective in addressing barriers of transportation and distance as well as stigma and the lack of linguistically competent providers in Washington State. [1]

Tele mental health is an evidence based treatment modality designed to increase access to comprehensive mental health services for those populations that are hard to reach such as rural and underserved communities where resources are often scarce [7, 9, 11, 12]. Research shows that tele mental health services are less costly than usual care and yield results comparable to face-to-face intervention [1, 4, 5, 8, 10]. Additionally, numerous studies have reported that tele mental health services are considered appropriate, feasible and effective among consumers, providers and administrators [7, 9, 12]. Moreover, tele mental health has also shown high acceptability among minority ethnic groups and underserved populations [1, 4, 8].

*Tele mental health services are proven to address barriers in accessing quality, culturally responsive and linguistically appropriate mental health services for Latinos*

The unique features of tele mental health effectively remove some multi-level barriers to access and utilizing culturally and linguistically responsive mental health services to diverse Latino populations across our state. In addition, tele mental health services may be delivered efficiently and low the cost for care [1, 4, 7, 8]. Despite the potential cost-savings, tele mental health services are not reimbursable in the state of Washington. If tele mental health were reimbursable, clients could have greater access to mental health services [9], providers could extend their treatment to communities that otherwise would not have access to specialty care [11, 12], and organizations could lower the cost of care while offering evidence based treatment and ensuring client satisfaction and better treatment outcomes [6, 9, 14]. Tele mental health presents a feasible and cost-effective solution to many of these barriers. It is time now for the state of Washington, and the local leaders to follow the recommendation to reimbursement for tele mental health services. Allowing for reimbursement of these services will increase availability, accessibility, and utilization of evidence-based mental health services that are culturally and linguistically responsive and ultimately will help decrease disparities [9].
References


