

COMMUNITY HEALTH WORKERS IN MENTAL HEALTH: A POWERFUL RESOURCE FOR IMPROVING BEHAVIORAL HEALTH AND IMPROVING COMMUNITY RESILIENCE



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OUTLINE

- CHW background and context
- Examples of behavioral health programs employing CHWs
- A Latino-focused CHW model in South Carolina
- CHW-led behavioral health gap study
- Tips and lessons learned



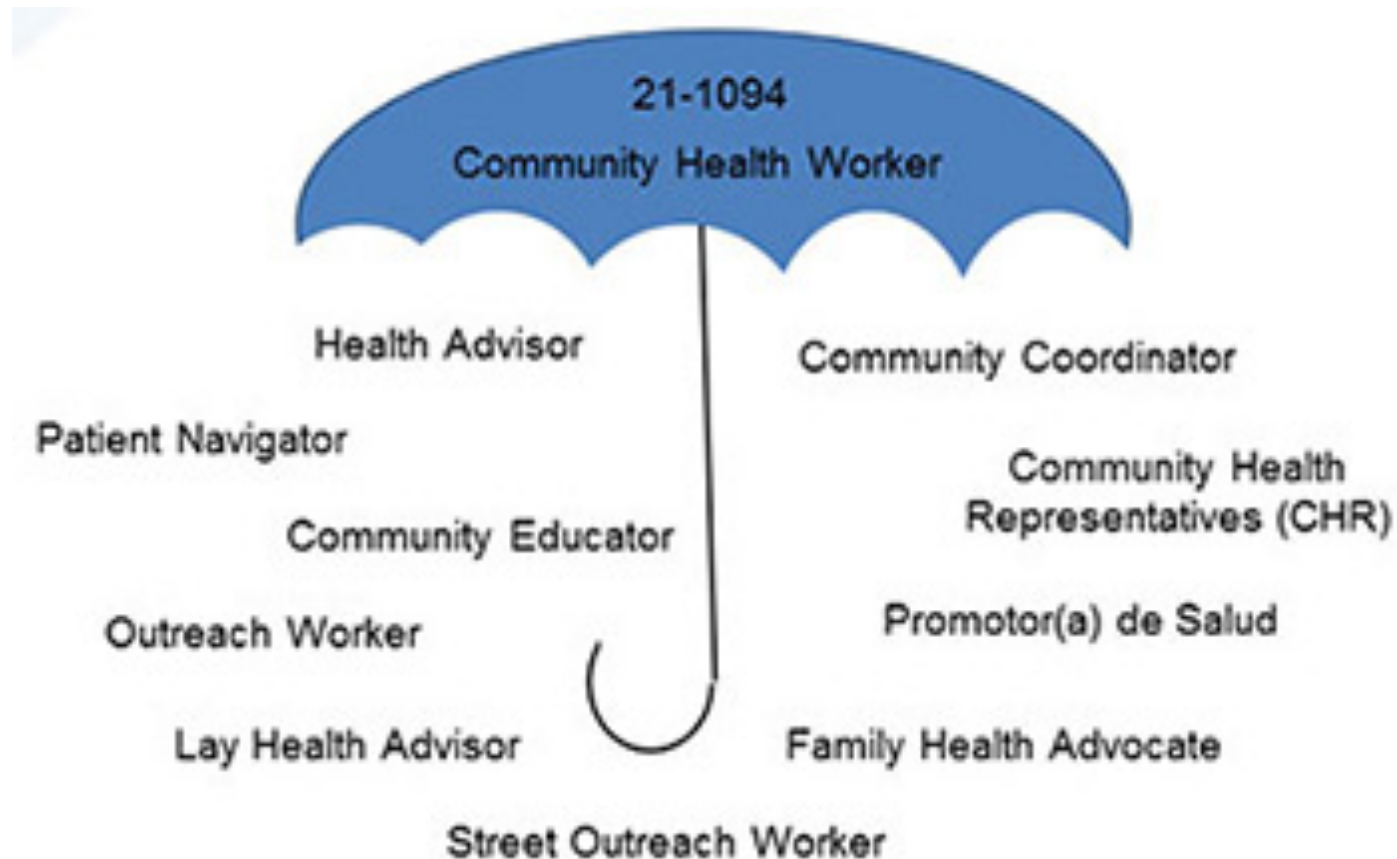
CHW DEFINITION

- American Public Health Association CHW section:
- A Community Health Worker (CHW) is a frontline public health worker who is a **trusted member of and/or has an unusually close understanding of the community served**. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and **cultural competence** of service delivery.



CHW JOB TITLES

- **CHW is an umbrella term**



CHW ROLES IN PROMOTING HEALTH

- Bridge between health care systems and communities
 - Health education/coaching
 - Social support
 - Building capacity
 - Advocating for individual and community needs
-
- Application to behavioral health has been limited



REACH NOLA MHIT PROJECT



CONTEXT: POST-DISASTER NEW ORLEANS

- High burden of mental illness
 - 1/3 people experience symptoms of mental distress since Hurricanes Katrina/Rita (Kessler et al 2006, 2008)
 - Providers displaced, clinical agencies closed, limited access to specialty mental health (Springgate et al 2009; KFF 2006; LPHI 2009)



COMMUNITY AGENCIES ADDRESSED PUBLIC MENTAL HEALTH CRISIS

Partnered community-academic network (REACH NOLA) developed agenda:

- Increase access to mental health services for underserved
 - particularly through outreach
- Extend use of evidence-based models of care to improve outcomes for depression



MENTAL HEALTH INFRASTRUCTURE AND TRAINING PROJECT

- Community orgs received funds to hire direct service providers
 - Therapists
 - Psychiatrists
 - **Community health workers**
- Mental health provider training to improve service delivery
 - 7 large group training sessions in 2 years
 - 400 + participants from partner agencies & other health and social services agencies



CHW Training for Depression

- Goal: Develop a novel role for CHWs in supporting depression care
 - Complement to the collaborative care model
- Partnered with CHWs and case managers to develop curriculum
- Iterative process
- CHWs gradually took on more leadership in training



CHW TRAINING FOR DEPRESSION

- Training ~16 hours
- Topics covered
 - Client education
 - Addressing stigma
 - Conducting screenings (PHQ-2, PHQ-9)
 - Facilitated referrals and follow-up
 - Basic behavioral activation
 - Problem solving
 - Cultural competence
 - Substance abuse
 - Serious mental illness
 - Handling emergencies
- Curriculum is available for free!



CHW ROLES IN ADDRESSING DEPRESSION

- Outreach (door-to-door)
- Individual and community education
- Screening
- Referrals to service
 - Primary care and/or mental health
- Care management
- Social support



OUTREACH AND ENGAGEMENT STORY



HOW CHWs CONTRIBUTED TO COMMUNITY RESILIENCE

- Addressing social determinants of health & disaster recovery
- Long term employment at FQHCs
- Development of statewide professional association
 - Louisiana Community Health Outreach Network (LACHON)
 - Co-leading Louisiana Community Health Worker Workforce Study Committee



LESSONS LEARNED HAVE BEEN APPLIED ELSEWHERE

- Replicable models
 - Resilient Baton Rouge
 - Los Angeles
 - CHW BH Primary Care integration project – 3 states (TX, AZ, WI)



BH CHW PRIMARY CARE INTEGRATION PROJECT

- Behavioral health-focused CHWs placed at 4 community health centers in 3 states
- Trained 10 **experienced** CHWs using newly-developed, interactive 48-hour BH curriculum
 - CHWs had previous 160-hour TX CHW training
- Curriculum adapted/expanded from REACH NOLA MHIT curriculum
 - Reviewed by advisory group of:
 - BH experts
 - CHW training experts
 - CHWs



12 4-HOUR TRAINING MODULES

- 1: CHW roles in BH
- 2: PC and BH systems
- 3: BH Overview
- 4-5: Common BH Conditions
- 6: Safety & Communication Skills
- 7: Behavior Change
- 8: SBIRT: Screening
- 9: SBIRT: Brief Intervention
- 10: SBIRT: Referral to treatment
- 11: Education & Outreach
- 12: Organizational skills & support



LESSONS LEARNED

- Importance of
 - Supervisor training, buy-in, understanding of the role
 - Risk of CHWs being relegated to administrative roles
 - Ongoing support and additional training for CHWs



LESSONS LEARNED

- CHWs need support, too!
 - Care for the caregiver
 - Monthly support meetings
- CHW addressed more than mental health
 - Housing, immigration issues, etc.
- Importance of communication with other team members





What is PASOs?

PASOs is a community-based organization of Community Health Workers (CHWs) that are addressing the needs of the growing Latino population in South Carolina.

- **Vision:**
Healthy Latino communities contributing to a stronger South Carolina
- **Mission:**
PASOs helps build a stronger South Carolina by supporting Latino communities with education, advocacy, and leadership development.

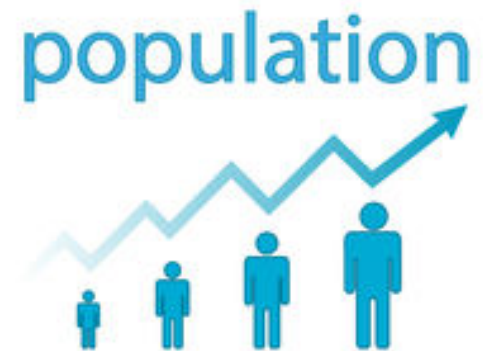


Photo: All Staff Spring Training Retreat 2018



In 2005...

- South Carolina had the **fastest** growing Latino population in the country.
- There was a significant increase in birth and fertility rates of Latinos, but there were not sufficient corresponding services to meet the needs of this population

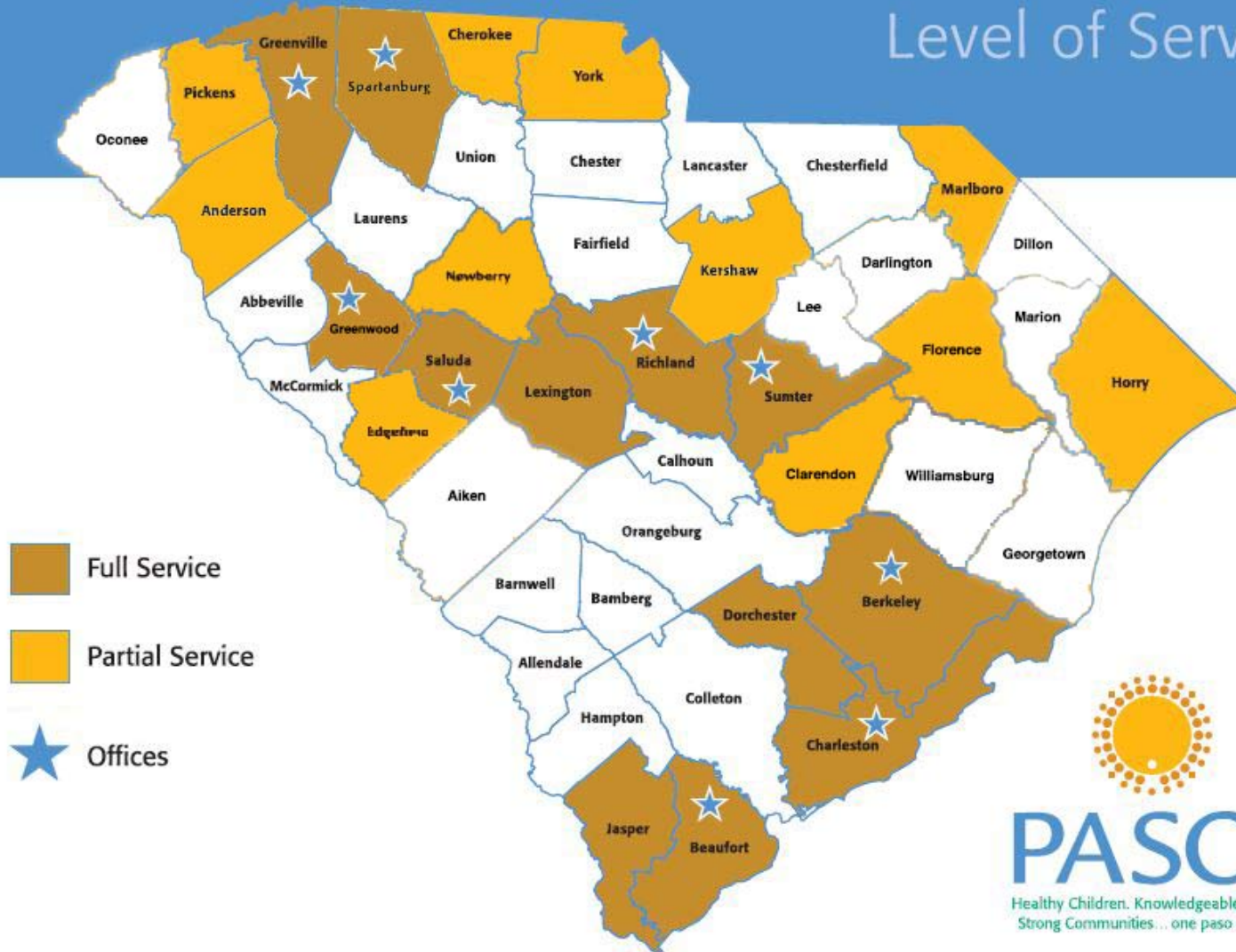


CHALLENGES FACED BY LATINO FAMILIES IN SC

- English language proficiency
- Poverty
- Lack of health insurance
- Confusing health and behavioral health care system
- Transportation
- Fear/discrimination
- Anti-immigrant laws and policies
- Stress/trauma of family separation



Level of Service



PASOs

Healthy Children. Knowledgeable Families.
Strong Communities... one paso at a time.

Source: PASOs Central Office



[pasosprogram](#)



[@SCPASOs](#)



[scpasos.org](#)

WHERE DO THEY WORK?

FQHCs

Hospital systems

Community based organizations

Early childhood programs

COMMUNITY



WHY DOES IT WORK?



Shared
language,
cultures



Similar/relatable
experiences



Respect,
understanding



Compassion



Activities
happen in safe
spaces

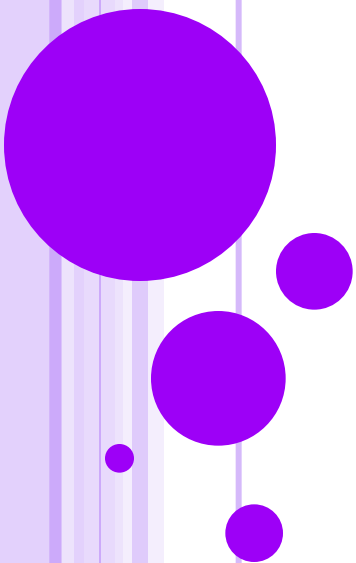


Bridges built
between systems
and communities



TRUST





MENTAL HEALTH ACCESS AND THE LATINO COMMUNITIES OF SOUTH CAROLINA:

AN ASSESSMENT OF NEEDS, EXISTING RESOURCES, AND CURRENT CHALLENGES

AUGUST 2016

ASSESSMENT PROCESS

- Qualitative interviews with key informants who have experience working or are currently working with Latino populations
- Focus groups conducted with Latino men and women
- Analysis of data from the Health and Demographics Section of the Revenue and Fiscal Affairs Office on persons who had received mental and behavior disorder diagnoses in South Carolina from 2008-2014



QUALITATIVE FINDINGS: EXISTING RESOURCES

Key informants mentioned that there are some services in SC

- 1) Organizations that connect Latino clients with medical, legal, social, and school services
- 2) Mental health staff that are culturally competent or identify as Latino/Hispanic
- 3) Existing mental and physical health educational services for Latino communities



QUALITATIVE FINDINGS: INTERVIEWS AND FOCUS GROUPS WITH LATINAS:

EXISTING CHALLENGES

- 1) Insufficient culturally and linguistically appropriate mental health services to reach all parts of the state
- 2) Lack of bilingual, bicultural providers
- 3) Request by providers to show legal documentation which may prohibit access
- 4) Lack of health insurance coverage
- 5) Hesitance by many Latino residents to trust in governmental officials and/or mental health providers due to fears of legal consequences and discrimination



EXISTING CHALLENGES CONTINUED

- 1) Mental health stigma within Latino communities
- 2) Not understanding how systems work
- 3) Discrimination
- 4) Social determinants: low paying jobs, insufficient housing
- 5) Feeling that Latinos are not important to the mental/behavioral health system



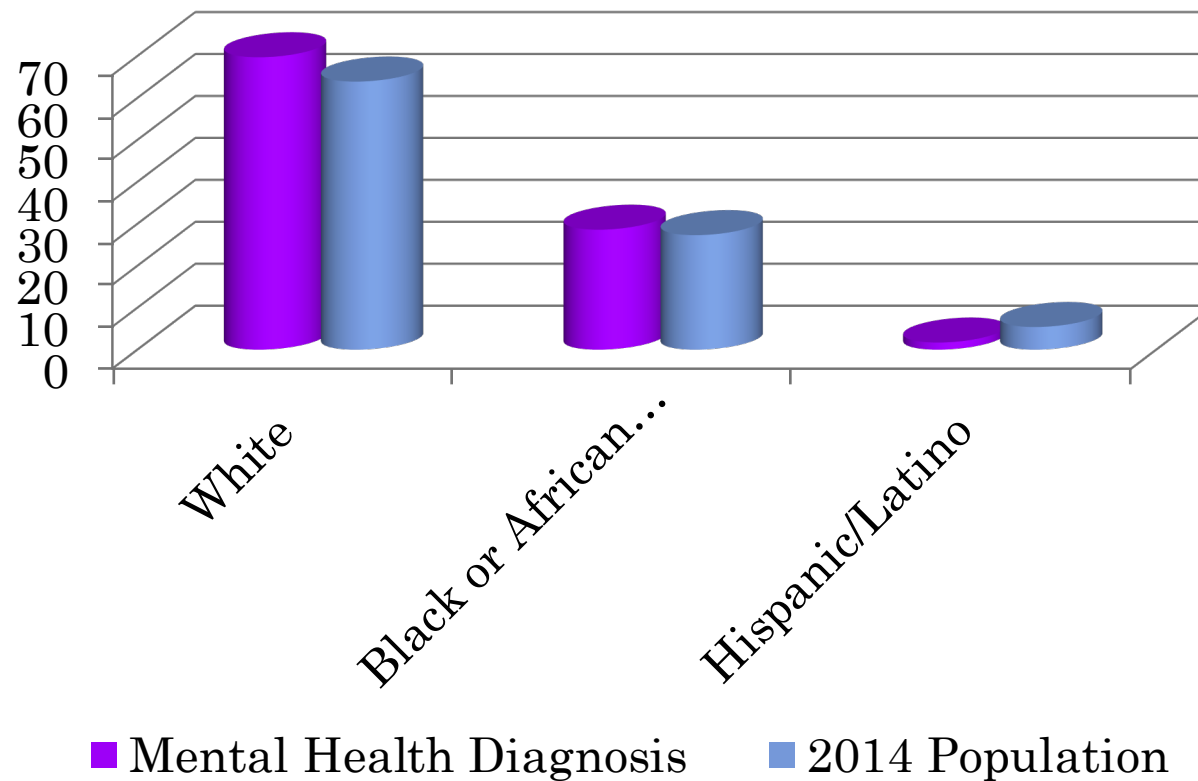
LATINO MEN FOCUS GROUPS

FACTORS AFFECTING THEIR MENTAL HEALTH

- Fear of deportation
- Fear of the police
- Financial stress
- Lack of documentation and job security
- Use of alcohol and drugs was high among their peers



% OF POPULATION WITH AT LEAST ONE MENTAL/BEHAVIOR DISORDER DIAGNOSIS



Latinos are underrepresented among
people who received diagnoses of
mental health and behavior disorders
within South Carolina



RESULTS:

CULTURAL & LINGUISTIC COMPETENCE STRATEGIC PLAN- DEVELOPED WITH DMH

- Goal 1: Updated assessment of needs and center resources statewide
- Goal 2: Workforce development and training for current DMH staff
- Goal 3: Hire and retain linguistically and culturally competent staff
- Goal 4: Community outreach and education through CBOs and CHWs
- Goal 5: Measure outcomes



REFERENCES/LINKS

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- National Association of Community Health Workers: www.nachw.org
- Louisiana Community Health Outreach Network: www.lachon.org
- PASOs: www.scpasos.org



QUESTIONS?

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