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Bess Rose Friedman

Danielle K. Durán

Anastasiya Nestsiarovich

Mauricio Tohen

Rhoshel K. Lenroot

See next page for additional authors

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Authors

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Characteristics of Hispanics Referred to Coordinated Specialty Care for First Episode of Psychosis and Factors Associated With Enrollment

Bess Rose Friedman, M.Sc.; Danielle K. Durán, M.Sc., M.Sc.; Anastasiya Nestsiarovich, M.D., Ph.D.; Mauricio Tohen, M.D., Dr.P.H.; Rhoshel K. Lenroot, M.D.; Juan R. Bustillo, M.D.; Annette S. Crisanti, Ph.D.
 Department of Psychiatry & Behavioral Sciences, University of New Mexico Health Sciences Center, Albuquerque, NM, USA



- **Underrepresentation of growing Hispanic population** in nationwide mental health services research
- **New Mexico is 49% Hispanic**
- **The Early Program** provides Coordinated Specialty Care (CSC) to young adults in New Mexico experiencing a first episode of psychosis within the past year

Objectives:

1. Examine referral sources, demographics, clinical and socio-environmental characteristics among Hispanics **referred to** ($n=180$) or **enrolled in** ($n=75$) the Early Program compared to other racial/ethnic groups.
2. Explore which factors (demographic, clinical and socio-environmental) were associated with enrollment to the Early Program among **eligible referrals** ($n=114$).

Methods:

Retrospective chart review of individuals referred to the Early Program over a two year period (2018-2020) was cross referenced with publicly available zip code data:

- ✓ **Referral source** – inpatient, outpatient or non-mental healthcare service providers
- ✓ **Demographics** - race, ethnicity, sex, age, insurance type, residential zip code
- ✓ **Clinical characteristics** - diagnosis and substance use at intake (for enrolled only)
- ✓ **Zip code-level data** - crime index, diversity index, per capita income growth, % high school education, % Spanish spoken in the home, etc.
- **Objective 1 Analysis:** Non-parametric tests and secondary analysis were used to determine significant differences across racial/ethnic groups referred to or enrolled in the Early Program.
- **Objective 2 Analysis:** Machine learning (random forest model) was used to determine which factors or interacting factors were associated with eligible referrals enrolling in services.

Results:

- Compared to non-Hispanic whites, Hispanics referred to Early were significantly more likely...
 ...to be **referred by mental health providers** (OR=0.30(0.13, 0.68), $p=0.004$)
 ...to live in areas with **higher rates of percent Spanish speaking in the home** (difference of medians=7.41(1.13, 9.15), $p=0.012$)
- **Eligible Hispanics and non-Hispanic whites were more likely to enroll compared to other minorities** (OR=4.97(1.82, 13.55), $p=0.0009$) and (OR=4.42(1.52, 12.87), $p=0.006$) respectively.
- Significant interaction emerged in classifying enrollment: compared to other minorities, **Hispanics were 2.4 times more likely to be enrolled if living in areas with a lower prevalence of Spanish speaking** ($p=0.025$).

Discussion:

Finding	Clinical/Practical Implication
Hispanic individuals were more likely to be referred by mental health providers (inpatient and outpatient) than by other sources within the community.	Need for community outreach (public health campaign) that targets Spanish speaking communities and populations in New Mexico.
If eligible, the two majority demographics in NM (Hispanic and non-Hispanic Whites), were more likely to enroll in services than the minority demographic (other minorities).	The protective factors of community and shared culture may be more influential in accessing services than racial or ethnic identity.
Despite Hispanic referrals coming from communities with higher rates of speaking Spanish, eligible Hispanic referrals were more likely to enroll into CSC if living in areas with lower rates of Spanish spoken in the home.	Further work is needed to explore the pathways to care and how primary language/community diversity affects enrollment rates for different race/ethnicity groups.