



Mente Sana, Vida Sana (MSVS)

Health Education Council

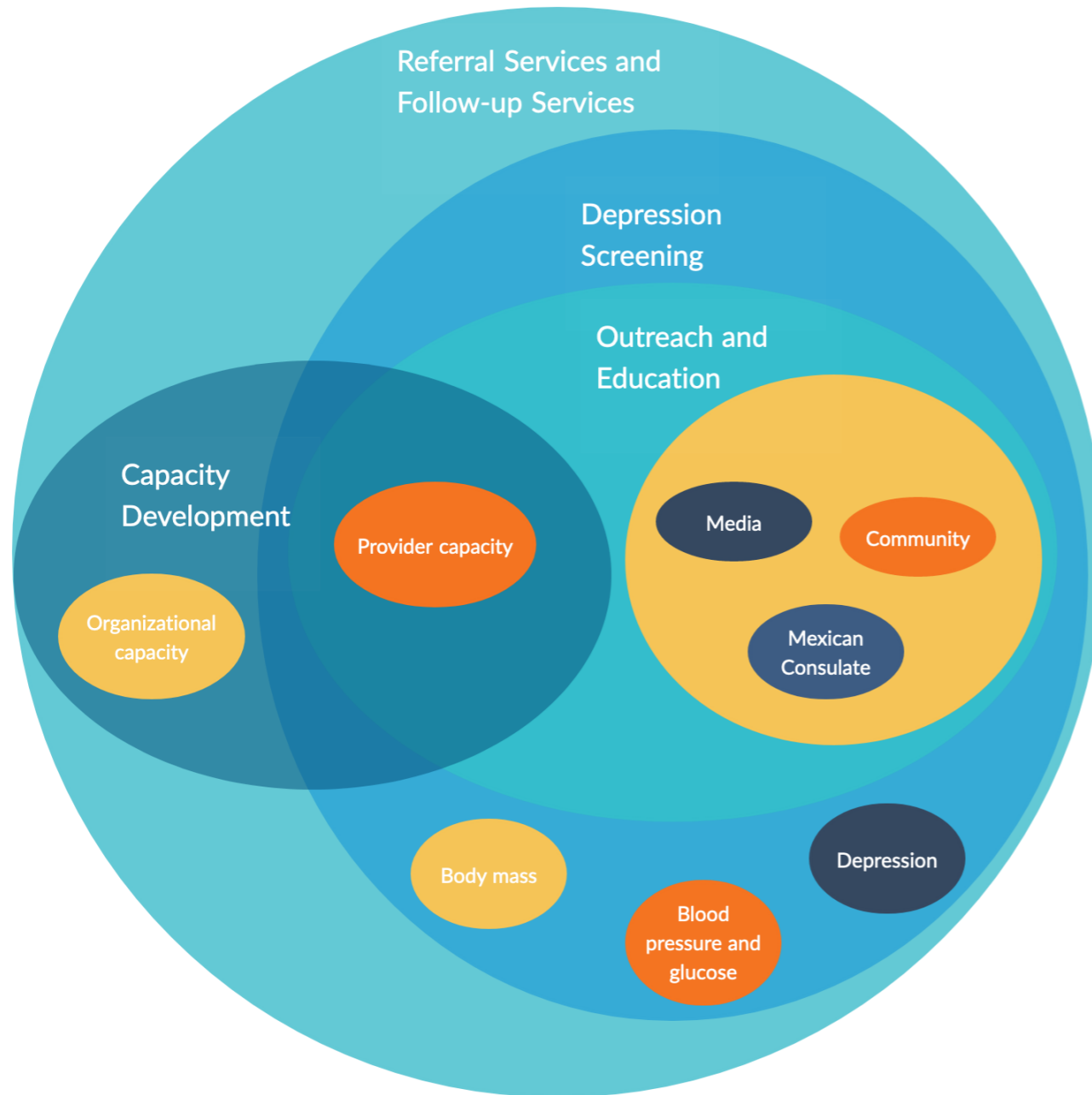
Mente Sana, Vida Sana (MSVS) was successful in reaching and serving Latino/Mexican immigrants in northern California by focusing on four key components: (1) outreach and education; (2) screening or early detection for depression; (3) referral service with follow-up services; and (4) capacity development.

Additionally, ensuring that services were delivered in safe spaces and inside the community (i.e., Consulate General of Mexico and schools) using culturally and linguistically appropriate and community-defined strategies led to this success. Figure 1 shows MSVS components.

Health Education Council's Peers Helping Peers or *Facilitadores Comunitarios* emerged as a capacity development component of MSVS. This 7-module community health training program builds on the cultural wealth and capital that comes from Latino immigrants as the protective factors or community-defined interventions that advance their resilience and well-being.

In general, participants saw MSVS as the motivator they needed to sustain their health and mental well-being. One participant said this about MSVS, "*Creo que es importante que nos animen . . . porque hay veces que uno pasa un mal día y dices 'mejor no voy,' pero si alguien te llama te sientes importante, hay alguien que se preocupa por ti . . . te sientes muy bien y eso te anima a seguir.*" ["I think it is important that they encourage us . . . because there are times when one has a bad day and you say, 'I better not go,' but if someone calls you, you feel important, there is someone who cares about you . . . you feel very good and that encourages you to continue."]

FIGURE. 1 Mente Sana, Vida Sana (MSVS): From Theory to Practice MSVS addresses unmet mental health needs of Mexican immigrants who live in four northern California



MSVS addresses unmet mental health needs of Mexican immigrants who live in four northern California (Sacramento, San Joaquin, Stanislaus, and Yolo). The outcomes were to:

- Increase Latino's knowledge about mental health, treatment resources, and co-morbid conditions;
- Improve early detection rates of mental illness in Latino populations;
- Reduce wait times for Latinos who need to access mental health services;
- Increase culturally and linguistically appropriate mental health care; and
- Increase Latino mental health enrollment and retention rates.

To achieve these five outcomes, it starts with creating and delivering a culturally- and linguistically-relevant narrative that reaches the people intended to benefit from MSVS services.

MSVS is guided by faith, empathy, and compassion. Being accountable to one's life mission and passion to serve those in need and fulfill our spirituality-guided vision. This means behaving in ways that represent ethical, trustworthiness, honesty, respect, and humility when conducting MSVS business. Giving service through intrinsic kindness and thinking of others' needs before ours.

- 97% of the people served by MSVS were born in Mexico and immigrated to the U.S.
- 20.5 years represents the average length of stay in the U.S. among the MSVS service recipients.
- 60% of the people receiving MSVS services were limited English proficient (LEP).

These numbers are significant because it shows that MSVS served the intended Latino population.

MENTAL HEALTH LITERACY

58%

OF PARTICIPANTS REPORTED AN INCREASE IN THEIR EDUCATION ABOUT MENTAL ILLNESS, COMPARED TO

13%

OF PARTICIPANTS SURVEYED IN 2018. THIS 45% INCREASE SHOWS MSVS' IMPACT IN REDUCING STIGMA.

PARTICIPANT EMPOWERMENT

50%

OF PARTICIPANTS ARE COMFORTABLE WORKING ALONGSIDE SOMEONE WITH A MENTAL ILLNESS. THIS WAS AN INCREASE FROM 7% IN 2018.

67%

OF PARTICIPANTS ARE CONFIDENT SEEKING INFORMATION ABOUT MENTAL HEALTH FACE-TO-FACE.

518

LATINO/MEXICAN IMMIGRANTS WERE SCREENED FOR DEPRESSION DURING A 4-YEAR PERIOD.

45%

OF SCREENINGS FOR DEPRESSION INCREASED BETWEEN 2018 AND 2019.

51%

OR 169 OUT OF 332 PARTICIPANTS WERE DETECTED AS NEEDING FOLLOW-UP OR REFERRAL FOR TREATMENT.

84%

OF MSVS' IN-HOUSE CRISIS COUNSELING REFERRALS SHOWED SUCCESSFUL COMPLETION.

- MSVS PARTICIPANTS WAIT TIME FOLLOWING INTAKE AFTER SCREENING FOR DEPRESSION WAS THAT SAME DAY. WAIT TIMES FOR COUNTIES WAS 7 DAYS.
- FOR FIRST PSYCHIATRIC SHORT-TERM MENTAL HEALTH CRISIS INTERVENTION WAS 6 DAYS COMPARED TO 25 DAYS FOR COUNTIES.
- THE PILOT SERVICE PROVIDER CAPACITY LED TO 3 INTERNS, 143 COUNSELING HOURS, AND 43 PEOPLE SERVED.

CONCLUSIONS

1. Early detection of a mental illness using the PHQ-9 screening tool can be attributed to improving health literacy during regular physical health check-ups. MSVS helped participants realize their need for mental health support.
2. On-site and mobile services through the Mexican Consulate, made wait times less burdensome on MSVS participants.
3. Quick exposure to the intervention, and quality and timeliness of delivery of services increased MSVS participants' confidence and responsiveness.
4. MSVS' capacity development improved the availability of quality, culturally and linguistically appropriate mental health services.
5. Integrating the PHQ-9 depression screening tool was significant.