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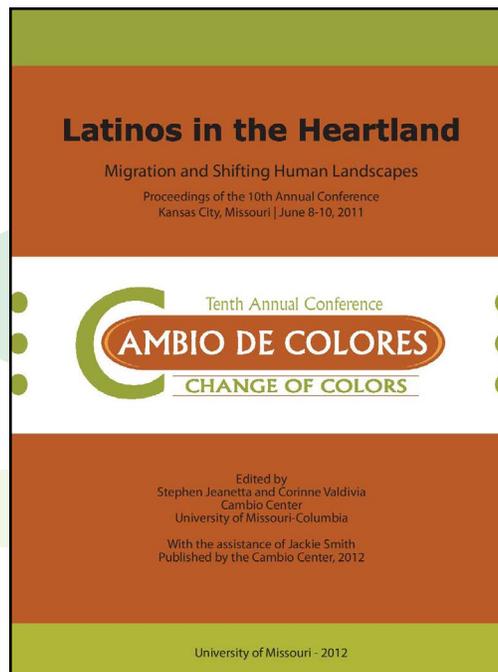
## Mental Health Response to Spanish-Speaking Telephone Callers: Secret Shopper Study

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*Keywords:* Latino mental health, mental health services, telephone services

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## ► Mental Health Response to Spanish-Speaking Telephone Callers: Secret Shopper Study

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### Abstract

Our past information-gathering on public mental health agencies in Jackson County, Missouri identified 12 agencies who reported providing Spanish-language mental health services. To look more closely at these agencies' capacity, we collaborated with community members whose primary language was Spanish, who we trained as "secret shopper" callers. These callers used a brief, structured telephone procedure to request information in Spanish regarding mental illnesses and access to care. Quantitative and qualitative data were collected. Callers rated two-thirds of agency responses as good or very good. One-fourth of the calls yielded poor results, with calls not returned or inappropriate information provided. Inconsistent information provided to callers and unreturned voicemails indicated needs for increased staff training and consideration of access from the consumers' perspective. Our organization should continue to develop technical assistance, to increase awareness and consistency of mental health agencies' response to consumers who do not use English as their primary language.

### Introduction

In March 2009, the Jackson County Community Mental Health Fund (Levy) surveyed clinical directors of Levy-funded mental health organizations (n=30) to ascertain local capacity for non-English mental health services (Eddy, 2009). Thirty-eight percent of the clinical directors reported that non-English mental health services were provided directly by clinical staff, and 85% reported using spoken language interpreters. Consistent with local demographics, Spanish was the most commonly reported non-English language.

The initial survey documented self-reported linguistic diversity in mental health services, but information about cultural and linguistic *competence* was not collected. Cost, accessibility, clinical acumen, linguistic competence and cultural competence can be difficult to measure, but the lack of any one, poses a barrier to accessing services. As a follow-up, we sought information from a consumer perspective, narrowing our focus to agencies' initial response to persons seeking Spanish-language services. Areas of interest included: 1) linguistic competence of personnel; 2) basic information and referral; 3) beliefs about mental illness; 4) and initial service access for low-income, uninsured.

### Method

#### *Interviewers:*

Our project used a "secret shopper" approach to information gathering, a widely accepted method that uses trained consumers to provide feedback about actual agency performance (Levine, 2008). Three community members were recruited to serve as callers, two were female and one was male. Each caller was a native Spanish speaker and also English-speaking. None had professional training in mental health, although each had personal experiences involving a family member or friend with a diagnosed or suspected psychiatric disorder.

*Agency Selection:*

The March 2009 Survey found 10 agencies that reported an internal capacity to provide mental health services in Spanish. All were contacted by our callers. We attempted to exclude agencies with contracted telephone translation, because responses would entail additional costs for responding agencies. Two additional agencies are known to offer Spanish language services, but these did not participate in the March 2009 survey, or did not indicate Spanish services were available in that survey.

*Instrument and Procedure:*

A brief interview form in Spanish was used to record callers' experiences of: 1) agencies' response to a caller requesting Spanish-language assistance; 2) the time required for agencies to return messages left in Spanish; 3) information provided about mental illness and access to Spanish-language services; 4) and fluency, courtesy and other observations.

Callers were trained to the purpose of the study and used the brief format interview summary. Practice interviews rehearsed various scenarios and completion of the forms. Each of the 10 agencies was contacted by two callers. Each caller contacted 6-7 selected Levy-funded agencies by telephone to request staff who spoke Spanish, information on a suspected mental illness, and an explanation of the process of obtaining no-cost services. After all calls were completed the callers participated in a debriefing in which they reported their overall experiences.

**Results**

Our unit of analysis was the individual call. Results are provided in aggregate and broadly capture the experiences of persons speaking Spanish who seek mental health care. "Report card" information on individual agency performance was reported separately to each agency director.

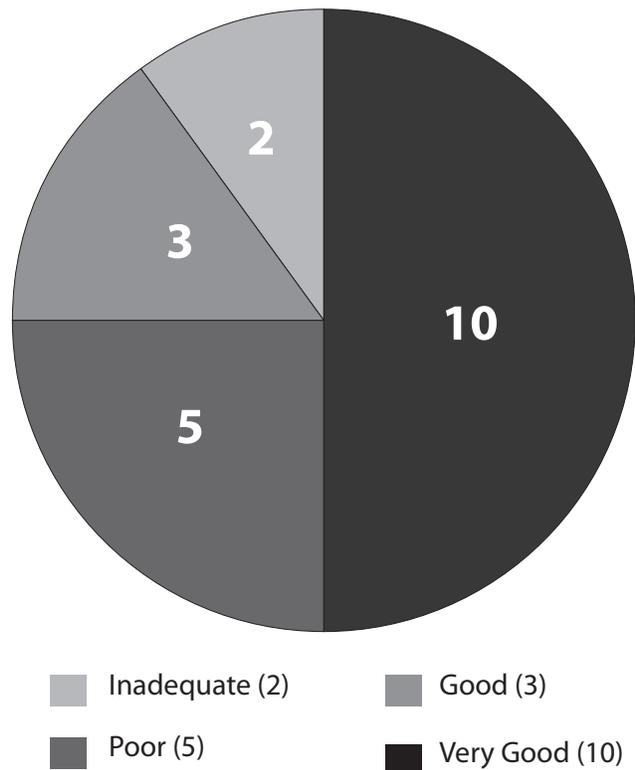
*Responses to Request for Spanish:*

Callers initially asked in English, if the person answering the telephone spoke Spanish. If the agency respondent spoke English, callers then asked to speak with someone in Spanish. If an automated system answered, callers attempted to use voicemail options using either English or Spanish instructions and then left recorded messages in Spanish.

Each agency in this project reported in a previous survey that they had the ability to provide mental health services in Spanish. In the current study, only two-thirds of calls to those agencies reached Spanish-speaking staff and only half resulted in Spanish language responses on the same day of the call. Results are shown in the chart.

Half of the calls received a *very good* response. Our callers reached Spanish-speaking staff either at the time of the call, or the call was returned by a Spanish-speaker on the same day. *Very good* responses also included the provision of relevant, appropriate information. Three calls received a *good* response. Information was provided as requested, in Spanish, within three days of the initial call.

**Agency Responses**  
(10 Mental Health Agencies, 2 Calls Each)



Two calls resulted in information being provided only in English. Agency staff attempted to provide helpful information, however the responses were *inadequate*, since English information may not have been understood by a consumer who prefers Spanish. One-fourth of calls to agencies who reported the capacity to provide services in Spanish yielded *poor* results. Callers left messages that were not returned, or callers were left on hold for more than 10 minutes without the ability to leave a message. One caller was provided with referrals to churches for treatment of depression, which we consider to be incompatible with expectations for a publicly funded agency.

#### *Return Calls:*

In our March 2009 survey, more than two-thirds of clinical directors reported that when non-English interpreter services are available, consumers wait less than two days. In the follow-up study, callers' experiences were less favorable. One call took three days to be returned, and none of the calls placed to one agency were ever returned.

#### *Cost of Interpretation:*

Our March 2009 survey found two agencies that reported charging consumers an additional fee for spoken language interpretation. None of the agencies contacted in this project mentioned additional costs for Spanish language services.

#### *Comparison of Response by Funding Category:*

The agencies contacted in this project were broadly representative of several Levy funding programs. Notable in the performance of responses is the variation when funding categories are compared. Safety Net agencies are the largest and most diverse group of grantees, and the Safety Net funding program is the Levy's largest financial allocation. This subgroup performed least well, with *poor* responses to half the calls. Agencies funded in the Children & Families and Educational & Vocational funding programs are grouped together in the previous chart. These results are rather mixed, with half the initial responses yielding favorable responses and only one *poor* response. Five of six responses by Domestic and Sexual Violence agencies were *very good*.

#### *Requests for Information and Service:*

Fourteen of the 20 calls (over two-thirds) reached staff able to speak Spanish. Noted above, we rated 13 responses as *good* or *very good*. Having established communication, callers proceeded to describe their concerns regarding a person they believed to be in emotional distress. Callers then asked for information on the possible disorder and how to obtain appropriate services without cost. Each of these 13 requests received information generally responsive to the request and appropriate for the agency contacted.

#### *Additional Observations:*

Callers' comments from all 20 requests for information and services, translated from Spanish to English, are presented in Appendix B. When the two calls to each agency are compared, callers' observations indicate that agencies occasionally provided inconsistent information about topics including: 1) whether there were Spanish-speaking staff; 2) how to obtain services; 3) what services were provided; and 4) what was needed to obtain services at no cost. A larger study and a more tightly controlled methodology would be needed in order to determine how this pattern compares with inconsistencies that may be experienced by English-speaking callers or by callers requesting services in some other language.

#### *Overall Satisfaction:*

Callers provided ratings of their experiences after each call. Ratings, summarized in the Table 1, included the perceived pleasantness/ respectfulness of responding agency staff, satisfaction with the information provided, and ratings of the linguistic competence of responding staff. Considering these three satisfaction questions together, callers gave *good* ratings on average.

Agency staff were rated highest on being pleasant and respectful. Callers' ratings of staff were nearly always *excellent*. In a debriefing with the callers at the close of data collection, callers emphasized that, with the exception of calls that yielded poor results, they found agency staff to be pleasant and professional.

Callers were generally satisfied with the information they received about the reported signs and symptoms of mental distress and about accessing services at no cost. The information that callers received was rated as *good* on average. One caller noted that the explanations from agency staff were clear.

Ratings of agency staff linguistic competence in Spanish were lowest among the three satisfaction measures. On average, the ratings were somewhat lower than a good rating. In discussing their experiences, callers agreed that although agency staff could often speak Spanish, they tended to be less culturally competent in handling the emotional dimensions of the calls.

<p style="text-align: center;">TABLE 1 Secret Shoppers' Satisfaction Ratings of Response to Requests for Spanish Language Information and Services <sup>A, B</sup></p>	
Agency Staff Pleasant/ Respectful	3.82
Satisfaction with Information	3.41
Competence in Spanish Language	2.75
Overall Mean	3.22
<p style="text-align: center;"><sup>A</sup> Mean ratings on a 4-point scale (1 = low, 4 = high). <sup>B</sup> 17 Calls, ratings exclude 3 calls that were not returned.</p>	

### Summary and Conclusion:

#### *Quality of Responses*

Spanish-speaking community members were recruited to caller contacted agencies who reported being able to provide services in Spanish. About two-thirds of the 20 calls resulted in responses that were of *good* or *very good* quality, and one-fourth of the calls got a *poor* quality response.

#### *Performance by Funding Category:*

Agencies funded in the Domestic and Sexual Violence grant program were the most consistent in providing excellent quality responses. Agencies funded in the Children & Families and Education & Vocational grant programs performed well, but less consistently. Half of the responses of Safety Net agencies were of *poor* quality.

### *Callers' Impressions:*

On average, callers gave high ratings to agency staff for their pleasant, respectful manner on the telephone. The information provided was also generally satisfactory. However, the linguistic competence of agency staff was rated somewhat less favorably. This finding is consistent with our recent analysis of grantee agency cultural competence plans, which found that few Levy grantee agencies had included assessment of linguistic competence within their internal cultural competence plans (Eddy, 2009).

### *Overall Satisfaction:*

The general overall satisfaction of callers is a good indication of a maturing capacity within Jackson County mental health agencies for response to Spanish-speaking consumers of mental health services. As we continue to highlight expanding availability of services we must also look for ways to provide various supports and assistance to encourage further development of agencies' capacity for non-English mental health services.

### *Internal Training Suggestions:*

This project found a few areas where the quality of response could be improved through internal training or supervision. First, we found indications that agency staff provided inconsistent information to callers regarding services and service access. This suggests there is a need for improving staff support and/or their access to information on agency capacity. Messages that went unreturned may be a function of voicemail system management, confusing options for Spanish-language callers, or needs for improved procedures for handling non-English-language messages.

### *External Technical Assistance:*

As the Mental Health Levy considers future technical assistance, we should encourage cultural competence plans that include procedures for handling non-English speaking callers and empowering front-line staff to seek or develop appropriate information about their agencies and services. This way, they can provide the most consistent, complete information to the predominant cultural groups in their areas.

### *Future Secret Shopper Projects:*

This project is the first time that we have worked in partnership with community members to examine consumers' perceptions of agencies that receive Levy funding. Although this project should be considered a preliminary study carried out with the assistance of community participants, the results are unique and useful. We recommend that secret shopper methodology to be considered in future examinations of service quality and consumer responsiveness.

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