

Access to OCD Treatment in Latino Populations: Characterization and Predictors

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Introduction

- Time to appropriate OCD treatment is often long and delays are associated with adverse outcomes on OCD severity.^{1,2}
- Racial and ethnic minority groups face longer times to mental health treatment due to a multitude of structural barriers which may impact OCD time to treatment.^{3,4}

The present study examines associations between **treatment access** and **OCD severity, income, and Barriers to Help Seeking** among individuals of Latin American ancestry with OCD symptoms.

Methods

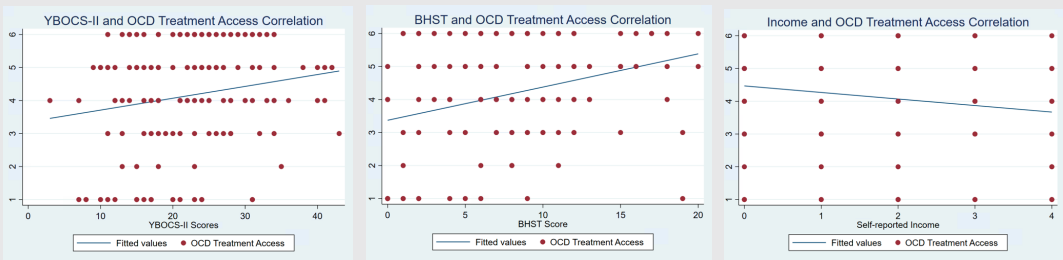
- Participants:** n=157 Latino individuals in the United States with OCD symptoms (63% female; M age = 31.94; SD = 11.33)
- Procedure:** Participants completed online surveys
- *MINI International Neuropsychiatric Interview*⁵
 - *Yale Brown Obsessive-Compulsive Scale, 2nd edition* (YBOCS-II)⁶
 - *Barriers to Help/Treatment Seeking*⁷

- Analyses:**
1. Simple correlations for: current YBOCS-II severity, self-reported income, and BHST scores.
 2. Hierarchical linear regression with OCD treatment access as the outcome variable.

Hypotheses

We hypothesize **a)** associations between all variables and **b)** predictive relationship between severity, income, barriers to help seeking and OCD treatment access, where income and barriers to help seeking predict treatment access above and beyond YBOCS-II severity.

Results



Greater YBOCS-II severity, and Barriers to Help Seeking, but lower income were associated with more difficult OCD treatment access (all *p*'s < 0.01).

Hierarchical Linear Regression Output (outcome = OCD Treatment Access)		
	Model 1 β (SE)	Model 2 β (SE)
YBOCS-II Scores	0.191 (1.61)*	0.084 (0.017)
Income		-0.103 (0.105)
BHST		0.271 (0.028)**
ΔR²	0.036*	0.084**

* *p* < 0.05
 ** *p* < 0.01

Model 2 was overall significant, $F(3, 130) = 5.96, p < 0.001$ providing evidence that BHST added to the prediction of OCD treatment access

Discussion

- Barriers to help seeking and OCD severity appear to be predictive factors of increased difficulty accessing OCD treatment.
- BHST may be a better predictor than severity as variance attributed to severity in M1 shifts to BHST in M2.
 - Although not individually significant in M2, income is associated with BHST and could be an underlying access factor.
 - Increased treatment access difficulty with greater symptom severity could suggest a positive reinforcement cycle where treatment delays, symptom severity, and care access ability feedback onto each other.

Conclusion

- OCD severity and BHSTs appear to be predictive of difficulty accessing suitable OCD treatment.
- People with greater BHST may experience increased difficulty accessing care.
- Future initiatives for treatment access in Latin American/Hispanic populations may benefit from considering structural barriers.

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