

Mental Health & Mental Healthcare Disparities

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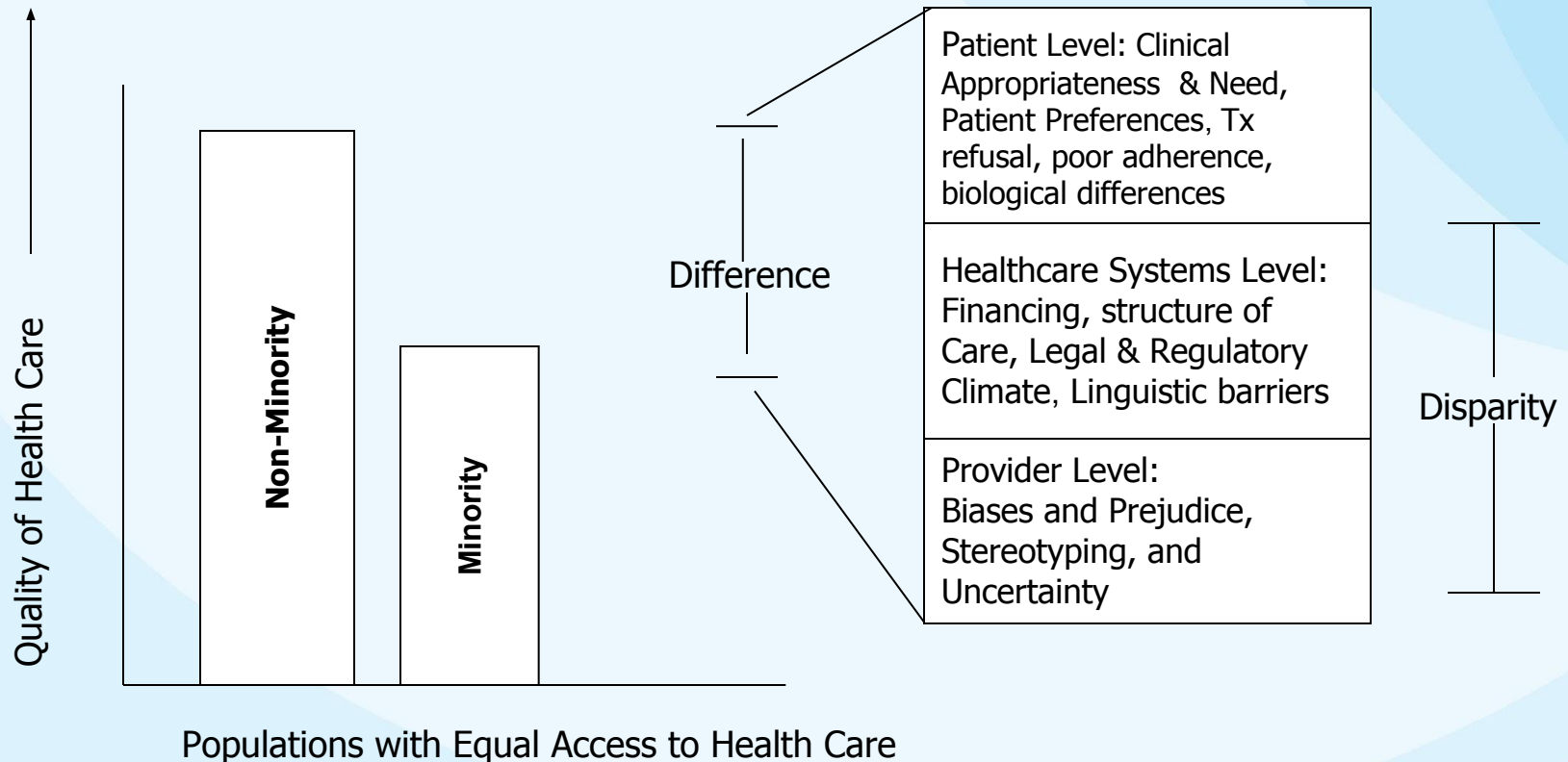


Learning Objectives:

- Residents will be able to Identify and discuss disparities in mental health and mental health care of specific disenfranchised demographic groups
- Understand complexities of the provider patient interaction from the context of cultural differences
- Reflect on and process challenging past patient interactions related to cultural differences
- Discuss framework to approach differences between patient and provider
- Practice navigating challenging patient interactions related to cultural differences



Health Disparity Contributors



Biopsychosocial Perspective

“To provide a basis for understanding the **determinants** of disease and arriving at rational treatments and patterns of health care, a medical model must also take into account **the patient, the social context** in which he (or she) lives and the complementary system devised by society to deal with the disruptive effects of illness, that is, the physician role and the health care system. **This requires a biopsychosocial model.**”

George Engel



STATE OF MENTAL HEALTH IN AMERICA

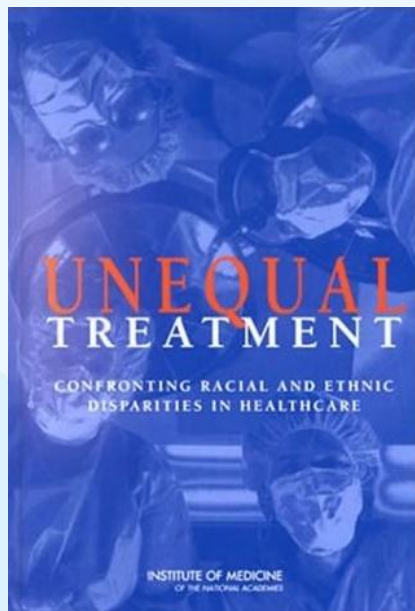
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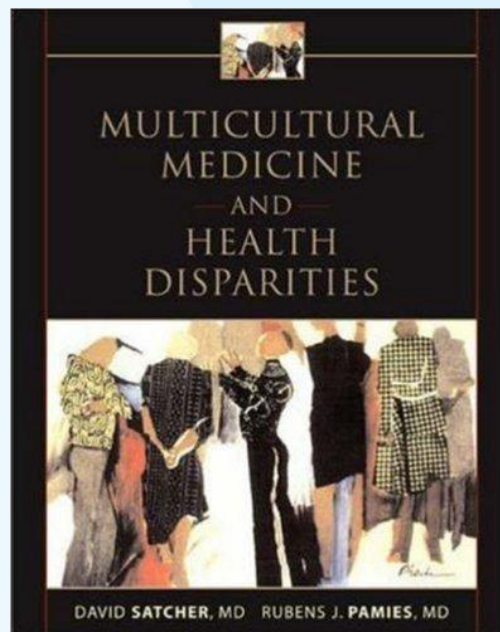
MENTAL HEALTH: CULTURE, RACE, AND ETHNICITY

A SUPPLEMENT TO
MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL

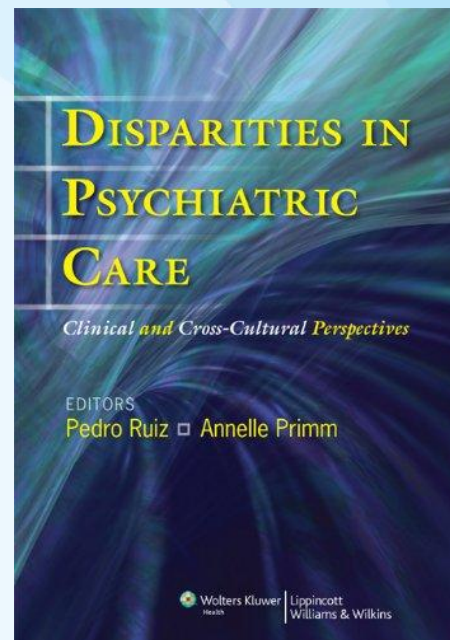
2001



2002



2005



2010



Your experience

Do you think that things like race, ethnicity, gender, or age are currently barriers to appropriate treatment in America?

When you hear the phrase mental healthcare disparities/MH Disparities what comes to your mind?

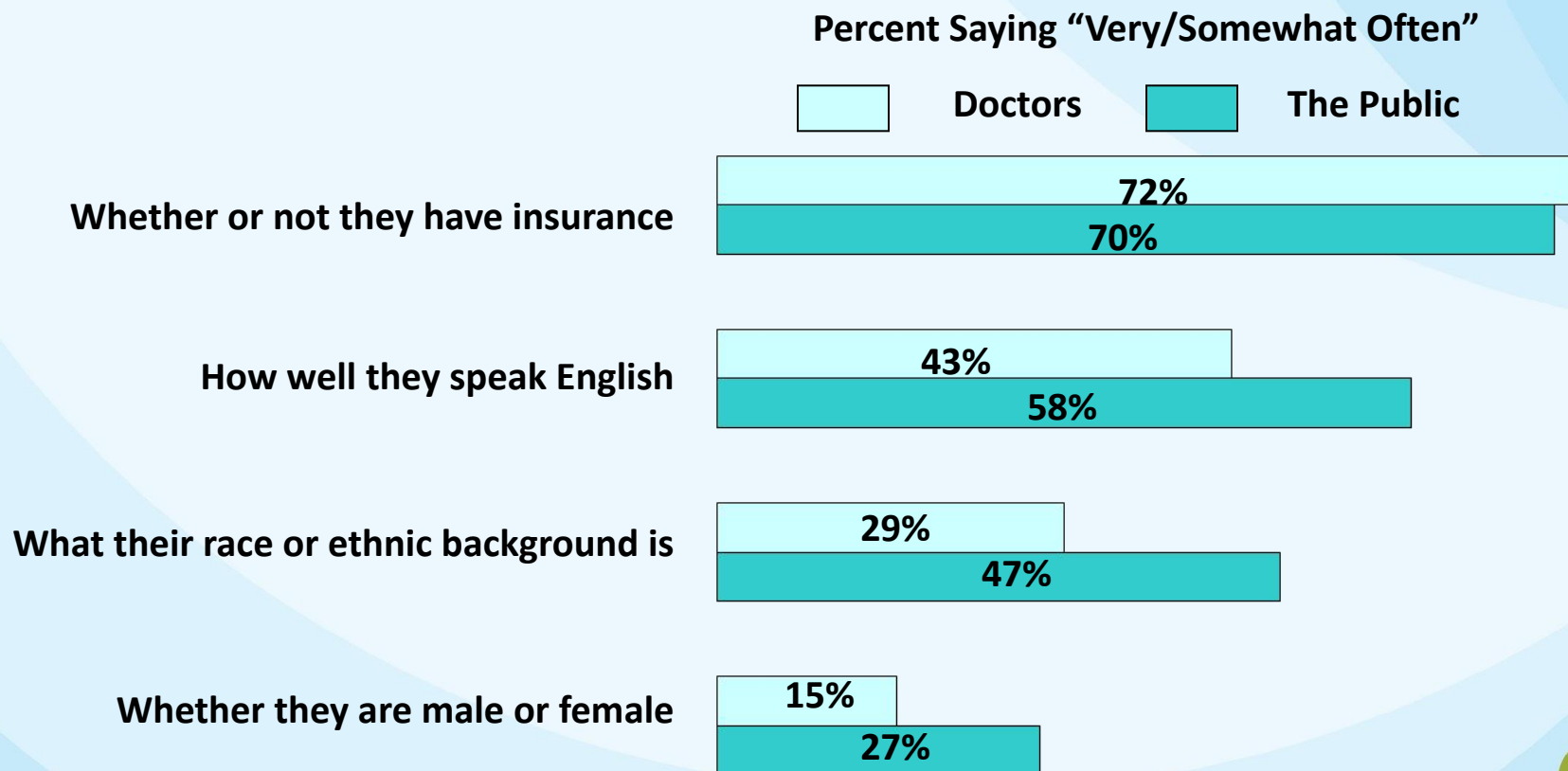
What experiences have you had of witnessing these disparities in care play out?

Have you identified in your own practice ways in which you have contributed to disparate care of your patients?



Perceptions of Disparities in Health Care

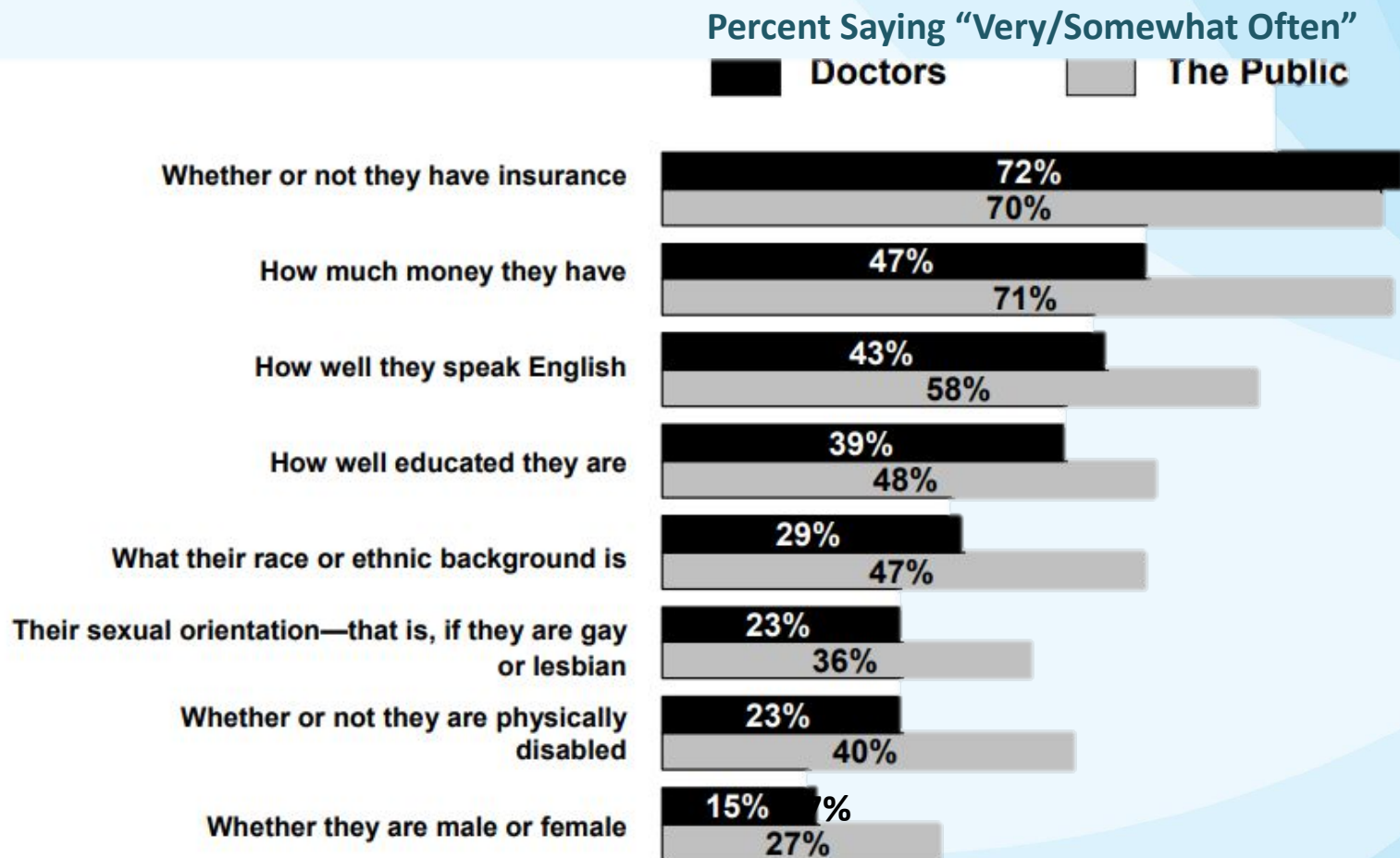
Generally speaking, how often do you think our healthcare system treats people unfairly based on...



Source: Kaiser Family Foundation, National Survey of Physicians, March 2002 (conducted March-October 2001); Survey of Race, Ethnicity and Medical Care: Public Perceptions and Experiences, October 1999 (Conducted July – Sept., 1999)

Perceptions of Disparities in Health Care

Generally speaking, how often do you think our health care system treats people unfairly based on...



Source: Kaiser Family Foundation, National Survey of Physicians, March 2002 (conducted March-October 2001); Survey of Race, Ethnicity and Medical Care: Public Perceptions and Experiences, October 1999 (Conducted July – Sept., 1999)

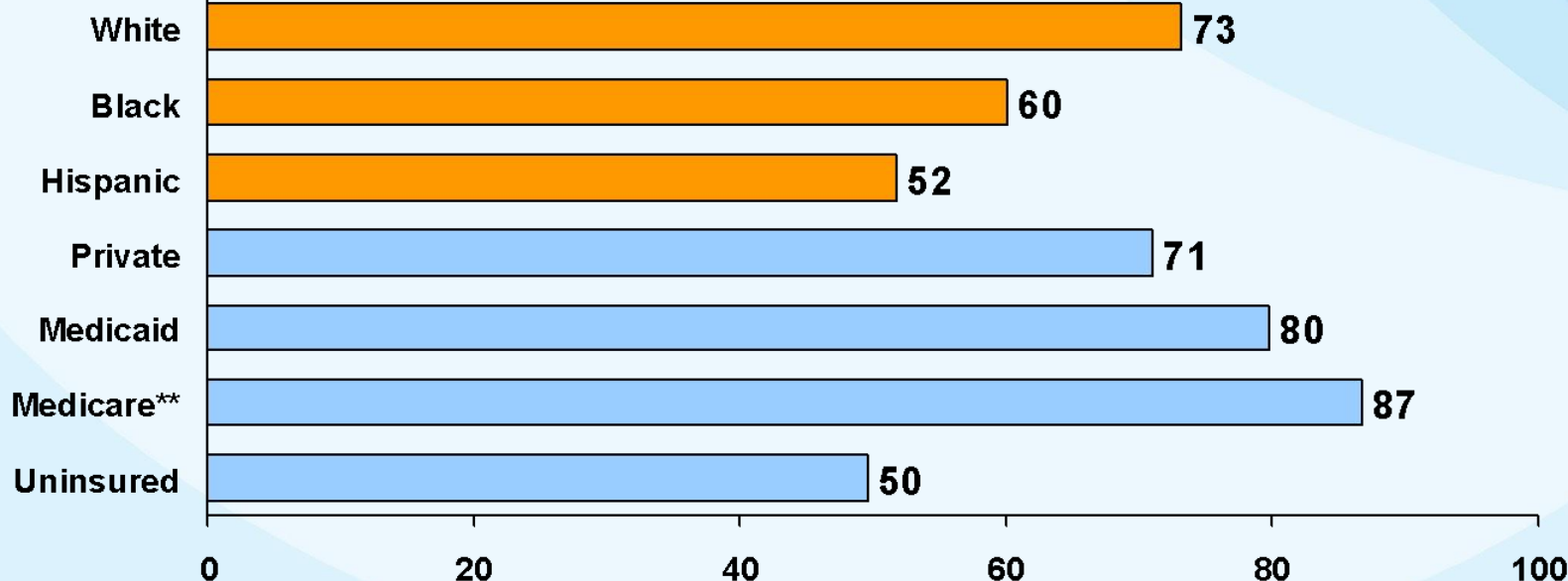
Adults w/ Major Depressive Episode Who Received Tx

Percent of adults (ages 18+) with major depressive episode who received treatment in the past year*

U.S. Average



U.S. Variation 2006



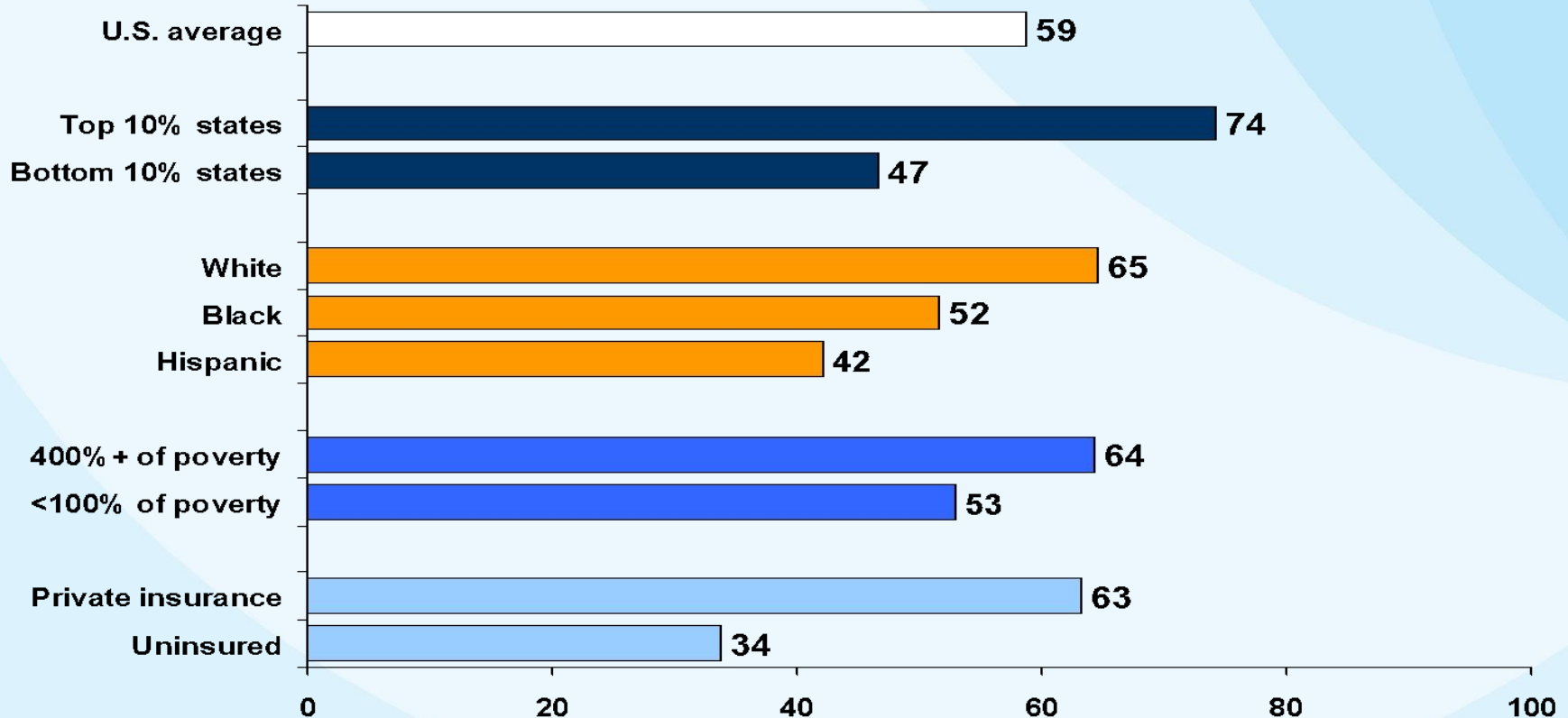
Note: Indicator definition has been modified from 2006 Scorecard.

*Major depressive episode is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of the symptoms for depression. **Medicare includes other insurance such as military and veterans health care.

Data: National Survey on Drug Use and Health (SAMHSA 2006 and 2007).

Mental Health Care for Children, by Top and Bottom States, Race/Ethnicity, Family Income, and Insurance, 2003

Percent of children (ages <18) who needed and received mental health care in past year*



Note: Indicator was not updated due to lack of data. Baseline figures are presented.

* Children with current emotional, developmental, or behavioral health condition requiring treatment or counseling who received needed care during the year.

Data: 2003 National Survey of Children's Health (HRSA 2005; Retrieved from Data Resource Center for Child and Adolescent Health database at <http://www.nschdata.org>).

Culturally relevant Screens

- Cultural Formulation Interview ([CFI](#))
- ACEs
 - [Philadelphia ACEs](#)
- [Unrest](#)



Screens

Name: _____

Date: _____

UConn RACIAL/ ETHNIC STRESS & TRAUMA SURVEY (UnRESTS)

Guide for Interviewer		Interview Questions (Instructions for interviewer are italicized.)
	A	Introduction to the Interview
<i>Note the difference between <u>race</u> (the group society puts a person in based on their appearance) and <u>ethnicity</u> (a person's culture based on their heritage). They may be different or the same.</i> <i>The US Census recognizes several specific racial categories, including Black, White, Asian, and Native American. Hispanic is an ethnic group, but many consider Hispanic/Latino a race, which is acceptable for this interview.</i>	A1	Sometimes people have very bad experiences that cause feelings of stress or even trauma. Some people have several difficult experiences over a lifetime that are manageable individually, but together they lead to feelings of stress or trauma. I want to talk to you about some of your experiences of stress or trauma as it relates to your race or ethnicity. <i>If patient's racial and ethnic group is unclear: How would you describe your race and ethnicity?</i>
<i>Ensure that discussion only includes incidents where at least one of the involved factors was race or color.</i>	A2	People may be discriminated against or mistreated for many different reasons (e.g., gender, sexual orientation, age, disability, faith, etc.) but I am interested in experiences connected to your race – or your race as perceived by others. However, if you have experienced discrimination due to a combination of factors (i.e., gender+race, such as



Philadelphia Expanded ACE Questions look at Community-Level Adversity

Witness Violence

How often, if ever, did you see or hear someone being beaten up, stabbed, or shot in real life?

Felt Discrimination

While you were growing up...How often did you feel that you were treated badly or unfairly because of your race or ethnicity?

Adverse Neighborhood Experience

Did you feel safe in your neighborhood? Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted?

Bullied

How often were you bullied by a peer or classmate?

Lived in Foster Care

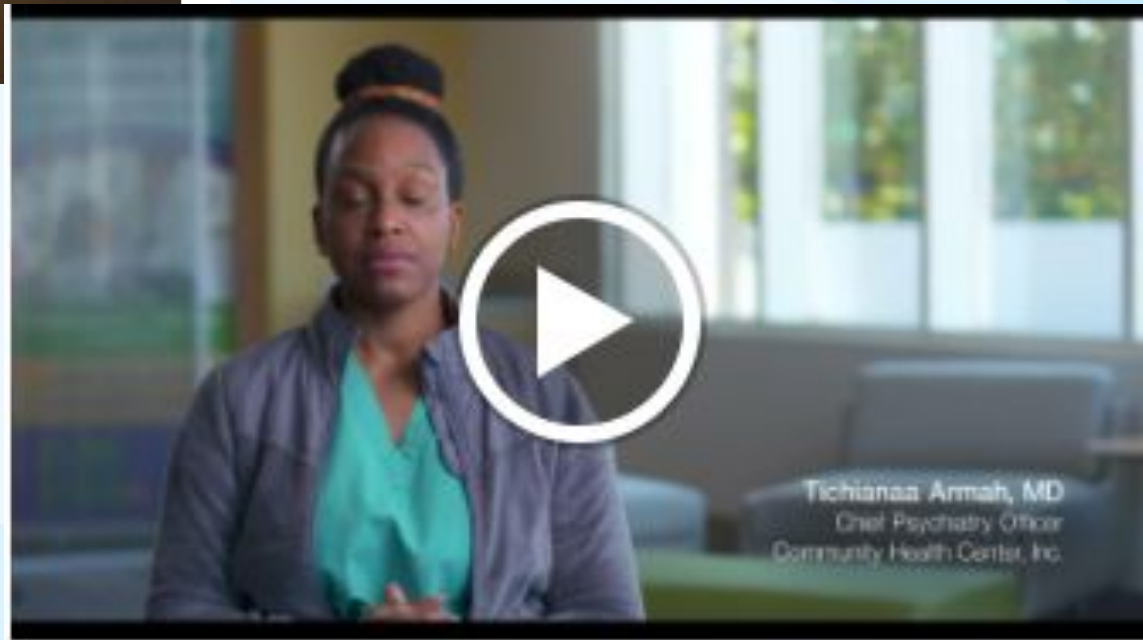
Were you ever in foster care?

Philadelphia ACE Project: (2022, March 8), Philadelphia ACE Survey. Adapted from slide by Kaosoluchi Enendu, MD, MBA



Physician on the Fence about the COVID-19 Vaccine

How I finally made up my mind



10 min study Break





Of those, over
16%
had a diagnosable
mental illness in the
past year²



That is over
6.8
million
people



MORE people than the populations of
Chicago, Houston, and Philadelphia



COMBINED³

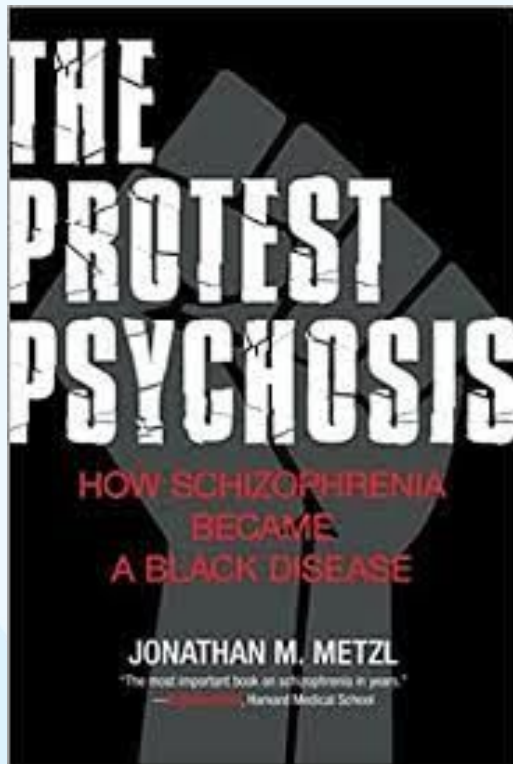
SOURCES

¹United States Census Bureau. (2014). American fact finder. Retrieved from <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

²Substance Abuse and Mental Health Services Administration. (2014). Racial and ethnic minority populations. Retrieved from <http://www.samhsa.gov/specific-populations/racial-ethnic-minority>

³United States Census Bureau. (2015). American fact finder. Retrieved from <http://factfinder2.census.gov/bkmk/table/1.0/en/PEP/2014/PE-PANNRSIP.US12A>





Assaultive and belligerent?



Cooperation often begins with HALDOL (haloperidol) a first choice for starting therapy

Acts promptly to control aggressive, assaultive behavior

Recent studies have reported the prompt effectiveness of HALDOL in controlling aggressive and dangerously violent behavior. "Over the course of violent events, patients in a group of controlled patients, treated with HALDOL, were able to remain calm, and the incidence of physical damage was reduced substantially, during treatment with HALDOL. HALDOL can be administered orally, intramuscularly, or intravenously. It is a first choice for the treatment of acute, severe, assaultive behavior, and it can be used in the control of acute, severe, assaultive behavior."

Usually leaves patients relatively alert and responsive

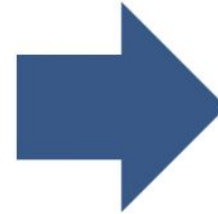
Although some patients of moderate to severe illness, treated with HALDOL, have been reported to be sedated, a study with chronic patients of moderate to severe illness, treated with HALDOL, showed that HALDOL "usually leaves patients relatively alert and responsive to the environment. It does not cause excessive sedation, and it does not cause excessive drowsiness."

Reduces risk of serious adverse reactions

HALDOL (haloperidol), a butyrophenone derivative, is indicated for the treatment of the psychotic symptoms of schizophrenia. It is a first choice for the treatment of acute, severe, assaultive behavior, and it can be used in the control of acute, severe, assaultive behavior. The most frequent side effects of HALDOL (haloperidol) are extrapyramidal symptoms, including acute dystonia, tardive dyskinesia, and parkinsonism.

© 1990, J. B. Lippincott & Co., Inc. All rights reserved. HALDOL (haloperidol) is a registered trademark of Janssen Pharmaceutica, Inc. All other trademarks are the property of their respective owners.





Of those, over
15%
had a diagnosable
mental illness in the
past year.²

That is over
8.9
million
people



SOURCES

¹<https://www.census.gov/quickfacts/fact/table/US/PST120216>

²<http://www.samhsa.gov/specific-populations/racial-ethnic-minority>

³<https://factfinder.census.gov/faces/tables/services/jsf/pages/productview.xhtml?src=CF>



Example

Table 2. Rate of Baseline Benzodiazepine Use and Percentage of Baseline Users Discontinuing Benzodiazepine Use After Initiation of the TPP

Demographic Characteristic	Baseline Rate of Use, per 1000 enrollees				Discontinuing Use After the TPP, %			
	Black*	Hispanic*	White*	Mixed	Black*	Hispanic*	White*	Mixed
Overall	147†	235†	202†	200†	73.9†	73.8†	44.9†	62.5†





Of those, over
21%
had a diagnosable
mental illness in the
past year.²



That is over
830
thousand
people



Enough to FILL EVERY major
league baseball stadium on the
East Coast TWICE³



x 2

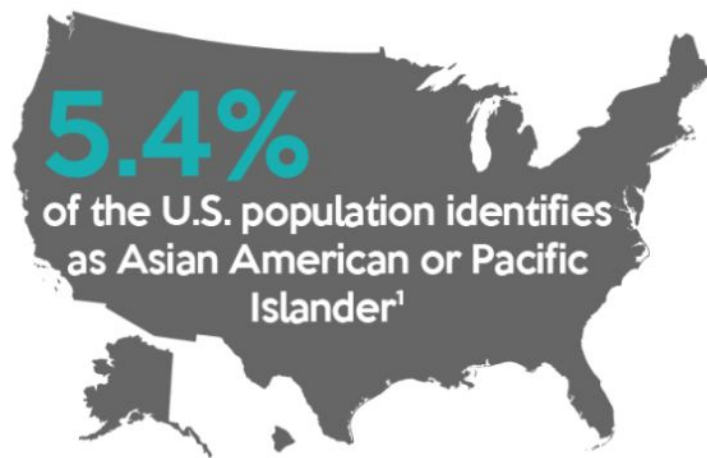
SOURCES

¹United States Census Bureau. (2014). American fact finder. Retrieved from <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

²Substance Abuse and Mental Health Services Administration. (2014). Racial and ethnic minority populations. Retrieved from <http://www.samhsa.gov/specific-populations/racial-ethnic-minority>

³Wikipedia List of Major League Baseball Stadiums. Retrieved from https://en.wikipedia.org/wiki/List_of_Major_League_Baseball_stadiums

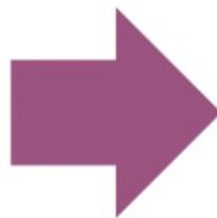




Of those, over
13%
had a diagnosable
mental illness in the
past year.²



That is over
2.2
million
people



MORE than the number of
dentists, postsecondary teachers
and lawyers in the United States



+



+



COMBINED³

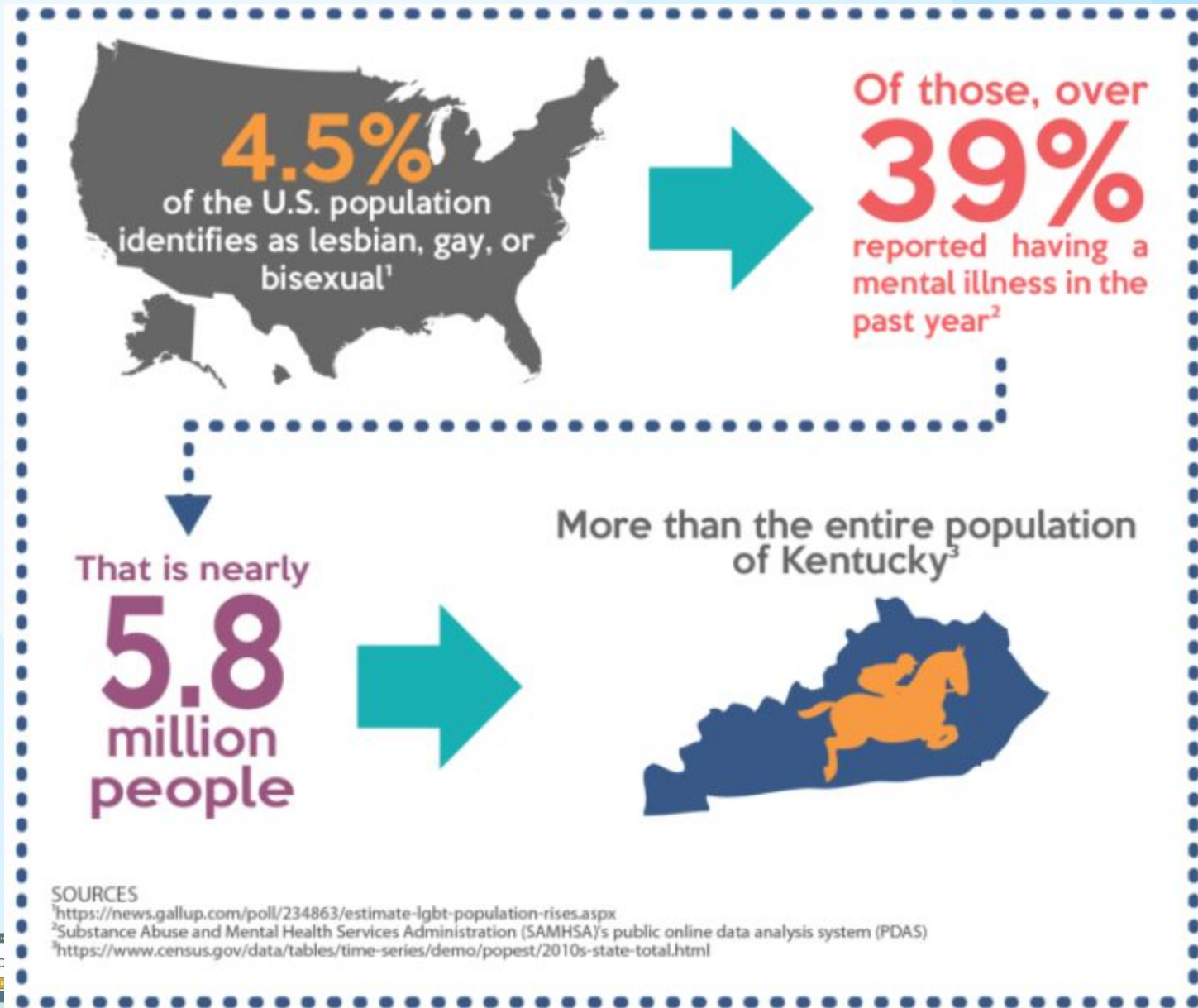
SOURCES

¹United States Census Bureau. (2014). American fact finder. Retrieved from <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

²Substance Abuse and Mental Health Services Administration. (2014). Racial and ethnic minority populations. Retrieved from <http://www.samhsa.gov/specific-populations/racial-ethnic-minority>

³United States Bureau of Labor Statistics (2015). Retrieved from http://www.bls.gov/oes/current/oes_nat.htm#00-0000





LGBTQIA

1 in 5

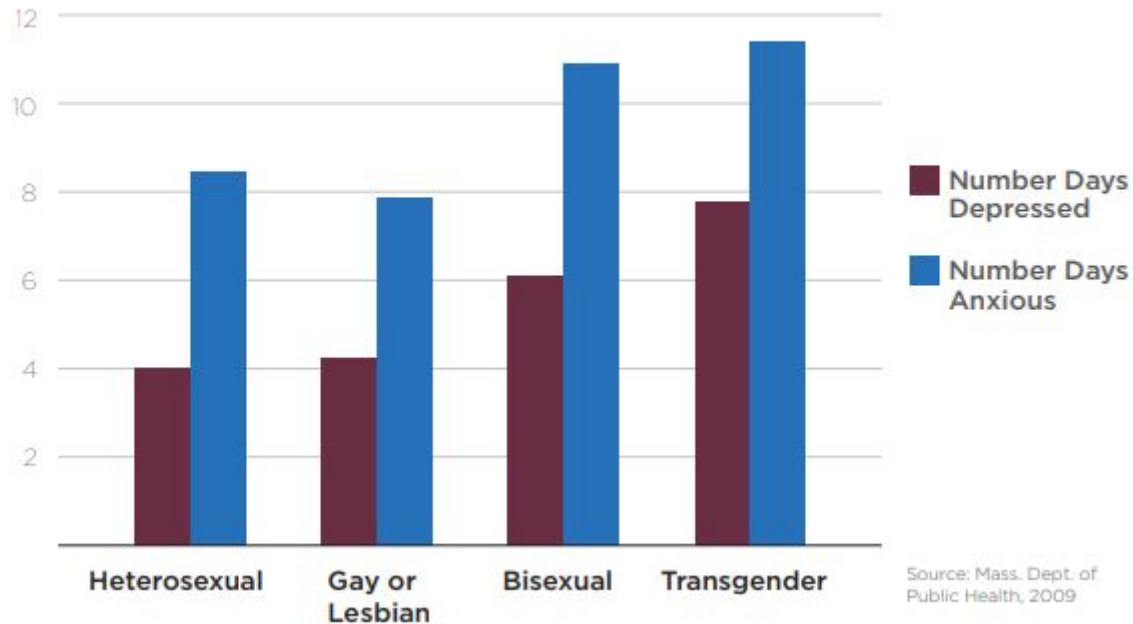


Sexual Orientation	Considered Attempting Suicide
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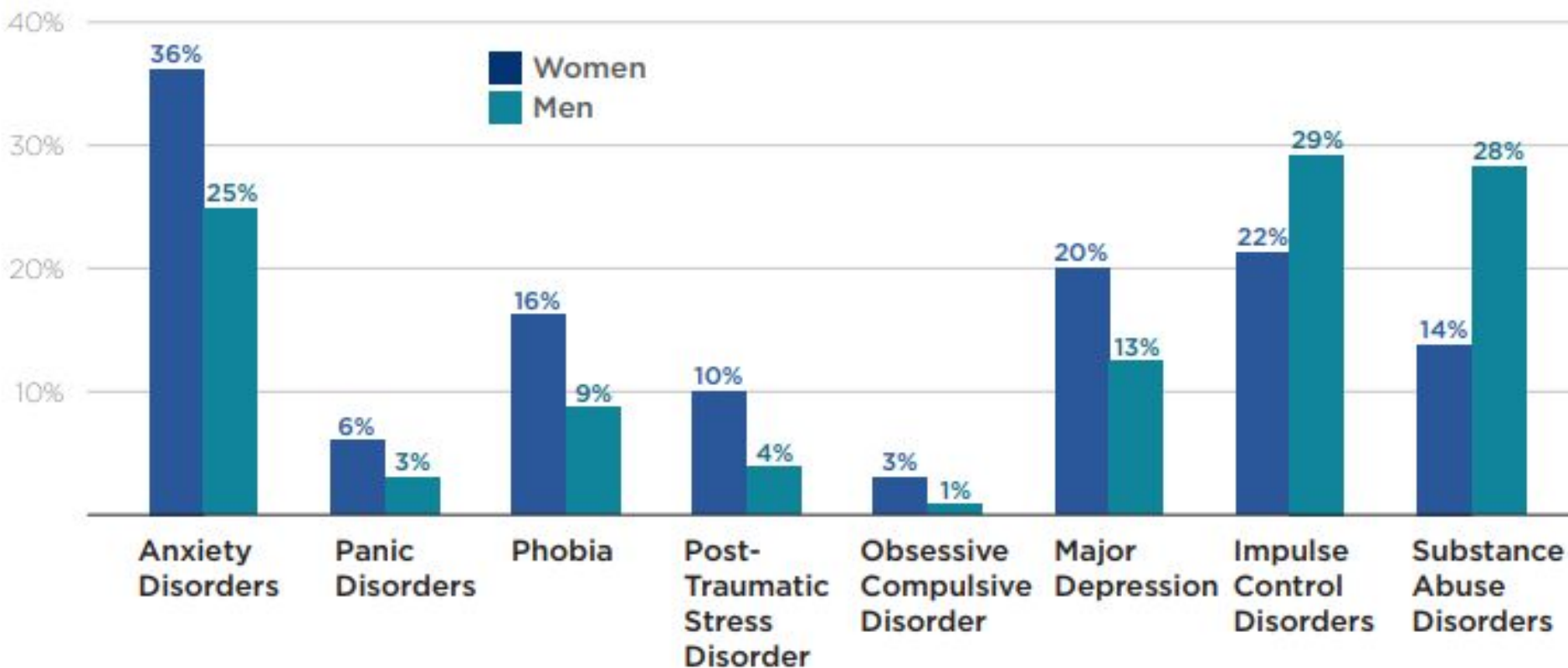
Heterosexual	2.3%
Gay or Lesbian	4.4%
Bisexual	7.4%
Transgender	30.8%

Source: Mass. Dept. of Public Health, 2009

LGBTQ Individuals and Mental Health



Rates of Mental Health Disorders in Women and Men



Source: National Comorbidity Survey Replication, 2005

From HHS, Office of Women's Health. Women's Mental Health: What it Means to



Discussion



7 min Break



Summary

- BIPOC often disproportionately high burden of disability from mental disorders even if same or lower rates
- Black adults are 20 percent more likely to report serious psychological distress than adult Whites.
- Reported rates of depression are lower in Black people (24.6 percent) and Hispanic people (19.6 percent) than in White people (34.7 percent), likely to be more persistent.
- People who identify as being two or more races (24.9 percent) are most likely to report any mental illness within the past year than any other race/ethnic group

American Psychiatric Association. Mental Health Disparities: Diverse Populations. (2017).



U.S. Department of Health and Human Services Office of Minority Health. Mental and Behavioral Health - African Americans. (2019, September 25)



Summary Cont.

- Native and Indigenous Americans report higher rates of post-traumatic stress disorder and alcohol dependence than any other ethnic/racial group.
- Native and Indigenous American adults have the highest reported rate of mental illnesses of any **single race** identifying group.
- Approximately 50 %to 75 percent of youth in the juvenile justice system meet the criteria for a mental illness.



Summary Cont.

- Cultural incompetence of health care providers likely contributes to underdiagnosis and/or misdiagnosis of mental illness in BIPOC:
 - a. physicians were 23 % more verbally dominant and engaged in 33 % less patient-centered communication with Black patients than with White patients.
- Compared with White people with the same symptoms, Black people are more frequently diagnosed with schizophrenia and less frequently with mood disorders.



Prevalence Of Mental Health Conditions In Specific Populations

- Percent of African Americans with Mental Illness: 17%
- Number of African Americans with Mental Illness: 6.8 million
- Percent of Latinx/Hispanic Americans with Mental Illness: 15%
- Number of Latinx/Hispanic Americans with Mental Illness: 8.9 million
- Percent of Asian Americans with Mental Illness: 13%
- Number of Asian Americans with Mental Illness: 2.2 million



Prevalence Of Mental Health Conditions In Specific Populations

- Percent of Native Americans/Alaskan Natives with Mental Illness: 23%
- Number of Native Americans/Alaskan Natives with Mental Illness: 830,000
- Percent of people who identify as being two or more races with mental illness: 25%
- People who identify as being two or more races are most likely to report any mental illness within the past year than any other race/ethnic group.



5-10 min Break



Discussion

- Difficult experiences related to culture with patients
 - Pt could not relate
 - You could not relate
 - Did you feel comfortable discussing with pt
 - Comfort discussing with supervisors?
Colleagues
 - What worked and what did not
- Concerning situations witnessed
- Situations you are concerned about confronting.





LEARN

- Listen with sympathy and understanding
- Explain your perception of the problem
- Acknowledge and discuss the differences and similarities
- Recommend treatment
- Negotiate treatment

Berlin EA, Fowkes WC Jr. A teaching framework for cross-cultural health care. Application in family practice. *West J Med.* 1983;139(6):934-938.



CRASH

Consider Culture

Show Respect

Assess/Affirm Differences

Show Sensitivity and Self-Awareness

Do it all with Humility



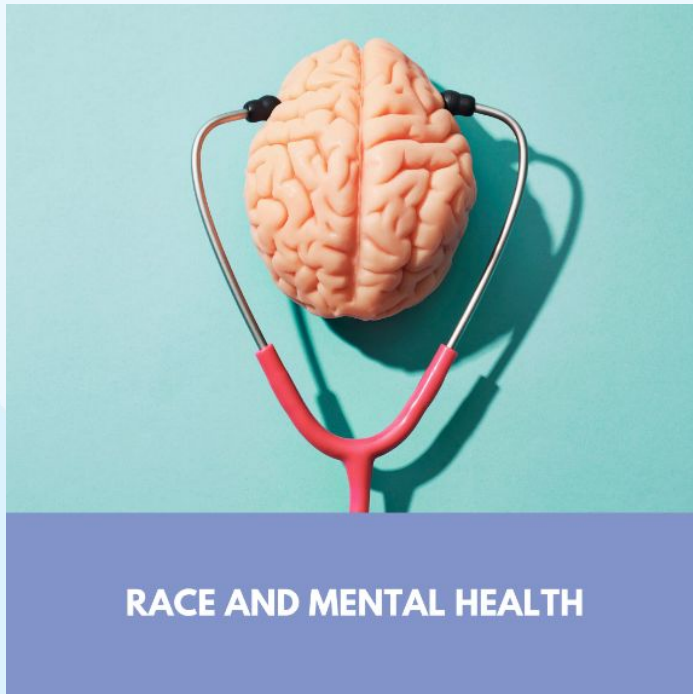
Role Plays

- Culture impact on clinician/pt interaction
- Beyond race
- Responding to the pt
- taking care of your own mental wellbeing





MH and Health Care Disparities further explored



Community Racial Justice Series



2020 Juneteenth at CHC



2012 Resident Grand Rounds
Yale Psychiatry Department

APA Racism Video



Facing the Divide

Psychology's Conversation on Race and Health



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- [3] United States Census Bureau – American Community Survey. (2018). Asian Alone or in Any Combination by Selected Groups. Retrieved from <https://data.census.gov/cedsci/table?q=B02018&g=&lastDisplayedRow=23&table=B02018&tid=ACSDT1Y2018.B02018&hidePreview=true>
- [4] United States Census Bureau – American Community Survey. (2018). Retrieved from <https://data.census.gov/cedsci/table?q=S0201%3A%20SELECTED%20POPULATION%20PROFILE%20IN%20THE%20UNITED%20STATES&g=&lastDisplayedRow=344&table=S0201&tid=ACSSP1Y2018.S0201&hidePreview=true&vintage=2017&t=031%20-%20Asian%20alone%20or%20in%20combination%20with%20one%20or%20more%20other%20races%20%20%28400-499%29%20%26%20%28100-299%29%20or%20%28300,%20A01-Z99%29%20or%20%28400-999%29>
- [5] United States Census Bureau – American Community Survey. (2018). Retrieved from <https://data.census.gov/cedsci/table?q=S0201%3A%20SELECTED%20POPULATION%20PROFILE%20IN%20THE%20UNITED%20STATES&hidePreview=true&tid=ACSSP1Y2018.S0201&t=060%20-%20Native%20Hawaiian%20and%20Other%20Pacific%20Islander%20alone%20or%20in%20combination%20with%20one%20or%20more%20other%20races%20%20%28500-599%29%20%26%20%28100-299%29%20or%20%28300,%20A01-Z99%29%20or%20%28400-999%29>



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Resources

1. Take the test: <https://implicit.harvard.edu/implicit/takeatest.html>
2. Cultural Formulation Interview
Doc-https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf
Resources:<http://www.multiculturalmentalhealth.ca/en/clinical-tools/cultural-formulation/>
3. Unequal Treatment free ebook:
<http://www.nationalacademies.org/hmd/Reports/2002/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care.aspx>



Additional Resources on Mental Health Care Disparities

APA healthcare

- <https://www.psychiatry.org/psychiatrists/cultural-competency/mental-health-disparities>

Mental Health America

- <http://www.mentalhealthamerica.net/issues/healthcare-disparities-among-racial-and-ethnic-minority-populations>,

Kaiser

- <https://www.kff.org/graphics/disparities-policy/>

Pew

- <http://www.pewresearch.org/>

WHO report- social determinants of Mental Health

- http://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf;jsessionid=613A04E6E617984BE262202CDFE75FFD?sequence



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