

Effective Treatment of Mental Health Issues in Underserved Populations

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Overview

- Mental health problems and illness is experienced by 1 in 5 Americans
 - Untreated leads to disability and despair for families, schools, communities and the workplace
- Stigma of mental illness is a major barrier to reaching treatment

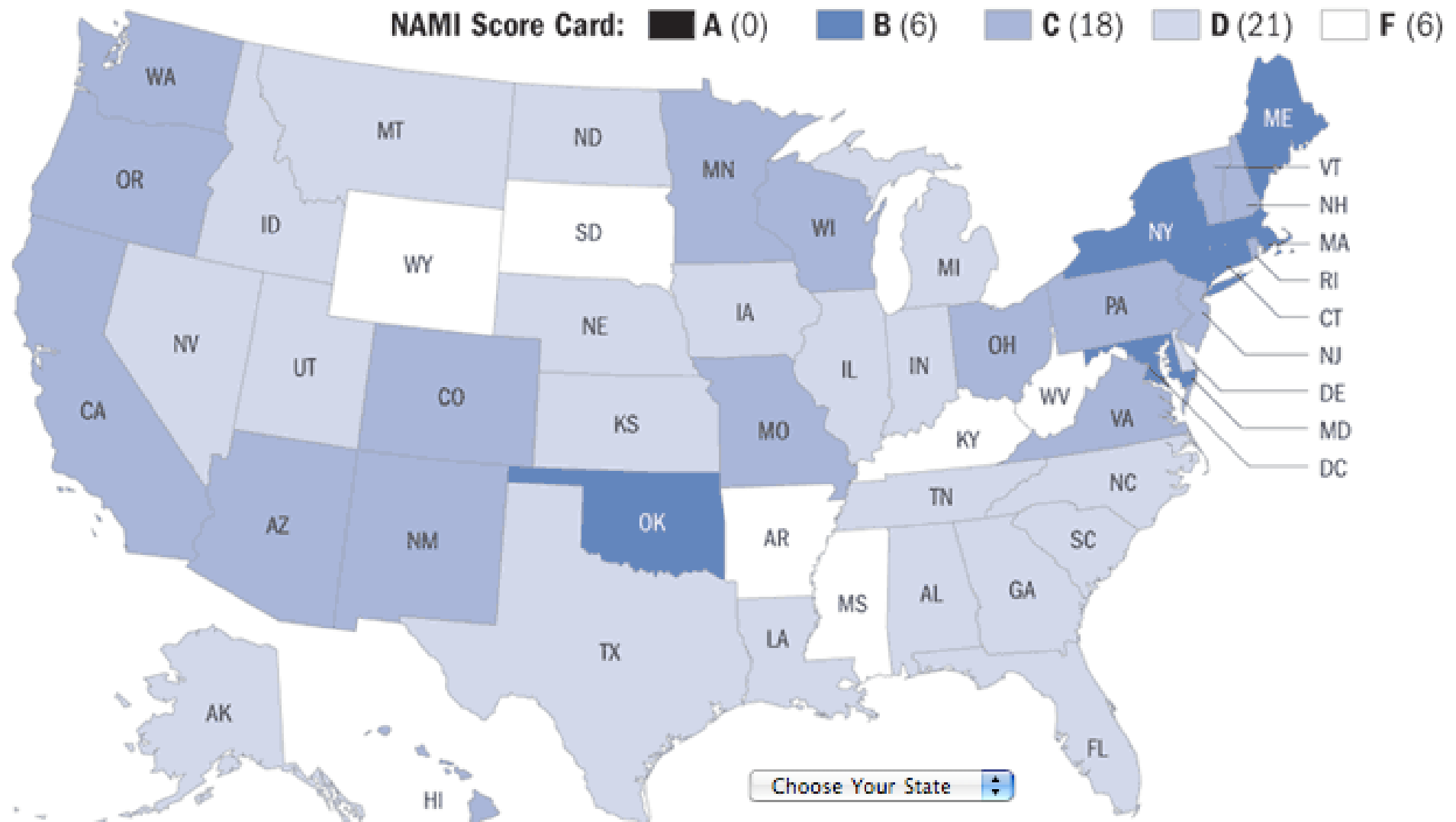
Rated the overall mental health care in United States in 2006 and 2009

United States Grade: D

Mental health care in America is in crisis. The nation's mental health care system gets a dismal D. As the nation confronts a severe economic crisis, demand for mental health services is increasing – but state budget cuts are creating a vicious cycle that is leaving some of our most vulnerable citizens behind. We must move forward, not retreat ... [more](#)



Click a state to view score card:



- U. S. Census Bureau identifies African Americans, American Indians and Alaskan Natives, Asian Americans, Native Hawaiian and other Pacific Islanders, and Hispanic Americans (Latino) as minorities



- Prevalence is 21% overall (= to Non Hispanic Whites)
 - For major mental disorders (e.g., schizophrenia, depression, bipolar disorder)
 - May present with somatic symptoms (abdominal pain, dizziness, chest pain, nausea vomiting, headaches, etc.)

- Crying attacks and uncontrollable screaming has been reported in Hispanics (“culture bound syndromes”)
- Does not apply to persons in “vulnerable, high-need subgroups” (e.g., homeless, incarcerated, institutionalized)
 - Minorities are overrepresented in these groups
- For racial and ethnic minorities, multiple health disparities exist

Incarceration disparity

Pennsylvania has the highest disparity between white and nonwhite incarceration rates* in the United States for 2000.

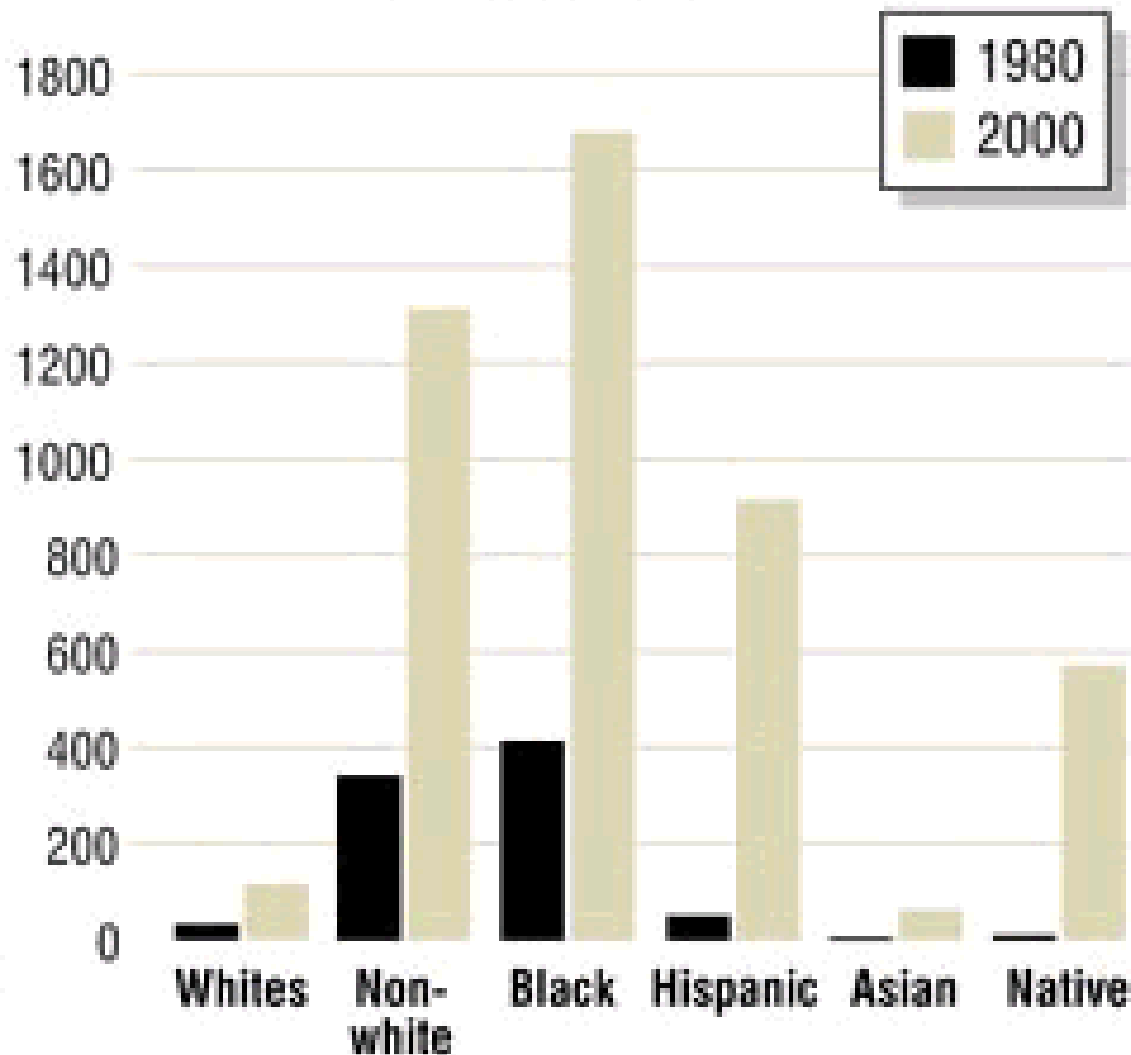
Top states

1. Pennsylvania
2. District of Columbia
3. Wisconsin
4. Connecticut
5. Minnesota
6. New Jersey
7. New York
8. Maryland
9. Illinois
10. Ohio

51. Hawaii

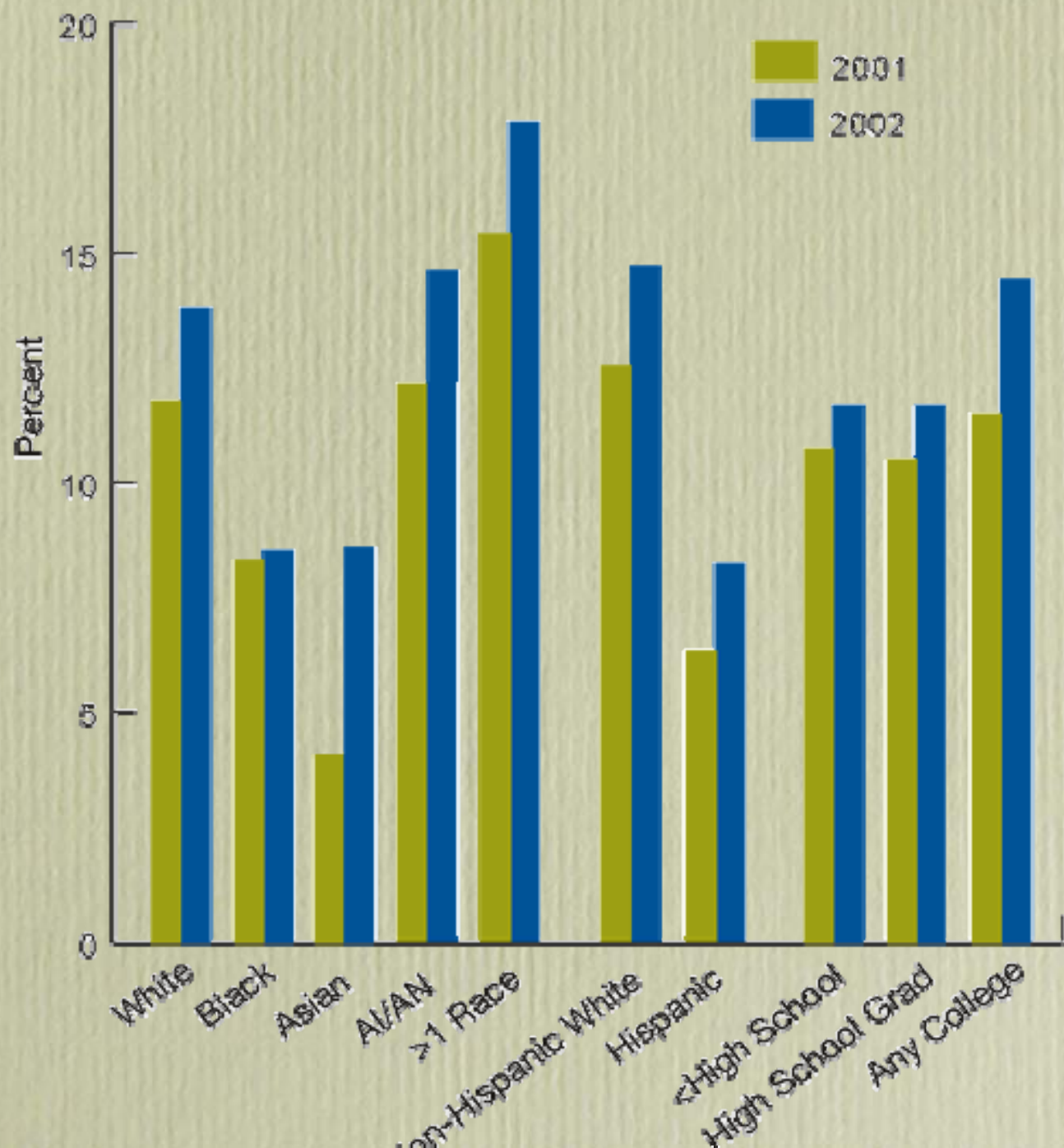
*Incarceration rates represent prisoners per 100,000 residents of each racial/ethnic group.

Pennsylvania's incarceration rates*

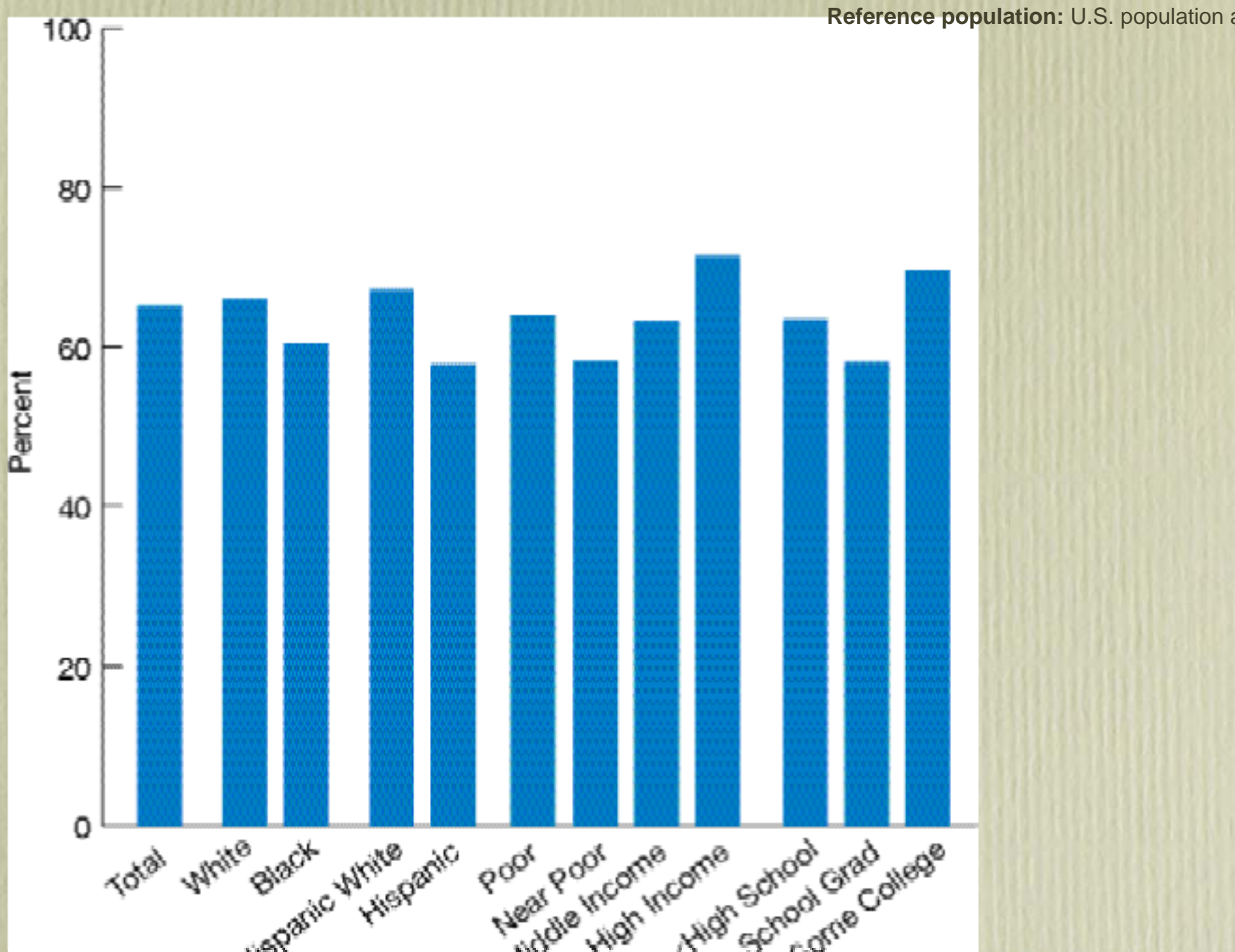


What are the identified disparities?

- Less access to and availability of services
- Less likely to receive needed services
- Those in treatment are most likely to receive poorer care
- Minorities are underrepresented in research



...st year by race, ethnicity, income, and education, 2003 and 2004



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search ID : shr0780

"I heard it's harmful for a person to keep his hostility bottled up, so I fired everybody."



**Multicultural Health Care:
A Quality Improvement Guide**



Barriers to Care

- Cost

- Impoverished are 2-3x more likely to have mental disorder
- Most measurable



- Fragmentation of services

- Lack of access

- Stigma

- Additional

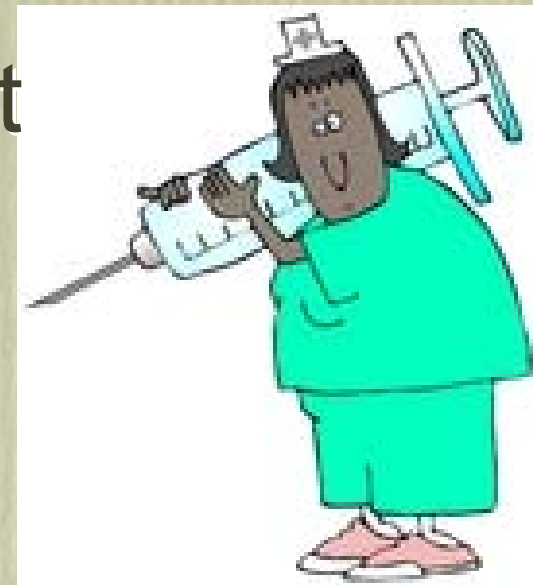
- Fear and mistrust of treatment

- Clinician bias/stereotyping

- Discrimination and racism (historical and present day)

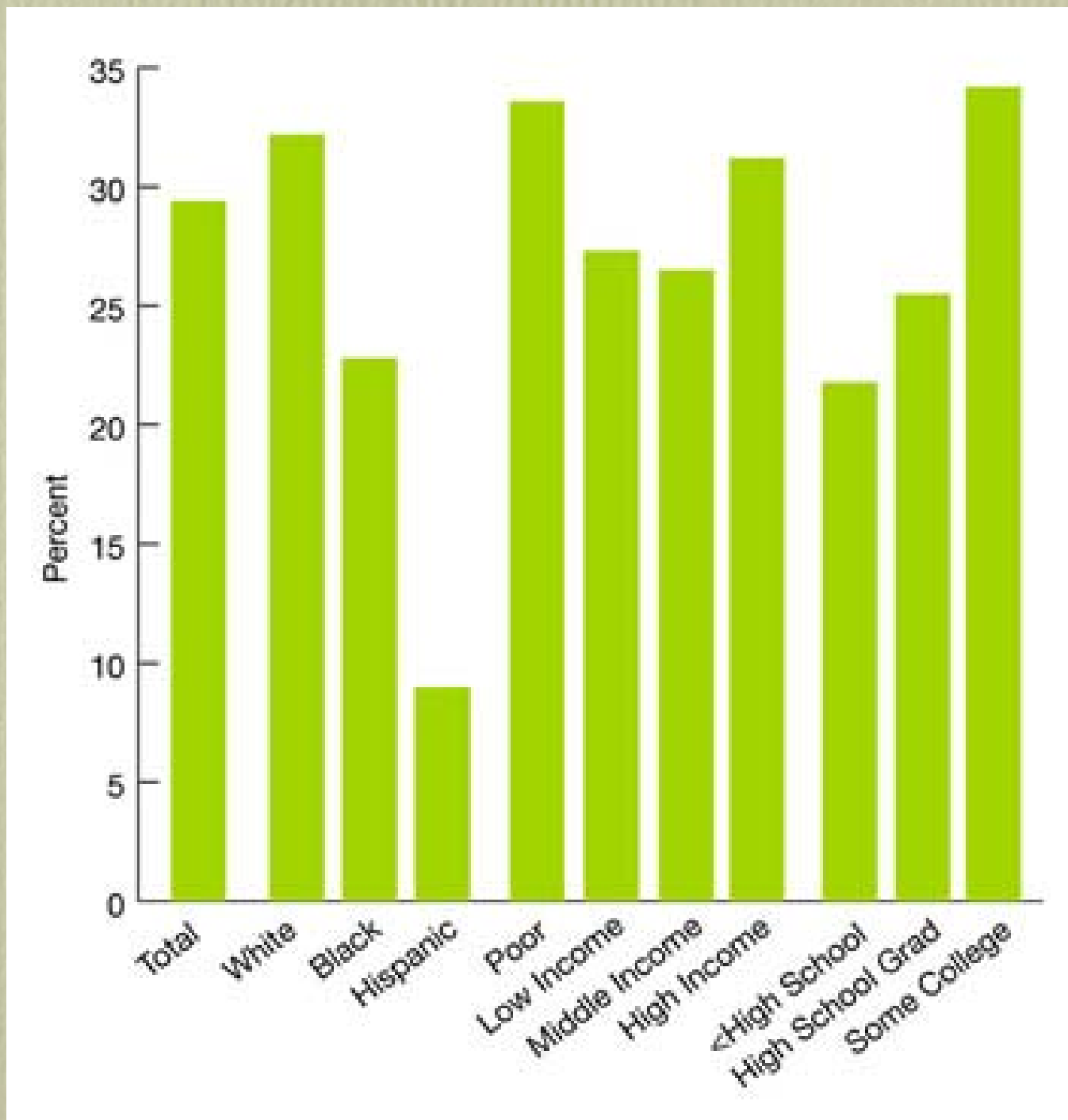
- Communication

- Language barrier

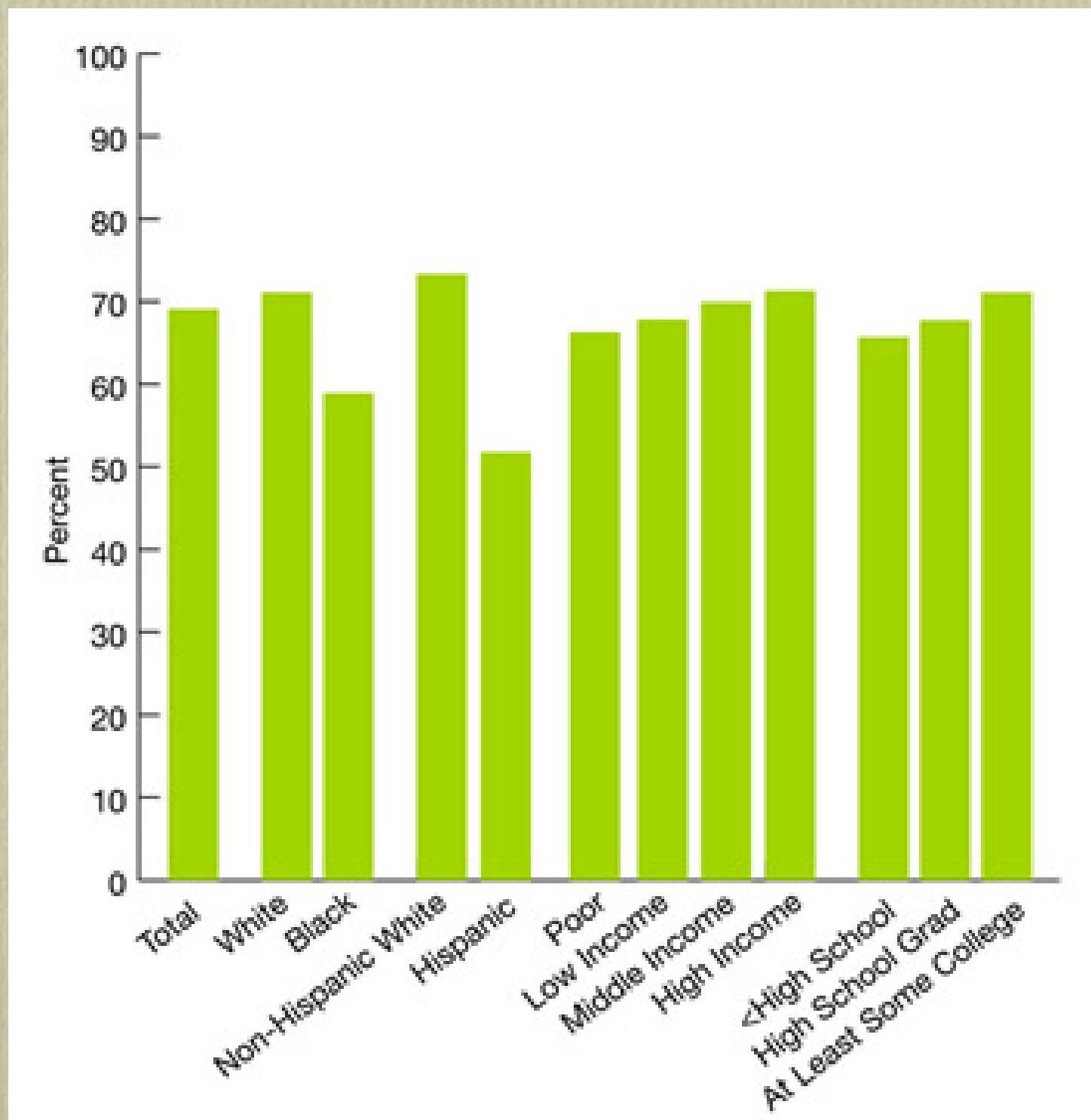




...ion, 2001-2003.



Education, 2006.



The Cost

- Imposes a greater burden on minorities due to receiving not only less care, but also care that is poor in quality
 - Greater levels of disability
 - Lost workdays
 - Daily activity limitations

- Burden is **GROWING** as the population grows
 - Inequality in income and economic opportunity
 - Greater exposure to racism and discrimination, poverty, and violence

- > 50 million (14.3%) African Americans by 2035
- 5 million (1.1%) American Indians/ Alaska Natives by 2065
- 37.6 million (9.3%) Asian Americans by 2050
- 132.8 million (30%) Hispanics (all races) by 2050
- 400,000 (0.1%) Native Hawaiian & Other Pacific Islanders currently (No projection)

Role of culture and society

- In general, **culture** is defined as *a common heritage or set of beliefs, norms, and values* (DHHS, 1999)
- Not limited to patients but **also applies to health professionals rendering treatment**
 - The achievements of Western medicine have become the cornerstone of medicine worldwide



- Sometimes our views are quite different from the patient's views especially if the cultural backgrounds are unalike
- Creates barriers to effective care



- Know that “**culture counts**”
 - Shapes our patients views on mental health and the type of care to pursue
 - Shapes clinicians and the system’s views in diagnosing, treating, and organizing and financing services



African Americans

- 1/4 are poor
 - Suicide death rate for men 5x that for women in 2005
- Need - rates of mental illness higher in “vulnerable high need” populations

- Access - reduced by jeopardized “safety net” providers
- Very few African American mental health specialists
- 25% uninsured

- Utilization - less likely to receive treatment
 - If help is sought usually through PCP and NOT a mental health specialist
- Quality - frequent errors in diagnosis of schizophrenia and mood disorders
 - Less likely to receive evidenced-based care according to treatment guidelines

American Indians and Alaska Natives

- >25% live in poverty (vs. 8% of non Hispanic whites)
- Need - research limited due to small size of population
 - Affects mostly youth and young adults
 - Violent deaths make up 75% of all mortality in 20 year olds



Photo by Mike Affleck, Alaska Division
of Tourism

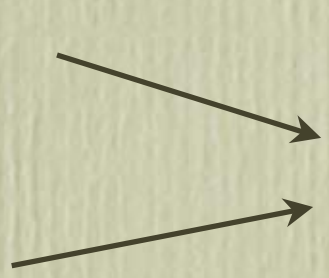
“Loss of hunting and fishing grounds
may be among reasons for mental
health disparities in the Arctic ”

- Suicide rate 50% higher than national rate
- Homeless, incarcerated, and trauma victims
- Access - severely limited
 - Rural and isolated communities
 - 20% are uninsured (vs. 14% of non Hispanic whites)

- Utilization - research lacking

- traditional healing

- spirituality figure



**Complements
Western
medicine**

- Quality - not examined yet



Asian Americans and Pacific Islanders

- Rapidly growing population
 - 2001 - 60% born overseas
 - Most Pacific Islanders not immigrants
- Per capita income almost as high as non Hispanic whites
 - Overall poverty rates much higher than national average

- Diverse population poses challenge to research group
- Need - overall prevalence not significantly different from other Americans
 - Not “mentally healthier”
 - Women > 65 with the highest rate of suicide in the U. S.



- Risk factors include pre-immigration harsh social conditions which cause trauma

- Southeast Asian refugees - PTSD

- About 50% have limited English proficiency and/ or lack bilingual providers

- Access - ~ 21% have no insurance

- Lower rate of public health insurance or Medicaid (compared to whites in same

- Quality - lower rates of use
 - Delay using services until condition very serious
 - Cultural stigmas
- Limited evidence of outcomes
 - Study metabolism of drugs (may differ in some individuals)



He had bottled up his feelings over many years.

Hispanic Americans

- Fastest and largest growing minority group in the U. S.
- Per capita income is the lowest of all the minority groups
- Great diversity
- 27% of Mexican Americans and 14% of Cuban Americans live in poverty





- Resilience and coping styles promote mental health
- Need - overall rates similar to non Hispanic Whites but with wide variation
 - Men are 5x more likely to die from suicide than women
 - U. S. born Hispanics with highest rates
 - Immigrants born in Mexico or living in Puerto Rico with lowest rates

- Youth at increased risk of depression, anxiety, suicidal ideations and suicide attempts
- Access - limited
 - 4 in 10 (40%) in 1990 with poor English
 - Limited number of providers identified selves as Hispanic or Spanish speaking
 - Least likely to have any type of health insurance

- 37% have no insurance (2x that for non Hispanic whites)
- Quality - less likely to get care and if it is sought, more likely to go to their PCP than a specialist
 - 2005 - non Hispanic Whites received treatment 3x more often
 - Appropriateness of service is unknown due to limited research

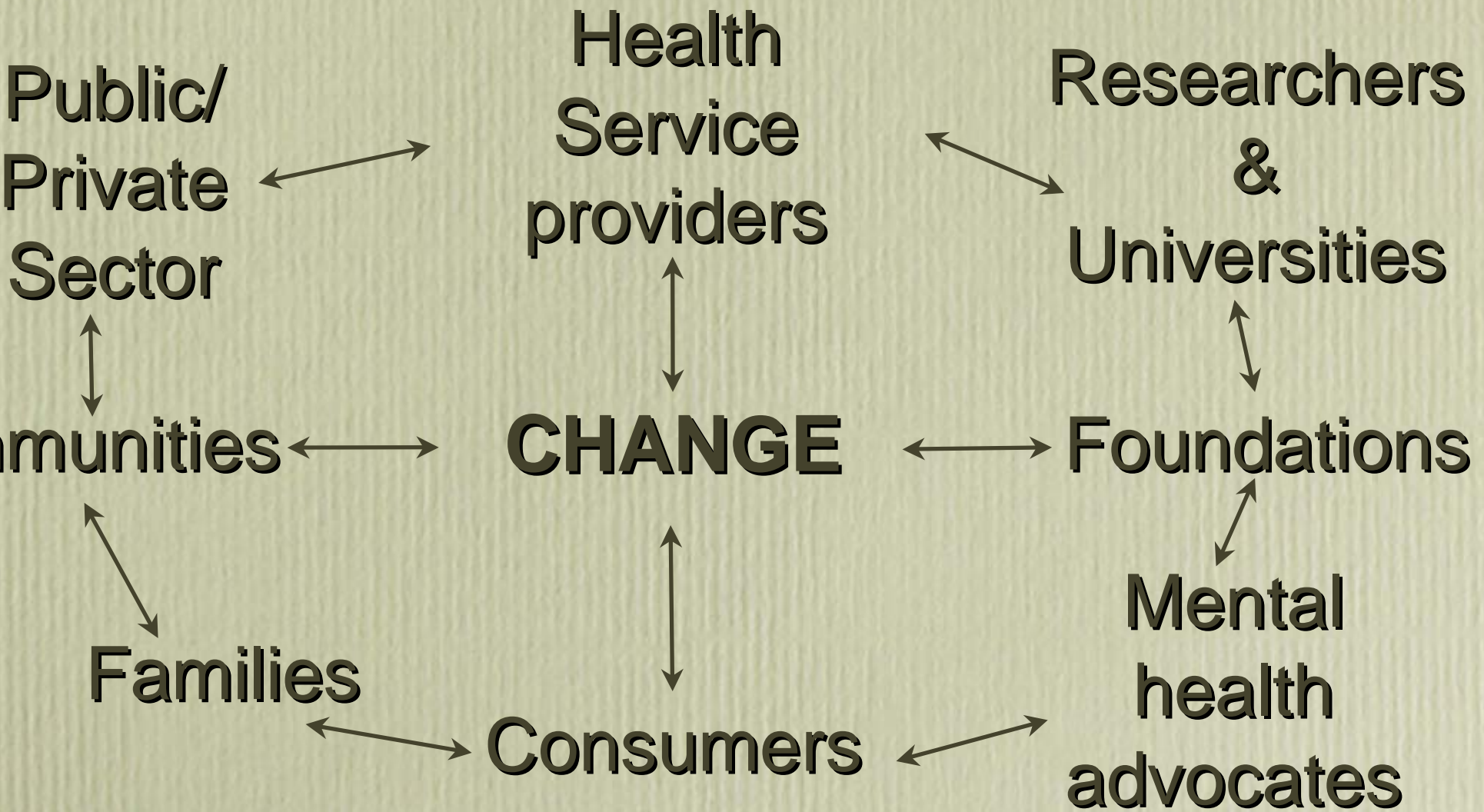
- Can benefit from treatment
 - Less likely to receive care based on professional treatment guidelines in the clinical setting

Looking into the Future



- To eliminate or reduce mental health disparities
 - requires a **COMMITMENT** to change the systems of mental health

Looking into the Future



Expand research

- a knowledge gap exists



- Improve access

- Vulnerable high need populations

- 1964 Civil Rights Act

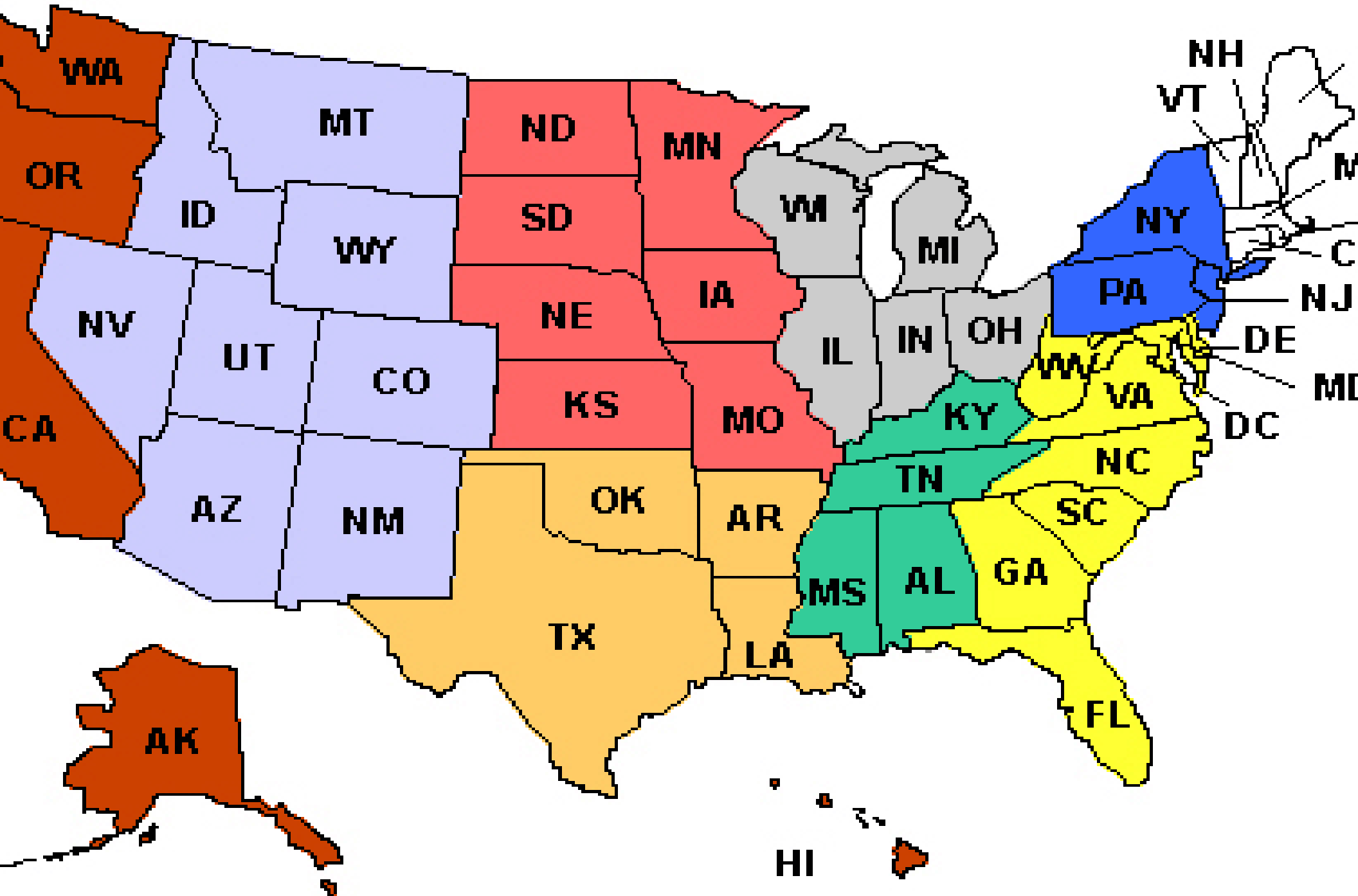
- Dismantle barriers

- Stigma and cost

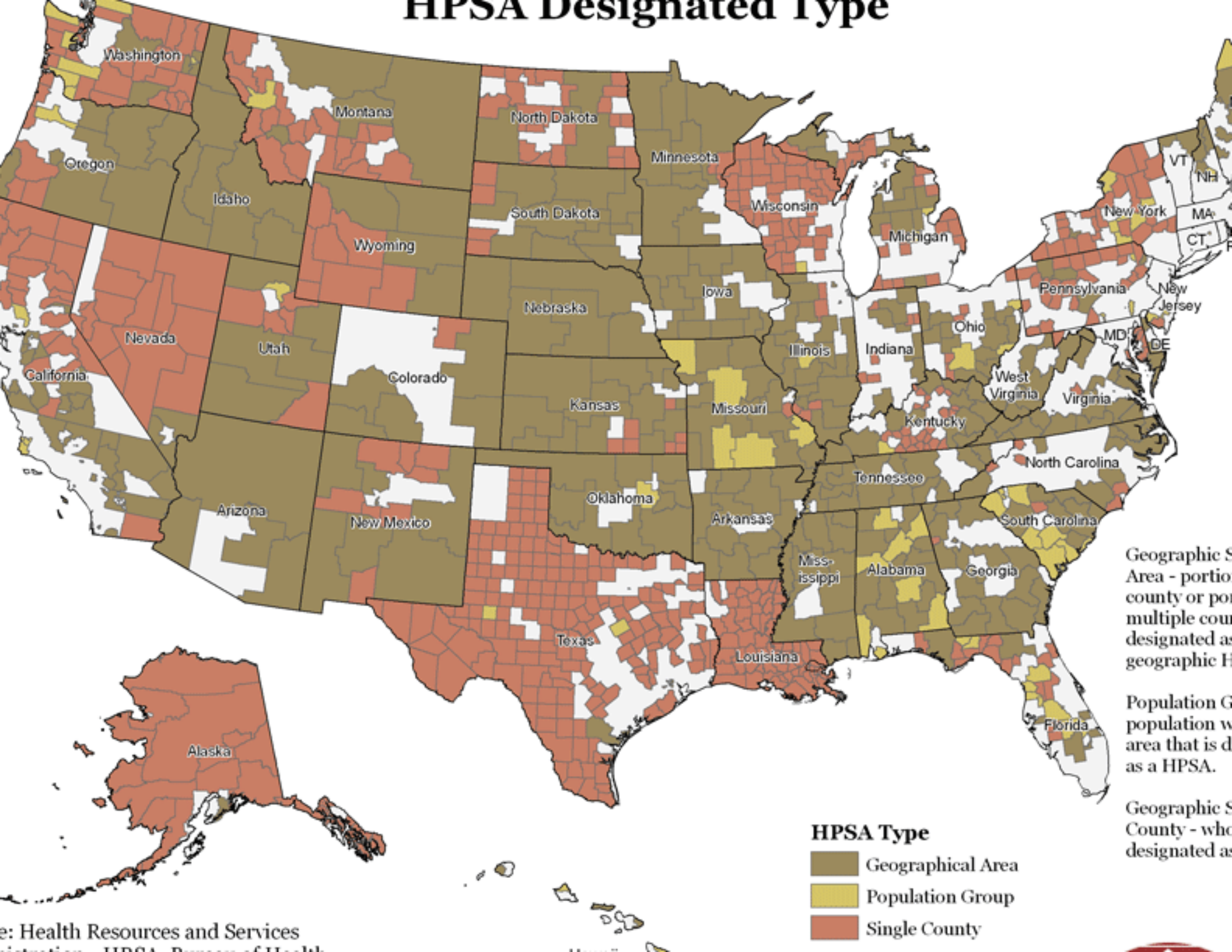
- Increase quality
 - Provide individualized treatment plans
 - Build trust and rapport
- Support development
 - Racial and ethnic minority researchers, administrators, policy makers, etc.
 - Community leaders

- Promote awareness and prevention
 - Reduce poverty, violence, discrimination, etc.
 - Build upon community strengths
 - Strengthen the family

2008 State Snapshots



HPSA Designated Type



Geographic S
Area - portio
county or port
multiple coun
designated as
geographic H

Population G
population w
area that is d
as a HPSA.

Geographic S
County - who
designated as

- HPSA Type**
- Geographical Area
 - Population Group
 - Single County



Medical Care					
an office or outpatient visit in iii	↓	↓ iii	↓		↓
a prescription medication in iii	↓	↓ iii	=		↓
a dental visit in the past year ⁱⁱⁱ	↓	↓ iii	↓		↓
an emergency room visit in iii	↑	↓ iii	↑		↓
an inpatient discharge in the	=	↓ iii	=		↓
visits per 100 population ^{iv}	↓	= iv	↓		
department visits per 100	↑	↓ iv	↓		
hospitalizations per 100 population ^v	↑				
Nursing Home and Home Health Care ^{vi}					
beneficiaries 65 and over with covered home health care	↑ vi	↓ vi			↑
beneficiaries under 65 with covered home health care	↓ vi				=
beneficiaries 65 and over with the care in the past year	= vi				↓
beneficiaries under 65 with the care in the past year	↓ vi				
Hospital Admissions ^{vii}					
for hypertension per 100,000 8 and older	↑ vii	= vii			↑
for angina per 100,000 8 and older	↑ vii	↓ vii			=
for chronic obstructive disease per 100,000 population	= vii	↓ vii			↓

Mental Health Care and Substance Abuse Treatment^{III}

received mental health or counseling in the past year	↓	↓		=	=	↓
received outpatient mental treatment or counseling	↓	=		=	=	↓
received prescription drugs for mental health treatment	↓	↓		=	=	↓
received inpatient mental treatment or counseling	↑					=
serious mental illness who received mental health treatment or counseling	↓					↓
12 and older who received treatment for alcohol abuse treatment in the past year	↑				=	=
12 and older who needed treatment for illicit drug use and who received such treatment in the past year	=					=
Diagnosed cases for HIV per 10,000 population	↑					
Patients with 4 or more ambulatory care visits in the past year ^V	↓ ^v	= ^v		=		↑
Patients with CD4 <50 with 4 or more ambulatory care visits in the past year ^V	= ^v					=
Patients with an inpatient hospitalization in the past year ^V	↑ ^v	= ^v		=		↑
Patients with CD4 <50 with an inpatient hospitalization in the past year ^V	= ^v					=

with whites.
 with non-Hispanic whites.
 Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2002.
 National Center for Health Statistics, National Hospital Discharge Survey, 2001. This source did not collect information
 separately. Missing rates preclude analysis by ethnicity.

	<100%	100-199%	200-399%	<HS	HS Grad	Unins
Medical Care^{iv}						
an office or outpatient visit in the	↓	↓	↓	↓	↓	↓
a prescription medication in the	↓	↓	↓	↓	=	↓
a dental visit in the past year	↓	↓	↓	↓	↓	↓
an emergency room visit in the	↑	↑	↑	↑	↑	=
an inpatient discharge in the past	↑	↑	↑	↑	↑	↓
Home and Home Health Care^v						
beneficiaries 65 and over with covered home health care	↑	↑	=			
beneficiaries 65 and over with home care in past year	↑	↑	=			
Health Care and Substance Abuse Treatment^{vi}						
received mental health treatment in the past year				↓	↓	
received outpatient mental health or counseling				↓	↓	
received prescription medications for mental health treatment				↓	↓	
received inpatient mental health or counseling				↑	↑	
with serious mental illness who received mental health treatment or counseling				↓	↓	
12 and older who received illicit drug or alcohol abuse treatment in the past				↑	↑	
12 and older who needed treatment for illicit drug use and who received such treatment in the past year				↑	↑	

^{iv}with persons with family incomes 400% of Federal poverty threshold or above.

^vwith persons with any college education.

^{vi}with persons under 65 with any private health insurance.

Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2001.

Summary

- “culture counts” when diagnosing and managing disorders in minority patients
- Tailor treatments to age, gender, race, ethnicity, and culture
- To improve care, we must change the delivery system of mental health

References

- www.surgeongeneral.gov/library/mentalhealth/cre/execsummary-6.html
 - Mental Health: Culture, Race, and Ethnicity
- www.cdc.gov/omhd/default.htm
- www.omhrc.gov
- CNN.com/health
- Satcher, David, MD, PhD. U.S. Department of Health and Human Services. *Mental Health: A report of the Surgeon General*. Rockville, MD.1999
- www.racematters.org

Case 1

- 36 yo American Indian male presents for routine office visit. He has a diagnosed history of depression, panic disorder, post traumatic stress disorder and cluster headaches. He takes antidepressants, antipsychotics and also chronic narcotics for multiple back injuries including a vertebral compression fracture. He tells you that he has been bleaching his skin because he is unhappy with his appearance. He does not trust psychiatrists.

Case 1 (cont.)

- Later, you discover that he has been taking increasing amounts of narcotics, smoking marijuana and verbally abusing his wife. She feels uncomfortable- he has been forcing her to open the safe so that he may get more medicine. He threatens to commit suicide. He went to the local psych intake center but was turned away.
 - Now what?

Case 2

- 70 yo African American male who is in good health presents for a routine visit. He has lost 10 lbs in 3 months. You are concerned about his weight loss but he has no complaints and his exam is normal.
 - What is the next step?

Case 2 (cont.)

- While talking with him, you learn that his wife expired about 1 month ago after a short battle with lung cancer. He is having a difficult time eating and sleeping. He does not like to go to work as they worked the same shift as security guards. He has no desire to do anything.
 - How would you treat him?

Questions?



Thank you!