



# Approach to Mental Health Issues

In Minority Populations

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# Disclosure Statement

- ▶ Reports no commercial interest
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# Topics



- ▶ 1. Historical Timeline of the Development of Concepts of Psychological Trauma – (Courtesy: J.D. Bremner, MD)
- ▶ 2. Trauma and Early Life Stress (Charles F. Gillespie)
- ▶ 3. Psychobiology of Stress and Fear
- ▶ 4. Impact of Early Life Stress on Minority population
- ▶ 5. Limited Access to Mental and its Impact.
- ▶ 6. Mental Health Disparities: Diverse Populations
- ▶ 7. [Mental Health Facts for African Americans](#)
- ▶ 8. [Mental Health Facts for Hispanics and Latinos/as](#)
- ▶ 9. Conclusion
- ▶ 10. Questions



## Historical Timeline of the Development of Concepts of Psychological Trauma –(Courtesy: J.D. Bremner, MD)

- ▶ 1850-1870 Lancet-Railway injury without physical trauma(UK)-confusion, amnesia, paralysis Da Costa,s syndrome (US)-left sided chest pain, cardiovascular symptoms such as palpitations, SOB due to stress and exertion
- ▶ 1880-1910 Charcot(France)-Traumatic hysteria
- ▶ H. Oppenheim (Germany)-Traumatic neurosis
- ▶ Freud studies in hysteria-developed seduction theory
- ▶ UK-Shell shock mental symptoms from impact of shell



## Historical Timeline of the Development of Concepts of Psychological Trauma –(Courtesy: J.D. Bremner, MD)

- Freud-Combat hysteria-repressed wish to run from battlefield, Europe-Traumatic neurosis
- 1930-1940 Rise of psychoanalysis in the US emphasis on fantasy over reality
- 1950 Rise of biological psychiatry in US, physical role plays imports part in emotional trauma and emotional trauma can result into physical symptoms.
- 1970-1990 DSM III Biological research in PTSD mostly among Veterans and childhood sexual trauma



# Trauma and Early Life Stress





# Types of Trauma Exposure

- Military combat
- Violent personal assault (rape, physical attack, gun violence, robbery, mugging)
- Torture/kidnapped/taken hostage
- Terrorist attack
- Natural/manmade disasters
- Severe automobile accidents-most common cause in general population
- Note: Disorder appears to be more severe when the stressor is of human design (e.g. torture and rape)



# Early life stress (ELS)

- Abuse, Trauma, Illness-excess of aversive stimulation
- Neglect-deficit of stimulation
- Examples:
  - Child Abuse-emotional, physical and sexual
  - Child Neglect (Nutritional, physical, emotional and educational) and Abandonment



# Early life stress (ELS)

- Witness to parent or other violence
  - Traumatic injury-burns and conditions requiring multiple surgeries; and multiple dressing changes.
  - Severe illness such as leukemia, sickle cell disease, and cystic fibrosis
  - Death of parent
  - Homelessness and Dislocation
- 



# Early Life Stress and Clinical Outcomes: Major Epidemiologic Studies

- **Lissau et al** (1994)-parental neglect during childhood is associated with elevated risk of obesity during childhood.
- **McCauley et al** (1997)-Childhood physical or sexual abuse is associated with adult health problems including physical symptoms, psychological, and substance abuse
- **Smith et al** (1898)-Exposure to poverty during childhood elevated risk of disease in adulthood
- **Dietz et al** (1999)-Exposure to poverty or household dysfunction elevates risk of unintended pregnancy xxx



# Early Life Stress and Clinical Outcomes: Major Epidemiologic Studies

- **Dube et al (2001)**-Graded relationship between emotional/physical/sexual abuse and risk of attempted suicide across life span; Alcoholism, depression, and illicit drug use.
- **Gledstone et al (2004)**-Increased rate of physical/emotional abuse and parental conflict in homes of women with childhood sexual abuse history.
- **Dong et al (2004), Caspi et al (2006)**-increased rates of ischemic heart disease associated with child abuse



# Early Life Stress and Clinical Outcomes: Major Epidemiologic Studies

- ▶ **Thomas et al (2008)**-Increased risk for obesity and type II DM in individuals with a history of stressful childhood and or child abuse
- ▶ **Roy et al (2010)**-Trauma exposure increases risk of cardiovascular disease in adults with history of type I DM
- ▶ **Scott et al (2011)**-Childhood adversity and psychiatric illness predict adult medical complications



# Early Life Stress: Key Concepts in Developmental Psychobiology (Charles F. Gillespie)

## **Neuroplasticity**-Structural and functional

- Critical periods
  - Finite period of time during development at which input from the environment plays an essential role in the development of a function or structure
  - **Brain and Environment Interactions**
  - Normal brain development is contingent on expectant input from the environment.
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# Stress, Homeostasis, and Allostasis

- **Homeostasis** (Greek: Homeo-same and Stasis-stability)
  - Homeostatic process help return physiological changes in activated state brought about by environmental challenge to baseline values.
  - **Allostasis** (Greek: Allo-variable and Stasis-stability)
  - Sterling and Eyer (1988) introduced this concept
  - Allostasis describe how multiple physiological systems shift to adapt to challenge over intermediate-long term as oppose to short term
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➤ **Allostatic overload** -cumulative cost to the body of allostasis

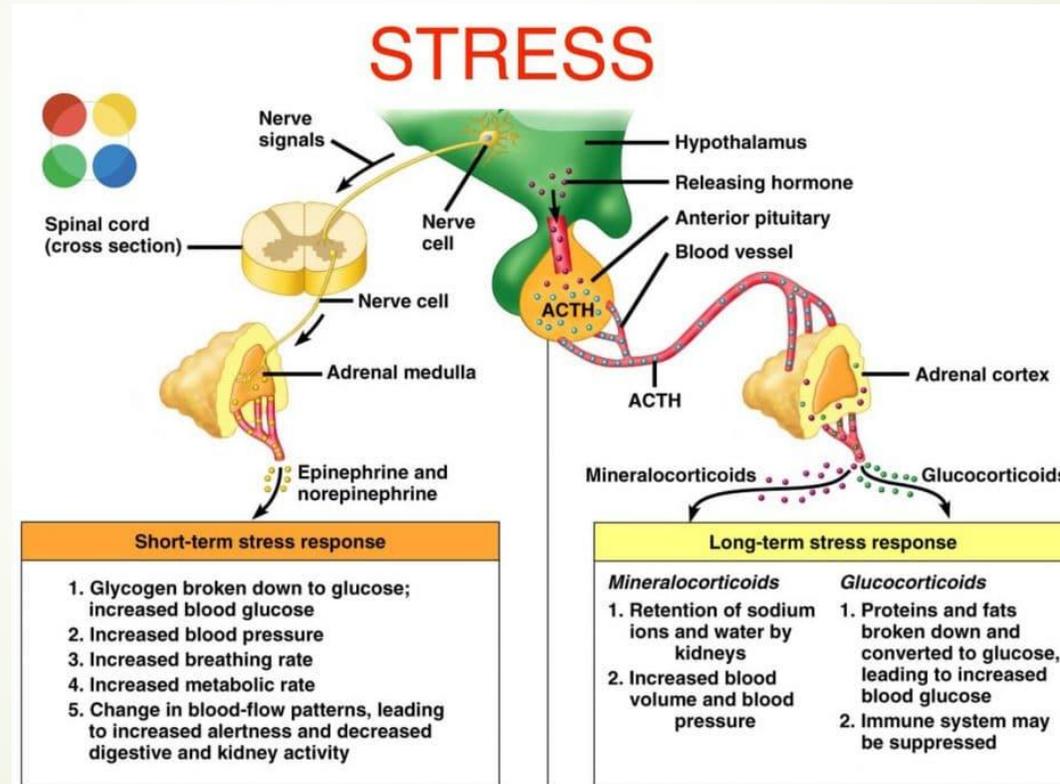
➤ **Allostatic overload**

**Type I**-Energy demand exceeds energy supply leading to resource reallocation by organism to avoid death

**Type II** -Energy supply may be adequate, or even excessive but social stressors lead to chronic release of stress hormones and inflammatory mediators leading to pathology

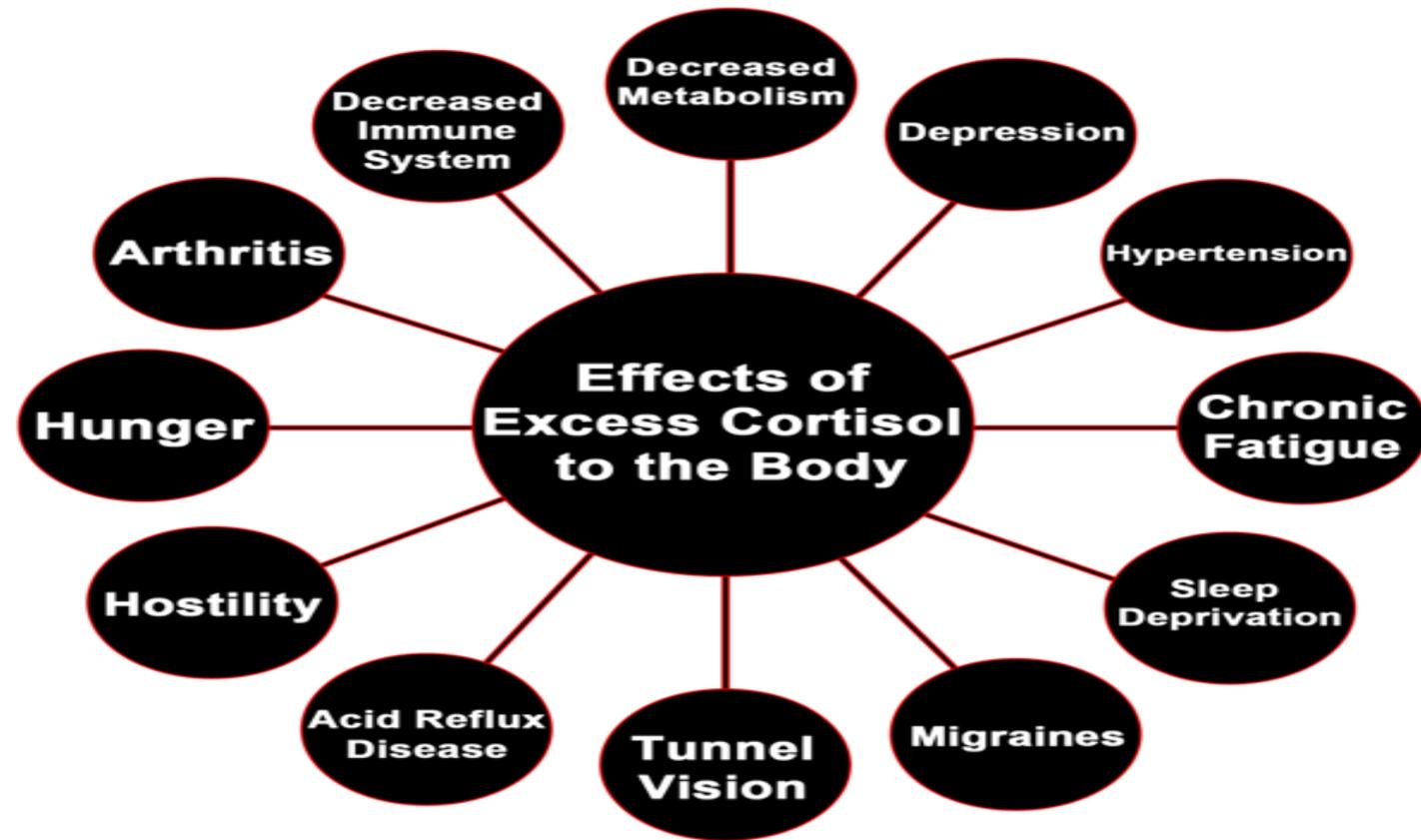
# Stress:

Hohttpstrulyheal.comchronic-stress...



# The Stress Hormone:

<http://httpstrulyheal.com/chronic-stress>



**Cortisol - The Stress Hormone**

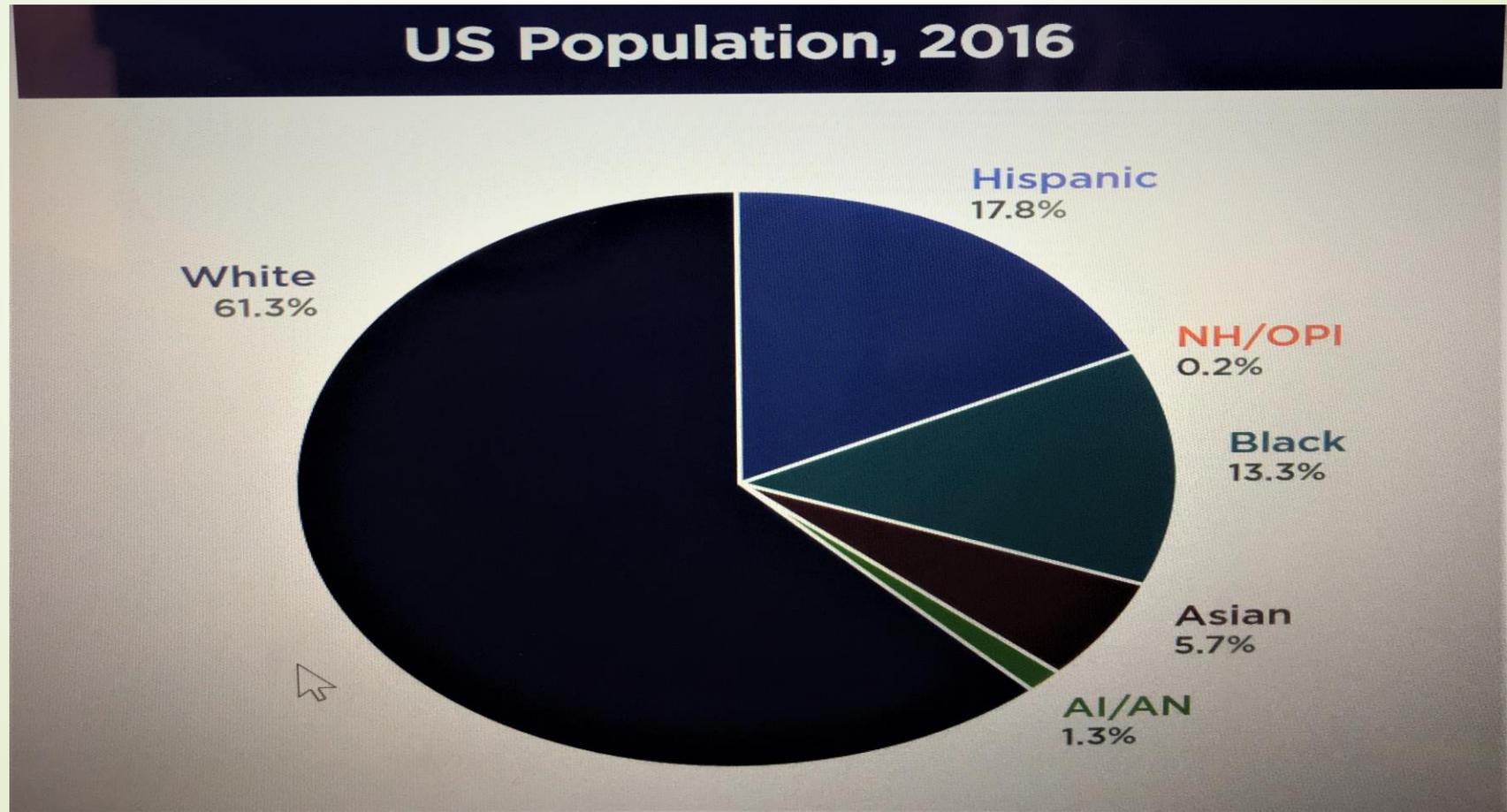


# Mental Health Disparities: Diverse Populations



# Mental Health in U.S.

Source: US Census. Quick Facts: Population Estimates 2016. [www.psychiatry.org/psychiatrists/practice/professional-interests/disasterand-trauma](http://www.psychiatry.org/psychiatrists/practice/professional-interests/disasterand-trauma) (Notes: AI/AN – American Indian/Alaska Native, NH/OPI – Native Hawaiian/Other Pacific Islander)





# Mental Health in U.S

- Approximately 18% of US adults have a diagnosable mental disorder in a given year, and approximately 4% of adults have a serious mental illness.
  - Mental and behavioral disorders are among the leading causes of disability in the U.S., accounting for 13.6% of all years of life lost to disability and premature death.
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# Mental Health in U.S

- Mental disorders are among the topmost costly health conditions for adults 18 to 64 in the U.S., along with cancer and trauma-related disorders.
- An estimated 43% of people with any mental illness receive mental health treatment/ counseling.

[www.psychiatry.org](http://www.psychiatry.org)



# Increasingly Diverse Population

- ▶ The U.S. population is continuing to become more diverse. By 2044, more than half of all Americans are projected to belong to a minority group (any group other than non-Hispanic White alone)
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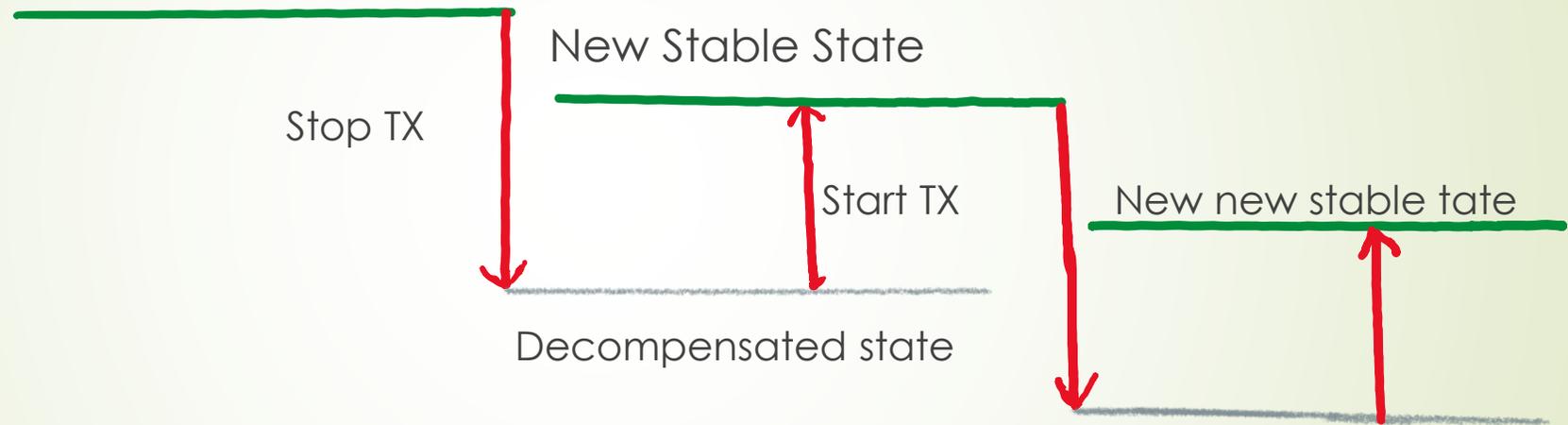
# Mental Health, Diverse Populations and Disparities

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- Most racial/ethnic minority groups overall have similar—or in some cases, fewer—mental disorders than whites. However, the consequences of mental illness in minorities may be long lasting.
  - Ethnic/racial minorities often bear a disproportionately high burden of disability resulting from mental disorders.
- 

# Stepwise decline in Psychotic Patients

- Original stable state with TX.



Eventually patient will end up  
state hospital



# Mental Health, Diverse Populations and Disparities

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- Although rates of depression are lower in blacks (24.6%) and Hispanics (19.6%) than in whites (34.7%), depression in blacks and Hispanics is likely to be more persistent.
- People who identify as being two or more races (24.9%) are most likely to report any mental illness within the past year than any other race/ethnic group, followed by American Indian/Alaska Natives (22.7%), white (19%), and black (16.8%).



# Mental Health, Diverse Populations and Disparities

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- American Indians/Alaskan Natives report higher rates of posttraumatic stress disorder and alcohol dependence than any other ethnic/ racial group.
  - White Americans are more likely to die by suicide than people of other ethnic/racial groups.
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# Mental Health, Diverse Populations and Disparities

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- Mental health problems are common among people in the criminal justice system, which has a disproportionate representation of racial/ethnic minorities. Approximately 50% to 75% of youth in the juvenile justice system meet criteria for a mental health disorder.



# Mental Health, Diverse Populations and Disparities

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- Racial/ethnic minority youth with behavioral health issues are more readily referred to the juvenile justice system than to specialty primary care, compared with white youth.
  - Minorities are also more likely to end up in the juvenile justice system due to harsh disciplinary suspension and expulsion practices in schools.
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# Mental Health, Diverse Populations and Disparities

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- ▶ Lack of cultural understanding by health care providers may contribute to underdiagnosis and/or misdiagnosis of mental illness in people from racially/ethnically diverse populations.
- ▶ Factors that contribute to these kinds of misdiagnoses include language differences between patient and provider, stigma of mental illness among minority groups, and cultural presentation of symptoms.



# Disparities in Mental Health Service Use

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- People from racial/ethnic minority groups are less likely to receive mental health care.
- For example, in 2015, among adults with any mental illness, 48% of whites received mental health services, compared with 31% of blacks and Hispanics, and 22% of Asians.



# Disparities in Mental Health Service Use

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- ▶ There are differences in the types of services (outpatient, prescription, inpatient) used more frequently by people of different ethnic/racial groups.
  - ▶ Adults identifying as two or more races, whites, and American Indian/Alaska Natives were more likely to receive outpatient mental health services and more likely to use prescription psychiatric medication than other racial/ethnic groups
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# Disparities in Mental Health Service Use

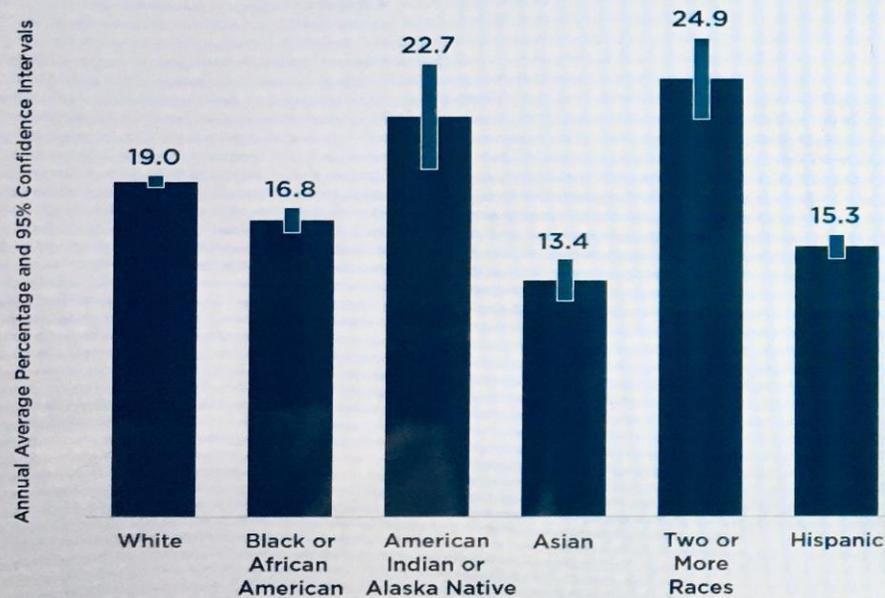
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- Inpatient mental health services were used more frequently by black adults and those reporting two or more races. Asians are less likely to use mental health services than any other race/ ethnic group.
  - Among all racial/ethnic groups, except American Indian/Alaska Native, women are much more likely to receive mental health services than men
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# Mental Health, Diverse Populations and Disparities

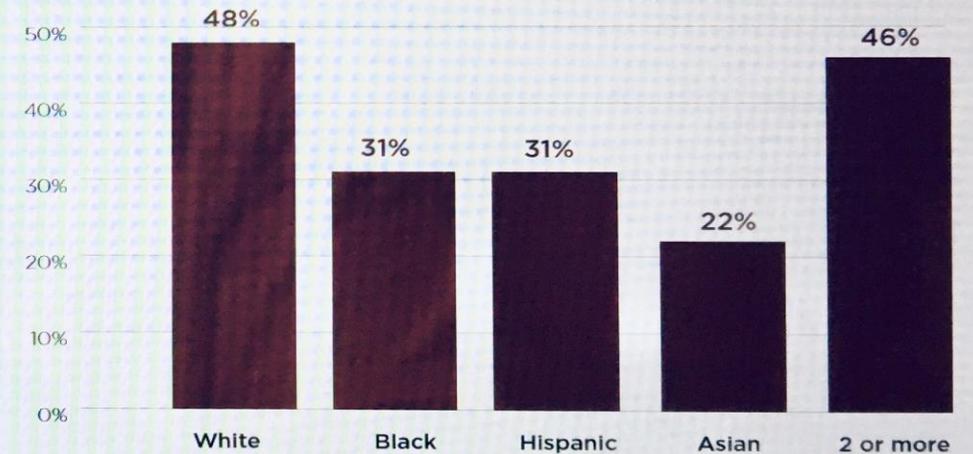
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### Any Mental Illness in the Past Year among Adults, by Race/Ethnicity, 2008-2012



Source: Substance Abuse and Mental Health Service Administration, Racial/Ethnic Differences in Mental Health Service Use among Adults, 2015

### Among People with Any Mental Illness, Percent Receiving Services, 2015



Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2008-2015.



# Barriers to Care

**Factors affecting access to treatment by members of diverse ethnic/racial groups may include:**

- Lack of insurance, underinsurance
- Mental illness stigma, often greater among minority populations
- Lack of diversity among mental health care providers
- Lack of culturally competent providers



# Barriers to Care

- Language barriers
  - Distrust in the health care system
  - Inadequate support for mental health service in safety net settings (uninsured, Medicaid, Health Insurance Coverage other vulnerable patients)
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To learn about best practices for treating diverse populations and to get answers to your questions by leading psychiatrists, please visit APA's Cultural Competency webpage at <https://www.psychiatry.org/psychiatrists/cultural-competency>

- 1 National Institute of Mental Health. Any Mental Illness Among US Adults. [www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-among-us-adults.shtml](http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-among-us-adults.shtml)
- 2 NIMH. U.S. Leading Categories of Diseases/Disorders. [www.nimh.nih.gov/health/statistics/disability/us-leading-categories-of-diseases-disorders.shtml](http://www.nimh.nih.gov/health/statistics/disability/us-leading-categories-of-diseases-disorders.shtml)
- 3 Agency for Healthcare Research and Quality. Statistical Brief # 471 Top Five Most Costly Conditions among Adults Age 18 and Older, 2012: Estimates for the U.S. Civilian Noninstitutionalized Population, April 2015.
- 4 Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. 2016.
- 5 US Census. Projections of the Size and Composition of the US Population: 2014 to 2060. Current Population Reports. By Colby, SL and Ortman, JM. 2015.
- 6 Budhwani H, Hearld K, and Chavez-Yenter D. Depression in Racial and Ethnic Minorities: the Impact of Nativity and Discrimination. *Racial Ethn Health Disparities*. 2015. 2(1):34-42. 7
- 7 Underwood, LA and Washington, A. Mental Illness and Juvenile Offenders. *Int J Environ Res Public Health*. 2016 Feb; 13(2): 228.
- 8 Substance Abuse and Mental Health Services Administration. Emerging Issues in Behavioral Health and the Criminal Justice System.
- 9 Agency for Healthcare Research and Quality. 2015 National Healthcare Quality and Disparities Report. 2016
- 10 Substance Abuse and Mental Health Services Administration. Racial/Ethnic Differences in Mental Health Service Use among Adults. 2015.

This resource was prepared by the Division of Diversity and Health Equity and Division of Communications, and reviewed by the Council on Minority Mental Health and Health Disparities.



# Mental Health Disparities: African Americans

2017 | [psychiatry.org](http://psychiatry.org)





# African American Population

- African Americans make up 13.3% of the US population.
  - African American communities across the US are culturally diverse, with immigrants from African nations, the Caribbean, Central America, and other countries.
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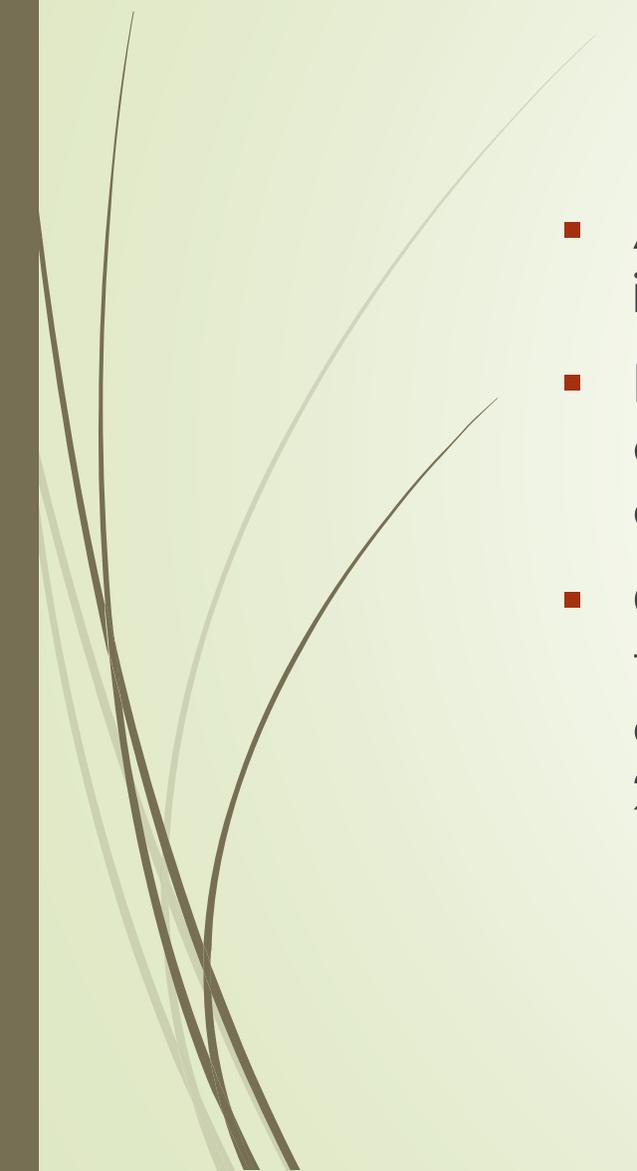


# African American Population

- About 27% of African Americans live below the poverty level compared to about 10.8% of non-Hispanic whites.
- Approximately 30% of African American households are headed by a woman with no husband present, compared with about 9% of white households.

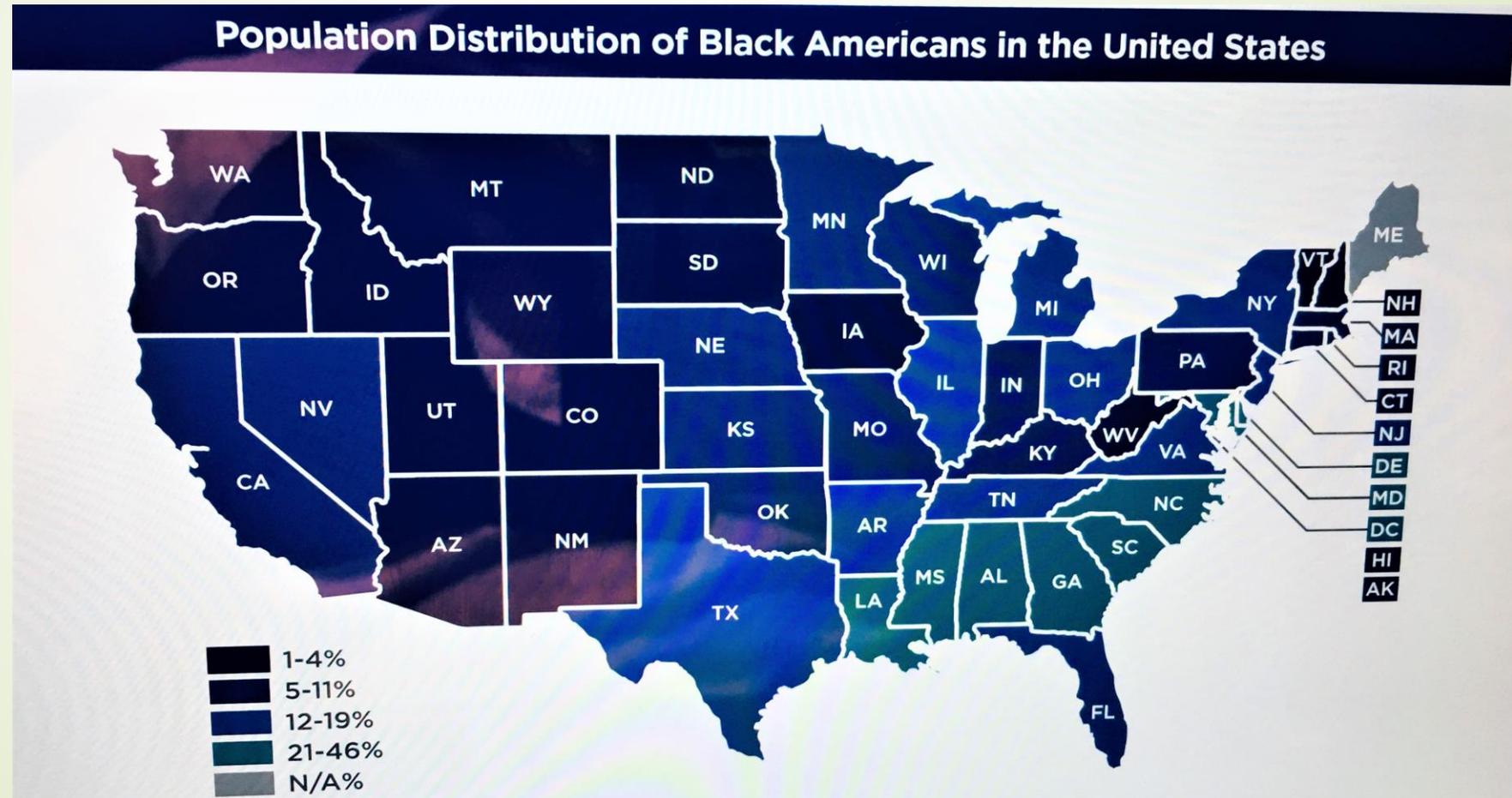


# Health Challenges

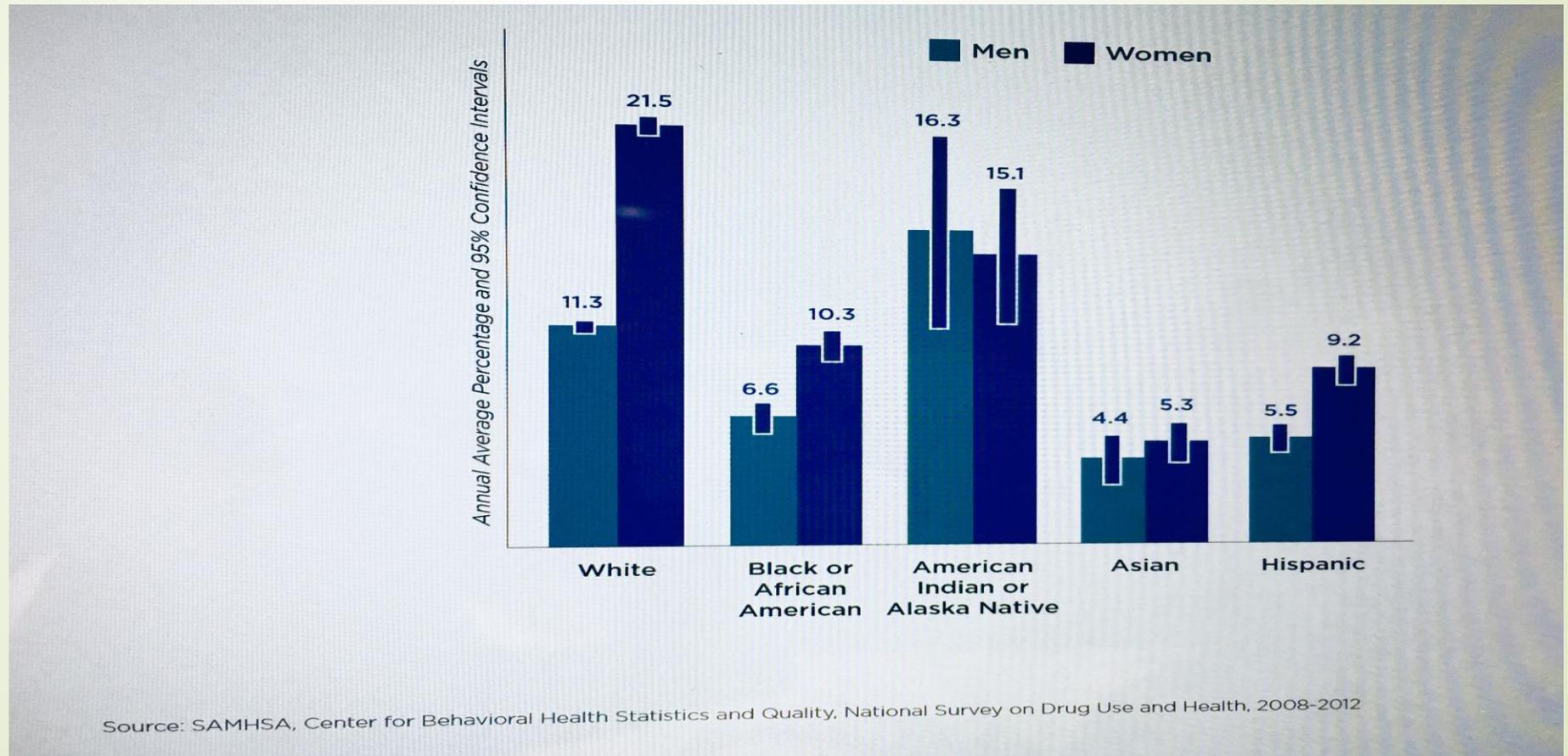


- Approximately 11% of African Americans are not covered by health insurance, compared with about 7% for non-Hispanic whites.
- Death rate for African Americans is higher than whites for heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide.
- CDC estimates that African Americans represented more than one-third (40% or 498,400 persons) of all people living with HIV and almost half (45%) of all persons with newly diagnosed infection in 2015.

# Population Distribution of Black Americans in the United States



# Mental Health Service Use in the Past Year among Adults





# Mental Health Status, Use of Services, and Disparities

- Rates of mental illnesses in African Americans are similar with those of the general population. However, disparities exist in regard to mental health care services. African Americans often receive poorer quality of care and lack access to culturally competent care.
  - Only one-in-three African Americans who need mental health care receives it.
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# Mental Health Status, Use of Services, and Disparities

- ▶ Compared with non-Hispanic whites, African Americans with any mental illness have lower rates of any mental health service use including prescriptions medications and outpatient services, but higher use of inpatient services.



# Mental Health Status, Use of Services, and Disparities

- The rate of illicit drug use among African Americans is slightly higher than the national average (12.4% vs 10.2%).
- Rate of alcohol use is slightly lower than the national average (44.2% vs 52.7%) including heavy drinking (4.5% vs 6.2%) and binge drinking (21.6% vs 23%).



# Mental Health Status, Use of Services, and Disparities

- Rate of opioid overdose among African Americans (6.6%) is less than half of that for non-Hispanic whites (13.9%).
- Compared with whites, African Americans are: – Less likely to receive guideline-consistent care – Less frequently included in research – More likely to use emergency rooms or primary care (rather than mental health specialists)



# Mental Health Status, Use of Services, and Disparities

- ▶ Compared with the general population, African Americans are less likely to be offered either evidence-based medication therapy or psychotherapy.
  - ▶ Compared with whites with the same symptoms, African Americans are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders. Differences in how African Americans express symptoms of emotional distress may contribute to misdiagnosis.
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# Mental Health Status, Use of Services, and Disparities

- Physician-patient communication differs for African Americans and whites. One study found that physicians were 23% more verbally dominant and engaged in 33% less patient-centered communication with African American patients than with white patients.
- Black people with mental health conditions, particularly schizophrenia, bipolar disorders, and other psychoses are more likely to be incarcerated than people of other races.



# Barriers to Care:

- Despite recent efforts to improve mental health services for African Americans and other minority groups, barriers remain regarding access to and quality of care. The barriers include:
  - Stigma associated with mental illness
  - Distrust of the health care system
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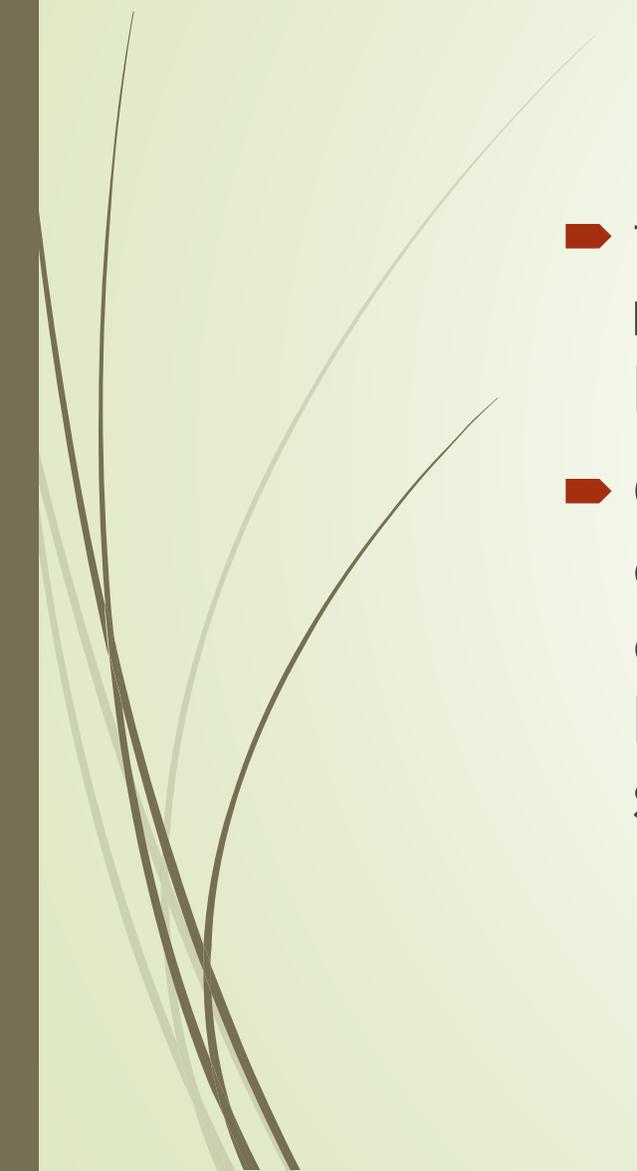


## Barriers to Care:

- Lack of providers from diverse racial/ethnic backgrounds
  - Lack of culturally competent providers
  - Lack of insurance, underinsurance
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## Other common barriers include:

- ▶ the importance of family privacy, lack of knowledge regarding available treatments, and denial of mental health problems.
  - ▶ Concerns about stigma, medications, not receiving appropriate information about services, and dehumanizing services have also been reported to hinder African Americans from accessing mental health services.
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## Other common barriers include:

- ▶ To learn about best practices for treating diverse populations and to get answers to your questions by leading psychiatrists, please visit APA's Cultural Competency webpage at:
  - ▶ <https://www.psychiatry.org/psychiatrists/cultural-competency>.
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# Mental Health Disparities: Hispanics and Latinos

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The U.S. Hispanic/Latino community is very diverse and includes people from many different nations and races.

While many have lived in the U.S. for many generations, others are recent immigrants who may face inequities in socioeconomic status, education, and access to health care services.

There are many misconceptions and stereotypes about who is considered Latino, including the difference between the terms “Latino” and “Hispanic.”



# Mental Health Disparities: Hispanics and Latinos

- **Hispanic:** usually refers to language and those whose ancestry comes from Spain or Spanish speaking countries.
- **Latino:** usually refers to geography and specifically, to Latin America which includes individuals from the Caribbean, South America, and Central America.



# Mental Health Disparities: Hispanics and Latinos

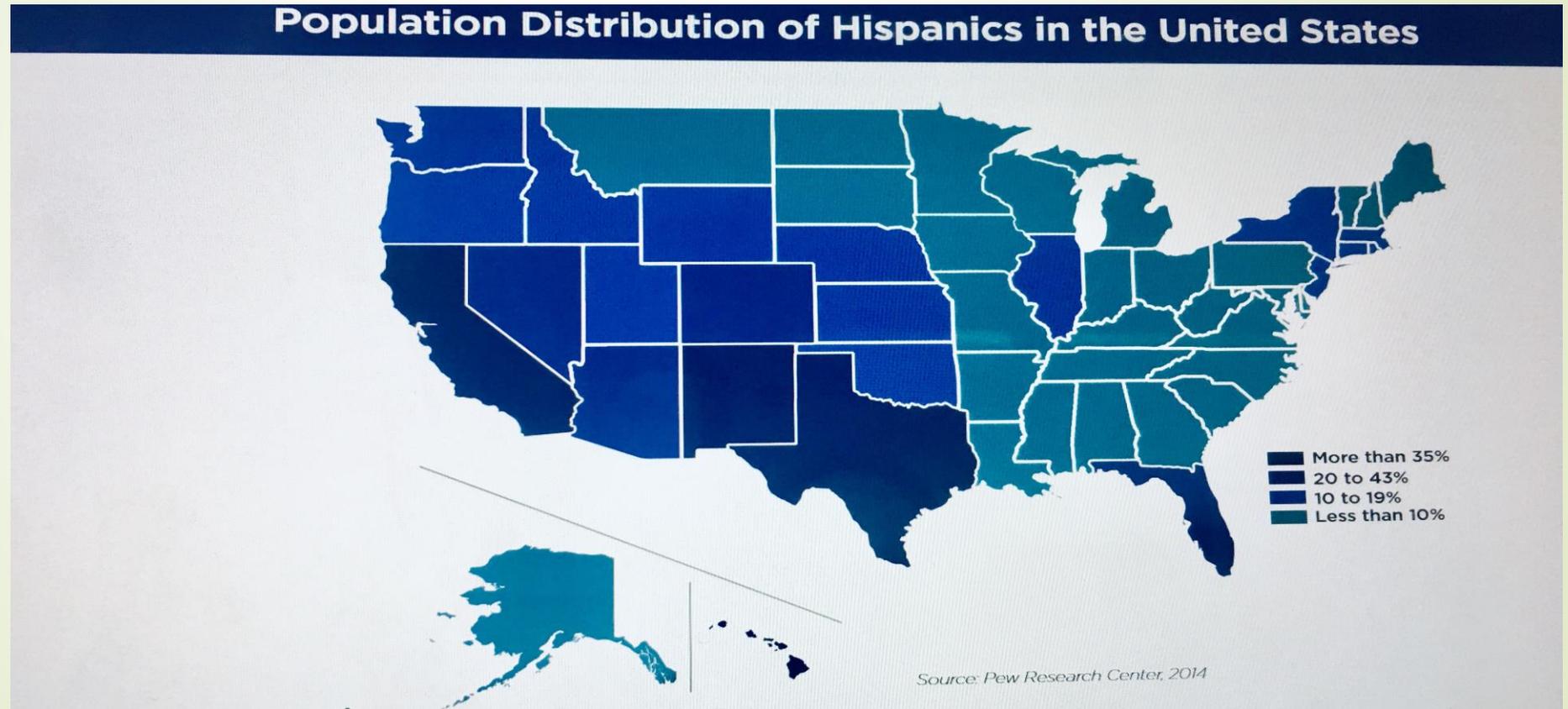
- More than 17.6% of the U.S. population (56.6 million) self-identify as Hispanic or Latino, making people of Hispanic origin the nation's largest racial/ethnic minority.
- From 2015 to 2016, Hispanic population grew by 2% (up to 57.5 million) in the U.S. By 2060, Hispanics are expected to make up 30% of the total population (129 million).



# Mental Health Disparities: Hispanics and Latinos

- ▶ Hispanics are the youngest major racial/ethnic group in the U.S. 1/3 of the nation's Hispanic population is younger than 18.
- ▶ Approximately 16.4% of Hispanics in the U.S. held a bachelor's degree or higher in 2016, compared with 37.3% for non-Hispanic whites and 23.3% for non-Hispanic blacks.

# Mental Health Disparities: Hispanics and Latinos





# Mental Health, Utilization of Services, and Disparities:

- ▶ Hispanics are at lower risk of most psychiatric disorders compared with non-Hispanic whites.
- ▶ U.S.-born Hispanics report higher rates for most psychiatric disorders than Hispanic immigrants.



# Mental Health, Utilization of Services, and Disparities:

- ▶ Studies have shown that older Hispanic adults and Hispanic youth are especially vulnerable to psychological stresses associated with immigration and acculturation.
  - ▶ Approximately 1 in 10 Hispanics with a mental disorder use mental health services from a general health care provider, while only 1 in 20 receive such services from a mental health specialist.
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- Hispanics are more likely to report poor communication with their health provider. <sup>5</sup> Several studies have found that bilingual patients are evaluated differently when interviewed in English as opposed to Spanish and that Hispanics are more frequently undertreated.
  - Nationally, 21.1% of Hispanics are uninsured, compared with 7.5% of White non-Hispanic Americans.<sup>7,8</sup> Low rates of insurance coverage for Hispanic is likely to be a function of ethnicity, immigration status, and citizenship status.



# Disparities in Hispanic/Latino Children and Adolescents

- ▶ Hispanic children and adolescents are at significant risk for mental health problems, and in many cases at greater risk than white children.
- ▶ Among Hispanic students in grades 9-12 in 2015: 18.9% had seriously considered attempting suicide, 15.7% had made a plan to attempt suicide, 11.3% had attempted suicide, and 4.1% had made a suicide attempt that resulted in an injury, poisoning, or overdose that required medical attention.
- ▶ These rates were consistently higher in Hispanic students than in white and black students.



# Disparities in Hispanic/Latino Children and Adolescents

- ▶ In 2014, Hispanic and white adolescents aged 12-17 in the U.S. were more likely than black or Asian adolescents to have initiated alcohol use or cigarette use in the past year. About 10% of white and Hispanic adolescents-initiated alcohol use, compared with 7.3% for blacks and 4.7% for Asian.



# Disparities in Hispanic/Latino Children and Adolescents

- ▶ Approximately 3.9% of Hispanic adolescents-initiated cigarette use, compared with 3.5% for white adolescents, 2.2% for black adolescents, and 1.5% for Asian adolescents.



# Disparities in Hispanic/Latino Children and Adolescents

- ▶ Hispanic adolescents are half as likely than white adolescents to use antidepressants.
- ▶ Hispanic children are half as likely as white children to use stimulants to treat disorders such as attention deficit/hyperactivity disorder (ADHD) and attention deficit disorder (ADD).



# Disparities in Hispanic/Latino Children and Adolescents

- Barriers to Accessing Mental Health Care
- Lack of insurance or inadequate insurance
- Lack of knowledge/awareness about mental health problems and services available
- Cultural stigma associated with mental illness
- Language
- Lack of culturally tailored services and culturally competent mental health professionals



# Disparities in Hispanic/Latino Children and Adolescents

- ▶ Shortage of bilingual or linguistically trained mental health professionals
- ▶ Difficulties recognizing incipient signs of mental illness
- ▶ Problems identifying psychiatric symptoms when chief complaint is somatic symptom



# Diagnostic Tools For Common Mental Health Disorder

- Major Depressive Disorder
- A simple tool is Patient Health Questionnaire-9 (PHQ-9)
- A score of 1-9 is mild depression, except patient complain of suicidality
- A score of 10-18 is moderate depression
- A score of 19-27 is severe depression.

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3



# Diagnostic Tools For Common Mental Health Disorder

- Bipolar Disorder
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In the past one week:

1. Have you had a distinct period of abnormally and persistently elevated, expansive or irritable mood?
2. Have you had inflated self-esteem or grandiosity?
3. Have you had decreased need for sleep (Feels well rested with about 3 hours of sleep)?
4. Have you ever been more talkative or feeling pressured to keep talking?
5. Are you easily distracted, is your attention too easily drawn to unimportant or irrelevant things?
6. Have you ever experienced purposeless non-goal directed activity?
7. Any excessive spending; such as buying sprees?
8. Any sexual indiscretions or sexual promiscuity
9. Any bad business deals or investment?
10. Are you impulsive, doing things without planning or just park and go.
11. Increased surge of energy, you can do anything
12. Do you give your stuff away and end up regretting it.
13. Do you have racing thoughts?



# Diagnostic Tools For Common Mental Health Disorder

- ▶ Anxiety Disorders:



GAD:

1. Are you feeling anxious

2. Are you worrying excessively about almost everything

3. Are you unable to relax or always restless

4. Are you very touchy or easily irritable

PANIC DISORDER:

1. Have you felt extremely anxious

2. Have you had shortness of breath during an anxiety attack

3. During an anxiety attack have you felt sweaty palm or sweaty on any other areas of your body

4. Did you experience any sense of impending doom or something very serious will happen to you.

5. Feeling shaky and restless during anxiety attack

6. Have you had palpitation or a feeling your hearth is racing.

# Diagnostic Tools For Common Mental Health Disorder

## ➤ Psychosis:

**1. Have you had any of the following:**

- A. Paranoia-a believe that people talking about you**
- b Persecuted-being conspired against by others**

**2. Hallucinations:**

- a. Have you seen things others can't see**
- b. Have you heard things others can't hear**
- c. Have you had any other strange experiences**

**3. Disorganized Speech:**

**Has it been difficult at time for people to understand what you are saying?**

**4. Have you ever experience diminished(low) emotional expression or had decreased motivation to initiate and perform purposeful activities**

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- ▶ 1. 24-Year-old African American male presented with florid psychosis with auditory and visual hallucination, he indicated that the FBI is following him, and he has trouble trusting even his family, he has disorganized behavior and speech, his speech is rapid, and he has been spending excessively of late. During the interview he indicated that he knows more than the interviewing physician, he has decreased need for sleep, he has been awake for 42 hours with only 3 hours of sleep but remain quite energetic; he indicated that he is not tired. Very difficult to interrupt, He has maxed his recently issued \$5000.00 credit card in one day. His family brought him to the emergency department, his family stated it started 8 days ago, his behavior has escalated, and this is the worse he has ever been.
  - ▶ A. Schizophrenia
  - ▶ B. Bipolar I disorder with psychotic Feature
  - ▶ C. Brief psychosis
  - ▶ D. Unspecified psychosis
  - ▶ E. Acute stress disorder

- 
- 2. What is the appropriate treatment of the above patient?
  - A. Olanzapine (Zyprexa)
  - B. Lithium and Olanzapine
  - C. Lithium
  - D. Prozac and Lithium
  - E. Prozac and Olanzapine
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- ▶ 3. A patient presents with period of abnormally and persistent elevated, expansive and irritable mood and abnormally and persistently increased in goal-directed activities lasting 4 days and it happens most of the day, patient also has inflated self-esteem and decreased need for sleep and became more talkative during this time period. What is the diagnosis?
  - ▶ A. Bipolar I Disorder
  - ▶ B. Bipolar II Disorder
  - ▶ C. Cyclothymic Disorder
  - ▶ D. Substance induced Bipolar
  - ▶ E. Bipolar I Disorder with psychotic Feature



x

- 4. A patient presents with period of abnormally and persistent elevated, expansive and irritable mood and abnormally and persistently increased in goal-directed activities lasting one week and it happens most of the day, patient also has inflated self-esteem and decreased need for sleep and became more talkative during this time period. What is the diagnosis?
  - A. Bipolar I Disorder
  - B. Bipolar II Disorder
  - C. Cyclothymic Disorder
  - D. Substance induced Bipolar
  - E. Bipolar I Disorder with psychotic Feature
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- 5. A 19-year-old AA male presented with acute depressive episode, he was restless, irritable with recent loss of appetite, nausea but no vomiting and sweating with chills and having abdominal pain. On interviewing and reviewing history of drug use, no illicit drug and a week prior to presentation he stopped heavy use of marijuana, due to onset of paranoia and anhedonia. VS: B/P 120/70, P: 102, R: 24, T: 98.2, PO2: 98
  - What is the likely reason for the above presentation?
  - A. Acute Viral Syndrome.
  - B. Acute marijuana withdrawal
  - C. Panic Disorder
  - D. Generalized anxiety disorder



# Resources



- ▶ To learn about best practices for treating diverse populations and to get answers to your questions by leading psychiatrists, please visit APA's Cultural Competency webpage at <https://www.psychiatry.org/psychiatrists/cultural-competency>.
- ▶ National Council of la Raza (NCLR) [www.nclr.org](http://www.nclr.org) • National Hispanic Medical Association [www.nhmamd.org](http://www.nhmamd.org)
- ▶ American Society of Hispanic Psychiatry (ASHP) <http://americansocietyhispanicpsychiatry.com/>
- ▶ National Alliance for Hispanic Health (NAHH) <http://www.healthyamericas.org>
- ▶ National Alliance on Mental Illness (NAMI) [www.nami.org](http://www.nami.org)
- ▶ Mental Health America (MHA) <http://www.mentalhealthamerica.net>
- ▶ League of United Latin American Citizens (LULAC) [www.LULAC.org](http://www.LULAC.org)
- ▶ U.S. Department of Health and Human Services Office of Minority Health <https://minorityhealth.hhs.gov>