The Time is Now: Tackling Racial and Ethnic Disparities in Mental and Behavioral Health Services in Massachusetts

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Despite increasing diversity in MA, knowledge about ethnic/racial disparities in behavioral health is limited.

- Massachusetts (MA) is an increasingly diverse state with more than 25% adult minority population.
- For children the proportion is higher-34% .
- 14.8% of the state population is foreign-born.
- 21.7% speaks a language other than English at home.

But why should we care about disparities? Negative social consequences:

- Untreated behavioral health conditions have been linked to :
- Augmented suffering for family caregivers
- One of the leading and growing causes of disability
- Reduced life expectancy-estimates range from 10-20 years.
- Increased morbidity and worst self-management of chronic conditions.
- Increased likelihood of unemployment, unwanted pregnancy, homelessness, incarceration, school dropout and many others.

What is this Brief and what it is not?

What is it about?

- Analyzing available data to describe current status.
- Examining literature and other evidence to identify potential solutions to problems.
- Generating a discussion that leads to an action plan.

What it is not about?

- A compilation of all data sources in MA.
- A step-by-step action plan of evidence-based disparities interventions.
- A description of all actions, policies and interventions being done in MA.

Definitions

- Based on WHO definition as differences in health which are not only unnecessary and avoidable and, in addition, are considered unfair and unjust.

Behavioral Health Disparity

- Based on Institute of Medicine definition as differences in service use that are not justified by underlying health conditions or patient preferences.

Behavioral Health Service Disparity

Overview of our Presentation

- Review Data Sources
- Explain Analytical Methods
- Ethnic/Racial Diff in Rates of Mental Illness for Adults
- Ethnic/Racial Disparities in Mental Health Services
- Ethnic/Racial Diff in Rates of Substance Use for Adults
- Ethnic/Racial Disparities in Substance Tx Completion
- Model of Potential Mechanisms Explaining Disparities
- Present Recommendations
- Give Rationale for Recommendations
- Generate a Discussion of these alternatives.

Data Sources

- National Survey of Drug Use and Health (NSDUH)
  - ~5,000 MA residents interviewed between 2004 and 2012
- Treatment Episode Data Set (TEDS) (2013)
  - ~18,000 publicly funded treatment center admissions (~65% of all treatment admissions)
- 2005-2013 Youth Risk Behavior Surveillance System (YRBSS) among Massachusetts high school students
- 2012 MA Behavioral Risk Factor Surveillance System (BRFSS)
- Boston Survey of Children's Health, 2012

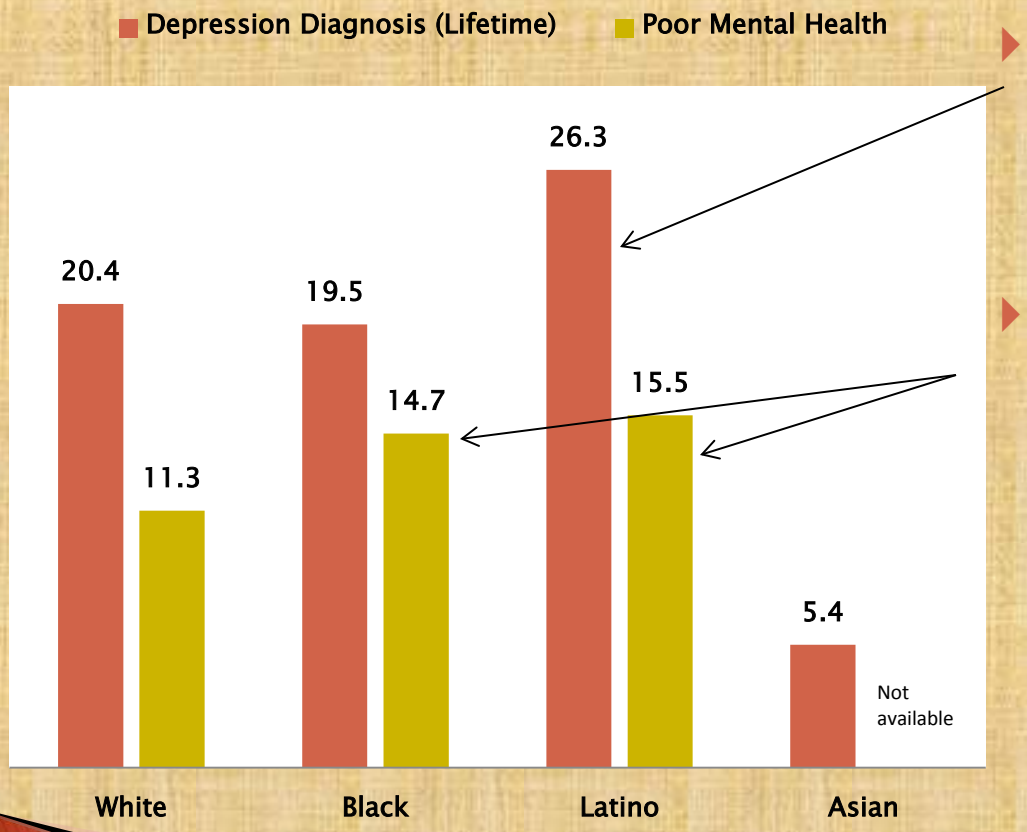
Methods

- Overall goal to compare rates of mental illness and substance use and service use among adults and youth in Massachusetts
  - Age- and gender- adjustment for racial/ethnic comparisons of rates of mental illness and substance use
  - Age- and gender- and “need”-adjustment for racial/ethnic comparisons of rates of service use
  - Some but not all analyses weighted to be representative of the state of Massachusetts

Rates of any mental illness – Adults

Lifetime Depression/Last Year Poor Mental Health – Adults

Percent of Adults Ever Diagnosed with Depression or Reporting Poor Mental Health in the Last Year, 2012 Massachusetts BRFSS

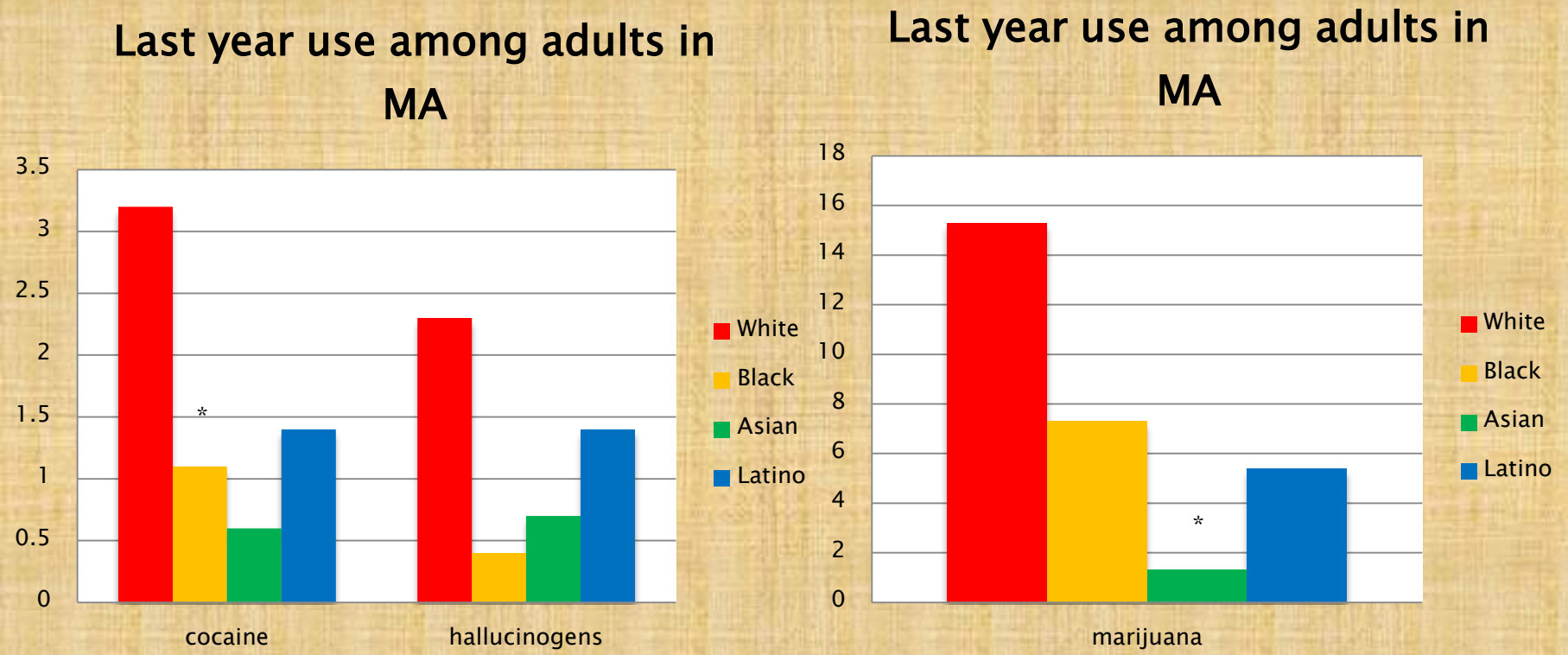


- Latinos report higher lifetime depression
- Blacks and Latinos more likely to report poor mental health

Age-adjusted estimates. Source: Massachusetts Department of Public Health. A Profile of Health among Massachusetts Adults, 2012: Results from the Behavioral Risk Factor Surveillance System (BRFSS).[1]

Mental Health Service Disparities – Adults

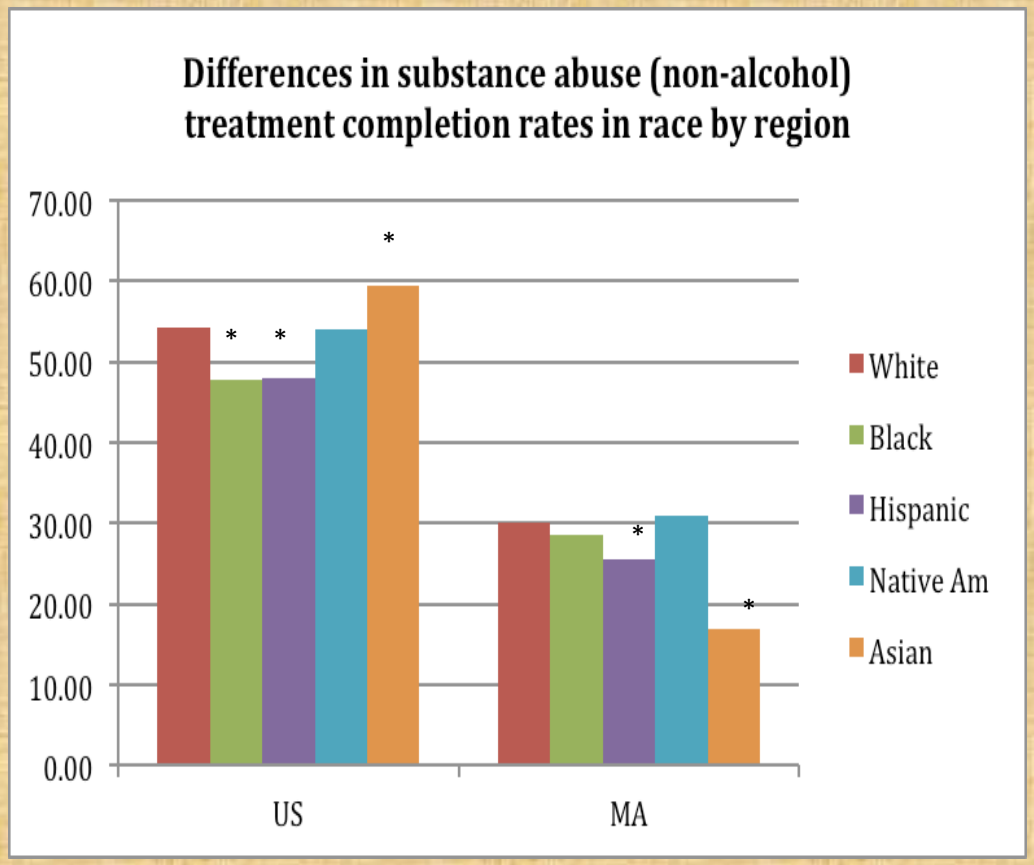
Substance Use – Adults



- Rates of substance use were similar or greater among whites compared to minorities

Age- and gender-adjusted estimates of substance use within the last year among adults 18+.
Data from the 2004-2012 National Survey of Drug Use and Health (NSDUH); n=5,600.
*Significantly different from white ($p<0.05$)

Substance abuse treatment completion



- Once in treatment, Latinos and Asians are less likely to *complete* treatment.

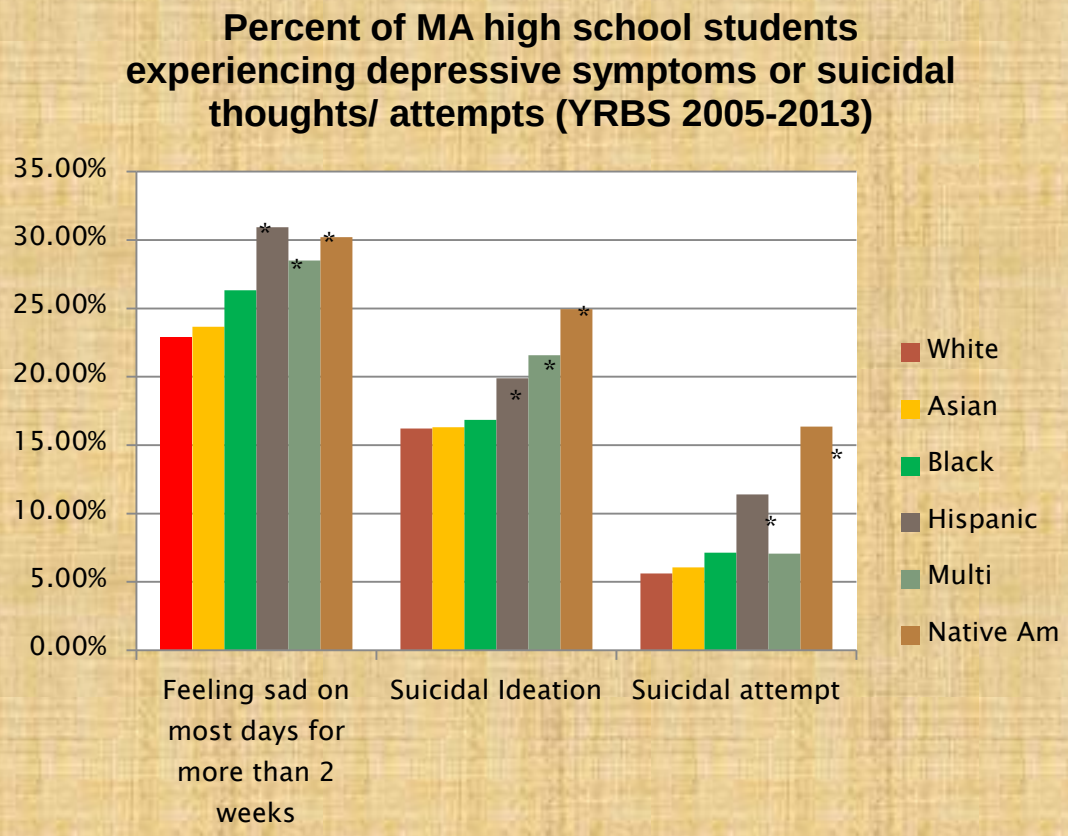
2013 Treatment Episode Data Set

* Difference from whites is significant at p<.05 level

Summary – Adults

- Adult Mental Illness
  - Latinos more likely to report lifetime depression
  - Latinos and Blacks more likely to report poor mental health
- Adult Mental Health Treatment
  - Significant Latino-white disparities in MA
  - Blacks and Asians doing better on mental health care access than rest of U.S.
- Adult substance use
  - No or "reverse" disparity in substance use
- Adult substance use treatment
  - Once in treatment, Latinos and Asians are less likely to *complete* treatment
  - Blacks and Native Americans less likely to complete alcohol treatment in MA

Mental illness among youth

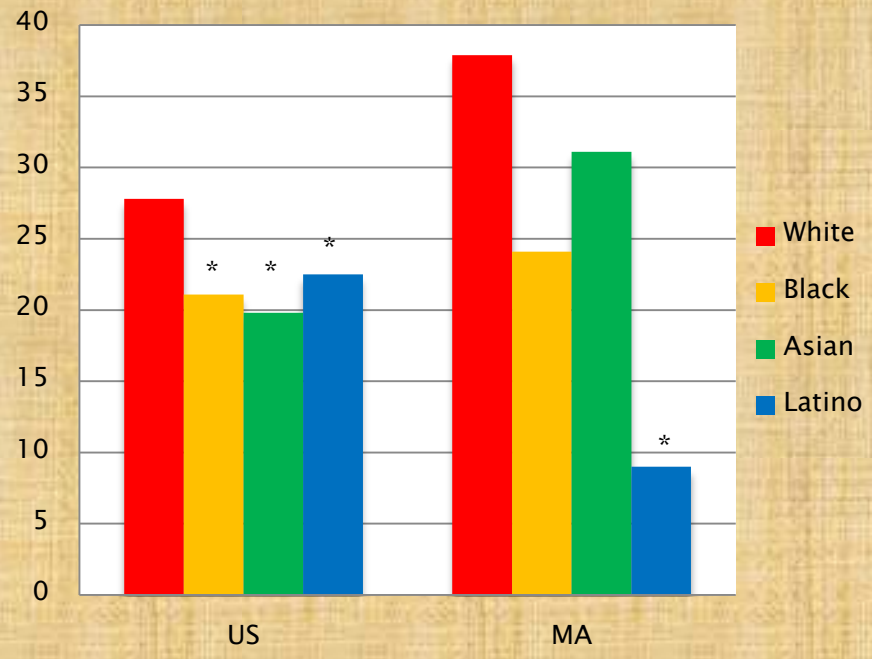


- Compared to white students, Hispanics and Native Americans had higher rates of
  - Sadness
  - suicidal ideation
  - suicidal attempt

Age-adjusted data from the 2005-2013 Youth Risk Behavior Surveillance System among Massachusetts high school students
*Significantly different from white ($p<0.05$)
(Feeling sad: n=14188, suicidal ideation: n=14,307, suicidal attempt: n=14,209)

Mental health service disparities among youth

Percent of youth ages 12-17 with depression receiving last year mental health treatment

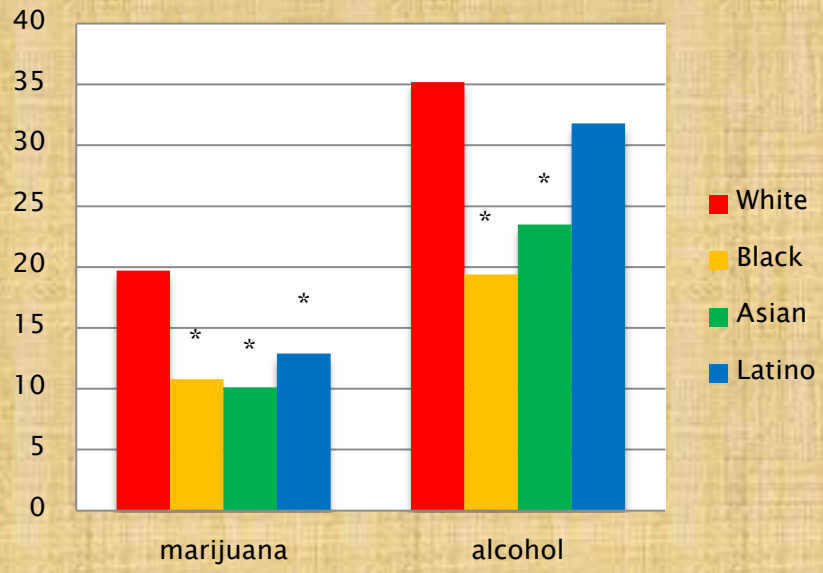


- Latino-white disparities in youth depression treatment

Data from the 2004-2012 National Survey of Drug Use and Health among youth ages 12-17.
Adjusted for age, sex, and depression diagnosis (n=15,100 in US and n=200 in MA)
* Difference from whites is significant at p<.05 level

Substance use among youth

Percent of MA youth ages 12-17 reported having consumed marijuana or alcohol at least once in the last year (NSDUH 2004-2012)



- Less use of marijuana among Blacks, Asians, and Latinos compared to whites
- Less use of alcohol among Blacks and Asians compared to whites

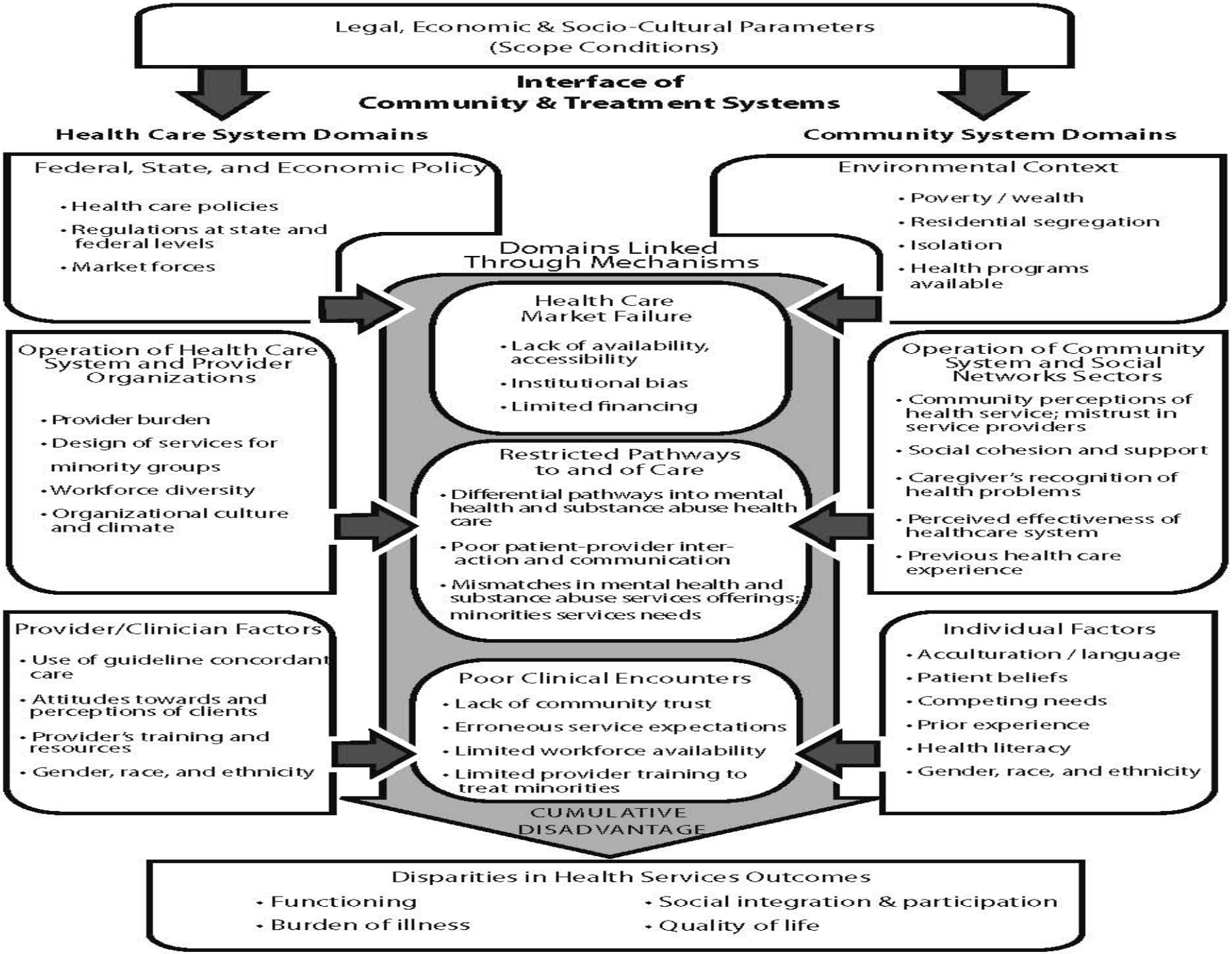
Age- and gender-adjusted estimates from the 2004-2012 NSDUH among Massachusetts youth (ages 12-17). (n=2,800)
* Significant at p<.05 level

Summary – Youth

- Youth Mental Illness
  - Latinos and Native Americans had higher rates of sadness, suicidal ideation, and suicidal attempt
- Youth Mental Health Treatment
  - Significant Latino-white disparities in MA (less than ten percent of Latino youth with depression received treatment)
- Youth substance use
  - No or “reverse” disparity in substance use
- Youth substance use treatment
  - National rates are low (~10%) and similar across racial/ethnic groups

Framework Explaining Behavioral Health and Service Disparities

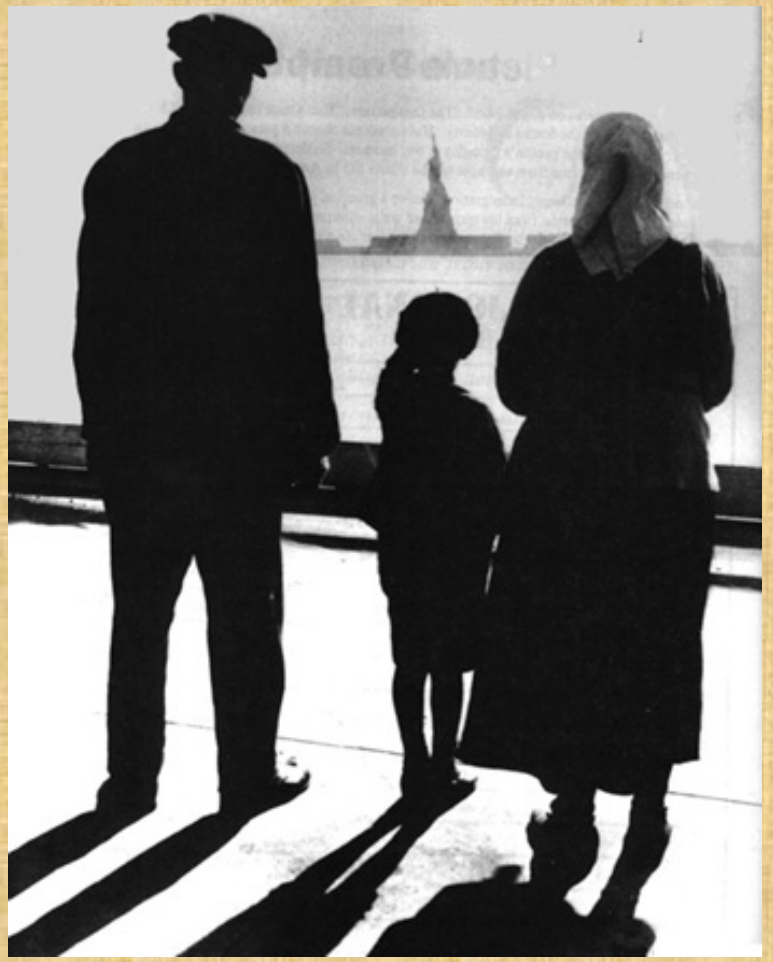
- Based on idea that disparities in behavioral health care are inextricably linked to larger legal, social, economic context.
- Divides causes or "mechanisms," of disparities into 3 separate levels (Macro, Meso and Micro Levels).
- Service inequities arise from interactions between community system domains (neighborhoods, operation of community, individuals) and health treatment system domains(health/economic policy, operation of healthcare system, provider organizations, clinicians). Each point of interaction between community and treatment systems – represents a key site for intervention.


The Socio-Cultural Framework for the Study of Health Service Disparities (SCF-HSD)
Legal, Economic & Socio-Cultural Parameters
(Scope Conditions)
Interface of
Community & Treatment Systems
Health Care System Domains
Community System Domains
Federal, State, and Economic Policy
• Health care policies
• Regulations at state and federal levels
• Market forces
Environmental Context
• Poverty / wealth
• Residential segregation
• Isolation
• Health programs available
Domains Linked Through Mechanisms
Health Care Market Failure
• Lack of availability, accessibility
• Institutional bias
• Limited financing
Operation of Health Care System and Provider Organizations
• Provider burden
• Design of services for minority groups
• Workforce diversity
• Organizational culture and climate
Operation of Community System and Social Networks Sectors
• Community perceptions of health service; mistrust in service providers
• Social cohesion and support
• Caregiver's recognition of health problems
• Perceived effectiveness of healthcare system
• Previous health care experience
Restricted Pathways to and of Care
• Differential pathways into mental health and substance abuse health care
• Poor patient-provider interaction and communication
• Mismatches in mental health and substance abuse services offerings; minorities services needs
Provider/Clinician Factors
• Use of guideline concordant care
• Attitudes towards and perceptions of clients
• Provider's training and resources
• Gender, race, and ethnicity
Individual Factors
• Acculturation / language
• Patient beliefs
• Competing needs
• Prior experience
• Health literacy
• Gender, race, and ethnicity
Poor Clinical Encounters
• Lack of community trust
• Erroneous service expectations
• Limited workforce availability
• Limited provider training to treat minorities
CUMULATIVE DISADVANTAGE
Disparities in Health Services Outcomes
• Functioning
• Burden of illness
• Social integration & participation
• Quality of life

Macro Level Recommendations

Macro Level- Larger Policy and its Impact in Environmental/Neighborhood Contexts

- Although Massachusetts currently has highest rate of insurance coverage in U.S., some racial and ethnic minority groups may face other barriers to getting services such as:
  - lack of citizenship/documentation status or
  - may still have difficulty paying for subsidized coverage, leading to uninsurance or underinsurance,
  - or , confront absence of treatment facilities.
- Health insurance coverage does not appear as a sufficient condition for accessing behavioral healthcare, so other barriers must be considered.

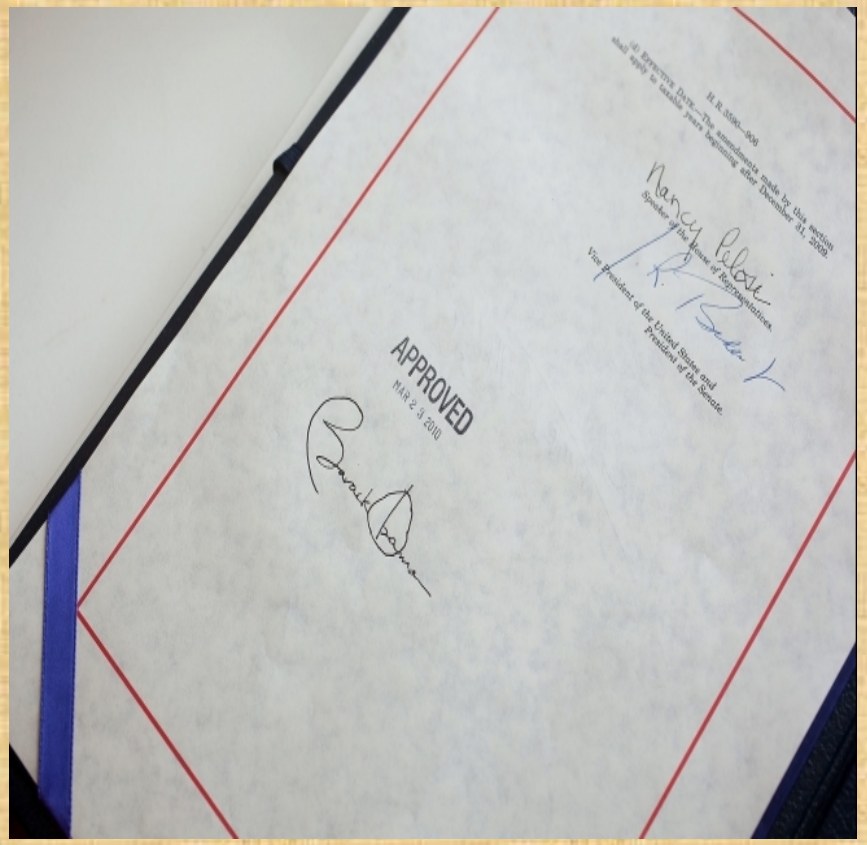


Macro Level- Larger Policy and its Impact in Environmental/Neighborhood Contexts

- State limits reimbursement payments for Medicaid and MassHealth
- Significantly lower percentage of psychiatrists who accept private non-capitated insurance (55.3%) or Medicaid (43.1%) in 2009-2010 as compared to physicians in other specialties who accept non-capitated insurance (88.7%) or Medicaid (73.0%).
- Low supply of multilingual service providers at neighborhood level in communities with ethnic/racial minorities, making it more difficult to obtain treatment.
- Suffolk county has highest minority population, with 25% of residents identifying as black, 21% as Latino, and 9% as Asian; also accounts for almost a third of MA's Mental Health Professional Shortage Areas.

Macro Level- Larger Policy and its Impact in Environmental/Neighborhood Contexts

- Interstate Medical Licensure simplifies procedures for getting medical licenses in multiple states.
- Allow providers to practice where supply is low and demand is high.
- Either in-person or telemedicine appointments increases flexibility of service use for patients.



Recommendation #5

- **Expand access to behavioral health service to anyone in need, independent of insurance coverage, documentation status or ability to pay**:
- Make access to behavioral health services as high a priority as access to treatment for maternal and child health.
- Behavioral health is so intricately woven to functioning and wellbeing that it requires an investment.

Meso Level Recommendations: Organizational, institutional and community issues

Meso: Healthcare Organizations and its Impact on Ethnic/Racial Minority Communities

- From 2003-2012, AHRQ has published reports showing that measures of disparity in quality of behavioral healthcare are not improving for Blacks, Asians and Latinos in US.
- Campbell, Roland & Buetow argue that most significant issues is getting minorities the care they need and care that is effective. But minority patients in behavioral health treatment receive lower quality tx and for a shorter period of time.

Meso: Healthcare Organizations and its Impact on Ethnic/Racial Minority Communities

- Both MA and federal government require hospital collection of race/ethnicity data
  - Incentives could increase use of these data to look at disparities in treatment within healthcare systems
  - MA could create hospital level reporting system for race/ethnicity and language-based disparities in outcomes, including behavioral health
  - However, much current information on disparities comes from large national surveys that may not reflect Massachusetts diverse population.

McFadden B, Lorenz DR, Ulmer C. *Race, Ethnicity, and Language Data:: Standardization for Health Care Quality Improvement*. National Academies Press; 2009.

Recommendation #2

- **Expand the supply of qualified core mental health providers, peer counselors and paraprofessionals with competence in behavioral health care**:

- a) create state database to map supply of qualified mental health and addiction providers and identify shortage areas;

- b) ensure an adequate supply of licensed culturally competent and linguistically appropriate behavioral health providers and paraprofessionals;

- c) strengthen ongoing training, supervision and constructive monitoring for specialty competencies for professionals as well as competency enhancements for paraprofessionals by certification;

- d) require adequate enrollment of core behavioral health professionals in provider networks; and

- e) provide organizational interventions in community behavioral health programs to support evidence-based implementation and service innovation.

Meso: Healthcare Organizations and its Impact on Ethnic/Racial Minority Communities

- A recent study showed that almost 25% of people with SMI were arrested over 10-year period.
- Blacks and Latinos with serious mental illness are at even higher risk of incarceration.

Cuellar AE, Snowden L, Ewing T. Criminal records of persons served in the public mental health system. Psychiatric Services. 2007;58(1):114-120.

Meso: Healthcare Organizations and its Impact on Ethnic/Racial Minority Communities

- MA prison population is disproportionately Black and Latino

Race/Ethnicity	% of MA General Population (2010 census) [1]	% of MA Prison Population (2011) [2]
White	83.2%	34%
Black	6.6%	38%
Latino	9.6%	23%

1. U.S. Census Bureau. Profile of General Population and Housing Characteristics: 2010 (Massachusetts). http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

2. Massachusetts Depart[illegible] Correction. Massachusetts Department of Correction Population Trends: 2012–2013

Meso: Healthcare Organizations and its Impact on Ethnic/Racial Minority Communities

- MA should identify individuals with behavioral health problems for treatment rather than punishment
  - Expanded mental health courts could provide monitoring and are better equipped to understand behavioral health issues
  - Diversion especially important for justice-involved youth

McNiel, D. & Binder, R. (2007). Effectiveness of a mental health court in reducing criminal recidivism and violence. *American Journal of Psychiatry*, *164*(9), 1395-1403.

Meso: Healthcare Organizations and its Impact on Ethnic/Racial Minority Communities

- The Treatment Advocacy Center estimates that about 5,000 homeless individuals in Massachusetts have a serious mental illness
  - Housing may provide a better environment for treatment and recovery.
  - Massachusetts' current supportive housing program is an excellent model, but overall housing shortages leave many out.

Larimer ME, Malone DK, Garner MD, et al. Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *JAMA.* 2009;301(13):1349-1357

Recommendation #1

- **Increase early identification and enhance consumer self-management of behavioral health problems, particularly for older adults and those suffering from severe mental illness.**

- **Early identification should be pursued in social, criminal justice and human services sectors:**

- Engage and train community health workers (CHWs) and peer counselors in quick screening of behavioral health symptoms, self-management of illness, and brief collaborative behavioral health care.

Meso: Healthcare Organizations and its Impact on Ethnic/Racial Minority Communities

- Mental health needs to be treated as product of an individual's context.
  - Segregation by neighborhood can concentrate risk factors.
  - Increasing community cohesiveness and access to resources can improve mental health.
  - Community-based projects can be used to develop public health infrastructure and provide opportunity while promoting evidence-based prevention

Williams DR, Collins C. Racial residential segregation: a fundamental cause of racial disparities in health. *Public Health Rep*. 2001;116(5):404.

Meso: Healthcare Organizations and its Impact on Ethnic/Racial Minority Communities

- Engaging Community Coalitions: Vermont created a network of community coalitions called New Directions to implement evidence-based drug abuse prevention programs.

- MA could train community organizations in prevention techniques and outcome tracking
  - Allows for implementation of proven methods
  - Leverages existing infrastructure for prevention
  - Allows for community-specific efforts

Flewelling, R. L., Austin, D., Hale, K., LaPlante, M., Liebig, M., Piasecki, L., & Uerz, L. (2005). Implementing research-based substance abuse prevention in communities: Effects of a coalition-based prevention initiative in Vermont. *Journal of Community Psychology*, *33*(3), 333-353.

Meso: Healthcare Organizations and its Impact on Ethnic/Racial Minority Communities

- Innovative approaches used in low-resource environments have been successful
  - Stepped care for depression used in both Chile and India has shown high recovery rate for low cost
  - Use of community health workers allows for provision of culturally relevant and lower cost care
  - These strategies especially useful when access to regular care is limited
  - These are supplementary measures used reach disadvantaged populations and engage them in behavioral health system – NOT a replacement for comprehensive care

Patel V, Weiss HA, [illegible]ydhary N, et al. Lay health worker led intervention for depressive and anxiety disorders in India: [illegible]on clinical and disability outcomes over 12 months. *The British*

Recommendation #3

- **Build community coalitions to help prevent suicide and mood disorders in minority youth and older adults and substance problems in white youth and adults**:

- Leverage existing community organizations for population health and foster additional service capacity through a centralized and well-planned statewide initiative that coordinates prevention activities that apply evidence-based strategies.

- Focus community-based projects on prevention and treatment of specific health problems, such as depression or substance misuse, as well as on environmental factors that contribute to illness.

Micro Level Recommendations

- People tend to attribute negative behaviors of "outgroup" members to inherent dispositions
- Negative behaviors of "ingroup" members are more often attributed to situational factors.
- These processes are related to prejudice and stereotyping, and they play a key role in the development of health disparities (IOM 2003).

The "Bias Blind Spot"

- Bias is a particular problem because people tend not to recognize their own biases.
- Researcher Emily Pronin calls this the "bias blind spot": people see themselves as objective and others as biased.

Micro Level Recommendations

- Evidence that we need to target improved communication and shared-decision making
  - Better patient-provider communication can improve experience of care for minority patients.

Johnson, R. L., Roter, D., Powe, N. R., & Cooper, L. A. (2004). Patient race/ethnicity and quality of patient-physician communication during medical visits. *American journal of public health*, *94*(12), 2084-2090.

Micro Level Recommendations

- Consider Language and Cultural Matching: Some research shows higher retention, better outcomes for patients with ethnically/ culturally matched providers.
- Providers better able to understand patient's context – extremely important for behavioral health.
- Language match improves ability to detect delusions or disordered thinking.

Bauer A, Alegría M. Impact of patient language proficiency and interpreter service use on the quality of psychiatric care: a systematic review. *Psychiatric Services.* 2010;61(8):765-773.

Recommendation #4

- **Reduce disparities attributable to interactions within health care system**:

- Establish better alignment of incentives in payment systems with desired disparities outcomes as a way to reduce disparities.
- Increase the use of data and analytics generated by electronic medical record systems to identify problems in the provider-level interaction with all patients.

- Once problems are identified, provide coaching for providers who demonstrate low treatment retention and limited quality care standards, monitor improvement and provide feedback to providers.
- Increase premium payments to providers who treat Medicaid patients, patients with low health literacy, those who require interpreters or non-English languages, and for those with dual diagnoses or severe mental illness.

- Include a system of feedback for providers and patients mimicking the eBay 5-star review system for both buyers and sellers.

- Require additional tracking and reporting of disparities data to the state Department of Public Health and the Department of Mental Health and incentivize progress in reducing disparities.