

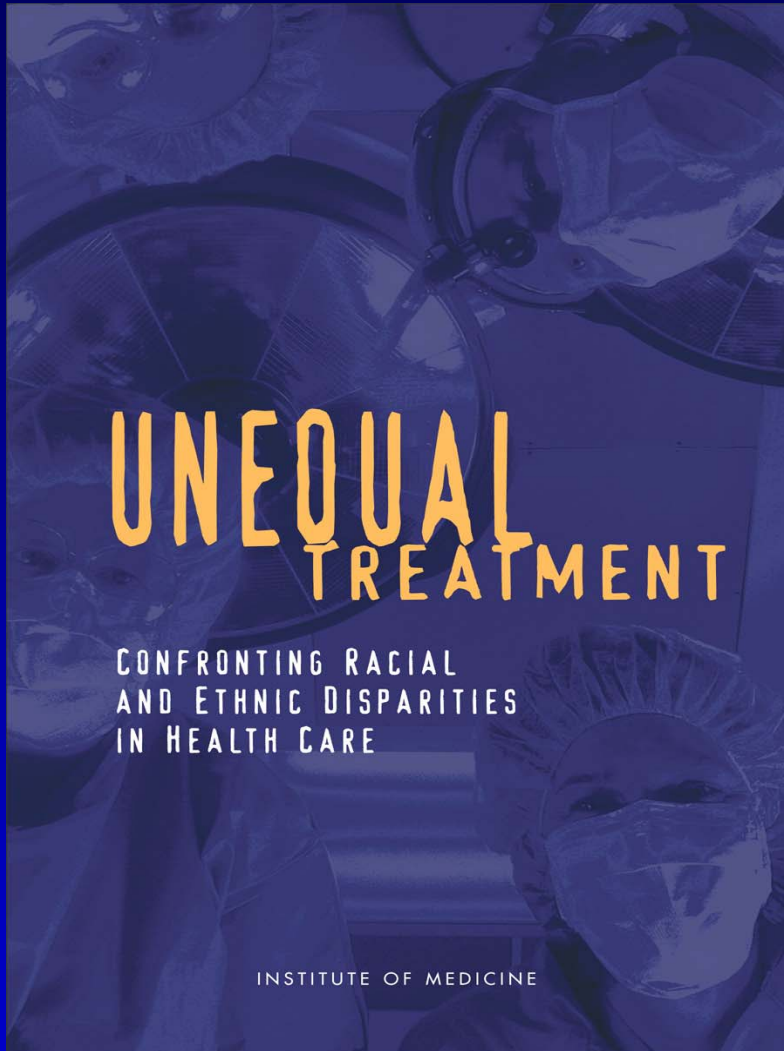
No Health Without Mental Health

The NIMH Perspective on Disparities

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MENTAL HEALTH: CULTURE, RACE, AND ETHNICITY

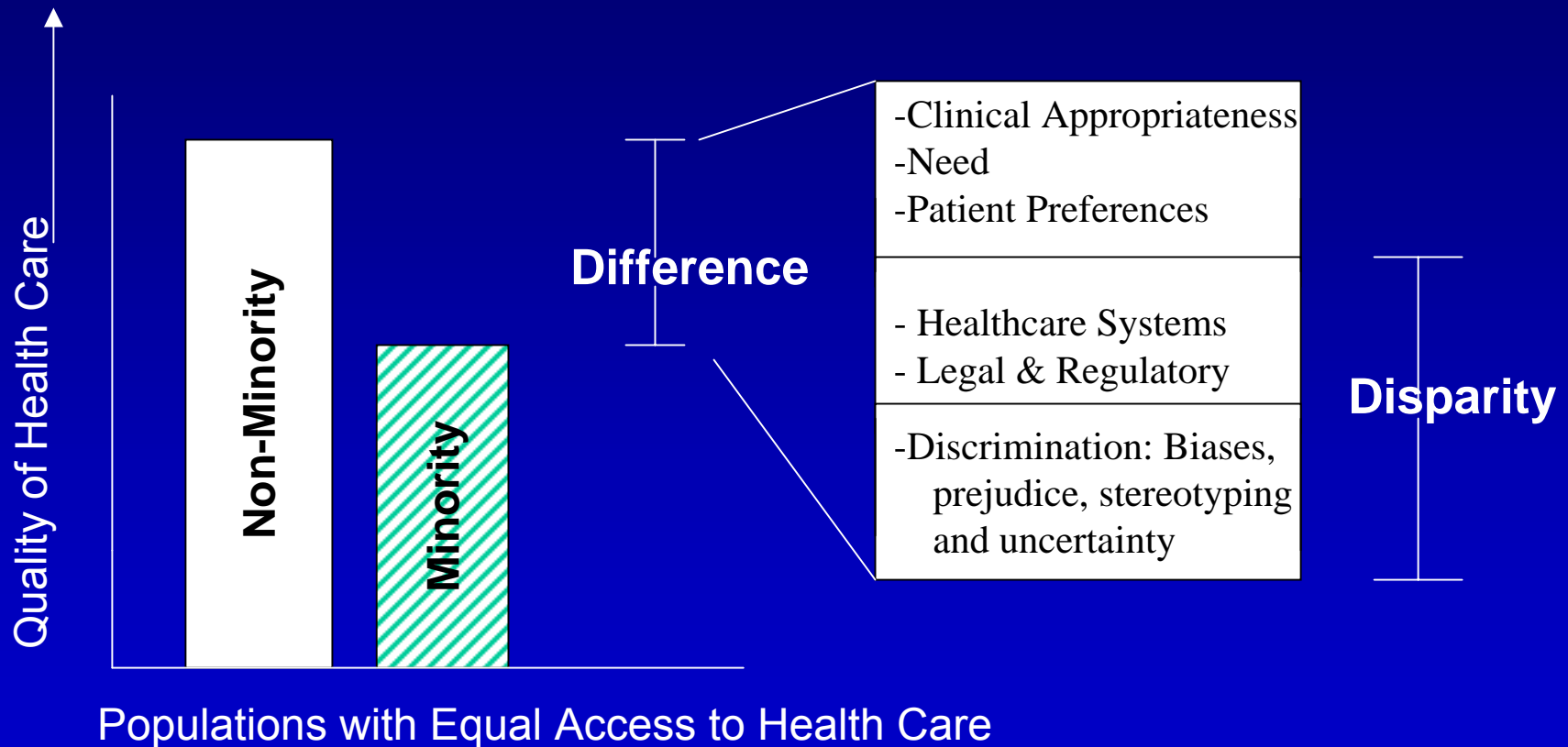
A SUPPLEMENT TO
MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. Public Health Service



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Differences, Disparities, and Discrimination

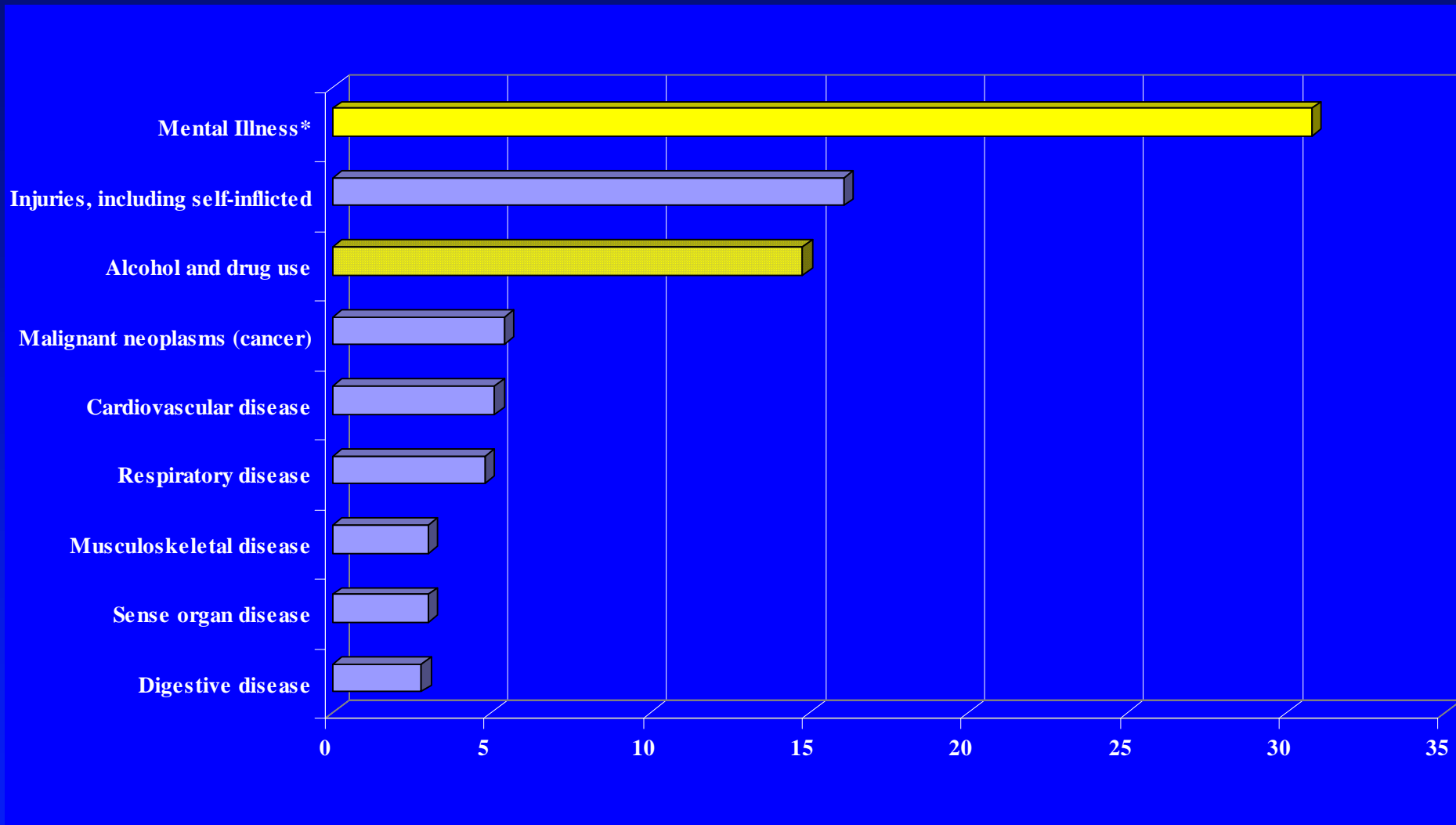


Adapted from IOM 2003



Burden of Disease (DALYs)

U.S., Canada, and Western Europe 15-44 years old

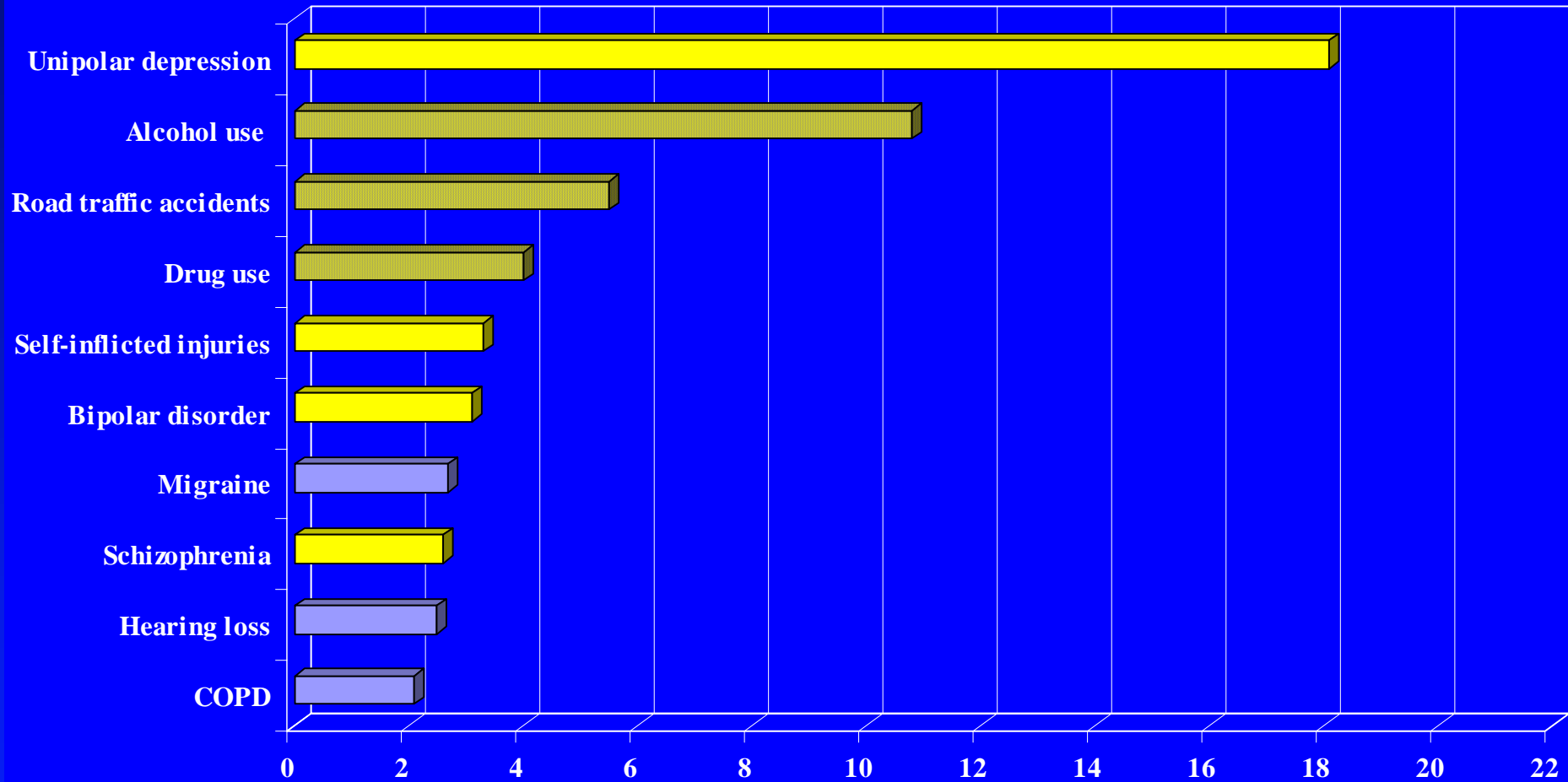


Source: WHO World Health Report 2002

Burden of Disease by Specific Illness – DALYs

United States, Canada, and Western Europe

15-44 years old



Source: WHO World Health Report 2002

Mental Illnesses: Why the high morbidity?

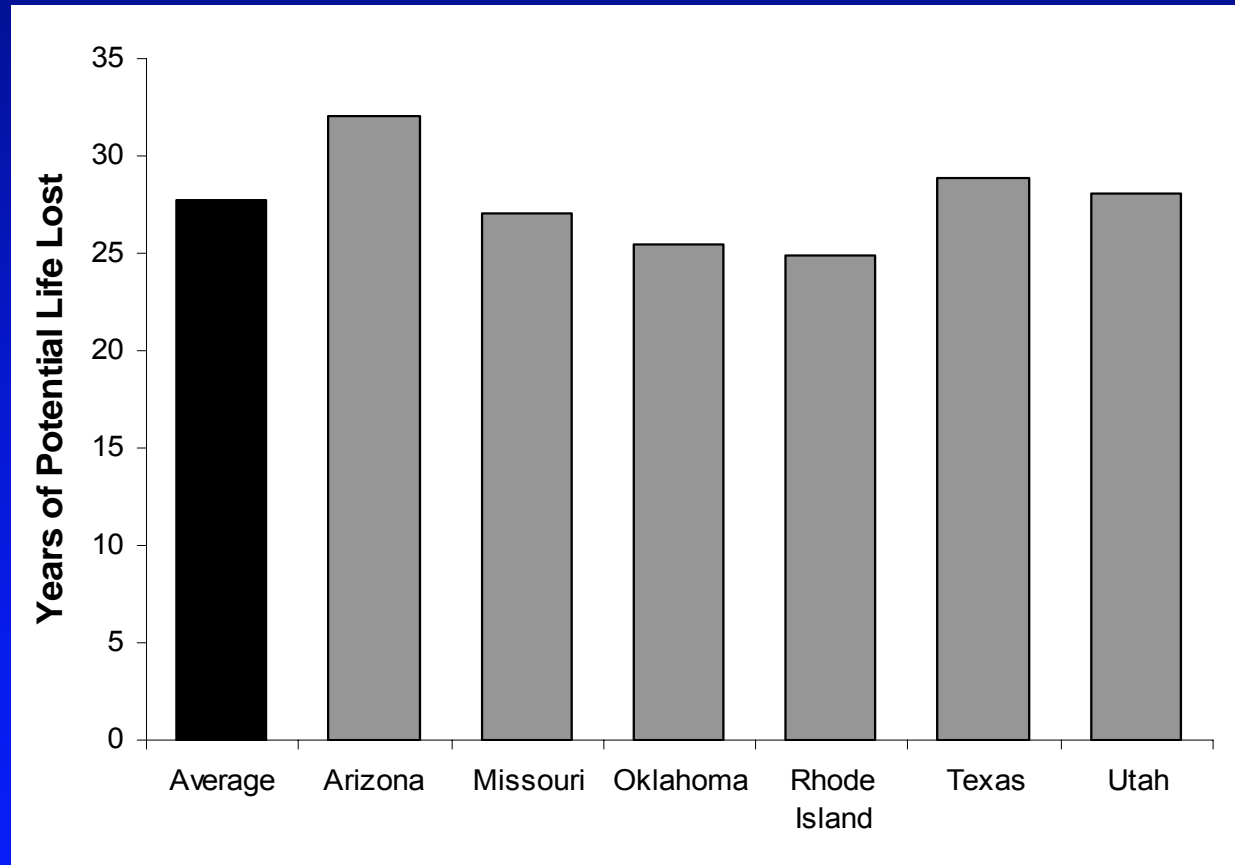
Prevalent (6% U.S. - serious)

**Disabling (largest population on
public assistance)**

Chronic disorders of young people

Public Health Impact: Early Mortality in Individuals with Major Mental Illness (MMI)

- Data from outpatient and inpatient pts diagnosed with MMI
- Average age at time of death : **56 years**
- Increased likelihood of dying from suicide
- Increased likelihood of dying from cardio-pulmonary disease



What Are The Disparities in Mental Health?

- Differences in prevalence?
- Differences in access?
- Differences in care?
- Differences in outcome?



Disparities in Mental Health Service Use

Correlates of 12-Month Mental Health Service Use

Variable	Any Treatment	Variable	Any Treatment
Age		Marital Status	
18-29	1.5*	Married	1.0
30-44	2.1*	Previously married	1.7*
45-59	1.8*	Never married	1.2
≥60	1.0	Income	
Sex		Low	1.0
Female	1.6*	Low average	0.7*
Male	1.0	High average	0.8
Race-ethnicity		High	1.0
Non-Hispanic white	1.0	Urbanicity	
Non-Hispanic black	0.5*	Large city	2.1*
Hispanic	0.6*	Small city	2.0*
Other	0.5*	Large Suburbs	2.0*
Education		Small Suburbs	2.2*
0-11	1.0	Adjacent area	1.9*
12	0.9	Rural	1.0
13-15	1.1		
16+	1.0		

How Are Racial/Ethnic Minorities Underserved?

Predictors of 12-Month Service Use

Race/Ethnicity	Any Treatment	Health Care Treatment Among Patients With Any Treatment
Non-Hispanic white	1.0	1.0
Non-Hispanic black	0.5*	0.4*
Hispanic	0.6*	0.8
Other	0.5*	0.6

Adjusted for age, sex, education, marital status, family income, county urbanicity, and insurance.

Wang et al. *Arch Gen Psychiatry* 2005



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Most Americans Do Not Receive Adequate Treatment for Serious Mental Illness (SMI)

	% With Any Treatment	% With Minimally Adequate Treatment	% Without Minimally Adequate Treatment
Anxiety Disorder	39.4	48.5	81.1
Mood Disorder	45.8	48.2	78.2
Non-affect Psychosis	55.9	7.3	95.9
Any of the Above	40.0	38.9	84.7



How Are Racial/Ethnic Minorities Underserved? *Predictors of Not Receiving Adequate Treatment for SMI*

Race/Ethnicity	Not Receiving Minimally Adequate Treatment, Among Those with SMI
	OR
Non-Hispanic black	3.3*
Non-Hispanic white	1.0
Hispanic	0.8
Other	3.6

Adjusted for age, sex, income level, education, urbanicity, region of the country, employment status, and marital status.

Wang et al. *Am J Public Health* 2002



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What are potential sources of disparities in care?

- Health care system factors:
 - Cultural and linguistic barriers to access
 - Structure of delivery systems
 - Financing
- Patient-level factors
 - Patient preferences
 - Refusal of treatment
 - Poor adherence
- Clinical encounter

Adapted from IOM 2003



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How Can Disparities Be Eliminated?

Summary of IOM Recommendations

AWARENESS

- general public
- key stakeholders
- providers
- patients

EDUCATION

- increase underrepresented minority health professionals
- integrate cross-cultural education into training programs

LEGAL, REGULATORY, POLICY

- enforce civil rights laws
- avoid fragmenting health plans along socioeconomic lines



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How Can Disparities Be Eliminated?

Summary of IOM Recommendations

HEALTH SYSTEMS

- Promote consistency & equity with evidence-based guidelines
- Structure payments to ensure services for minority patients and limit provider incentives that promote disparities
- Provide financial incentives for practices to reduce barriers
- Promote use of interpretation services where needed

DATA COLLECTION AND MONITORING

- report access, utilization, and quality by race, ethnicity, primary language and subgroups where possible
- monitor progress toward eliminating disparities

NEEDED RESEARCH

- identify sources of disparities
- assess promising quality improvement intervention strategies, e.g., community health workers & multidisciplinary care teams

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“We will be judged as a nation not by how we provide for those with the greatest assets but how we support those with the greatest needs.”

John F. Kennedy



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Paving the Way for Prevention, Recovery, and Cure

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