

Addressing Disparities in Mental Health Care

Philip Wang M.D., Dr.P.H.
Director, DSIR/NIMH



NIMH
National Institute
of Mental Health

Caveat 1: On Occasion, Differences In Care Might Be Clinically Appropriate

- African-Americans only 2/3 as likely to remit on an SSRI vs. Caucasians in STAR-D

Trivedi et al. *Am J Psychiatry* 2006

- SNPs in HT-2A receptor associated w/ SSRI response
- Homozygotes 18% more likely to respond vs. those without the allele
- Allele is 6 times more common in Caucasians vs. African-Americans

McMahon et al. *Am J Human Genetics* 2006



NIMH
National Institute
of Mental Health

Caveat 2: On Occasion, Differences in Care Might Be Due to Needs

Lifetime Risk of DSM-IV Disorders in the NCSR

Race/ Ethnicity	Lifetime Risk				
	Odds Ratio				
	Any Anxiety Disorder	Any Mood Disorder	Any Impulse- Control Disorder	Any Substance Use Disorder	Any Disorder
Non-Hispanic white	1.0	1.0	1.0	1.0	1.0
Non-Hispanic black	0.8*	0.6*	0.7	0.6*	0.7*
Hispanic	0.7*	0.8*	0.7	0.9	0.8
Other	1.2	1.1	1.1	1.2	1.0

Adjusted for sex, education, marital status, and sample size.



Caveat 3: Disparities Exist Across the Globe

Minimally adequate treatment in WHO WMH Surveys

Country Income Level	Country	Any Severity %
Low	Nigeria	10.4
Low-Middle	China	24.1
	Colombia	14.7
	South Africa	N/A
	Ukraine	N/A
High-Middle	Lebanon	24.5
	Mexico	15.2
High	Belgium	33.6
	France	42.3
	Germany	42.0
	Israel	35.1
	Italy	33.0
	Japan	31.8
	Netherlands	34.4
	New Zealand	N/A
	Spain	37.3
	USA	18.1

Wang et al *Lancet* 2007



NIMH
National Institute
of Mental Health

Caveat 4: Disparities Exist Across Health Care

Predictors of Failing to Receive an Adequate Course of Tamoxifen

Race/Ethnicity	OR
White	1.00
Nonwhite	1.62*

Adjusted for age, surgery, oncologist provider in past yr, Charlson score, other prescription drug use, outpatient services, and days hospitalized.

Partridge et al. *J Clin Oncology* 2003



NIMH
National Institute
of Mental Health

Caveat 5: Disparities Exist Across Other Demographic Groups

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



NIMH
National Institute
of Mental Health

How Are Racial/Ethnic Minorities Underserved?

Predictors of Treatment Dropout

Race/Ethnicity	Treatment Dropout OR
Black	1.43
Hispanic	0.81
Non-Hispanic white/other	1.00

Adjusted for income, age, urbanicity, insurance, gender, and education.

Edlund et al. *Am J Psych* 2002



How Are Racial/Ethnic Minorities Underserved?

Predictors of Newer APM Use

Race/Ethnicity	OR
White	1.00
Black	0.46
Other	0.11*

Adjusted for age, gender, educational level, comorbid Axis I conditions, and visits in prior 30 days.



How Are Racial/Ethnic Minorities Underserved?

Predictors of Chronic Opioid Treatment

Race	Rheumatoid arthritis	Osteoarthritis	Chronic low back pain	Ischemic heart disease
OR				
White	1.0	1.0	1.0	1.0
African American	0.6*	0.7	0.5	0.4
Other	0.4	0.9	1.4	2.7

Adjusted for age, male sex, hospitalization in prior yr, NH in prior yr, # of drugs, # of physician visits, comorbidity index, orthopedic surgery/fracture, diagnosis of osteoporosis, other surgery, NSAID use in prior yr, history of ulcer/GI bleed, renal disease, substance abuse/addiction, other psych diagnosis, benzodiazepine or barbiturate use, and other psych med use.

Solomon et al. *Arthritis & Rheumatism* 2006



How Are Racial/Ethnic Minorities Underserved?

Predictors of Suboptimal Antidepressant Regimens in the Elderly

Race	Adjusted OR of Using Potentially Hazardous Regimens	Adjusted OR of Using Potentially Low-Intensity Regimens
White	--	--
Nonwhite	0.96	1.24*

Adjusted for age, sex, yr antidepressant initiated, diagnoses, Charlson comorbidity score, other psych med use, total # of meds, hosp. days in prior 180 days, NH days in prior 180 days, and physician visits in prior 180 days.

Wang et al. *J Clin Psychopharm* 2005



How Are Racial/Ethnic Minorities Underserved?

Predictors of Guideline-Concordant Treatment for Depression, GAD and Panic Disorder

	Guideline-Concordant Treatment in the GMS Given Any GMS Treatment	Guideline-Concordant Treatment in the MHS Sector Given Any MHS Treatment
Race	OR	OR
Black	0.1*	0.1*
Other	0.5	1.0
White	1.0	1.0

Adjusted for age, gender, education, severity of mental illness, # of comorbid physical conditions, and insurance coverage for mental health visits.

Wang et al. *J Gen Intern Med* 2000



NIMH
National Institute
of Mental Health

Will Disparities Improve On Their Own?

Trends in Disparities Between the NCS & NCS-R

Race/ Ethnic Group	Any	PSY	GM + OMH	GM Only	OMH Only	HS Only	CAM Only
OR							
Hispanic	0.6*	0.5*	0.7	1.0	1.6	2.2*	0.4*
Non-Hispanic black	0.5*	0.9	1.1	0.8	0.6	2.7*	1.0
Other	0.5*	0.9	0.7	0.9	1.4	0.4	1.4
Non-Hispanic white	1.0	1.0	1.0	1.0	1.0	1.0	1.0

Adjusted for age group, sex, marital status, and education.

Wang et al. *Am J Psych* 2006



NIMH
National Institute
of Mental Health

Are Enhanced Care Interventions Effective In Minority Populations?

Outcomes From Partners-in-Care

	Latino		African American		White	
	Intv.	Cont.	Intv.	Cont.	Intv.	Cont.
<i>Appropriate care</i>						
6 mo.	30.0	21.8	43.1	28.8*	47.7	38.9*
12 mo.	39.4	26.4*	55.7	35.2	62.1	53.7
 <i>Probable depression</i>						
6 mo.	47.0	63.6*	23.9	56.1*	37.1	40.7
12 mo.	49.1	65.6*	30.7	58.0*	37.4	41.4

Are Enhanced Care Interventions Cost-Effective For Minority Populations?

	Latino Patients	Non-Latino White Patients
	Incremental Effect of Pooled QI	
Health care costs (including patient time)	\$207	\$708
Days of depression burden	-32	-28
Days of employment	20	24