Minority Mental Health Needs & Treatment in Virginia

SJR 46 (2008) Patron: Senator Marsh

Joint Commission on Health Care
Behavioral Health Care Sub-Committee
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Background

- In response to SJR 25; results of the study, "Minority Access to Mental Health Services," were presented to the Behavioral Health Care sub-committee of JCHC in 2007. The report focused on the following issues:
  - Rates of mental illness among minority populations
  - Access and quality of care
  - Need for greater cultural competency of health practitioners
  - Under-representation of minorities in mental health care workforce

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Background

- In November 2007, JCHC members voted to accept the policy option:
  - Request by letter from JCHC Chairman for the State Council of Higher Education for Virginia (SCHEV) to examine the issue of requiring cultural competence training as part of college curriculum for health profession majors.

SCHEV Report on Cultural Competency Training

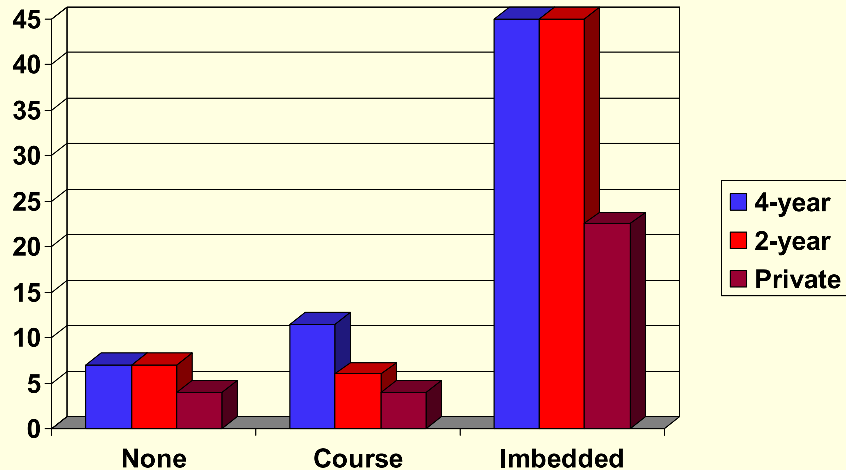
- SCHEV surveyed Virginia public and private institutions of higher education offering health professions programs, and then convened an ad hoc group of institutional representatives in health profession education programs to discuss the results
- Institutions surveyed:

  11 four-year public (100% response rate)

  23 two-year public (95.6% response rate)

  20 four-year private (55% response rate)

Methods of Teaching Cultural Competency Material



N=183 health profession degree programs at 44 institutions. Source: SCHEV report.

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Summary of SCHEV Findings

- Cultural competency training is a requirement for the vast majority of health programs.
- The majority of health profession programs are governed by accreditation standards that include at least one cultural competency goal in the curricular expectations.
- Licensing exams of several professions (e.g. nursing, occupational therapy, speech language pathology) test cultural competency. These standards influence the curricular content of health profession education programs.

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Summary of SCHEV Findings

- Deans of Virginia's nursing schools are planning a conference to exchange ideas and learn from innovative programs, such as ODU's nursing program which was recently awarded a grant of $765,000 from the Health Resources and Services Administration (HRSA) to continue its development of cultural competency training.
- Formal mandate regarding cultural competency in health profession curricula does not appear to be needed.

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Summary of SCHEV Findings

- However, members of the ad hoc group unanimously agreed that improving the pipeline of minority students for their programs is an essential element for ensuring cultural competence and reducing health disparities.

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Continuation of 2007 JCHC Minority Mental Health Study

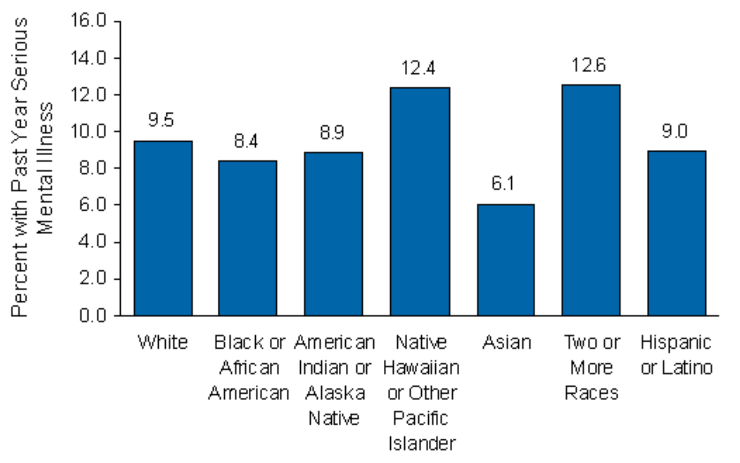
- During the 2008 legislative session, SJR 48 (Marsh) was passed
  - Directed JCHC to continue the study of the mental health needs and treatment of young minority adults in the Commonwealth.

Prevalence of Mental Illness among Minority Populations

- Overall, rates of mental illness are similar across racial/ethnic groups*
- However, minorities are more likely to be in high-need sub-populations (e.g. homeless or residing in an institution) whose rates of mental illness are higher and much less likely to be treated.

*American Indians tend to have higher levels of alcohol dependence and post-traumatic stress disorder; and some studies show higher rates of schizophrenia among the Black population, however higher rates disappear after controlling for age, sex, SES, and marital status. Researchers also found that African Americans are more likely to be misdiagnosed as schizophrenic. Blacks, Hispanics, and Asians tend to have lower levels of most other mental illnesses than Whites.

Past Year Serious Mental Illness among Adults Aged 18 or Older, by Race /Ethnicity: 2003



Source: Department of Health and Human Services. National Survey on Drug Abuse: Volume 1.

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Lifetime Prevalence of Psychiatric Disorders by Race/Ethnicity: 2001

	Hispanic	Black	White
Anxiety Disorders	24.9	23.8*	29.4
Mood Disorders	18.3	16.0*	21.9
Impulse Control Disorders	17.9	14.5	15.3
Substance Abuse	16.1	10.8*	14.8
All Disorders	43.7	38.5*	47.6

*Significant difference from Non-Hispanic Whites (Chi-Square at p=.05)

Source: U.S. Department of Health and Human Services. 2001. “Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General.”

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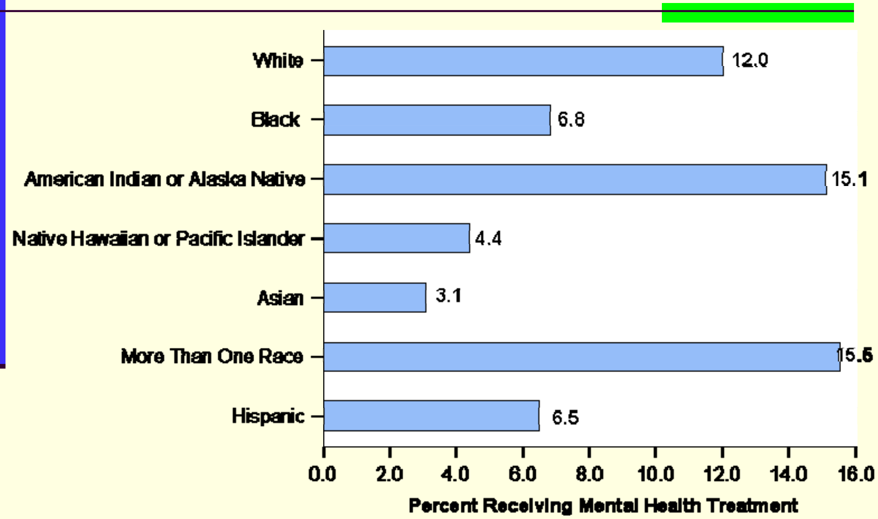
Race/Ethnic Mental Health Disparities

- Key Disparities:
  - Access to quality services
  - Help seeking and help utilization
  - Negative experiences within the system
  - Pervasiveness of stigma
  - Lack of language and cultural competency among practitioners
  - Lack of inclusion in research and clinical trials

Patterns of Mental Health Treatment by Race & Ethnicity: *National Data*

Past Year Mental Health Treatment, by Race/Ethnicity: 2000-2001



Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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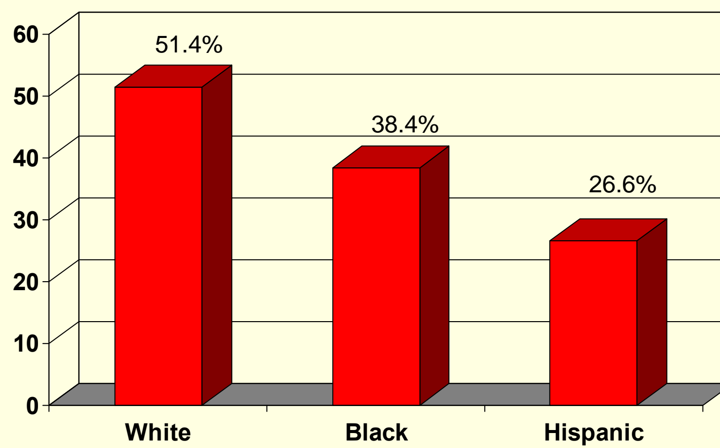
Percentages of Adults Aged 18 or Older Reporting Receipt of Past Year Mental Health Treatment/Counseling among Those with Serious Mental Illness, by Race/Ethnicity: 2001



Source: SAMHSA, 2001 National Survey on Drug Use and Health (NSDUH).

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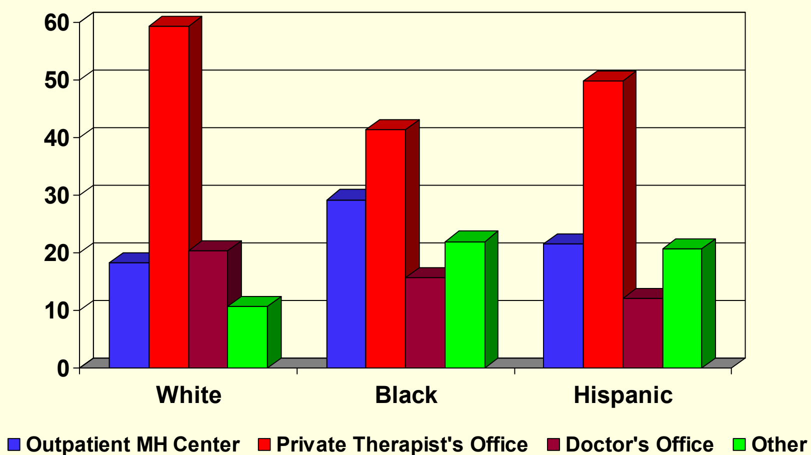
Percent of Adults Receiving Outpatient Mental Health Treatment in Past Year, by Race and Treatment Facility: 2000-2001



Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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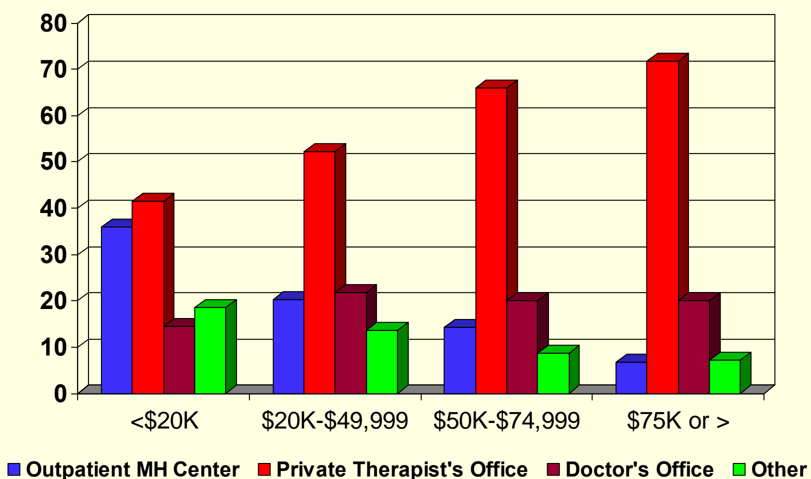
Percentages of Adults Receiving Outpatient Mental Health Treatment in Past Year, by Income and Treatment Facility: 2000-2001



Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Percent Distributions of Primary Payers for Outpatient Mental Health Treatment among Adults, by Race/Ethnicity & Income: 2000-2001

	Race/Ethnicity			Family Income			
	White	**Black**	**Hispanic**	**<$20K**	**$20K-$49,999**	**$50K-$74,999**	**≥$75K**
Self / Family	30	14	19	18	28	26	39
Private Insurance	39	23	30	16	37	52	45
Medicare	8	17	*	21	9	2	2
Medicaid	4	21	15	21	4	0.5	0.6
Free Treatment	5	8	4	10	5	4	2
Other	14	17	21	15	17	17	11

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Patterns of Mental Health Treatment by Race & Ethnicity: *Central Virginia Data*

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CVHPA 2005 Community Needs Assessment

"Within the past year, was there a time when anyone in your household needed mental health services?"

	Sex		Age		Race			Annual Household Income		
	Male	Fem	<35	≥35	White	Black	Other	<$30K	$30K-$49.9K	≥$50K
Yes	8%	12%	9%	11%	11%	11%	7%	14%	10%	12%
No	92%	88%	91%	89%	89%	89%	93%	86%	90%	88%
Chi Square	Significant		Not Significant		Not Significant			Marginally Significant (.050)		

CVHPA: Central Virginia Health Planning Agency. Data for central Virginia only.

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CVHPA 2005 Community Needs Assessment

"Did that person receive mental health services when needed?"

	Sex		Age		Race			Annual Household Income		
	Male	Fem	<35	≥35	White	Black	Other	<$30K	$30K-$49.9K	≥$50K
Yes	84%	87%	63%	89%	92%	70%	75%	78%	79%	92%
No	16%	11%	37%	9%	7%	26%	25%	19%	13%	8%
Chi Square	Not Significant		Significant		Significant			Significant		

CVHPA: Central Virginia Health Planning Agency. Data for central Virginia only.

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CVHPA 2005 Community Needs Assessment

"Why was the person unable to receive mental health services when needed?"

- Top three responses by Race:*
  - White:
    - Could not afford it
    - Lack of time
    - Couldn't find a provider
  - Black:
    - Couldn't afford it
    - Insurance was not accepted
    - Didn't know how to get help/Refused to get help
  - Other:
    - Didn't know how to get help/Refused to get help
    - Could not afford it (all cases captured in these two)

*Very small sample sizes: White (16), Black (18)., Other (3)

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CVHPA 2005 Community Needs Assessment

"Where did he/she go for mental health services?"

	White	Black	Other
Private Physician	9%	1%	0
Private Psychiatrist's or Counselor's Office	55%	28%	57%
Psychologist	8%	1%	0
Community Services Board	7%	13%	33%
Private Acute Hospital	7%	2%	0
State Hospital	2%	4%	0
Military Hospital	3%	15%	0
Clergy / Church	0	0	0

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Unduplicated Percents of Consumers who Received at least 1 Mental Health Service at a Hospital or CSB, by Race: 2007, Virginia

	White	Black	Asian	Am. Ind./ Al. Nat.
All MH Services	62.1 %	28.6%	1.3%	.34%
SMI / SED	62.5%	30.3%	1.5%	.33%
% of Va. Pop.	73.2%	19.9%	4.8%	.35%

Source: Department of Mental Health, Mental Retardation, and Substance Abuse.

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Patterns of Mental Health Treatment by Race & Ethnicity: *Virginia Data*

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Percent of Hospital Admissions by Principal Diagnosis and Race: All Ages, 2007, Virginia

	White	Black	Hispan.	Asian	Am.Ind
Acute Anxiety	2.0	1.4	2.9	1.9	
Adjust. Dis./Neuroses	2.3	1.9	3.7	3.9	
Alcohol/Drug	16.5	10.0	20.5	6.2	21.4
Bipolar Disorders	26.6	16.1	16.3	20.8	19.0
Childhood Behav. Dis.	.8	1.3	1.1	.4	
Depressive Disorders	36.6	34.6	39.6	40.7	42.9
Other Mental Illness	.7	1.0	.4	2.7	
Organic MH Disturban.	2.3	1.7	.3	1.5	
Schizophrenia	11.9	32.0	14.8	21.8	16.7
	100%	100%	100%	100%	100%

Source: VHI

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Percent of Hospital Admissions by Principal Diagnosis and Race: **Ages 18-25**, 2007, Virginia

	White	Black	Hispan.	Asian	Am.Ind
Acute Anxiety	1.3	.9	2.4		
Adjust. Dis./Neuroses	3.7	2.4	3.0	4.2	
Alcohol/Drug	10.1	3.7	6.1	.8	22.2
Bipolar Disorders	32.9	16.6	18.8	22.9	22.2
Childhood Behav. Dis.	.8	.4			
Depressive Disorders	39.3	38.1	47.3	43.2	55.6
Other Mental Illness	.4	.9		2.5	
Organic MH Disturban.	.3	.1			
Schizophrenia	10.5	36.7	22.4	26.3	
	100%	100%	100%	100%	100%

Source: VHI

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Percent of Hospital Admissions by Admitting Source, Race, & Age: 2007, Virginia

	Age	White	Black	Hispan	Asian	Am.Ind.
Clinic Referral	All	3.8	5.6	3.1	7.3	2.4
	18-25	3.9	6.9	3.0	8.5	11.1
Court / Law Enforcement	All	7.8	8.3	7.4	8.5	14.3
	18-25	10.2	13.0	11.5	11.0	11.1
Emergency Room	All	45.7	48.4	53.7	42.0	38.1
	18-25	46.3	45.0	50.9	37.3	55.6
HMO/Physician Referral	All	33.5	29.7	29.1	32.4	28.6
	18-25	29.5	27.4	25.5	33.9	22.2
Transfer	All	4.7	3.2	5.6	5.9	4.8
	18-25	5.2	2.9	7.2	5.1	0
		100%	100%	100%	100%	100%
		100%	100%	100%	100%	100%

Source: VHI

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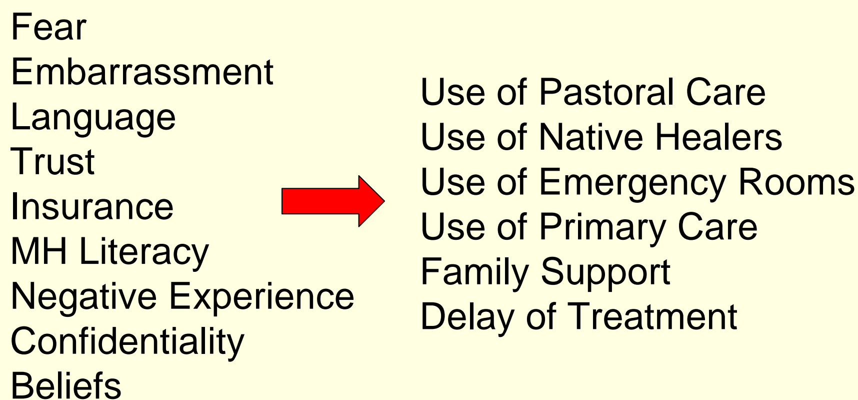
Factors Influencing Consumer Treatment Decisions



Source: Adapted (with revisions) from Snowden (2004) and Neighbors (2007)

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Implications of Treatment Decisions & System Characteristics

>Acute Episodes
Chronic Conditions
>Risk of Death
>Uneven Utilization
<Access & Availability
<Quality of Care
>Risk of Misdiagnosis
>Inpatient Treatment
>Use of Courts

Source: Surgeon General (1999) and New Freedom Commission (2003)

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Prescriptions for Change

- Interface of mental health care and general medicine
  - The U.S. has “had a ‘system’ of care in which mental health has been set apart, separate from primary or general health care. Now that it is understood that mental and general health are inextricably linked, the two disciplines must be brought together.” (New Freedom Commission on Mental Health, 2003, p.v)
  - Equalizing insurance coverage for mental and physical care
    - Federal law takes effect January 1, 2010.
  - Primary care providers need to be able to recognize mental illness and either treat or refer individuals to more specialized care.

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Prescriptions for Change

- Anti-stigma campaigns in minority communities
- Continued cultural competency training for mental health practitioners
- Foster greater interest in the mental health care field among minority high school students
- Address socio-economic issues: poverty, shortage of affordable housing, lack of transportation in rural areas, and employment issues

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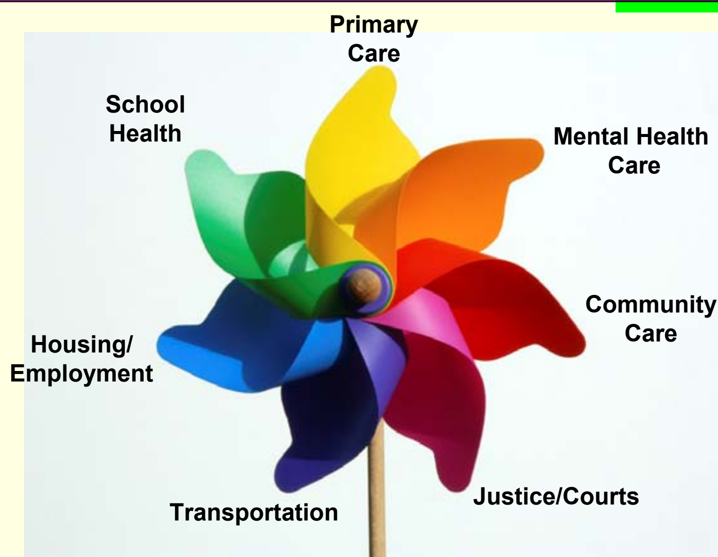
Integrated Community Collaborative Care



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