

## Foreword on Moving Forward

Language about **identity, diversity, equity, and inclusion** evolves relatively quickly. The language and terms used throughout this course reflect contemporary best practice and guidance. To ensure continuous alignment with current best practice, terminology will be reviewed and updated as guidelines evolve. For example, when color is used regarding race, capital letters are used (e.g., Black, White, Brown), as recommended by the National Association of Black Journalists.

Patients throughout this course will use varying pronouns, such as she/her, he/him, and they/them, to reflect the range of gender identities that exist within our communities.

**CME**  **CAST**

# Health Inequities in Mental Health Care

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Monica E. Peek, MD, MPH, MS, FACP  
Ellen H. Block Professor of Medicine, Section of  
General Internal Medicine  
Associate Director, Chicago Center for Diabetes  
Translation Research  
Director of Research, MacLean Center for  
Clinical Medical Ethics  
The University of Chicago  
Chicago, IL



Amanda J. Calhoun, MD, MPH  
Adult/Child Psychiatry Resident  
Yale Child Study Center  
Yale School of Medicine  
New Haven, CT



Jessica Isom, MD, MPH  
Clinical Instructor, Department of Psychiatry  
Yale School of Medicine  
New Haven, CT  
Attending Psychiatrist, Codman Square Health Center  
Dorchester, MA



## Previous Activities to Check Out:



**Equity and Health  
Care Disparities:  
The Role of Leaders  
in Addressing the  
Crisis**



**Addressing  
Unconscious Bias  
and Disparities in  
Health Care:  
A Call to Action**



**Call to Action:  
Racial Disparities  
in Maternal Health**

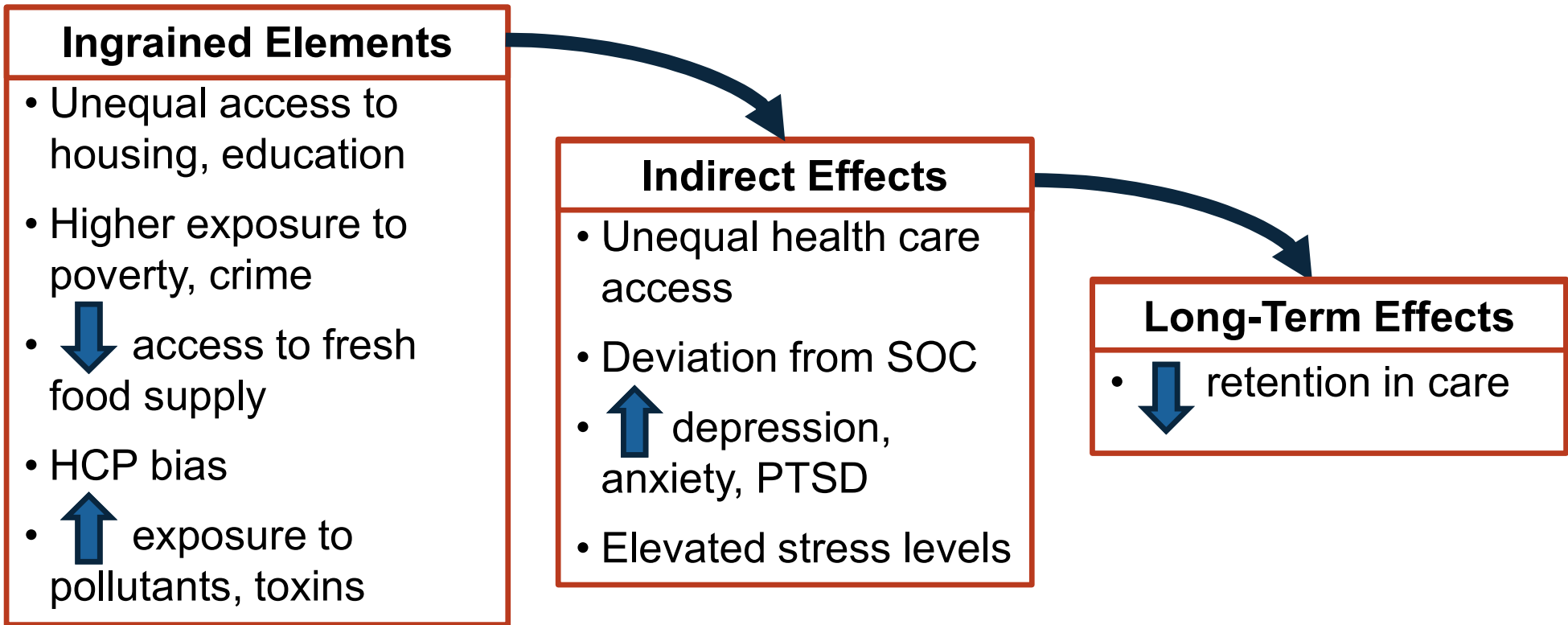


# Learning Objective

Analyze the influence of unconscious bias, health disparities, and health inequities on mental health care.



# Health Disparities: How We Got Here



HCP = health care professional; PTSD = post-traumatic stress disorder; SOC = standard of care

1. Hasan B, et al. *Clin Rheumatol*. 2022;31:1–13. 2. CME Outfitters, LLC. 2021. Equity and Health Care Disparities: The Role of Leaders in Addressing the Crisis. 3. CME Outfitters, LLC. 2021. Addressing Racial Disparities in Orthopedic Care. 4. CME Outfitters, LLC. 2021. Achieving Equity in the Management of Chronic Pain: Treating the Whole Patient. 5. CME Outfitters, LLC. 2021. Parameters of Pain Care: Mitigating Racial Disparities in Patients with Chronic Pain.

# Mental Health Care Inequities + Disparities

## Bias and Stigma



- Race ≠ biology
- Implicit and explicit bias of HCP
- Cultural stigmas surrounding mental illness and care
- Institutional racism, both past and present

## Patient Engagement



- Shared decision-making (SDM)
- Passive vs. active engagement
- Cultural humility and language congruency
- Trauma-informed assessment

## Prescribing Habits



- Evidence-based treatment options
- Psychology and psychodynamics of Rx medications
- Cost, stigma, trust, and SDoH factors influencing adherence

## Patient Outcomes



### Non-White MH Care:

- ↑ inpatient and ED use
- ↓ access to care
- ↓ quality care
- ↓ tx adherence
- ↑ forced/mandated tx
- ↑ incarceration vs. treatment



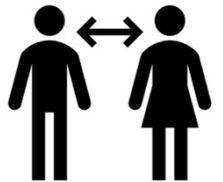
# Bias and Stigma in Mental Health Care

- Race is NOT biological - disparities fueled by bias, stigma, and other inequities
- Mental health system weighted heavily to values and norms predominately held by White people
- Institutional and individual HCP bias influences mental health care experience for patients with diverse race/ethnicity
  - Implicit vs. explicit bias
  - HCPs may assume patients cannot “think for themselves” and use authoritarian approach
  - Must address personal class, race/ethnicity, expertise, body image, paternalistic, etc. bias
- Mental health stigmas more pervasive in underserved populations



# HCP-Patient Communication Tactics

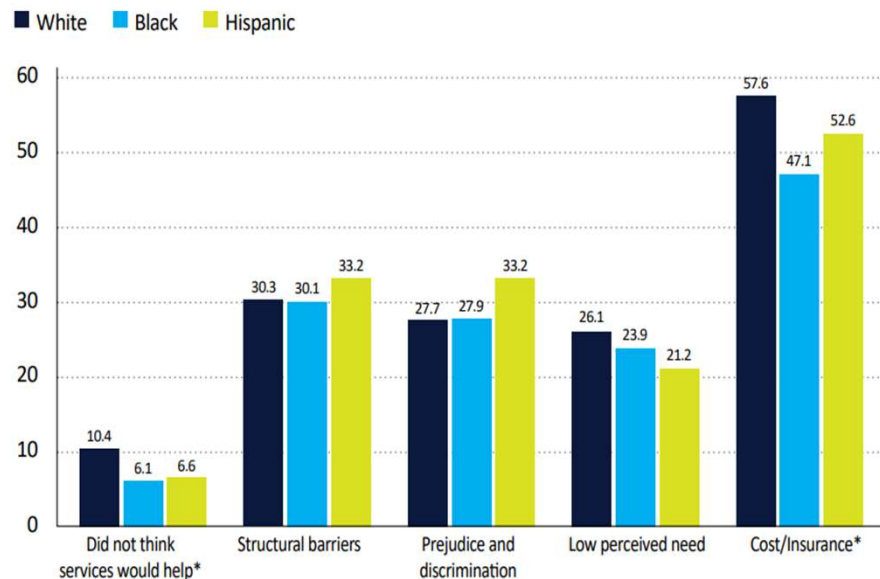
- Passive vs. active language
- Use SDM to craft treatment plans and goals
- Foster cultural humility and anticipate language barriers
- HCP responsibilities to raise patient engagement:
  - Discuss SDoH barriers without classist assumptions
  - Avoid paternalistic/authoritarian language
  - Oversharing is better than undersharing
  - Practice trauma-informed assessment
  - Provide information according to patient's level of health literacy
- Acknowledge psychodynamics of prescription medications:
  - Consider patient's values and beliefs
  - Provide education about what they are "putting in their body"
  - Discuss process of picking up/receiving medication
  - Acknowledge possibility of "trial and error" up front



# Addressing Cost Barriers

## Cost is most reported barrier to using mental health services

Adults with any mental illness with unmet need for services, by reason for unmet need:



## Cost barriers can include:

- Lack of adequate health insurance coverage
  - Out-of-pocket or insurance cost-sharing price
  - Prior authorization, formulary challenges
- Lack of transportation to appointments or pharmacy
- Difficulty taking time off work or finding childcare

## Openly discuss and address financial constraints:

- What evidence-based treatments are available within patient's ability to pay?
- What insurance requirements need to be met to access medication?
- Can telehealth and/or delivery services be used?
- What should the patient do if barriers are encountered?

# Resources for Achieving Equity in Mental Health Care

- Coverage to Care (C2C) Roadmap to Behavioral Health: <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Roadmap-to-Behavioral-Health-508-Updated-2018.pdf>
- BEAM: <https://blackmentalhealth.com>
- VA REACH program: <https://www.va.gov/REACH/challenges/>
- Therapy for Black Girls: [www.Therapyforblackgirls.com](http://www.Therapyforblackgirls.com)
- Incorporating Racial Equity into Trauma-Informed Care: <https://www.chcs.org/media/Brief-Incorporating-Racial-Equity-into-Trauma-Informed-Care.pdf>
- NIMH Stigma and Discrimination research: <https://www.nimh.nih.gov/about/organization/dar/stigma-and-discrimination-research-toolkit>
- CDC's Health Equity Guiding Principles for Inclusive Communication: [https://www.cdc.gov/healthcommunication/Health\\_Equity.html](https://www.cdc.gov/healthcommunication/Health_Equity.html)
- SAMHSA Behavioral Health Equity Resources: <https://www.samhsa.gov/behavioral-health-equity/resources>
- National Network to Eliminate Disparities in Behavioral Health (NNED): <https://nned.net/>
- APA Health Equity Assessment Tip Sheet for Mental Health Providers: <https://www.apa.org/pi/health-equity/assessment-guide>

# SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

- Discuss potential barriers to accessing follow-up care and treatments with every patient before treatment planning begins.
- Assess and address inequities experienced by each patient during the assessment and treatment planning processes, including unconscious bias, prior health care experiences, SDoH, age of onset of mental health difficulties, occupation, comorbidities, and health literacy.
- Educate patients on their condition and available treatment options with cultural humility and language congruency to minimize disparities in mental health care and promote health literacy.
- Utilize shared decision-making practices with patients to develop holistic, individualized treatment plans with relevant community resources for each patient.



*Visit the*  
**Diversity and Inclusion Hub**

Free resources and education for  
health care professionals and patients

<https://www.cmeoutfitters.com/diversity-and-inclusion-hub/>

*Check out the entire series for additional activities, resources, and more.*

**Cardiology**

**Maternal Health**

**Pain Management**

**Gastroenterology**

**Mental Health**

**Vaccination**

**Joint Health**

**Obesity**

**Vision Care**

[www.CMEOutfitters.com/diversity-and-inclusion-hub/](http://www.CMEOutfitters.com/diversity-and-inclusion-hub/)

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