

VIEWPOINT IN PUBLIC HEALTH

Eliminating racial and ethnic disparities in behavioral health care in the U.S.

Hoa B. APPEL¹, Phuoc D. NGUYEN²

Affiliation:

1. *PhD, MPH, Behavioral Health Director, University of Washington School of Nursing and Health Studies, Bothell, WA, USA*

2. *BS, Medical Student, Des Moines University College of Medicine, Des Moines, IA, USA*

Corresponding Author:

Dr Hoa B. Appel, University of Washington Bothell, 18115 Campus Way NE, Bothell, WA, USA Email: happel@uw.edu

Abstract

Notwithstanding much research and discussion about health care disparities over the years, racial and ethnic disparities persist. This is particularly evident in the Latino community where decades of research has been conducted. We propose a close examination of the three key issues in the struggle to eliminate obstacles to care: universal approach, insurance coverage, and diversifying the behavioral health care workforce. This viewpoint discusses individual and systemic barriers in the U.S., tailoring the examination to the specific needs of the specific population. Insurance coverage, especially Medicaid expansion, should be available in every state in order to allow access to all. Lastly, health care workers and providers should be prepared to treat behavioral health needs in their primary care practice. This paper highlights the need to further investigate these topics in order to help eliminate the disparities that still exist in our growing populations of racial and ethnic minorities from the standpoint of health care practitioners in their practices.

KEY WORDS: Behavioral health; mental health; Latinos; health disparity; primary care; insurance.

Riassunto

Nonostante molta ricerca e discussione sulle disparità di cura negli anni, le disparità razziali ed etniche persistono. Questo è particolarmente evidente nella comunità dei Latinos dove decenni di ricerca è stata condotta. Noi proponiamo un approfondimento delle tre problematiche chiave nella lotta per eliminare gli ostacoli alla cura: approccio universale, copertura assicurativa, e diversificazione della forza lavoro del comparto sanitario. Questo articolo discute sulle barriere individuali e sistemiche negli Stati Uniti, esaminando le specifiche necessità della specifica popolazione. La copertura assicurativa, specialmente un ampliamento della Medicaid, dovrebbe essere disponibile in ogni stato per consentire l'accesso a tutti. Infine, gli operatori sanitari ed i fornitori di cura dovrebbero essere preparati a trattare le necessità sanitarie nella loro pratica di cure primarie. Questo lavoro evidenzia la necessità di approfondire tali argomenti con la finalità di aiutare ad eliminare le disparità che ancora esistono nelle nostre popolazioni composte da minoranze etniche e razziali dal punto di vista dei sanitari nella loro pratica medica.

TAKE-HOME MESSAGE: Latinos now comprise the largest minority group in the U.S. However, there still is not sufficient comprehensive discussion and action to reduce the barriers to behavioral health care faced by this group. It is important to tailor an all-inclusive agenda with the purpose of eliminating racial and ethnic disparities in behavioral health care for Latinos in the U.S.

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INTRODUCTION

Latinos constitute the largest and fastest growing immigrant population in the United States (U.S.) [1]. The 2014 National Healthcare Quality and Disparities Report found alarming racial/ethnic disparities in mental health access and treatment [2]. The report found Latino and Black adults were, respectively, 16.4% and 10% less likely than whites to receive treatment for depression in 2012[2]. For other mental health needs, Latinos were significantly less likely to receive active treatment (22.4%) than whites (37.6%) [3]. Latinos were also less likely than whites to complete treatment for substance use such as alcohol and drugs [4, 5], and had lower odds of receiving adequate depression care [6]. These findings indicate that even when they receive treatments these patients still have unmet needs for alcohol, drug abuse, and mental health problems. Latinos and Hispanics will be used interchangeably in this paper. Behavioral health (BH) refers to both mental health and substance use.

Research shows that patients see their primary care providers for both physical and behavioral health needs so that BH care should be integrated in every healthcare system. Studies show that an increasing number of general practitioners must also treat BH concerns, with 59% of psychiatric medications being prescribed by general practitioners [7, 8]. Access to health care and early detection can improve BH conditions [9, 10], and quality interventions and treatments are also less accessible to minority populations [11]. Low rates of health care utilization contribute to lower odds of timely treatment [12, 13]. The aim of this paper is to analyze the barriers to BH care faced by Latinos in the U.S. and discuss on how to remove them in order to

eliminate racial and ethnic disparities in BH care. Our focus is to bring perspectives on reducing health disparities and to highlight areas where BH can be improved in order to enhance patient health outcomes

DISCUSSION

Health care disparity refers to differences among groups with respect to health insurance coverage, access to and use of care, and quality of care. Health care disparities often refer to variations in health needs, access-related factors, or treatment recommendations. They are closely linked with social, economic, and/or environmental disadvantage [14]. The terms ‘health inequality’ and ‘inequity’ also are used to refer to disparities [15]. The conceptual framework for health disparities includes three phases: detecting, understanding, and reducing disparities [16]. In various degrees, these phases of health disparities are addressed in the U.S. We will discuss the systemic inequalities, the cultural factors and the intrapersonal barriers that contribute to decreased health outcomes in Hispanic Americans. These alarming numbers suggest there has been little change in BH access and treatment. In order to reduce disparities in care, policymakers should address some mistaken assumptions that help create barriers to behavioral health care services.

Barriers to behavioral health care services

Universal approach

Even taking out of the equation barriers that appear responsible for disparities, such as the cost of health care and health insurance, more subtle barriers to BH treatment persist. Some of them are individual and systemic barriers [9, 10]. Examples of individual barriers include Latinos’ cultural mistrust of the mental health system [17], the reluctance to admit mental health problems to

others [18], and language barriers [19, 20]. Systemic barriers include a general lack of access to BH services. This is especially the case where there is a lack of ethnic or racial match between patient and provider, and for people with multiple chronic conditions and behavioral health comorbidities such as depression and anxiety, which lead to poor health outcomes [21-23]. Latinos reported their preferred provider as someone who belongs to their same ethnic group and understands their culture [24]. When asked for their treatment preferences, 45.5% cited that pills or medication would be their preference for treatment as compared with other therapeutic methods [25]. This highlights the need for more Latino healthcare providers to reduce individual and systemic barriers. A one-size-fits all approach will not effectively reduce disparities in behavioral health services. Patient-centered care has been much discussed but addressing these patients' needs continues to challenge health care providers [26]. Individualized care with sensitivity and responsiveness to cultural heterogeneity must be employed in order to address adequately the individual needs of each patient [26, 27]. Latinos report that their mental illness is caused by external factors such as loss of family and friends, family issues, and relocation/migration [25]. They have also been less likely to seek spiritual advice than whites. They reported that they made their own medical decisions, something of which providers should be aware when seeing patients [25].

Addressing preference of diverse populations

Research shows limited facets of diverse populations' preferences are being addressed. Behavioral health service delivery does not explain how minority patients prefer to be helped. Training providers to be culturally competent is a good start, but the infrastructure that supports culturally competent providers is lacking [26]. The provider-patient interaction requires

understanding in language, familiarity with the patient's cultural preferences, and that the provider speak to the patient in unbiased, understandable terms [28]. Cultural factors such as language and ethnic identity predict an increased use of mental health services in Latinos [20]. Help-seeking behaviors vary according to nativity, language proficiency, and cultural conflict [19, 29, 30].

Latinos respond to barriers to care in different ways according to certain factors. Some will handle problems without any help, not expecting treatments to work; some may be unsure where to obtain BH treatment [9, 12]. Latinos lack continuity of care, access to BH services, and understanding of the need for treatment. The latter may result in insufficient BH usage [19, 31, 32]. One of the largest barriers affecting access to care was perceived economic factors. Forty percent responded that fear of losing their income was the primary factor preventing seeing a medical professional [17]. Furthermore, 47% of minorities reported embarrassment as the reason for not obtaining care. The findings are consistent with other research that Latinos express greater shame in having substance abuse problems or mental illness because such problems are often seen as an internal weakness [17, 24, 33].

Insurance coverage

Even though more uninsured patients receive health coverage under the Affordable Care Act (ACA) in 2010, minorities remain less likely to be insured and continue to lack health care access. While the ACA allowed Medicaid and marketplace expansion in 2014, the Hispanic uninsured rate is still more than 2.5 times higher than the rate for whites [34]. Even though Medicaid waiver allow for more insurance coverage to low-income recipients, particularly those in the rural areas, about 13 states lack the Medicaid waiver [35, 36]. Minority groups, the

uninsured, low-income, and people living in minority neighborhoods tend to experience lower access to BH compared with the general population [22, 37, 38].

Individuals without health insurance are less likely to seek and obtain medical care when they are sick, especially among populations of color. State and federal agencies should provide interpreting services as part of a covered Medicaid service to encourage those with language barriers to seek health services, since language barriers prevent Latinos from seeking care [19, 20]. Increasing availability of BH services in minority neighborhoods would increase usage, especially with clinics that accept Medicaid and have Spanish-speaking providers whose care is culturally appropriate so that patients feel at ease [39]. This is important because screening for BH in primary care is more common now than ever.

Diversifying and expanding behavioral health workforce

Latino patients prefer to speak to their primary care providers (PCPs) about mental health issues, as compared to non-Latino white patients [24]. At the same time, compared with non-Latino whites, Latinos are more likely to experience shame and embarrassment about having a mental illness [24]. Integrating primary care with BH care allows patients to address their mental health and substance use issues with one visit [40, 41]. Almost 20% of Hispanics received mental health services from their PCP while 9.3% receive services from a specialty provider [32, 42]. Another study has shown that 28% of Hispanic patients seek mental health services in primary care versus 4.2% in specialty care [3].

Primary care provides continuity of care to patients for improved patient outcomes. Patients with mental health disorders who had visited their psychiatrist at least twice over six months were found to have significantly lower rates of death than their counterparts who had lower rates of

continuity of care [43]. Furthermore, patients who had high continuity of care with their PCP were significantly less likely to be hospitalized (16.1%) and health care costs were 14.1% lower [44]. These factors predict success for patients in reducing disparities and costs and relief for the strained healthcare system. With the increasing role of PCPs treating those with BH concerns, primary care is poised to integrate BH services with primary care [7, 8].

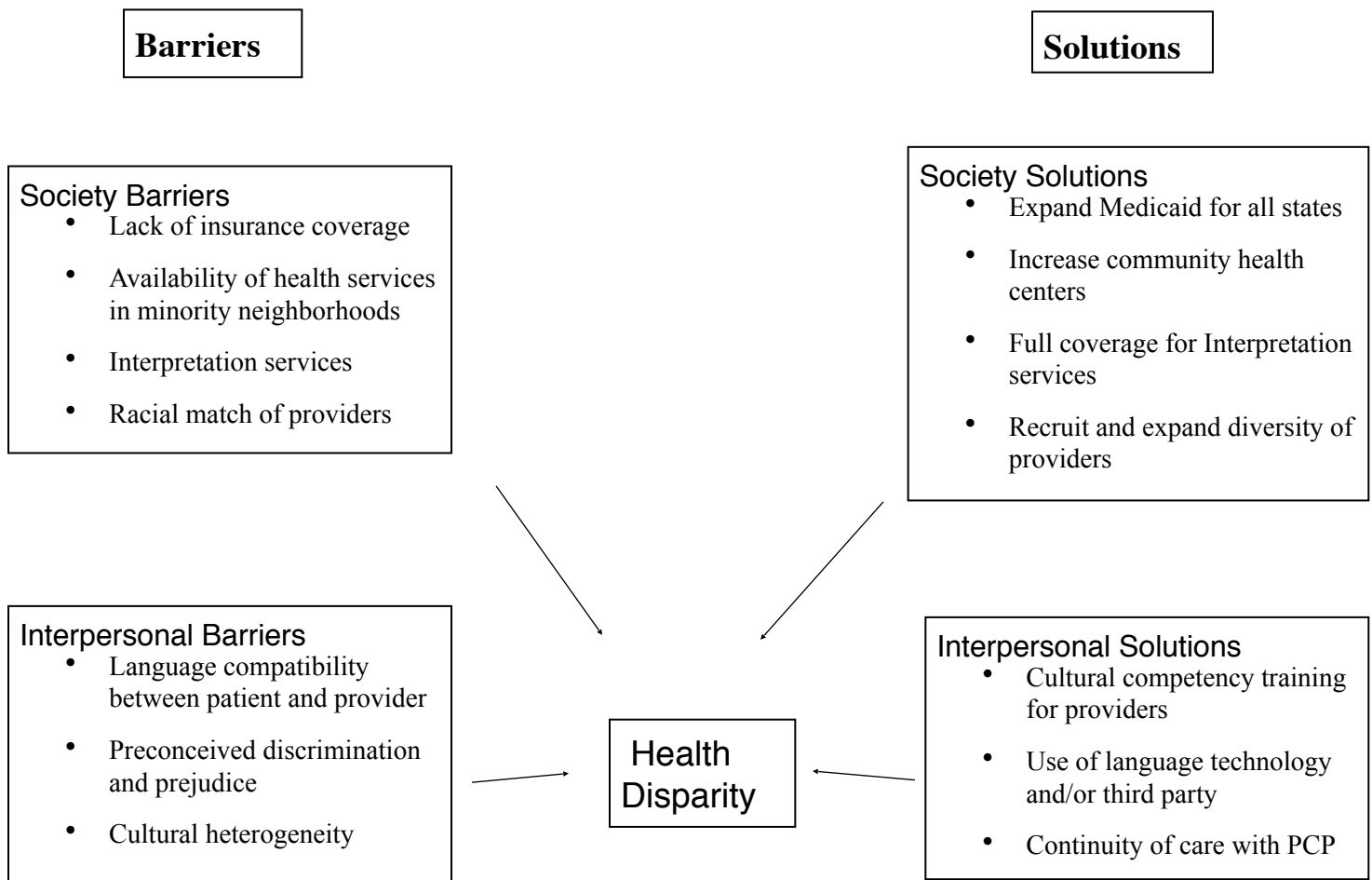
DISCUSSION

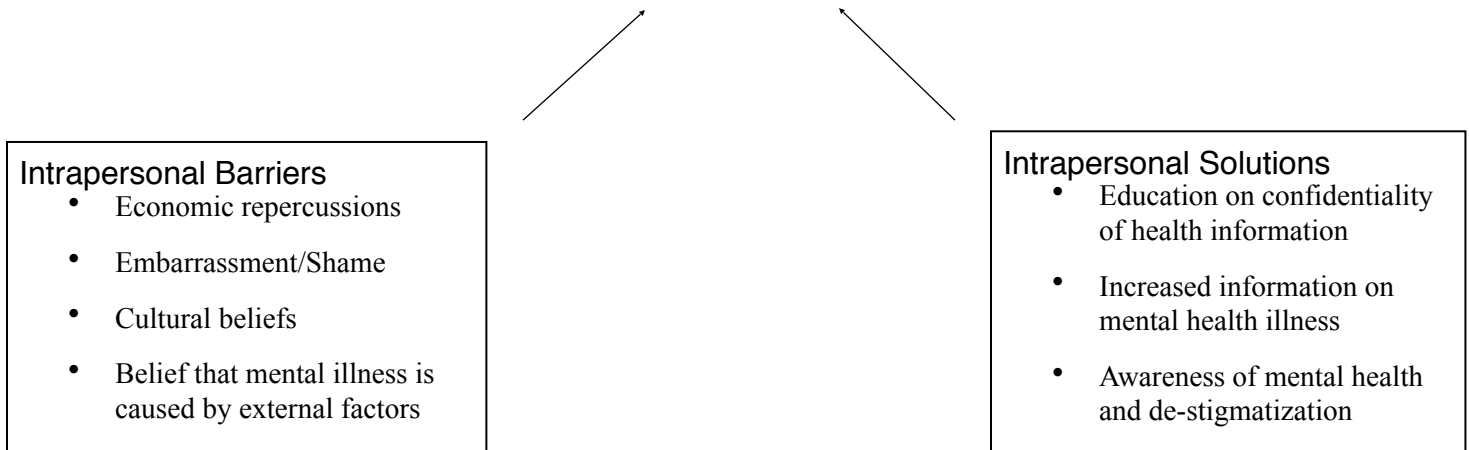
In order to use Kilbourne's conceptual framework as a guide to reduce health disparities in Latinos, it is needed to understand the obstacles to mental health care faced by racial and ethnic minorities today [16]. We have long since detected the disparities, yet they continue to persist. Latinos have substantially worse health outcomes than their white counterparts and are less likely to receive medical treatment, complete their treatment, and receive timely treatment [2-4]. Latinos receive a majority of their BH from their PCP instead of a specialist. This highlights the importance of a PCP in preventative care and as a person of trust. PCPs are often the first point of contact for many of these patients and they greatly influence the pathway of care [24, 43, 44]. In order to obtain health equity, multiple sectors must make an intentional effort towards change. We must recognize such barriers as unexpected preferences in how BH should be received, lack of health insurance coverage, and PCPs who lack the humility and cultural knowledge to make minority patients feel comfortable and heard [20, 24-26, 28]. The trend toward relying on PCPs for BH care rather than on specialists highlights the importance of primary care for mental health needs in this population [3, 7, 8, 32, 42].

Health care providers, policy makers, community leaders, and educators all play important roles in eliminating health disparities. By 2050, the population of color is projected to comprise half

the population of the U.S., with the largest growth projected to occur among Hispanics [1]. The increased access to care resulting from the ACA is a step in the right direction, but all states should have a Medicaid expansion program where BH care and interpreting services are covered [35, 45]. These issues are further complicated by the patients' individual preferences and culture. Latinos prefer providers that belong to their same ethnic group, speak their language, or understand their culture [19, 20, 24]. Figure 1 summarizes the barriers and solutions to reduce health disparities from the policy standpoint that will benefit PCPs, other providers, and patients.

Figure 1. Barriers and solutions to health disparity.





CONCLUSION

Our paper highlights the importance of barriers that must be addressed in order to eliminate behavioral health disparities in the U.S. Addressing disparities in health and health care is necessary from an equity standpoint [46]. As our population becomes more diverse and the burden of BH needs increases, it becomes more important than ever to address BH disparities. Latinos' access to BH care problems also reflect larger systemic problems, such as shortages of physicians and other health care professionals, and education in mental health care. Further work is needed to understand the mechanisms for improving and diversifying the health care work force in order to reduce the detrimental impact of behavioral health disparities.

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