

Diabetes and Depression Comorbidity in the Black Community

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Institute to Reduce Disparities LLC

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MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals.

Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

MHTTC Network

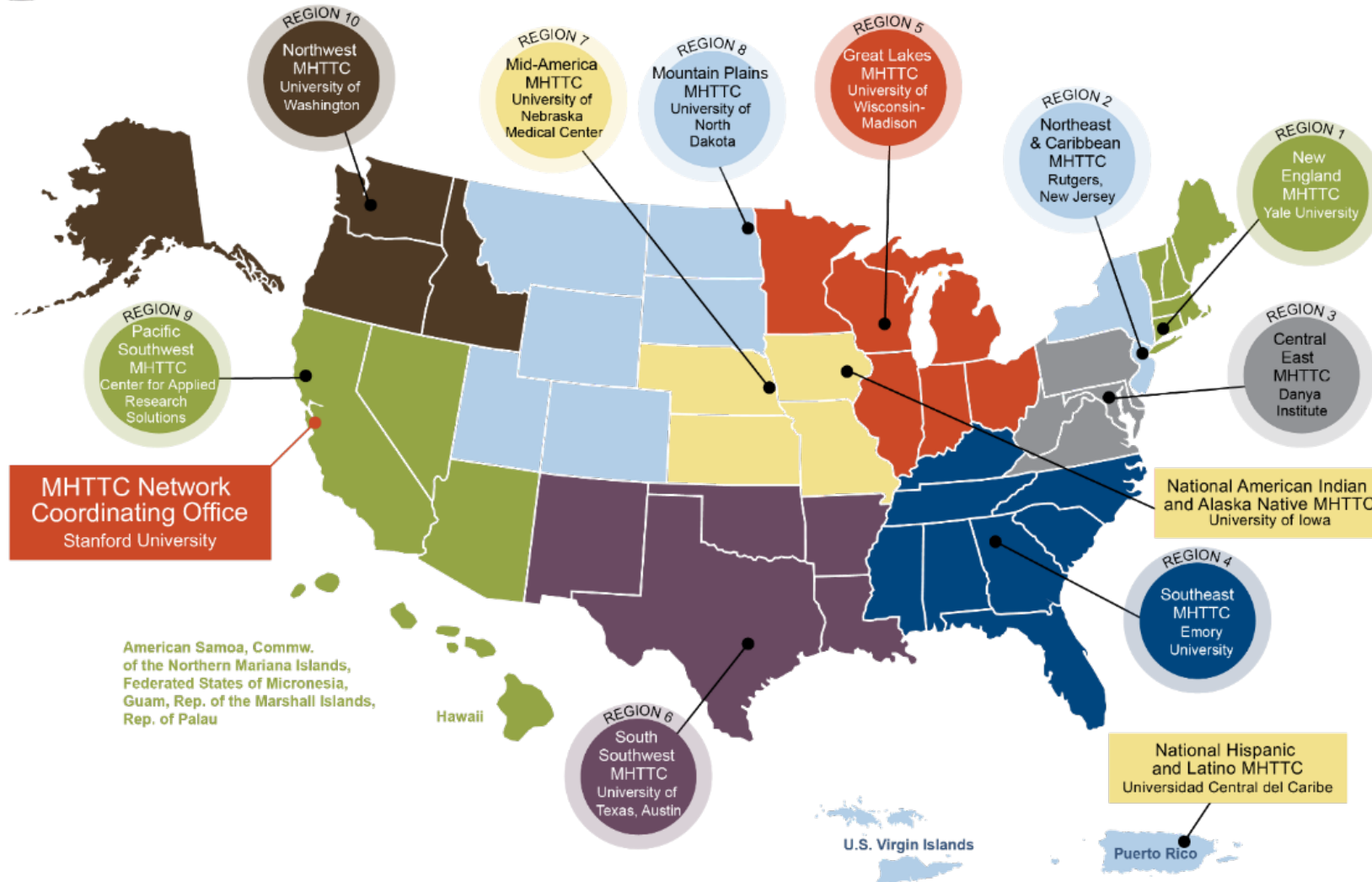


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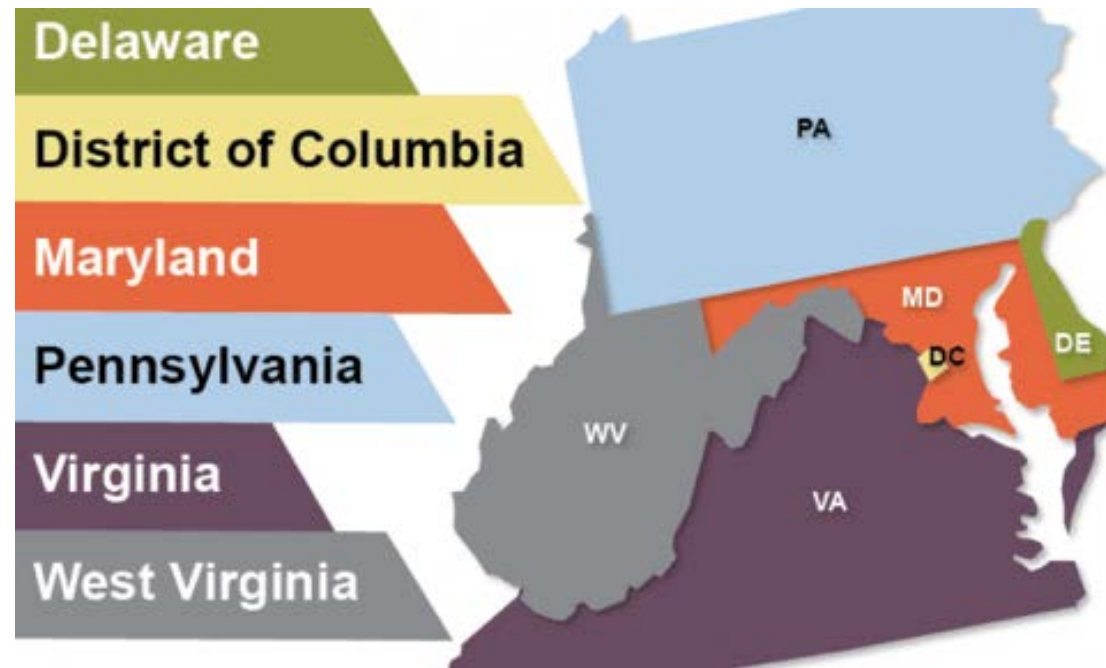
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Central East Region 3



Central East (HHS Region 3)

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Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2022

Diabetes and Depression Comorbidity in the Black Community

Presenter: William B. Lawson, MD, Ph.D.
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Council of Elders, Black Psychiatrists of America

November 17, 2022

Diabetes and Depression Comorbidity in the Black Community

- Diabetes, a common chronic disease with disproportionately high prevalence in Black communities, carries an elevated risk of mood disorders such as depression
- We thank CE-MHTTC for their partnership on the BPA Health Equity Webinar series
- Content has both Central East region and national relevance
- Our featured speaker for National Diabetes Month is William Lawson, MD, Ph.D.

What is Diabetes?

- With diabetes, your body either doesn't make enough insulin or can't use it as well as it should. Diabetes is a chronic (long-lasting) health condition that affects how your body turns food into energy.
- Your body breaks down most of the food you eat into sugar (glucose) and releases it into your bloodstream. With diabetes, your body doesn't make enough insulin or can't use it as well as it should.
- When there isn't enough insulin or cells [stop responding to insulin](#), too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as [heart disease](#), [vision loss](#), and [kidney disease](#).

What are the 4 major types of diabetes?

- **Type 1 diabetes**

- Formerly known as juvenile diabetes or insulin-dependent diabetes, 5%-10% of people with diabetes have type 1 diabetes. In type 1 diabetes, your pancreas either doesn't produce insulin at all or makes only a small amount. You'll begin treatment with insulin

- **Type 2 diabetes**

- This is the vast majority of diabetes cases. About 90%-95% of the 34 million Americans with diabetes have this type. Medication or insulin may be necessary. There is a wide array of other oral diabetes medications in a variety of drug classes that you might take, such as sulfonylureas, meglitinides, SGLT2 inhibitors, alpha-glucosidase inhibitors, thiazolidinediones, DPP-4 inhibitors, and others. Many people with type 2 diabetes are able to lower their blood sugar levels by making **behavioral changes**, such as losing some weight and improving their diets.

What are the 4 major types of diabetes? (Cont.d)

- **Gestational diabetes**

It's a condition that develops in pregnant women when their blood sugar levels are too high. Between [2% and 10%](#) of all pregnancies each year in the U.S. are affected by gestational diabetes, according to the CDC. Many, but not all, pregnant women will need insulin injections during their pregnancy after they're diagnosed with gestational diabetes.

- **Prediabetes**

Can be a precursor to type 2. Blood sugar levels are elevated beyond the normal level—but not high enough to qualify as type 2 diabetes yet. Diet and exercise may prevent development of type 2 diabetes.



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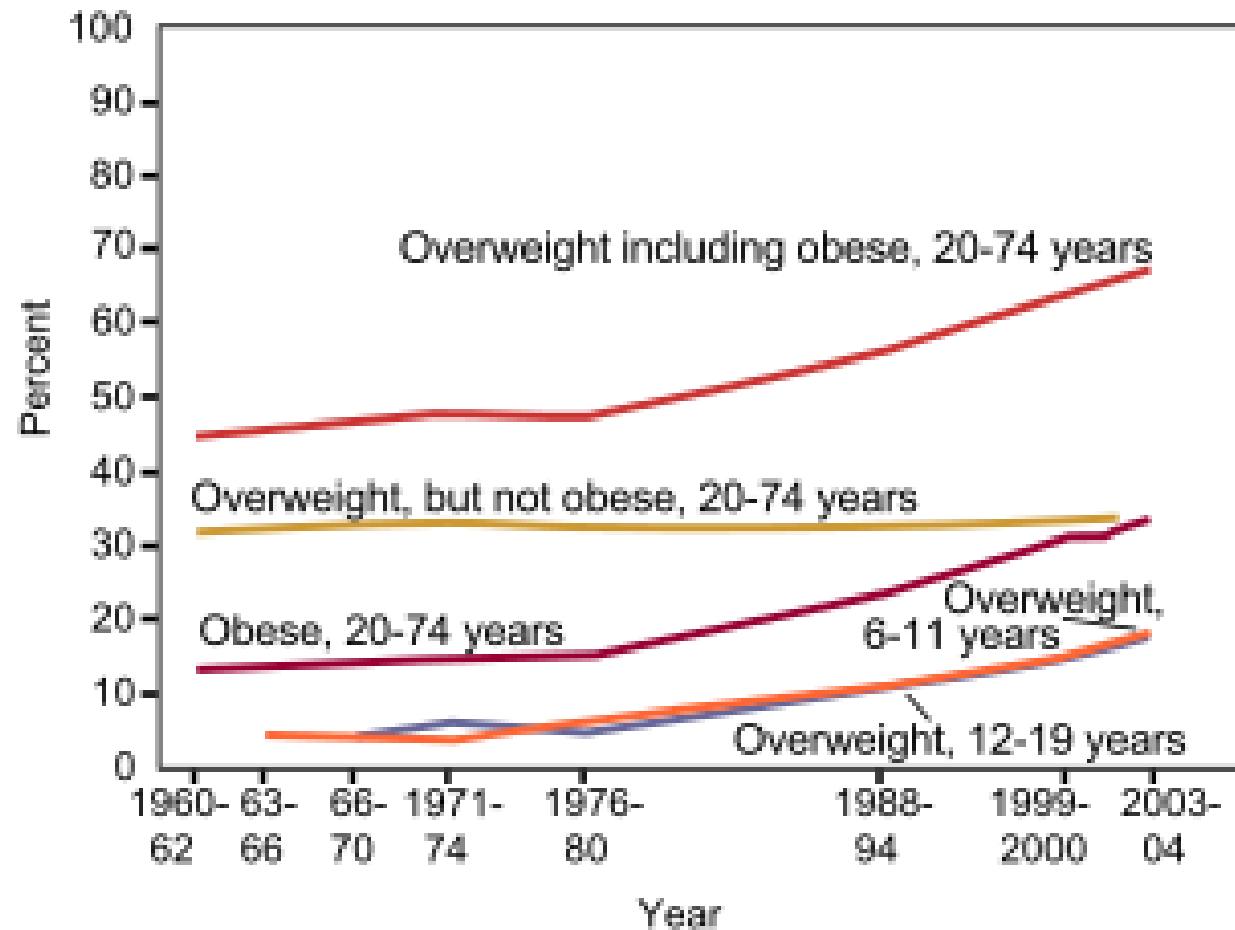
Common Diabetes Complications

Include:

- **Heart disease**
- **Chronic kidney disease**
- **Nerve damage**
- **Other problems with feet, oral health, vision, hearing, and mental health**

Overweight and obesity

Overweight and obesity



SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, Health, United States, 2008, Figure 13. Data from National Health and Nutrition Examination Survey

- Having obesity makes you more likely to develop diabetes, the condition of having too much glucose (sugar) circulating in your bloodstream. Obesity also causes diabetes to worsen faster. Having both obesity and type 2 diabetes greatly increase your risk of [heart disease](#) — [the leading cause of death in the country](#).

Cleveland Clinic, November 8, 2021 / [Diabetes & Endocrinology](#)

Racial Disparities

- According to the [American Diabetes Association \(ADA\)](#), the prevalence of diabetes in non-Hispanic Blacks is 11.7 percent, versus only 7.5 percent in non-Hispanic whites
- Hispanics and American Indians/Alaskan Natives have the highest rates of diabetes, at 12.5 percent and 14.7 percent, respectively
- Among non-Hispanic Black Americans in 2018, the prevalence of diabetes was 13.4 percent in Black men versus 12.7 percent in Black women, according to statistics from the [Office of Minority Health](#)
- In addition to having higher rates of diabetes, Black Americans are also [more likely](#) to experience [complications](#) from diabetes
- For example, rates of [diabetic retinopathy](#) are [46 percent](#) higher in African Americans than non-Hispanic whites
- [End stage renal disease](#) due to diabetes is also [2.6 times](#) more prevalent in Black Americans than non-Hispanic white Americans

Ethnicity and Diabetes

• Hispanics

- According to national examination surveys, Hispanics are almost twice as likely as non-Hispanic whites to be diagnosed with diabetes by a physician. They have higher rates of end-stage renal disease, caused by diabetes, and they are 40% more likely to die from diabetes as non-Hispanic whites.
- Hispanic adults are 1.7 times more likely than non-Hispanic white adults to have been diagnosed with diabetes by a physician.
- In 2010, Hispanics were three times more likely to start treatment for end-stage renal disease related to diabetes, as compared to non-Hispanic whites.
- In 2010, Hispanic women were 1.5 times as likely as non-Hispanic whites women to die from diabetes.

• African Americans

- In 2010, 18.7 percent of non-Hispanic Blacks at the age of 20 or older had diabetes, compared to 10.2 percent of non-Hispanic Whites. (DHHS, CDC, 2011.)
- In 2009, 26.5 percent of Blacks with diabetes required **hospitalization**, compared to 16 percent of Whites. (DHHS, CDC, n.d., a.)
- In 2009, Blacks were about twice as likely as Whites to receive lower extremity **amputations**. (DHHS, CDC, n.d., b.)
- In 2008, Black men were 2.7 times more likely than non-Hispanic White men to start treatment for diabetes-related end-stage renal disease. (DHHS, CDC, n.d., c.)
- In 2009, **death rates** from diabetes for non-Hispanic Blacks were more than twice that of non-Hispanic Whites. (DHHS, CDC, 2009.)

Consequences

Close to 140,000 diabetes-related amputations occur every year in the USA and structural inequality leads to Black people being four times more likely to have an amputation than white people. Residents in low-income and neglected neighborhoods suffer amputations at rates double that of people in higher-income communities.

Implications

- Travel to healthy food markets is often burdensome. Neglected neighborhoods still suffer from few usable green spaces and parks for exercise.
- COVID-19 and its social and economic impacts have taken a harsh toll on people with diabetes in the USA; the loss of wages, food insecurity, fear of exercising in public, stress, unaffordability of insulin, and less frequent access to diabetes and related specialists point to some of the reasons people with diabetes have not fared well.
- Worldwide the rates of amputations have increased as a result of COVID-19 as foot care is delayed, wound care centers and clinics closed, and available beds for non-COVID-19-related illness reduced. In some parts of the USA, the rates of major amputations during the pandemic have tripled.

Yeyi Zhu: Racial/Ethnic Disparities in the Prevalence of Diabetes and Prediabetes by BMI: Patient Outcomes Research To Advance Learning (PORTAL) Multisite Cohort of Adults in the U.S. EPIDEMIOLOGY/HEALTH SERVICES RESEARCH| SEPTEMBER 19 2019

Sonik RA, Creedon TB, Progovac AM, Carson N, Delman J, Delman D, Lê Cook B; Health Equity Consortium. Depression treatment preferences by race/ethnicity and gender and associations between past healthcare discrimination experiences and present preferences in a nationally representative sample. Soc Sci Med. 2020 Apr 1;253:112939. doi: 10.1016/j.socscimed.2020.112939. [Epub ahead of print] PubMed PMID: 32276182.

Depression

- According to the *DSM-5*,* a medical reference commonly used by health care professionals to aid in diagnosis, bipolar depression consists of many of the following symptoms, occurring for at least 2 weeks:
- Depressed mood most of the day; feeling sad or empty, tearful
- Significant loss of interest or pleasure in activities that used to be enjoyable
- Significant weight loss (when not dieting) or weight gain; decrease or increase in appetite
- Difficulty sleeping or sleeping too much
- Agitation; or slowing down of thoughts and reduction of physical movements
- Fatigue or loss of energy
- Feelings of worthlessness or inappropriate guilt
- Poor concentration or having difficulty making decisions
- Thinking about death or suicide

Depression is Common

- More than 19 million Americans are impacted by depression (*Mental Health America*)
- Stigma, low levels of awareness and lack of psychiatric treatment is common in marginalized communities

A BRAIN DISEASE IRRESPECTIVE OF CULTURE OR ETHNICITY

- Similar incidence regardless of culture or geography
- Imaging studies showed consistent abnormalities
- Candidate genes have been identified
- Pharmacotherapy reliably effective
- Reported ethnic differences probably a result of under diagnosis and presentation

Untreated Depression has Poor Outcome

- Socio-economic status and trauma intensity exposure
- Increased risk of suicide
- Psychiatric comorbidity

African Americans and Depression

Often under-recognized or misdiagnosed:

- Stigma leads to denial or disregard of symptoms
- Stigma leads to treatment delay or refusal

Often undertreated

- Use of crisis services, an expected result of treatment delay (poorer prognoses)
- Use of alternative sources of help (faith, family, folk treatment)
- When help is sought from professionals, reliance on physicians in primary care settings rather than mental health specialists

Primm, A.B. and **Lawson, W.B.** "Disparities Among Ethnic Groups: African Americans" in Disparities in Psychiatric Care: Clinical and Cross-Cultural Perspectives; Eds. P. Ruiz and A. Primm, Wolters Kluwer /Lippincott Williams & Wilkins, Baltimore, 2010, Pp19-29

Depression Affects General Medical Conditions

Myocardial Infarction (MI) or heart attack

- Depressed individuals far more likely to die from an MI
 - Treatment with antidepressants but NOT psychotherapy associated with improved outcome after MI
-
- **Occurs co-morbidly in 40% of individuals with Diabetes Mellitus**
 - Common in obesity
 - Risk factor in breast cancer and other cancers

DEPRESSION AND SUICIDE

- 80% of suicides are depressed
- 25% of depressed individuals attempt suicide
- 15% with major depression die by suicide (30x the rate of the general population)
- 1% of suicides occur during year of depressive episode
- Emergence from depressive episode especially risky period

From: **Suicide Trends Among Elementary School–Aged Children in the United States From 1993 to 2012**

JAMA Pediatrics. Published online May 18, 2015. doi:10.1001/jamapediatrics.2015.0465

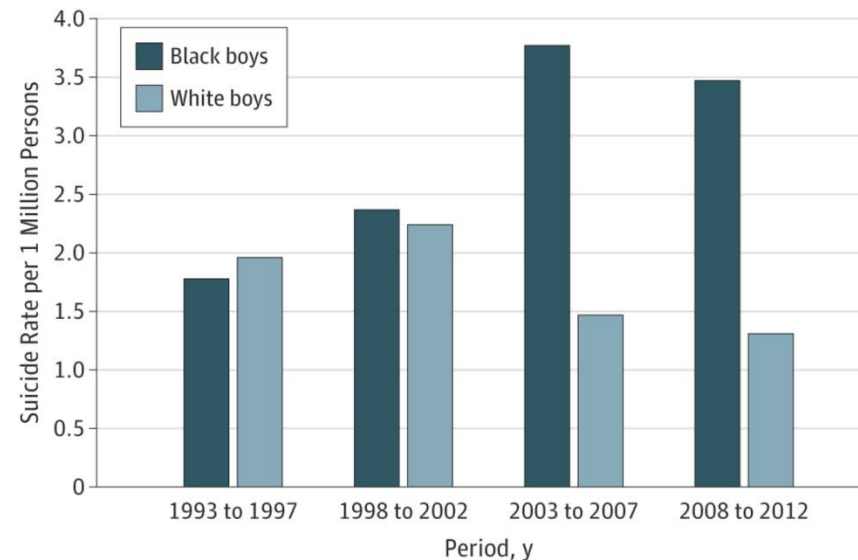


Figure Legend:

Suicide Rates Among White and Black Boys Aged 5 to 11 Years in the United States Between 1993 to 1997 and 2008 to 2012 In black boys, the suicide rate increased between 1993 to 1997 and 2008 to 2012 (incidence rate ratio [IRR] = 1.26; 95% CI, 1.07-1.47), whereas suicide rates in white boys decreased during this period (IRR = 0.85; 95% CI, 0.78-0.93). In 1993 to 1997, the IRR of suicide between black and white boys was 0.91 (95% CI, 0.57-1.47). In 2008 to 2012, the IRR of suicide between black and white boys was 2.65 (95% CI, 1.77-3.96).

Diabetes and Depression

- People with diabetes are 2 to 3 times more likely to have depression than people without diabetes. Only 25% to 50% of people with diabetes who have depression get diagnosed and treated. But treatment—therapy, medicine, or both—is usually very effective. And without treatment, depression often gets worse, not better.

CDC Page last reviewed: September 30, 2022

How they're related

Though the relationship between diabetes and depression isn't fully understood,

- Managing diabetes can be stressful and lead to symptoms of depression
- Diabetes can cause complications and health problems that may make symptoms of depression worse
- Depression can lead to harmful life decisions. These can include unhealthy eating, less exercise, smoking and weight gain. All of these are risk factors for diabetes
- Depression can make it hard to do tasks, communicate and think clearly. This can make it difficult to successfully manage diabetes.

Mental Health and Diabetes

- Many individuals with mental health needs also have diabetes
 - **In 2009, nearly 8 percent of adults with any mental illness** in the United States in the past year also had **diabetes**. (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2012.)
 - People with diabetes have about **twice the risk** of also having **depression**, and the risk for people with depression also developing type 2 diabetes increases by 60 percent. (DHHS, Centers for Disease Control and Prevention, 2011.)
- Diabetes may make symptoms of depression worse
- The stress of managing diabetes every day and the effects of diabetes on the brain may contribute to depression
- In the United States, people with diabetes are twice as likely as the average person to have depression

Bidirectional

- The prevalence of clinical depression in controlled studies was 12.0 percent for people with diabetes compared with 3.2 percent for control subjects.
 - Bernard et al. 2006
- The prevalence of depression was higher in females with diabetes (23.8 percent) compared with males (12.8 percent).
 - Stone et al. 2006
- Compared with non-diabetic controls, people with type 2 diabetes have a 24 percent increased risk of developing depression
 - Nouwen et al. 2010

- Depression and [diabetes](#) are clinically linked together. Around 10% to 15% of all people who have type 1 or [type 2](#) diabetes also experience depression.

Depression and Diabetes

The prevalence **rates** of depression could be up to three-times **higher** in patients with type 1 diabetes and twice as high in people with type 2 diabetes compared with the general population worldwide. Roy T, Lloyd CE.

Epidemiology of depression and diabetes: a systematic review. *J Affect Disord.* 2012;142(Suppl):S8-S21. [[PubMed](#)] [[Google Scholar](#)]

Depression and Diabetes

- On the other hand, depression may increase the risk of developing type 2 diabetes over 60%
- It seems that there is a bidirectional association between diabetes and depression, a complex relation that might share biological mechanisms, whose understanding could provide a better treatment and improve the outcomes for these pathologies

Mezuk B, Eaton WW, Albrecht S, Golden SH. Depression and type 2 diabetes over the lifespan: a meta-analysis. *Diabetes Care*. 2008;31:2383–2390.

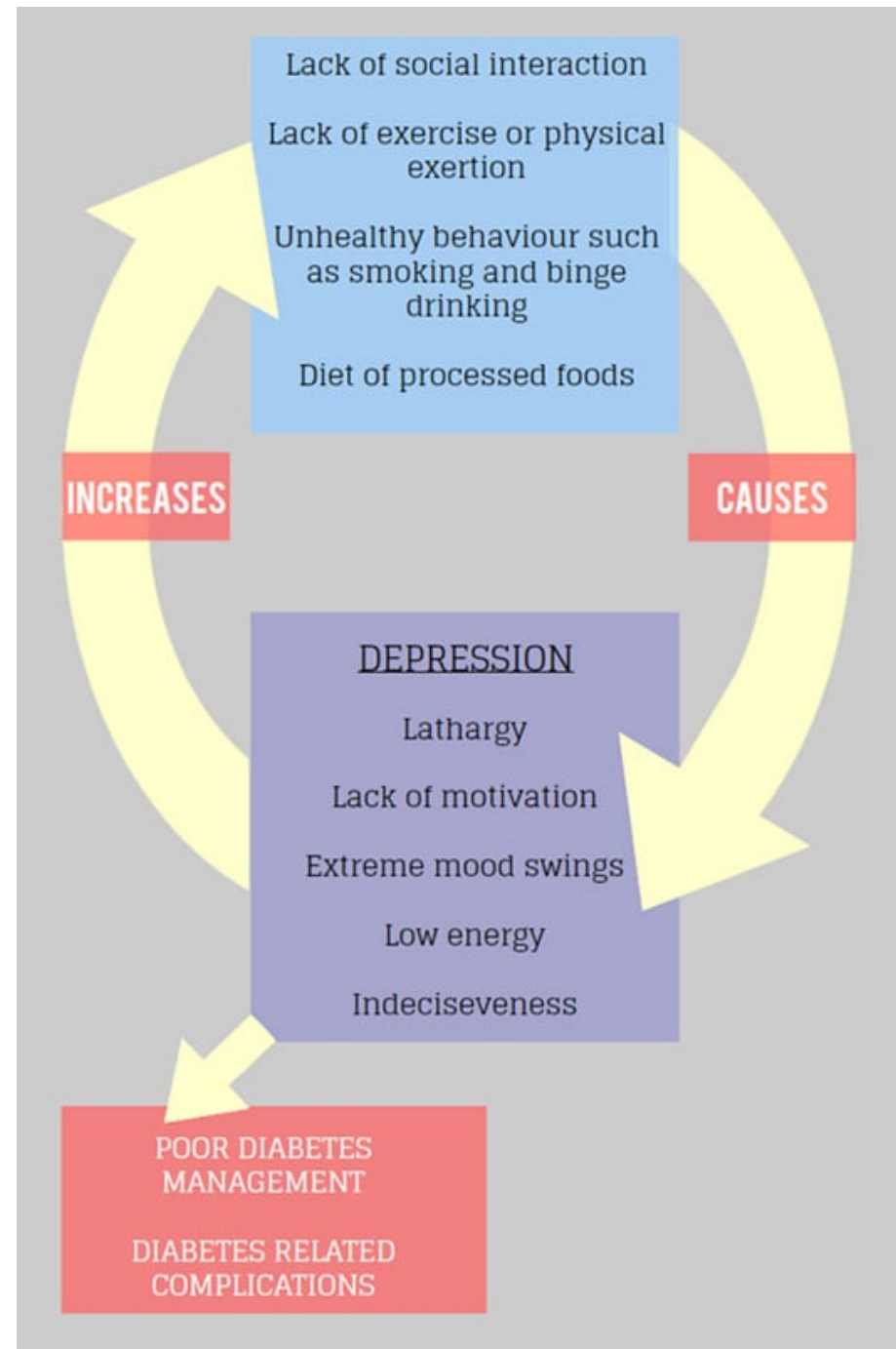
Depression and Diabetes

- Recent studies showed that there are not any common genetic factors to account for the positive association between depression and type 1 or 2 diabetes
- However, different environmental factors (epigenetic factors) may activate common pathways that promote DM2 and depression in the end
- One important factor is a low socioeconomic status that increases the odds for DM2 [but also appears to be a cause for depression]
- The other common causes for DM2 and depression are poor sleep, lack of physical exercise and diet

Depression and Diabetes

- Taking into consideration these factors, a key candidate for a common pathway could be the activation and disturbance of the stress system. Chronic stress activates the hypothalamus – pituitary – adrenal axis (HPA-axis) and the sympathetic nervous system (SNS), increasing the production of cortisol in the adrenal cortex and the production of adrenalin and noradrenalin in the adrenal medulla. Chronic hypercortisolemia and prolonged SNS activation promote insulin resistance, visceral obesity and lead to metabolic syndrome and DM2.
- On the other hand, chronic stress has behavioral consequences: noradrenalin, cortisol and other hormones activate the fear system determining anxiety, anorexia or hyperphagia; the same mediators cause tachyphylaxis of the reward system, which produces depression and cravings for food, other substances or stress. Excess cortisol disturbs neurogenesis in the hippocampus a region involved in depression as well as in DM2. Moreover, chronic stress induces immune dysfunction directly or through the HPA axis or SNS, increasing the production of inflammatory cytokines. High amounts of inflammatory cytokines interact with the normal functioning of the pancreatic β -cells, induce insulin resistance, and thus, promote the appearance of DM2.
- Many new studies suggest that inflammatory responses are also involved in the pathophysiology of depression. Proinflammatory cytokines have been found to interact with many of the pathophysiological domains that characterize depression, including neurotransmitter metabolism, neuroendocrine function, synaptic plasticity, and behavior.

The Vicious Cycle of Depression



[Image source: Diabetes.co.uk](http://Diabetes.co.uk)

Biochemical Changes Seen in Depression

- Deregulation of the hypothalamic–pituitary–adrenal axis activities
- Low-grade inflammation

Social determinants

- Prominently affect individuals diagnosed with diabetes, in part by influencing self-management and in turn exerting lasting effects on long-term diabetes and health outcome
- The personal financial burden of increased health care costs can further intensify the effects of poverty
- Low income individuals may not have sufficient access to the resources necessary to manage the condition, such as adequate housing, nutritious food, and health care services
- Diabetes can decrease an individual's productivity at work or limit educational attainment, particularly if left unmanaged, which can lead to further employment-related problems

Health Impact of Obesity

- More than 80% of people with type 2 diabetes are overweight
- In 2010, African Americans were 70% less likely to engage in active physical activity as non-Hispanic whites

Approaches

- **Stick to a healthy meal plan** that provides the nutrients you need without sending your blood sugar levels soaring. Often, this means restricting carbohydrates. Consult a registered dietitian to get some help with [meal planning](#).
- **Maintain a healthy body weight.** If you're overweight, losing just [5%-10%](#) of your total body weight can help you improve your blood sugar levels and decrease insulin resistance.
- **Reduce your portion sizes.** It's easy to eat too much without even realizing it, so be sure to educate yourself on serving sizes and tricks, such as the recommended 3 oz. serving of meat is about the size of your palm.
- **Move more throughout the day.** [Being active will make your body more sensitive to insulin](#), according to the CDC. So, take the stairs instead of the elevator, or walk around when you're talking on the phone.
- **Exercise at least 30 minutes five days per week.** This will help you lose a few pounds and maintain a healthy weight once you get there. Exercise also lowers your risk of heart disease and nerve damage, which increase when you have diabetes.

Type 2 Diabetes Can Be Prevented or Delayed

- [The NIH-funded Diabetes Prevention Program \(DPP\) clinical trial](#) found a lifestyle intervention (modest weight loss of 5-7 percent of body weight and 30 minutes of exercise 5 times weekly) reduced the risk of getting type 2 diabetes by 58% in a diverse population of over 3,000 adults at high risk for diabetes. In another arm of the study, the drug metformin reduced development of diabetes by 31%.

Self-Treatment with Self-Destructive, Pleasurable Behavior

- Research by James Jackson (2009) and others suggest overeating, drug abuse and other behaviors reduce the likelihood of symptoms of mental disorders such as depression. This model posits that individuals who are exposed to chronic stress and live in poor environments will be more likely to engage in poor health behaviors such as smoking, alcohol use, drug use, and overeating, because they are the most environmentally accessible coping strategies for socially disadvantaged groups. These behaviors act on common biologic structures and processes associated with pleasure and reward systems consistent with the hypothesis that these behaviors alleviate, or interrupt, the physiological and psychological consequences of stress.

- Missed Diagnosis: No treatment or self-treatment
- Misdiagnosis: Wrong treatment
- *Failure to adequately treat mental or substance abuse disorders lead to worsening or poor outcomes in chronic diseases*

Depression Symptoms May Weaken Overall Health

- Overeating may cause weight gain, a major risk factor for diabetes
- Fatigue or feelings of worthlessness may reduce adherence to a diet or medication plan
- However, treating depression can raise mood levels and increase blood glucose control

Treatment for Depression

- Treatment works
- It is effective across racial and ethnic groups

Insight-Oriented Psychotherapy

- Analytical
- Interpersonal
- Focus on depression as unresolved conflicts, reaction to past losses, internalized anger

Cognitive Behavioral Therapy

Interpersonal

- Beck's negative cognitive triad - self, world, future
- Depressive schemas
 - Dichotomous thinking - black/white
 - Arbitrary inference - conclusions based on little evidence
- ***Both CBT and IT found to be as effective as antidepressants***
- Explore relationships
- Examine interactions
- Effectively cross culturally

Antidepressant Pharmacotherapy

Monoamine oxidase inhibitors (MAOIs)	phenelzine, tranylcypromine, selegiline, transdermal selegiline
Tricyclic and tetracyclic antidepressants (TCAs)	amitriptyline, clomipramine, doxepin, imipramine, trimipramine, amoxapine, desipramine, nortriptyline, protriptyline, maprotiline
Selective serotonin reuptake inhibitors (SSRIs)	citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, escitalopram
Serotonin/norepinephrine reuptake inhibitors (SNRIs)	venlafaxine, duloxetine, desvenlafaxine
Other antidepressants	nefazodone, mirtazapine, bupropion, trazodone,

Katzung et al, eds. *Basic & Clinical Pharmacology*, 9th ed. New York, NY: McGraw-Hill Medical; 2003.

Impact

- But older medications are more likely to be associated with obesity and metabolic syndrome

Treatment Seeking by African Americans

- ▶ Despite symptoms of distress, treatment is delayed or not sought¹
- ▶ Treatment sought from non-mental health professionals¹

Use of Mental Health Services by African Americans (N = 1011)²

12-Month Disorder	Mental Health Specialist* % (SE)	Any Provider† % (SE)
Mood Disorder	15.6 (3.5)	28.7 (4.5)
Anxiety Disorder	12.6 (2.4)	25.6 (5.3)

*Psychologist, psychiatrist, or social worker; †Mental health specialist, general medical provider, other professional (nurse, occupational therapist, other health professional, minister, priest, rabbi, counselor), spiritualist, herbalist, natural therapist, or faith healer. SE = standard error.

Sources: 1. Neighbors HW. *Comm Mental Health J.* 1984;20:169-181. 2. Office of the Surgeon General. *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health, a Report of the Surgeon General.* Rockville, Md: US Dept of Health and Human Services; 2001

Depression: Need for Community Awareness

- Only one in four African Americans recognizes that a change in eating habits and sleeping patterns are a sign of depression; only 16% recognize irritability as a sign.
- Only one-third of African Americans said they would take medication for depression, if prescribed by a doctor, compared to 69% of the general population
- Almost two-thirds of respondents said they believe prayer and faith alone will successfully treat depression “almost all of the time” or “some of the time”

MENTAL HEALTH LITERACY IS NEEDED!

Contributing Factors to Disparities Among Minorities and Increased incidence of Mental Health Problems

❖ Lack of Access

- Continuum of psychiatric care leaves many individuals, particularly African Americans, with poor-quality treatment
- Culturally appropriate interventions are often lacking
- Poor integration of follow-up treatment that link individuals in inpatient settings to outpatient follow-up are needed to reduce racial-ethnic disparities in outpatient mental health treatment following acute treatment. (Carson et al Psychiatric Services 65:888–896,2014)

❖ Lack of Proper Screening Tools

- Use of tools like the PHQ-9 and M-3 diagnostic helps providers understand treatment needs better in order to connect community members to services
- It is important to implement a comprehensive mental and behavior healthcare model that creates interventions before mental health conditions become chronic and lead to poor outcome (eg. job loss, poor relationships, poor health)

❖ Lack of Supported Education and Employment

- Helping persons who have experienced an initial psychotic episode continue in or return to school or work is key to their social and developmental progress and, ultimately, recovering from their illness
- Little to no participation in clinical trials and education around experimental treatment options
- Specifically, the Individual Placement and Support (IPS) model is recommended to assist participants get back to or start work

Social Determinants Must be Addressed

- Food deserts must be addressed
 - Diet and exercise must be made available
- Access to care must be addressed

Impact of Affordable Care Act

- The Affordable Care Act benefits many individuals with diabetes, through:
 - Free coverage of **preventive care**;
 - **Unlimited coverage** over one's lifetime; and
 - A program to **prevent type 2 diabetes**.

Impact of Affordable Care Act

- Major drivers
 - More people have **insurance** coverage;
 - **Medicaid** plays a bigger role in mental health and substance use disorders than ever before;
 - There is a focus on **primary care** and **coordination with specialty care**;
 - There is more emphasis on **home** and **community-based services** and less reliance on institutional care; and
 - **Preventing** diseases and **promoting wellness** is a main theme.

OVERREPRESENTED IN TREATMENT SETTINGS WITH LIMITED MENTAL HEALTH OR MEDICAL SPECIALTY SERVICES

- Homeless - 40% African American
- Incarcerated - nearly 50% of all prisoners in state and federal jurisdictions are Black
- More likely to be seen in primary care rather than specialty setting



**Disparities in treatment must be reduced
for depression and diabetes**

What Does Wellness Have to Do With It?

Wellness is not the absence of disease, illness, and stress, but the presence of:

- Purpose in life;
- Active involvement in satisfying work and play;
- Joyful relationships;
- A healthy body and living environment; and
- Happiness. (Dunn, 1961.)

Questions



Contact Us



Central East (HHS Region 3)

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