

Disparities in Healthcare and in Mental Health Affecting the Black Community

Malaika Berkeley, MD, MPH

April 22, 2021



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network

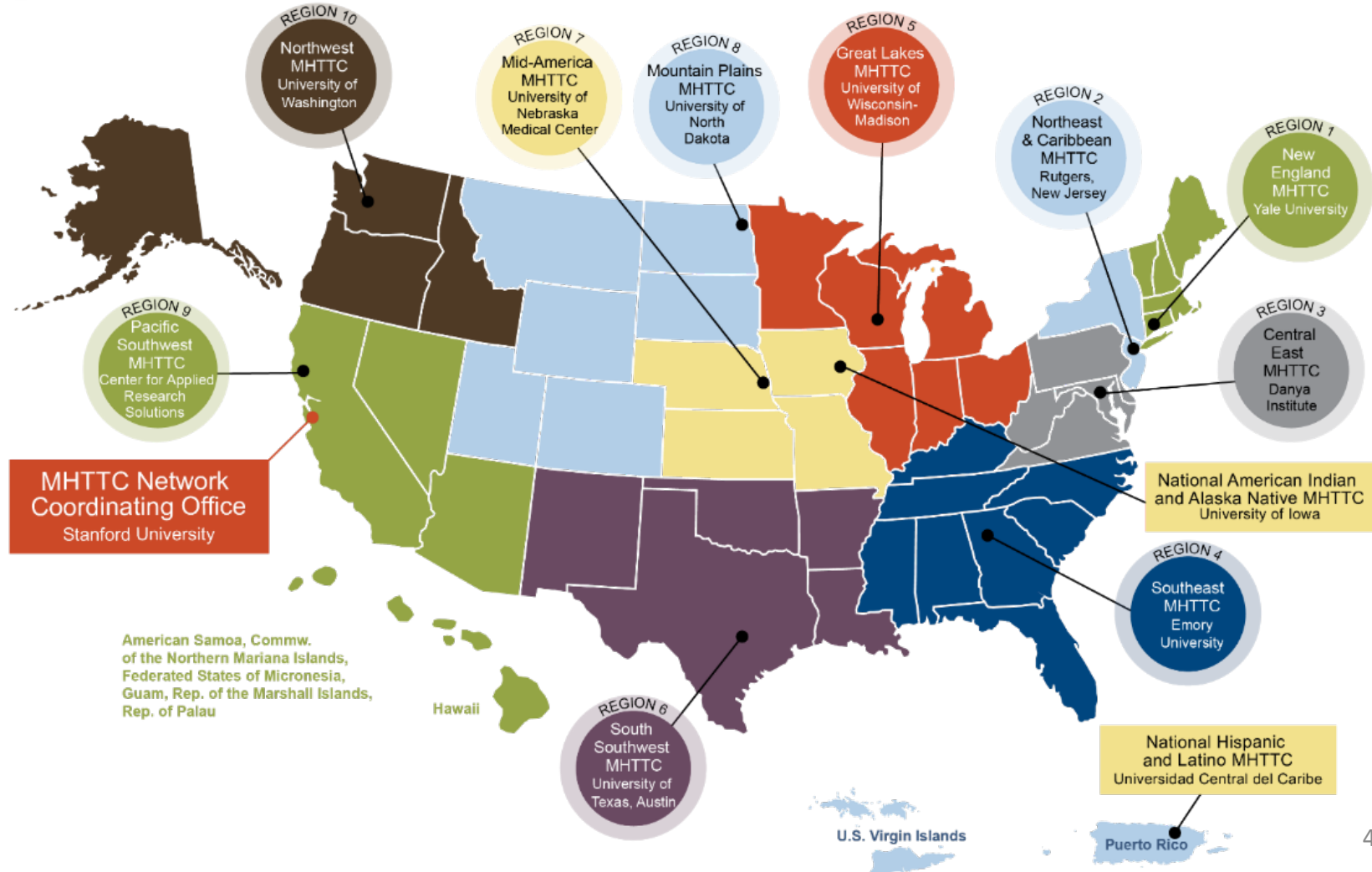


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MHTTC Purpose

The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.

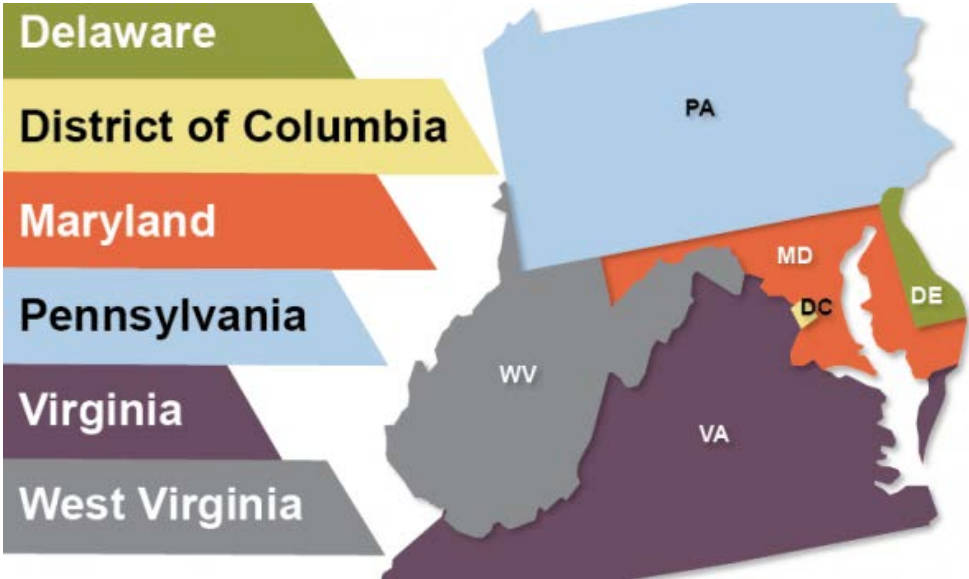


Central East MHTTC Goals

Funded by SAMHSA to:

- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance

Central East Region 3



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At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

Evaluation Information

As part of receiving funding through SAMHSA to provide this training, the Central East MHTTC is required to submit data related to the quality of this event. At the end of today's presentation, please take a moment to complete a brief survey about today's training.

Disparities in Health Care and in Mental Health Affecting the Black Community

***Malaika Berkeley, MD, MPH
Board Member, Black Psychiatrists of America***

Health Equity Webinar Series

April 22, 2021

**Moderator:
Annelle B. Primm, MD, MPH
Black Psychiatrists of America, Council of Elders**

COVID-19: Unprecedented Disaster

- Disproportionate impact on Black and other marginalized communities
- Higher levels of exposure, illness, death, and unemployment superimposed on layers of pre-existing inequities
- Social determinants of health and structural racism underlie disparities in healthcare and mental health including stress and symptoms of depression and anxiety

Today's Program

- Special thanks to the Central East MHTTC for its support of this fifth of several webinars in the Black Psychiatrists of America Health Equity Series
- Today's program features Malaika Berkeley, MD, MPH, Board Member of the Black Psychiatrists of America

Disparities in Healthcare
and in Mental Health
Affecting the Black Community

Malaika E. Berkeley, MD, MPH

What are Disparities

- Differences in the health and healthcare received between different populations
- Health disparities refers to the variation in frequency and severity of health conditions & illness (disease burden) between different populations
- Healthcare disparities refers to the difference in services received between various communities

Characteristics where Disparities are Observed

- Age : Natural disease progression; Fixed income; mobility & transportation limitations
- Wealth/Socioeconomic status: Lower SES is associated with chronic stress, environmental pollution, poor nutrition, physical inactivity
- Geographic Location: Rural & urban face environmental pollution, violence, access to quality care concerns

Characteristics where Disparities are Observed (Cont.d)

- Gender: Women live longer across all countries, age groups, classes.
- Sexual orientation: higher levels of discrimination, stigma, stress in LGBTQ
- Race / Ethnicity: Whites tend to suffer lower disease burden than people of color. These disparities exist even when all other factors are the same.

Characteristics where Disparities are Observed

- Historically, linked to discrimination or exclusion.
- Leads to a particular group of people who don't have the same kind of access to health care, education, or healthy behaviors.
- Results in them falling behind their peers on health measures.
- These disparities can often persist for generations.
- Repercussions go beyond the individual and extend to their children, whole communities, and the society.
- Health disparities are often self-perpetuating

Factors Influencing Disparities

- Genetic: Predisposition to conditions
- Environment: Exposure to pollutants (e.g. air, noise) & stressors (e.g. violence)
- Social: homelessness; overcrowding in the home; racism and discrimination
- Political: Funding, delivery and organization of services; availability of health insurance
- Economic: Income inequality; burden of poverty

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social Integration	Health Coverage
Income	Transportation	Language	Access to Healthy Options	Support Systems	Provider Availability
Expenses	Safety	Early Childhood Education		Community Engagement	Provide Linguistic and Cultural Competency
Debt	Parks	Vocational Training		Discrimination	
Medical Bills	Playgrounds	Higher Education		Stress	Quality of Care
Support	Walkability				
	Zip Code/ Geography				

Health Outcomes

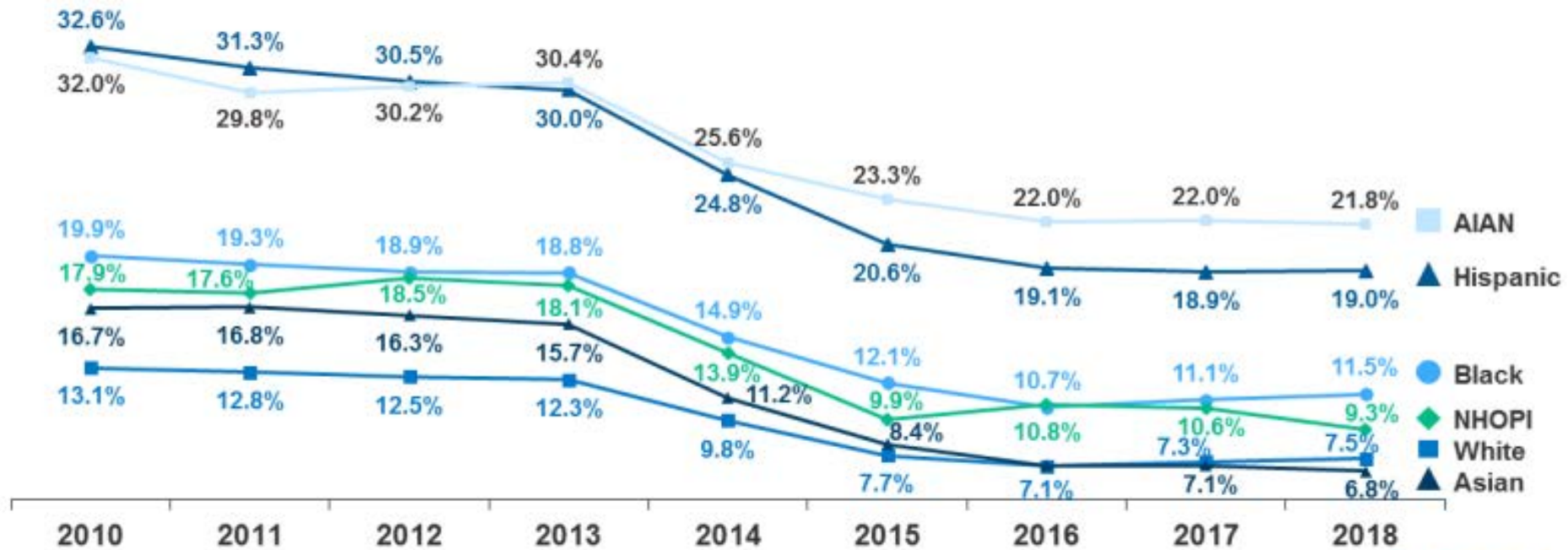
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Social Determinants of Health

- African Americans make up 40% of the homeless population
 - 3.5 times that of the white homeless population.
- In 2019, 21% African American families had incomes below poverty line vs 12% of all Americans and 9% of Whites.
- 11% African Americans are uninsured, compared to less than 8% of Whites.
- Large proportion of insured African Americans have government insurance
- People of color tend to occupy poorer and more rural communities
- People of color tend to rely more heavily on public transportation

Figure 4

Uninsured Rates for the Nonelderly Population by Race and Ethnicity, 2010-2018



NOTE: Includes individuals ages 0 to 64. AIAN refers to American Indians and Alaska Natives, NHOPI refers to Native Hawaiians and Other Pacific Islanders.
SOURCE: KFF analysis of the 2010-2018 American Community Survey.

Provider Bias

- May be implicit or explicit
- All healthcare staff susceptible & potentially damaging to patient care & experience
 - MDs, NPs, PAs, RNs, LPNs, clerks
- Stem from upbringing, exposure, experiences, media & societal messaging
- Can lead to formation of unfounded opinions of patients

Provider Bias – Potential Results

- Withholding of “complex” information
- Minimizing symptoms
- Inaccurate or missed diagnoses
- Delayed or inappropriate treatment
- Progression of disease / continued suffering
- Death

Racial & Ethnic Disparities

- Lead to:
 - Suffer shorter life spans
 - Have higher rates of illness
 - Greater severity of illnesses
 - Higher infant mortality
 - Reduced access to care
 - Reduced quality of care

Disparities in Medicine

- Blacks are more than twice as likely to be diagnosed with diabetes than Whites
- End Stage Renal Disease occurs 4 times as often in Blacks than in Whites
- 12.6% of African American children had asthma compared with 7.7% of White children
- 42% of African American adults over age 20 suffer from hypertension compared with 28.7% of White adults
- AIDS is diagnosed more than 7 times as often in Black males than in White males and 24 times as often in Black females than in White females

Disparities in Medicine (Cont.d)

- African Americans have the highest mortality rate for all cancers combined compared with any other racial and ethnic group
- Blacks are almost 1 ¼ times as likely to die due to cancer than Whites
- Deaths from heart diseases occurs at a rate of 252 per 100,000 in African Americans compared to 206 per 100,000 in Whites
- There are 11 infant deaths per 1,000 live births among Black Americans. This is almost twice the national average of 5.8 infant deaths per 1,000 live births
- Infant deaths occur more than twice as often in Blacks than in Whites

Black Mental Health

- In 2018, 3.8% of African American adults reported serious psychological distress
- 11.4 per 100,000 African American men and 2.8 per 100,000 African American women die by suicide

Disparities in Mental Health - Diagnosis

- Standardized tests and manuals - culturally biased toward the language, values and norms of White Americans
- Cultural competency / understanding of providers – necessary to understand the language used & cultural norms
- African Americans are diagnosed with Schizophrenia and psychotic disorders at higher rates than expected

Disparities in Mental Health - Location

- African Americans are over-represented in psychiatric emergency rooms and inpatient hospital units
- African Americans are more likely to be brought to the ER by the police
- African Americans undergo higher rates of involuntary commitment to hospitals than Whites
- Mental illness exists at high rates in prisons and jails
 - Nearly half of all prisoners in state and federal prisons are African American as are nearly 40% of juveniles in legal custody.
 - Incarcerated African Americans are less likely than incarcerated Whites to receive Psychiatric care.

Disparities in Mental Health - Medication

- Less likely to receive an antidepressant when first diagnosed with anxiety or depression
- More likely to receive antipsychotic medications
- More likely to receive older antipsychotics, in higher doses and by involuntary injection
- Predisposed to greater side effects
- 6.2% of African American adults received prescription medication for mental health services compared with 15.3% of White adults

Disparities in Mental Health - Stigma

- Stigma and cultural beliefs influence coping styles and treatment seeking
- Stigma motivates individuals to fear, reject, avoid and discriminate against people with mental illness
- African Americans fear mental health treatment 2.5 times more than Whites
- In 2018, 8.7% of African American adults received mental health services compared with 18.6% of White adults

Disparities in Mental Health - Stigma

- More likely to ascribe their symptoms to a spiritual cause
- More likely to first seek help from clergy, traditional healers, family and friends
- More likely to seek professional care from primary care providers than from mental health specialists
- Leave treatment at a higher rate than White counterparts

Disparities in Mental Health - Racism

- Racism affects the mental health of African Americans:
- Promote negative stereotypes of African Americans
- Reduces African Americans' self-esteem
- Can lead directly to depression and substance abuse
- Can also leads to higher rates of poverty, crime and violence in minority communities

Combating Disparities – Medical

- Reducing stigma
- Increasing the number of African American physicians
- Providing minority led research grants for within the minority communities
- Using proven effective treatments in all populations
- Making cultural competency required learning
- Confront & eliminate provider / staff bias

Combating Disparities – Social/Political

- Eliminate Racism
- Address unemployment and income disparities
- Address homelessness
- Improve availability of insurance and access to care
- Reduce overcrowding, violence and environmental hazards in rural & urban communities
- Reduce incarceration disparities

Combating Disparities – Individual

- Accept the fragility of the human body & all its organs
- Become informed so can recognize symptoms or behaviors of illness
- Seek appropriate help early
- Support and don't discriminate against others if they are seeking help for themselves, especially mental health
- Exercise your right to a second opinion whenever in doubt vs avoiding care
- Stay politically active in advocating for a healthy environment

LET'S CLOSE
THE
HEALTH GAP

Questions



Contact Us



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