

Addressing Immigrant Culture, Language, Diversity and Inclusion: A strategy to provide access and eliminate health disparities in mental health.

Pierluigi Mancini PhD Multicultural Development Institute, Inc. SEMHTTC October 19, 2021

1



"If you talk to a man in a language he understands, that goes to his head.

If you talk to him in his language, that goes to his heart."

- Nelson Mandela

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- 1. Define the immigrant population in the U.S.
- 2. Explain terminology related to equity and disparities
- 3. Discuss immigrant trauma
- 4. Analyze potential solutions

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2

3



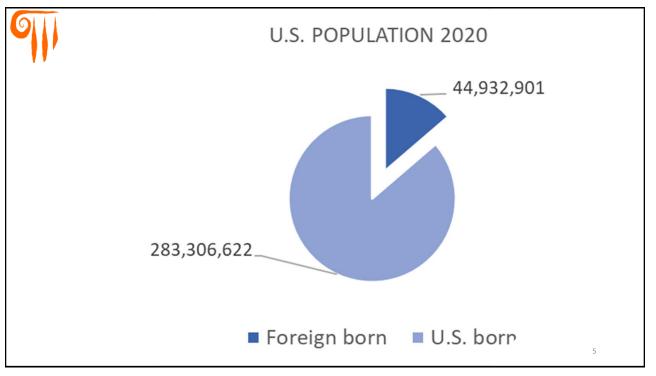
Special Populations

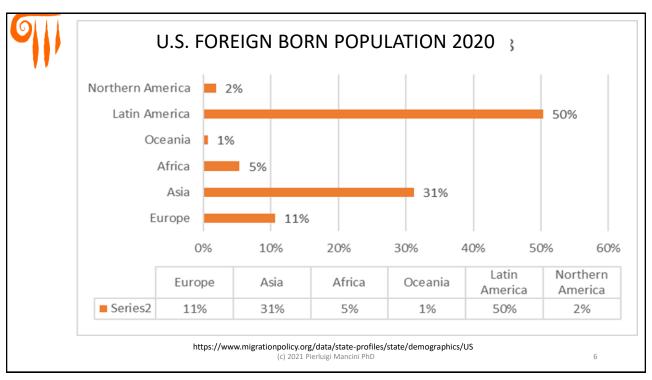
- Immigrants, refugees, asylum seekers
- Unaccompanied children
- Limited English proficiency

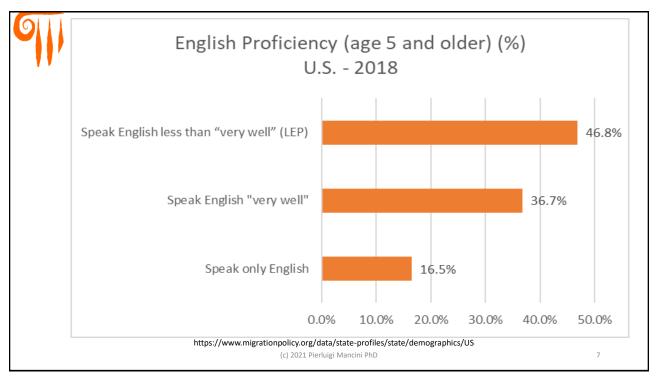


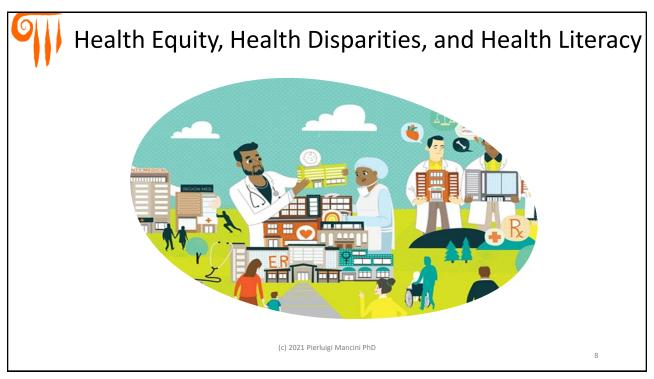
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4











Health Disparity and Language

- How "health disparity" and "health equity" are defined affects how a policy is conceptualized
- For policy purposes, need to distinguish among:
 - Disparities in health
 - Disparities in health care
 - Health equity
 - Health inequalities

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9

9



Definitions

Health

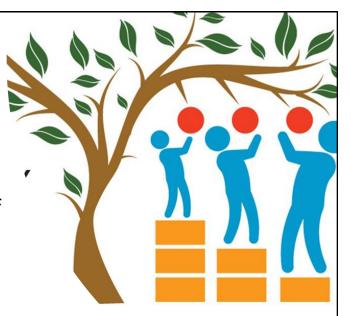
 A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity (World Health Organization)





Health Equity

Achieving the highest level of health for all people.



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11

11



Definition

Unequal Treatment

Any inequality in health due to social factors or allocation of resources is unjust and, therefore, constitutes a disparity (e.g., health status differences due to higher rates of poverty, such as poor nutrition (IOM definition from Miranda et al., Am J Psychiatry 165:9, 2008

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12



Health Disparities

- A difference in health status, health behavior, disability, morbidity, or mortality between sociodemographic groups
- Employ multiple methodologies to identify health disparities among socio-demographic groups



13



Definition



Disparities in Health

- "Differences in the incidence, mortality, and burden of disease and other adverse health conditions that exist among special population groups in the United States"¹
- "Differences in health that are not only unnecessary and avoidable, but, in addition, are considered unfair and unjust"²

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14



Disparities in Health Care

- "Differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, or appropriateness of intervention."
- Should policymakers focus on disparities in health or disparities in health care?

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10

15



Examples of Behavioral Health Disparities

- Children from racial/ethnic minority groups are 1/3 to 1/2 less likely to receive necessary mental health treatment than White children, despite similar prevalence rates.
- Only 1 in 11 Latinos with a mental health disorder contacts a mental health provider and 1 in 5 contacts a general health care provider
- LGBT adults have higher rates of smoking, alcohol and drug use, suicide, and depression

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Examples of Behavioral Health Disparities

- In 2018, 8.7 percent of African American adults received mental health services compared with 18.6 percent of non-Hispanic white adults.
- 6.2 percent of African American adults received prescription medication for mental health services compared with 15.3 percent of non-Hispanic white adults.
- In 2018, 3.8 percent of African American adults reported serious psychological distress.

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17

17



More Examples of Behavioral Health Disparities

- In 2018, 8.8 percent of Hispanic adults received mental health services compared with 18.6 percent of non-Hispanic white adults.
- 6.8 percent of Hispanic adults received prescription medication for mental health services compared with 15.4 percent of non-Hispanic white adults.26
- In 2018, 4.6 percent of Hispanic adults reported serious psychological distress.
- In 2017, the number of suicide attempts by adolescent Hispanic females was 40 percent higher than that of adolescent non-Hispanic white females.

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More Examples of Behavioral Health Disparities

- The Latino or Hispanic paradox Hispanic populations have lower rates of illness, but the more time someone from Mexico, Africa, or the Caribbean spend in the US, the higher the rate of disorders
- American Indians are at higher risk for PTSD and alcohol dependence, but at lower risk for depression¹¹

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10

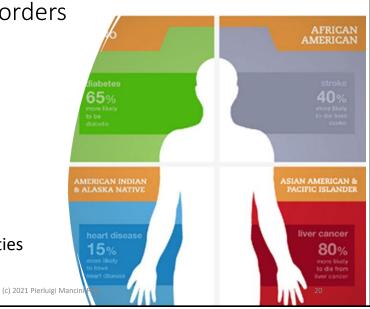
19



Causes of Disparities in Mental Health and

Substance Use Disorders

- Lack of insurance
- Geographic and provider-level differences
- Poor access
- Low quality of care
- Health provider assumptions, discrimination
- Language barriers
- Mental health workforce disparities





Health Inequalities

• A difference in health status, health behavior, disability, morbidity, or mortality between sociodemographic groups, where the group with the highest "burden" (or rate) has historically and systemically been marginalized or discriminated against. This difference is viewed as avoidable, unnecessary, and unjust.

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21

21



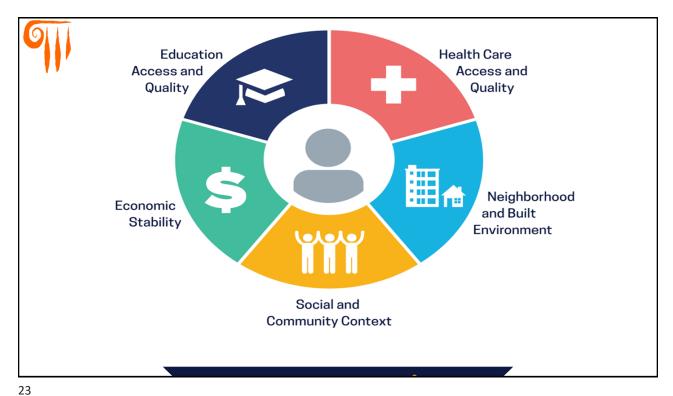
Definitions

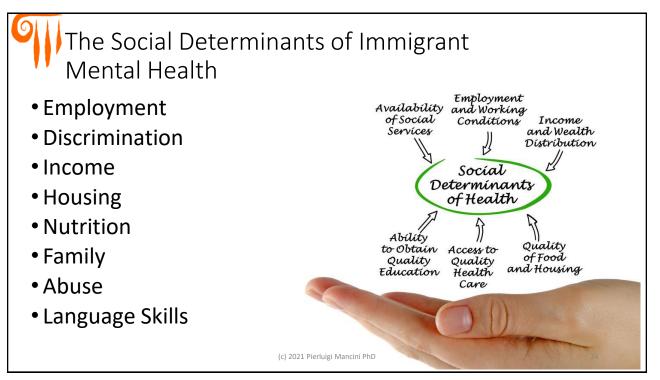
Social Justice

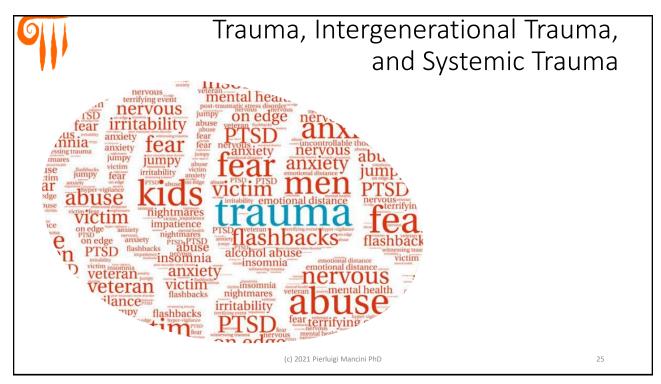
- Social injustice is one of several root causes of inequities in the health and the wellbeing of individuals.
- Social justice challenges the roots of oppression and injustice, including marginalization based on race, class, gender, and other social classifications, and empowers all people to exercise selfdetermination and realize their full potential through collaborative action." *Definition of "Social Justice" from Place Matters (Alameda County Health Department)

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22









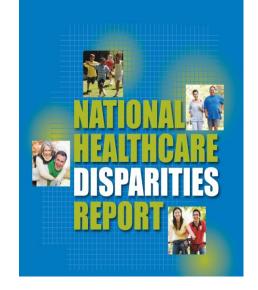
Immigrant Trauma, Racism, and Bias

White patients receive better quality of care than:

- 53% of Hispanic,
- 43% of African American,
- 38% of American Indian/Alaska Native, and
- 22% of Asian and Pacific Islander patients



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Immigrant Trauma, Racism, and Bias

- Migration stress displacement and disorientation that comes with moving and adjusting without resources
- Acculturative stress adjusting to new circumstances in a new cultural context
- Traumatic stress extensive exposure to traumatic events prior to migration

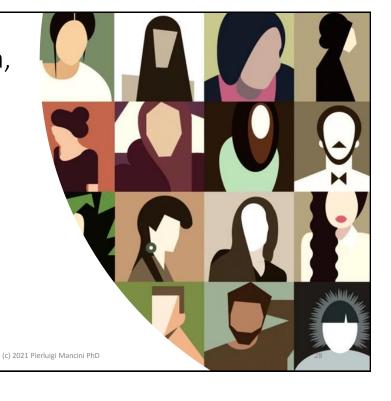
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27

Immigrant Trauma, Racism, and Bias

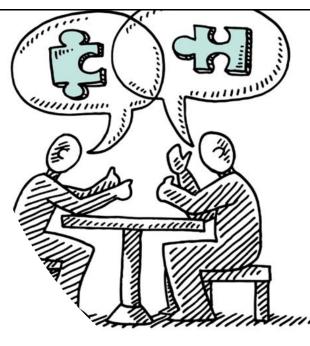
- Stereotype
- Prejudice
- Discrimination
- Attitude





Racism, and Bias

- Media
- Opioids
- Systemic Issues



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29





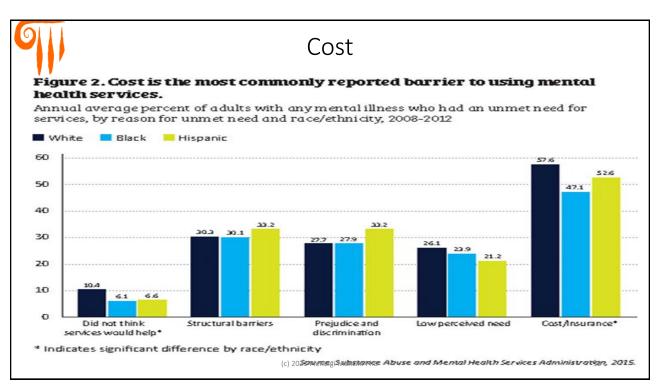


Barriers to Care for Racial and Ethnic Minority Groups

- Lack of availability
- Transportation
- The belief that treatment "doesn't work."
- Stigma
- The system
- Racism, bias and discrimination
- Language barriers
- Health insurance

https://www.ncsl.org/Portals/1/HTML_LargeReports/DisparitiesBehHealth_Final.htm#::"text=According%20to%20the%20National%20Institute,and%20more%20likely%20to%20receive (c) 2021 Pierluigi Mancini PhD

31





BARRIER: WORKFORCE



33



WORKFORCE

- Lack of bilingual and bi-cultural peers
- Lack of bilingual **and bi-cultural** providers
- Lack of language appropriate community information
- Use of untrained interpreters
- Language lines can only take you so far.

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WORKFORCE

- Recruitment
- Retention
- Supervision
- Supports

Must All Be Provided In A Cultural And Linguistically Appropriate Manner

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35

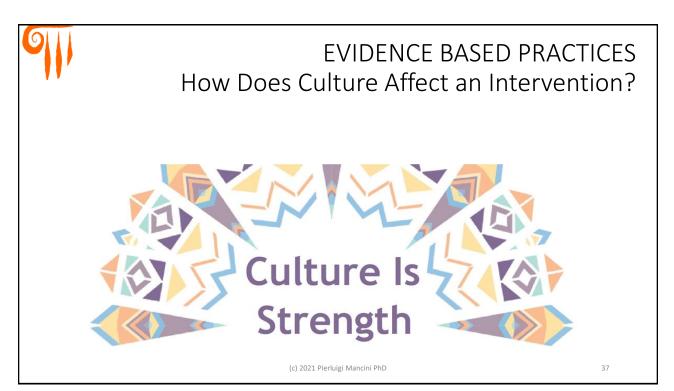
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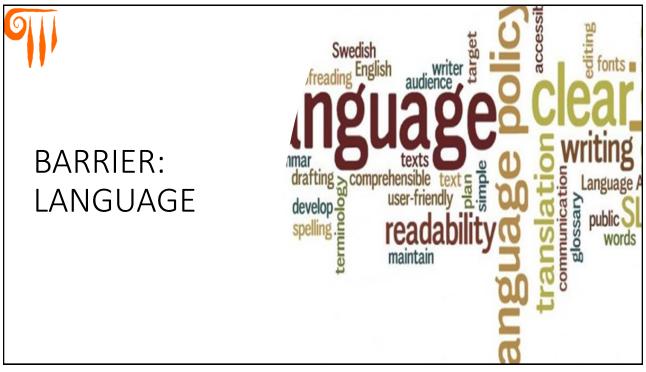


BARRIER: TRADITIONAL HEALTH BELIEFS



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Barriers to Services

Individual level

- Demographic variables, language
- Health beliefs, social structure enabling resources, perceived illness, personal health practices.

Provider level

• Skills, attitudes, workforce.

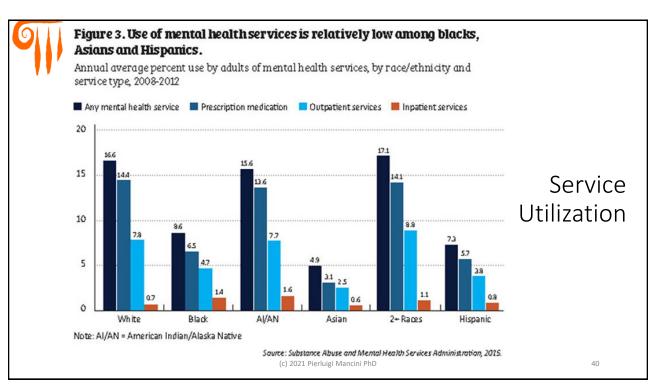
System level

Organization of the health care system. Will, political will.

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39

39





SOLUTIONS



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41

41

- Organizational Strategies for decreasing trauma, racism, bias, and stigma in service delivery
- Simplify and translate client-facing forms and documentation
- Adopt community-defined, promising practices
- Hire providers that represent the local community
- Client engagement- provide language support and build mental health literacy
- Develop a plan for addressing engagement during the current pandemic, and beyond

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- Develop an organizational approach to case management
- Checks for patient understanding of treatment decisions and next steps
- Engage all staff, including reception and billing, in cultural and linguistic competence and humility training
- Community and patient engagement, develop an organization engagement strategy

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43

43



Health System Transformation

- System can be fragmented and reactive
- Who is involved in transformation
- Why is it happening
- Reorient delivery system around the user of the industry's service.

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Health System Transformation

- Creation of care coordination department
- What is needed to make service a reality
- Focus on specific populations.

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4 E

45





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17







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