White Paper: Responding to the Mental Health Needs of Diverse Populations

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BACKGROUND

In the United States, the diversification of the population is increasing exponentially.1 Ensuring equitable quality of mental health treatments is vital since racial/ethnic minorities suffer more severe consequences from mental health disorders than non-Latino Whites,2 including higher rates of disability, premature mortality,3 incarceration,4 and unemployment. Despite years of policy attention, evidence points to widening mental health service disparities for Latinos and Blacks.5,6 There is greater need for services; yet, disparities in access and utilization of mental healthcare treatment and services persist and are growing.1 For example, we found that only 25.0% of Latinos, 18.9% of Asians, and 10.4% of African Americans with depression had access to and received quality care (all significantly less than non-Latino Whites).7 Racial and ethnic minorities also experience many social determinants of health that cumulatively impact their mental health conditions.8 Reducing these access and quality inequities among racial/ethnic groups in mental health treatment requires greater action. This is, in part, due to a shortage of providers who are trained to work with racial and ethnic minority patients,1 among other systemic barriers to healthcare.9

As the population has grown and diversified, the demographics of providers have not shifted accordingly.1 The workforce of health professionals is not reflective of the diverse populations accessing mental health services,1,10 with low rates of Black, Latino and Native American mental health professionals,1 despite these groups representing about 40% of the overall population of the United States. Among mental health providers, only about 6% of psychologists, 12.6% of social workers, and 21.3% of psychiatrists are members of racial or ethnic minority groups.1 This underrepresentation has been linked to increasing health disparities11 by limiting the availability of culturally relevant care and causing language barriers.10 A lack of culturally relevant or competent care has also been associated with poorer health outcomes.12 Shared race or ethnicity between patients and providers has been found to produce higher rates of therapeutic alliance and treatment retention rates as compared to non-matched patients and providers,1,13 and culturally relevant interventions and treatment have been found to improve patient engagement, compliance, and health outcomes.8,10,11,13 Studies have also shown that shared race, ethnicity, or culture is preferred by patients.9 In a study assessing the association between culture, healthcare and mental health in racial and ethnic minority elders with mental health conditions, it was found that minority elders preferred providers who understood their culture or were of the same racial or ethnic identity, as compared to non-Latino whites.9 The lack of diversity in behavioral health care providers means that the preferred culture or race/ethnicity of a provider may not always be available to a patient, but there are strategies that can be implemented to work towards a mental health care landscape that can meet the needs of diverse populations.
STRATEGIES

To reduce disparities, and improve outcomes in mental health, it is necessary to both create a more demographically diverse and representative mental health care workforce, and better train and prepare current non-Latino white health providers to work with diverse populations. There are many proposals for how to better diversify the healthcare workforce, including improving educational opportunities for students of color starting in high school, improving access to standardized test preparation, providing mentorship programs, and educating students of color and low-income students about potential career opportunities in mental health and medical fields. An example of a model for diversifying the mental health care workforce comes from The North Carolina Alliance for Health Professions Diversity, which is a group of 19 colleges, universities, state organizations, and local health agencies in North Carolina that signed a memorandum committing themselves to reducing healthcare disparities by diversifying their health care workforce. To achieve this goal, they propose increasing access to educational opportunities for low income students and students of color in health professional schools, diversifying the health education faculty, and creating collaborative relationships amongst these institutions and others.

While this strategy may be effective in creating more diverse future generations of mental healthcare providers, it is necessary to improve the current mental health workforce and reduce present healthcare disparities as well. To do this, research has suggested the efficacy of task sharing by expanding the notion of workforce beyond mental health specialists. This could include training other healthcare providers in mental health conditions, using integrated care models and having individuals recovering from mental health conditions work in paid positions to support their peers. Another way to improve access to care is by providing outreach via community health workers to gain patients’ trust of the healthcare system or strengthen their understanding of healthcare so that the patient will be more likely to seek care. In addition to changing and adding to the current mental health workforce, implementing trainings, increasing competencies and providing educational opportunities are a necessary step in preparing providers to work with diverse populations.

Research has been undertaken to understand what providers and health professional see as solutions and steps to success. Health professionals from federally qualified health centers (FQHCs) providing mental health care to a culturally and linguistically diverse population of uninsured and underinsured patients were interviewed on cultural and linguistic competence (CLC). The three major themes for success were patient-centered care; a multidisciplinary team; and being adaptable to changes in the community, in policy, and in the organizations themselves. More specifically, patient-centered care included accessibility and cultural competence while sustaining a multidisciplinary team. This required interprofessional communication, professional development, and consultation and collaboration. The “Enhancing the delivery of health care: Eliminating health disparities through a culturally & linguistically centered integrated health care approach” report released by the Office of Minority Health and Hogg Foundation for Mental Health of the U.S. Department of Health and Human Services emphasizes the need for coordinated care using a multidisciplinary workforce that is also culturally and linguistically competent. The report recommends including community members’ input by engaging in assessments to understand the cultural values, beliefs, and preferences of patients and their possible influence on mental health encounters. This aligns with responding to patients’ needs and preferences as a tool to combat health disparities in
diverse populations.\textsuperscript{17} One strategy suggested by the report is to develop patient- or consumer-driven treatment plans in order to activate the patients; one example of this is maintaining respect for elements of a patients’ spiritual beliefs surrounding their mental health conditions when providing treatment.\textsuperscript{16} An important conclusion of the report is that building and maintaining a mental healthcare workforce that can adequately respond to culturally and linguistically diverse patients requires effort and support, not only at the local level but also at the state and national level.\textsuperscript{16}

Federal policies have been introduced in an effort to alleviate the health disparities faced by culturally and linguistically diverse populations.\textsuperscript{18} The U.S. Department of Health and Human Services’ Office of Minority Health released a policy initiative, the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, as a blueprint for the facilitation and implementation of culturally and linguistically competent care.\textsuperscript{19} The standards are organized into sections: governance, leadership, and workforce; communication and language assistance; engagement, continuous improvement, and accessibility.\textsuperscript{19} As there is no true enforcement of these standards, it is unclear how many service providers actually use them to guide their practice.\textsuperscript{18} Providers and institutions may hesitate due to the financial and time-constraining burdens that re-configuring their practice may bring.\textsuperscript{20} However, research reveals that the benefits of culturally and linguistically centered care far outweigh the costs.\textsuperscript{21,22}

To promote health equity and reduce disparities, policy makers and providers must be mindful of evidence-based, cross-cultural trainings and research. In a typical understanding of cultural competence, clinicians are at risk of stereotyping and stigmatizing, while ignoring the power dynamics, and historical and present oppressions that ethnic and racial minority groups experience.\textsuperscript{23} Therefore, a more effective framework is that of cultural humility or sensitivity, in which clinicians examine their own cultural beliefs and biases, while recognizing that both the patients’ cultural contexts as well as the providers’ have implications for patient health outcomes and health practices.\textsuperscript{12} Further, it is important that clinicians center historical and present discrimination, systemic racism,\textsuperscript{10} intergenerational trauma,\textsuperscript{23} social determinants of health,\textsuperscript{8} patients’ distrust of the healthcare system, and health literacy levels\textsuperscript{14} when working with a diverse population of patients. Health literacy is another important step in improving diverse patients’ health outcomes, health knowledge, and access to care. It is necessary to consider both language and culture when thinking about health literacy, and it is also important to note that health literacy is more than just a patient’s ability to read written information or obtaining an interpreter to translate information – it is also the patient’s ability to understand and utilize the information they have been given.\textsuperscript{14} Since issues with health literacy and culturally relevant and sensitive care do not just exist on an individual level, but on a systemic one as well, it is necessary that these issues become priorities of the healthcare system as a whole.\textsuperscript{14,23}

There are many additional recommendations for supporting both patients and providers with culturally relevant and sensitive healthcare practices, specifically in regard to cultural mistrust of the healthcare system and healthcare practices.\textsuperscript{24} Mental health professionals need specific training in how to examine their own biases and avoid stereotyping, while learning to recognize opportunities to connect with their patients and understand their patients’ cultural contexts. Providers should also be trained in how to empower their patients to ask questions and advocate for themselves, and patients should work to use these skills with their providers. Providers should be mindful of their own attitudes and work to maintain hope and humility in
In addition to their interactions with patients, providers must also educate themselves on the historical and present-day contexts for this cultural mistrust to inform their practice and interactions with patients. Systemic changes are necessary. Incidents of discriminatory policies that reduce health care access and subconscious practice of institutional racism must be identified and addressed as well as the education of administrative leaders on not only cultural mistrust but also the ways in which policies and behaviors influence this mistrust.

Patients from diverse populations may be hesitant to receive mental health care due to perceptions that mental health services and systems will not help them, or concerns regarding their immigration status, confidentiality, and hospitalization. These perceptions and concerns can be combatted. Culturally-tailored telephone counseling has shown promise in reducing the confidentiality worries of patients, especially low-income, employed Latino participants in the intervention. Adapting the availability of treatments and resources, such as client manuals and scripts, into different languages instead of relying on translation and treatment on the spot may also help bilingual clinicians or clinicians using translators feel more comfortable approaching mental healthcare topics with diverse populations. Other strategies to ease the hesitance of treating diverse populations include integrating mental health services into programs that offer social support, such as housing and employment as well as engaging in culturally adapted social media marketing that will promote services and access while reducing mental health stigma. When members of diverse populations do access mental health care, engaging them in shared decision making and steering away from verbal dominance may also diffuse fears and misconceptions about accessing care. Including the perspectives of the patient in treatment can improve the quality of care. Integration of training programs like the DECIDE intervention can also increase patient activation, by providing patients from diverse populations with the tools to effectively ask questions and participate during mental health care encounters. Execution of a clinician-focused DECIDE intervention program could also improve shared decision making in mental health care encounters with diverse patients.

CONCLUSION

Workforce level changes such as increasing the diversity of available providers as well as increasing culture awareness, eliminating institutional biases, and incorporating shared decision making into mental health care encounters can be the building blocks to reducing the mental health care disparities of diverse populations. Meeting the mental healthcare needs of diverse populations is a significant undertaking, but can be achieved with the right tools, support at the local, state, and federal level, as well as a workforce committed to bridging these gaps.
References


