

# Removing Obstacles to Eliminating Racial & Ethnic Disparities in Behavioral Health Care

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Racial and ethnic disparities in behavioral health, including access to treatment for mental health and substance use disorders, have changed little over the past several decades. For example, Blacks and Latinos are less likely than non-Latino Whites to receive treatment for depression or to complete treatment for alcohol and substance use (AHRQ, 2014; Saloner & Lê Cook, 2013). Analysis of data from the initial implementation of the Affordable Care Act in 2014 suggested that despite an overall increase in mental health treatment rates, members of racial/ethnic minority groups continued to receive mental health treatment at lower rates than non-Latino Whites (Creeden & Lê Cook, 2016).

Though research into the topic of mental health disparities has grown exponentially in the past 20 years, these disparities persist, suggesting that healthcare policies are not being used effectively to implement what we know about reducing disparities. In an article published in Health Affairs entitled “Removing Obstacles to Eliminating Racial and Ethnic Disparities in Behavioral Health Care” (Alegría, Alvarez, Ishikawa, DiMarzio, & McPeck, 2016) we drew on the academic literature and our own experiences across 10 large-scale research studies to identify 3 faulty assumptions made within health care systems, as well as recommendations for how to counter these assumptions with evidence-based

strategies. A summary of the assumptions and recommendations are listed below; references can be found in the original article.

## Three Mistaken Assumptions

### Improvement in health care access alone will reduce disparities

- Studies suggest that insurance expansions by themselves fail to eliminate behavioral health service disparities between Black and non-Latino White individuals, possibly because fewer behavioral health services are available in predominantly Black neighborhoods.
- Example: Black Medicaid patients are half as likely as non-Latino Whites to receive follow up care within 30 days of inpatient discharge.

### Current service planning addresses minority patients' preferences

- Responding to a “hyper-diverse” population is challenging for providers, even though culturally tailored, culturally competent, and

linguistically appropriate care is needed to reach minority populations.

- Patient preferences for behavioral health care vary across racial/ethnic groups.
- Even when preferences are similar, the same treatment options are not available to all patient groups—minority patients prefer psychotherapy to medication, but have fewer options than White, non-Latino patients for accessing those treatments, even when referred from primary care.

## **Evidence-based interventions are readily available for diverse populations**

- Most manualized treatments have not been translated, tested with different racial/ethnic populations, or adapted to both context and cultural fit.
- Uptake of culturally adapted evidence-based practices is inhibited by having an unprepared, minimally diverse workforce that does not feel competent in executing these evidence-based or practice-based interventions.

## **Recommendations**

### **Tailor provision of care to actively remove obstacles that minority patients face in accessing treatment**

- Deploy mobile medical clinics to expand access for racial/ethnic minority populations, including those who are homeless and uninsured, and include behavioral health

screening and outreach to ensure early treatment.

- Employ the use of mobile technology to help patients who are not English-proficient navigate the systems of care.
- Address language barriers by supplementing behavioral health services with telephone and video-based treatments, including assessment, care management, referral services, medication consultation and management, and therapy.
- Integrate behavioral health services into programs that include housing, employment, or other social services, such as Housing First and Recovery College, to address social determinants of health.
- Utilize social marketing and culturally relevant campaigns developed with input from members of racial/ethnic minority groups to promote access to behavioral health care and early treatment for behavioral health conditions.

## **Respond to patients' needs and preferences**

- Collect data on patient preferences for behavioral health care needs, treatment options, and barriers, then use the data to inform administrators and state policymakers about the needs of minority behavioral health consumers and design reimbursement programs.
- Build patient activation interventions (such as the DECIDE intervention to improve shared decision-making and quality of care; (Alegría et al., 2018) into Medicaid contracts with integrated provider organizations.

- Expand the use of patient and family advisory boards, already established in many hospitals and healthcare centers, to get input and strategically act on how to increase engagement of minority patients.
- Hold provider groups financially accountable for addressing disparities.
  - CMS and Medicaid should expand initiatives to reduce disparities while expanding the use of behavioral health quality measures that can be stratified by racial/ethnic groups.
  - Reimbursements can be linked to demonstrating racial/ethnic minority patient access and treatment by reporting on patients who initiate and continue treatment, breaking down outcomes by patient demographics.

## **Allow flexibility in evidence-based practice and the expansion of the behavioral health workforce**

- Target communities through partnerships among researchers, clinicians, and community leaders.
- Expand the behavioral health workforce by training community health workers (CHWs) and establishing standards for their certification and supervision by licensed clinicians.
- Advance state and federal funding to support behavioral health service employers and community partners in addressing disparities.

Our recommendations point to three potential strategies for behavioral health disparities reduction:

- Scaling up strategies that have been successful in research trials, but have not yet been widely adopted (see Cook et al., 2018 and Lee-Tauler, Eun, Corbett, & Collins, 2018 for recent reviews);
- Testing strategies that have been shown to improve access and quality of care for other health concerns in the behavioral health arena; and
- Addressing the social determinants of mental health that disproportionately affect non-White populations.

We emphasize that any specific recommendation must be embedded within a systematic commitment to change service delivery at the levels of policy, health care service delivery, and community practice. Such efforts will necessitate strategic planning, cross-disciplinary collaboration, and a commitment to bring the best of behavioral health care to all Americans.

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## References

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## About

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the justice system.

## Contact Us

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