



Closing the Gaps in the Diagnosis and Treatment of Depression

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Surgeon General's Report on Mental Health: Race, Culture, and Ethnicity

Mental illness affects all

- Striking disparities in MH care for African Americans, Asian Americans and Pacific Islanders, Hispanics, and Native Americans
 - 50% less likely to receive services than Whites
 - Poorer quality of care (misdiagnosis, underuse, overuse)
 - Underrepresented in MH research
- Disparities impose great disability burden on these affected population groups, which together constitute an emerging majority

Institute of Medicine Report: Unequal Treatment

- Racial and ethnic disparities exist regardless of socio-economic status:
 - Higher morbidity and mortality from the leading causes of death (CV disease, diabetes, HIV/AIDS, etc)
 - Poorer quality of care
 - Worse outcomes—“death gap”



Higher Death Rates: The Death Gap

- African Americans
 - Heart disease and stroke, cancer (breast, lung, and prostate), diabetes, infant mortality, HIV/AIDS
- Asian Americans and Pacific Islanders
 - Tuberculosis, stroke, cervical cancer
- Hispanics
 - Diabetes, uncontrolled hypertension, HIV/AIDS
- Native American and Alaska Natives
 - Diabetes, infant mortality



Cultural Divide

- High likelihood of ethnic and cultural differences between health providers and patients
- Disproportionately low number of health and mental health professionals of color
- Lack of training about the importance of cultural and ethnic factors in health care



People of Color: Mental Health Care

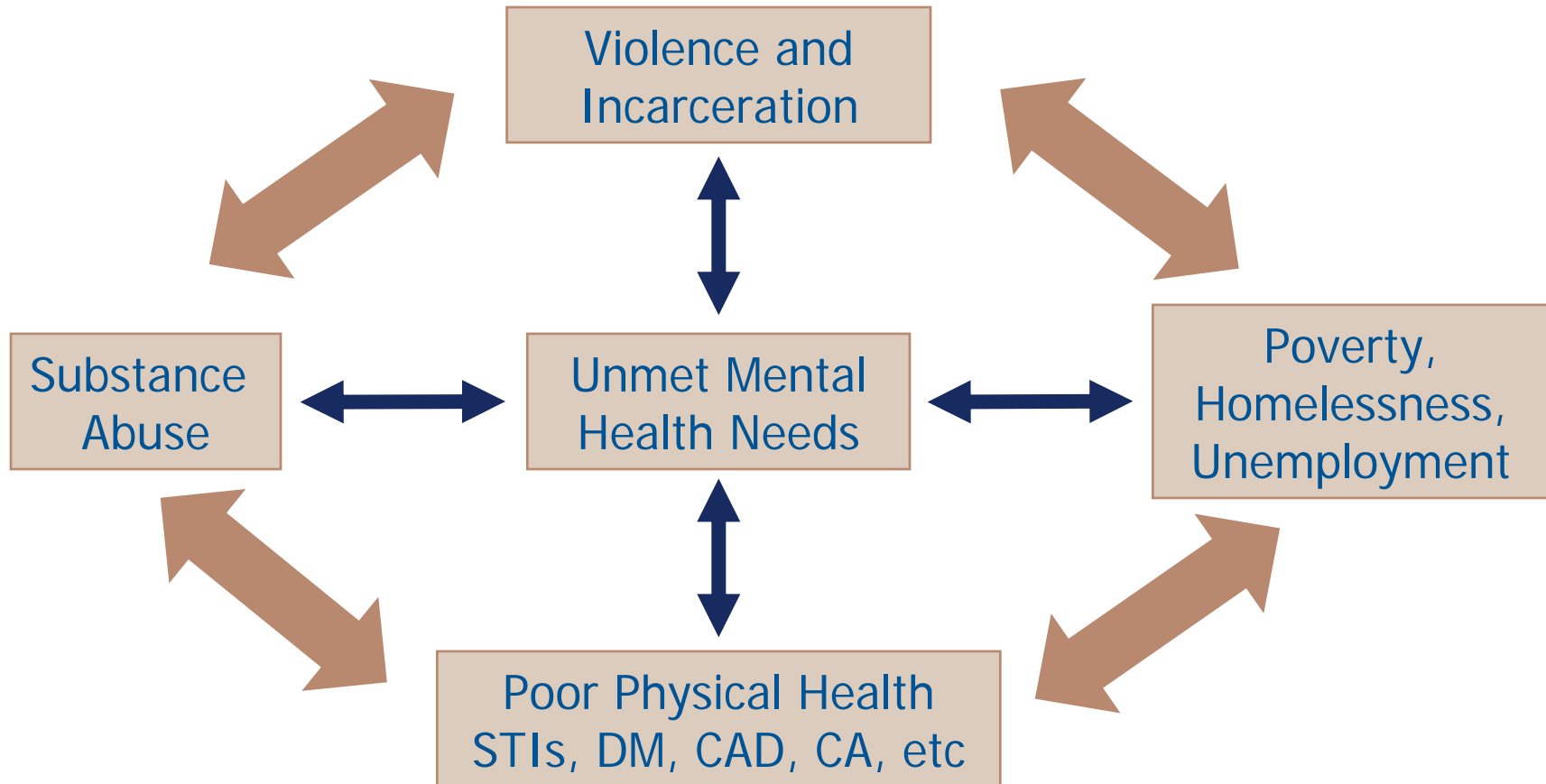
- Stigma and extreme shame
- Use of alternative sources of help (faith, family, folk treatment)
- Limited services in native language
- Use of crisis services (poorer prognoses)
- Reliance on physicians and other medical professionals providing primary care

People of Color and Impact of Health and Mental Health Disparities

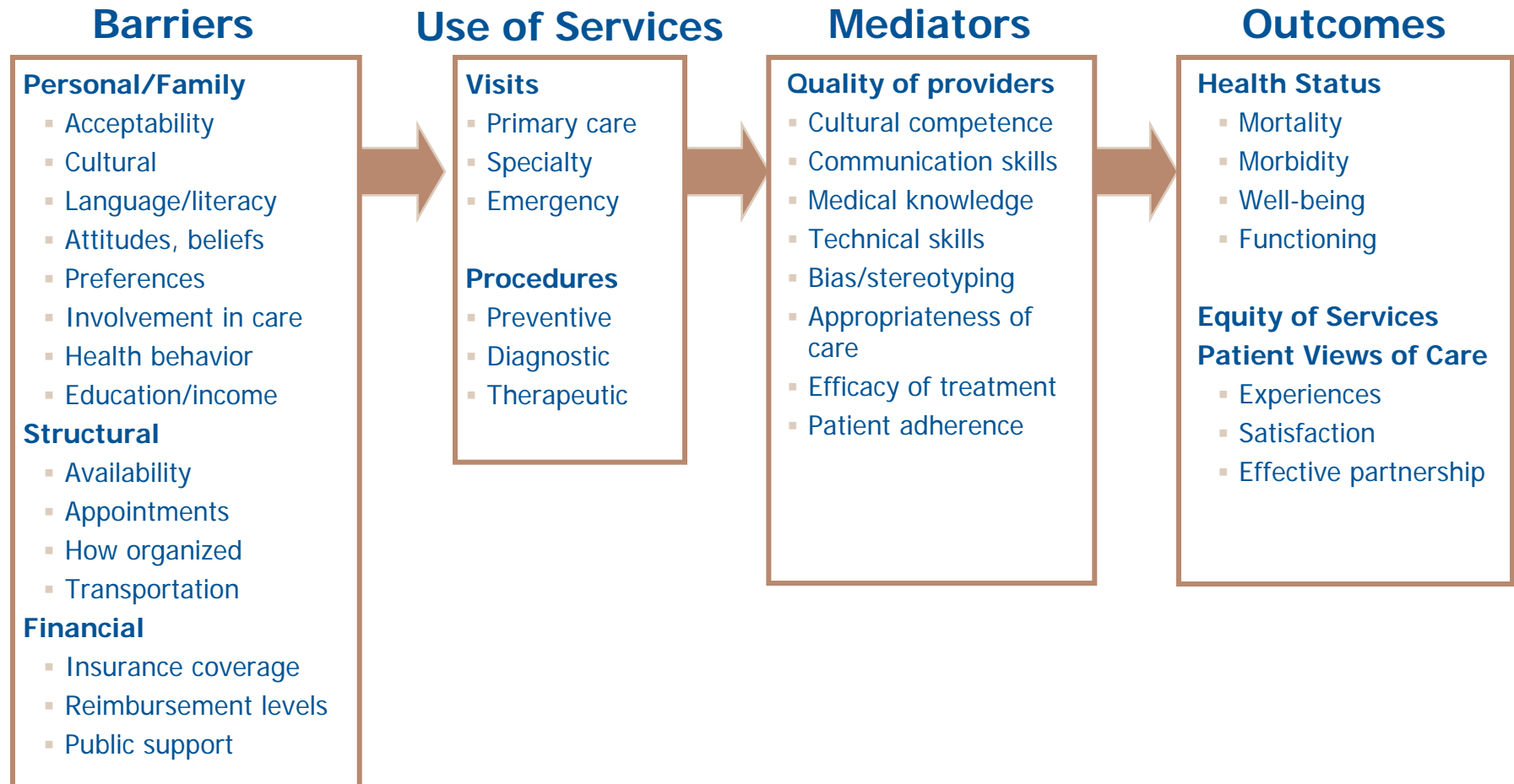
- Experience disproportionately high rates of chronic diseases, heart disease and stroke, diabetes, arthritis, HIV/AIDS, and cancer that commonly co-occur with depression, which if undiagnosed, untreated, or poorly treated, can compromise medical outcomes
- Combination of the above with the common socio-economic contextual factors POC experience creates a recipe for poor outcomes of disability and premature death



Vicious Circle Fueled by Racism



Barriers and Mediators to Equitable Health Care for Racial and Ethnic Groups



Modified from Institute of Medicine. *Access to Health Care in America: A Model for Monitoring Access*. Washington, DC: National Academy Press; 1993.
Cooper LA, Hill MN, Powe NR. *J Gen Internal Med*. 2002;477-486.

Ethnocultural Influences on Psychiatric Treatment Outcomes

- Cultural beliefs and preferences
- Ethnopsychopharmacology
- Pathoplasticity



Depression-related Complaints

Complaints	Culture
"Nerves" and headaches	Latino
Weakness, tiredness, "imbalance"	Asian
"Heartbroken"	Native American
Bad nerves, "evil"	African American



Culture-bound Syndromes Resembling Depression

- *Ataque de nervios* (Latinos)—attacks of crying, shouting, and other symptoms
- *Brain-fag* (West Africans)—idiom of distress, difficulty with concentration & memory
- *Ghost sickness* (Native Americans)—preoccupation with death
- *Dhat* (Asian Indians)—severe anxiety and hypochondriacal concerns associated with urologic symptoms and feelings of weakness



Eliminating Racial and Ethnic Disparities

Potential solutions

- Support capacity development
- Increase representation in research
- Promote engagement of and collaboration with communities of color around health and mental health
- Provide training in culturally appropriate care
- Establish cultural competence initiatives



Synopsis of Culturally and Linguistically Appropriate Services (CLAS) Standards

- Quality care
- Diverse staff
- Ongoing education and training
- Free and competent language assistance services
- Patient-related materials and signage
- Strategic plan
- Organizational self-assessment
- Collect data
- Profile and needs assessment
- Collaborative partnerships
- Conflict and grievance process
- Publicize successes

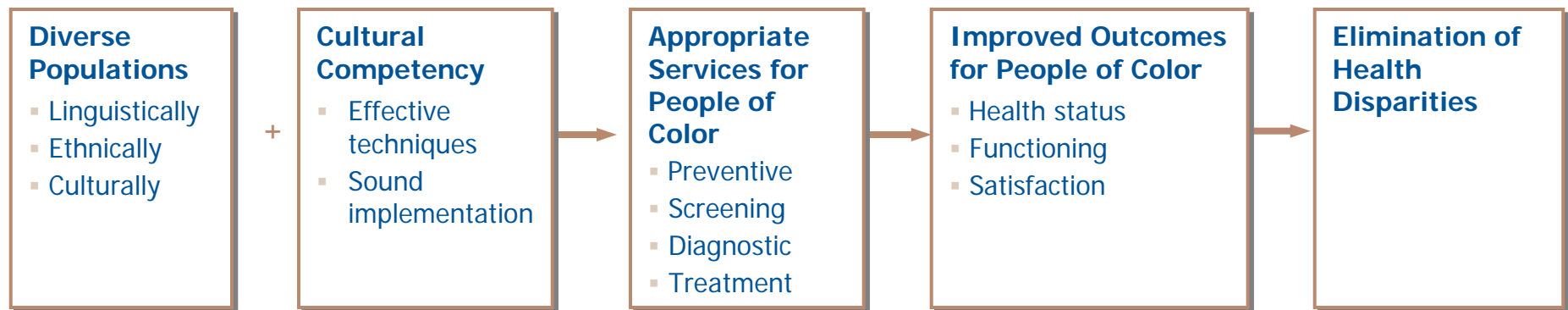
Clinician Behavioral Change Goals

- Improved communication
- Increased trust
- Improved epidemiologic and treatment efficacy knowledge
- Expanded cultural and environmental understanding

Cultural Competence Techniques

- Interpreter services
- Written translations
- Concordant clinicians and staff
- Education and training
- Community health workers
- Health promotion
- Organizational supports

Toward Eliminating Health Disparities Through the Implementation of Cultural Competence Strategies



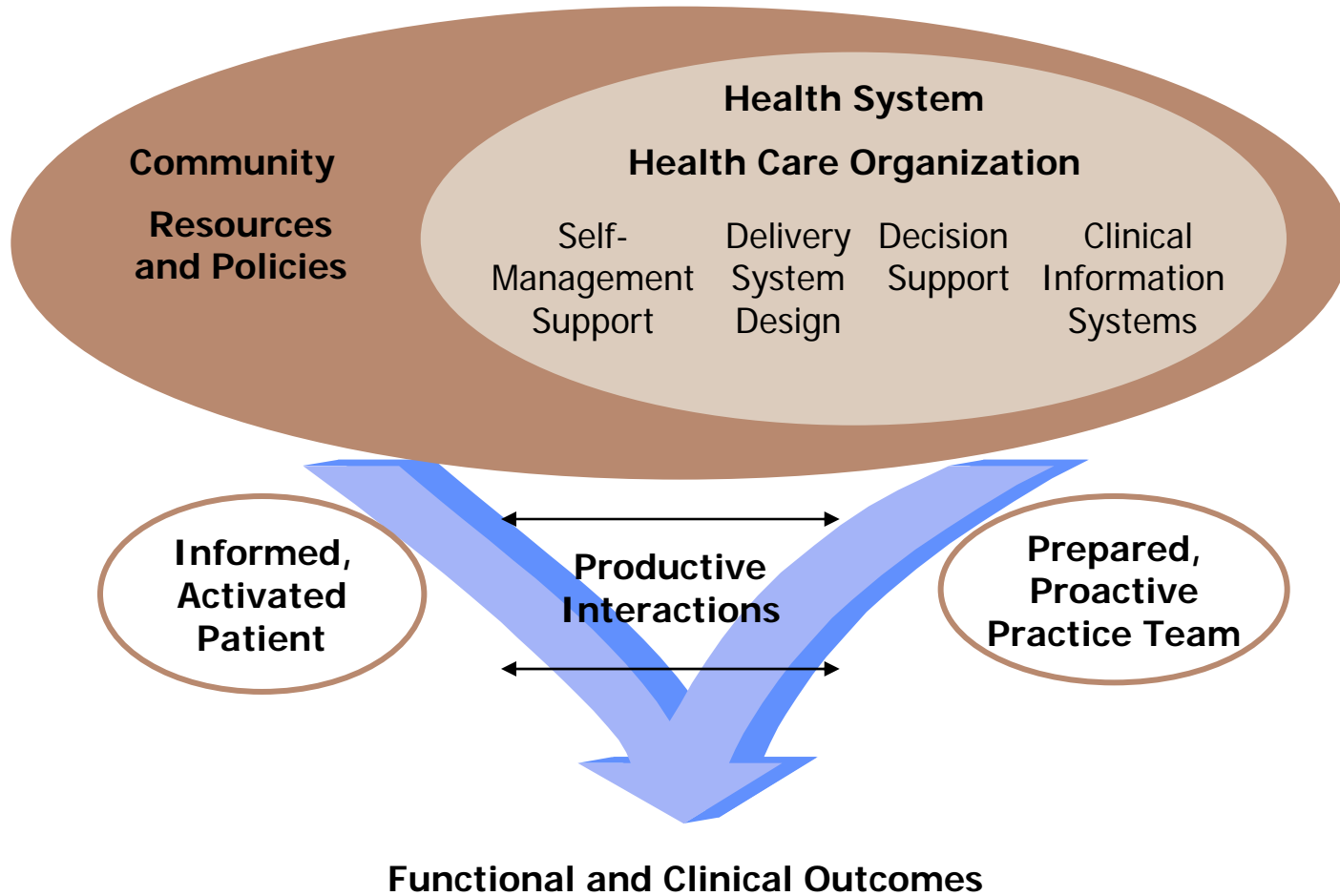
APA Response: OMNA on Tour

- Identify and analyze needs of U.S. regions with high concentrations of underserved ethnic and racial groups
- Organize conferences to:
 - Discuss local manifestations of mental health disparities
 - Showcase local and national models designed to eliminate mental health disparities
- Invite audiences representing diverse perspectives: health and mental health professionals, families, consumers, faith community, and others reflecting demographics of the area
- Mobilize stakeholders to collaborate to eliminate mental health disparities

Interventions for Overcoming Stigma and Depression Care Disparities

- Integration of primary care—Mental Health
 - Charles B. Wang CHC, NYC
 - Family Health Centers at San Diego
 - Broadway Center, Baltimore
- Standards for screening, referring, diagnosis, and treatment
 - One Sky Center
- Training among gatekeepers
 - Medical professionals in primary care (BTG)
 - Community gatekeepers (CAP)
 - Faith community (CISMH)

Chronic Care Model



Educational Videotapes

- *Guide to a Healthy Mind, Celebrating Life, Gray & Blue, and Black & Blue*
- *Black & Blue* features AA adults describing their own depression as a medical syndrome
 - Emphasizes the importance of early recognition and treatment
 - Increases awareness of negative consequences of untreated depression
 - Provides information on where to get help
 - Evaluation of the video showed changed attitudes toward depression in the areas of depression as a medical illness, stigma, spirituality, and treatment with antidepressants (Primm et al. *JNMA*. 2002;94:1007-1016.)



Comorbidity

“My self-esteem is greatly affected when I’m depressed...an example would be how I no longer looked at my body as important when I was younger, I gained a lot of weight and kids would tease me and I just didn’t think of myself as anything, I’m ugly, I just didn’t see myself as being worth the effort after a while.”

Michael



Comorbidity *(cont'd)*

"The alcohol, it just added on to it...I used it as a number, to numb me from those feelings, but then instead of ending a problem, I added on another problem, the problem of alcohol and drug addiction and those two things together there, the depression and the alcohol and drug addiction, became too much for me to handle and it kept me incarcerated."

Nate



Comorbidity *(cont'd)*

"...then I knew there was something that would make me feel better for a little while...so I'd drink and I'd drug...and the time I felt better would get shorter and shorter...and the depression (would) get deeper and deeper."

Sophie



Comorbidity *(cont'd)*

“In order to stop the pain that kept me going back and back to my drug addictions and things, I had to get help...I had to reach out to somebody.”

Nate



Quotes From *Black & Blue*

"[Regarding depression]... I wouldn't say don't pray, I would say ***don't just pray***. I would say, admit you have an illness... like other illnesses, put yourself in treatment, and stay in prayer."



[Click here](#) to download the video



Quotes From *Black & Blue*

"[Admitting to having depression] was a hard thing for me to do because it hurt that image, that image of being a proud, strong, black man, it really did."



[Click here](#) to download the video



Quotes From *Black & Blue*

“Being the spiritual young man that I am, I would go to God [for treatment of depression], and you know what God’s gonna do, he’s gonna send you to a doctor...people have to come to understand that it’s a medical illness ”



[Click here](#) to download the video



What Can You Do to Eliminate Disparities in Depression Care?

- Know the community you are serving
 - Demographics
 - Socio-environmental conditions
 - Epidemiologic vulnerabilities
- Know yourself (challenge your biases)
- Listen to your patients and make a concerted effort to understand their cultural context and belief systems
- Maintain a high index of suspicion about the presence of depression in people with chronic disease comorbidities



What Can You Do to Eliminate Disparities in Depression Care? *(cont'd)*

- Raise questions when you observe differences in depression care quality by race and ethnicity
- Collect data by race and ethnicity to uncover disparities in care if they exist
- Educate your patients about what depression is, what to do to manage it, and why it is important (health literacy)
 - Use videotapes and other literacy-level-neutral resources



What Can You Do to Eliminate Disparities in Depression Care? *(cont'd)*

- Encourage patients to ask questions about their illness, to bring an advocate along with them, and to be an active participant in the health care encounter
- The platinum rule: Treat others the way they want to be treated
- No matter what your differences are, taking the time to listen, understand, and communicate clearly and showing patients you care will engender trust
- Trust is the key to establishing an effective patient–health professional partnership and optimal outcomes in depression care and medical care in general



Questions and Answers



Evaluation



Audience Response Questions



Closing Remarks

