Session # H4b

Mental Illness and African-Americans: Does Stigma Affect Mental Health Treatment

- Daroine Jean-Charles, MD, Faculty
- Michele S. Smith, PhD, Faculty, Director of Collaborative Care
- Wellstar Atlanta Medical Center, Family Medicine Residency Program
- Atlanta/Morrow, Georgia

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CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018

Slides and handouts are also available on the mobile app.

Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify the prevalence and disparities of mental health illness among African-Americans
- Describe various barriers, stigmas, misconceptions towards mental illness among African-Americans
- Discuss the utilization of different approaches and tools to manage and facilitate the treatment of mental illness among African-Americans

Bibliography / Reference

1. Ward, E., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American Men and Women's Attitude Toward Mental Illness, Perceptions of Stigma, and Preferred Coping Behaviors. *Nursing Research*, *62*(3), 185–194. http://doi.org/10.1097/NNR.0b013e31827bf533

2. Hankerson, S. H., Suite, D., & Bailey, R. K. (2015). Treatment Disparities among African American Men with Depression: Implications for Clinical Practice. *Journal of Health Care for the Poor and Underserved*, *26*(1), 21–34. http://doi.org/10.1353/hpu.2015.0012

3. Sohail, Z., Bailey, R. K., & Richie, W. D. (2014). Misconceptions of Depression in African Americans. *Frontiers in Psychiatry*, *5*, 65. http://doi.org/10.3389/fpsyt.2014.00065

4. Bryant, K., Haynes, T., Greer-Williams, N., & Hartwig, M. S. (2014). "Too Blessed to be Stressed": A Rural Faith Community's Views of African American Males and Depression. *Journal of Religion and Health*, *53*(3), 96–108. http://doi.org/10.1007/s10943-012-9672-z

5. Lukachko, A., Myer, I., & Hankerson, S. (2015). Religiosity and Mental Health Service Utilization among African Americans. *The Journal of Nervous and Mental Disease*, *203*(8), 578–582. http://doi.org/10.1097/NMD.0000000000000334

Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.

Study Concept

Result of encounters I had with my own patients

Heavily based on literature reviews that show African-Americans with mental illness have barriers and stigmas which hinder proper treatment

May bring those barriers to light and provide insight on how as physicians, we can approach our patients and better serve them

Introduction

~ 57.5 million American adults experience mental illness each year.

Although mental illness appears across race, ethnicity, and gender, some groups appear to experience higher mental illness burden (NIH)

Communication and manifestation of symptoms, coping, support resources, and willingness to seek treatment may be influenced by culture (MH ES)

Understanding the wide-ranging roles of culture and society enables the medical and mental health fields to design and deliver services that are more responsive to the needs of racial and ethnic minorities. (MH ES)

Prevalence

According to the US HHS Office of Minority Health

African Americans make up approximately 12-13% of the population, yet they make up 18% of those affected by mental illness (NIH)

- 20 percent more likely to report serious psychological distress than adult whites. [3]
- More likely to have feelings of sadness, hopelessness, and worthlessness than adult whites. [3]

Black/African Americans of all ages are more likely to be victims of serious violent crime than are non-Hispanic whites, making them more likely to meet the diagnostic criteria for post-traumatic stress disorder (PTSD).

Of those, over **16%** had a diagnosable mental illness in the past year[2]

That is over **6.8 million people**

MORE people than the populations of Chicago, Houston, and Philadelphia

COMBINED[3]

SOURCES

[1]United States Census Bureau. (2014). American fact finder. Retrieved from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

[2]Substance Abuse and Mental Health Services Administration. (2014). Racial and ethnic minority populations. Retrieved from http://www.samhsa.gov/specific-populations/racial-ethnic-minority

[3]United States Census Bureau. (2015). American fact finder. Retrieved from http://factfinder2.census.gov/bkmk/table/1.0/en/PEP/2014/PEPANNRSIP.US12A

Stigma and Mental Health(2)

Stigma occurs when socially undesirable characteristics become linked with stereotypes about a class of individuals, resulting in social distance and discrimination, which can deter people from mental health treatment

Although public perceptions of mental illness have improved over time, negative characterizations of people who are mentally ill remains prevalent. These negative perceptions appear to be greater among Blacks and other minorities than among whites.

Perceived stigma is associated with treatment discontinuation/avoidance, disengagement, and psychiatric medication non-compliance.

Literature Review

African American Men and Women's Attitude Toward Mental Illness, Perceptions of Stigma, and Preferred Coping Behaviors

- Objective: examine African American's beliefs about mental illness, attitudes toward seeking mental health services, preferred coping behaviors, and whether the variable differ by gender and age
- Results
  - The most common mental illness reported was depression
  - Most participants were male and working (middle class); had a high school or college degree; made $40,000 or less.
  - Women were statistically more likely to believe that there were negative consequences to mental illness
  - Women appeared to be more psychologically open and willing to seek mental health services
  - Participants were not very open to acknowledging psychological problems; *were very concerned about stigma a/w mental illness, but somewhat open to seeking mental health*
  - *Religious coping appeared to be the most preferred coping mechanism*

Literature Review

The Experience of Stigma among Black Mental Health Consumers

- Objective: Study to develop an intervention to reduce stigma about mental illness for Black adults referred to community mental health services in San-Francisco
- Results
  - Three stigma related themes were identified: exposure to stigmatizing beliefs about mental illness and mental health treatment, stigma as a barrier to seeking mental health treatment, and stigma as an ongoing treatment experience
  - Any mental health is crazy; mental illness is not be discussed with family; incompatible with black strength
  - Stigma as a reason to avoid seeking treatment: social judgment; social rejection/discrimination
  - Stigma as an ongoing treatment; social judgment; self-stigma; rejection/discrimination; self-imposed social isolation

Challenges in the African- American Communities

African Americans who have depression may be frequently under-diagnosed and inadequately managed in primary care as a result of patient, physician, and treatment setting factors.

Challenges that may contribute to lack of diagnosis and treatment in African Americans include low access to treatment, low socioeconomic status, low educational attainment, and low quality of treatment.

Other challenges include stigma or sense of weakness, preventing seeking of treatment, and uncertainty about where treatment may be accessed.

More Challenges

African Americans are as likely as whites to discuss mental health problems during primary care visits. However, AAF may be more likely exhibit somatic and neuro-vegetative symptoms of depression than mood symptoms, which may complicate detection and diagnosis

AAF are more likely to receive health care in outpatient hospital and emergency departments, and their mental health services are also characterize by high rates of emergency care

Study Goals

Assess stigma, barriers, the lack of treatment, and disparities affecting African-American (AA) patients with mental health concerns compared to their non-African-American counterparts in our clinic. This included:

- Knowledge about mental health issues
- Emotions related to mental health (embarrassing, shameful)
- Beliefs related to mental health (work it out on your own, do not discuss outside of family)
- Beliefs about what others think (will think badly of me, I will be rejected or discriminated against)
- Beliefs about self (I would think less of myself)
- Other barriers (do not know what is available, how much it costs, if my insurance covers)

Study Design

Clinic patients presenting for routine visits at a suburban Family Medicine Clinic between December 2017 – May 2018

Completed an 11-item likert-type questionnaire designed to assess attitudes about mental health and treatment.

Targeted sample size was 250 and 117 surveys were completed. Basic demographics - age, sex, race, and education level - were also collected.

This is a cross-sectional study and was analyzed using proportion difference, chi square, and t-test.

Methods

Time Period: December 17 – April 18

Objectives: Determine stigma, barriers, the lack of treatment, disparities, affecting in African-American patients with mental health compared to their counterparts.

Study Population: Clinic patients presenting for routine visits at the Wellstar AMC Family Medicine Clinic

Study Design: Cross-sectional Study using a survey questionnaire

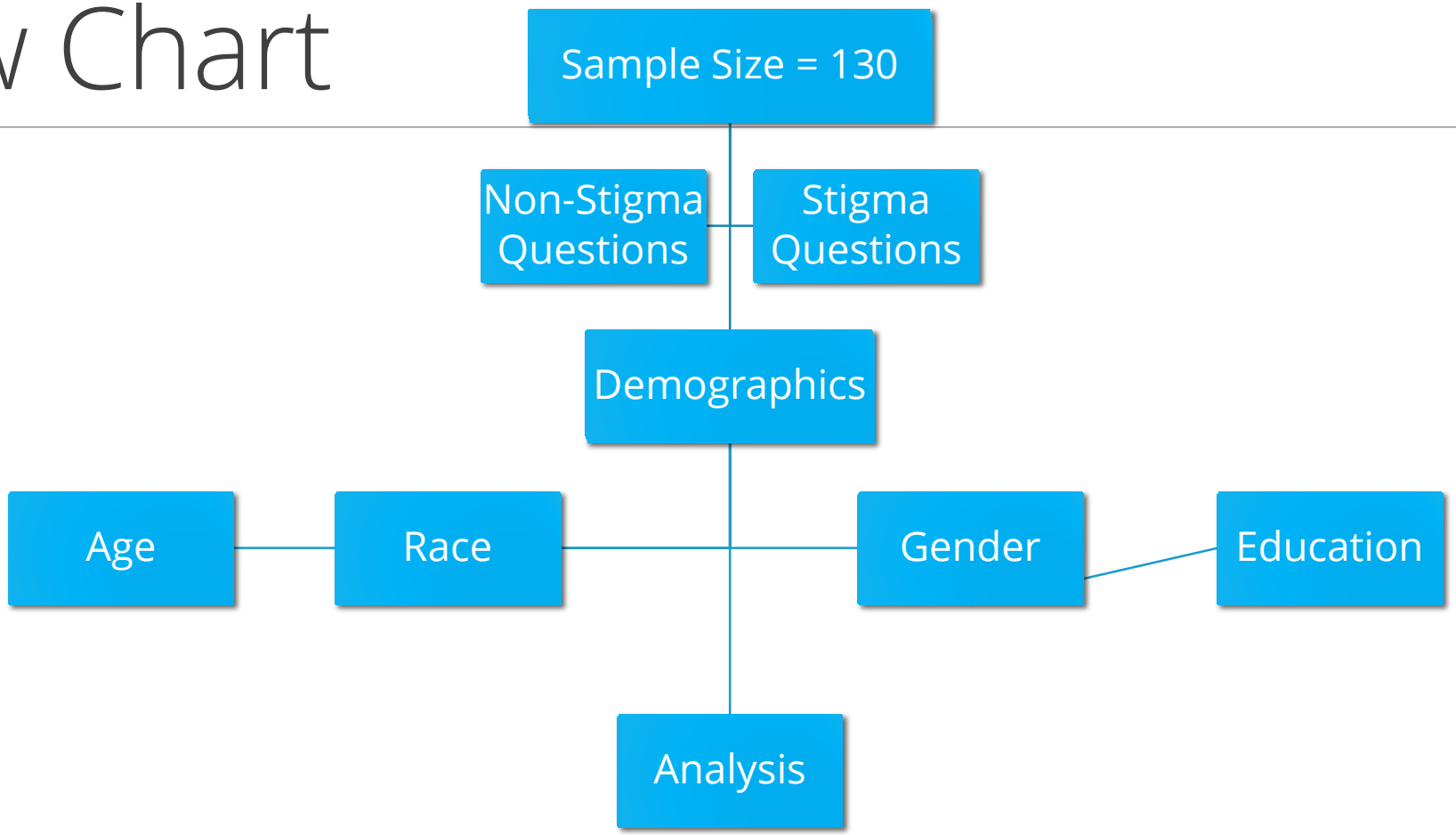
Data Collection/Sampling Plan: Data collected via survey at the Family Medicine Morrow clinic during patient's visit.

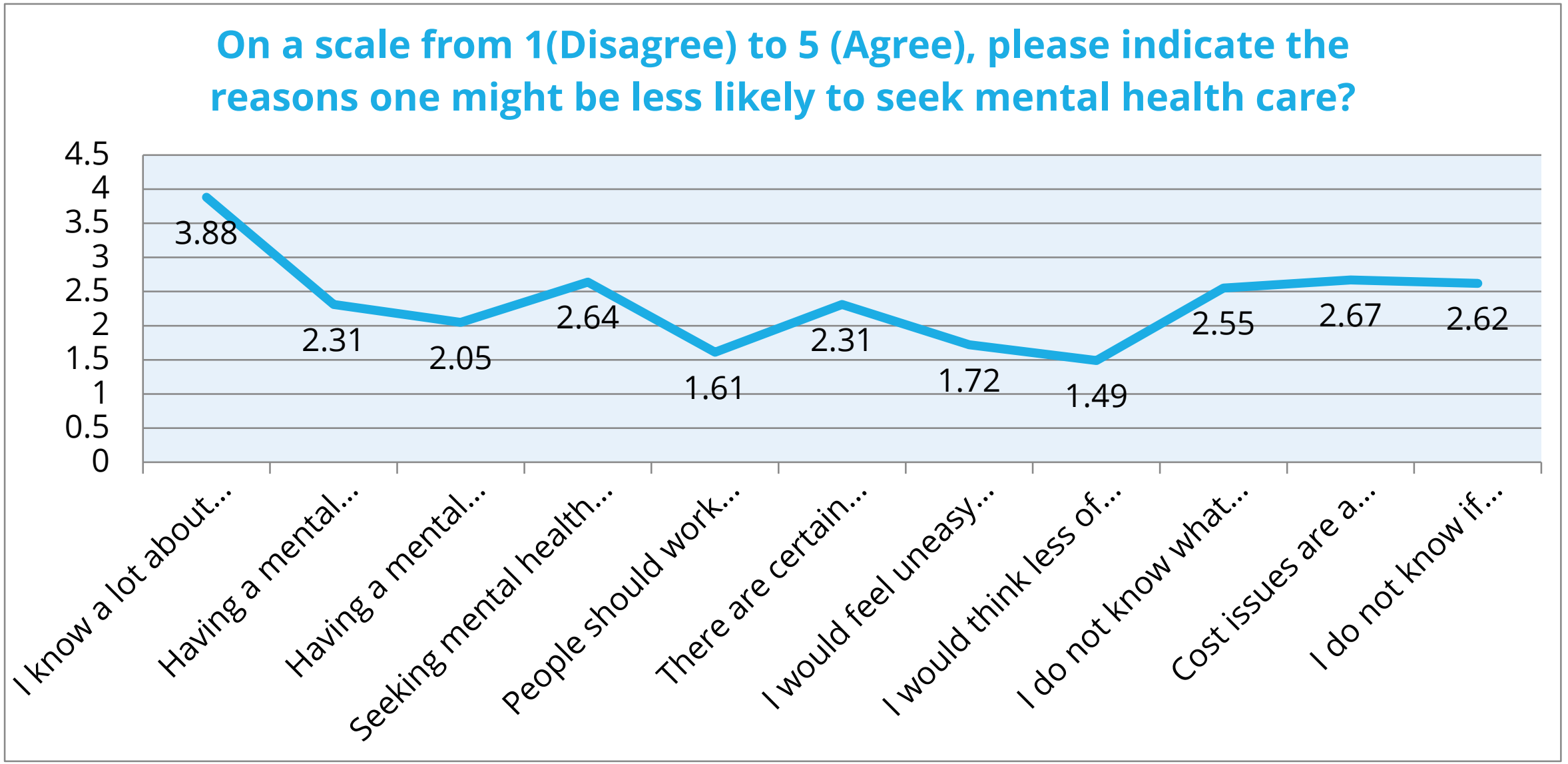
The survey results were uploaded into Survey Monkey to be analyzed.

Sample Size: N= 130

Statistic Use: ANOVA, 't' test, Likert Scale

Flow Chart


Sample Size = 130
Non-Stigma Questions
Stigma Questions
Demographics
Age
Race
Gender
Education
Analysis


On a scale from 1(Disagree) to 5 (Agree), please indicate the reasons one might be less likely to seek mental health care?
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
3.88
2.31
2.05
2.64
1.61
2.31
1.72
1.49
2.55
2.67
2.62
I know a lot about...
Having a mental...
Having a mental...
Seeking mental health...
People should work...
There are certain...
I would feel uneasy...
I would think less of...
I do not know what...
Cost issues are a...
I do not know if...

Stigma and Education

When comparing high school /some col college graduate and above, there is a significant higher percentage who agree statement of "having a mental illness is embarrassing.

Having a mental illness is embarrassing - Education			
N (count)	Mean	Std. Dev.	*d.f – 3* *F value: 5.70* ***p-value: 0.001** ***There is statistical Sig.***
59	2.03	0.86	
14	2.79	1.32	
21	1.76	0.75	
14	1.50	0.63	

Study conclusions:

Among the questions that carried the most stigma, “seeking mental health treatment causes social rejection/discrimination”, had the highest weighed average towards agreeing.

There was a higher percentage who stated: “I know a lot about mental health”, which carried the highest weighted average overall.

The objective of the study was to analyze stigma mostly from African-Americans as it was shown from previous study. This was not strongly apparent in this study.

In analyzing the individual responses, some patients did expressed stigma when it comes to mental health, but that was equally true among blacks, whites and other ethnicities.

Two cases:

1) the challenges in both referral and treatment, and

2) the outcome when a patient-physician-behavioralist team approach is used.

Case 1- Elaine

Elaine is a long-term clinic patient with a history of anxiety and BP1. Her medical problems include hypertension, DM2, asthma, and GERD. She would be considered a high utilizer.

First seen in 2011 and referred to BH at initial appointment. Multiple OPV and referred to BH more than 10 times before going to first BH visit in 2014. She had 12 BH visits in the next 10 months with no cancellations or NS, then stops when therapist (same race student) leaves. Transfer of care takes place, but pt does not FU with new therapist.

2015-16 Multiple referrals made by race concordant physician to both psychiatry and BH. Patient does FU with psychiatry.

2017-18 Refs to BH by race concordant physician. 11 appts made, keeps 5.

Possible barriers to care . . .

Possible Barriers to Care

Race

Perception of need

Frustration with having to change therapists

Other barriers to care

Patient shared:

Felt more connected to first therapist because they were closer in age and could “relate to her better”

Not fully convinced that she needed any assistance.

Physician shared:

Patient had difficulty connecting some of her health challenges (HTN, DM2) to her behaviors.

Low motivation to change

Case 2 - Sandra

Patient was PCP for WWE and was referred to BH for anxiety in June 2017; made appointment but later cancelled.

Patient saw PCP for Panic DO in August 2018. Met with BHC (race discordant) during encounter where CBT intervention was initiated. GAD-7 was 14

FU appointment at 2 weeks, GAD-7 was 7; at 3 weeks it was 4.

What made the difference?

Patient coming in for that purpose

Motivation is high

Single issue (panic)

Easy to treat

Intervention started at PCP visit

Discussion

As previously stated, the study shows that perceptions of mental illness have improved over time, but some negative perceptions still remain.

As physicians in primary care, patient are more likely to seek help in our clinic than from specialty mental health providers, therefore we have to be diligent in recognizing patients who need help.

During the primary care encounter, African Americans are as likely as whites to discuss mental health problems. However, AAF may be more likely exhibit somatic symptoms of depression than mood symptoms, which may complicate detection and diagnosis [3]

In recognizing that stigma is still present, we can equip ourselves to help our patients address/alleviate the barriers keeping them from seeking help

Take away points

Study Limitations

Sample Size

Some categories reflected low numbers therefore the power of the study is weakened

The study did not investigate certain factors such the impact of spirituality, patient–provider relationship and attributes of certain treatments, which can play a role in seeking mental health and adherence to treatment.

Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!

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