AMERICAN PSYCHIATRIC ASSOCIATION™

Reducing Mental Health Disparities for Racial and Ethnic Minorities:

A Plan of Action

Prepared by APA Steering Committee to Reduce Disparities in Access to Psychiatric Care

December 2004

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INTRODUCTION

The Need to Address Racial and Ethnic Disparities in Mental Health

In September 2001, Surgeon General David Satcher, M.D., introduced *Mental Health: Culture, Race, and Ethnicity* (hereafter called the Report) at the fall component meetings of the American Psychiatric Association (APA). The Report unequivocally states, "Mental health is fundamental to overall health and productivity. It is the basis for successful contributions to family, community, and society. Throughout the life span, mental health is the wellspring of thinking and communication skills, learning, resilience, and self-esteem."

The Report continues, "Mental health problems and illnesses are real and disabling conditions that are experienced by one in five Americans. Left untreated, mental illnesses can result in disability and despair for families, schools, communities, and the workplace. It is, therefore, disconcerting to find that the mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity."

Since publication of the Report, the President's New Freedom Commission on Mental Health released its report, *Achieving the Promise: Transforming Mental Health Care in America*, and the Institute of Medicine published *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. These works further underscore the need to address mental health disparities. Complete citations for these materials as well as the Surgeon General's report can be found in the References section of this document.

The American Psychiatric Association Responds

In response to the Report, APA President Richard K. Harding, M.D., convened the APA Steering Committee to Reduce Disparities in Access to Psychiatric Care (hereafter called the Committee), whose members possess experience and knowledge of cultural diversity and disparity issues and are able to articulate the mental health needs of members of racial and ethnic minority groups. President Harding charged the Committee to develop appropriate implementation recommendations based on the Surgeon General's report that were consistent with and supported the goals of APA's strategic plan. The Committee is to guide APA's Board of Trustees, Assembly, and other APA components concerning APA's role in implementing and enhancing the Report's recommendations.

After careful deliberation, the APA Steering Committee to Reduce Disparities in Access to Psychiatric Care has developed a Plan of Action that reflects the recommendations of the Surgeon General's report and is also consistent with APA's goals. The Committee also considered ways to ensure that APA members take ownership of and implement those recommendations.

Consistent with APA's vision statement and strategic plan, the Committee anticipates that implementation of this Plan of Action will increase APA members' satisfaction in their professional roles, improve treatment and promote quality care, achieve higher levels of patient satisfaction, and assist clinicians in making evidence-based decisions regarding type and level of care.

Consistent with the Surgeon General's report, the Committee anticipates that implementation of this Plan of Action will enhance the quality of mental health services for members of racial and ethnic minority groups. In working toward this goal, the Committee urges the APA to expand its efforts to

engage psychiatrists, other mental health professionals, legislators, advocacy organizations, and academic centers in implementing the recommendations outlined here.

The Committee developed specific recommendations in four areas: (I) expand the science base; (II) support education, training, and career development; (III) enhance access and reduce barriers; and (IV) promote mental health through collaboration and advocacy.

RECOMMENDATIONS

I. Expand the Science Base

The Report identifies "expanding the science base" as an important step toward reducing racial and ethnic disparities in mental health. Key tasks for the APA include gathering and disseminating new knowledge in the following areas identified by the Report: psychiatric epidemiology, evidence-based treatment, psychopharmacology, ethnic- or culture-specific interventions, diagnosis and assessment, prevention and promotion, and the study of the roles of culture, race, and ethnicity in mental health (pp. 159-162). Towards the goal of expanding the science base, APA should:

1. **Support actualization of the Strategic Plans for Reducing Health Disparities of the National Institute of Mental Health (NIMH), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Institute on Drug Abuse (NIDA) by assigning staff and resources to foster the implementation of model systems that address the reduction of disparities.**

2. **Align research priorities to include strategic plans to reduce disparities**.
    a. Enlist the Practice Research Network (PRN) to undertake research that leads to the development and revision of the Practice Guidelines. Future revisions of the guidelines should focus on issues pertaining to the mental health of racial and ethnic minority populations.
    b. Develop a Practice Guideline on the Assessment and Treatment of Racial and Ethnic Minorities.

3. **Continue to study and publish findings on racial and ethnic disparities in mental health**.
    a. Study differences in the effects of psychotropic medications on members of racial and ethnic minority groups, the prescribing practices of those medications for these groups, and the cost-effectiveness of the appropriate use of psychotropic medications among members of these groups. Research data should be used to oppose formulary restrictions on the use of newer medications in underserved populations.
    b. Conduct research on disparities in psychiatric morbidity and mortality related to racial, ethnic, and cultural factors.
    c. Promote the development of performance and outcome measures designed specifically to enable meaningful analysis of results by socioeconomic status, race, and ethnicity.
    d. Review the Program for Minority Research Training in Psychiatry (PMRTP) prior to grant renewal to assure consistency with the Report's recommendations regarding

needed research on disparities. The director of the Department of Minority/National Affairs should be involved in this process.

e. Review the Minority Fellowships Program prior to grant renewal to assure consistency with the Report's recommendations regarding needed research on disparities. The director of the Department of Minority/National Affairs should be involved in this process.
f. Advocate for public funding for racial, ethnic, and cultural research.

4. **Support the systematic inclusion of cultural issues in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnostic research conferences**.
    a. Develop and fund a research agenda that could help to determine whether or not racism is a psychiatric disorder.
    b. Study issues related to the misdiagnosis of mental disorders in racial and ethnic minorities.

5. **Formally establish journal publication policies to include the consideration of race, culture, and ethnicity**.
    a. Promote the inclusion of racial, ethnic, and cultural factors in journal submissions.
    b. Develop review criteria for APA journals and publications of American Psychiatric Publishing, Inc. (APPI) that focus on the discussion of racial, ethnic, and cultural factors in submitted manuscripts. Editors should consider authors' treatment of these factors in making decisions on whether or not to publish.
    c. Revise forms used by reviewers to indicate that reviewers have addressed discussions of racial, ethnic, and cultural factors, as appropriate.
    d. Encourage all journals to publish special issues on race, ethnicity, and culture as they relate to mental health and mental illness.

6. **Offer workshops and symposia at the Annual Meeting on risk and protective factors for mental illnesses in racial, ethnic, and cultural minorities**. These risk and protective factors include acculturation, ethnic identity, racism, and stigma.

7. **Convene expert panels to identify and create evidence-based best practices to reduce stigma in minority groups and to promote culturally competent consumer and family education**.

8. **Support research on the health and mental health consequences of traumatic stress in racial and ethnic minority children, with focus on prevention and early intervention.**

II. Support Education, Training, and Career Development

The Report identifies "support capacity development" as one of six broad recommendations to reduce mental health disparities: "Minorities are underrepresented as providers, researchers, and as administrators and policymakers and consumer and family organizations. Furthermore, many providers and researchers of all backgrounds are not fully aware of the impact of culture on mental health, mental illness, and mental health services." (p. 167).

Therefore, APA should strengthen its efforts to increase representation of minority underrepresented psychiatrists in all the above roles as well as to augment medical education by including curricula that focus on the impact of race, ethnicity, and culture on mental health, mental illness, and mental health services. *APA Strategic Goals* (1998), which include "supporting education, training, and career development" as a strategic goal, provides guidance on implementing the Surgeon General's recommendations in this area. Towards the goal of supporting education, training, and career development, APA should:

1. **Continue efforts to increase cultural awareness and competence at all levels of the APA organization, including Board, Assembly, District Branches (DBs), components, and staff**.
    a. Conduct roll-out orientation sessions on the comprehensive strategic plan to reduce disparities in order to orient and engage APA leadership regarding rationale, content, implementation strategies, and time frame.
    b. Provide cultural competency training tailored for the various levels of the organization.
    c. Encourage APA leadership to attend Continuing Medical Education (CME) courses (see Recommendation 8 this section below).
    d. Engage DBs and state societies to collaborate in developing and providing high-quality educational services and resources at the DB level on cultural competence and mental health disparities.

2. **Strengthen efforts to recruit members of underrepresented minority groups into psychiatry**.
    a. Recruit in educational institutions, including (in order of priority) medical school, college, and high school.
    b. Encourage recruitment of residents who wish to work with members of underserved racial and ethnic minority populations.
    c. Provide leadership to develop a strategic recruitment plan in collaboration with the Department of Education, the Department of Minority/National Affairs, the American Psychiatric Institute for Research and Education (APIRE), the Council on Medical Education and Life-long Learning, the Council on Minority Mental Health and Health Disparities (CMMHHD), and the Workforce Consortium.
    d. Support the Accreditation Council for Graduate Medical Education (ACGME) accreditation standards that include program support for cultural diversity and non-discrimination in acceptance of applicants and training of trainees in accordance with APA policy.

3. **Strengthen efforts to recruit members of underrepresented minorities to become psychiatric researchers**. The APIRE, the Department of Minority/National Affairs, the Council on Medical Education and Life-long Learning, the CMMHHD, and the Council of Research should undertake the following activities:
    a. Collaborate on a review of the 15-year-old NIMH-funded Program for Minority Research Training in Psychiatry (PMRTP) with the goal of strengthening recruitment efforts.
    b. Construct a strategic development plan for the PMRTP and obtain additional outside funding from NIMH and other sources to expand recruitment efforts.

c. Conduct high-priority research on mental health services focusing on reducing mental health disparities and mental health policy.

4. **Strengthen efforts to recruit and develop racial and ethnic minority psychiatrists to serve as administrators and policymakers, both within and outside of APA**.
   a. Develop a strategic recruitment and/or development plan in collaboration with the Department of Minority/National Affairs, the Department of Education, the CMMHHD, and the Council on Medical Education and Life-long Learning.
   b. Review and re-align the APA/Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program to conform to the recommendations of the Report and the new SAMHSA priorities. This review would focus on selection criteria, targeted use of funds, requirements for deliverable products, and outcome measures of the fellowships' impact on trainees' careers.
   c. Seek additional outside funding to create a program for post-resident fellows. The program should parallel the PMRTP or encourage minority residents to enter the administrative and policy-making fields in other ways.
   d. Encourage the Committee for Administrative Psychiatry to include questions on cultural competence and findings from the Report to the certification examination.
   e. Increase recruitment efforts for minorities by the Committee on Administrative Psychiatry.

5. **Strengthen efforts to support faculty development in cultural competence, cultural diversity, and the reduction of mental health disparities**.
   a. Encourage the Department of Education, the Department of Minority/National Affairs, the CMMHHD, and the Council on Medical Education and Life-long Learning to collaborate with the American Association of Directors of Psychiatric Residency Training (AADPRT), the Association for Academic Psychiatry (AAP), and the Association of Directors of Medical Student Education in Psychiatry (ADMSEP) to establish a strategic development plan. This plan should include supporting and pilot testing model programs as well as disseminating the protocols and strategies developed.
   b. Collaborate with the above organizations to focus on recruitment of racial and ethnic minority psychiatrists to serve as teachers, educational administrators, and mentors for early-career minority psychiatrists.

6. **Strengthen efforts to include cultural competence in the residency curriculum**.
   a. Encourage the Department of Minority/National Affairs, the Department of Education, and the Council on Medical Education and Life-long Learning to work together to achieve this goal.
   b. Complete the proceedings of the Center for Mental Health Services (CMHS)-funded June 2001 consensus conference on cultural competence, including materials from the Report.
   c. Revise and update the four model curricula published in *Academic Psychiatry* between 1993 and 1997 (on gay and lesbian, women and gender, American Indian, and Hispanic patient issues) to include the new Practice Guidelines. Revisions should be published every five years or be available as an updated web resource.
   d. Collaborate with the Residency Review Committee (RRC) and the AADPRT to fine tune requirements related to cultural competence and to include a requirement to

teach about reducing mental health disparities for the 2006 revision of the Accreditation Essentials.

e. Encourage the U.S. Medical Licensing Exam (USMLE) to include the examination of disparities in mental health services for racial and ethnic minority populations.
f. Work with the American Board of Psychiatry and Neurology (ABPN) to incorporate questions on disparities in mental health services for racial and ethnic minority populations in its certification and recertification examinations.

7. **Strengthen efforts to mentor underrepresented minority medical students, residents, and early career psychiatrists**.
   a. Encourage collaboration among the Department of Minority/National Affairs, the Department of Education, the CMMHHD, the Council on Medical Education and Life-long Learning, the Committee of Residents, and the Committee on Early Career Psychiatrists to create a strategic mentoring plan that builds on the National Minority Mentors Network.
   b. Encourage collaboration among the DBs, minority psychiatric organizations, the Assembly Committee of Minority and Underrepresented Groups, and allied racial and ethnic minority psychiatric organizations to recruit mentors and supervisors.

8. **Strengthen efforts to provide CME on cultural competence and diversity, with specific focus on reducing mental health disparities**.
   a. Encourage collaboration of the Office to Coordinate Annual Meetings, the Scientific Program Committee, the IPS Program Committee, and the Department of Education to develop a strategic educational plan to achieve this goal.
   b. Develop CME courses for researchers, administrators, and residency training faculty to review issues pertinent to mental health disparities among racial and ethnic minorities.
   c. Add a new topic, "Mental Health Disparities," to the list of topics for submissions to the Annual Meeting and the IPS.

III. Enhance Access and Reduce Barriers

The goals of enhancing access to mental health services and reducing barriers to access by persons who are disadvantaged and poor in the U.S.—most of whom are members of racial and ethnic minorities—are not new. As early as 1965, the Medicaid and Medicare programs were launched with that dual purpose in mind. Nevertheless more than 42 million people in this country currently are uninsured, and many others underserved, with limited or no access to health or mental health care. Moreover, failure to eliminate barriers or to improve access to care results in reduced quality of care.

It is important for APA to allocate financial resources, promote, and advocate for initiatives that address the reduction of barriers to mental health care. Towards the goal of enhancing access and reducing barriers to mental health care, APA should:

1. **Promote the development of cost-effective, evidence-based, and culturally competent mental health services**.

2. **Advocate for all providers of psychiatric care to be culturally competent**. APA should advocate with other organizations to include cultural competence in the ACGME-RRC requirements for psychiatry training in primary care residency training programs (family practice, general internal medicine, general pediatrics, obstetrics/gynecology, and others).

3. **Promote multicultural and multilingual services**.
    a. Advocate at the federal and state levels for multilingual and multicultural mental health services.
    b. Oppose implementation of unfunded mandates concerning language access, and work to ensure that access to care is not compromised by limited English proficiency.

4. **Support the paradigm shift in the public mental health system to ensure delivery of mental health services using a public health approach**. The public health approach includes outreach efforts and attention to vulnerable groups, including persons with mental illnesses in the criminal justice system, persons who are homeless, children and adolescents, children in foster care, senior citizens, and unwed mothers.

5. **Advocate for increased focus on and funding for the recruitment and retention of psychiatrists in underserved areas**. Federal support may include such strategies as subsidy and loan forgiveness programs, expansion of visa waiver programs for international medical graduates, plus new initiatives and programs.

6. **Incorporate objectives and issues related to reducing racial and ethnic disparities into the current work of the National Partnership in the Workplace Project**.

7. **Advocate for the integration of employment and housing access within the system of care**.

8. **Promote the initiation and enhancement of programs geared to eliminating stigma, prejudice, and discrimination against persons with mental illnesses who are members of racial and ethnic minorities**.

9. **Promote evidenced-based prevention approaches (universal, indicated, and selected) for racial and ethnic minorities in the mental health care system**.

10. **Coordinate national efforts of the DBs and relevant allied mental health associations and advocacy organizations to secure adequate federal and state funding to improve access to mental health care for members of racial and ethnic minorities**.

11. **Direct the Division of Governmental Relations (DGR) and other appropriate APA components, such as DBs, to engage in legislative advocacy on behalf of racial and ethnic minority populations in the following areas**.
    a. Expand Medicaid eligibility and coverage, especially for children and adolescents.
    b. Expand Medicare eligibility and coverage to age 55 and older.
    c. Support legislation leading to implementation of universal health insurance.
    d. Reaffirm APA's efforts to achieve full and comprehensive parity and universal coverage for physical and mental health services.

IV. Promote Mental Health Through Collaboration and Advocacy

APA must continue to provide leadership in the national effort to reduce racial and ethnic mental health disparities by forging coalitions with other allied health organizations and with consumer and family advocacy organizations such as the National Alliance of the Mentally Ill (NAMI) and the National Mental Health Association (NMHA). Towards the goal of promoting mental health through collaboration and advocacy APA should:

1. **Convene meetings with outside organizations to develop collaborative initiatives related to access disparities, research, and advocacy issues**.
    a. Include at these collaborative meetings representatives from DGR, federal agencies, allied health organizations, and consumer and/or advocacy groups.
    b. Develop relationships with consumer and/or advocacy groups that are local and/or focused on a specific problem or disease. These groups should include the National Asian American Pacific Islander Mental Health Association, the National Latino Behavioral Health Association, the National Organization for People Of Color Against Suicide, and self-help groups for other vulnerable populations, such as trauma and rape victims, people who are homeless, and children in foster care.

2. **Lead efforts to combat discrimination**. DGR should work in coalition with relevant organizations to ensure that the federal government enforces laws and regulations that prohibit discrimination against persons with mental illnesses.

3. **Consider adding representatives to APA's Board from consumer and/or advocacy groups (as ex-officio nonvoting members)**.
    a. Work in concert with national mental health consumer and/or advocacy groups to arrange programs and meetings that regularly feature symposia on issues of mental health in racial and ethnic minority populations.
    b. Institutionalize forums with NAMI and NMHA, for example, at APA Annual Meetings and at IPS.

4. **Work in coalition with consumer and family advocacy organizations to request that the Centers for Medicare and Medicaid Services (CMS) provide policies and procedures for improving access to benefits such as SSI and Medicaid by persons with mental illnesses**. For example, many racial and ethnic minority people who are disabled because of a serious and persisting mental illness lack the literary and cognitive skills required to navigate the interviews and application forms necessary to obtain minimal income and health services.

5. **Promote the training of psychiatrists on issues of recovery, family and peer support groups, and other psychosocial rehabilitation treatment modalities.**
    a. Sponsor programs that educate psychiatrists on community resources.
    b. Organize DBs to sponsor educational programs for CME credit on family-to-family programs, peer-to-peer programs, alternative healing programs, and especially programs that focus on racial and ethnic minorities. Preliminary pilot studies show that local interventions may produce particularly good outcomes among racial and ethnic minorities.

c. Produce, through DBs, resource directories and programs to educate and assist psychiatrists engage in local advocacy and peer-support program resources offered by local affiliates of NAMI, NMHA, and other consumer and/or family organizations.

6. **Educate and work with DBs to expand the model of developing coalition relationships with consumer-peer/family support organizations in local communities by focusing on the lack of mental health care facing the major racial and ethnic groups in their areas**. Such a model of collaboration has already been realized by the APA ethnic minority sections' work with corresponding national NAMI sections on special mental health needs in Native American, Hispanic, and African-American populations.

7. **Encourage DBs to establish coalitions that involve local court and criminal justice systems to create crisis intervention teams (CITs), court referral resources, and treatment and follow-up programs for persons with mental illnesses who come in contact with these systems**.

8. **Encourage DBs to establish coalitions involving local and state education departments and school boards to ensure high quality, evidence-based programs for racial and ethnic minority children and adolescents with special mental health needs**.

9. **Continue to collaborate with other organizations to promote cultural competence**. For example, APA has partnered with SAMHSA/CMHS on two conferences on cultural competence in psychiatric residency training. These conferences reviewed medical education in the psychiatry-specific competencies delineated in the RRC's special requirements for psychiatry training programs, as well as other culturally related aspects of the RRC special requirements.

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