

AMERICAN PSYCHIATRIC ASSOCIATION'S
OFFICE OF MINORITY AND NATIONAL AFFAIRS

Presents

**Tuesday
July 22
2008**

**The California
Endowment**
Los Angeles, CA

**Co-Occurring Disorders,
No Longer Double Jeopardy**

**A Call to Action for
Prevention and Recovery
in Diverse Populations
in Los Angeles**

American Psychiatric Association
Office of Minority and National Affairs

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A Call to Action for Prevention and
Recovery in Diverse Populations
in Los Angeles

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**Office of Minority and
National Affairs (OMNA)**

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Disclosure Information

Dr. Primm has had financial relationships with the following entities within the past 12 months:

- Eli Lilly – consultant (judge) for Reintegration Scholarships and Awards

OMNA Mission

To contribute to the improvement of quality of care for diverse and underserved populations

To meet the professional needs of psychiatrists from under-represented groups

OMNA on Tour

*Engaging communities
to eliminate racial
and ethnic disparities
in mental health care*

Co-Occurring Disorders

Co-occurring substance-related and mental disorders. Clients said to have COD have one or more substance-related disorders as well as one or more mental disorders.

Co-Occurring Disorders

- Drug abuse occurs in roughly 50% of individuals with mental illness.
- About 5 million US adults have a serious mental illness and a co-occurring substance use disorder (SAMHSA 2006)
- 73% of persons with a drug dependence disorder in substance abuse treatment had a co-occurring mental disorder at some point in their lifetime (Compton et al 2000)

Substance Abuse and Mental Illness

**Substance use disorder— 9.4% of U.S.
population**

- **20% of these individuals had at least 1 current independent mood disorder**
- **19% of these individuals had at least 1 independent anxiety disorder**

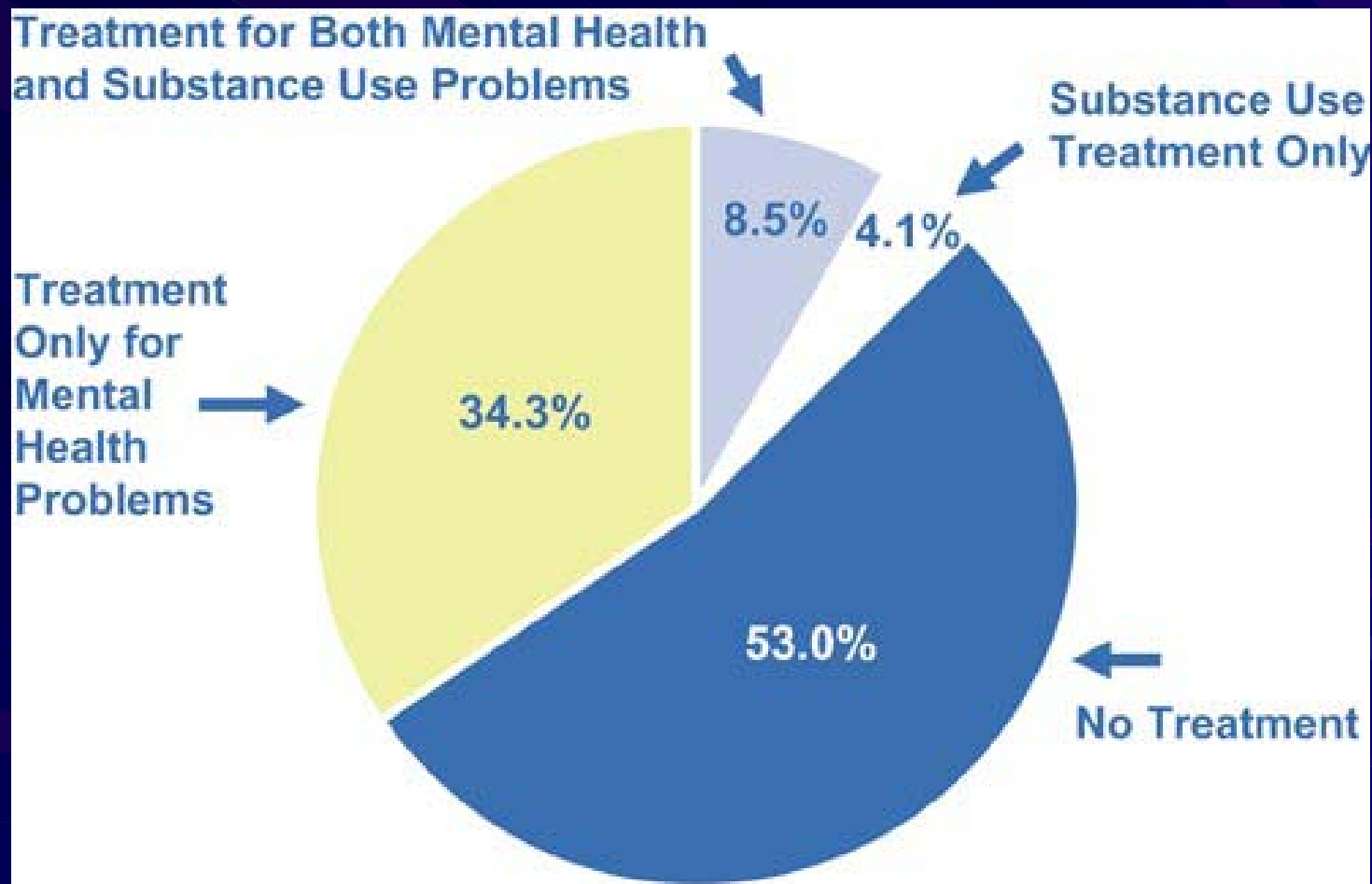
Mental Illness and Substance Abuse

High risk of co-occurring disorders in people with:

- Anxiety disorders
- Mood disorders (depression and bipolar disorder)
- Schizophrenia

Past Year Treatment of Adults With Serious Psychological Distress and a Substance Use Disorder

(SAMHSA, 2006)



Consequences of untreated co-occurring substance abuse

- Worsened mental symptoms and greater disability
- Predisposition to general medical conditions like HIV, hepatitis, and tuberculosis
- Further disruption of family systems
- Increased economic hardship due to loss of workplace productivity and expense of illicit drugs
- Greater probability of violence and incarceration
- Less chance of recovery from mental illness

Major Racial Ethnic Groups in U.S.

■ Asian Amer./Pacific Islanders	4.2%
■ Amer. Indians/Alaska Natives	1.5%
■ African Americans	12.9%
■ Latinos/Hispanics	13.4%

Asian and Hispanic populations are expected to increase by more than 60% between 2000 and 2020

High Need Populations

Overrepresentation of People of Color:

- Poverty
- Homeless
- Immigrants and refugees
- Chronic Disease
- Victims of and witnesses to violence
- Correctional facilities
- Child welfare

Factors in Mental Health, Mental Illness and Service Use

- Biological, psychological and environmental factors
- Cultural and social influences
- Economic impoverishment
- Mistrust and fear
- Racism and discrimination

Ethnic and Racial Disparities

- Mental Illness affects all
- Striking disparities in MH Care for 4 major ethnic & racial groups
 - Less likely to receive services
 - Poorer quality of care
 - Underrepresented in MH research
- Disparities impose great disability burden on these populations

Mental Health Disparities

- More likely to be misdiagnosed
- Under-diagnosis and under-treatment of anxiety and depression
- Under-use of community outpatient care
- Later entry into treatment, especially at the crisis or emergency stage
- Higher rates of inpatient care, especially involuntary

Mental Health Disparities

- Less use of evidence-based care
- More use of alternative sources of help (faith, family, folk), primary care and alternative medicine
- More seclusion and restraint
- Higher drop-out rate and fewer treatment sessions
- Less follow up after psychiatric hospitalization

Mental Health Disparities

- Differential prescribing patterns
- Lower metabolism of certain psychotropic medications and more side effects
- Less adherence to medications

Disparities in Seeking Mental Health Care

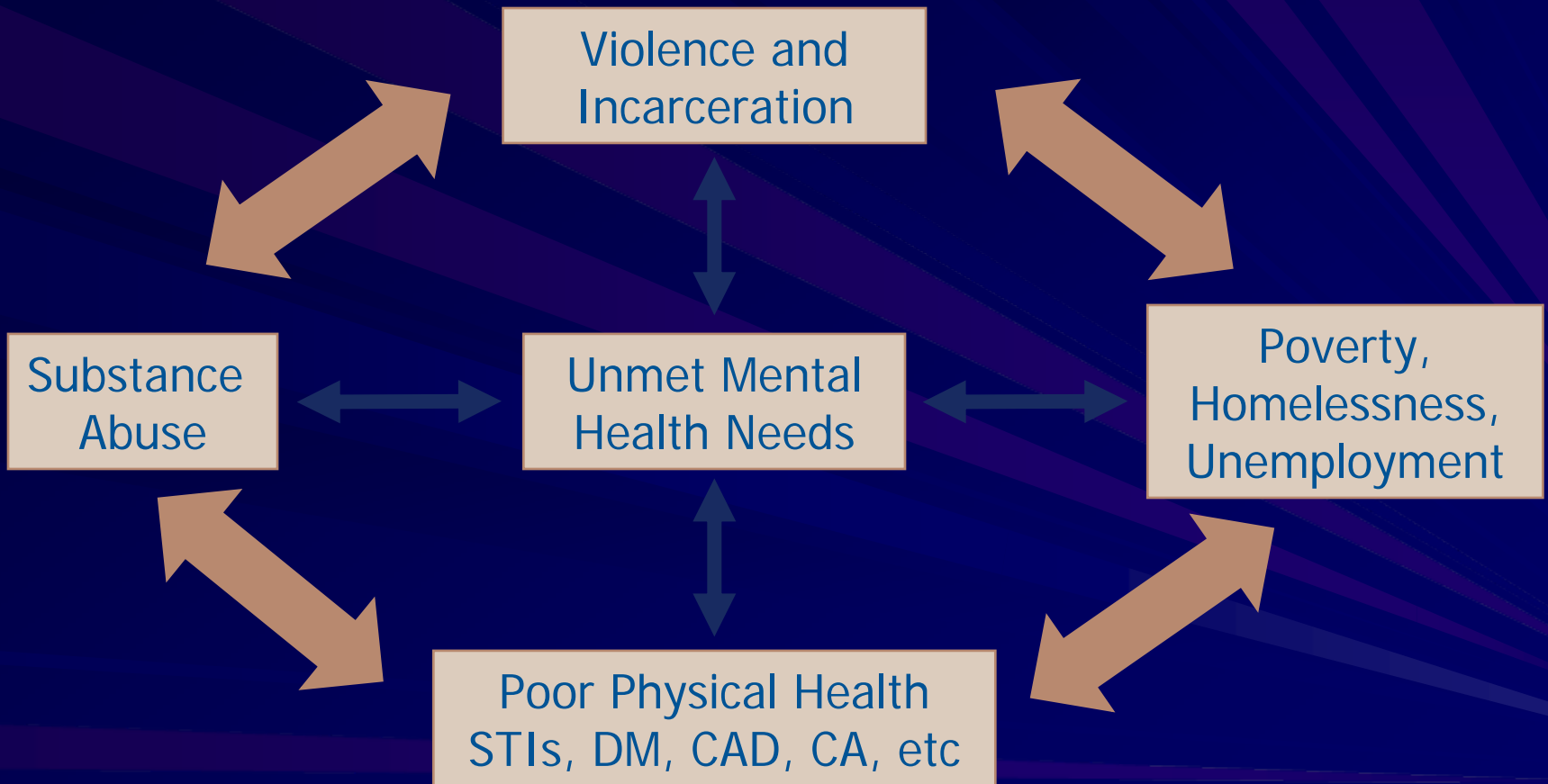
African Americans: more likely to use emergency services or primary care providers than mental health specialists. (Surgeon General, 2001)

Asian Americans: Only 4% would seek help from mental health specialist vs. 26 percent of whites. (Zhang et al., 1998)

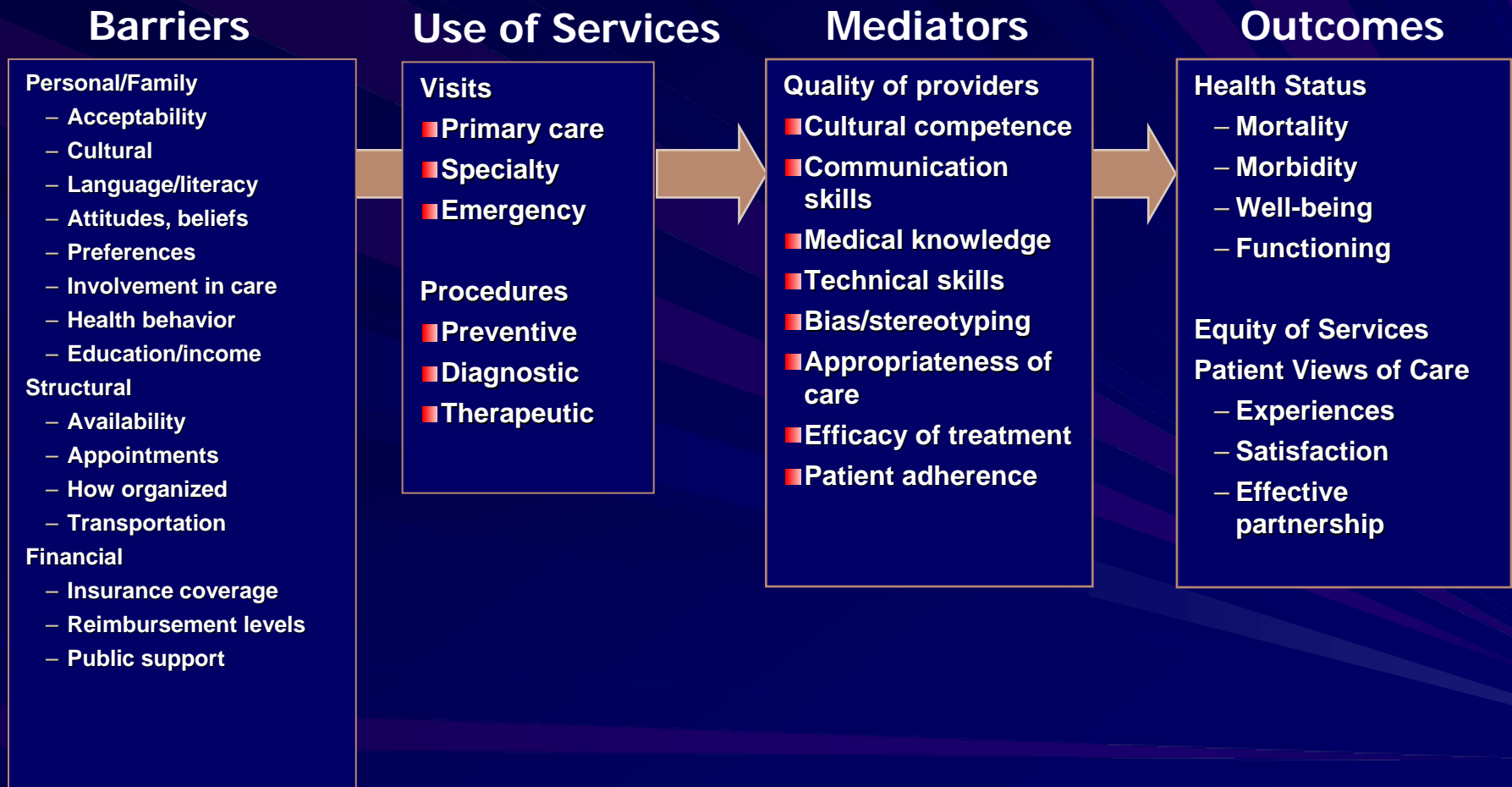
Latinos: < 1 in 11 with mental disorders contact mental health specialists, & < 1 in 5 contact primary care providers. (Surgeon General, 2001)

Native Americans: 44% with a mental health problem sought any kind of help--and only 28% of those contacted a mental health agency. (King, 1999)

Vicious Cycle



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

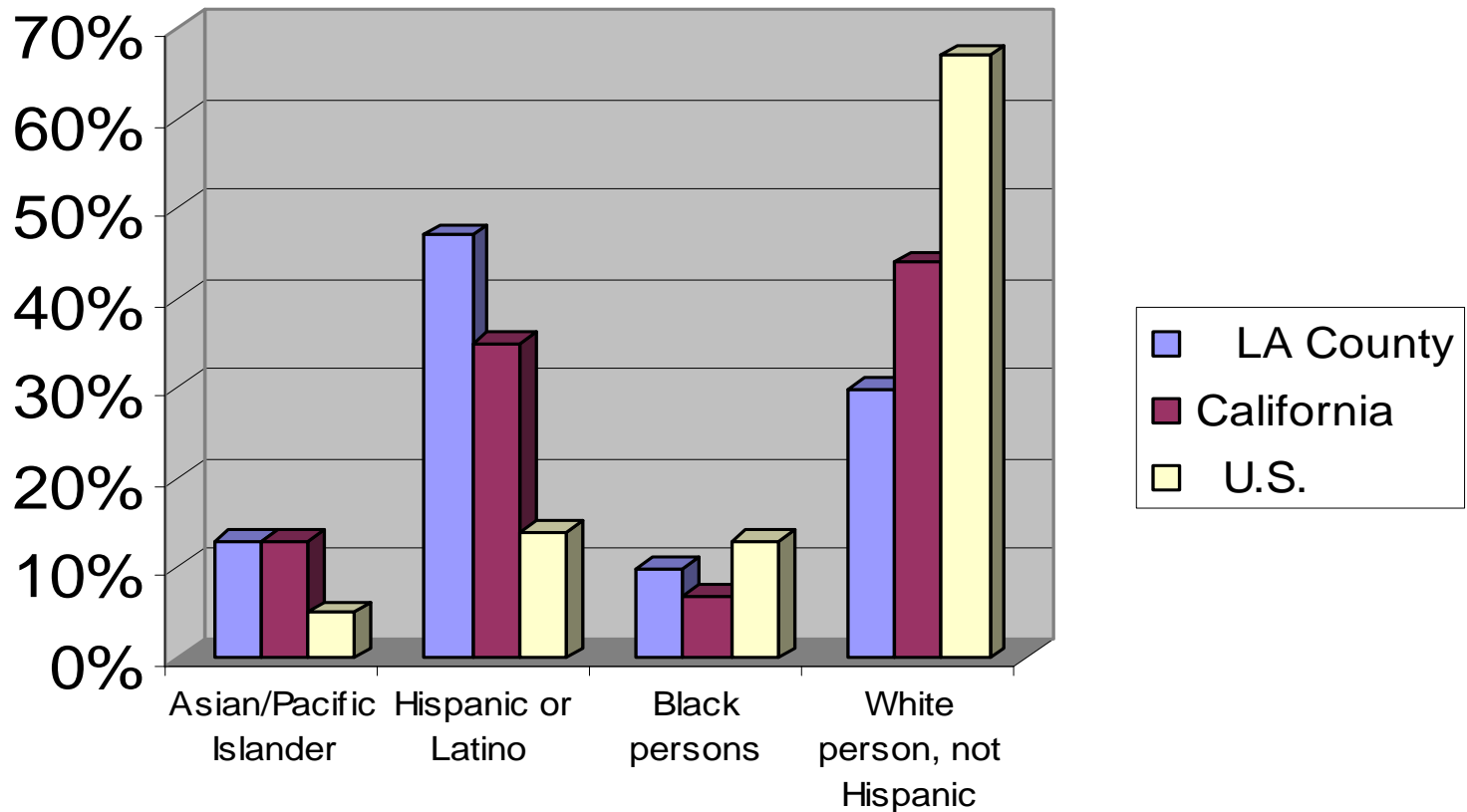


Modified from Institute of Medicine. *Access to Health Care in America: A Model for Monitoring Access*. Washington, DC: National Academy Press; 1993.

Cooper LA, Hill MN, Powe NR. *J Gen Internal Med*. 2002;477-486.

LA County, California, US Population Diversity

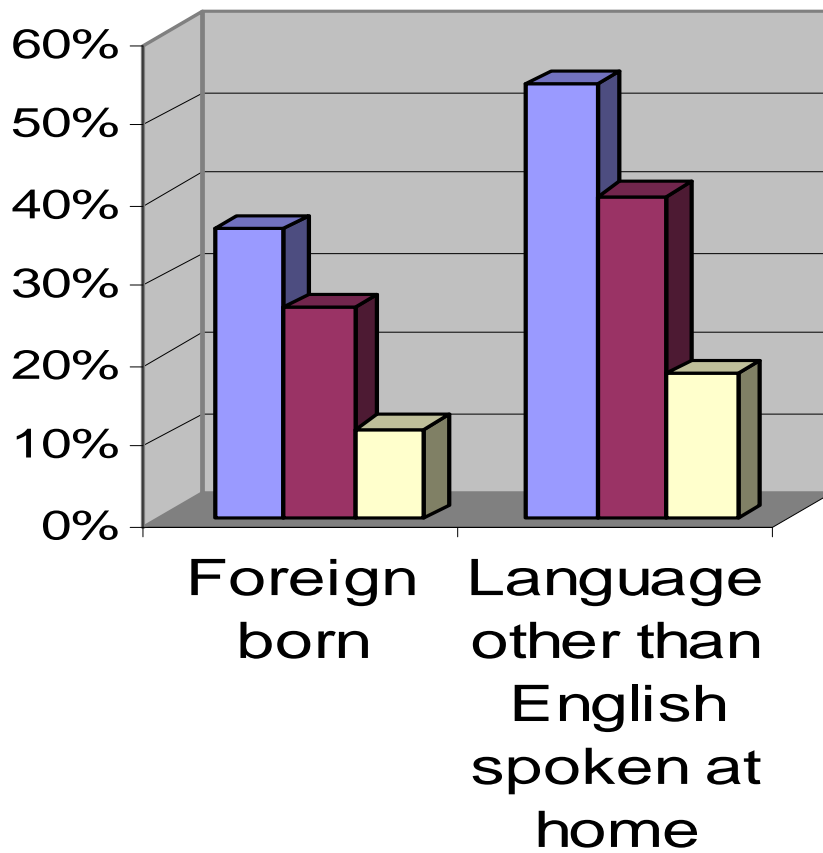
U.S. Census 2005



LA County, California, US

Foreign born/Language

U.S. Census 2005



NAMI Grades the States on Mental Health Care

California overall grade “C”

Category grades:

■ Infrastructure	B
■ Information access	C-
■ Services	D
■ Recovery Support	A

California: 1st in total mental health spending

NAMI Grades California on Mental Health Care

Recent innovations

- Enactment of Proposition 63
- Progress in evidence-based practices
- Cultural competence
- Supportive housing

Urgent Needs

- State hospital reforms
- Decriminalize mental illness
- More ACT and other evidence-based practice

Culturally Competent Care

“Cultural competence is a set of values, behaviors, attitudes, and practices within a system that enables people to work effectively across cultures.” (Office of Minority Health)

Cultural competence is the ability to work effectively and sensitively within various cultural contexts.

Characteristics of Culturally Competent Care

- Cultural Self-awareness (introspection)
- Awareness of the cultural context of the other
- Understanding the dynamics of the differences
- Development of cultural knowledge
- Ability to adapt and practice skills to fit the cultural context(s) of others

OMNA on Tour

OMNA on Tour - traveling
mental health disparities
awareness program to foster
collaboration, advocacy, and
strategic action at the grassroots
level

OMNA

ON TOUR



OMNA on Tour: Mental Health Disparities Elimination Initiative

- Identify U.S. regions with high concentrations of diverse underserved groups
- Engage communities in discussion of mental health disparities
- Convene and foster collaboration and action among a wide range of stakeholders
- Showcase local and national models designed to eliminate disparities using conference format

OMNA on Tour

- Launched in DC in 2005 in collaboration with Howard University Dept. of Psychiatry, Washington Psychiatric Society, & AACP
- Tour conference tailored for DE, NJ, PA in Philadelphia (2006); Midwest (2006); Gulf Coast, (2007); LA (Summer 2008); Chicago (Fall 2008)
- Local and national mental health professional, consumer and mental health advocate leaders serve as faculty

OMNA on Tour

- From the woods and 'hoods', the ghettos to the meadows, ebony towers and ivory towers, red states and blue states
- Customized to the demographics, needs, culture, and available resources of the area
- LA, first time focusing on a disorder/co-morbidity

OMNA on Tour Potential Outcomes

- Leaders connect, network and form new relationships
- New collaborations and programs
- Greater access to and utilization of services
- Policy change (eg. collect data by race/ethnicity)
- Legislation for increased funding and system transformation

Call to Action

- Appreciate the social determinants of mental health
- Focus on public health and prevention
- Outcomes
- Person-centered care
- Recovery-oriented care
- Culturally competent care

Call to Action

- Consumer, family and community participation in planning and policy-making (*“Nothing about us without us”*)
- Multi-systemic and Multidisciplinary collaboration
- Sustainability

Los Angeles OMNA on Tour Planning Group – Many Thanks!

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