Addressing Disparities in Access to Crisis Prevention and Treatment

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Objectives

1. Participants will gain a basic understanding of the disparities in access to crisis prevention and treatment services for communities of color as well as the origins of those disparities.

1. Participants will begin to understand how providers can practice cultural humility in crisis prevention and treatment services.

1. Participants will understand how providers and administrators can begin to address disparities in access to care at a systems level.

Disparities in Access
To Crisis and Prevention Services
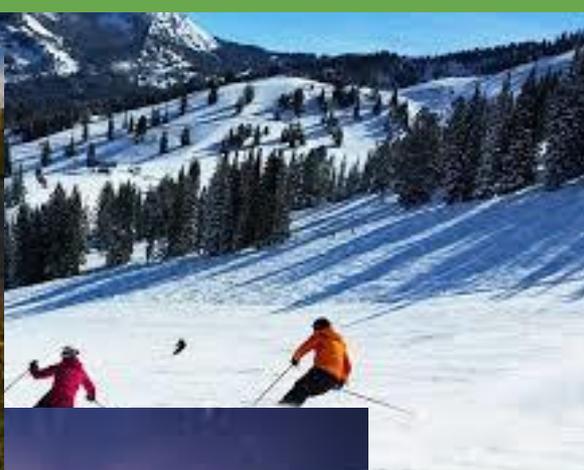
Utah

Utah Demographics: Now and in the Future

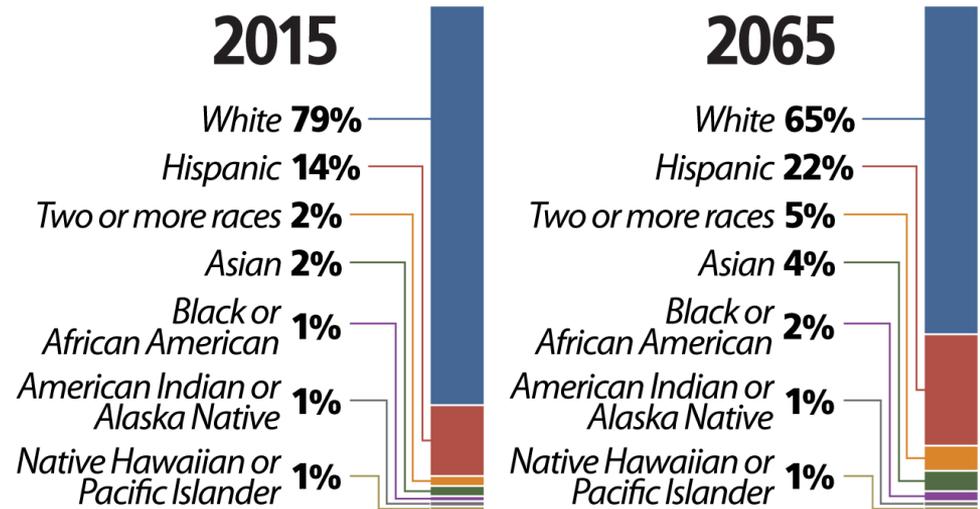Utah has 3,161,105 people (2018 estimate)
- 78% white, not-Hispanic
- 23% "minority"
  - 727,054 people

That means, 632,221 are potentially living with a condition in Utah.
- 493,132 white, not-Hispanic
- 145,411 "minority"

Utah Department of Health, Office of Health Disparities
US Census Bureau

Minorities will provide half of Utah's population growth over next 50 years

1 of every 5 Utahns now are minorities; it will grow to 1 of every 3

2015
- White **79%**
- Hispanic **14%**
- Two or more races **2%**
- Asian **2%**
- Black or African American **1%**
- American Indian or Alaska Native **1%**
- Native Hawaiian or Pacific Islander **1%**

2065
- White **65%**
- Hispanic **22%**
- Two or more races **5%**
- Asian **4%**
- Black or African American **2%**
- American Indian or Alaska Native **1%**
- Native Hawaiian or Pacific Islander **1%**

Source: University of Utah's Kem C. Gardner Policy Institute
GRAPHIC BY CHRISTOPHER CHERRINGTON | *The Salt Lake Tribune*

Disparities in Access to Care

Among adults with a need for mental health or substance abuse care, 37.6% of Whites, but only 22.4% of Latinos and 25.0% of African Americans, receive treatment.

Insurance & Cost of Care

Stereotypes & Stigma

Provider Bias & Stereotyping

Increased Stigma in Communities of Color

In Utah in 2015, 32.7% of Hispanic/Latinos had no health insurance coverage compared to 10.4% of whites without health insurance.

Cost prohibited 24.1% of American Indians/Alaska Natives, 24.5% of Blacks/African Americans, and 27.7% of Hispanics/Latinos (27.7%) from accessing care compared with 14.3% of whites 14.3%.

Racial and Ethnic Disparities in Mental Health Care: Evidence and Policy Implications, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/
Utah Health Status by Race/Ethnicity 2015, Utah Department of Health, Office of Health Disparities,https://health.utah.gov/disparities/data/race-ethnicity-report/2015HealthStatusbyRace&Ethnicity.pdf
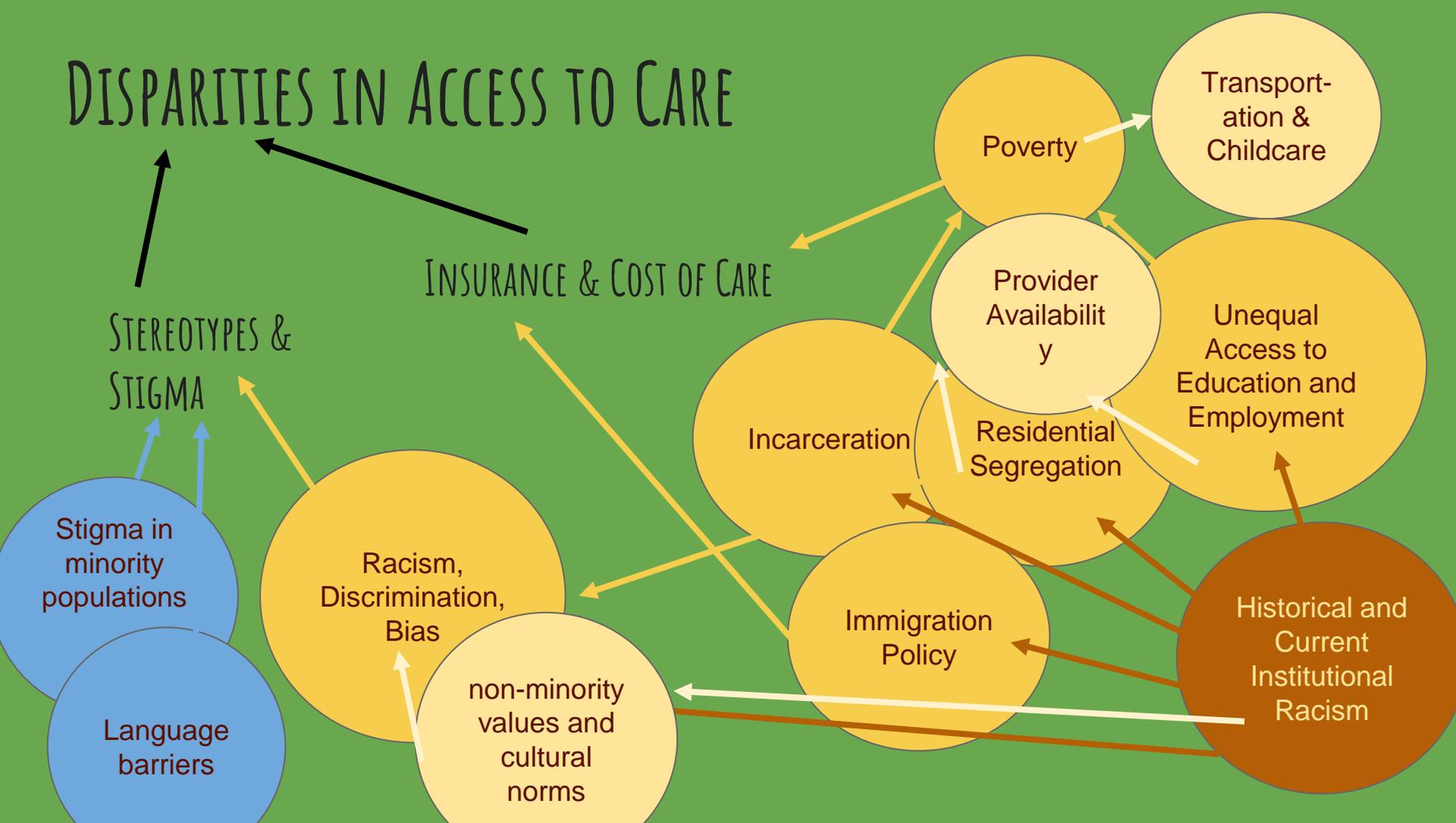
Mobile Crisis Outreach Teams

The role of emergency/911 services in crisis intervention

Why do these disparities exist?

Disparities in Access to Care

Transportation & Childcare

Poverty

Insurance & Cost of Care

Provider Availability

Unequal Access to Education and Employment

Stereotypes & Stigma

Incarceration

Residential Segregation

Stigma in minority populations

Racism, Discrimination, Bias

Immigration Policy

Historical and Current Institutional Racism

Language barriers

non-minority values and cultural norms

How Do Minorities Experience Behavioral Health Services?

Power imbalance

- Perceptions of power in the relationship between provider and client
- The provider holds a body of knowledge the client does not
- The client is the expert on his or her own life, symptoms and strengths

Provider and client must collaborate and learn from each other for the best outcome.

Stereotypes and Stigma

- How stereotypes affect notions of minority clients
- How stigma can impact the delivery of behavioral health interventions and client outcomes

Reducing racial/ethnic minority stigma and stereotypes among behavioral health providers is likely to improve intervention outcomes.

The influence of implicit bias on systemic racism

- How implicit bias perpetuate systemic racism
- Behavioral Health services cannot be separated from racism and discrimination
- How systemic racism and discrimination reduces the likelihood of racial/ethnic minorities receiving behavioral health services

When racial/ethnic minorities receive behavioral health services, it is usually of lesser quality.

What People of Dominant Cultures Experience (But Don't notice they experience)

This is exactly what people from marginalized communities would like to experience

How do we get there?

The Personal and the Structural

PERSONAL

doing our own personal work to understand and eliminate bias,

STRUCTURAL/INSTITUTIONAL

education in dominant systems
&
In minority communities

setting goals for responsiveness and integration.

"Dominant" Cultural Considerations

- Linear, unidirectional thinking and time orientation
- logic, facts, and empirical evidence
- negative emotions should be avoided
- Independence
- Importance of "even keel"

Ways of Being in The Latinx Community

- Relational, bi-directional Orientation
- Personalismo
- Familialism
- Interdependence
- Emotional Expression

Other minority communities prevalent in Utah

- Asian American
- Black/African American
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander

Cultural Competence VS Cultural Humility

Competence: "ability to **complete** a task or activity, or fulfill a responsibility correctly, effectively, or proficiently"

Historically cultural competence has been defined as "the awareness, knowledge, understanding, sensitivity, and skill needed to effectively conduct and complete professional activities with people of diverse cultural backgrounds and ethnic affiliations"

(Waters & Asbill, 2013)
(Tervalon & Murray-Garcia, 1998 as cited in Waters & Asbill, 2013)
(Cournoyer, 2014)

Cultural Humility is rooted in the notion that learning about and responding to culture is a **process**, not an end product

It is a process-oriented approach

There are three factors:
Lifelong commitment to self-evaluation and self-critique
Desire to fix power imbalances
Aspire to develop partnerships with people and groups who advocate for others

The Personal - For members of dominant communities

Understand your own biases, and encourage others to do the same

https://www.youtube.com/watch?v=ze7Fff2YKfM

- You can start by taking an implicit bias test!

    https://implicit.harvard.edu/implicit/selectatest.html

Be humble. Be accountable. Keep learning.

Begin to unlearn your personal biases, and encourage others to do the same.

- Learn about the history of slavery, genocide, and immigration in the US and the way that has shaped cultural and institutional racism that still exist today. Start a reading group with your friends and family!
- Read books, watch movies/shows and listen to podcasts authored by people of color.

    https://bookriot.com/2018/07/27/best-book-holders/
    https://podcastsincolor.com/pods/thelistofpodcasts

- Participate in events (when invited) in communities with people who are different from you. Make new friends!

James, R. K., & Gilliland, B. E. (2016). *Crisis intervention strategies.* Boston, MA: Cengage Learning.

The Personal - For members of Marginalized communities

Understand your own biases and stigmas, and *encourage others to do the same.*

Begin to unlearn your personal biases and stigmas, **and encourage others to do the same.**

- Learn about the history of mental illness in the US and globally and the way that has shaped stigma and policy today. Start a reading group with your friends and family! https://www.amazon.com/s?k=crazy+like+us&crid=2TDGMPWK7JCYC&sprefix=crazy+l%2Caps%2C-1&ref=nb_sb_ss_sc_1_9
- Read books, watch movies/shows and listen to podcasts about mental health/illness. https://www.redefineenough.com/blog/15-mental-health-podcasts-for-people-of-color
- Speak up when you hear stigmatizing language and share stories of recovery and hope!

Structural - Organizational Demographics

Providers reported 10-20% of people served were minorities.

- 58/60 providers reported encountering Spanish, only 41 of which had services in spanish.

63% of providers felt that their organizations staff did not reflect the diversity of the population served.

"Many… groups expressed desires for BH/MH providers from their own communities."

We know that diversity decreases as responsibility and pay grade increases. Not only providers, but also leadership need to reflect the community.

Hiring Practices

Collecting and Responding to Data

Structural - Policy

"At least 30% of providers reported that their organization/practice does not have any policies that address serving minorities, underserved populations, or individuals with Limited English Proficiency."

Translation and Interpretation

Cultural Humility Training for all staff

EBP vs Culturally Responsive Treatment models

Encourage your place of work to do outreach and education *with* marginalized communities.

Evidence-based practice in mental health care to ethnic minority communities: has its practice fallen short of its evidence? https://www.ncbi.nlm.nih.gov/pubmed/18853666
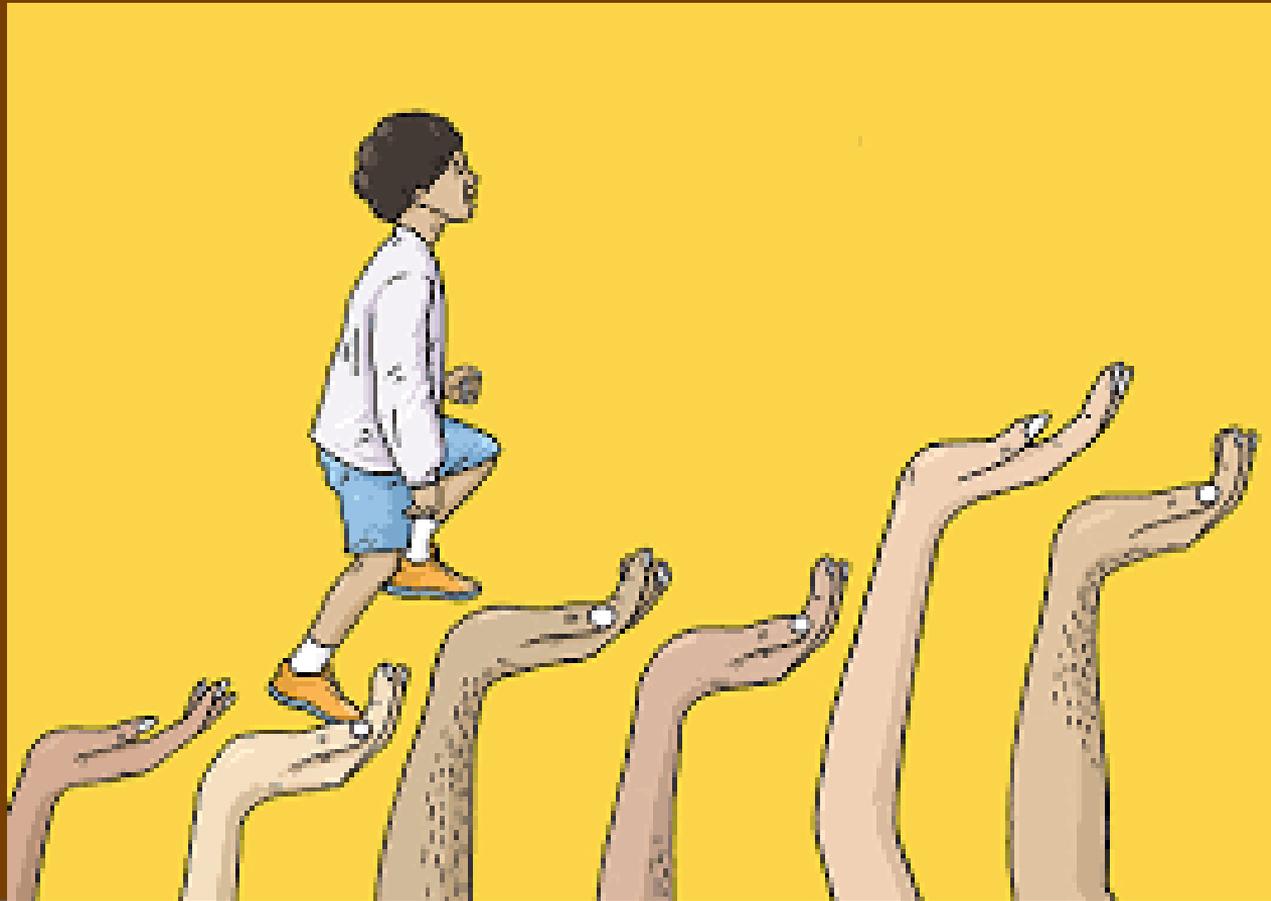
Structural - Physical Space and Organizational Culture

Strength and resilience in diversity

The Peer Model as Culturally REsponsive Treatment

Mental Health America, https://www.mhanational.org/what-peer

Thoughts?

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