

**Access to Effective Behavioral Health Services for Insured Minority Populations:  
What Works?**

**H. Eduardo Velasco, M.D., M.Sc., Ph.D.**  
Assistant Dean, Professor, MSU SCHP


**Kathie Fox, Ph.D.**  
Aetna Informatics, Aetna, Inc.

**Allan Noonan, Ph.D.**  
Dean, MSU SCHP

**Annelle B. Primm, M.D., M.P.H.**  
Director, Minority and National Affairs,  
American Psychiatric Association

**Kim Dobson Sydnor, Ph.D.**  
Chair, Behavioral Health Sciences Department, MSU SCHP

American Public Health Association (APHA) Meeting November 8, 2010



---

---

---

---

---

---

---

---

---

---

**Presenter Disclosures**

**H. Eduardo Velasco, Kim Sydnor**

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

Industry-sponsored grants (received or pending) including contracted research.

The present work was funded by Aetna, Inc.

---

---

---

---

---


---

---

---

---

---



**Background**

- › Mental health disparities persist among minority populations almost a decade after the [\*2001 Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General\*](#)
- › Ethnic minorities still are subject to overt and covert discrimination, negative stereotyping and stressful events that result in a greater burden of some behavioral health problems and lower access to behavioral health services
- › Even if insured, low SES individuals within minority populations are less likely to seek behavioral health care
- › When minorities do access and utilize care, the care they receive is not comparable to that received by White subjects with similar insurance coverage

---

---

---

---

---

---

---

---

---

---

## Barriers, Strategies, and Solutions

- ▶ **Objective:** to review the status of barriers to access to behavioral health services in the last decade; to identify and issue recommendations to overcome such barriers among insured minority populations
- ▶ **Methods:** We reviewed the body of literature, conducted key informant interviews, and convened a consensus group meeting
- ▶ **Data Collection:** The instrument gathered information on five (5) domains: 1. *Social context*, 2. *Culture*, 3. *Access*, 4. *System of care*, and 5. *Prevention*



---

---

---

---

---

---

---

---

## Social Context



- ▶ Findings from the interviews were abstracted and discussed by a consensus group
  - ▶ Racial/ethnic minorities are overly represented in homeless, incarcerated, impoverished, migrant and foster care populations where behavioral health problems, substance abuse and violence are significantly higher than in the general population
- Main recommendations:**
- ❖ To enhance partnerships
  - ❖ To acknowledge SES and race/ethnicity contributions to limited access
  - ❖ To support outreach by providers
  - ❖ To build a network of community leaders

---

---

---

---

---

---

---

---

## Culture



- ▶ Cultural issues persist as significant obstacles to effective behavioral health services
  - ▶ For patients, culture influences the understanding of mental health issues and how decisions to seek care are made
  - ▶ For providers, understanding cultural issues helps to inform accurate diagnosis, treatment, and follow-up
- Main recommendations:**
- ❖ Educate providers
  - ❖ Tailor behavioral health services to populations
  - ❖ Collaborate with public health, social work, psychology, and medical schools
  - ❖ Recruit and train mid-level providers such as community health workers
  - ❖ Increase group case management and relocate services

---

---

---


---

---

---

---

---

**Access** 

- › Even if insured, minority populations also face barriers to behavioral health service utilization
- › Stigma is an issue and is associated with societal views of mistrust of health care providers and economic barriers
- › Those who lose their job or move between jobs may lose health benefits
- › **Main Recommendations:**
  - ◊ Increase coverage of populations by working with state agencies
  - ◊ Develop and implement standardized and evidence-based practices
  - ◊ Reduce economic, administrative and location barriers to service
  - ◊ Assure confidentiality to assuage concerns about law enforcement, stigma and mistrust
  - ◊ Conduct research to assess utilization, adherence to treatment and cost barriers for people of color
  - ◊ Behavioral health services may be included under the umbrella of wellness programs to avoid stigma

---

---

---


---

---

---

---

---

**System of Care** 

- › Equity, parity and cultural competence for minority populations are *not* institutionalized within systems of care
- › Behavioral health services are fragmented, understaffed and hard to reach by families and the community
- › Behavioral health services have been increasingly devolved to the criminal justice system
- › **Main Recommendations:**
  - ◊ Health care providers/agencies should establish the values, principles and guidelines on cultural competency and service delivery for minorities
  - ◊ Establish financial and service partnerships with public behavioral health agencies, drug and mental health courts, and re-entering populations
  - ◊ Develop reimbursement strategies which will support the roles of mental health professionals
  - ◊ Provide incentives for provision of behavioral health services
  - ◊ Improve health information systems for minorities
  - ◊ Assess adequacy of pharmacotherapy vs. psychotherapy
  - ◊ Provide protection against coverage loss in case of job change or loss

---

---

---


---

---

---

---

---

**Prevention** 

- › Prevention is still given a role secondary to treatment
- › Behavioral health promotion and education programs are lacking and not well marketed to minorities
- › **Main Recommendations:**
  - ◊ Develop culturally relevant prevention campaigns designed with input from targeted communities
  - ◊ Assess wellness programs offered to clients and determine the effectiveness
  - ◊ Extend prevention programs to family and community
  - ◊ Previous prevention policies should be explored for private-public funding and pilot tested for market feasibility
  - ◊ Implement effective mental health screening tools in all primary care settings
  - ◊ Reorientation of behavioral health services for minority populations with these findings and recommendations has potential to increase access and utilization of services

---

---

---

---

---

---

---

---

## Collaborators



- ▶ **Kathe P. Fox, Ph.D.** – Head, Aetna Integrated Informatics
- ▶ **Hyong Un, M.D.** – National Medical Director, Aetna Behavioral Health
- ▶ **Lucy Perez, M.D.**– President and CEO, The Cave Institute
- ▶ **Steven S. Sharfstein, M.D., M.P.A.** –President and CEO, Sheppard Pratt Health System
- ▶ **Warren W. Hewitt, Jr., M.S.**–Senior Advisor Substance Abuse and Mental Health Services Administration (SAMHSA)

---

---

---

---

---

---

---

---

## Collaborators



- ▶ **Allan Noonan, M.D., M.P.H.**– Dean, School of Community Health & Policy, Morgan State University, Baltimore Maryland
- ▶ **Julia B. Anderson, Ph.D.**–Eunice Kennedy Shriver National Institute of Child Health & Human Development
- ▶ **Tawara D. Goode, M.A.**–Georgetown University Medical Center
- ▶ **Mareasa Isaacs, M.S.W., Ph.D.**–National Alliance of Multi-Ethnic Behavioral Health Associations
- ▶ **Nun Amen-Ra, Dr.P.H.**–School of Community Health & Policy, Morgan State University

---

---

---

---

---

---

---

---