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REDUCING MENTAL HEALTH DISPARITIES: GENERAL VS. BEHAVIORAL HEALTH POLICY

Will policies designed to lessen physical health care disparities between racial–ethnic minorities and whites in the United States also improve mental health care for these groups? Or should the field focus specifically on improving mental health services and supports more broadly? Jeanne Miranda, Thomas McGuire, David Williams and Philip Wang explore this long–standing tension between "integration" and "exceptionalism" in their paper "Reducing Mental Health Disparities: General vs. Behavioral Health Policy" for the Funda*mental* Policy – Spotlight on Mental Health Conference.

Health Status Disparities

It is well established that racial–ethnic minorities in the United States have poorer health than whites. The most meaningful summary measure of such disparities is life expectancy. Black and American Indian/Alaskan Native populations have higher rates of age–adjusted and age–specific mortality than other groups. Data also indicate that future health disparities are likely to be driven in part by differing rates of obesity currently found among young minorities because of associated health risks, including heart disease, type 2 diabetes, high blood pressure, stroke, arthritis–related disabilities, sleep disorders, and cancers of the breast, prostate and colon. Notably, although 30 percent of men across racial groups are obese, 51.6 percent of African American and 40.3 percent of Latinas are obese, compared with 31.5 percent of white women.

Disparities in Health Care and Treatment

The quality of health care for all groups is far from ideal, but racial–ethnic groups see the largest discrepancies. Minorities are less likely to receive cardiovascular care, cancer diagnostic tests, and many other important interventions and care. Notably, although disparities appear to have diminished somewhat for blacks, disparities in quality and access have widened for Hispanics.

Disparities in Mental Health Status

In contrast to general health disparities, minorities in general have fewer mental disorders. However, for Mexican, African, and Caribbean immigrants, rates of disorders increase with time in the United States. American Indians are at higher risk for posttraumatic stress and alcohol dependence, although they are at lower risk of depression than whites.

Although minorities have fewer psychiatric disorders than do whites, both blacks and Hispanics are more likely to be persistently ill. Similarly, depression is more likely to be chronic, severe, disabling, and untreated among blacks than among whites, most likely attributable to disparities in the level and type of care they have received.

Disparities in Mental Health Care and Treatment

Members of racial and ethnic minority groups have less access to mental health services than do whites, are less likely to receive needed care, and are more likely to receive poor quality care when treated. Further, there is little indication of progress toward eliminating disparities in mental health care provided in primary care settings, the settings where ethnic minorities are mostly likely to get their care for common mental disorders. The reasons for these disparities in mental health

treatment range from poor access and quality of care, limited insurance coverage, ineffective communication between provider and patient, patients' lack of trust, doctors' assumptions about the distribution of disease, their lower ability to "read" severity among minorities, and low minority representation in the workforce (with implications for health insurance coverage).

A Generalist or Specialist Approach to Lessening Disparities?

To eliminate disparities in mental health and its care and treatment, should quality improvements focus on minorities or does a rising tide lift all boats? When it comes to physical health, a key focus in eliminating disparities between minorities and whites is reducing social disparities in education, housing, and job opportunities, and other areas. However, the authors argue, such a focus will likely be less effective for mental health because mental health disparities are less evident between the groups. Instead, quality mental health care could potentially eliminate any disparities.

Studies have also shown that interventions designed to improve the quality of mental health care and treatment have benefited minorities often more than, or at least similarly as, whites. For example, in a large trial of quality improvement for depression in older patients, care improved similarly for black, Hispanic, and white patients. Another study in a managed care setting found that clinical outcomes one year later were better for Latinos and blacks than for whites. Therefore, the authors argue that general quality improvements will likely benefit all, and there is less need to target quality improvements to minority groups. In other words, a rising tide does life all boats, so there must be efforts to improve mental health services broadly that would likely reduce disparities as well.

Future Research on Mental Health Disparities

A major priority for research is finding solutions to eliminate mental health care disparities, and quality improvement interventions show early promise in easing these disparities. Future research should expand existing studies, which have focused largely on depression, to other diseases, populations, and care settings.

Given that racial minority groups have equal or better mental health as whites, despite lower socioeconomic status and greater social problems, gaining a better understanding of the protective role of cultural factors can benefit everyone. Understanding how these factors protect mental health but not physical health could help answer fundamental questions about the impact of culture on health. Similarly, monitoring the patterns of worsening mental health status for immigrant minorities with time in the United States can provide context for the role of environmental influences on mental health.

Finding answers to these and other questions could not only contribute greatly to reducing the gap in health care and increasing outcomes for minority consumers, but would also help to reduce overall health care costs for all Americans by improving long–term health care outcomes in the United States.

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