

Black and Indigenous People of Color Mental Health Matters: Disparity to Parity

Presented by:

Marcus Brown, MSW, LCSW

Kendra Johnson, MSW, LCSW

Monique Johnson, MSW, LCSW

OBJECTIVES

1. Increase awareness and understanding of racial health disparities in mental health care among BIPOC individuals.
2. Identify the differences and similarities among racial minorities (specifically African Americans) and majority groups regarding mental health experiences, needs, and beliefs.
3. Provide recommendations to address the relationship between the BIPOC community's mental health needs and the influence of community contextual factors, social norms, and stressors of discrimination and racism.

Social Problem

1 in 5 adults experience a mental illness

Less than half receive mental health treatment

Mental Health Disparities???



Mental Health Disparity

Differences in health outcomes that are associated with and contribute to social, environmental, or economic disadvantage for an identifiable group of individuals



Social Determinants of Health

Health starts in our homes, schools, workplaces, neighborhoods, and communities

Conditions of these places affect a wide range of health risks and outcomes

To ensure BIPOC have opportunities to achieve health equity in the following sectors: mental health care, housing, and employment, one has to consider their part to reduce health inequalities



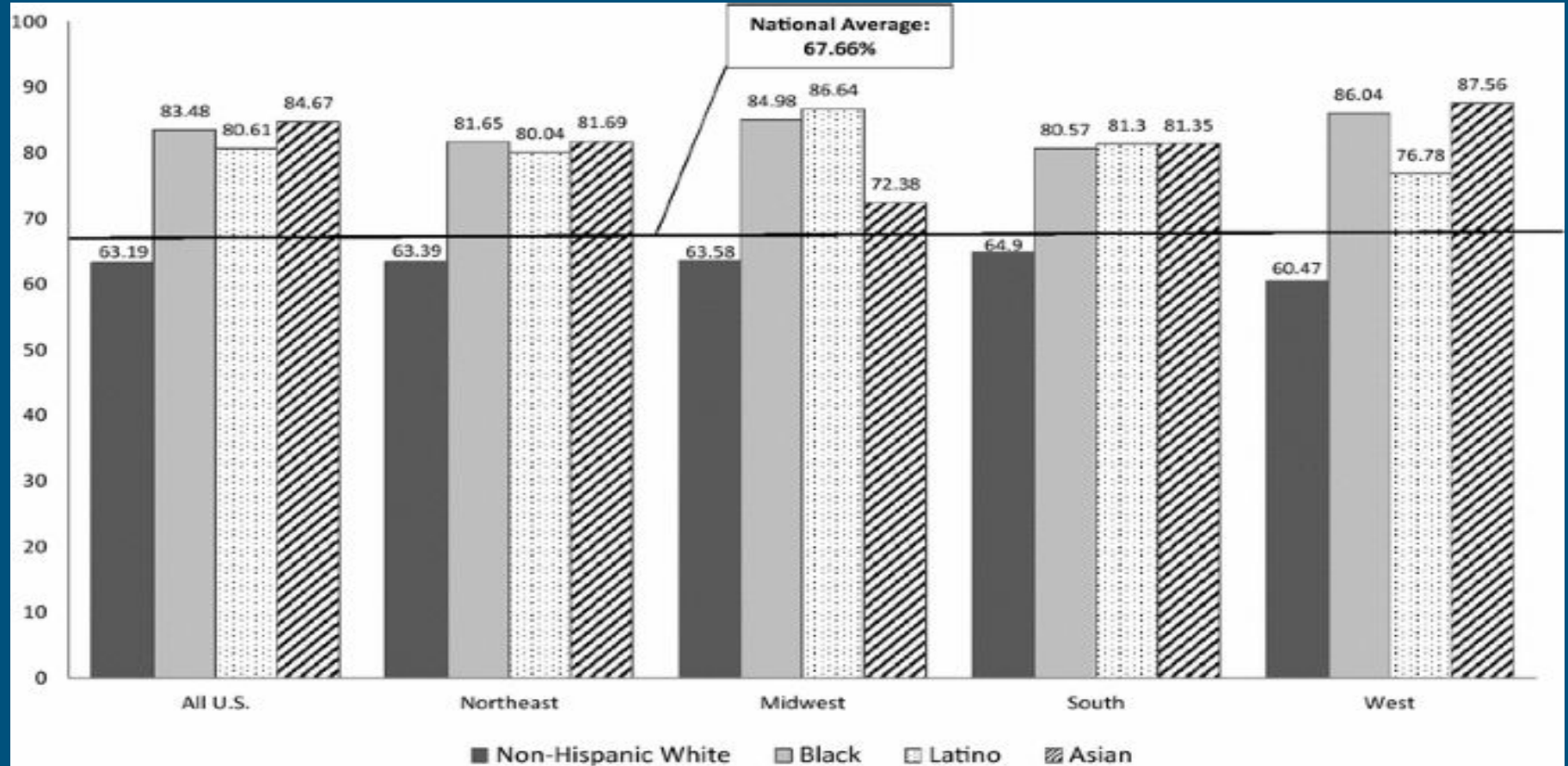
Examining Unmet Needs

Unmet Needs

- Need for mental health treatment, but not using any mental health services
- Inadequate use of mental health services



Examination of Unmet Needs in the U.S.



Activity



Indiana Mental Health Disparities

Indiana ranks 41 out of 51 in the country for overall health outcomes

Indiana ranks 44 out of 51 for adults with any mental illness

One quarter, 25.2% of adults with mental health issues report they have unmet treatment needs

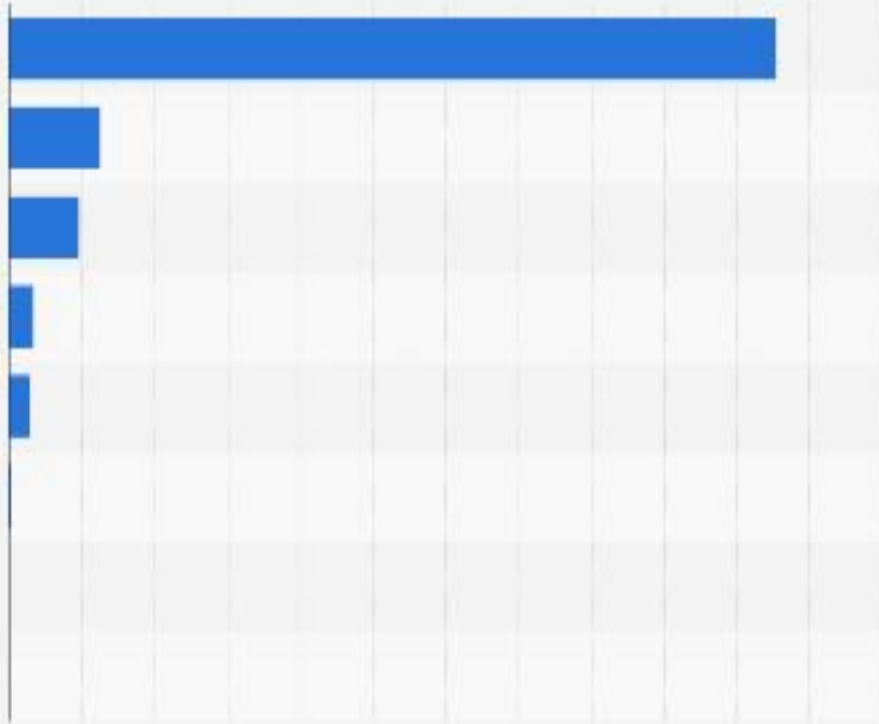
24% of adults with mental health issues report they are unable to get the treatment they need

9.5% of adults in Indiana with mental health issues are uninsured

53.8% of adults with mental health Issues receive no treatment

Indiana BIPOC Mental Health Disparities

Resident population of Indiana in 2019, by race and ethnicity



Source:
US Census Bureau
© Census 2021

- There is 1 mental health professional per 500 people total in the state
- There is 1 mental health professional per 3,002 black people

Indiana ranks 22 in access to mental health services, so what is happening?

Whites: 5,272,268 ~ Blacks: 632,503 ~ Latinos: 485,554 ~ Asian: 169,824 ~ Two or more races: 143,008 ~ Some other race: 14,484 ~ American Indian/Alaskan: 11,852 Hawaiian/Pacific Islander: 2,726

Healthcare: Mental Health Services

Access to mental health care services

Representation with providers of diverse backgrounds

Ability to pay for inpatient and outpatient care (directly or through insurance coverage)

Inadequate diagnosis due to lack of cultural competency and stigmas

Knowledge of mental health resources

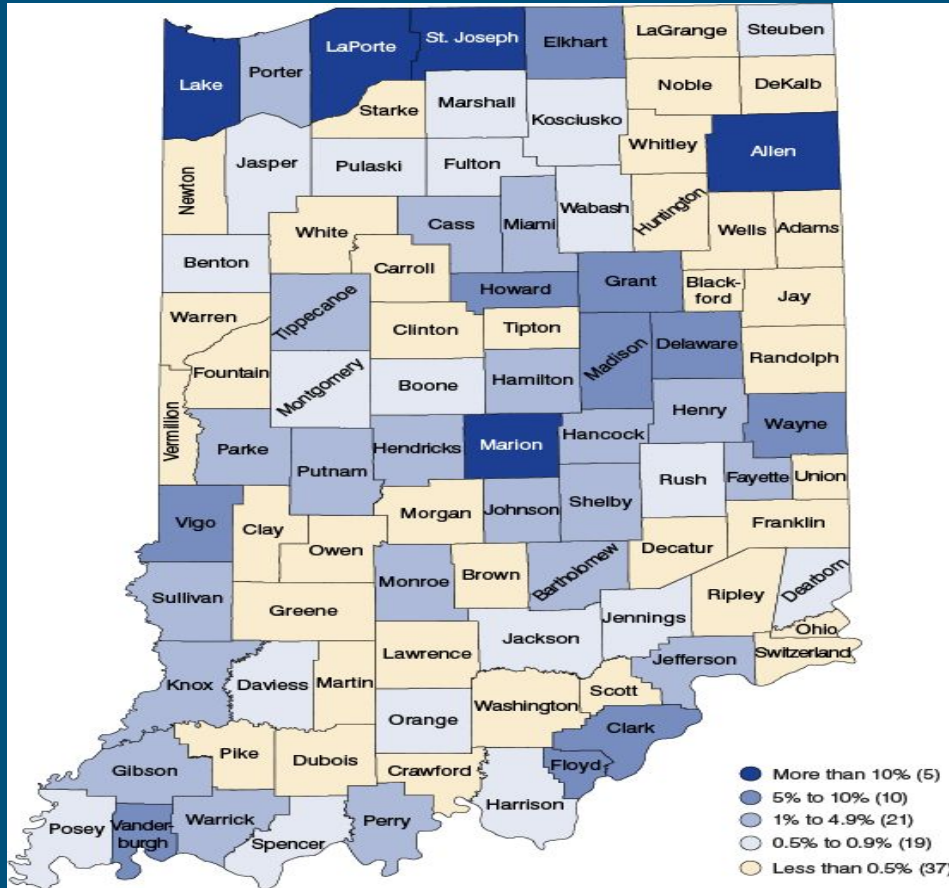


Employment & Mental Health

Individuals' ability to choose mental health services is based on income, insurance, social welfare programs, and availability of services

- Create access to economic and job opportunities
- Employment opportunities that offer insurance and/or EAP programs for mental health services
- Not only health insurance, but insurance that covers mental health services
- Quality of mental health treatment that incorporates the needs of the BIPOC community

Housing & Mental Health



“Minorities who are SES disadvantaged and live in rural areas are less likely to receive medical and community based mental health services” (Willging et al., 2008).

Inadequate housing services (section 8; homeless shelters; case-management services to help them get housing)



EQUALITY

EQUITY



EQUALITY



EQUITY



LIBERATION

What's Being Done, What's Next

Organizations like NAMI Indiana and the Indiana Department of Health Office of Minority Health support the following:

- ❑ **Establish a unified data collection system**
- ❑ **Prepare evidence-based documentation of racial and ethnic health disparities in Indiana.**
- ❑ **Develop a plan of interventional strategies designed to eliminate racial and ethnic health disparities in Indiana**
- ❑ **Local partnerships that can provide access to affordable housing, suitable employment, and treatment.**
- ❑ **Equity Reimbursement rate for mental health providers**



4 59°
& 15



RIGHT NOW

Martinsville
CLOUDY 57°

Muncie
PARTLY 60°

RECOMMENDATIONS

- Evaluate healthcare systems to ensure they are culturally relevant to meet the needs of the BIPOC Community
- Conduct annual data collection and dissemination of the information to inform effective program practice
- Promote collaboration among local agencies to create a network of resources
- More BIPOC Mental Health Professionals and training for Non- BIPOC professionals
- Maximize opportunities for collaboration among federal-state-local level partners to achieve mental health parity
- Explore how programs, practices, and policies affect the health of BIPOC
- Keeping individuals engaged in services beyond initial interactions in outpatient and inpatient settings
- Complete a needs assessment to incorporate perspectives of the BIPOC community

IMPLICATIONS

Reducing Stigma

Fostering Trust and Confidence

Promoting Family Involvement

Considering Religious Spiritual Values

Incorporating Culture

Funding Best Practices

THANK YOU

Monique Johnson, MSW, LCSW and Kendra Johnson, MSW, LCSW

MK-TI Social Work Consulting

mktisocialworkconsulting@gmail.com

(317) 721-7385

Marcus Brown, MSW, LCSW

marcusb0812@gmail.com

REFERENCES

Cantrell, A. (2020). New numbers show African Americans make up 54% of Marion County's homeless population. Fox 59 News.

<https://fox59.com/news/new-numbers-show-african-americans-make-up-54-of-marion-countys-homeless-population/>

Indiana Department of Health Office of Minority Health 2019 Interagency State Council on Black Minority Health Annual Report

<https://www.in.gov/health/minority-health/files/2019-Interagency-State-Council-on-Black-Minority-Health-Annual-Report-F...2.pdf>

Kim, G., Dautovich, N., Ford, K. L., Jimenez, D. E., Cook, B., Allman, R. M., & Parmelee, P. (2017). Geographic variation in mental health care disparities among racially/ethnically diverse adults with psychiatric disorders. *Social psychiatry and psychiatric epidemiology*, 52(8), 939-948.

Maura, J., & Mamani, A. (2017). Mental Health Disparities, Treatment Engagement, and Attrition Among Racial/Ethnic Minorities with Severe Mental Illness: A Review. *Clinical Psychology Med Setting*.

Miranda, J., McGuire, T.G., Williams, D. R., & Wang, P. (2008). Mental health in the context of health disparities. *American Journal of Psychiatry*, 165(9), 1102-1108.

References cont'd

Magnan, S. (2017). Social determinants of health 101 for health care: Five plus five. NAM Perspectives. Retrieved from <https://nam.edu/social-determinants-of-health-101-forhealth-care-five-plus-five/>

National Alliance of Mental Illness Indiana Public Policy Platform
<https://www.namiindiana.org/advocacy/public-policy>

Roeder, A. (2014). Zip code better predictor of health than genetic code. Retrieved from <https://www.hsph.harvard.edu/news/features/zip-code-better-predictor-of-health-thangenetic-code>

U.S. Department of Housing and Urban Development.
<https://apps.hud.gov/offices/hsg/sfh/hcc/hcs.cfm?webListAction=search&searchstate=IN>

Willging, C. E., Waitzkin, H., & Nicdao, E. (2008). Medicaid managed care for mental health services: The survival of safety net institutions in rural settings. *Qualitative Health Research*, 18, 1231–1246. <https://www.nami.org/mhstats>