

Project Description and Preliminary Outcomes from HEAR-US: Community Approaches to Reduce the Effects of Structural Racism on Mental Health Care

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Background

Research suggests that Asian Americans seek mental health treatment at a lower rate than other racial/ethnic groups, even when they acknowledge distress (SAMHSA, 2022). This is problematic as discrimination targeted at Asian individuals has intensified in the wake of the COVID-19 pandemic, and discrimination is a risk factor for mental health disorders (Wu et al., 2021).

To address barriers to mental health utilization among Asian communities, we applied for a U.S. Department of Health and Human Services-Office of Minority Health award entitled Community Driven Approaches to Address Factors Contributing to Structural Racism in Public Health.

Our project focuses on mental health access and utilization in Asian communities. We describe the development of needs assessment, multi-level intervention approach, and evaluation plan.

Specifically, we are aiming to improve:

- ❖ access to mental health care
- ❖ quality of mental health care
- ❖ utilization of mental health care

Program Components

We established a multisector team (MST) composed of leaders from government and health care and the community to provide a high-level vision of barriers facing mental health care in the Asian community and to provide connections and direction for efforts to change institutional barriers.

We also created a Community Advisory Board (CAB) composed of clinicians, administrators, and researchers, as well as individuals with lived experience of mental illness to facilitate our ability to identify risk factors for disparities in mental health utilization at all levels - from laws and agency policies to community and individual level attitudes towards mental health. We also work collaboratively with the mental health team from the Department of Psychiatry.

We have initiated a range of programs to increase access to care, quality of care and utilization of care. These include provider training, administrative support, and the development of a set of psychoeducational materials which support provider competencies in addressing mental health issues and other materials which foster patient empowerment.

Addressing Barriers to Asian Mental Health by Improving:

Access

- ❖ Increasing the number of language concordant therapists
- ❖ Improving access to language assistance services

Quality

- ❖ Ongoing engagement and training with mental health providers

Utilization

- ❖ Improving physicians' capacity to recognize and refer for mental distress
- ❖ Ongoing monitoring of mental health service use

The HEAR-US Program

- ❖ Health
- ❖ Equity (&)
- ❖ Asian Community
- ❖ Resources
- ❖ Undo
- ❖ Stigma

Needs Assessment

Qualitative Findings

Qualitative needs assessment discussions conducted with the CAB revealed multi-level barriers to mental health care, also supported by literature, including limited access to interpretation and translation services (Jang et al., 2019), limited availability of culturally concordant mental health workforce (Jang et al., 2018), limited community resources to support mental health, limited opportunities for integrated care, and cultural differences in models of mental and physical health, as well as mental health stigma.

These insights enabled us to identify the specific regulations and policies which may hinder effective mental health utilization, such as difficulty in the implementation of existing policies (e.g., for interpreter services and workforce development), as well as barriers associated with regulations that hinder the development of integrated care practices.

Quantitative Findings

In partnership with Medisys Health Network's department of Research Education & Innovation (REI) we are developing an ongoing data collection and reporting system which will enable us to monitor program outcomes and modify interventions as needed.

Quantitative data from two safety-net hospitals are being collected to assess:

- ❖ Mental health diagnoses and in- and out-patient service use
- ❖ Variations by patient gender and age
- ❖ Variations by area of residence
- ❖ From 2017 onward (pre-and post-COVID)

Outcomes to Date

Comparing the year preceding the start of the grant (9/1/21 - 8/31/22) to the first full year of the project (9/1/22 - 8/31/23) showed evidence of increased use of outpatient mental health care. We observed increases in outpatient psychiatry encounters for patients overall (122,873 to 175,467) and specific increases among Asian patients (26,494 to 35,024) and Asian patients who required interpreter services (6,630 to 8,442). Analyses are underway to understand to what degree program interventions, and not just secular trends, are accounting for these increases.

Conclusions

Structural racism may contribute to barriers to utilization of mental health care for Asian Americans. With our project, we are generating multi-level interventions to address these barriers and increase access, quality, and utilization of mental health care for the Asian community. We hope to develop a multi-level framework for evaluating disparities in care and improving access, quality and utilization which can be applied for other communities.

