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The Socioeconomic and Racial Disparities in Mental Health Care

Karolina Sadowska

When a friend of mine recently admitted that he is suffering from schizophrenia, I started thinking about the disparities in access to the psychiatric treatment. Despite multiple functional difficulties that he faces in an academic setting on an everyday basis, he is still able to continue his studies at a prestigious institution, while being supported with professional treatment and special accommodations provided by psychiatrists, psychotherapists, and multiple academic advisors. Meanwhile, many homeless people living on the streets who talk to themselves, have hallucinations or act violently are simply considered lunatics by the public. In the case of individuals who are marginalized because of their ethnic identity or socio-economic status, bizarre behavior is often quickly reduced to craziness and ignored, even though it often represents symptoms of severe mental illnesses, especially psychotic disorders such as schizophrenia or schizoaffective disorder. The prospect of equality in psychiatry and clinical psychology will not be achieved as long as classist and racial prejudices influence the approach of mental health care professionals towards patients, and socio-economic class determines access to proper diagnosis and treatment.

Lack of access to professional care

The results of the 2016 National Survey on Drug Use and Health conducted by Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services suggest that about 18.3 percent of American adults experienced any mental illness in the past year and 4.2 percent suffered from a serious mental illness, defined as any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities (1). Yet, only 43.1 percent of the population with mental illness received mental health services in the past year, and about one-third of adults coping with both severe mental illness and substance use disorder did not receive either mental health care or specialty substance use treatment.

Economic stratification and mental illness

The relationship between socio-economic class and psychiatric illnesses remains extremely complex. On one hand, financial difficulties and low status stand for additional psychosocial stressors that increase vulnerability to mental disorders. On the other hand, visible symptoms of mental problems stigmatize and often lead to lower income, unemployment, and deprivation from a certain social status. As a result, economic disadvantage correlates with the distribution of the most common mental disorders among the society.

While there is an established association between low socioeconomic status and incidence of schizophrenia, major depressive disorder, anxiety disorders, and substance use disorders (2), the negative consequences of mental illnesses remain the most harmful for the poorest, partially due to inadequate access to psychiatric treatment (3). Additionally, condition of mental health is especially acute in homeless individuals for whom psychiatric diagnosis tends to co-occur with substance abuse and physical disabilities. Homelessness is often considered a drawback of deinstitutionalization when patients discharged from in-patient facilities are not provided with support to settle back in the community and re-adjust to normal functioning within a society. Meanwhile, mental illness combined with homelessness contributes to the vicious circle of victimization and crime, and increases the risk of early death (4).

Financial barriers to treatment

According to the National Comorbidity Study, 47 percent of respondents with anxiety, affective or substance-use disorders who were aware of their need for mental health care admitted that the lack of appropriate health insurance or financial barriers stopped them from undergoing treatment. Among working-age adults suffering from severe mental illnesses, the percentage of people without health insurance is significantly higher than in the general population (5). Researchers from University of Min-

nesota (5) found that among people with mental illnesses a more dramatic decline in private coverage has been observed which highlights the importance of covering the costs of mental health care with public insurance. Yet, having an insurance still does not directly guarantee access to mental health care. Cost sharing, commonly known as "co-pay", constitutes a financial obstacle and is especially hard to be overcome by psychiatric patients for whom impairment in occupational functioning, and therefore employment opportunities, stands for a diagnostic criterion itself. Those who cannot afford specialized psychiatric treatment often resort to the primary care. More than a half of patients with mental disorders receive some mental health treatment from a primary care provider and for almost a third of them it is the only opportunity for such treatment (6).

Ethnic identity and access to psychiatric care

Access to mental health care remains linked not only to economic privilege of middle and upper class but also to white privilege, given that white people stand for the only subpopulation in which most people struggling with mental problems manage to get professional help (7). While generally there is a pattern of increasing access to mental health care, such growth is not observable among the black people. The meta-analysis conducted by Timothy A. Smith and other co-authors of "Foundations of Multicultural Psychology" demonstrates that in comparison to European-Americans, African-Americans are 21% less likely to use mental health services. Yet, this number is even greater for Latino population and Asian-Americans – 25% and 51% accordingly. The authors argue that we cannot simply relate these dramatic differences to socioeconomic disparities, but we need to acknowledge that race itself is a separate factor and a strong predictor of the access to mental health care. The American Psychological Association indicates that ethnic minorities are especially at risk for mental disorders and what makes the situation even more tragic, "minority individuals may experience symptoms that are undiagnosed, under-diagnosed or misdiagnosed for cultural, linguistic or historical reasons" (8).

Undoubtedly, we need to train a more diverse mental health workforce as there is a high and still unmet demand for psychiatrists, psychotherapists, social workers and psychiatry nurses who would be culturally and linguistically compatible with minority patients. Accommodation for language is especially crucial in psychotherapy sessions, since limited language proficiency hinders ability to freely communicate feelings and express emotional states.

Racial discrimination among mental health providers

Underrepresentation of people of color in the medical field poses a huge challenge in psychiatry as racial match with a healthcare provider gives patients a sense of comfort, facilitates building a long-term relationship based on mutual trust and can even determine the prospects of treatment follow up. A meta-analysis published in the Journal of Counseling Psychology explicitly demonstrated that patients suffering from mental disorders exhibit a moderately strong preference for therapists of their own ethnicity or race and perceive them more positively . Even though the results of this investigation did not show any significant difference in objective treatment outcomes depending on the racial or ethnic matching, the lack of trust that patients of color often have towards white doctors seems reasonable if we take into account subjective experience of interpersonal interaction. There are numerous cases of medical providers discriminating minority patients, even though some forms of discrimination might remain subtle or almost invisible. For instance, an audit study conducted by a researcher from Princeton University who is interested in implicit biases among mental health professionals revealed that psychiatrists and therapists are more likely to accept white patients than patients of color, and while scheduling appointments give priority to the middle class over the lower-class representatives (10).

Public health actions needed

Economic opportunities, healthcare insurance coverage and issues related to ethnic and racial inequalities often determine whether the symptoms of psychiatric disorders are clinically diagnosed and properly treated. In a sense, socio-economic stratification has turned mental health into a privilege. Patients who cannot afford private insurance or out-of-pocket costs may lack treatment so that developing mental illness impairs their functioning and further contributes to their poverty. Apart from the subjec-

tive experience of tremendous psychological distress, mental disorders also lead to disability and deterioration of physical health. In long-term perspective inequalities in the access to mental health care pose a significant burden to workforce and economy.

Therefore, to decrease to effect of wage gap on the accessibility of mental health services, efforts should be made to:

- Assign equal importance to mental or substance-use disorders and physical illnesses in insurance coverage
- Advocate for increasing reimbursement of medical services related to mental and behavioral health, including appointments with clinical psychologists, and expand the number of limited psychotherapy sessions to treat given disorder
- Increase expertise of primary care providers in evaluating mental health condition
- Promote close cooperation between in-patient psychiatric wards, out-patient psychiatric clinics and non-clinical community-based support centers to ensure continuous recovery and smooth transition between facilities.

In order to alleviate the extent of racial and ethnic disparities in access to quality psychiatric and psychological care, policies should be introduced to:

- Increase the presence of underrepresented minorities in mental health care setting by applying the principle of affirmative action to medical school and psychiatry residency programs,
- Appreciate the importance of ethnic and racial concordance in patient-clinician dyad,
- Improve cultural competency among mental health professionals,
- Provide medical interpreter services to patients with limited language proficiency.

Equity of access to healthcare has been a major point of concern of American public health for many years but most of the policies introduced by the public health authorities are intended primarily to improve the physical health. However, population's health has to be assessed more holistically and the relationship between the condition of mental health and the level social and economic functioning should be recognized by the policymakers.

Occurrence of mental disorders, prevalence of psychosocial stressors and accessibility of treatment should be carefully monitored across different groups and communities within the society in order to respond with effective financial interventions and political support. If we want to eliminate, or at least alleviate present economic, ethnic and racial disparities in mental health, we need to first conceptualize mental health problem as a fully valid public health problem so that it can become recognized, prioritized and addressed by the public health experts, healthcare providers and legislators.

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