Behavioral Health Disparities in Texas and the Lack of Workforce Racial/Ethnic Diversity

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1 in 5 Americans suffers from a behavioral health condition.

More than 50 million Americans live with conditions like anxiety, depression, and substance abuse. Too often, they don’t know where to go for help.
Challenges with Mental Health Data

- Under-reporting of persons living with mental health
  - Some cases of mental illness are undiagnosed and/or not reported
- Data aggregated into “all persons” living with mental illness
  - Rarely broken down by race and ethnicity
  - Rarely available at the county level
- Timeframe between available data
  - Most recent data is 2-3 years behind the current calendar year

Mental Health Data in Texas

“Rich data sets exist throughout the Texas behavioral health and other systems, but much is yet to be done toward developing efficient technical and administrative processes to link this information and make it available in useful formats for timely decision making.”

Texas HHSC Statewide Behavioral Health Coordinating Council, 2016

Image Source: https://www.broadinstitute.org/news/3784
Mental Health Status in Texas

Age-Adjusted Prevalence of "Mental Health Not Good 5+ Days" in US & Texas, 2003-2012

Poor mental health days were reported by a smaller percentage of Texans when compared to the US except in years 2009-2010.

Source: TX Data - Texas Behavioral Risk Factor Surveillance System
Mental Health Status in Texas: Race/Ethnicity

Age-Adjusted Prevalence of "Mental Health Not Good 5+ Days"
By Race/Ethnicity in Texas, 2003-2012

Black individuals in Texas were more likely to report poor mental health days than other racial groups except in 2008.

Source: TX Data - Texas Behavioral Risk Factor Surveillance System
Workforce Data

“There are no systematically collected and uniform data on the US mental health and addiction workforce. Information on its size, demographic characteristics, geographic distribution, and specialties can best be understood by piecing together disparate information from professional associations, licensing and certification boards, and scattered state and federal sources.”

Hoge et al., 2013

As indicated in Mental Health, United States, 2010 (SAMHSA, 2012a) report, racial minorities account for only:

- 19.2 percent of all psychiatrists;
- 5.1 percent of psychologists;
- 17.5 percent of social workers;
- 10.3 percent of counselors; and
- 7.8 percent of marriage and family therapists.

Psychiatrist Shortage

Ratio of Texas population to psychiatrist, by county (2014)
Texas Demographics

Ethnicity of the Texas population and psychiatrists (2014)

- White/Caucasian: 63.9% (Texas Population), 42.8% (Psychiatrists)
- Black/African American: 11.5% (Texas Population), 5.7% (Psychiatrists)
- Hispanic/Latino: 39.5% (Texas Population), 9.8% (Psychiatrists)
- Other: 20.6% (Texas Population), 6.2% (Psychiatrists)

SAMHSA, 2016
Gaps in Mental Health Service Delivery

- Transportation and access to treatment
- Shared and usable data
- Services for special populations
- Behavioral health workforce shortage

We can fake our smiles, but not our feelings.
Gaps in Mental Health Service Delivery

Mental Health Professional Shortage Areas (HPSAs) in Texas, as of June 2013
Trying to Force “Compliance”

Viewing People as “Hard to Reach”

Image Source: http://bradfordchristianacademy.org/spring-community-service-opportunities
“The composition of our psychiatric workforce does not mirror the Texas population. It is important that the state builds a diverse workforce to meet the needs of Texas by promoting more of a shared experiential base…. There is evidence that health care consumers who share a culture and race with a provider develop a stronger therapeutic alliance and have higher treatment retention rates.”

Hogg Foundation for Mental Health, 2016

https://www.timeshighereducation.com/blog/sorry-state-equality-uk-universities
Many studies have been conducted with mixed results of effects of matching.

Some studies show that a similar background and value set is a stronger predictor of positive outcomes than race/ethnicity alone.

Most studies make mention of the need for cultural humility of the provider regardless of a racial/ethnic match.
Race Matching Studies Limitations

- Sample not representative of AA community as a whole
- Studies only involving members of AA community who are already engaged in treatment does not shed light on attitudes of those in need of treatment but not receiving it
- Variables that affect results: only race matched, type of treatment, mis-matches in other areas such as gender, samples are of clients already receiving treatment, etc.

Source: http://blavity.com/therapy-is-not-just-a-white-persons-occupation-why-we-need-more-black-psychologists/
Lack of Diversity and Perceptions

“Apprehension about clashing with the values of worldview of the clinician can cause ambivalence about seeking help, and this may be especially true for the many who believe that mental health treatment was designed by White people for White people. African Americans view the typical psychologist as an older, White male, who would be insensitive to the social and economic realities of their lives.”

Williams, M.T., 2011

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Source: Texas HHSC Statewide Behavioral Health Coordinating Council, 2016
What would a mental health system created by and for the African American community look like?
Enhanced CLAS Standards

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (2012)

- Principal Standard
- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability
CLAS Resources and Recommendations

- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability
References

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http://www.hhsc.state.tx.us/hhsc_projects/cedd/training.shtml

Thank you!!